

Personal Information

First Name _____ Last Name _____

Chapter Name _____

City _____ State _____ Zip _____

Phone _____ Email _____

By filling out this Lifestyle and Behavior Change Agreement that summarizes my readiness to change status and stated goals, and based on an awareness of my current health status, I _____ have entered into this

Agreement with my parent(s) or guardian, _____
Parent(s)/Guardian name(s)

I also agree to be a part of a positive support system throughout my endeavor to fulfilling this contractual agreement which will begin on _____ and end on _____
Date Date

If I fail to comply with this agreement I will not achieve the goals set within therefore forfeiting the following rewards:

- | | |
|----------|----------|
| a. _____ | i. _____ |
| b. _____ | j. _____ |
| c. _____ | k. _____ |
| d. _____ | l. _____ |
| e. _____ | m. _____ |
| f. _____ | n. _____ |
| g. _____ | o. _____ |
| h. _____ | p. _____ |

Am I Ready to Change?

Research has shown that self-change is a staged process. We move from not thinking about changing a behavior, to thinking about it, to planning to change, and then testing out ways to do it before we actually start.

When we think about changing or adopting a behavior, questions we ask ourselves are:

- Why do I really want to change the behavior (the benefits or “pros”)?
- Why shouldn’t I try to change the behavior (the obstacles or “cons”)?
- Do my “pros” outweigh my “cons”?
- What would it take for me to change the behavior and overcome my “cons” (what’s my strategy)?

To move forward, our “pros” must outweigh our “cons” *and* we need realistic strategies to overcome our “cons”.

Behavior scientists have recognized 6 stages of readiness to change behavior:

1. Pre-contemplation (I won't or I can't in the next six months)
2. Contemplation (I may in the next six months)
3. Preparation (I will in the next month)
4. Action (I'm doing it now)
5. Maintenance (I've been doing it for at least six months)
6. Relapse (Falling back into old habits)

What Are My Priorities?

- | | |
|---|---|
| <input type="checkbox"/> Improve my wellbeing | <input type="checkbox"/> Increase energy |
| <input type="checkbox"/> Increase my physical activity | <input type="checkbox"/> Improve my nutrition and eating habits |
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Sleep better |
| <input type="checkbox"/> Improve life satisfaction | <input type="checkbox"/> Reduce or quit smoking |
| <input type="checkbox"/> Lose weight | <input type="checkbox"/> Improve finance |
| <input type="checkbox"/> Change eating habits | <input type="checkbox"/> Manage drug or alcohol issues |
| <input type="checkbox"/> Do better in school | <input type="checkbox"/> Manage family and relationship issue |
| <input type="checkbox"/> Improve health risk conditions | <input type="checkbox"/> Other |

Priorities - Select the priority level of each of your goals. Levels 1 - 5, where priority 1 is the highest level of priority. You can have more than one goal with the same priority:

Priority Levels

- | | | | | | |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Fitness Goals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Nutrition Goals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Weight Goals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Stress Management Goals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. Overall Health Goals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. Do Better In School Goals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| g. Other Goals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Readiness to Change Status

No matter your stage of readiness, assessing your status can help you easily move through the process to reach your goal. Answer the following questions to the best of your abilities. You can use the information from the previous answers given to complete the following sections.

1. The goal or behavior I want to work on is:

2. My reasons for wanting to accomplish this goal (same as change this behavior) are:

3. The obstacles standing in the way of my changing this behavior are:

4. My strategies to overcome my main obstacles are:

5. The efforts I made toward addressing this issue in the last 4 weeks are:

6. My goal for next week with respect to this issue is:

7. The behavior I am ready to change is:

8. Please select the stage that best applies to where you are today.

- Stage 1 - "I won't do it" or "I can't do it"
- Stage 2 - "I may do it"
- Stage 3 - "I will do it"
- Stage 4 - "I am doing it"
- Stage 5 - "I am still doing it"

Wellness Vision Statement

What is your wellness vision? Please describe your wellness vision based on the information above and as it pertains to your health, family, education, fitness, nutrition, weight management, stress, lifestyle and behavior patterns.

M (Measurable)

A (Action oriented)

R (Reasonable)

T (Time-line)

Weekly SMART Goals

Please set your weekly goals that you plan to achieve. These goals will help you realize your monthly goals.

Tip: These statements are more concrete and exact.

My weekly goals are:

S (Specific)

M (Measurable)

A (Action oriented)

R (Reasonable)

T (Time-line)

I have reviewed this Lifestyle and Behavior Change Agreement and agree to the terms and conditions set within. I will take action to accomplish my goals and to discuss any challenges and the results with my dream team. Upon completion of this contract I will seek to identify my next area of opportunity and take further steps to improve my health status.

Member Signature

Date

Parent/Guardian Signature

Date