S.M.A.R.T. Goal Setting

Purpose
Setting goals allows you to track and assess your progress over time. To achieve your long-term goals, you should develop short-term goals (daily or weekly) to stay motivated and gradually progress you to where you want to be.

Your cardiac rehabilitation care team can assist in developing, implementing, measuring, and revising goals as well as provide feedback and discuss successes and struggles.

What are S.M.A.R.T. Goals?
Goals are “S.M.A.R.T.” when they are Specific, Measurable, Action-oriented, Realistic, and Time-bound. To make a S.M.A.R.T. goal, consider the following questions:

Specific – What exactly do you want to do or achieve?
Measurable – How will you track your progress toward your goal?
Action-oriented – What steps do you need to take to achieve your goal?
Realistic – Given the time constraints and other barriers, can you reach this goal?
Time-bound – By what date and time do you want this goal done?

Setting Your S.M.A.R.T. Goals
Long-Term Goal
What exactly do you want to do or achieve?

How will you track your progress toward your goal?

What steps do you need to take to achieve your goal?

By what date and time do you want this goal done? _____/____/____ at ____:_______

How confident are you that you will be able to achieve this goal on a scale from 1 to 10?

Not Confident at All

1 2 3 4 5 6 7 8 9 10
Somewhat Confident
Absolutely Confident

What actions or resources do you need to increase your confidence score by one (1)?
**Short-Term Goal**
What exactly do you want to do or achieve?
Hint: This goal should move you toward your long-term goal.

How will you track your progress toward your goal?

What steps do you need to take to achieve your goal?

By what date and time do you want this goal done? _____/____/____ at ____:_____

How confident are you that you will be able to achieve this goal on a scale from 1 to 10?

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What actions or resources do you need to increase your confidence score by one (1)?

**My Strengths**
Think of a time when you overcame a challenge or accomplished something you did not initially think you could. How did you feel? What did you do to get there?

**Potential Barriers**
List any potential barriers to achieving your goals. A common perceived barrier is a lack of time. Then, with your strengths in mind, how will you address the barriers you described?

**My Support**
List 1-3 trusted individuals who you will share your journey with, who will uplift and encourage you, hold you accountable, and will give you a boost on the tough days.

1. ___________________________ 2. ___________________________ 3. ___________________________

**My Commitment**
I, ___________________________, am capable of achieving my goals and commit to putting my best effort into this plan alongside my cardiac rehabilitation care team and support system. I will follow-up with my care manager or accountability partner, ___________________, by ____/____/____.