



Healthy Lifestyle Prescription Pad Contract

Dietary Change	Physical Activity Change	Behavioral Change
<input type="checkbox"/> Eat healthy breakfast <input type="checkbox"/> Eat more fruit (fresh or frozen) <input type="checkbox"/> Eat more vegetables (fresh or frozen) <input type="checkbox"/> Eat more whole grains <input type="checkbox"/> Reduce sweets & salty snacks <input type="checkbox"/> Reduce soda & sweetened drinks <input type="checkbox"/> Drink more water <input type="checkbox"/> Eat 3 meals daily <input type="checkbox"/> Drink more milk <input type="checkbox"/> Other	<input type="checkbox"/> Walk ___ days/week for ___ minutes <input type="checkbox"/> Dance while listening to music <input type="checkbox"/> Walk pet daily <input type="checkbox"/> Join sports team <input type="checkbox"/> Take P.E. class <input type="checkbox"/> Ride bike ___ minutes ___ days/week <input type="checkbox"/> Swim ___ minutes ___ days/week <input type="checkbox"/> Jump rope ___ minutes ___ days/week <input type="checkbox"/> Other <input type="checkbox"/> Other	<input type="checkbox"/> Watch less TV <input type="checkbox"/> Limit time spent on computer <input type="checkbox"/> Limit time playing video games <input type="checkbox"/> Only eat at dining table <input type="checkbox"/> Keep food journal <input type="checkbox"/> Keep activity journal <input type="checkbox"/> Do not stuff yourself at meals <input type="checkbox"/> Reward success with non-food items <input type="checkbox"/> Quit smoking and tobacco use (1.800.Quit.Now) 1.800.784.8669 <input type="checkbox"/> Other

Our family agrees to make at least one dietary change, one physical activity change, and one behavioral change.

PATIENT NAME _____ APPOINTMENT DATE _____ TIME _____ HEALTH CARE PROVIDER _____

For additional information and resources on living a healthy lifestyle, visit www.adph.org.



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