My Take Home Action Plan
Session 2: Weight Loss Strategies

SLEEP FOCUS

1. I will work on winding down before bed by spending 30 – 60 minutes before bed:
   - Prepping for the next day
   - Reading a book or magazine
   - Taking a warm shower/bath
   - Stretching
   - Meditating / deep breathing
   - Avoiding all electronic devices (computer, tablet, phone, TV, etc.)
   - Listening to a book, talk radio, or soft-music
   - Other: ____________________

2. What can I do to improve the quantity and quality of my sleep?
   - Adjust my sleep environment (block out light; reduce noise interruptions; lower room temperature)
   - Adjust my pre-bedtime routine (limit caffeine to no less than 6 hours before bed; limit alcohol; limit electronic use).

ACTIVITY FOCUS

1. I will aim for at least 1 HIIT workout per week.

2. I will exercise ____days this week?
   - 0–2
   - 3–4
   - 5
   - 6–7

3. I will spend ____minutes exercising at each session (not including HIIT).
   - 10–15
   - 20–30
   - 35–45
   - 45+

4. I will get up and move for 10 minutes every hour while at work? Y N

5. I will increase my activity during the weekends and on the weekdays? (i.e., go to bed 30 minutes earlier and wake up 30 minutes earlier to exercise, take the stairs in my building, etc.)

   1. I will ________________________________

   2. I will ________________________________

   3. I will ________________________________

   4. I will ________________________________

NUTRITION FOCUS

1. I will reduce my calorie intake by 200 – 500 calories by:
   - Reducing frequency / portion of fried foods (fried chicken, French fries, donuts, etc.)
   - Reducing frequency / portion of sugar-containing beverages (regular sodas, ades, energy drinks, specialty coffee drinks, etc.)
   - Reducing frequency / portion of alcohol-containing beverages
   - Reducing frequency / portion of high-fat or high-calorie snack foods (candy bars, candy, chips, etc.)
   - Reducing frequency / portion of high-fat condiments (regular mayonnaise, salad dressing, sour cream, cheese, etc.)

2. I will drink at least ____ oz. of water everyday.

3. I will use Operational Supplement Safety (web-site and / or apps) to research any supplement I’m thinking about taking.

   1. I will ________________________________

   2. I will ________________________________

   3. I will ________________________________

   4. I will ________________________________

   5. I will ________________________________

   6. I will ________________________________

Decrease calories, Stay hydrated and Be Supplement Smart

Nutrition Handout N06 TA-410-0717 Approved for Public Release, distribution unlimited   FFP 2
SMART GOAL STARTERS AND EXAMPLES

**SLEEP**

1. I will get to bed 30 to 60 minutes earlier by calmly unwinding with ________________ and turning out the lights at _______.
2. I will block out noise disturbances every night using __________________________.
3. I will darken my room every night using ____________________________________.
4. I will not drink coffee or other caffeinated beverages past _______.
5. I will limit alcohol and/or avoid alcohol within 2 – 3 hours of bedtime.
6. I will stop watching TV, gaming, surfing the net, texting, working on the computer, etc. within 60 minutes of my bedtime (lights out time) and instead, calmly unwind using __________________________.
7. I will try to stick to a normal bedtime routine (one that allows 7-8 hours of sleep each night) even on the weekends by going to bed at _____, and waking up at _______.

**ACTIVITY**

1. I will go to bed 30 to 60 minutes earlier and wake up 30 – 60 minutes earlier to exercise for 30, 45, 60 (circle) minutes each morning.
2. I will walk for 20 minutes before (or after) lunch every day.
3. I will take a 10 minute “activity break” every hour at work.
4. I will walk or _______ for 30-60 minutes before or after dinner each night.
5. I will take the stairs whenever possible.
6. I will park my car a greater distance from all entrances.
7. I will limit TV watching and/or leisure screen time to < 30 – 60 minutes each day, and instead, will replace “leisure idle/sitting time” with an activity of my choice (dancing, biking, hiking, _______________, etc.).
8. Instead of just sitting and waiting at the airport or at ___________(e.g., kids soccer practice), I will walk for _______minutes.
9. I will try 1 HIIT workout this week.

**NUTRITION**

1. I will replace my usual regular soda or other high calorie beverage with water, decaffeinated / unsweetened tea, skim milk or light lemonade) at every meal and snack.
2. I will reduce my calorie intake by 250 – 500 calories by reducing my meat and starch portions, fried foods, high-sugar foods at breakfast, lunch, dinner (circle).
3. I will reduce my calorie intake by 250 – 500 calories at snack time by packing a healthy snack (fruit, raw veggies, etc.) for work every day.
4. I will eat at least 4 vegetables every day by doubling up on veggies at lunch and dinner.
5. I will eat more fresh fruit by including at least _____ at breakfast, lunch, and/or dinner (circle) and ___ at each snack.
6. I will limit my alcohol intake to 0 - 1 regular sized drink on the weekends and/or during the weekdays.
7. I will drink 32 oz. or _____oz. of water in the a.m. and 32 oz. or _____oz. water before I leave work.
8. I will reduce my portions of any extras like regular butter, dressing, mayonnaise, etc. or replace these with low-calorie options like __________________________.
9. I will utilize the resources from Operational Supplement Safety before I decide to take a nutrition supplement. [https://www.opss.org](https://www.opss.org)

Aim for 7-8 hours of quality sleep each night

Aim for 10,000+ steps each day OR 200+ minutes of aerobic exercise / wk.
Try 1 HIIT Session / Week

Decrease 250 – 500 extra calories / day
Stay Hydrated
Be Supplement Smart