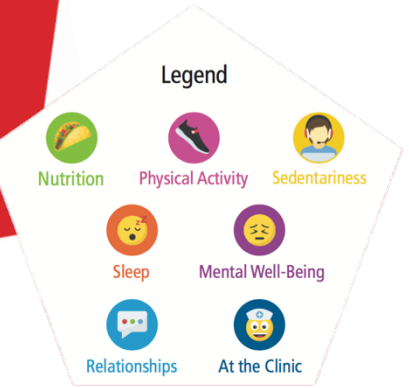


Date (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

**Please insert a  
check mark near your  
TOP priorities.**

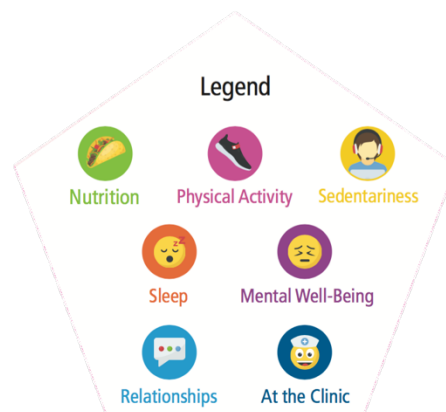


**What STOPS you from having a healthy lifestyle?**

- \_\_\_ *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.* ●

