







## Healthy Lifestyles 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 in one of the areas below? (Please circle appropriate number).

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

<p>More Matters!  Eat at least 5 servings of Fruits and Vegetables on most days. Limit 100% Fruit Juice.</p>	<p>Reduce Screen Time  to 2 hours or less every day.</p>	<p>Participate in at least 1  hour of moderate to vigorous Physical Activity every day.</p>	<p>Little or no  soda and sugar sweetened fruit drinks. Drink water and 3-4 servings of skim or low-fat milk instead.</p>
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### Ideas for Change

<ul style="list-style-type: none"> <li>⇒ Try one new vegetable or fruit each week</li> <li>⇒ Eat vegetable and dip for a snack</li> <li>⇒ Add fruit to my cereal</li> <li>⇒ Switch sweets to fruit</li> <li>⇒ Eat 2 or more family meals together each week</li> <li>⇒ Eat breakfast</li> </ul>	<ul style="list-style-type: none"> <li>⇒ Plan my TV and computer time</li> <li>⇒ Take the TV out of the bedroom</li> <li>⇒ Don't eat in front of the TV</li> <li>⇒ Read a book</li> <li>⇒ Play outside</li> </ul>	<ul style="list-style-type: none"> <li>⇒ Take a family walk</li> <li>⇒ Play my favorite sport or physical activity</li> <li>⇒ Take the stairs</li> <li>⇒ Jump rope</li> <li>⇒ Do jumping jacks during TV commercials</li> <li>⇒ Walk or ride a bike to school</li> </ul>	<ul style="list-style-type: none"> <li>⇒ Drink little or no soda, fruit punch, sweetened juice or tea and other sugary drinks</li> <li>⇒ Limit sports drinks</li> <li>⇒ Drink more water and milk</li> <li>⇒ Add lemon or lime to water for added flavor</li> </ul>
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I/my child's health goal is:

When I/my child reach the goal, I/my child will be rewarded by (E.g.: special privilege, attend an event, do a special activity, etc.):

Patient signature: \_\_\_\_\_ Clinician signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Child's BMI: \_\_\_\_\_