

My Healthy Habits Plan

Name: _____

Date: _____

What will I do?

Choose One Goal

I will: _____

Examples: make better food choices, make time to be active, find time to relax, have fewer sugary drinks

What steps will you take to meet this goal?

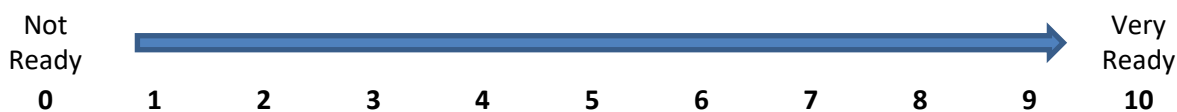
I will: _____

Examples: Make lunch at home, walk after dinner, read before bed

How often will you do this? (Example: 3 times a week) _____

How much? (Example: for 20 minutes) _____

How ready are you to make a change?



My signature: _____



MaineHealth
LET'S GO!
SMALL STEPS