

Set Your Weight Loss Goals

Putting goals on paper helps keep you on track. You can revise or add to your goals at any time.



1. Set a goal for weight loss.

Start with a goal of no more than 10% of your current weight.

I currently weigh _____ pounds.

My initial goal is to lose _____ pounds.

Example: If you weigh 250 pounds, your goal might be to lose 25 pounds, or you could decide to make 10 pound goals. When you lose 10 pounds, set a new 10 pound goal. Choose a realistic, achievable goal.

2. Decide on 1 or 2 food/beverage choice changes.

What can you do to take in fewer calories and less fat? Example: "I will have low-fat milk with my cereal every day this week."

Write them down:

1. _____

2. _____

3. Decide on 1 or 2 ways to increase your activity level.

Make them simple and realistic. As your fitness improves, add to these goals. Example: "I will take the stairs to the second floor at work this week."

Write them down:

1. _____

2. _____

4. Weigh yourself at least once a week.

Signature: _____ Date: _____



All Foods Can Fit



There are no good and bad foods. All foods can fit.
No foods are off limits.

Moderation

Eat until you are satisfied, not stuffed. Watch out for extra helpings, splurging, and “all you can eat” places.



Balance

To manage your weight, balance what you eat and drink with how active you are. You should also balance foods higher in calories, fat, and sugar with choices that are lower in calories, fat, and sugar.

Variety

Choose a wide variety of foods: vegetables, fruits, whole grains, meats, poultry, seafood, eggs, beans, peas, nuts, seeds, and dairy. This helps you to get all the nutrients (vitamins, minerals, etc.) that you need. Use the following tips:

- ***Vary the color*** – aim for more than one color on your plate
- ***Vary the flavor*** – sour, sweet, bitter and salty
- ***Vary the texture*** – crunchy, soft, smooth...



Take time to enjoy what you eat!

MOVE!

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www.move.va.gov



Making Healthy Food Choices

Focus on fruits

- Eat a variety of fruit everyday.
- Fruit can be fresh, frozen, canned, or dried.
- Too much fruit juice can add lots of unnecessary sugar to your diet. Limit fruit juice to one serving per day.
- One serving of fruit equals 1 medium piece of fruit, $\frac{1}{2}$ cup cut fruit, $\frac{1}{4}$ cup dried fruit, or $\frac{3}{4}$ cup 100% juice.



Vary your veggies

- Eat more dark green veggies, such as broccoli and kale.
- Eat more orange veggies, such as carrots, sweet potatoes, pumpkin, and winter squash.
- Eat more beans and peas, such as pinto beans, kidney beans, black beans, garbanzo beans, split peas, and lentils.
- One serving of veggies equals 1 cup raw leafy greens; $\frac{1}{2}$ cup chopped, cooked or raw vegetables; or $\frac{1}{2}$ cup 100% vegetable juice.



Get calcium-rich foods

- Every day, get 3 cups of lowfat or fat-free milk – **or** an equivalent amount of low-fat yogurt (1 cup yogurt) **and/or** low-fat cheese (1 $\frac{1}{2}$ ounces of cheese equals 1 cup of milk).
- If you don't or can't drink milk, choose lactose-free milk products and/or calcium-fortified foods and beverages.



Make at least half your grains “whole grains”

- Eat at least 3 ounces of whole grains everyday.
- One ounce is 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice or pasta.
- Look to see that grains such as wheat, rice, oats, or corn are referred to as “whole” in the list of ingredients.



Go lean with protein

- Choose lean meats and poultry.
- Bake, broil or grill meat, poultry and fish.
- Vary your protein choices – with fish, beans, peas, nuts, and seeds.
- One serving of meat, poultry or seafood is 2-3 ounces, about the size of a deck of cards. For beans or peas, ½ cup is a serving, and for nuts and seeds, ¼ cup is a serving.



Know the limits on fats, salt, sugars, and alcohol

- Read the Nutrition Facts label on foods.
- Look for foods low in saturated fats and trans fats.
- Choose and prepare foods and beverages with little salt (sodium) and/or added sugars (caloric sweeteners like sucrose or high fructose corn-syrup).
- Limit alcohol. It just adds empty calories.
- All foods can be enjoyed in moderation once you know the limits.



Weight: _____

Food Diary

Date: _____

Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
My Goal for Today Write down all food & drink consumed. Also write the following: -Time you eat -Amount consumed -What triggered the eating (Eating Triggers: triggers can be mood related (happy, content, bored, depressed, neutral, tired, anxious, angry, sad, lonely, stressed, worried, excited, etc.) or events like eating out, having a bad day, fight with spouse, getting good news, getting a raise) -Hunger level before eating and again after eating Hunger/Fullness Key: 1 = starving, weak, lightheaded, dizzy 5 = neutral – not hungry or full 10 = uncomfortably full or “sick”							
Goal Met	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No



Weight: _____

Physical Activity and Pedometer/Odometer Diary

Date: _____

Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
My activity goal for today							
Physical activity I did today							
Minutes of activity							
Pedometer steps or odometer distance							
Goal Met	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No



Hunger/Fullness Scale

- 10 Uncomfortably full or “sick” – “Thanksgiving full”
- 9 Stuffed and uncomfortable
- 8 Too full, somewhat uncomfortable
- 7 Full, but not yet uncomfortable – hunger is gone
- 6 Filling up, but still comfortable – could definitely eat more
- 5 Neutral – neither hungry nor full
- 4 Slightly hungry, faint signals that your body needs food, but you can still wait to eat
- 3 Hungry, not yet uncomfortable, clear signals that your body needs food
- 2 Very hungry, irritable or anxious – you want to eat everything in sight
- 1 Starving, feeling weak, lightheaded, dizzy, or other extremely uncomfortable symptoms of hunger



Action Plan

This week I will _____ (What)

_____ (How Much)

_____ (When)

_____ (How Often)

Circle how sure you are that you can do this action:

1 2 3 4 5 6 7 8 9 10

*If your answer is less than 7, you may not be able to meet your goal.
Think about modifying your plan to be more doable.*

Give yourself a check mark each day you accomplish your plan	Comments: Write yourself a note about today's activity.
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	

Possible road blocks to meeting my plan:

Things I can do to overcome these road blocks:

Other resources I need to meet my action plan:
