Worksheet for recording and evaluating SMART Goals

Patient's Name:	Date goals reviewed:
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Record the Patient's Treatment Goals (symptom reduction/management and functional restoration, including restoration of occupational function)	om reduction/management and nal restoration, including S - Specific M - Measurable A - Achievable		pals Achieved as pected? goals achieved at end of od to goals initially set ame reporting period)	Describe Plan for SMART Goal
Goal #1 Date goals set:	Date goals set:	☐ Yes	 ☐ Much better ☐ A little better ☐ As expected ☐ Partly achieved ☐ Much less than expected 	 □ In progress/continue □ Goal completed □ Revision required □ No further gains anticipated
Goal #2 Date goals set:	Date goals set:	☐ Yes	 ☐ Much better ☐ A little better ☐ As expected ☐ Partly achieved ☐ Much less than expected 	 ☐ In progress/continue ☐ Goal completed ☐ Revision required ☐ No further gains anticipated
Goal #3 Date goals set:	Date goals set:	☐ Yes	 ☐ Much better ☐ A little better ☐ As expected ☐ Partly achieved ☐ Much less than expected 	 □ In progress/continue □ Goal completed □ Revision required □ No further gains anticipated
Goal #4 Date goals set:	Date goals set:	☐ Yes	 ☐ Much better ☐ A little better ☐ As expected ☐ Partly achieved ☐ Much less than expected 	 ☐ In progress/continue ☐ Goal completed ☐ Revision required ☐ No further gains anticipated