

# **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 (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:

#### Goal:

#### for week beginning:

		ioi neek beginnig.	
Days of Week	Action Taken	<b>Comments</b> (how I felt, challenges, successes)	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



