## My Healthy Living Plan

**Date:** __________________________

Please select the amount that matches the 5-2-1-0 recommendations.

1. **Screen time per day (TV/movies, video games, or use the cell phone or the computer for fun)**
   - [ ] 5 hours or less
   - [ ] 2 hours or less
   - [ ] 1 hour or less
   - [ ] 0 hours

2. **Fruits and vegetables per day**
   - [ ] 5 servings
   - [ ] 2 servings
   - [ ] 1 serving
   - [ ] 0 servings

3. **Sugar-sweetened beverages per day (soda, sports drinks, juice, punch, ice tea, Kool-Aid, etc.)**
   - [ ] 5 servings
   - [ ] 2 servings
   - [ ] 1 serving
   - [ ] 0 servings

4. **Exercise or active play per day**
   - [ ] 5 hours or more
   - [ ] 2 hours or more
   - [ ] 1 hour or more
   - [ ] 0 hours

### Progress on Goal- Complete **ONLY** if you have done a Healthy Living Plan before

The last time I filled out this survey I set a goal  
- [ ] Yes  
- [ ] No  
- [ ] I don’t remember

If **YES**, thinking about last week, I accomplished my goal(s):
   - [ ] 7 days a week
   - [ ] 5 or 6 days a week
   - [ ] 3 or 4 days a week
   - [ ] 1 or 2 days a week
   - [ ] 0 days a week

*Please turn over to complete back page.*

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### About Let’s Move Holyoke 5210

Please select the amount that matches the 5-2-1-0 recommendations.

**Select your gender:**
- [ ] Male
- [ ] Female

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### Please turn over to complete back page.

<table>
<thead>
<tr>
<th>Date: ________</th>
<th>Location: [ ] YMCA  [ ] Head Start  [ ] HHC Healthy Weight Clinic  [ ] School  [ ] WIC  [ ] Other ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program or site name: __________________________</td>
<td>Survey administration: [ ] Pre-Survey  [ ] Post-Survey</td>
</tr>
<tr>
<td>Post-Survey Only:</td>
<td>Type of interaction with program: [ ] Single encounter  [ ] Multiple encounter</td>
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<tr>
<td>Number of contact hours: [ ] Up to 1 hour  [ ] 1-3 hours  [ ] 4-6 hours  [ ] 7-9 hours  [ ] 10 or more hours</td>
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</tbody>
</table>
My Healthy Living Plan

What am I doing now?  
1- refers to child if parent is completing the survey for child

Nutrition
How many fruits did I eat yesterday? ________
How many vegetables did I eat yesterday? ________
How many sugar-sweetened beverages (juice, soda, ice tea, Kool-Aid, sports drink) did I drink yesterday? ________
How many times did I eat junk food (cake, cookies, chips, etc.) yesterday? ________
How many times a week do I eat takeout or fast food? ________

Exercise and Physical Activity
How many days a week do I spend in active play or exercise (fast breathing, sweating)? ________days
On those days, how many minutes do I spend in active play or exercise (fast breathing, sweating)? ________minutes
What activities?

How many hours did I watch TV/movies or sit and play video games or use the cell phone or the computer for fun yesterday? ________

Other Habits
How many times a week do I skip meals? ________
How many days a week do I have trouble sleeping? ________
How many times a week do I eat dinner at the table with my family? ________
Do I have a TV in the room where I sleep? Yes________   No________

I will try at least one 5 2 1 0 goal. Please choose no more than 3 goals

• 5 Increase the fruits or vegetables I eat each day to: (Check one below)
  ____5   ____4   ____3   ____2   ____1

• 2 Decrease screen time (TV/movies, video games, cell phones, computer etc.) to:
  (Check one below)
  ____2 hours   ____2 ½ hours   ____3 hours   ____3 ½ hours   ____4 hours

• 1 Increase exercise or physical activity every day to: (Check one below)
  ____1 hour   ____45 minutes   ____30 minutes   ____15 minutes   ____Other

• 0 Decrease sugar-sweetened drinks (soda, sports drinks, juice, punch, etc.) to: (Check one below)
  ____0 per day   ____1 per day   ____2 per day

• Another goal:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
How confident am I to accomplish my goal?

<table>
<thead>
<tr>
<th>Not Confident</th>
<th>Very Confident</th>
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<tr>
<td>😞</td>
<td>0</td>
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</tbody>
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What might make it hard to achieve this goal (What are my barriers)?

________________________________________________________

________________________________________________________

______________________________