**Recommended Goals**

1. Eat at least 3 1/2 cups of fruits and vegetables every day.
2. Participate in at least 30 minutes of moderate-intensity physical activity most days.

---

**My Personal Goals**

I will eat ________ cup(s) of **fruits** and ________ cup(s) of **vegetables** every day.

I will get at least ________ minutes of **moderate-intensity physical activity** on ________ days next week.

---

**My Weekly Log**

In the space provided, write the cups of fruits and vegetables you ate and the minutes of physical activity you completed each day.

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cups of fruits</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
</tr>
<tr>
<td>Cups of vegetables</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
<td># of cup(s)</td>
</tr>
<tr>
<td>Minutes of physical activity</td>
<td># of minutes</td>
<td># of minutes</td>
<td># of minutes</td>
<td># of minutes</td>
<td># of minutes</td>
<td># of minutes</td>
<td># of minutes</td>
</tr>
</tbody>
</table>

---

Handout 1a: *Eat Smart, Live Strong*
Revised November 2012
Exercises

These exercises are designed to help you **build strength**, **improve balance**, and **increase flexibility**. In addition to at least 30 minutes of moderate-intensity physical activity, include these exercises in your daily program.

Begin your exercise session by taking 5 **deep breaths** – in through your nose and out through your mouth. It is important to keep breathing deeply throughout the exercise session.

1. **Walking in Place**

   - Stand up
   - Walk in place, raising knees as high as possible
   - Continue for 2 minutes
   - Breathe deeply while walking

2. **Leg Curls**

   - Stand behind chair and grasp its back
   - Keeping knees together, lift your right leg to make a right angle
   - Count to 10 holding this position
   - Lower foot to the floor
   - Repeat 5 times
   - Repeat with left leg
**3  Upper Body Twists**

- Stand with feet apart and hands on hips
- Slowly turn upper body as far as possible to the left
- Hold this position, counting to 5
- Slowly turn upper body as far as possible to the right
- Hold this position, counting to 5
- Repeat 10 times

**4  Bicep Curls**

- Sit or stand
- Make a loose fist with right hand
- Bend bottom part of arm toward top part (fist to shoulder)
- Repeat 10 times
- Repeat with left arm
  - For additional challenge, use 1-pound hand weights
How Did I Do Yesterday?

Check the box that represents the cups of **fruits** you ate yesterday.

Check the box that represents the cups of **vegetables** you ate yesterday.

Write the total number of minutes you spent doing physical activity yesterday.

Some examples of moderate-intensity physical activity are:

- Walking briskly ______________
- Mowing the lawn ______________
- Aerobics ____________________
- Weight lifting ________________
- Jogging ______________________
- Dancing_______________________
- Swimming_____________________
- Stationary cycling______________
- Active walking or running with grandchildren______________
- Other________________________

Total Cups of Fruits and Vegetables

_______ cups

Total minutes of physical activity

_______ minutes
Benefits of eating at least 3½ cups of fruits and vegetables every day:

- Help prevent or delay the effects of chronic diseases such as obesity, hypertension, and heart disease
- Maintain strong healthy bones
- Get some of the vitamins, minerals, and fiber needed to maintain good health
- Maintain regularity
- Add color, taste, and variety to your diet

Benefits of participating in at least 30 minutes of physical activity most days:

- Help prevent or delay the effects of chronic disease
- Feel better
- Decrease stress, anxiety, and mild depression
- Build and maintain healthy bones, muscles, and joints
- Improve strength
- Increase balance and reduce the risk of falling
- Improve sleep
Please take a few moments to complete this form. Return this sheet to the group leader. Your comments will help the leader continue to improve the session.

Today’s Date: ________________________________

1. How useful was the information you learned from this session?
   (Mark one response.)
   - [ ] Not at all useful
   - [ ] Somewhat useful
   - [ ] Useful
   - [ ] Very useful
   Why or why not?
   __________________________________________
   __________________________________________
   __________________________________________

2. Are you planning to eat more fruits and vegetables next week?
   (Mark one response.)
   - [ ] Yes
   - [ ] No
   - [ ] I am not sure

3. Are you planning to increase your physical activity next week?
   (Mark one response.)
   - [ ] Yes
   - [ ] No
   - [ ] I am not sure

4. What did you like the most about this session?
   __________________________________________
   __________________________________________
   __________________________________________

5. What did you like the least about this session?
   __________________________________________
   __________________________________________
   __________________________________________

6. How did you hear about this Eat Smart, Live Strong session?
   (Mark all that apply.)
   - [ ] Supplemental Nutrition Assistance Program office
   - [ ] Friend
   - [ ] Senior center
   - [ ] Poster
   - [ ] Flyer
   - [ ] Newsletter
   - [ ] Place of worship
   - [ ] Other – specify
   __________________________________________

7. In which programs do you participate?
   (Mark all that apply.)
   - [ ] Supplemental Nutrition Assistance Program
   - [ ] Commodity Supplemental Food Program
   - [ ] Senior Farmers’ Market Nutrition Program
   - [ ] Home delivered meals
   - [ ] Congregate meals
   - [ ] Food bank or pantry
   __________________________________________

Thank you for participating in Eat Smart, Live Strong!