

# WEEKLY GOAL SHEET



Client \_\_\_\_\_

Date \_\_\_\_\_ Week of \_\_\_\_\_

Use this form to help you prepare for our sessions together. Please have this form with you during our weekly class.

1. How did you feel while doing your exercise sessions this week? Was there anything that felt either too easy or too hard?
  
  
  
  
  
  
  
  
  
  
2. Were you able to get in each of your planned exercise sessions? If no, please briefly explain.
  
  
  
  
  
  
  
  
  
  
3. Look at your upcoming week schedule:
  - a. What day(s) can you definitely get in a workout?
  
  
  
  
  
  
  
  
  
  
  - b. In working toward your goals, would it make sense to increase your exercise (number of sessions or duration?)
  
  
  
  
  
  
  
  
  
  
  - c. Or, do you need to decrease exercise due to schedule conflicts?
  
  
  
  
  
  
  
  
  
  
  - d. Are there any days that you will be less active or more active than your typical week? (i.e. sitting in meetings or long car rides, hiking on the weekend or long walks during errands)