

# Action Plan: My Prescription for a Healthy Weight

Set S.M.A.R.T. goals: **S**pecific (what are you going to do and how often), **M**easurable (how will you know if you have done it each day), **A**ttainable (can you do it), **R**ealistic (can you do it given everything going on now), and **T**ime Limited (when will you do this by).

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Weight:** \_\_\_\_\_ **Goal Weight:** \_\_\_\_\_ **Current BMI:** \_\_\_\_\_

A 5-10% reduction in my weight can have a beneficial effect on my health. Achieving a healthy weight and becoming more active would be helpful to manage some of my health problems including:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> High cholesterol    | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Depression   |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Asthma/COPD  |
| <input type="checkbox"/> Sleep apnea         | <input type="checkbox"/> Arthritis     | <input type="checkbox"/> Other: _____ |

**My goal weight is \_\_\_\_\_ and I will work to achieve that goal by \_\_\_/\_\_\_/\_\_\_ by following my Action Plan.**

## My Action Plan

My Action Plan consists of things I agree to do and support that medical professionals and others can provide. Both parts of my Action Plan are important in helping me reach my goals.

### 1. What I will do

Many people find it helpful to choose specific goals to help achieve a healthy weight. Goals that I think would help me include:

#### My Nutrition Goals are:

- Monitor my daily intake using a journal. *Optional:* Eat \_\_\_\_\_ calories or \_\_\_\_\_ points/day
- When eating out, share or bring home half of the entrée.
- Limit the use of added fats such as salad dressing, mayonnaise, peanut butter, margarine, butter, and oil.
- Consume five servings of fruits and vegetables per day.
- Replace sweetened beverages like soda, coffee drinks, or fruit drinks with water or low-calorie substitutes.
- Avoid eating fast food.
- Other: \_\_\_\_\_

#### My Physical Activity Goals are:

- Take the stairs whenever possible.
- Use a pedometer to track my steps. Walk 8,000 to 10,000 steps per day.
- Walk instead of driving one-mile to a store.
- Walk/ Bike/ Swim \_\_\_\_\_ minutes \_\_\_\_\_ times per week.
- Park towards the back of parking lot.
- Other: \_\_\_\_\_

### 2. Support from my Care Team

- Referral to other professional:
  - » Name: \_\_\_\_\_
  - » Phone Number: \_\_\_\_\_
- Medication – prescribed or over-the-counter: \_\_\_\_\_
- Community Resources Referral: \_\_\_\_\_

I understand that follow up will be important as I lose weight. I agree to follow up with \_\_\_\_\_ about every \_\_\_\_\_ weeks. If I have questions or concerns between visits, I should call \_\_\_\_\_. Phone number: \_\_\_\_\_.