

5A Healthy Lifestyles Guidelines

Patient Name: _____
Height: _____
Weight: _____

Age: _____
BMI: _____
BMI%: _____

Assess – diet, activity and motivation

- | | | |
|--|--|--|
| <input type="checkbox"/> Motivation to change eating habits/activity | <input type="checkbox"/> Frequency, intensity, duration of physical activity | |
| <input type="checkbox"/> Risk factors for overweight/obesity | <input type="checkbox"/> Time spent watching television | |
| <input type="checkbox"/> Food and beverage choices | <input type="checkbox"/> Risk screen/Lab results | |
| <input type="checkbox"/> Snacks: frequency and type | <input type="checkbox"/> Family History | <input type="checkbox"/> Blood Pressure |
| | <input type="checkbox"/> Tot. Cholesterol | <input type="checkbox"/> Glucose/Insulin |
| | <input type="checkbox"/> Parent/child concern | <input type="checkbox"/> Large change in BMI |
| | | <input type="checkbox"/> Sleep Apnea |

Advise – behavior change

- “As your clinician, I strongly advise you to change your eating and activity habits.”
- Personalize risks of overweight and benefits of healthy eating and physical activity.
- “I believe you can do it, but that’s got to be your choice and you have to be ready to try.”

Agree – set goals for each

“Are you willing to _____?”

“How confident are you that you can _____?”

- | | |
|--|---|
| <input type="checkbox"/> Monitor snacks, activity, screen time | |
| <input type="checkbox"/> Change bad snacks to good snacks | <input type="checkbox"/> Decrease TV/screen time |
| <input type="checkbox"/> Change juice/soda to water | <input type="checkbox"/> Increase physical activity |

Assist – based on motivation/readiness

Not ready to change

- “Please think about what we discussed.”
- Offer resource guides, educational handouts.
- “Let me know when you are ready to try, and I have some things that can help.”

Considering changing

- Offer encouragement.
- “Here are some things that can help you think about it.....”
- Offer handouts on:
 - Organizing healthy meals
 - Healthy snack foods

Ready to change

- “Let’s start with some behaviors you would like to change.”
- “I’d like to give you some tools.”
 - Dietary tracking calendar
 - Pedometer (_____# given)
- Handouts:
 - Organizing healthy meals
 - Healthy snack foods
 - Referral guide to community programs and activities
- Create action plan or behavior change contract

Arrange – follow up visits/referral

- Follow-up counseling visit (2-4 weeks)
- Referral for intensive intervention

Clinician Signature/Date