

# Set Your Goals



## 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.

|  | Sunday       | Monday       | Tuesday      | Wednesday    | Thursday     | Friday       | Saturday     |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>Cups of fruits</b><br>                | _____        | _____        | _____        | _____        | _____        | _____        | _____        |
| # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  |
| <b>Cups of vegetables</b><br>           | _____        | _____        | _____        | _____        | _____        | _____        | _____        |
| # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  | # of cup(s)  |
| <b>Minutes of physical activity</b><br> | _____        | _____        | _____        | _____        | _____        | _____        | _____        |
| # of minutes   | # of minutes | # of minutes | # of minutes | # of minutes | # of minutes | # of minutes | # of minutes |



# 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 Toe Raises



- Stand behind chair, holding its back with both hands
- Lift straight up, rising onto toes
- Hold this position for 5 seconds
- Lower to a resting position, with heels on the floor
- Repeat 10 times



# Exercises

## 2 Side Leg Raises



- Stand behind chair, holding its back with one hand
- Keeping back and both legs straight, slowly lift right leg 6-10 inches out to the side
- Hold right leg out for 10 seconds
- Repeat 5 times
- Repeat with left leg



# Exercises

## 3 Wall Push-Ups

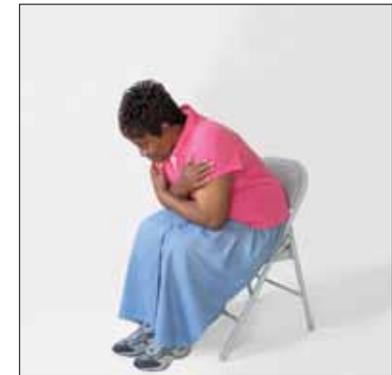


- Stand facing the wall with arms extended and palms flat on the wall
- Keeping body straight, lean towards the wall bringing face close to wall
- Push against the wall to return to a straight, standing position
- Repeat 10 times



# Exercises

## 4 Abdominal Crunches



- Sit up straight in chair, with arms crossed over chest
- Lean forward until crossed arms make contact with, or are as close as possible to, thighs
- Return to a straight, seated position
- Repeat 10 times



# My Commitment

## Fruits and Vegetables



Circle a step you will take this week to help you eat more fruits and vegetables.

1. Shop with a friend or neighbor.
2. Use community van service.
3. Talk with my health care provider.
4. Buy fruits and vegetables that don't require cutting or chopping.
5. Buy frozen or canned fruits and vegetables.
6. Be sure that each meal has at least one fruit or vegetable.
7. Cook vegetables longer so they are softer and easier to eat.
8. Make an appointment to see my dentist.
9. Other \_\_\_\_\_



## Physical Activity

Circle a step you will take this week to be more physically active.



1. Find an exercise buddy.
2. Park the car farther from the store or office.
3. Dance around the house!
4. Invest in a good pair of supportive shoes.
5. Talk with my health care provider.
6. Call the community center or senior center to ask about classes.
7. Sign up for a low-cost exercise class.
8. Step up my pace when I have to walk somewhere.
9. Other \_\_\_\_\_



# "Smart" Card

**Show this card to your health care provider during your next visit.**

## Fruits and Vegetables

**I am making an effort to eat at least 3½ cups of fruits and vegetables every day.**

**I have several questions for you:**

**1** How would I benefit from eating at least 3½ cups of fruits and vegetables every day?

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**2** Are there any fruits or vegetables that I should avoid? Which ones?

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# "Smart" Card

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## Fruits and Vegetables

**I am making an effort to eat at least 3½ cups of fruits and vegetables every day.**

**I have several questions for you:**

**1** How would I benefit from eating at least 3½ cups of fruits and vegetables every day?

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**2** Are there any fruits or vegetables that I should avoid? Which ones?

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# "Smart" Card continued

**Show this card to your health care provider during your next visit.**

## Physical Activity

**I am also trying to participate in at least 30 minutes of physical activity most days. I have some questions for you:**

**1** How would I benefit from participating in at least 30 minutes of physical activity most days?

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**2** Are there any precautions I should take or any activities I should avoid? Which ones?

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# "Smart" Card continued

**Show this card to your health care provider during your next visit.**

## Physical Activity

**I am also trying to participate in at least 30 minutes of physical activity most days. I have some questions for you:**

**1** How would I benefit from participating in at least 30 minutes of physical activity most days?

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**2** Are there any precautions I should take or any activities I should avoid? Which ones?

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# Participant Feedback Sheet

for Session 2, Reach your Goals, Step by Step

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*!