# submission template

Information about the Veteran’s TLC Success Story may be obtained by interviewing the Veteran, or the Veteran may wish to provide written responses to the prompts below.

**NOTE:** Direct quotes from the Veteran add measurably to the final story, so you may want to include some from your interview, when possible.

## Information for VA Team Member Submitting Story

Name:

Title:

Phone:

Email:

## Veteran Contact Information and Age

Name (include preferred name, if different):

Address:

Phone:

Email:

Age:

## Name of VA Care Facility (Medical Center or Health Care System)

Example: Bay Pines VAMC

## Does the Veteran receive care primarily from a CBOC?

Example: Sarasota CBOC

## TLC focus area(s) chosen

What TLC focus areas did you choose to work on? Please select **all** that apply.

( ) Strive For a Healthy Weight

( ) Be Physically Active

( ) Eat Wisely

( ) Manage Stress

( ) Limit Alcohol

## Veteran’s Success Story

Please ask the Veteran to tell their story and include it in the space provided here. Suggestions for additional questions are listed further down on this form.

## Other questions that may be helpful:

1. What is the history of your efforts with this health behavior change focus area?

Have you worked on this before? For how long? What other programs did you try?

1. What motivated you to choose TLC?

Describe your inspiration. Was it a person? A particular visit with your health care team?

1. How did you find out about TLC?

Did you find out about TLC from your health care team, online, a friend? Explain…

1. When did you start TLC? How long did you participate? Are you still participating?
2. What about the TLC Program worked for you?

How is TLC different from other programs you tried?

1. What were your goals? (e.g.Did you have a weight loss goal? A goal to decrease stress?)

Did you meet or exceed your goals?

(e.g. Weight loss: xx lbs; Inches lost: Physical activity goals: etc. )

1. Who helped you reach your goals?

Whose support (VA staff, family, friends) helped you stay on track? How did they help?

1. How long have you maintained your goals?

Maintaining weight is also a measure of success!

1. How is your life different now?

How has your life improved? What do you do for fun? How has your daily life changed? Have you experienced any changes regarding your health and/or medications?

1. What do you do now to stay healthy?

What do you do to stay active? How are your eating habits? What do you think about to remember to keep moving or manage stress?

1. What would you like other Veterans to know about the TLC Program?

## **Before and After Photos:**

Please insert before and after photos below.



Before Photo:



After Photo: