

Weight Management Contract

Child's Name: _____

Date: _____

Date revised: _____

Date revised: _____

We, _____ and family, are motivated and committed to this weight management program and make the following goals for the next _____ weeks.

Nutrition Goals:

- ___ Monitor portions at meals Make sure five portions of fruits and vegetables offered per day.
- ___ Monitor size of portions (no super-sizing) The amount of fruit/veggies should = other courses.
- ___ Reduce or eliminate sweetened beverages. (no soda pop)
- ___ Slow down the rate of eating, chew food longer and wait at least 15 min before second helpings.
- ___ Don't serve meals "Family Style" with the main courses at the table. (must get up for seconds)
- ___ Stop eating when you start to feel full. Don't try to finish your plate unless you're still hungry.
- ___ Consume all food in the dining area without watching TV (no snacking in front of a screen)
- ___ If a snack is eaten, prepare it as a portion, put away the remainder and eat it in dining area.
- ___ Have at least one meal a day where the family eats together.
- ___ Eat breakfast every day.
- ___ Drink water when thirsty, not juice, pop or sports drinks.
- ___ Limit consumption of food from fast-food restaurants.
- ___ Read the FDA Nutrition Facts Label on the food you eat. (so you know what you are eating)

Physical Activity Goals:

- ___ Make sure to get at least one hour of vigorous exercise every day (School PE does not count)
- ___ Use a pedometer and aim for 10,000 steps a day, attain at least 8,000 steps a day.
- ___ Take the stairs if you have three floors or less to climb or descend.
- ___ Park the car far away from your destination rather than close and then walk.

Family Support Goals:

- ___ Limit television, video game and computer time to less than two hours a day.
- ___ Remove televisions, video game systems and computers from the sleeping areas.
- ___ Plan the family meal plan as a group with all members eating the same healthy diet.
- Parents – Be supportive but not judgmental. No negative comments – we do **NOT** want to encourage unhealthy weight control behaviors such as bingeing, purging or anorexia.

Incentive for meeting Goals:

If I meet all of my nutrition and physical activity for the next ___ week(s), I will _____

Program Participant

Parent/Guardian

Parent/Guardian

Other family member

Primary Care Provider