MY GOALS

☐ Sleep __________ hours per night __________ nights per week (aim for 7 to 9 hours every night)

☐ Manage stress by: ____________________________________________________________

☐ Find a friend or family member to support my commitment:

Who: ______________________________________________________________________

☐ Reduce alcohol intake to less than __________ drinks per week

☐ Quit tobacco:

Method: _____________________________________________________________________ Quit date: __________

☐ Reward myself for small changes and successes:

How: ______________________________________________________________________

☐ Other: ____________________________________________________________________

RESOURCES AND FOLLOW-UP

Recommended online resources:

- www.intermountainlivewell.org
- www.intermountainhealthcare.org/wellness
- www.choosehealth.utah.gov
- www.tobaccofreeutah.org

Referral contact information, if needed:

_____________________________________________________________________________

_____________________________________________________________________________

Report or follow up: In ______ weeks / months with ___________________________________