My Health Choices

Healthy Living

Circle your choice below.

Be Involved in Your Health Care

Be Tobacco Free

Eat Wisely

Be Physically Active

Strive for a Healthy Weight

Limit Alcohol

Get Recommended Screening Tests & Immunizations

Manage Stress

Be Safe

Your Choice

_____

_____

My goal for the next week is: (Set a SMART goal—Specific, Measurable, Action-oriented, Realistic, Timetable to complete. Example: I will walk at least 3 times this week for 15 minutes each, after I get home from work.)

_____

_____

Things that might get in my way: (Examples: weather, pain, time)

_____

_____

What I can do to overcome these things: (Examples: exercise indoors, walk with a friend)

_____

_____

I believe that I can reach my goal: (Circle the number that matches how confident you feel.)

1	2	3	4	5	6	7	8	9	10
Not at All Confident				Somewhat Confident					Very Confident

Follow-up Date: _____ **Follow-up Method:** ❑ Phone ❑ In-person ❑ Other

Complete and update your plan every week. Use the charts below to track your progress.

My Progress Report

for week beginning _____ (date)

Goal: _____

Day of week	Action Taken	Comments (how I felt, challenges, successes)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

My Progress Report

for week beginning _____ (date)

Goal: _____

Day of week	Action Taken	Comments (how I felt, challenges, successes)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

IB 10-367 P96438 Dec-11

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Department of Veterans Affairs PATIENT CARE SERVICES

NCP National Center for Health Promotion and Disease Prevention