

Health Behavior Contract

Eating Habits

Name: _____ Date: _____

Health goal: I will develop healthful eating habits.

Who can help? _____

What will I do?

- Choose foods with nutrients
- Choose foods from the food pyramid
- Avoid foods with sugar and fat
- Look at the food labels

My Calendar

(Record the foods you ate)

M T W Th F S S

SIGNATURE: _____

DISCLAIMER: The lesson plans and information therein are for general information only. For guidance on individual health issues and diagnosis and treatment of specific conditions, consult a physician or other health-care professional.

