

BiW4Teens – Patient Progress Log

Patient Name: _____ DOB: _____ Start Date: _____

Patient Partner(s): _____

Date	Session Completed	Using Power Tool (if yes, check box)
	1 - Program Introduction	<input type="checkbox"/> Make Healthy Choice Bracelet
	2 – Peak Health --- What did patient write at top of Peak Health?	
	3– Body Appreciation	<input type="checkbox"/> Body Love Hug
	4 – Journaling	<input type="checkbox"/> Journaling
	5 – Unhealthy Habits	
	6 – Food Cravings	<input type="checkbox"/> Food Craving Management Plan
	7 – Healthy Habits	
	8 – Physical activity	
	9 – Setting Goals	<input type="checkbox"/> Habit Tracker
	10 – Mighty Messages	<input type="checkbox"/> Mighty Messages
	11 – Mini Movies	<input type="checkbox"/> Mini Movies
	12 – Support New Habits	<input type="checkbox"/> Positive Reinforcement <input type="checkbox"/> Reward System
	13 – Nutrition Plan _____ Kcal Nutrition Plan	<input type="checkbox"/> Food & Activity Log <input type="checkbox"/> Nutrition Plan Worksheet
	14 – Food and Energy Balance	
	15 – Grains	
	16 – Label Reading	
	17 – Legumes & Veggies	
	18 – Fruit	
	19 – Dairy	
	20 – Protein & Meat	
	21 – Fats	
	22 – What About Sugar	
	23 – Healthier Kitchen	
	24 – Team Up for Meal Planning	
	25 – Problem Solving	
	26 – Getting Around Path Blocker	
	27 – Stay Motivated	
_____	Started Maintenance Phase	<input type="checkbox"/> Make Healthy Choice Bracelet <input type="checkbox"/> Journaling <input type="checkbox"/> Habit Tracker <input type="checkbox"/> Mighty Messages <input type="checkbox"/> Mini Movies <input type="checkbox"/> Positive Reinforcement <input type="checkbox"/> Reward System
_____	Completed Maintenance Phase	<input type="checkbox"/> Food & Activity Log <input type="checkbox"/> Nutrition Plan Worksheet

Patient Name:

Date Started	Healthy Habits	Date	Date	Date	Date	Date	Date
	1 -- Drink milk or eat a dairy product 2 – 3 times per day.						
	2 -- Take a calcium/D3 supplement.						
	3 -- Eat 1 or more servings a fruit per day.						
	4 -- Eat 1 or more servings a veggies per day.						
	5 -- Eat breakfast every morning, with some protein.						
	6 -- Limit fruit juice to 4 oz/day.						
	7 -- Eat slower. Set fork/spoon down after each bite. Put hands on lap before taking next bite.						
	8 -- Choose non-starchy vegetables, fruit, or protein for seconds instead of starchy foods.						
	9 -- Take smaller servings, leave open space on your plate instead of filling it full, order small serving sizes at restaurants.						
	10 -- Eat home cooked meal with family at least 5 times a week.						
	11 -- Limit eating fast food to once a week or less.						
	12 -- Limit snacking after school to 1 small healthy snack.						
	13 -- Eat same amount for supper as you ate for lunch						
	14 -- Avoid eating after supper						
	15 -- Only eat 1 small healthy snack between each meal.						
	16 -- If hungry between meals, drink a glass of water and wait 15 minutes.						
	17 -- Eat snacks and meals at the table with an adult or family member(s).						
	18 -- Turn the television off during snacks and meals.						
	19 -- Make a contract with someone you trust, that you agree to stop sneaking and hiding food.						
	20 -- Replace pop and sugary beverages with sugar-free drinks (i.e. water, flavored water, tea).						
	21 -- AVOID fast foods, fried foods, breaded meat, chips, ice cream.						
	22 -- Decrease use of butter, creamy salad dressing, mayonnaise.						
	23 -- Replace junk food with healthy snack options.						
	24 -- Pack healthy snacks and drinks when away from home.						
	25 -- Get a minimum of 60 minutes of aerobic activity a day, 6 times a week.						
	26 -- Limit screen time (television, computer, video games) to 2 hours OR LESS and find alternative activities (i.e. crafts, projects, games, sports, chores).						
	27 -- Have a regular bedtime						
	28 -- Get 8 hours of sleep per night						