

# Weighing Your Options

This exercise may help with your decisions to make changes for managing your weight. In the left column, **write down all the GOOD things** about making a particular change, and give each one a value from 1-10, with 1 being the least valuable to you and 10 being the most valuable to you. Be absolutely honest. In the right column, **write down all the BAD, unpleasant, or difficult things** about losing weight, and give each one a rating from 1-10, with 1 being not very difficult to deal with and 10 being extremely difficult to deal with. Again, be absolutely honest. Then, add up the values for each column, and see which one is more. That may help you make up your mind...

| <b>Good things about making the change</b> | <b>Rating</b> | <b>Bad/hard things about making the change</b> | <b>Rating</b> |
|--|---------------|--|---------------|
| 1.   |               | 1.   |               |
| 2.   |               | 2.   |               |
| 3.   |               | 3.   |               |
| 4.   |               | 4.   |               |
| 5.   |               | 5.   |               |
| 6.   |               | 6.   |               |
| 7.   |               | 7.   |               |
| 8.   |               | 8.   |               |
| 9.   |               | 9.   |               |
| 10.  |               | 10.  |               |
| Total                                      |               | <i>Total</i>                                   |               |



# Guiding Thoughts and Images

For behavior change, one or two specific positive thoughts or mental images can help guide you.

- What are your “guiding thoughts” and “guiding images”?
- What personal thoughts and images motivate you to lose weight?

Come up with some particular thoughts and mental images to truly **guide you** through your weight control efforts. Think about them often!

## Examples of guiding thoughts:

- “I want to live to see my grandchildren grow up.”
- “I will feel much better when I have some of this weight gone.”
- “I am worth the effort. I am going to do it!”
- “I CAN do this!”



## Examples of guiding images:

- I picture myself as a much healthier and happier person.
- I picture myself surrounded by my children and grandchildren.
- I see myself walking regularly, feeling good, and moving easily.
- I see myself feeling really proud of what I have accomplished.



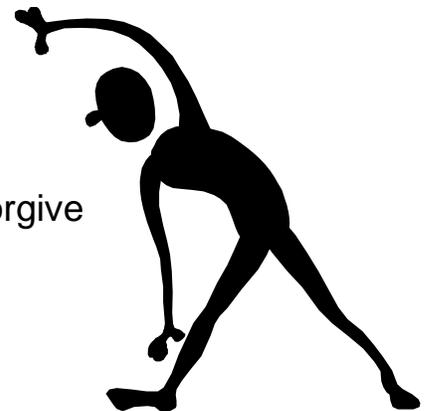
**MOVE!**



# Motivate!

**Motivation is the force** behind doing something. Without it, nothing much happens... Motivation often comes and goes, but here are some tips for how to get it and keep it:

- **Get SERIOUS!** Make your weight control a top priority.
- Have patience. Results take time.
- Have reasonable expectations. Don't expect miracles.
- **GOALS! Set daily and weekly goals that are achievable.** Write the goals down. Don't worry about the long-term stuff right now. It will happen as you achieve daily goals.
- Take 1 day at a time.
- **REWARD** yourself frequently for following your program (but not with food).
- Do what it takes to get some **RESULTS!** Results motivate!
- Keep a **record** of your weight control activities (food record, exercise record) and your progress.
- Exercise with others.
- Seek support from others.
- **Learn** from your setbacks and mistakes. Forgive yourself....
- Do **LOTS** of positive self-talk!

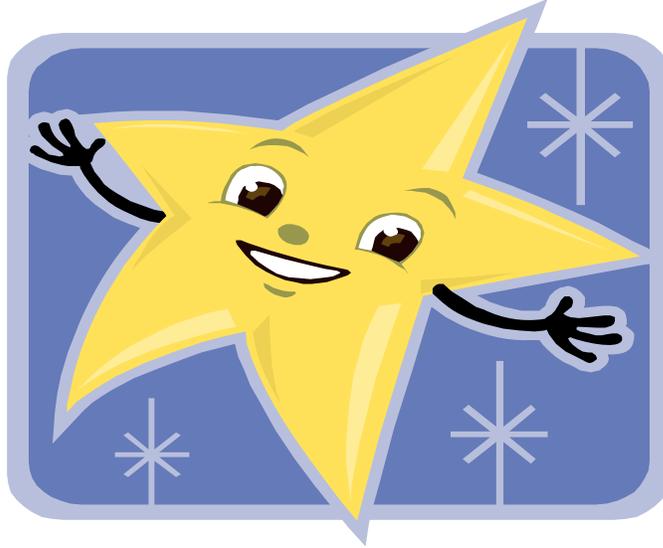


**MOVE!**



# Yes! Now You're Doing It!

Congratulations!!! You are now doing something to lose that extra weight. You can feel proud of yourself. **Keep up the good work!**



## Here are tips to help you continue:

- Set daily achievable goals.
- Reward yourself for achieving your daily goals.
- Arrange your environment to support your efforts to lose weight. For example, have healthy snacks readily available. Avoid going to places where you usually lose control of your eating such as buffets. Place reminders about weight control where you will notice them.
- Plan ahead. Make your lunch at home and bring it with you. Eat something healthy BEFORE going to a social eating event. Rearrange your daily schedule to include physical activity.
- Ask for and accept support and encouragement from others.
- Continue to focus your attention on the benefits of what you are doing, such as feeling good and improving your health.
- Even if there are times when you have been doing all the right things but haven't lost any weight for a while, keep your thinking positive. Persistence pays off.

**MOVE!**

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# 10 Health Gains from a 10% Weight Loss

10. **Lowers the risk of developing gallstones and having gallbladder disease.**



9. **Lowers the risk of sleep apnea**, a serious breathing difficulty during sleep.

8. **Lowers the risk of congestive heart failure.** Excess weight puts stress on the heart and lungs.

7. **Reduces the risks of some types of cancer.** A healthy weight and a healthy diet with plenty of vegetables, fruits, and whole grains are great ways to reduce your risk of developing certain cancers.

6. **Puts less stress on your bones and joints**, especially the knees.

5. **Lowers the risks of heart disease, heart attacks, and stroke.**

4. **Reduces the risk of developing diabetes** and helps control blood sugar levels if you are already diabetic.

3. **Reduces blood pressure.** Even a small weight loss can help to lower high blood pressure.

2. **Improves your ability to move and do activities.** Losing weight makes every step and breath easier.

1. The # 1 reason to lose weight is ...

**You will feel better!** Set a goal to lose 10% and **'Go For It!'**

**MOVE!**





# Action Plan

This week I will \_\_\_\_\_ (What)  
 \_\_\_\_\_ (How Much)  
 \_\_\_\_\_ (When)  
 \_\_\_\_\_ (How Often)

**Circle how sure you are that you can do this action:**

**1    2    3    4    5    6    7    8    9    10**

*If your answer is less than 7, you may not be able to meet your goal.  
 Think about modifying your plan to be more doable.*

| Give yourself a check mark each day you accomplish your plan | <b>Comments:</b><br>Write yourself a note about today's activity. |
|--|---|
| <input type="checkbox"/> Monday                              |   |
| <input type="checkbox"/> Tuesday                             |   |
| <input type="checkbox"/> Wednesday                           |   |
| <input type="checkbox"/> Thursday                            |   |
| <input type="checkbox"/> Friday                              |   |
| <input type="checkbox"/> Saturday                            |   |
| <input type="checkbox"/> Sunday                              |   |

Possible road blocks to meeting my plan:

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Things I can do to overcome these road blocks:

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Other resources I need to meet my action plan:

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