

"yourCHOICE"

Your name _____

My goals...	More: <i>I can...</i>	Enough: <i>I can...</i>	Less: <i>I can...</i>
To make smarter food and activity choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To move more and sit less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To pay attention to how much I eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To use food labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To choose foods with less fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To make smarter drink choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To make smarter snack choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To make smarter fast-food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To avoid the urge to eat too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To try new foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>