Please insert a check mark near your TOP priorities.

What STOPS you from having a healthy lifestyle?

___ I enjoy using technology, especially when I'm bored.

___ My parents are on my case about my eating habits.

___ It's hard for me to be active at the end of the day when I'm tired.

___ I feel like I'm being watched or judged when doing physical activity in public.

___ It's hard to get back on track when I haven't been active for a while.

___ I tend to choose technology over being active (examples: gaming, social media).

___ My parents tend to take over the conversation during appointments with my clinicians.

___ My parents feel the need to fix everything.

___ Unhealthy foods get especially tempting during special occasions and holidays.

___ I'm rewarded with unhealthy food on some occasions.

___ I feel like I have no control over my sleep (example: how fast to fall asleep).

___ My parents and I have different priorities.

___ I have a hard time falling asleep because of my anxiety or nonstop thinking.

___ Sometimes my weight makes me feel like I don't fit in.

___ I have nothing else to do, so I go online or play video games.
What HELPS you to have a healthy lifestyle?

____ It's easier for me to be active when I genuinely enjoy the activity.
____ It's easier to be active with people I know.
____ It's easy for me to eat healthy foods if they taste good.
____ We have enough money to afford healthy foods.
____ It’s helpful to start small and gradually work up when making lifestyle changes.
____ I’m committed to losing weight to look better.
____ It helps that my friends believe in me.
____ I feel energized after being active.
____ Some activities help me to relieve stress.
____ Having a ride to my activities helps me be active.
____ I’m more inclined to be active when the weather is nice.
____ I’m more likely to be active when someone is motivating me.
____ It helps when I have someone be active with me.
____ I fall asleep quickly after a long day.
____ Talking with my friends (online or in-person), family, or clinicians helps with my anxiety or depression.
What COULD HELP you to have a healthy lifestyle?

___ I would like taxes to be removed from healthy foods.

___ I would like school to start later so I can get more sleep.

___ I value privacy between myself and my clinician.

___ It’s my body, so I should make the final decision about my treatment plan.

___ I would like my parents to make healthy changes with me.

___ I would like physical activity programs to be better advertised so I know what’s available.

___ I would like packaging of unhealthy food to not look so fancy and appealing.

___ I would like my parents to stop criticizing and judging me.

___ I would like to be able to bring food into class.

___ I would like to have kids my age in my neighborhood to be active with.

___ I would like my dietitian to share healthy recipe ideas with my family.

___ I want to have more control over my clinical appointments than my parents (examples: talk more, be involved in decision-making).

___ I would like more varied physical activity options in my community.

___ I’m old enough to come to my clinical appointments without my parents.

___ I would like there to be more healthy foods at my home.
Notes / Follow-Up Plan:

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