

For the Health of it !



Dream, Believe, Achieve

The first wealth is health

This journal is the property of:

Name: _____

My journey began:

Date: _____

Contact information of those who support my efforts:

Name: _____

Phone: _____

Other Information: _____

Name: _____

Phone: _____

Other Information: _____

Name: _____

Phone: _____

Other Information: _____



Beliefs that Are Foundational to Initiating and Sustaining Change:

I know more about my life than anyone;
how it feels, how it is and how I want it to be.

Therefore ~

I am responsible for my own life. I cannot expect or count on anyone else to make my life the way I want it to be.

I can be responsible because...

1. I have the ability to decide what I do with my life.
2. I have the ability to be aware of and manage my thoughts and emotions.
3. I have the ability to influence my life by my own actions.
4. I have the ability to act on my own behalf to create the life I want.
5. I have the ability to make a decision and act on it.
6. I have the ability to catch, check and change my negative self talk.
7. I have the ability to change my thinking and behavior.

Special thanks to Larry Fricks and Ike Powell of the Appalachian Consulting Group for their contributions to this project.

Five reasons I may want to improve my health:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

"Life is not merely to be alive, but to be well."

Marcus Valerius Martial

My S-M-A-R-T whole health goal:



Some things I could possibly do are:



***"Make your own recovery
the first priority in your life."***

Robin Norwood

First Week

Action Plan



1.) What ?

2.) How much?

3.) How often?

4.) When?

5.) Confidence level?

Name:		PNO:	
ID:		Clinic:	
Date:		Clinician:	

Weight:	
BMI:	
BP:	

Please rate 1 – 5 5 being best	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Restful Sleep						
Physical Activity							
Healthy Eating							
Smoking Cessation							
Relaxation							
Support Network							
Working toward my goal							

Comments: _____

How am I doing?

Please rate 1 – 5 (5 being best)

Overall feeling of wellbeing:	
My attitude has been:	
I am hopeful about the future:	
Level of interest:	

Daily Log Sheet

Date	What I did	Time/Amount	Was it helpful
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I participated in the weekly whole health peer support group.
Yes _____ No _____

"Laughter is the most healthful exertion."

Christoph Wilhelm Hufeland

Second Week

Action Plan



1.) What ?

2.) How much?

3.) How often?

4.) When?

5.) Confidence level?

Name:		PNO:	
ID:		Clinic:	
Date:		Clinician:	

Weight:	
BMI:	
BP:	

Please rate 1 – 5 5 being best	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Restful Sleep						
Physical Activity							
Healthy Eating							
Smoking Cessation							
Relaxation							
Support Network							
Working toward my goal							

Comments: _____

How am I doing?

Please rate 1 – 5 (5 being best)

Overall feeling of wellbeing:	
My attitude has been:	
I am hopeful about the future:	
Level of interest:	

Daily Log Sheet

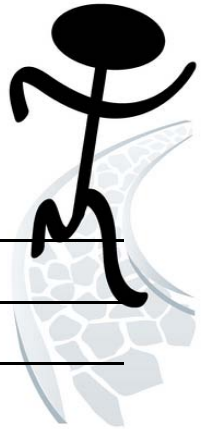
Date	What I did	Time/Amount	Was it helpful
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I participated in the weekly whole health peer support group.
Yes _____ No _____

*"A good laugh and a long sleep are
the best cures in the doctor's book."
Irish Proverb*

Third Week

Action Plan



1.) **What ?** _____

2.) **How much?** _____

3.) **How often?** _____

4.) **When?** _____

5.) **Confidence level?** _____

Name:		PNO:	
ID:		Clinic:	
Date:		Clinician:	

Weight:	
BMI:	
BP:	

Please rate 1 – 5 5 being best	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Restful Sleep						
Physical Activity							
Healthy Eating							
Smoking Cessation							
Relaxation							
Support Network							
Working toward my goal							

Comments: _____

How am I doing?

Please rate 1 – 5 (5 being best)

Overall feeling of wellbeing:	
My attitude has been:	
I am hopeful about the future:	
Level of interest:	

Daily Log Sheet

Date	What I did	Time/Amount	Was it helpful
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

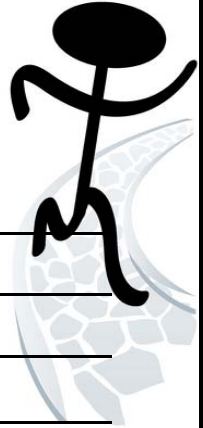
I participated in the weekly whole health peer support group.
Yes _____ No _____

“True enjoyment comes from activity of the mind and exercise of the body; the two are ever united.”

Humboldt

Fourth Week

Action Plan



1.) What ?

2.) How much?

3.) How often?

4.) When?

5.) Confidence level?

Name:		PNO:	
ID:		Clinic:	
Date:		Clinician:	

Weight:	
BMI:	
BP:	

Please rate 1 – 5 5 being best	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Restful Sleep						
Physical Activity							
Healthy Eating							
Smoking Cessation							
Relaxation							
Support Network							
Working toward my goal							

Comments: _____

How am I doing?

Please rate 1 – 5 (5 being best)

Overall feeling of wellbeing:	
My attitude has been:	
I am hopeful about the future:	
Level of interest:	

Daily Log Sheet

Date	What I did	Time/Amount	Was it helpful
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I participated in the weekly whole health peer support group.
Yes _____ No _____

"Action is the foundational key to all success."

Pablo Picasso

Fifth Week

Action Plan



1.) What ?

2.) How much?

3.) How often?

4.) When?

5.) Confidence level?

Name:		PNO:	
ID:		Clinic:	
Date:		Clinician:	

Weight:	
BMI:	
BP:	

Please rate 1 – 5 5 being best	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Restful Sleep						
Physical Activity							
Healthy Eating							
Smoking Cessation							
Relaxation							
Support Network							
Working toward my goal							

Comments: _____

How am I doing?

Please rate 1 – 5 (5 being best)

Overall feeling of wellbeing:	
My attitude has been:	
I am hopeful about the future:	
Level of interest:	

Daily Log Sheet

Date	What I did	Time/Amount	Was it helpful
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I participated in the weekly whole health peer support group.

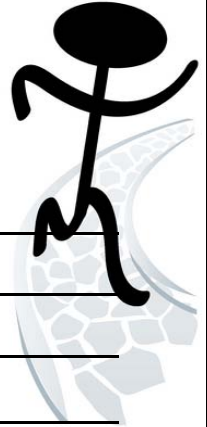
Yes _____ No _____

"Keep your face to the sunshine and you cannot see the shadow."

Helen Keller

Sixth Week

Action Plan



1.) What ?

2.) How much?

3.) How often?

4.) When?

5.) Confidence level?

Name:		PNO:	
ID:		Clinic:	
Date:		Clinician:	

Weight:	
BMI:	
BP:	

Please rate 1 – 5 5 being best	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Restful Sleep						
Physical Activity							
Healthy Eating							
Smoking Cessation							
Relaxation							
Support Network							
Working toward my goal							

Comments: _____

How am I doing?

Please rate 1 – 5 (5 being best)

Overall feeling of wellbeing:	
My attitude has been:	
I am hopeful about the future:	
Level of interest:	

Daily Log Sheet

Date	What I did	Time/Amount	Was it helpful
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I participated in the weekly whole health peer support group.

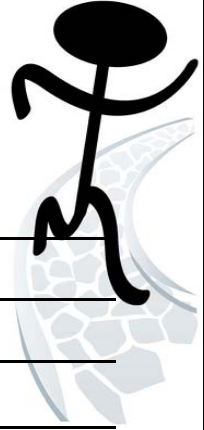
Yes _____ No _____

"Life is either a daring adventure, or nothing."

Helen Keller

Seventh Week

Action Plan



1.) What ?

2.) How much?

3.) How often?

4.) When?

5.) Confidence level?

Name:		PNO:	
ID:		Clinic:	
Date:		Clinician:	

Weight:	
BMI:	
BP:	

Please rate 1 – 5 5 being best	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Restful Sleep						
Physical Activity							
Healthy Eating							
Smoking Cessation							
Relaxation							
Support Network							
Working toward my goal							

Comments: _____

How am I doing?

Please rate 1 – 5 (5 being best)

Overall feeling of wellbeing:	
My attitude has been:	
I am hopeful about the future:	
Level of interest:	

Daily Log Sheet

Date	What I did	Time/Amount	Was it helpful
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I participated in the weekly whole health peer support group.

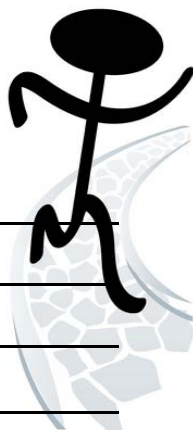
Yes _____ No _____

He who has health has hope; and he who has hope has everything.

~Arabic Proverb

Eighth Week

Action Plan



1.) What ?

2.) How much?

3.) How often?

4.) When?

5.) Confidence level?

Name:		PNO:	
ID:		Clinic:	
Date:		Clinician:	

Weight:	
BMI:	
BP:	

Please rate 1 – 5 5 being best	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Restful Sleep						
Physical Activity							
Healthy Eating							
Smoking Cessation							
Relaxation							
Support Network							
Working toward my goal							

Comments: _____

How am I doing?

Please rate 1 – 5 (5 being best)

Overall feeling of wellbeing:	
My attitude has been:	
I am hopeful about the future:	
Level of interest:	

Daily Log Sheet

Date	What I did	Time/Amount	Was it helpful
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I participated in the weekly whole health peer support group.

Yes _____ No _____

The YOU diet Crib Sheet:

Meal Strategy	Three main meals plus snacks, so you are never hungry. No eating within three hours of bedtime. Consider dessert an every-other-day treat.
Waist Foods (Eat 'em)	Whole-grain carbohydrates; fiber, nuts, which include healthy monounsaturated and polyunsaturated fats; protein such as lean meats (two-legged preferred) and fish.
Waste Foods (Trash 'em)	Added sugars, simple carbohydrates, fructose as in high fructose corn syrup, trans fat, non-whole-grain flour, and enriched and/or bleached flour.
In a Hunger Emergency	Apples, almonds, walnuts, edamame (Soybeans), sugarless gum, water, cup-up vegetables, low-fat yogurt and cottage cheese.
Substitute Foods	In any recipe or meal plan, you can replace any fruit or vegetable with another to make recipes to your taste.
Meal Journal	You can keep track of what you eat at mychoicescount.com
Supplements	Once a day take a multivitamin as an insurance policy against less-than-perfect food choices. (It is better if you split the pill and take half twice a day) Other supplements need to be discussed with your doctor.
The Team	Don't be afraid to enlist advice from qualified nutritionists and trainers. But one of your most important team members will be your support partner-Someone who can encourage you and be a deterrent to failure, too (you will not want to report to that person a four-doughnut binge)
The YOU-Turn	It's OK to make mistakes. The important thing is to catch them, recognize them, control them, and allow yourself the opportunity to get back on the right (waist

management) road.

When You Need the Fast-Food Fix:

Restaurant	Main dishes	Dressings	Sides
Wendy's	Mandarin Chicken Salad with roasted almonds (without the crispy noodles)	Reduced-fat creamy ranch	Plain baked potato (ask for marinara sauce on top of it), mandarin orange cup, Caesar Side Salad without croutons, chili
MacDonald's	Fruit and walnut salad Caesar salad with grilled Chicken	Newman's Own Cobb Dressing	Fruit and Yogurt parfait
Burger King	BK Veggie Burger (without cheese) Tendergrill Chicken Sandwich (without sauce)	Bring your own	None at this time
Taco Bell	Spicy Chicken Soft Taco	Bring your own	None at this time
Arby's	Arby's Chicken Breast Fillet	Use your own	None at this time
Domino's Pizza	Pizza with green pepper, onions, mushrooms with crunchy thin crust	User your own	None at this time

Taking Care of Oneself:

Do something special for yourself... Have your hair done, go out for dinner or a movie, buy yourself a gift.

Do something that gives you space from the tensions and chaos of life... Go for a ride, take a walk, window shop.

Do something that engages your creativity or talents... Work in a garden, play the piano, write a poem.

Do something that you enjoy or relaxes you... Listen to music, take a hot bath, read a book.

Do something that takes some of the chaos out of your life and gives you a sense of control... Organize your day, create a “to do” list, clean your house.

Do something that cuts over against old negative self-talk... Practice reality checks, create a Wall of Accomplishments, restate the accrual situation.

Do something that connects you with other people... Go to a support group, phone a friend, join a club.

Do something that symbolizes a new decision you have made about how you are going to live... Shower and shave each morning, dress for the day, cut-out junk food.

Do something that enables you to give of yourself to someone else... Help in a soup kitchen share with another person how you deal with difficulties, visit a shut-in.

Do something that prevents old patterns from setting in (i.e., isolating)... Schedule things you need to do, force yourself to make commitments, keep busy.

Do something that challenges your thinking... Read a good book, go to a seminar, take a course.

Do something that helps you reflect regularly on your life... Write a journal, keep a daily gratitude list, note your week's accomplishments.

Do something that keeps you healthy... Exercise at least 30 minutes a day, maintain a healthy diet, and get adequate sleep.

Now it's your turn; what are some other things not listed above that give you a needed boost during the day?

1.) _____

2.) _____

3.) _____

4.) _____

Funding for the **Whole Health Peer Support** program was provided by Substance Abuse and Mental Health Services Administration (**SAMHSA**) and its Center for Mental Health Services (**CMHS**) through coordination with National Association of State Mental Health Program Directors (**NASMHPD**) and the Transformation Transfer Initiative (**TTI**).

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Thank you for your participation!



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