

GO TO HEALTH CONTRACT

I, _____, know that reaching my weight loss goal of _____ is not possible without pledging to make the changes necessary to improve my lifestyle. Therefore, I pledge to do the following:

A. I am pledging to lose _____ a week with a total loss at the end of the year of _____ pounds.

B. I am pledging to drink _____ ounces / glasses of water at least _____ days a week.

C. I am pledging to exercise _____ minutes / miles a day at least _____ days a week.

D. I am pledging to follow my food plan of _____

_____ at least _____ days a week.

E. I am pledging to measure my weight loss, water consumed, exercise done and food intake by _____ at least _____ days a week.

F. I am pledging that I will end EACH and EVERY day with a positive affirmation of what I did that day. Further, I will start EACH and EVERY day with one short-term goal that I will achieve that day.

G. I will reward myself by _____

when I achieve _____ of the pledges above during a time period of _____.

Signed: _____

Dated: ____/____/2008

Witnessed: _____

Questions to consider regarding the witness above:

- 1 - Are you comfortable sharing these pledges with the witness you are considering?
- 2 - Will the witness you are considering hold you accountable to the pledges above?
- 3 - Will the witness you are considering be supportive when you are facing struggles and challenges?
- 4 - Will the witness you are considering welcome phone calls when you need a friend, contact you periodically when needed, and be forthcoming with support and encouragement?