

# LiVe Well 1-Week Habit Tracker



**Nutrition.** Eat more vegetables, fruits, and other high-fiber foods. Watch your portions, and cut back on sweets. Give yourself a ★ when you eat with your family.

My daily goal: \_\_\_\_\_

My goal this week: \_\_\_\_\_



**Activity.** Work up to at least 150 minutes of aerobic activity a week — or 250 to 300 minutes if you want to lose weight or maintain weight loss. Sit less and move more throughout the day.

My goal this week: \_\_\_\_\_



**Weight.** If you need to lose weight, take it slowly. One or two pounds a week is a good goal. Weigh yourself once a week.

My weight today: \_\_\_\_\_

My goal this week: \_\_\_\_\_

## Tracking Tips

- **Keep track of what's important to you.** If you want to lose weight, you may want to track calories. Or, you might track other nutrients such as carbs, fiber, or salt. And don't forget about sleep. You might be surprised at how your sleep can affect your other health habits.
- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
- **Be complete.** Write down everything that goes in your mouth — especially when you don't want to. Include portion sizes.
- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.

Date: \_\_\_\_\_ (circle one) **S M T W T F S** **Sleep** Number of hours I slept last night: \_\_\_\_\_

Meal ★ if with family	Food item (portion size)	I'm also tracking <input type="checkbox"/> calories <input type="checkbox"/> _____	Vegetables	Activity
Breakfast			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Activity: _____ Minutes: _____ (aim high)
Lunch			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Intensity: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous
Dinner			Fruits	Hours sitting (aim low)
Snacks			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ at work/school _____ outside work/school

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**How did you do this week?** Tally your success at meeting your goals this week, and track your progress over time.

Number of days I met my nutrition goals				Number of days I met my activity goals			Number of nights I slept 7 to 9 hrs	My weight today
Ate a meal with family	Healthy breakfast	Vegetables and fruits	Other things I'm tracking	Physical activity	Time sitting at work	Time sitting not at work		

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