My Healthy Living Plan

Date:___________________________

☐ Enter the first letter of your first name ☐ Enter the first letter of your mother's first name ☐ Enter the first letter of your last name	**Enter your birthday:** M M D D Y Y Y Y ☐☐ /☐☐ /☐☐☐☐ *Example: 07/29/1985*	**Select your gender:** O Male O Female

About Let's Move Holyoke 5210

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.

Date:_________

Location: ☐ YMCA ☐ Head Start ☐ HHC Healthy Weight Clinic ☐ School ☐ WIC ☐ Other_________

Program or site name:____

Survey administration: ☐ Pre-Survey ☐ Post-Survey

Post-Survey Only:

Type of interaction with program: ☐ Single encounter ☐ Multiple encounter

Number of contact hours: ☐ Up to 1 hour ☐ 1-3 hours ☐ 4-6 hours ☐ 7-9 hours ☐ 10 or more hours

My Healthy Living Plan

What am I doing now? *I- 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?

Not Confident Very

Confident 0 1 2 3 4 5 6 7

8 9 10

What might make it hard to achieve this goal (What are my barriers)?

____

____

____