



My Health Choices

www.prevention.va.gov

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.

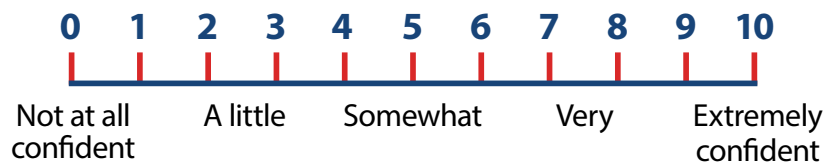
My goal for next week is:

Things that might get in my way:

I can overcome these things by:

Confidence in reaching my goal:

Circle the number that matches how confident you feel.



Follow-up Date: _____

Follow-up Method: ☐ Phone ☐ In-person ☐ Other



Progress Check-In

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

Goal:

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:

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