

# 90-Day SMART Goals Tracker

S	M	A	R	T
Specific	Measurable	Attainable	Relevant	Time-Bound
Add in as many details as possible.	Make sure your goal is trackable.	Take time to reflect.	Think about what is important to you.	Keep yourself accountable.
What will you do? Why and by when?	How will you measure your goal?	Can you realistically accomplish this goal within a certain timeline?	Does this goal align with your values and larger objectives and goals?	By when do you want to accomplish this goal? How long will it take?

Use Ixcela’s handy log to keep track of your SMART goals. To begin, you will use your personalized Ixcela report to create one to three goals for the first week. Over the following weeks, you will build upon your goals to establish long-lasting habits that support your overall health. Use the examples in the [Ixcela SMART goals resource](#) to create your own customized goals.

**Example SMART goal:**

*I will support my gut health by taking 20 minutes on Sunday to read my Ixcela results and the article [Feed Yourself and Your Gut Bacteria at the Same Time](#).*



Week 1	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 2	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 3	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 4	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 5	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 6	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 7	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 8	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 9	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 10	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 11	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		

Week 12	This Week's SMART Goals	Completed
<b>Date:</b> _____	1.	<input type="checkbox"/>
	2.	<input type="checkbox"/>
	3.	<input type="checkbox"/>
<b>Notes:</b> What went well?  How will I do better next week?		