

# Tracking Your Family's Change to Good

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## Goal sheet for: Snacks

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?

- ▽ Be prepared and bring a healthy snack
- ▽ Try baked chips and salsa
- ▽ Mix fruits, veggies, lean meats, grains, and dairy
- ▽ Read labels for fat, sugar, and salt
- ▽ Think of a snack as a healthy mini-meal
- ▽ Don't think of sweets as a snack
- ▽ Don't drink your calories



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!