

NAME :

DATE :

MY DIET GOAL STRATEGY

My weight : _____
My BMI (Body Mass Index) : _____
My waist size : _____

MY LONG TERM WEIGHT LOSS GOAL :

For my weight, a weight of _____ will put me within a healthy BMI range.
I need to lose _____ pounds.

MY STARTING GOAL :

In order to lose 10% of my weight, I will need to lose _____ pounds.

MY MAINTENANCE NUMBER :

My weight _____ pounds x 12 = _____ calories/day.

MY CALORIE GOAL :

_____ weight maintenance number
_____ subtract 500 or 1.000 calories
_____ equals calories per day

MY GOALS TODAY ARE : _____