

## Healthy Lifestyle Goal Setting Worksheet

It is important for your medical team to know how ready you are to make changes to improve your health. The following information can help you and your provider talk about steps you can take to move toward a healthier lifestyle for you and your family.

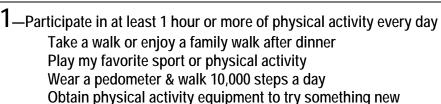
On a scale of 0 (not ready) to 10 (very ready) how ready are you to consider making a change?

0---1---2--3---4---5---6---7---8---9---10 (please circle appropriate number)



## **Ideas for Change**

- **5**—Eat at least 5 servings of fruits and vegetables on most days.
  - Try one new vegetable or fruit each week
  - Add fruit to my cereal everyday
  - Choose a fruit for a snack
  - Change from fruit juice to whole fruit
  - Switch sweets to fruit
- 2—Reduce screen time to 2 hours or less every day
  - Plan my TV time
  - Take the TV out of my bedroom
  - Don't eat in front of the TV



0—Limit soda, sugar sweetened drinks and whole milk

Drink no soda

Limit fruit and sports drinks

Switch to low-fat or skim milk

Drink more water

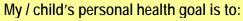
Other: Familiarize myself with portion sizes

Eat two family meals together each week

Eat breakfast

Eat no fast / junk food

Limit snacks after dinner



When I / my child reach goal I / my child will be rewarded by: (ideas might be a special privilege, attend an event, do a special activity)

Patient Signatu	70	Clinician Signature	
Guardian Signature		BMI Classification	Visit #
It may be helpfu	I for someone from our office	to call you to check in on your pr	ogress.
The best time to call me (Monday to Friday) is:			
Th	e best phone number to reach	n me at (Monday to Friday) is:	

