Rx to LiVe Well: Nutrition

MY GOALS ☐ Eat a healthy breakfast times per week ☐ Eat or drink MORE of these: ☐ fruits:_____servings per day ☐ vegetables: _____servings per day □ other: ____ ☐ Eat or drink LESS of these: □ sweetened drinks — LESS than ______12-oz servings per week ☐ **Eat meals together** as a family______ times per week ☐ **Keep a food journal** for ______days ☐ **Reduce portion sizes** by using a smaller plate or: Other: RESOURCES AND FOLLOW-UP Recommended online resources: www.intermountainlivewell.org www.choosehealth.utah.gov www.intermountainhealthcare.org/wellness • www.choosemyplate.gov www.intermountainhealthcare.org/nutrition Referral contact information, if needed: Report or follow up: In _____ weeks / months with _____

