

My Health Choices



Circle your choice below.



Be Involved in Your Health Care



Be Tobacco Free



Eat Wisely



Be Physically Active



Strive for a Healthy Weight



Limit Alcohol



Get Recommended Screening Tests & Immunizations



Manage Stress



Be Safe



Your Choice

My goal for the next week is: (Set a SMART goal—Specific, Measurable, Action-oriented, Realistic, Timetable to complete. Example: I will walk at least 3 times this week for 15 minutes each, after I get home from work.)

Things that might get in my way: (Examples: weather, pain, time)

What I can do to overcome these things: (Examples: exercise indoors, walk with a friend)

I believe that I can reach my goal: (Circle the number that matches how confident you feel.)

1	2	3	4	5	6	7	8	9	10
Not at All Confident			Somewhat Confident				Very Confident		

Follow-up Date: _____

Follow-up Method: Phone In-person Other

Complete and update your plan every week. Use the charts below to track your progress.

My Progress Report

for week beginning (date)

Goal:

Day of week	Action Taken	Comments (how I felt, challenges, successes)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

My Progress Report

for week beginning (date)

Goal:

Day of week	Action Taken	Comments (how I felt, challenges, successes)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

