My Action Plan for Weight Management

Name: _____

Check the box for each step you are doing now to manage your weight. Check the boxes for the steps you plan to take. Write down other ways you plan to manage your weight.

Things that I can do to manage my weight:	Am Doing	Steps I Will Take
I will make a snack change (from high-sugar/high-fat snacks to low-sugar/low-fat snacks)	☐	☐
I will increase my fruit and vegetable intake by _____per day.		
Instead of skipping breakfast, I will try some new ideas for quick and easy morning meals.	☐	☐
I will reduce my soda consumption by _____cans or _____bottles per day.	☐	☐
I will cut back on the time I spend watching television, going online or playing video games by _____hours per day.	☐	☐
When eating at my favorite fast food restaurant, I will look at the calories per serving to make healthier choices.	☐	☐
Instead of eating fast food, I will plan a meal and prepare it at home.	☐	☐
I will be physically active daily.		
My ideas for managing my weight:		
_____	☐	☐
_____	☐	☐

Signature: _____ Date: _____

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