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.

0	1	2	3	4	5	6	7	8	9	10
Not at all confident		A little		Somewhat			Very			Extremely confident

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		