MY GOALS

☐ Eat a healthy breakfast ______________ times per week

☐ Eat or drink MORE of these:
  ☐ fruits: __________ servings per day  ☐ vegetables: __________ servings per day
  ☐ other: _______________________________________________________________________

☐ Eat or drink LESS of these:
  ☐ sweetened drinks — LESS than _____________ 12-oz servings per week
  ☐ other: _______________________________________________________________________

☐ Eat meals together as a family __________ times per week

☐ Keep a food journal for ________________ days

☐ Reduce portion sizes by using a smaller plate or: _______________________________________________________________________

  ☐ Other: _______________________________________________________________________

RESOURCES AND FOLLOW-UP

Recommended online resources:
  • www.intermountainlivewell.org
  • www.intermountainhealthcare.org/wellness
  • www.intermountainhealthcare.org/nutrition
  • www.choosehealth.utah.gov
  • www.choosemyplate.gov

Referral contact information, if needed:
______________________________________________________________________________
______________________________________________________________________________

Report or follow up: In _____ weeks / months with ________________________________________________________________________