

## My Goal Setting and Action Plan

Your name: .....

EMPOWER T2n start date: .....

SPECIFIC	MEASURABLE	ATTAINABLE	REALISTIC	TIME-BOUND
<b>S</b>	<b>M</b>	<b>A</b>	<b>R</b>	<b>T</b>
<b>G</b>	<b>O</b>	<b>A</b>	<b>L</b>	<b>S</b>
What do you want to do?	How will you know when you have reached it?	Is it in your power to accomplish it?	Can you realistically achieve it?	When exactly do you want to accomplish it?

My main goal is:  
.....  
.....  
.....

The first change I will make following EMPOWER T2n is:  
.....  
.....  
.....

To help me make my changes, I may need to discuss:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Diet support                  | <input type="checkbox"/> Weight management              | <input type="checkbox"/> Exercise schemes |
| <input type="checkbox"/> Alcohol awareness             | <input type="checkbox"/> Stop smoking                   | <input type="checkbox"/> Well-being       |
| <input type="checkbox"/> Local diabetes support groups | <input type="checkbox"/> Other (please state):<br>..... |   |

You can share this form at your next appointment with your GP or practice nurse.

