

Tracking Your Family's Change to Good



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Goalsheet for: Drinks

Use the calendar below to mark the days that your family meets the goal you are trying to achieve. Which of the following will you try?

- ▽ Drink more water
- ▽ Try homemade flavored water with fruit slices
- ▽ Use fruit flavored tea bags for iced tea
- ▽ Cut your regular sodas in half
- ▽ Limit juice, dilute with water or club soda
- ▽ Have diet soda, teas, or lemonade
- ▽ Have low-fat or skim milk

Start date:  _____/_____/_____

Week	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1							
2							
3							
4							
5							

Week	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6							
7							
8							
9							
10							
11							
12							

**Congratulations! You are on your way to sending
your family on the road to health!**

Patient name: _____ Patient date of birth: _____

Bring or send this in to your doctor's office after you fill it out to let them know how you are doing!