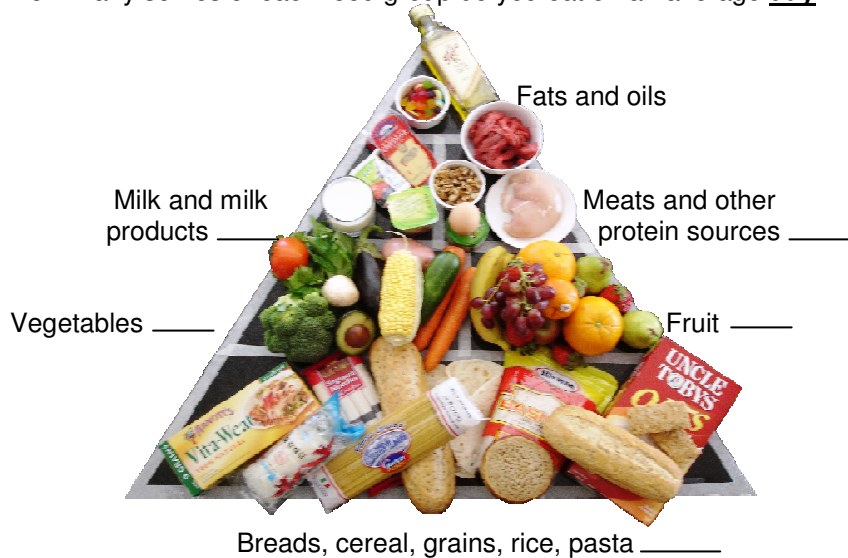




Today's date: \_\_/\_\_/\_\_

# Visit 1: Dietary Review

How many serves of each food group do you eat on an average **day**?



Good things I already do:

- choose wholemeal
- choose low fat
- choose unsaturated oils
- choose low GI foods
- others: \_\_\_\_\_
- choose wholegrain
- choose lean meat
- limit fats and oils
- limit tropical fruits

Healthy, low GI choices and good choices I have been making in each food group:

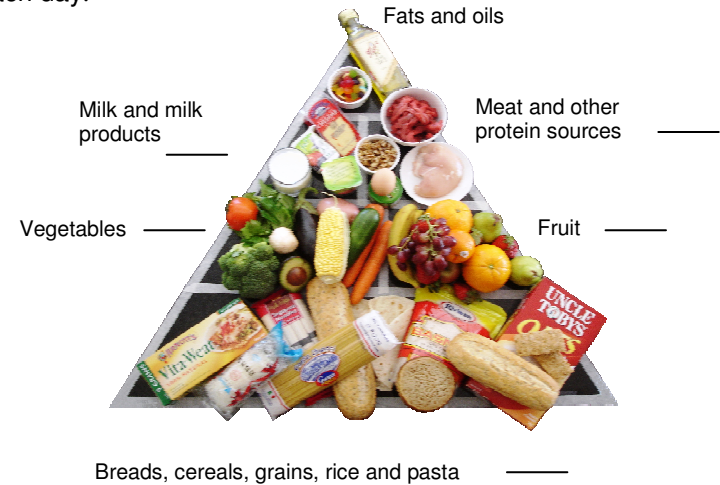
- Breads, cereals, grains, rice, pasta \_\_\_\_\_
- Vegetables \_\_\_\_\_
- Fruit \_\_\_\_\_
- Meat and other protein sources \_\_\_\_\_
- Milk and milk products \_\_\_\_\_
- Fats and oils \_\_\_\_\_



Today's date: \_\_/\_\_/\_\_

# My Dietary Goals

Refer to your information booklet to help with completing this page. Write down any changes to the number of serves of each food group you will aim for each day.



## Good and low GI choices I will make this month in each food group

- Breads, cereals, grains, rice, pasta \_\_\_\_\_
- Vegetables \_\_\_\_\_
- Fruit \_\_\_\_\_
- Milk and milk products \_\_\_\_\_
- Meat and other protein sources \_\_\_\_\_
- Fats and oils \_\_\_\_\_

## Foods I will avoid this month

\_\_\_\_\_  
\_\_\_\_\_

QUESTIONS?? \_\_\_\_\_  
\_\_\_\_\_

Remember to discuss this with your doctor or midwife at your antenatal visit.



Today's date: \_\_ / \_\_ / \_\_

## Visit 1: Exercise Review

### Incidental exercise

List the things you do as part of your everyday life that provide some exercise:  
(eg cooking, ironing, gardening, walking to work)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time would you normally spend on these tasks?

\_\_\_\_\_ hrs/day

OR \_\_\_\_\_ hrs/week

### Recreational exercises

Fill in as many of these as required:

Type of exercise: _____
How many times a week? _____
Intensity (tick one or more):
<input type="checkbox"/> light
<input type="checkbox"/> moderate
<input type="checkbox"/> intense
How long is each session? _____

Type of exercise: _____
How many times a week? _____
Intensity (tick one or more):
<input type="checkbox"/> light
<input type="checkbox"/> moderate
<input type="checkbox"/> intense
How long is each session? _____

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<input type="checkbox"/> light
<input type="checkbox"/> moderate
<input type="checkbox"/> intense
How long is each session? _____



Today's date: \_\_ / \_\_ / \_\_

## My Exercise Goals

Have you spoken about exercise with your:

- Midwife
- Obstetrician/GP
- Partner
- Other \_\_\_\_\_

Fill in a few goals for your exercise regime over the next month

What I will try in between now and my next visit:

- Changes to current activities:
  - ▶
  - ▶
  - ▶
- Changes to timing and frequency:
  - Adding 5 mins to every session
  - Adding an extra day during the week
  - Other: \_\_\_\_\_
- New activities:
  - ▶
  - ▶

My other exercise goals:

- ▶
- ▶
- ▶

QUESTIONS?? \_\_\_\_\_

Remember to discuss this with your doctor or midwife at your antenatal visit..