Action Plan: My Prescription for a Healthy Weight

Set S.M.A.R.T. goals: Specific (what are you going to do and how often), Measurable (how will you know if you have done it each day), Attainable (can you do it), Realistic (can you do it given everything going on now), and Time 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:

- High cholesterol
- High blood pressure
- Sleep apnea
- Heart Disease
- Diabetes
- Arthritis
- Depression
- Asthma/COPD
- Other:__________________________________________

My goal weight is _______ and I will work to achieve that goal by ___/___/___ by following my Action Plan.

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:______________________.

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:__________________________________________________________________________

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