

Tracking Your Family's Change to Good

5



Goal sheet for: Healthy Food

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?

- ▽ Buy fresh or frozen vegetables
- ▽ Use low-fat/fat-free mayo and dressings
- ▽ Eat low-fat meats, milk, cheese, and yogurt
- ▽ Read labels for fat, sugar, and salt
- ▽ Plan your shopping trip and stick to it
- ▽ Use the healthy grocery list given
- ▽ Remember: Go, Slow, Whoa!

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!