



Your Journey  
to Better Health  
**Patient Guidebook**



# **Your Journey to Better Health**

## Patient Guidebook

This guidebook is not intended as medical advice. Its intent is solely informational and educational. Please consult a medical or health professional for any questions or concerns of a medical nature.

## Welcome!

Congratulations on taking the first steps on your journey to health and wellness! This book, along with your Healthcare Practitioner and Lifestyle Educator, will serve as a guide to provide direction and keep you on track throughout your 12-week journey and beyond. Your path to wellness begins now and will be one that you will continue on for the rest of your life. You will occasionally hit bumps in the road or veer off course, but hold on tight because the joy is in the journey, not the destination.

The goals of this program are to:

- Arm you with nutrition knowledge that will allow you to make better food choices no matter what the occasion, where you are, or who you are with
- Provide you with information on living a healthy lifestyle that includes improved sleep, hydration, and stress adaptation
- Help you get started with physical activity and discover the physical, mental, and health benefits of incorporating fitness into your everyday life

Your success in this program is dependent on the level of effort and commitment you are willing to give to yourself. In order to make the most of the next 12 weeks, it is important that you prepare for each appointment by:

- Thoroughly reading the session content before your visit so that you can engage with your Lifestyle Educator and address any questions or concerns you may have
- Actively logging your meals and fitness activities into your journal and taking time to reflect on your efforts, celebrate your successes, and acknowledge areas for improvement
- Thinking about what actions you were able to commit to that helped you reach your goals, as well as what barriers arose and how you can work to overcome them in the future

You are not alone—your Healthcare Practitioner and Lifestyle Educator are here to provide support, encouragement, and direction. They are looking forward to guiding you through each step of your journey and can't wait to see what you are capable of achieving!

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## Session 1

# Welcome to FirstLine Therapy

## Session 1: Welcome to FirstLine Therapy

### To begin this session, you and your Lifestyle Educator will:

- ▶ Review your Personalized Treatment Plan and the goals your healthcare practitioner has set for your program
- ▶ Discuss your 3-Day Daily Food Log that you received in your Welcome Packet

### In this session you will:

- ▶ Explore and understand the FirstLine Therapy way of eating
- ▶ Calculate your calorie requirements
- ▶ Create a personalized menu plan
- ▶ Get started with physical activity and stretching
- ▶ Learn about SMARTER goals and successful goal setting

## Rethinking Your Foods

The foods you choose to eat can have a dramatic effect on your health and ability to heal. Some of your current food selections and eating habits may be conscious decisions or emotional responses, while other habits may have been passed from generation to generation.

FirstLine Therapy helps you understand how to make better choices to help you get the nutrition your body needs and still enjoy the experience of eating and sharing meals with others. Your FirstLine Therapy Food Plan is expansive, not restrictive, and gives you the flexibility to make it a lifetime plan.

FirstLine Therapy Food Plans incorporate key concepts that we will be discussing in the coming weeks: portion control, a healthy plate, glycemic control, the importance of fiber, and eating mindfully.

## Eating for Wellness

It's now accepted that a person's state-of-health is influenced by the dynamic interaction of a variety of environmental factors—such as diet, physical activity, and pollutants—with his/her genetic uniqueness (known as epigenetics). Nutrition has emerged as a primary environmental factor that can positively or negatively impact the extent to which a person will realize his or her genetic potential.

Modern lifestyles can foster habits that lead to illness. Most people living in industrialized parts of the world eat too much animal protein, salt, sugar, saturated fat, and new-to-nature chemicals in the form of preservatives, environmental contaminants, pesticides, insecticides, and herbicides. These factors can help turn on genes that predispose us to chronic diseases, as well as turn off genes that protect us from illness.

The “big” epigenetic shift in our general eating patterns is the move away from eating an abundance of diverse fruits and vegetables, legumes, seeds, nuts, and whole grains—as well as clean, lean proteins. We've also become increasingly reliant on heavily processed packaged foods that can strip out beneficial fibers, vitamins, minerals, and other health-promoting, plant-based compounds.

Optimizing nutritional intake from whole foods—as well as targeted nutritional supplements—can help maintain and extend a state of better health. Many current dietary recommendations reflect guidelines to help curtail development of conditions and symptoms associated with inadequate consumption of key nutrients from foods. In other words, these guidelines help an “average” person maintain a “basic” level of wellness.

A growing body of research suggests that enhanced consumption of key vitamins, minerals, and certain other plant-based compounds may help certain individuals manage disease risk better and help them realize their best health possible.<sup>1</sup> This field of research is known as nutritional genomics or nutrigenomics—the “junction between health, diet, and genomics.”<sup>2</sup> Nutrigenomics helps show us how diet and nutrition can be personalized to help you go beyond basic wellness to achieve your best health possible.<sup>2</sup>

Your health care team welcomes you on this journey to better health.



## The FirstLine Therapy Way of Eating

FirstLine Therapy Food Plans put eating for wellness into action. These plans combine nutrigenomic principles (i.e., eating foods that help guide your genes in favor of health) with beneficial elements of traditional, plant-based eating patterns, such as the Mediterranean diet. The individual food plans can be customized to meet your specific health needs and goals:

### Blood Sugar Balance

- High blood glucose
- Hypoglycemia
- Insulin resistance
- Elevated HbA1c

### Cardiovascular Health

- Elevated Lipids
- Low HDL
- High blood pressure

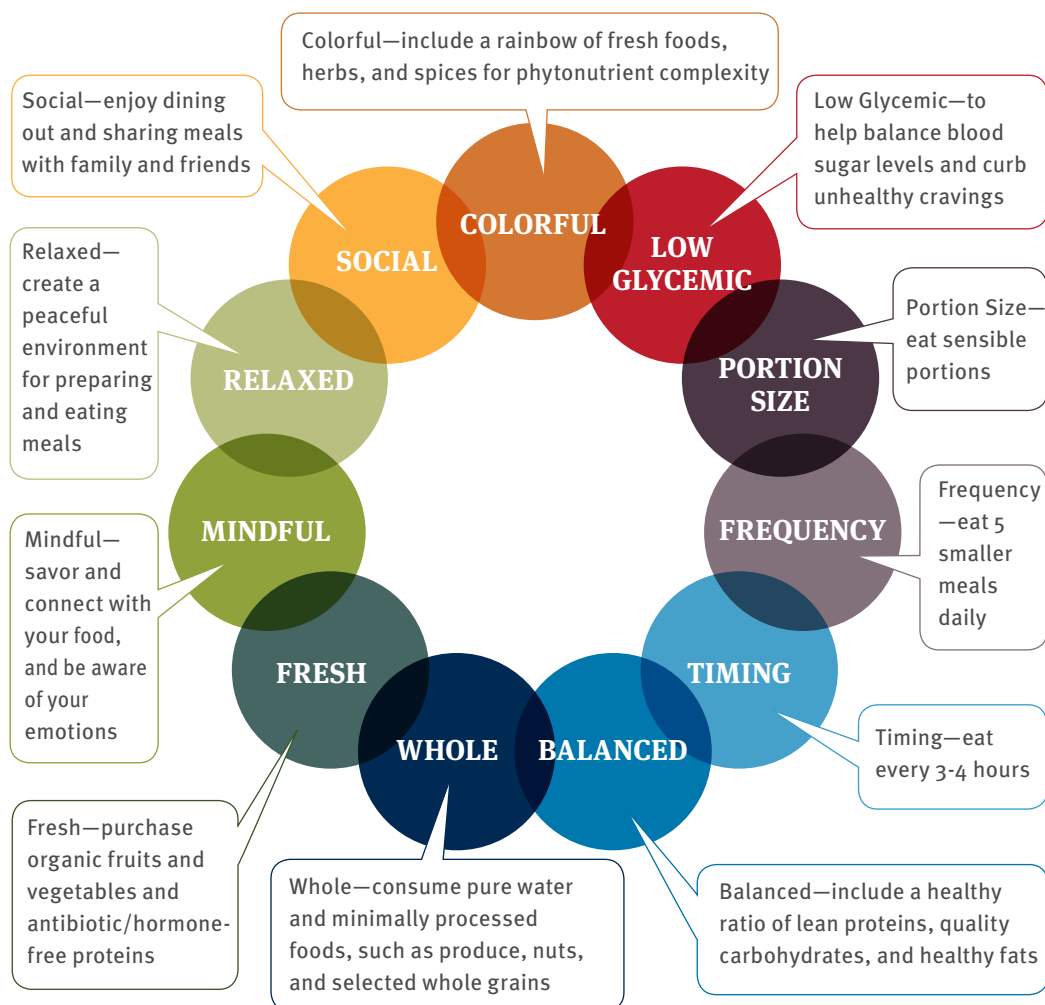
### Low Lean Body Mass

- Excess body fat
- Low muscle mass
- Increased waist circumference

Each plan can then be personalized to meet individual food preferences (e.g., gluten-free, dairy-free, vegetarian) and/or food sensitivities.

The chart below gives an overview of the 11 core principles of FirstLine Therapy Food Plans. FirstLine Therapy combines these elements in a way that is truly unique—mainly because you make your own choices. There's no dictation of what you must eat at certain meals or how you prepare them. Your program gives you the freedom to choose from a wide variety of foods to create what you want to eat.

## FirstLine Therapy Food Plans: Core Principles





# FirstLine Therapy Way of Menu Planning

Your Lifestyle Educator will walk you through the following forms so you have a thorough understanding of your FirstLine Therapy calorie and food plan:

- 1 Using the **Calorie and Activity Modification Worksheet**, the Lifestyle Educator calculates your daily calories based on how much activity you are currently doing, or will be doing, at the start of your program.
- 2 The Lifestyle Educator helps you identify your **Daily Calories & Food Modifications** based on your health status. This form helps you determine the number of servings from the FirstLine Therapy food groups for your food plan, as well as any food modifications you adapt to personalize your plan (e.g., you are a vegetarian and would prefer more beans and less animal protein).
- 3 Once your Lifestyle Educator has helped determine your daily calories based on activity and food preferences, he/she will co-create a food plan for you using your prescribed food list:
  - **Modified Mediterranean Food List**
  - **Modified Mediterranean Gluten- and Dairy-Free Food List**
- 4 The **Menu Planning Worksheet** is used to help you visualize one day of meals which will follow your new way of eating. Once completed, you will work with your Lifestyle Educator using the worksheet and your food list to create a total of three days' worth of meals. Remember, the food category graph on your **Menu Planning Worksheet** will help you stay on track when creating your meals.

Once you and your Lifestyle Educator have completed the food portion of your program, you will move forward to create a physical activity program and set goals that will help you begin the process of lifestyle change.

The collage displays four key worksheets from the FirstLine Therapy program:

- Worksheet 1: Calculating FirstLine Therapy Food Plan Calorie Requirements** - This form includes sections for 'Activity Factor Adjustments' (listing sedentary, light, moderate, and vigorous activities with corresponding multipliers) and 'Calorie Adjustment' (providing formulas for calculating daily calories based on weight, height, and activity level).
- Worksheet 2: Daily Calories & Food Modifications (Ultimate) Advanced Form** - This form contains multiple tables for tracking daily calorie goals and food modifications across different food categories.
- Worksheet 3: Modified Mediterranean Food List** - This form provides a detailed list of food items categorized by food groups (Grains & Starches, Vegetables, Fruit, Protein, and Dairy Alternatives) with specific serving sizes and portion recommendations.
- Worksheet 4: Menu Planning Worksheet** - This form is used for visualizing a day's meals, featuring a grid for tracking food intake across different categories and a section for meal planning.





Name Jane DoeDate August 11, 2016Prescribed Calorie Plan: 1,500 caloriesPrescribed Medical Food: Ultra Glucose Control

Wake Up Time: <u>6:45am</u>
Morning Meal Time: <u>7:10am</u>  2 whole hardboiled eggs 1/2 large grapefruit 8 oz. cup of black coffee
Morning Snack Time: <u>10:05am</u>  2 scoops of recommended medical food blended with 1 1/4 cup fresh or frozen strawberries and 8-10 oz. water and ice to taste
Midday Meal Time: <u>12:10pm</u>  turkey wrap: 3 oz. organic, thinly sliced turkey breast with 2 tbsp. avocado rolled in a stone ground, whole grain 6 inch wrap 2-3 cups arugula, 1 cup sliced tomato and cucumber, add 1 tbsp. sunflower seeds (to the arugula salad), combined with 1 tsp. extra virgin olive oil plus lemon juice to taste 8 oz. cup of herbal tea
Afternoon Snack Time: <u>3:15pm</u>  2 scoops of recommended medical food blended with 8 oz. almond milk, and ice to taste 4 tbsp. hummus with 1 cup of carrot, cucumber, and celery sticks/slices
Evening Meal Time: <u>6:00pm</u>  4 oz beef filet, grilled 1 cup roasted butternut squash, cooked with 1 tsp. extra virgin olive oil 1 cup spinach, (2-3 cups raw), drizzled with tamari 8 oz. glass of water with orange slice
Evening Snack Time: <u>9:00pm</u>  1 cup broccoli, cauliflower, and/or carrot sticks 8 oz. glass of water

Food Category	Goal	Met
Medical Food	2	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grains & Starches	1	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fruit	2	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Category 1 Vegetables (non-starchy)	5+	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Category 2 Vegetables (starchy)	0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Legumes	1	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dairy & Dairy Alternatives	1	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Proteins	3	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oils & Fats	2	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nuts & Seeds	1	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Note:

## Menu Planning Worksheet

Name \_\_\_\_\_ Date \_\_\_\_\_

Prescribed Calorie Plan: \_\_\_\_\_

Prescribed Medical Food: \_\_\_\_\_

Wake Up Time: _____
Morning Meal Time: _____
Morning Snack Time: _____
Midday Meal Time: _____
Afternoon Snack Time: _____
Evening Meal Time: _____
Evening Snack Time: _____

Food Category	Goal	Met
Medical Food		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grains & Starches		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fruit		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Category 1 Vegetables (non-starchy)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Category 2 Vegetables (starchy)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Legumes		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dairy & Dairy Alternatives		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Proteins		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oils & Fats		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nuts & Seeds		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Note:**


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# PHYSICAL ACTIVITY

## Getting Started with Physical Activity

It is well established that regular physical activity is beneficial for all individuals, but is particularly important for those with poor blood sugar balance, cardiovascular health issues, and altered body composition. The benefits of engaging in regular physical activity include:<sup>3</sup>



Improves blood glucose control and HbA1c



Helps you change your body composition by gaining muscle and losing fat



Improves blood pressure



Improves effectiveness of medications



Reduces stress and makes you feel better



Increases metabolism to help burn more calories at rest



Increases muscular strength and endurance



Increases HDL (good) cholesterol levels



Improves sleep and overall quality of life

This program will teach you the basics and benefits of a structured, progressive activity program that includes the following components:

- Cardiovascular exercise (aerobic) to work large muscle groups and enhance the function of the heart and lungs. Examples include brisk walking, biking, swimming, jogging, and dancing.
- Resistance exercise (strength) to help strengthen the muscles and maintain lean muscle mass during weight loss. Examples include use of resistance bands, body weight, dumbbells, and weight machines.
- Flexibility exercise (stretching) to assist in overall increased range of motion of the joints and reduced stiffness from increases in activity. Examples include static stretches and yoga.
- Balance training exercises to help reduce the likelihood of injury from falls. Examples include unsupported weight shifts and single leg balance training exercises.

## Importance of Stretching

Flexibility training, stretching, or repeated movement through a joint's complete range of motion will work to increase joint range or prevent loss of motion, respectively.<sup>4</sup> Stretches should not be ballistic (bouncing) in nature and should not cause pain or be taken past the normal joint range. The muscles that are most often tight are the hamstrings, hip flexors, calves, and chest muscles. A sample program has been provided for you to follow (see Appendix I).

**Current guidelines for stretching include the following<sup>5</sup>:**



**Frequency:** Minimally 2 times per week up to daily if needed



**Intensity:** To the point of a slight stretch without pain



**Duration:** 15-30 seconds for each stretch; repeat 3-5 times on each side of the body

## What Intensity Level Is Right for Me?

There are several different ways to measure the intensity of an activity. The simplest way is to use the Rate of Perceived Exertion (RPE) scale. The RPE scale measures feelings of effort, strain, discomfort, and/or fatigue during both aerobic and strength training activities.<sup>6</sup> The greater the frequency of these signals, the more intensely you perceive the physical exertion to be.

To measure the overall intensity of your activity, consider the Simple RPE Scale below. Your goal is to maintain your exertion level between 3 (Light) and 6 (Somewhat Hard).

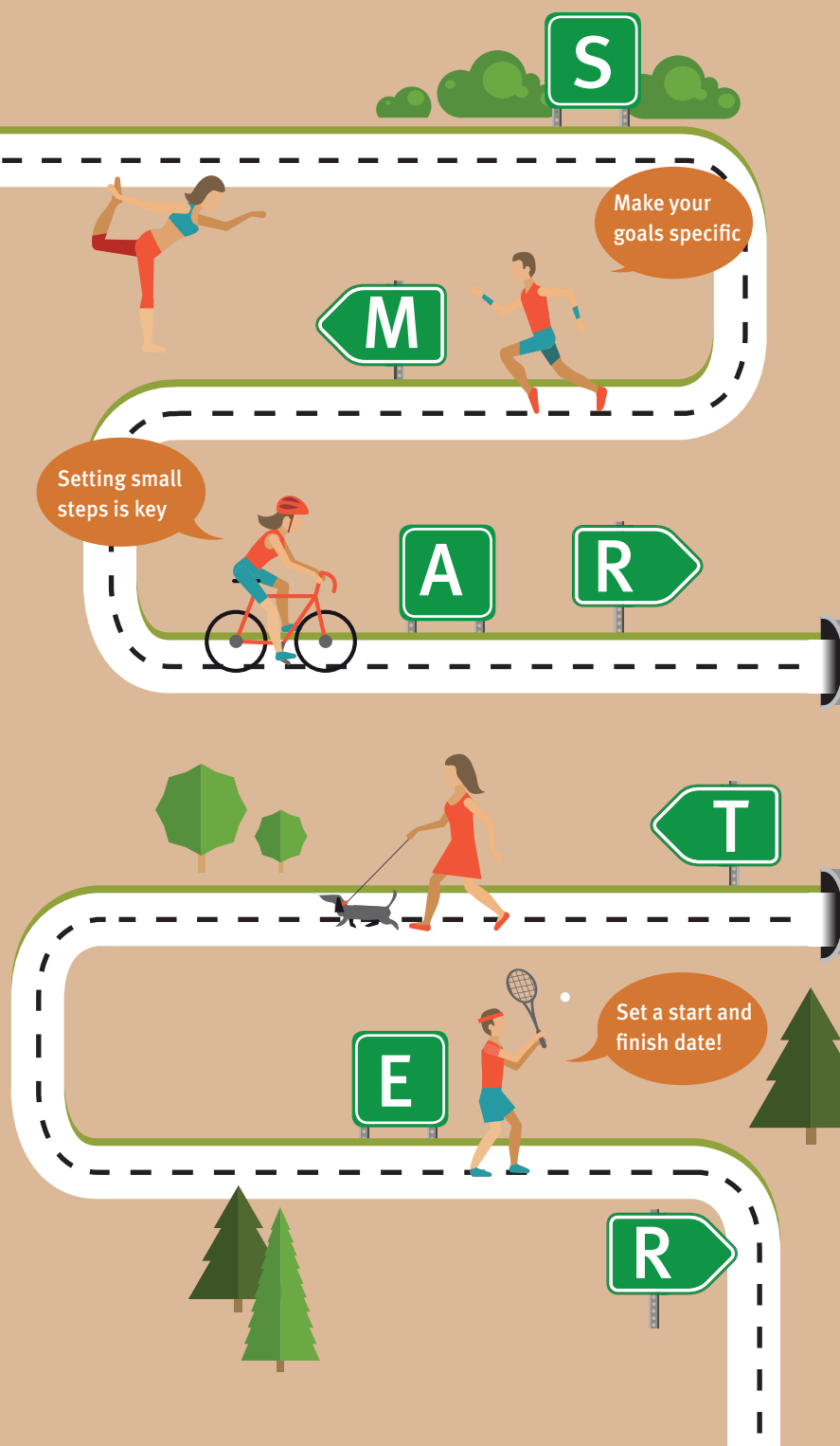
### Simple Rate of Perceived Exertion (RPE) Scale

	10	Maximal Exertion (all-out effort)	Feels almost impossible to keep going; feeling completely out of breath and unable to talk
	9	Extremely Hard	Very difficult to maintain exercise intensity; can barely breathe or speak a single word
	8	Very Hard	
	7	Hard	On the verge of becoming uncomfortable and feeling short of breath; can't speak a sentence
GOAL RANGE	6	Somewhat Hard	
	5	Moderate	You are breathing heavily, but you can hold short conversations
	4	Light to Moderate	
	3	Light	Feels like you can maintain for hours; it's easy to breathe and talk
	2	Very Light	Activities that require little to no exertion (sleeping, watching TV, riding in a car, etc.)
	1	Rest	

# HEALTHY LIVING

## SMART-ER Goals Roadmap

Setting goals gives us the opportunity to make an overwhelming lifestyle change seem less intimidating. It helps us to focus our efforts on the small steps we must take in order to begin the journey, keep ourselves motivated when the going gets tough, and see our goals through to the end. SMART is an acronym for specific, measurable, attainable, realistic, and time-bound.<sup>7</sup> We make our goals “SMART-ER” by evaluating and reassessing our goals regularly to refine and refocus our efforts. The roadmap below is a valuable tool to guide you to goal setting success.



### Specific

A **specific** goal has a much greater chance of being accomplished than a more general goal.

### Measurable

A way to **measure** progress toward your goal is the key to holding yourself accountable.

### Attainable

**Attainable** goals should motivate and push you, but it is important that they are achievable.

### Realistic

Focus on **realistic** goals that will have a positive effect on your health and wellness.

### Time Bound

Create a **time-bound** frame for when you will accomplish your goal. Your biweekly goals will change throughout the program, but will be set in 2 week increments to keep you on track.

### Evaluate

Did you meet your goals? If not, then why? When you were successful, what behaviors allowed you to be successful? When you fell short of accomplishing your goal, **evaluate** what obstacles stood in your way?

### Reassess

Based on your evaluation, **reassess** what is and isn't working and what changes you need to make in order to focus your efforts.



## Activity: Successful Goal Setting

**1. Where are you going?** Take a moment to consider what you want for your life, your health, and your well-being. Keeping in mind what you now know about SMART goals, determine what you see yourself accomplishing over the next 12 weeks. Narrow your focus to three goals that you will work toward until the conclusion of the program. Once you have done this, write them in the first set of boxes labeled “12-week Program Goals” below.

**2. What do I need to do over the next two weeks to get closer to my 12-week goals?** Your goals are a journey, what steps do you need to take to get there? Think of your steps as two-week mini goals that will focus on three domains: healthy eating (nutrition), healthy living (lifestyle), and physical activity (exercise). The steps that you choose to take should point you in the direction you are hoping to travel. Once you decide on one mini goal for each program goal, write them in the second set of boxes below.

**3. Evaluate and Reassess your steps regularly.** At each appointment (approximately every two weeks) you will begin by evaluating the progress you are making toward your goals with your Lifestyle Educator and close each appointment by reassessing and setting new biweekly goals to help keep you on track to accomplishing your program goals.

**4. Rewrite your goals—several times if you have to.** Once you have completed the activity above, transfer your program AND biweekly goals to your journal. If you feel compelled to do so, write them several more times on notecards or sticky notes, and keep them in different spots to act as a constant guide and reminder of what you are going to accomplish.

FIRSTLINE THERAPY SMARTER GOALS	
<b>INITIAL 12-WEEK PROGRAM GOALS:</b>	<b>Date Set:</b> _____
1. I will reduce my HbA1c from 7.5% to <6.5% over the next 12 weeks 2. I will reduce my body weight by at least 18 lb. from body fat and total body water over the next 12 weeks 3. I will increase my physical activity to include at least 30 minutes daily of walking or biking, in addition to my activities of daily living	
EXAMPLE SMARTER GOAL	
<b>PROGRAM GOAL:</b>	
“I will lower my HbA1c from 7.5% to <6.5% over the next 12 weeks.” <b>Is it Specific?</b> “Yes. To lower my HbA1c.” <b>Is it Measureable?</b> “Yes. Lowering from 7.5% to <6.5%.” <b>Is it Attainable?</b> “Yes. Can be accomplished in a 12-week period.” <b>Is it Realistic?</b> “Yes. With prescribed lifestyle changes.” <b>Is it Time Bound?</b> “Yes. 12 weeks.”	
<b>Evaluate:</b> Measure my HbA1c to determine if my goal was met.	<b>Reassess:</b> Where do I go from here? What are my next steps?



## INITIAL 12-WEEK PROGRAM GOALS:

Date Set: July 14, 2016

1. I will reduce my HbA1c from 7.5% to <6.5% over the next 12 weeks.
2. I will reduce my body weight by at least 18 lb. from body fat and total body water over the next 12 weeks.
3. I will increase my physical activity to include at least 30 minutes daily of walking or biking, in addition to my activities of daily living.

## Weekly SMARTER Goals

Today's Date: July 14, 2016Session 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

## HEALTHY EATING GOAL:

I will include one serving of protein from the food list at breakfast every day.Confidence Level (1-10): 9

Success Completion (0-100%) \_\_\_\_\_

## HEALTHY LIVING GOAL:

I will be in bed, ready to sleep, by 10pm on weeknights and no later than 12pm on weekends.Confidence Level (1-10): 7

Success Completion (0-100%) \_\_\_\_\_

## PHYSICAL ACTIVITY GOAL:

I will walk my dog for 20 minutes after dinner on the days that I do not go to the gym.Confidence Level (1-10): 8

Success Completion (0-100%) \_\_\_\_\_

S—Smarter 
 M—Measureable 
 A—Attainable 
 R—Realistic 
 T—Time Bound 
 E—Evaluate 
 R—Reassess

## FirstLine Therapy SMARTER Goals

## INITIAL 12-WEEK PROGRAM GOALS:

Date Set: \_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## Weekly SMARTER Goals

Today's Date: \_\_\_\_\_

Session 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

## HEALTHY EATING GOAL:

Confidence Level (1-10): \_\_\_\_\_

Success Completion (0-100%) \_\_\_\_\_

## HEALTHY LIVING GOAL:

Confidence Level (1-10): \_\_\_\_\_

Success Completion (0-100%) \_\_\_\_\_

## PHYSICAL ACTIVITY GOAL:

Confidence Level (1-10): \_\_\_\_\_

Success Completion (0-100%) \_\_\_\_\_

**S**—Smarter  
 **M**—Measureable  
 **A**—Attainable  
 **R**—Realistic  
 **T**—Time Bound  
 **E**—Evaluate  
 **R**—Reassess

# MOVING FORWARD

## To-do list:

- ▶ Follow your personalized food and physical activity plan
- ▶ Log your food and activity in your Food & Lifestyle Journal
- ▶ Work toward achieving the biweekly goals you set for yourself

**Next Appt:** Date \_\_\_\_\_ Time \_\_\_\_\_

Before your next session take a few minutes to:

- ▶ Review your Food & Lifestyle Journal

## What have you done well?

1. \_\_\_\_\_
2. \_\_\_\_\_

## Where do you think you can improve?

1. \_\_\_\_\_
2. \_\_\_\_\_

## What actions did you take toward meeting your goals (one for each goal set)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## What challenges did you face?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## Notes:

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