Complete the diagram below 🥖

Look at each section, think about how you feel. Using the key and mark on the scale of 1 to 5.

- 1 = Not confident in this area need to work on this
- 5= Very confident want to maintain this rather than change this



SMARTER answers

1	What do you want to change?					
2	What will you do to make that change happen?					
3	How much of this will you do, or how often will you do	o it?	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0		
4	What needs to happen to allow you to do this?					
5	How confident are you that you can do this? (circle)		2 /ery —	3	4	5 very
	How important is the change for you? (circle)	1	2	3	4	5
6	When will you have this done by?					
7	What is stopping you doing this?					
8	If something is stopping you how will you get over this	;?			• • • • • • • • • • • • • •	• • • • • • • • • • • • • • •
9	When will you reflect on progress? How will you know when will you feel?	nen you'	ve achie	ved your	goal?	
10	How will you review what to do next? Who will you ta	ılk to ab	out this?	2		• • • • • • • • • • • • •

What did you eat and drink?

Fill in the boxes below, listing everything you ate or drank over the last 24 hours.



Time of day	What you ate and drank	Amount	How was it made?	Where did you eat this?	Notes

eat well, move more workbook

Food diary sheet - Week 1 🏓

Date.....

Fill out the table below with what you ate and drank this week.

At the back of this book you will find Food Diary sheets to fill in

	Time of day	What you ate and drank	Amount	How was it made?	Where did you eat this?	Notes
Monday						
Tuesday						
Ē						
Wednesday						
Wedn						

Food diary sheet - Week 1

	Time of day	What you ate and drank	Amount	How was it made?	Where did you eat this?	Notes
Thursday						
Friday						
Saturday						
Sunday						

eat well, move more workbook

Physical activity tracker - Week 1 🥖

Date.....

Fill out the table below with what activity you did this week.

At the back of this book you will find physical activity sheets to fill in

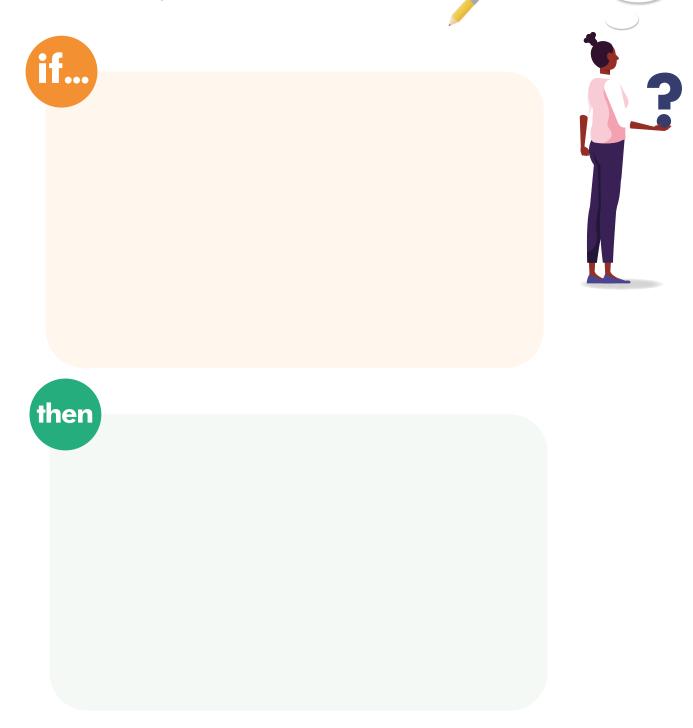
	Time of day	Type of Activity	Number of minutes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Notes	5		

eat well, move more workbook

'If-then' Plans

If-then Plans are a tool we use in this programme as they can help you remember what you need to do to stay on track. Think about **'if'** something happens, **'then'** you know what to do.

Write some examples in the If and Then boxes below:



Behaviour change diary 🥖

	Nutrition goal	Physical activity goal	Did you do it? ✓ Yes ★ No P= Partly	Comments What made it easy? What made it hard?
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				