BiW4Teens – Participant Progress Log

Name:					DOB:	Gender:	
Parent's Name	e(s):						
Phone Number: Ema			Email:				
Program Start	Date:			Health Co	ach:		
M	easureme	ents and V	ital Signs			Notes	
Date:		WT	HT				
Waist Circ		BMI					
P	R		BP				
Date:		WT	HT				
Waist Circ		BMI					
P	R		BP				
Date:		WT	HT				
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P	R		BP				

Participant Name:

Date	Session Completed	Using Power Tool (if yes, check box)			
	1 - Program Introduction	☐ Make Healthy Choice Bracelet			
	2 – Peak Health What did patient write at top				
	of Peak Health?				
	3– Body Appreciation	☐ Body Love Hug			
	4 – Journaling	□ Journaling			
	5 – Unhealthy Habits				
	6 – Food Cravings	☐ Food Craving Management Plan			
	7 – Healthy Habits				
	8 – Physical activity				
	9 – Setting Goals	☐ Habit Tracker			
	10 – Mighty Messages	☐ Mighty Messages			
	11 – Mini Movies	☐ Mini Movies			
	12 – Support New Habits	☐ Positive Reinforcement			
		☐ Reward System			
	13 – Nutrition Plan Kcal Nutrition Plan	☐ Food & Activity Log			
		☐ 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				
		☐ Make Healthy Choice Bracelet			
	Started Maintenance Phase	□ Journaling			
		☐ Habit Tracker —			
		☐ Mighty Messages			
		☐ Mini Movies			
	Completed Maintenance Phase	☐ Positive Reinforcement☐ Reward System			
	Completed Maintenance Phase	☐ Food & Activity Log			
		☐ Nutrition Plan Worksheet			

Participant Name:

Date Started 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 nacking 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. verter, 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 Sand find alternative activities (i.e. crafts, projects, games, sports, chores). 27 Have a regular bedtime	Participant N	iame:		1		T		
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