



Move More MOV

Healthy Moves Every Day

Healthy Lifestyle Contract

Dietary Change



- | | |
|--|---|
| <input type="checkbox"/> Eat healthy breakfast | <input type="checkbox"/> Eat more whole grains |
| <input type="checkbox"/> Eat fruit (fresh or frozen) ____ times per day/week | <input type="checkbox"/> Reduce daily soda/sugar drinks to ____ daily |
| <input type="checkbox"/> Eat ____ vegetables (fresh or frozen) per day | <input type="checkbox"/> Drink ____ cups water daily |

Smart Goal: _____



Physical Activity Change

- | | |
|--|---|
| <input type="checkbox"/> Walk ____ days/week for ____ min. | <input type="checkbox"/> Take P.E. class |
| <input type="checkbox"/> Dance while listening to music | <input type="checkbox"/> Ride bike ____ min. ____ days/week |
| <input type="checkbox"/> Walk pet daily | <input type="checkbox"/> Swim ____ min. ____ days/week |
| <input type="checkbox"/> Join sports team | <input type="checkbox"/> Jump rope ____ min. ____ days/week |

Smart Goal: _____

Behavioral Change



- | | |
|--|---|
| <input type="checkbox"/> Watch ____ minutes less TV daily | <input type="checkbox"/> Keep activity journal |
| <input type="checkbox"/> Spend ____ minutes less on computer daily | <input type="checkbox"/> Reward success with non-food items |
| <input type="checkbox"/> Only eat at dining table | <input type="checkbox"/> Quit tobacco call 1.800.784.8669 |

Smart Goal: _____



Agreement

- I agree to make the dietary, physical activity and/or behavioral changes we have discussed today and report back by _____. (insert date)