

## Goal Sheet

**YOU FIRST**

VERMONT DEPARTMENT OF HEALTH

Name:

Phone Number:

Email:

Best way to reach you?

Best day and time?

**Thank you for getting your heart health screening through You First! Look over your results and think about any lifestyle changes you could start now to improve your heart health.**

**Check one or two areas you want to improve:**



Nutrition



Weight



Physical Activity



Blood Pressure



Blood Sugar



Quit  
smoking/tobacco

**Would you like help quitting smoking?**

Yes

No

Not Applicable

**What is the main health goal you hope to achieve in 6 months?**

**You First can help you meet your goals! The You First program can pay for Lifestyle Programs that support healthy living habits.**

**Check the areas that you are interested in:**

- I am ready to meet with a coach in person to set health goals. Please contact me to help set this up.
- I am not interested in meeting with a health coach, but please contact me about other local nutrition or fitness programs.
- I am not yet ready to join any programming. Please contact me in:
  - 2 months
  - 3 months
  - 4 months
  - Do not contact me

If you have any questions, please contact our Lifestyle Program Coordinator at 802-652-4139.  
800-508-2222 • [www.YouFirstVT.org](http://www.YouFirstVT.org)

## What's stopping you from making the food and fitness changes you want?

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You First offers in-home fitness toolkits that include a step-counter, resistance bands, a local walking map and fitness calendars.

Can you commit to using these and sharing your progress with our program?

Yes- please send

No- do not send

Please respond to these two questions based on your household's experience over the last 12 months.

We worried whether our food would run out before we got money to buy more.

Often true

Sometimes true

Never true

The food that we bought just didn't last, and we didn't have money to get more.

Often true

Sometimes true

Never true

I have trouble paying for my cholesterol, blood pressure or diabetes medicine.

Often true

Sometimes true

Never true

Not applicable

Are you a cancer survivor?

Yes

No

What pharmacy do you use?

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Once the You First Lifestyle Program Coordinator reviews this form, she will contact you to talk about your goals. She can help you find programs close to where you live and work that suit your needs!