Living Well Phase 3 Program
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**Talk to your doctor or health care team if you have any questions about your care.**

For more health information, go to [wexnermedical.osu.edu/patiented](http://wexnermedical.osu.edu/patiented) or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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Welcome

Welcome to the Living Well Phase 3 Program! We look forward to working with you over the next year to meet your health goals. Please review the information in this book. Its tools will help you improve your health. For a digital copy of this book, please visit go.osu.edu/pted3358.

Contact information
Contact a Living Well Phase 3 Program staff member if you have questions or would like more information about resources.

- Dr. Bradley Needleman, Surgical Director
- Dr. Benjamin O’Donnell, Medical Director
- Trish Neel-Wilson, RN, BSN, CEP, Director 614-293-2807 Patricia.Neel-Wilson@osumc.edu
- Angela Blackstone, RD, LD, Dietitian 614-293-3905 Angela.Blackstone@osumc.edu
- Kris Dilley, RD, LD, Dietitian 614-366-1784 Kristine.Dilley@osumc.edu
- Kelly Urse, BS, CHWC, Exercise Specialist 614-293-3776 Kelly.Uurse@osumc.edu
- Katharine Feister, PhD, LPC, Health Coach 614-293-3845 Katharine.Feister@osumc.edu

If you have a medical emergency, call 911.

To schedule or cancel appointments, please call 614-688-8971 or stop at the front desk in suite 1066.

Attendance
As a program participant, you are expected to:
- Actively work towards making health changes
- Regularly attend monthly classes

Please make your best effort to be on time. There are no make-up classes if you miss a class.

Please turn off your cell phone before class begins.

Between classes
Please complete your weekly goal sheets. You will review these sheets during class to help you meet your health goals. You are welcome to use a different format if that will help you more. Please talk to Katharine Feister, PhD, PC if you have questions.

You are encouraged to help motivate your peers through the Health Buddy system. At each meeting, you can be paired with another program participant to share monthly goals. You are welcome to share contact information and set-up a plan to motivate and encourage one another over the next month.
You are encouraged to weigh yourself **weekly:**
- During class
- With our class scale at your convenience: Monday through Friday from 8:00 am to 5:00 pm
- At home

**Program resources**
These resources are available to help you meet your health goals.
- Health coaching, both one-on-one appointments and workshops
- Behavior Medicine
- Personal trainers for guided fitness or to update fitness plans
- Center for Wellness and Prevention exercise and pool memberships
- Fitness evaluations
- Dietitians for nutrition counseling or meal plan updates

- A repeat MedGem metabolism analysis
- Bariatric support group, 1st and 4th Wednesdays of each month from 6:00 pm to 7:00 pm, Classroom A

*Most of these resources carry an additional charge.* The cost varies and depends on the nature of the visit. See a staff member for more information.

**Other resources**
List other resources you have:

- ________________________________
- ________________________________
- ________________________________

**Help with resources**
List resources you would like to find:

- ________________________________
- ________________________________
- ________________________________

**My commitment statement**
I commit myself to a year long process of change. I dedicate myself to reaching my health goals.

As needed, I will ask for help from my peers and Comprehensive Weight Management staff.

I will attend each meeting and record my progress.

I have read this book. I recognize that I am responsible for my health choices and in knowing this, I also make these commitments to myself: __________________

______________________________

______________________________

______________________________

Signature: ______________________
Date: ___________________________
My Health and Wellness Vision Statement

Think about what you’d like your life to be like and what experiences you’d like to have. This will help you create a health and wellness vision statement from which you’ll create your health goals.

**Envision your “best life”**

What would you like your life to be like in a year?

- 
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In my vision...

- I have more energy
- I am comfortable in my clothing
- I take less medicines
- I travel comfortably
- I am able to walk up and down stairs easily
- I have less pain
- I sleep better
- I am not limited by my weight
- I am living and not just existing
- I am healthy and able to play with my kids or grandkids
- I enjoy getting my picture taken
- I am better at managing my disease (diabetes, high blood pressure, etc.)
- I no longer emotionally eat
- I am less stressed
- My mood is improved
- I am more active
- I am more hopeful
- My quality of life is better

**My health and wellness vision statement**

In the future I am __________________

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- 

I want to do this because __________________

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Refer to this statement when you need a motivation boost. Keep a copy on the fridge, in your gym bag, on your desk or in your car.
Making Changes that Last

Change happens when you are ready. Before working on your health goals, take time to look at how you will make changes. These changes should be meaningful to you and ones that you can maintain.

**Are you ready?**

<table>
<thead>
<tr>
<th>Possible Change</th>
<th>I’m already doing this</th>
<th>I’m ready to make this change</th>
<th>I’m not ready to make this change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regularly track my health choices such as keep daily food records</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Plan my food choices ahead of time</td>
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<tr>
<td>Regularly include physical activity in my weekly routine</td>
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<tr>
<td>Look for new ways to increase my daily activity</td>
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<tr>
<td>Be proactive in managing my stress levels</td>
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<tr>
<td>Set weekly health goals</td>
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<tr>
<td>Make my health a priority in my daily schedule</td>
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<tr>
<td>Ask for help</td>
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</table>
Setting Goals

To make changes that last, set health goals. **Your health goals put your vision into action.** From your health goals, you will create monthly and weekly goals that you’ll use as a roadmap to help you achieve your vision.

5 tips for setting goals

1. **Make goals that are:**
   - **S = Specific:** Make a plan that includes where, when and how many times.
   - **M = Measurable:** Keep track. Did you complete the plan?
   - **A = Action-based:** Find behaviors that you can address. Can you gradually change these behaviors?
   - **R = Realistic:** Is this goal something you can complete?
   - **T = Time-lined:** Set a deadline and ask is this moving you closer to your long term goal?

2. **Write out and keep track of your goals.**
   Goals motivate your progress. They will help you see patterns and trends. If a goal isn’t working, adjust your goal!

3. **Your goals have to be YOUR goals.** They reflect your personal hopes and desires, so you will be successful at them.

4. As you make weekly goals, ask yourself **“What can I do in the next 5 to 7 days to get me closer to my health goal?”**. Make this thinking a habit to help you plan the next steps to reach your goal.

5. **Set lifestyle goals as well as weight loss goals.** Focusing too strongly on just weight loss may keep you from long-term success. Healthy habits lead to weight loss.

My health goals

Write up to 3 health goals to help you achieve the vision you created on page 5.

<table>
<thead>
<tr>
<th>Health goal #1</th>
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Start date: __________________________
Target date to complete: __________________________

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<tr>
<th>Health goal #2</th>
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Start date: __________________________
Target date to complete: __________________________
**Goal example**

**Health and wellness vision:** Better health

**Health goal #1:** Drink 8 glasses of water each day. Target date to complete: 6 weeks.

**Monthly goal:** Drink 6 glasses of water: 3 glasses in the morning and 3 glasses in the afternoon.

**Weekly goals:** This person gradually drank more water each week until the health goal of 8 glasses of water was met.

**Instead of waiting to make large changes, make small changes now.**

**Monthly and weekly goals**

You are encouraged to use class time to create specific plans to meet your health goals. These plans support you in your day-to-day life as you work to make changes that last.

The monthly and weekly goal charts in this book are tools you can use during the program. You may also create your own planning tools or use a tool that helps you manage other areas of your life such as electronic calendars for work, school or home.
My Monthly Goals

Health Goal #1: ___________________

Create monthly goals for each of your health goals until you reach your target date to complete. Some health goals may take less than 12 months to complete while other goals may take longer. You may work on all of your health goals at the same time or on one goal at a time. If you find that the target date you set was unrealistic, adjust your time frame. Make a plan that is flexible enough to adjust to your needs. Talk to your peers and staff for feedback. Refer to pages 7 and 8 for help setting SMART goals.

<table>
<thead>
<tr>
<th>Class</th>
<th>Month</th>
<th>My monthly goal</th>
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## My Monthly Goals

**Health Goal #2:** ________________

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<th>Class</th>
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# My Monthly Goals

**Health Goal #3:** _______________

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<th>Class</th>
<th>Month</th>
<th>My monthly goal</th>
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</table>
Weekly Goal Sheet

Dates: ________ to ________

Look back at the health goals you set on pages 9, 11 and 13 for the first month of the program. Break down each of these first month goals into 4 smaller goals (one for each week of the month). Then plan how you will meet your weekly goals each day.

<table>
<thead>
<tr>
<th>My goal(s) for the week:</th>
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<tbody>
<tr>
<td>Daily Health Goals</td>
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Weekly Goal Sheet

Dates: _______ to _______

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<thead>
<tr>
<th>My goal(s) for the week:</th>
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<tbody>
<tr>
<td>Daily Health Goals</td>
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<td>Monday</td>
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</table>
## Weekly Goal Sheet

**Dates:** ______ to ______

<table>
<thead>
<tr>
<th>My goal(s) for the week:</th>
<th>Daily Health Goals</th>
<th>Did you complete?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td>Yes No</td>
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<td>Tuesday</td>
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<td>Yes No</td>
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</table>
# Weekly Goal Sheet

Dates: _______ to _______

<table>
<thead>
<tr>
<th>My goal(s) for the week:</th>
<th>Daily Health Goals</th>
<th>Did you complete?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td>Yes No</td>
<td></td>
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<tr>
<td>Tuesday</td>
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<td>Yes No</td>
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<td>Sunday</td>
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</tbody>
</table>
Tracking My Progress

There are many ways to measure your progress. Weight is one. Other ways include energy level, how well you are sleeping, how comfortable you feel in your clothes on a scale from 1 to 10, etc. Pick measures that will help you over the next 12 months. **Record their values at the start of each month in the chart below.**

<table>
<thead>
<tr>
<th>Class</th>
<th>Month</th>
<th>My weight</th>
<th>Other measure:</th>
<th>Other measure:</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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Overcoming Barriers

As you work to bring change into your life, you may encounter barriers. These barriers may be **physical** (access, resources, money), **psychological** (ability to do behavior correctly or consistently, fear, phobia) or **social** (lack of support from family, friends or peers).

It is normal for new barriers to emerge as you work through this program. Create new strategies to meet these challenges. **Talk to Katharine Feister and other staff for support.**

**Potential barriers**
List some barriers you may have as you implement your goals:

1. ___________________________
   ___________________________

2. ___________________________
   ___________________________

3. ___________________________
   ___________________________

4. ___________________________
   ___________________________

5. ___________________________
   ___________________________

**My strategies**
Preparing for barriers will help you meet your goals each week.

For example, if your goal this week is to drink 8 glasses of water each day and your barrier is lack of water at work, your strategy could be to add bottled water to your grocery list. Or if your barrier is forgetting to drink water, your strategy could be to set alarms to remind you.

Look again at the barriers you listed, what strategies will help you overcome them?

1. ___________________________
   ___________________________
   ___________________________

2. ___________________________
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3. ___________________________
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4. ___________________________
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5. ___________________________
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Monthly Review Sheet
Class 1

Date: __________

My goals last month

<table>
<thead>
<tr>
<th>My goals last month</th>
<th>Percent (0-100%) of goal completed</th>
<th>Comments</th>
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<tbody>
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</table>

My weight
I weighed myself and made a record of this number _____ times last month.

My progress
I feel I made progress towards my health goals. Why or why not? ________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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My successes
These things went well for me since the last class: ______________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________

My challenges
These things I need to work on: __________
__________________________________________________________________________
__________________________________________________________________________
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**My plan**

I plan to take these steps to get closer to my health goals:

1. __________________________________________________
2. __________________________________________________
3. __________________________________________________

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**Notes**

____________________________________________________

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**My SMART goals for next month**

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Monthly Review Sheet
Class 2

Date: __________

My goals last month

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<tr>
<th>My goals last month</th>
<th>Percent (0-100%) of goal completed</th>
<th>Comments</th>
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My weight
I weighed myself and made a record of this number _____ times last month.

My progress
I feel I made progress towards my health goals. Why or why not? ____________________
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My successes
These things went well for me since the last class: ________________________________
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My challenges
These things I need to work on: __________
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**My plan**

I plan to take these steps to get closer to my health goals:

1. ____________________________
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2. ____________________________
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3. ____________________________
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**Notes**

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Monthly Review Sheet  
Class 3  
Date: __________

My goals last month

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My weight  
I weighed myself and made a record of this number _____ times last month.

My progress  
I feel I made progress towards my health goals. Why or why not? ______________  
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My successes  
These things went well for me since the last class: ____________________________  
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My challenges  
These things I need to work on: __________  
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### My plan

I plan to take these steps to get closer to my health goals:

1. __________________________________________________
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2. __________________________________________________
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3. __________________________________________________
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### My SMART goals for next month

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Monthly Review Sheet
Class 4

Date: __________

My goals last month

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My weight
I weighed myself and made a record of this number _____ times last month.

My progress
I feel I made progress towards my health goals. Why or why not? ______________  
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My successes
These things went well for me since the last class: ____________________________  
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My challenges
These things I need to work on: ____________  
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### My plan

I plan to take these steps to get closer to my health goals:

1. ____________________________________________________________
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2. ____________________________________________________________
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### Notes

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## Monthly Review Sheet

### Class 5

**Date:**

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### My goals last month

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### My weight

I weighed myself and made a record of this number _____ times last month.

### My progress

I feel I made progress towards my health goals. Why or why not? __________________________

### My successes

These things went well for me since the last class: ________________________________

### My challenges

These things I need to work on: __________

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**My plan**
I plan to take these steps to get closer to my health goals:

1. __________________________
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2. __________________________
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**Notes**
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Monthly Review Sheet
Class 6

Date: ____________

My goals last month

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My weight
I weighed myself and made a record of this number _____ times last month.

My progress
I feel I made progress towards my health goals. Why or why not? ________________

My successes
These things went well for me since the last class: ________________________________

My challenges
These things I need to work on: ____________

I weighed myself and made a record of this number _____ times last month.

These things went well for me since the last class: ________________________________

These things I need to work on: ____________
My plan
I plan to take these steps to get closer to my health goals:

1. ____________________________
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My SMART goals for next month

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Notes

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Monthly Review Sheet
Class 7

Date: __________

My goals last month

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My weight
I weighed myself and made a record of this number _____ times last month.

My progress
I feel I made progress towards my health goals. Why or why not? ______________

My successes
These things went well for me since the last class: ____________________________

My challenges
These things I need to work on: __________

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My plan

I plan to take these steps to get closer to my health goals:

1. __________________________
   __________________________
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2. __________________________
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Notes

No notes are currently available.

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## Monthly Review Sheet
### Class 8

**Date:** __________

### My goals last month

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<th>Comments</th>
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### My weight

I weighed myself and made a record of this number _____ times last month.

### My progress

I feel I made progress towards my health goals. Why or why not? ________________

### My successes

These things went well for me since the last class: ________________________________

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### My challenges

These things I need to work on: ________________

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My plan
I plan to take these steps to get closer to my health goals:

1. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. __________________________________________________________
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Notes

My SMART goals for next month

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Monthly Review Sheet
Class 9
Date: __________

My goals last month

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My weight
I weighed myself and made a record of this number _____ times last month.

My progress
I feel I made progress towards my health goals. Why or why not? ________________

My successes
These things went well for me since the last class: ____________________________

My challenges
These things I need to work on: __________

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My plan
I plan to take these steps to get closer to my health goals:

1. __________________________________________________________
   __________________________________________________________
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My SMART goals for next month

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Monthly Review Sheet
Class 10

Date: __________

My goals last month

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My weight
I weighed myself and made a record of this number _____ times last month.

My progress
I feel I made progress towards my health goals. Why or why not? ______________

My successes
These things went well for me since the last class: __________________________

My challenges
These things I need to work on: __________
**My plan**

I plan to take these steps to get closer to my health goals:

1. ____________________________
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2. ____________________________
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3. ____________________________
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**Notes**

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**My SMART goals for next month**

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Monthly Review Sheet
Class 11

Date: __________

My goals last month

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My weight
I weighed myself and made a record of this number _____ times last month.

My progress
I feel I made progress towards my health goals. Why or why not? ______________
                                      ______________
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                                      ______________

My successes
These things went well for me since the last class: _____________________________
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My challenges
These things I need to work on: __________
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My plan
I plan to take these steps to get closer to my health goals:

1. __________________________________
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2. __________________________________
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3. __________________________________
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My SMART goals for next month

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Monthly Review Sheet  
Class 12

Date: __________

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**My weight**
I weighed myself and made a record of this number _____ times last month.

**My progress**
I feel I made progress towards my health goals. Why or why not? ________________
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**My successes**
These things went well for me since the last class: ________________________________
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**My challenges**
These things I need to work on: __________
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*Note: Set SMART goals for next month to help you maintain your health goals or start to plan new health goals for the next 12 months. Revisit pages 5 and 7-14 for help in setting new goals.
Program Summary

Congratulations! You’ve completed the 12-month Living Well Phase 3 Program. Look back at where you started and make a plan for continued success.

My health and wellness vision statement
from page 5: _____________________
________________________________
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My health goals
from pages 7 and 8:
1. ___________________________
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2. ___________________________
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My health outcomes
from page 19

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<td>Other measure showing a health change:</td>
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Next steps
To maintain my health goals, I will:

1. ___________________________
   ___________________________
   ___________________________

2. ___________________________
   ___________________________
   ___________________________

3. ___________________________
   ___________________________
   ___________________________

Red flags
I am getting off track if I:

1. ___________________________
   ___________________________
   ___________________________

2. ___________________________
   ___________________________
   ___________________________

3. ___________________________
   ___________________________
   ___________________________

Getting back on track
My plan to get back on track:

1. ___________________________
   ___________________________
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2. ___________________________
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3. ___________________________
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Congratulations!

Celebrate your success
You’ve worked hard the last 12 months to make lifestyle changes. You are now seeing health benefits that you are motivated to maintain. Continue to adopt healthy habits to support your goals.

If you would like more support, please read about other program options and talk to staff for more information. We can suggest the best program for you and provide current program pricing and payment plan options.

Other program options

Living Well Phase 3
You may extend your participation in the program for an additional 12 months.

Healthy Living
This 3-month program gives structure and accountability.
- 2 sessions with an exercise specialist, dietitian, health coach or behavioralist
- 3 health coaching workshops
- 11 weekly, 10-minute check ins

Living Well Phase 1
This 6-month, weekly class program focuses on weight loss, nutrition, behavior change and exercise.

Living Well Phase 2
This 3 or 6-month, weekly class program focuses on making successful change.