

88 243
181 54
358

Reviewing my commitment (Maintenance)

Do you remember when you started using a meal plan? You did it for a reason. What was it? Check any that apply and/or add your own.

- I wanted to feel better.
- I wanted to have more energy.
- I wanted to lose weight.
- I wanted to have better-controlled blood sugar levels.

Is there anything else that motivates you now? _____



Renewing my commitment (Action)

How will I celebrate success?

Success is meeting your goal. How will you celebrate? _____

You can be proud of yourself. Changing eating habits is difficult. You can do this for the rest of your life.



Preventive Medicine
1515 Fruitvale Avenue
Oakland, CA 94601
www.laclinica.org



Brighter insights. Better healthcare.
One Sansome Street
San Francisco, CA 94104
www.lumetra.com

Joan Thompson, PhD, MPH, RD, CDE
jthompson@laclinica.org

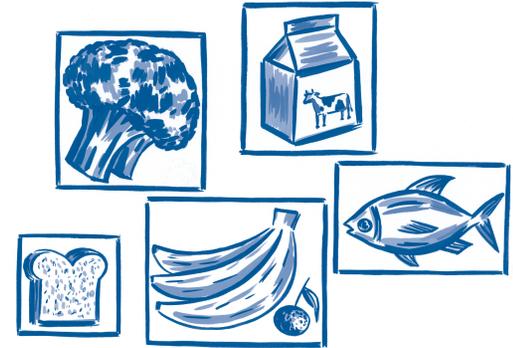
La Clínica de La Raza is a grantee of the Diabetes Initiative, Advancing Diabetes Self Management, a national program of the Robert Wood Johnson Foundation.

The enclosed material was prepared and assembled by Lumetra, California's Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contract number HHSM-500-200-CA02. The contents do not necessarily reflect CMS policy. 8SOW-CA-1D2-06-25

Using a meal plan

Stage of change Action and Maintenance

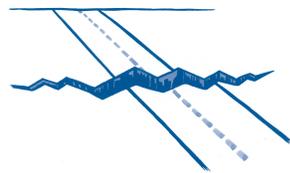
4



This pamphlet is for you if you have been following a meal plan for at least one month (action), or for six months or more (maintenance).

| M | T | W | T | F |
|----|-----|-----|-----|----|
| 2 | ✓3 | ✓4 | 5 | 6 |
| ✓9 | 10 | ✓11 | ✓12 | ✓1 |
| 16 | ✓17 | 18 | 19 | ✓2 |

How am I doing with using a meal plan?
(Action)



Looking at relapses
(Action/Maintenance)



Whom do I need for support?
(Action/Maintenance)

What was your goal?

- To eat on a regular schedule
- To make healthy food choices
- To reduce portion sizes

Draw an "x" on the days of the week that you kept on track.

| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | |

Did you follow your meal plan five or more days a week? If not, what got in the way for you? It is helpful to look at this as a learning experience. Here are some questions to ask yourself.

Where was I? _____

How had my routine changed?

What made it difficult to follow?

What can I do differently next time?

To keep on track, you need people who can support you.

Who can help you? _____

How can that person help you?

A good way to stay motivated is to become a role model for someone else. Do you know anyone who needs encouragement? _____

What could you do to help them get started? _____