

Adult Lifestyle Change

My Prescription for You

Name _____ Age _____ Date _____

Nutrition

Current Fruit/
Vegetable Intake _____ Desired Fruit/
Vegetable Intake _____

Current Fat Intake _____ Desired Fat Intake _____

Current Sodium Intake _____ Desired Sodium Intake _____

Resources
United States Department
of Agriculture
www.mypyramid.gov
National Agricultural Library
www.nutrition.com

Exercise

Current Exercise in Minutes/Week _____

Desired Exercise in Minutes/Week _____

Resources
American Council on Exercise
www.acefitness.org
Centers for Disease Control
and Prevention
[www.cdc.gov/
physicalactivity/everyone](http://www.cdc.gov/physicalactivity/everyone)
American Heart Association
www.heart.org

Smoking

Current Tobacco Use/Day _____

Are you ready to quit? _____

Resources
Quitline Iowa
1-800-QuitNow
www.quitlineiowa.org
Quitline South Dakota
1-866-SDQuits
www.befreesd.com
American Lung Association
www.lungusa.org
Centers for Disease Control
and Prevention
www.cdc.gov/tobacco

Alcohol

Current Alcohol Use _____

Is this a problem? _____

Resources
National Institute on Alcohol
Abuse and Alcoholism
www.niaaa.nih.gov
Substance Abuse & Mental
Health Services Association
www.samhsa.gov

Provider Signature _____

Date _____