

Healthy Heart Challenge

www.nurtureyourfamily.org	Name:
End of Week 1: Date:	
How many servings of fruit did	I you have this past week?
How many servings of vegetal	oles did you have this past week?
How many minutes of physica	I activity did you have this past week?
Reflection: Did recording th	is information change what you did?
End of Week 2: Date:	
How many servings of fruit dic	I you have this past week?
How many servings of vegetal	oles did you have this past week?
How many minutes of physica	I activity did you have this past week?

Reflection: How did your behavior change from week 1?

End of Week 3: Date:
How many servings of fruit did you have this past week?
How many servings of vegetables did you have this past week?
How many minutes of physical activity did you have this past week?
Reflection: Are you finding it easier to get 2 servings of fruit and 3 servings of vegetables a day? What do you think the reason is?
End of Week 4: Date:
How many servings of fruit did you have this past week?
How many servings of vegetables did you have this past week?
How many minutes of physical activity did you have this past week?
Reflection: Are you more active now than week one? What has changed the most for you? Are you happy about this change? Why?

Daily Goals: 2 Fruits, 3 Veggies 60 minutes of Exercise. Fill in number.

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