

## Question 1

**How important is controlling your weight to you?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

1

Weight Loss

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## Question 1

**How important is controlling your weight to you?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

**Managing your weight is important to you- that's great!**  
**Let's get started.**

NEXT

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## Question 1

**How important is controlling your weight to you?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

**Many people feel that other things are more important. We can talk about what steps are possible for you right now.**

NEXT

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## Question 2

**How much can you rely on family or friends for support and encouragement?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
At All

A lot



WEIGHT  
LOSS



NUTRITION



PHYSICAL  
ACTIVITY



RESOURCES



REPORT

## Question 2

**How much can you rely on family or friends for support and encouragement?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
At All

A lot

**Many people like you do not get a lot of support from family and friends.  
We're here to help you and talk about how we can best support you.**

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## Question 2

**How much can you rely on family or friends for support and encouragement?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
At All

A lot

**It is great that you have people who are willing to support you! Talk to your friends and family about your goals.**

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## Question 3

# Which of the following make it hard to manage your weight?

(Select all that apply or none)

- |  |  |
|--|--|
| <input type="checkbox"/> Low self esteem/sadness | <input type="checkbox"/> Difficulty with self-control            |
| <input type="checkbox"/> Stress or nervousness   | <input type="checkbox"/> Hungry all the time                     |
| <input type="checkbox"/> Family Problems         | <input type="checkbox"/> Smoking                                 |
| <input type="checkbox"/> Boredom                 | <input type="checkbox"/> Medications                             |
| <input type="checkbox"/> No motivation           | <input type="checkbox"/> Other (enter here) <input type="text"/> |
| <input type="checkbox"/> Loneliness              |  |

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## Question 3

## Which of the following make it hard to manage your weight?

(Select all that apply or none)

- |  |  |
|--|--|
| <input type="checkbox"/> Low self esteem/sadness | <input type="checkbox"/> Difficulty with self-control            |
| <input type="checkbox"/> Stress or nervousness   | <input type="checkbox"/> Hungry all the time                     |
| <input type="checkbox"/> Family Problems         | <input type="checkbox"/> Smoking                                 |
| <input type="checkbox"/> Boredom                 | <input type="checkbox"/> Medications                             |
| <input type="checkbox"/> No motivation           | <input type="checkbox"/> Other (enter here) <input type="text"/> |
| <input type="checkbox"/> Loneliness              |  |

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## Question 4

**How often do you overeat?**

- ☐ Never
- ☐ Less than once a week
- ☐ Once a week
- ☐ 2 - 4 times a week
- ☐ 5 or more times a week

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## Question 4

## How often do you overeat?

- ☒ Never
- ☐ Less than once a week
- ☐ Once a week
- ☐ 2 - 4 times a week
- ☐ 5 or more times a week

**Congratulations! Portion control is an important aspect to weight control.**

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## Question 4

**How often do you overeat?**

- ☐ Never
- ☐ Less than once a week
- ☐ Once a week
- ☒ 2 - 4 times a week
- ☐ 5 or more times a week

**Portion control will help you maintain a healthy weight. We can help.**

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## Question 5

**Enter your weight and height so we can calculate your risk for weight-related health problems.**

Weight

 lbs

POUNDS

KILOGRAMS

Height

 ft  in

FEET/INCHES

CENTIMETERS

NEXT

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## Question 5

**Enter your weight and height so we can calculate your risk for weight-related health problems.**

Weight

 kgs

POUNDS

KILOGRAMS

Height

 cm

FEET/INCHES

CENTIMETERS

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## Your Weight-Related Risk

**Based on your height and weight, you are at a normal risk for health problems. Managing your weight can reduce these risks.**

Your health care team is here to support you!

CREATE WEIGHT LOSS GOAL

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## Your Weight-Related Risk

**Based on your height and weight, you are at a high risk for health problems. Managing your weight can reduce these risks.**

Your health care team is here to support you!

CREATE WEIGHT LOSS GOAL

1

Weight Loss

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## Create your weight loss goal

How much weight would you like to lose in the next 6 months?

0 lbs

POUNDS

KILOGRAMS

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## Create your weight loss goal

How much weight would you like to lose in the next 6 months?

0 kgs

POUNDS

KILOGRAMS

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## Create your weight loss goal

How much weight would you like to lose in the next 6 months?

0 lbs

POUNDS

KILOGRAMS

**We recommend starting with a weight loss goal within X - Y pounds  
(5-10% of your current weight)**

To change your weight loss goal, enter a new weight.

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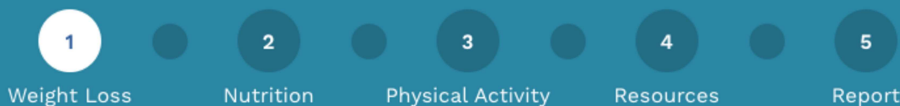
## Create your weight loss goal

How confident are you that you can achieve this goal?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Confident

Very  
Confident



## Create your weight loss goal

How confident are you that you can achieve this goal?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Confident

Very  
Confident

CONTINUE TO SUMMARY

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## Step 1 Summary

# Here is your weight loss goal



In the next 6 months you would like to

**lose 20 pounds**

**We are here to support you and help you reach your goal!**  
**Now let's move onto nutrition.**

CHANGE GOAL

CONTINUE TO NUTRITION

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## Question 6

## What do you think may get in the way of changing your eating habits?

(Select all that apply or none)

- |   |  |
|---|--|
| <input type="checkbox"/> Eating fast food | <input type="checkbox"/> Feeling hungry                          |
| <input type="checkbox"/> Unmotivated      | <input type="checkbox"/> Family/friends do not eat healthy       |
| <input type="checkbox"/> Not enough time  | <input type="checkbox"/> Eating too much                         |
| <input type="checkbox"/> Not enough money | <input type="checkbox"/> Other (enter here) <input type="text"/> |

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## Question 6

## What do you think may get in the way of changing your eating habits?

(Select all that apply or none)

- |   |  |
|---|--|
| <input type="checkbox"/> Eating fast food | <input type="checkbox"/> Feeling hungry                          |
| <input type="checkbox"/> Unmotivated      | <input type="checkbox"/> Family/friends do not eat healthy       |
| <input type="checkbox"/> Not enough time  | <input type="checkbox"/> Eating too much                         |
| <input type="checkbox"/> Not enough money | <input type="checkbox"/> Other (enter here) <input type="text"/> |

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## Question 7

**In an average week, how often do you eat meals from sit-down or takeout restaurants?**



0 - 1 times  
a week



2 - 3 times  
a week



4 - 6 times  
a week



7 or more  
times a week

1

Weight Loss



2

Nutrition



3

Physical Activity



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## Question 7

**In an average week, how often do you eat meals from sit-down or takeout restaurants?**



0 - 1 times  
a week



2 - 3 times  
a week



4 - 6 times  
a week



7 or more  
times a week

**Cooking your own food is a great way to make healthy choices.**

NEXT

1

Weight Loss



2

Nutrition



3

Physical Activity



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## Question 7

**In an average week, how often do you eat meals from sit-down or takeout restaurants?**



0 - 1 times  
a week



2 - 3 times  
a week



4 - 6 times  
a week



7 or more  
times a week

**Restaurant foods are often unhealthy or high in calories.**

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1

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## Question 8

**How important is it for you to reduce the number of meals you eat from sit-down or takeout restaurants?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important



## Question 8

**How important is it for you to reduce the number of meals you eat from sit-down or takeout restaurants?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

NEXT

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## Question 9

**How important is it for you to choose healthier foods from sit-down or takeout restaurants?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important



## Question 9

**How important is it for you to choose healthier foods from sit-down or takeout restaurants?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

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## Question 10

**How many servings of fruit do you eat a day?**

(Not including fruit juice or smoothies)

**1 SERVING =**1 BASEBALL  
SIZED FRUIT1/2 CUP OF  
FRUIT0 - 1  
servings  
a day2 - 3  
servings  
a day3 or more  
servings  
a day

1

Weight Loss



2

Nutrition



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Physical Activity



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## Question 10

**How many servings of fruit do you eat a day?**

(Not including fruit juice or smoothies)

**1 SERVING =**1 BASEBALL  
SIZED FRUIT1/2 CUP OF  
FRUIT0 - 1  
servings  
a day2 - 3  
servings  
a day3 or more  
servings  
a day**You may not be eating enough fruit. Try to eat about 2 cups of fruit a day.**

NEXT

1

Weight Loss



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## Question 10

**How many servings of fruit do you eat a day?**

(Not including fruit juice or smoothies)

**1 SERVING =**1 BASEBALL  
SIZED FRUIT1/2 CUP OF  
FRUIT0 - 1  
servings  
a day2 - 3  
servings  
a day3 or more  
servings  
a day**Congratulations! You eat enough fruit.**

NEXT

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## How important is it for you to eat more servings of fruit each day?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important





## How important is it for you to eat more servings of fruit each day?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

NEXT

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## Question 11

# How many servings of vegetables do you eat a day?

1 SERVING =



1 CUP LEAFY  
VEGGIES



1/2 CUP  
OTHER VEGGIES



0 - 1  
servings  
a day



2 - 3  
servings  
a day



3 or more  
servings  
a day

1

Weight Loss



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## Question 11

# How many servings of vegetables do you eat a day?

1 SERVING =



1 CUP LEAFY  
VEGGIES



1/2 CUP  
OTHER VEGGIES



0 - 1  
servings  
a day



2 - 3  
servings  
a day



3 or more  
servings  
a day

**Vegetables are very healthy. Try to fill half of your plate with vegetables.**

NEXT

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## Question 11

# How many servings of vegetables do you eat a day?

1 SERVING =



1 CUP LEAFY  
VEGGIES



1/2 CUP  
OTHER VEGGIES



0 - 1  
servings  
a day



2 - 3  
servings  
a day



3 or more  
servings  
a day

**Congratulations! You eat enough vegetables.**

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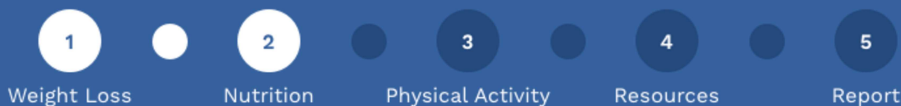
Report

## How important is it for you to eat more vegetables?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important



## How important is it for you to eat more vegetables?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

NEXT

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## Question 12

**How many sugar-sweetened beverages like soda, juice, tea or coffee with sugar, do you drink per day?**

- ☐ 0 beverages
- ☐ 1 - 2 beverages
- ☐ 3 or more beverages

1

Weight Loss

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## Question 12

**How many sugar-sweetened beverages like soda, juice, tea or coffee with sugar, do you drink per day?**

- ☐ 0 beverages
- ☐ 1 - 2 beverages
- ☐ 3 or more beverages

**Sugary drinks have a lot of calories. Water is a healthy alternative.**

NEXT

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## Question 12

**How many sugar-sweetened beverages like soda, juice, tea or coffee with sugar, do you drink per day?**

☐

0 beverages

☐

1 - 2 beverages

☐

3 or more beverages

**Congratulations! Drinking water is a great way to avoid extra calories.**

NEXT

1

Weight Loss



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## How important is it for you to replace sugar-sweetened drinks with water?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important



## How important is it for you to replace sugar-sweetened drinks with water?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

NEXT

1

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## Question 13

**Do you drink alcoholic beverages such as beer, malt liquor, wine, etc?**

☐

Yes

☐

No

1

Weight Loss



2

Nutrition



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## Question 13

**Do you drink alcoholic beverages such as beer, malt liquor, wine, etc?**

☐

Yes

☐

No

**Alcohol is high in calories; limiting alcohol can be an important step in achieving weight loss goals.**

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## Question 13

**Do you drink alcoholic beverages such as beer, malt liquor, wine, etc?**

☐

Yes

☐

No

**That's great. Keep it up!**

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1

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## How important is it for you to reduce the amount of alcohol that you drink?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important



## How important is it for you to reduce the amount of alcohol that you drink?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

NEXT

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## Question 14

## How often do you eat sweets or unhealthy snack foods?



DONUTS  
CAKE  
CANDY  
COOKIES

or



CHIPS  
PRETZELS  
BUTTERY  
POPCORN



0 - 1  
times  
a day



2 - 3  
times  
a day



3 or more  
times  
a day

1

Weight Loss

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## Question 14

## How often do you eat sweets or unhealthy snack foods?



DONUTS  
CAKE  
CANDY  
COOKIES

or



CHIPS  
PRETZELS  
BUTTERY  
POPCORN



0 - 1  
times  
a day



2 - 3  
times  
a day



3 or more  
times  
a day

**These are often high in calories, sugar, and fat. Try snacking on fruits, veggies or nuts instead.**

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## Question 14

## How often do you eat sweets or unhealthy snack foods?



DONUTS  
CAKE  
CANDY  
COOKIES

or



CHIPS  
PRETZELS  
BUTTERY  
POPCORN



0 - 1  
times  
a day



2 - 3  
times  
a day



3 or more  
times  
a day

**That's great, keep it up! Fruit, vegetables, or nuts can be great snacks.**

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## How important is it for you to eat fewer sweets and snack foods?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important



## How important is it for you to eat fewer sweets and snack foods?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

NEXT

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## How important is it for you to eat smaller portions or limit second helpings?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important



## How important is it for you to eat smaller portions or limit second helpings?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not  
Important

Very  
Important

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## Please select 1 or 2 nutrition goals to focus on

- ☐ Eat less takeout
- ☐ Order healthier at restaurants
- ☐ Eat more fruit a day
- ☐ Eat more vegetables a day
- ☐ Drink fewer sugary drinks
- ☐ Drink less alcohol
- ☐ Eat less sweets and snacks
- ☐ Eat smaller portions
- ☐ Other (Write in your own goal here)



Weight Loss



Nutrition



Physical Activity



Resources



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## Please select 1 or 2 nutrition goals to focus on

- ☐ Eat less takeout
- ☐ Order healthier at restaurants
- ☐ Eat more fruit a day
- ☒ Eat more vegetables a day
- ☒ Drink fewer sugary drinks
- ☐ Drink less alcohol
- ☐ Eat less sweets and snacks
- ☐ Eat smaller portions
- ☐ Other (Write in your own goal here)

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## Step 2 Summary

# Here is your nutrition goal



In the next 6 months you would like to

**Eat more vegetables**  
**Eat fewer sweets and snacks**

CHANGE GOAL

CONTINUE TO PHYSICAL ACTIVITY

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## Question 15

**What do you think may get in the way of you being more physically active?**

(Select all that apply or none)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Not enough time    | <input type="checkbox"/> Not enough money       | <input type="checkbox"/> No place to be active |
| <input type="checkbox"/> No transportation  | <input type="checkbox"/> Don't like to exercise | <input type="checkbox"/> Daily habits          |
| <input type="checkbox"/> Pain               | <input type="checkbox"/> Back problems          | <input type="checkbox"/> Muscle/joint issues   |
| <input type="checkbox"/> Heart/lung disease | <input type="checkbox"/> Too tired              | <input type="checkbox"/> Other (enter here)    |

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## Question 15

## What do you think may get in the way of you being more physically active?

(Select all that apply or none)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Not enough time    | <input type="checkbox"/> Not enough money       | <input type="checkbox"/> No place to be active |
| <input type="checkbox"/> No transportation  | <input type="checkbox"/> Don't like to exercise | <input type="checkbox"/> Daily habits          |
| <input type="checkbox"/> Pain               | <input type="checkbox"/> Back problems          | <input type="checkbox"/> Muscle/joint issues   |
| <input type="checkbox"/> Heart/lung disease | <input type="checkbox"/> Too tired              | <input type="checkbox"/> Other (enter here)    |

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## How many days a week do you engage in moderate or vigorous activity?

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

### Moderate Physical Activity



- Light sweating
- Small increase in heart rate/breathing
- Talking is difficult
- 150 min/week recommended

### Vigorous Physical Activity



- Heavy sweating
- Large increase in heart rate/breathing
- Talking is very difficult
- 75 min/week recommended



## How many days a week do you engage in moderate or vigorous activity?

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

### Moderate Physical Activity



- Light sweating
- Small increase in heart rate/breathing
- Talking is difficult
- 150 min/week recommended

### Vigorous Physical Activity



- Heavy sweating
- Large increase in heart rate/breathing
- Talking is very difficult
- 75 min/week recommended

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1

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## How many minutes do you engage in physical activity per week?

15	30	45	60	75	150
----	----	----	----	----	-----

### Moderate Physical Activity



- Light sweating
- Small increase in heart rate/breathing
- Talking is difficult
- 150 min/week recommended

### Vigorous Physical Activity



- Heavy sweating
- Large increase in heart rate/breathing
- Talking is very difficult
- 75 min/week recommended



## How many minutes do you engage in physical activity per week?

15	30	45	60	75	150
----	----	----	----	----	-----

### Moderate Physical Activity



- Light sweating
- Small increase in heart rate/breathing
- Talking is difficult
- 150 min/week recommended

### Vigorous Physical Activity



- Heavy sweating
- Large increase in heart rate/breathing
- Talking is very difficult
- 75 min/week recommended

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## Question 16

**What kind of physical activity do you currently do?**

(Select up to 3 or none)

☐ Walking☐ Swimming☐ Running☐ Sports☐ Bicycling☐ Housework/Gardening☐ Aerobic exercise☐ Weightlifting☐ Dancing☐ Other (enter here)

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# The American Heart Association recommends



**150 minutes**  
of moderate  
exercise  
per week



**75 minutes**  
of vigorous  
exercise  
per week



You said you exercise

**XX minutes per week**

Physical activity is important for keeping your metabolism active,  
strengthening your heart, and decreasing pain!

CREATE A NEW PHYSICAL ACTIVITY GOAL

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# The American Heart Association recommends



**150 minutes**  
of moderate  
exercise  
per week



**75 minutes**  
of vigorous  
exercise  
per week



You said you exercise

**XX minutes per week**

Congratulations!

CREATE A NEW PHYSICAL ACTIVITY GOAL

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# How many days a week do you want to engage in physical activity?

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

## Moderate Physical Activity



- Light sweating
- Small increase in heart rate/breathing
- Talking is difficult
- 150 min/week recommended

## Vigorous Physical Activity



- Heavy sweating
- Large increase in heart rate/breathing
- Talking is very difficult
- 75 min/week recommended



## How many days a week do you want to engage in physical activity?

0	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

### Moderate Physical Activity



- Light sweating
- Small increase in heart rate/breathing
- Talking is difficult
- 150 min/week recommended

### Vigorous Physical Activity



- Heavy sweating
- Large increase in heart rate/breathing
- Talking is very difficult
- 75 min/week recommended

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## How many minutes do you want to engage in moderate or vigorous activity?

15	30	45	60	75	150
----	----	----	----	----	-----

### Moderate Physical Activity



- Light sweating
- Small increase in heart rate/breathing
- Talking is difficult
- 150 min/week recommended

### Vigorous Physical Activity



- Heavy sweating
- Large increase in heart rate/breathing
- Talking is very difficult
- 75 min/week recommended



## How many minutes do you want to engage in moderate or vigorous activity?

15	30	45	60	75	150
----	----	----	----	----	-----

### Moderate Physical Activity



- Light sweating
- Small increase in heart rate/breathing
- Talking is difficult
- 150 min/week recommended

### Vigorous Physical Activity



- Heavy sweating
- Large increase in heart rate/breathing
- Talking is very difficult
- 75 min/week recommended

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## Step 3 Summary

# Here is your physical activity goal



In the next 6 months you would like to engage in  
moderate or vigorous physical activity

**3 days per week**  
**30 minutes per day**

CHANGE GOAL

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# Weight Management Programs and Resources

Which of the following are you interested in?

- ☐ VA MOVE! ?
- ☐ VA TeleMOVE! ?
- ☐ Weight Watchers ?
- ☐ VA MOVE! Coach Mobile ?
- ☐ VA Healthy Teaching Kitchen ?
- ☐ Gym Membership (non-VA) ?
- ☐ VA MOVE! Telephone Lifestyle Coaching ?
- ☐ Shape Up NYC ?
- ☐ Other programs/resources (non VA) ?

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## Weight Management Programs and Resources

Which of the following are you interested in enrolling in or getting

### VA MOVE!

is a program that supports Veterans to lose weight and improve health. Twelve in-person meetings provide teaching, access to dietitians, physical therapists, health psychologists, and other Veterans.

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## Weight Management Programs and Resources

Which of the following are you interested in enrolling in or getting

### VA TeleMOVE!

is a program that supports Veterans to lose weight and improve health. It is a telehealth program that lets you participate from home, when it is most convenient for you.

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## Weight Management Programs and Resources

Which of the following are you interested in enrolling in or getting

### Weight Watchers

is a program that can be helpful for weight loss. This program provides information regarding healthy eating habits, and group support. You can join online or in-person.

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## Weight Management Programs and Resources

Which of the following are you interested in enrolling in or getting

### VA MOVE! Coach Mobile

is a weight loss app for smart phones developed by the MOVE! staff at the VA Hospital. It is a 19-week program that guides participants to lose weight through education and use of interactive tools.

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## Weight Management Programs and Resources

Which of the following are you interested in enrolling in or getting

### VA Healthy Teaching Kitchen

offers in-person cooking demonstrations and healthy recipe prep for Veterans and their families.

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## Weight Management Programs and Resources

Which of the following are you interested in enrolling in or getting

### Gym Membership (non-VA)

Your Health Coach can help you locate a convenient and affordable gym for you to exercise and participate in sports.

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## Weight Management Programs and Resources

Which of the following are you interested in enrolling in or getting

### VA MOVE! Telephone Lifestyle Coaching

is a telephone-based program that supports Veterans to lose weight. The program provides pedometers and weight scales to aid you in your weight-loss journey.

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## Weight Management Programs and Resources

Which of the following are you interested in enrolling in or getting

### Shape Up NYC

offers fitness classes open to everyone in New York. The classes are free!

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## Weight Management Programs and Resources

Which of the following are you interested in enrolling in or getting

### Other programs/resources (non VA)

Losing weight can be challenging. There are many options for increasing exercise and changing your eating habits. Please let us know how we can help you!

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## Tracking Your Progress

Keeping track of your diet and physical activity can help you reach your new goals. Would you like to track your progress by paper or with an electronic device?

☐

### Electronic devices

Wearables, mobile apps or websites

☐

### Paper Journal

Food diary or exercise log

☐

### Other

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## Step 4 Summary

**Here are additional resources to help you achieve your goals**



**Weight Watchers  
Gym**

**Electronic devices  
Journal**

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FINISH

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