



Writing down what you eat and when you're active is a great start to figuring out where you can make changes to ultimately be a healthier you! Use the food and exercise diary to track your progress and help you set goals.

Talk to your doctor or dietitian about what goals are best for *you* to work towards.

When setting goals, remember the "S.M.A.R.T." rule.

**S**pecific – Answer the question: Who? What? Where? When? Which? Why? How?

**M**easurable – How much? How many? When will it be accomplished?

**A**ttainable – Can I achieve this? Can I make it come true?

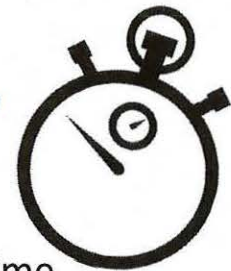
**R**ealistic – Will I be able and willing to do it?

**T**imely – In what time period do you want to accomplish your goal?

Now, list 2 - 4 goals.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

You are now set. For the next week or two, focus on how you can work towards each of these goals. Then, reevaluate...see how you did, where you may need to make adjustments, and perhaps set new goals. Good luck!!



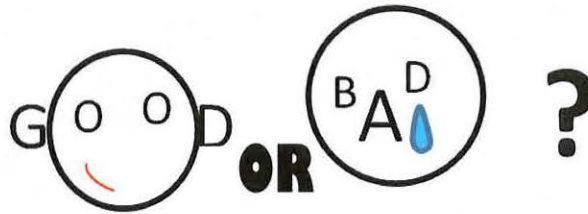
*Quick tip:*

**No rush, take your time.**

Slowly increase your activity in small steps and in ways that you enjoy. A gradual increase in the number of days and the time spent being active will help you reduce the risk of injury.



# Sodium



Are you a salt lover? How salty do you like your food in a meal?

Sodium (commonly referred as salt) is an essential nutrient to our bodies, but in a relatively small amount, provided that you do not have substantial sweating. On average, the higher your sodium intake is, the higher your blood pressure is.

According to the **Dietary Guideline for Americans (2010)**,

Individuals with hypertension (high blood pressure) should reduce their sodium intake to **less than 1,500 mg per day**.

What do you consider as a salty food (except for salt, of course)?

---

Look at your diet record in the past 7 days - how much sodium (salt) have you consumed?

Date	Total amount of sodium consumed that day	How many days did you meet the requirement? <hr/>
		How many days did you NOT meet the requirement? <hr/>

If ALL OF THE 7 DAYS of your diet met the recommendation, congratulations! You are on the right track—keep it up!

If they didn't, no worries, it is never too late to start healthier eating habits!



Set your goals: how can you reduce your sodium intake? List 2 – 4 Goals.

(Remember the S.M.A.R.T. rule when you writing your goals!)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

*Great! You are ready now! Let's get started!*

## Tastes so Good! But SO MUCH Sodium!

- Lunch meat
- Ready-to serve broths/soup
- Hot dogs
- Cheese
- Popcorn
- Pickles, Olives
- Soy sauce
- Fries
- Chips
- Meat pizza
- Ketchup
- Salad dressings
- Bacon
- Miso soup
- Gravies
- Seaweeds
- Canned Vegetables
- and **SO MUCH** more!

*Quick tip:*

### Do It Yourself.

Processed food, food served in restaurants and ready-to-eat food are typically very high in sodium, which will secretly boost up your blood pressure. Try to prepare your food at home, from raw to cooked, and use little or no salt or salt-containing seasonings when cooking or eating foods.



*Week 1*

	Date	Total amount of sodium consumed that day	Meet requirement? (Y/N)
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			

How many days do you meet the sodium intake requirement of Dietary Guideline for Americans (2010)?

\_\_\_\_\_

How many days do you NOT meet the sodium intake requirement of Dietary Guideline for Americans (2010)?

\_\_\_\_\_

Any improvements from last week? If yes, how do you describe your improvement? If no, why?

\_\_\_\_\_  
\_\_\_\_\_

Any other comments / reflections for this week? Any new goals?

# Physical Activity – Let's ! Be **Active!**

What do you think about physical activity?

---

Can you list 3 benefits of physical activity?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Can you list 1 -3 physical activities that you really enjoy?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

According to the **Physical Activity Guidelines (2008)**,

Children and adolescents should do **at least 60 minutes (1 hour)** physical activity **daily**.

Physical Activity includes:

- **Aerobic:** Most of the 60 or more minutes a day should be either moderate- or vigorous-intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week.
  - Moderate-intensity includes: hiking, skateboarding, bicycle riding, brisk walking, etc.
  - Vigorous-intensity includes: jumping rope, running, swimming, soccer, martial arts, etc.
- **Muscle-strengthening:** As part of their 60 or more minutes of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days of the week.
  - Games such as tug-of-war, climbing walls, sit-ups (curl-ups or crunches), push-ups, etc.
- **Bone-strengthening:** As part of their 60 or more minutes of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days of the week.
  - Hopping, jumping, gymnastics, basketball, volleyball, tennis, etc.

What have you been doing?

Use the following table to reflect how active you were in the past 7 days.

Physical Activity	Date							Total minutes
	—/—	—/—	—/—	—/—	—/—	—/—	—/—	
<b>Total hours of physical activity done in the past 7 days:</b>								

In total, I was physically active for a total of \_\_\_\_\_ hours and \_\_\_\_\_ minutes.

Did you meet the Physical Activity Guideline? Yes No

Are you satisfied with your amount of physical activity in the past 7 days? \_\_\_\_\_

Why?

---

If you met the Physical Activity Guideline, congratulations! You are on the right track—keep it up!

If you did not meet the Physical Activity Guideline, don't worry, it is never too late to start.

Keeping track of what you do can help you be more aware and make smarter choices!

You can record your physical activity in the table below or at the bottom of your food diary. There are also many other websites and smartphone apps that can help you keep track of your diet and physical activity.

Physical Activity	Date							Total minutes
	—/—	—/—	—/—	—/—	—/—	—/—	—/—	
<b>Total hours of physical activity done in the past 7 days:</b>								

Checklists:

**Aerobic:** at least 3 days a week?

How many aerobic activities did you do? \_\_\_\_\_

List the aerobic activities \_\_\_\_\_

**Muscle-strengthening:** at least 3 days a week?

How many muscle-strengthening activities did you do? \_\_\_\_\_

List the muscle-strengthening activities: \_\_\_\_\_

**Bone-strengthening:** at least 3 days a week?

How many bone-strengthening activities did you do? \_\_\_\_\_

List the bone-strengthening activities: \_\_\_\_\_

Any comments / reflections for this week? Any new goals?





Name: \_\_\_\_\_

Fax #: 410-614-8284

Date: \_\_\_\_\_

Phone #: 410-955-1247

Starting weight: \_\_\_\_\_

Email: \_\_\_\_\_

Ideal weight: \_\_\_\_\_

Dr. \_\_\_\_\_

WEEK	DAY	WEIGHT Goal by _____:	CALORIE INTAKE Daily Goal:	SALT INTAKE Daily goal:	# STEPS	#AEROBIC STEPS Daily goal:	CALORIES BURNED	BLOOD PRESSURE Measure ___/wk Goal: Call doctor if above:
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	1							
	2							
	3							
	4							
	5							
	6							
	7							