

Track how you're doing in each of these key areas. You may want to set new goals or revise old ones.

## Healthy Choices

	GOALS
<p>(RECOMMENDED)</p> <p><b>1. HOW'S MY DIET?</b></p> <ul style="list-style-type: none"> <li>● # of meals each day _____ (3)</li> <li>● # of glasses of water each day (8)</li> <li>● # of snacks each day _____</li> <li>● servings/day: fruit _____ (2-4) vegetable _____ (3-5) poultry, fish, meat, dry beans, nuts _____ (2-3)</li> <li>● dairy products _____ (2-3) bread, cereal, rice, pasta (6-11)</li> <li>● % fat intake _____ (&lt;30%)</li> <li>● Am I getting enough calcium? ____ (1,000-1,500 mg/day)</li> <li>● Is my weight below average, average or above average? _____</li> <li>● Do I have any concerns about my weight? _____</li> </ul> <p><b>2. PHYSICAL ENDURANCE</b></p> <ul style="list-style-type: none"> <li>● How much exercise am I getting? # of times per week _____ How many minutes _____ Type of activity _____</li> </ul>	



## Healthy Choices (cont'd)

	GOALS
<p><b>2. PHYSICAL ENDURANCE (cont'd)</b></p> <ul style="list-style-type: none"> <li>● How much sleep am I getting? Average # of hours I sleep each night _____ # of hours I'd like to sleep per night _____ Describe sleep patterns, problems, disturbances, etc. _____</li> </ul>	
<p><b>3. ALCOHOL, TOBACCO AND OTHER DRUGS</b></p> <ul style="list-style-type: none"> <li>● Do I smoke _____ # of cigarettes per day _____ Have I ever quit? _____ Would I like to quit? _____</li> <li>● Do I drink alcohol? _____ # of drinks per day? _____ # of drinks per week? _____</li> <li>● Do I or others worry that my drinking may be a health problem? _____</li> <li>● Have I ever quit? _____</li> <li>● Would I like to quit or cut down? _____</li> </ul>	

