

# **My Health Choices**

# Choose one healthy living goal you want to work on.



Manage Stress



Be Involved in your Health Care



Limit Alcohol



Strive for a Healthy Weight



Eat Wisely



**Sleep Well** 



Get Recommended Screening Tests & Immunizations



**Be Tobacco Free** 



Be Safe



Be Physically Active

#### Or write in your own healthy living goal:

**Set a goal to work on and share with your health care team.** Remember to make it SMART - Specific, Measurable, Action-oriented, Realistic, Time-based.

My goal for next week is:

Things that might get in my way:

I can overcome these things by:

9 10 2 6 7 8 Confidence in reaching my goal: What number matches how confident A little Not at all Somewhat Very Extremely you feel. confident confident Other Follow-up Date: Follow-up Method: Phone In-person



# **Progress Check-In**

Complete and update your plan every week. Use the charts below to track your progress toward meeting your weekly goal.

| Guai.        |                         | for week beginning.                                     |
|--------------|-------------------------|---|
| Days of Week | Action Taken            | Comments<br>(how I felt, challenges, successes)         |
| Sample Day   | I walked for 15 minutes | I was tired after the walk and slept better that night. |
| Monday       |                         |   |
| Tuesday      |                         |   |
| Wednesday    |                         |   |
| Thursday     |                         |   |
| Friday       |                         |   |
| Saturday     |                         |   |
| Sunday       |                         |   |

## Goal:

### for week beginning:

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|--------------|--------------|--|--|
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| Tuesday      |              |  |  |
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| Thursday     |              |  |  |
| Friday       |              |  |  |
| Saturday     |              |  |  |
| Sunday       |              |  |  |



