

# Session 16: Ways to Stay Motivated.

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## Progress Review



Changes you've made to be more active:

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Changes you've made to eat less fat (and fewer calories):

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Have you reached your weight goal?  Yes  No

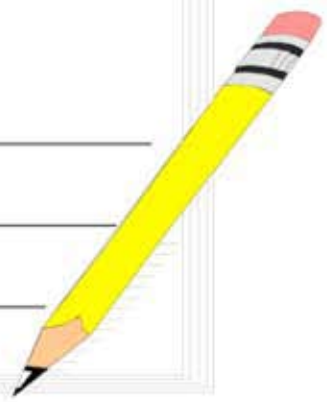
Have you reached your activity goal?  Yes  No

If not, what will you do to improve your progress?

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# Ways to stay motivated:

## 1. Stay aware of the benefits you've achieved and hope to achieve.

What did you hope to achieve when you started the Lifestyle Program?  
Have you reached these goals?

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What would you like to achieve in the next six months?

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## 2. Recognize your successes.

What changes in your eating and activity do you feel proudest of?

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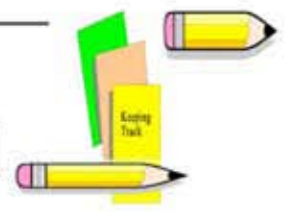
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## 3. Keep visible signs of your progress.

- Post weight and activity graphs on your refrigerator door.
- Mark your activity milestones on a map toward a particular goal.
- Measure yourself (waist, belt size) once a month.

**4. Keep track of your weight, eating and activity.**

- Record your activity daily.
- Record what you eat this often: \_\_\_\_\_
- Record your weight on: \_\_\_\_\_  
\_\_\_\_\_



**5. Add variety to your routine.**

How have you varied your activity?

\_\_\_\_\_

What meals, snacks, or foods are you most bored with?

\_\_\_\_\_

Can you think of some ways to vary this part of your eating?

\_\_\_\_\_  
\_\_\_\_\_

**6. Set new goals for yourself.  
Develop ways to reward yourself when you meet each goal.**

Goals: Specific, short-term, just enough of a challenge.

Rewards: Something you will do or buy **if and only if** you reach your goal.

What are some non-food ways you can reward yourself for reaching a goal?



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**7. Create some friendly competition.**

Set up the kind of competition in which you both win.

**8. Use others to help you stay motivated.**

Talk with a supportive family member or friend for encouragement.



**Choose one way to stay motivated that would be helpful to you now.**

\_\_\_\_\_

Make a positive action plan:

**Problems  
can be solved.**

I will: \_\_\_\_\_

When? \_\_\_\_\_

I will do this first: \_\_\_\_\_

Roadblocks that might come up:	I will handle them by:
_____	_____
_____	_____

I will do this to make my success more likely:

\_\_\_\_\_

How can we help you?

\_\_\_\_\_

# Lifestyle Balance



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

Goals: Weight \_\_\_\_\_ pounds.

Activity \_\_\_\_\_ minutes per week. (Month Year)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Activity _____ Weight _____ <input type="checkbox"/> Recorded diet	Weekly Activity _____ minutes
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