



Name: _____

Date: ____/____/____

Veterans Walk for Health Study Participant Goals Handout

Nutritional Goals:

- 1) _____

- 2) _____

- 3) _____

Physical Activity Goals:

Steps per day
_____ Minutes per day

When are you going to walk?
Where are you going to walk?
What if the weather is bad?

Dietitian: _____