

6-Week Habit Tracker



- **Make wise food choices**
- **Be physically active**
- **Maintain a healthy weight**
- **Enjoy your life every day**



**Intermountain
Health**



The habit of health — get into it!

Use this tracker to:

- Learn how physical activity, good nutrition, sleep, and maintaining a healthy weight work together for your health.
- Record your activity and nutrition choices every day — and get a big-picture view of your decisions.
- Set goals, stay on track, and see your progress toward better habits — and better health.

Name:

Phone:

What's Inside

Why track?3

Set goals3

What works for
a healthy weight?4

Tips for tracking5

Tracking nutrients6

Daily tracking pages 7-50

Weekly check-in.....51-53

Why track? for your health

Paying attention to your decisions helps you make better ones.

A tried and true tool. Why?

Many people who succeed at maintaining a health weight say that keeping a food and exercise log is important.

Why?

It seems that tracking health decisions helps you identify why you make the choices you do. This takes you off your “autopilot setting” and gives you a powerful chance to create new, better behaviors.

Use the “Weekly check-in” charts and adjust your goals as needed.

Set goals know where you're going



Nutrition goal: _____



Activity goal: _____



Weight goal: _____



Sleep goal: _____

eat a
healthy
diet



be active

lose
weight
slowly



sleep
well

What supports a healthy weight

Many studies show that successful weight management depends on a few key actions:

- **Eating healthy food.** People who maintain a consistent weight for more than a year say that they eat more fruits, vegetables, and other high-fiber foods. They also pay more attention to portion sizes.
- **Being physically active.** Physical activity is the single best predictor of overall health and maintaining a consistent weight. Aim for at least 30 minutes of moderate aerobic activity most days of the week. Even more is better if you're trying to lose weight.
- **If you are working to lose weight, do so slowly.** Crash diets rarely work — and are often dangerous. Losing 1 to 2 pounds a week is a good target. Just a few pounds can result in health benefits.
- **Sleeping well.** Not enough sleep increases both fatigue and stress — and both of these make weight management harder.

As you begin tracking your habits, keep a couple of things in mind. First, weight management is about changing your lifestyle, not following a fad. Second, it gets easier as you go along. Day by day, your healthier choices become habits.

Develop “hand-eye coordination”

You can use your hand to estimate serving sizes.

Here's what to look for:

Handful	1 to 2 ounces
Fist	1 cup
Palm	3 ounces
Thumb tip	1 teaspoon
Thumb	1 ounce

Once you get a good idea of how big various servings are, you won't need to keep checking.

Tips for tracking

Here are some ideas for using the tracking pages that follow:

- **Be honest.** Remember, you're not doing this to impress anyone. You're trying to get an accurate view of your own choices.
- **Be complete.** Write down the details of your portion sizes, activity, weight tracking, and sleep.
- **Be strategic.** From time to time, use your tracker to see if you can detect patterns in the choices you're making day to day. What strategies can you devise to encourage better habits for yourself?
- **Be consistent.** It doesn't matter what type of tracker you use — use this book, a phone app, whatever works. Just try to do it every day.
- **Revisit your goals.** Keep your eyes on the prize — and keep at it. Use every day to improve your habits and your health.
- **Work on weight management.** If you're working on a healthy weight, step on the scale regularly and use the chart in the back of this book to track your progress. For some, watching the scale isn't helpful. If this is you, choose other healthy goals to measure.

Are you tracking something specific?

Ask a dietitian or other healthcare provider to help you set a target amount.

- I'm tracking:

- The amount I'm aiming for each day is:

- This will help me with:

Tracking nutrients

The pages that follow include a space where you can track the amount of a specific nutrient in your diet. Depending on your health goals and the recommendation of your dietitian, you may want to track:

- **Calories.** If you're trying to manage your weight, it helps to be more aware of how many calories you're consuming.
- **Protein.** Protein is needed for health but everyone's needs are different. Talk to your dietitian for your specific needs.
- **Fiber.** Adequate fiber intake can help lower cholesterol, stabilize blood glucose, and promote bowel regularity. Fiber can also help you manage weight by helping you feel full longer.
- **Carbohydrates.** Your dietitian may recommend tracking to help you better manage your blood sugar. Choose carbohydrates that are high in fiber.
- **Fat.** Knowing how much fat and what types are in the food you eat is important if you have a history of high cholesterol or heart disease.
- **Sodium (salt).** Reducing sodium in your diet can help you manage your blood pressure.

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

★ Meal if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				
Dinner			Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hours sitting: (aim low) _____ at work/school _____ outside work/school
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: Minutes: (aim high) Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) at work/school outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: Minutes: (aim high) Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) at work/school outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) _____ at work/school _____ outside work/school
Dinner			Fruits	
Snacks			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: Minutes: (aim high) Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) at work/school outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: <hr/> Minutes: (aim high) <hr/> Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) <hr/> at work/school <hr/> outside work/school
Dinner			Fruits	
Snacks			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: (aim high) _____
Lunch			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Dinner			Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hours sitting: (aim low) _____
Snacks			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: (aim high) _____
Lunch			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Dinner			Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hours sitting: (aim low) _____
Snacks			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) _____ at work/school _____ outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: Minutes: (aim high) Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) at work/school outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				
Dinner			Fruits	Hours sitting: (aim low) _____ at work/school _____ outside work/school
Snacks			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

★ Meal if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) _____ at work/school _____ outside work/school
Dinner			Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: Minutes: (aim high) Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) at work/school outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				Hours sitting: (aim low) _____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: <hr/> Minutes: (aim high) <hr/> Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> Hours sitting: (aim low) <hr/> at work/school <hr/> outside work/school
Dinner			Fruits	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: (aim high) _____
Lunch			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Dinner			Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hours sitting: (aim low) _____
Snacks			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				Hours sitting: (aim low) _____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				Hours sitting: (aim low) _____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				Hours sitting: (aim low) _____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				Hours sitting: (aim low) _____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

★ Meal if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) _____ at work/school _____ outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) _____ at work/school _____ outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

★ Meal if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: Minutes: (aim high) Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) at work/school outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				Hours sitting: (aim low) _____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner			Fruits	
Snacks				Hours sitting: (aim low) _____ at work/school _____ outside work/school

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

★ Meal if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: _____ Minutes: (aim high) _____ Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>
Dinner				
Snacks				

Date: _____ (circle one) **S M T W T F S**

Sleep: Number of hours I slept last night: _____

Meal ★ if without distraction	Food item (portion size)	I'm also tracking <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	Activity: Minutes: (aim high) Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Lunch				Hours sitting: (aim low) at work/school outside work/school
Dinner			Fruits <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div> <div><input type="checkbox"/> <input type="checkbox"/></div>	
Snacks				

Weekly check-in

Tally your success at changing your habits.

Week/ date range	Number of days I met my nutrition goals				Number of days I met my activity goals			Number of nights I slept 7 to 9 hours	If tracking your weight
	Meals eaten without distraction	Healthy breakfast	Vegetables and fruits	Other things I'm tracking	Physical activity	Time sitting at work	Time sitting not at work		

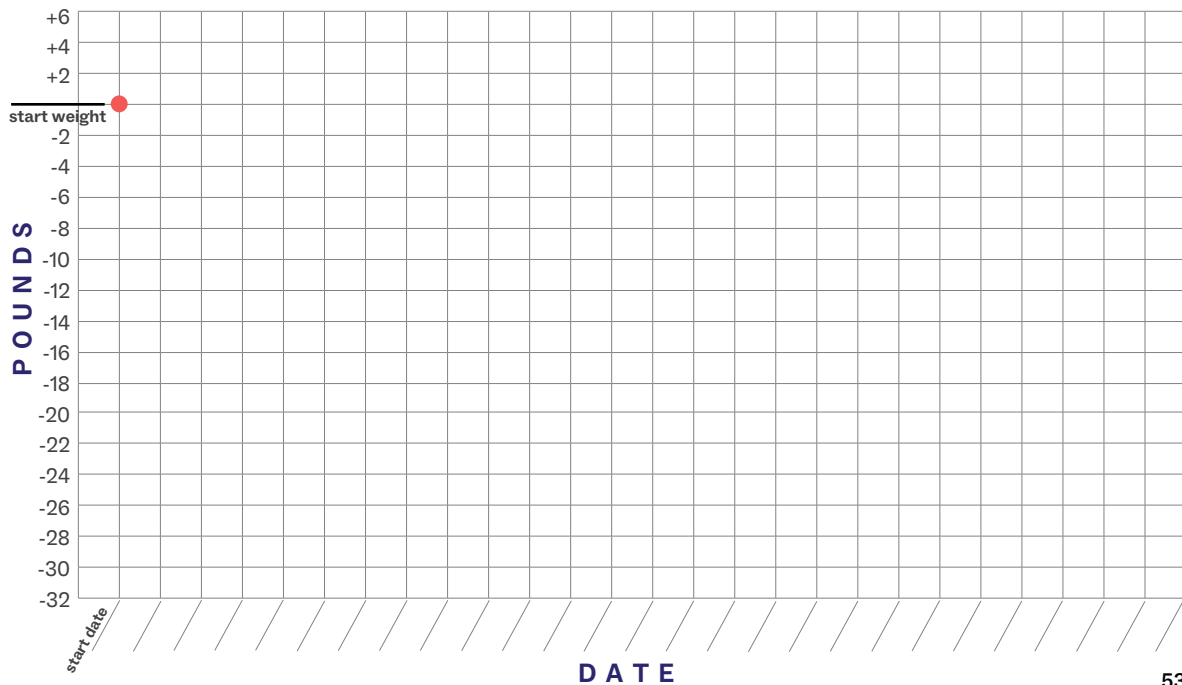
Adjusting your goals

Use the chart below to record your successes and adjust your goals.

Date	Goal	Successes	Challenges

Weighing in

If weighing yourself is right for you, weigh regularly, and track the trend.





© 2005–2025 Intermountain Health and SelectHealth. All rights reserved. The content presented here is for your information only. It is not a substitute for professional medical advice, and it should not be used to diagnose or treat a health problem or disease. Please consult your healthcare provider if you have any questions or concerns. HH005– 06/25 (Last reviewed -06/25) Also available in Spanish.