

# Healthy Weights

## Healthy Habits Assessment

Complete this short assessment. Circle the corresponding letter that best describes your actions (\* S = sometimes).

### NUTRITION

- |  |   |   |   |
|--|---|---|---|
| 1. I eat breakfast every morning [even weekends]               | Y | S | N |
| 2. I drink 8 glasses of water every day                        | Y | S | N |
| 3. I eat at least 5 servings of fruits and vegetables each day | Y | S | N |
| 4. I eat a wide variety of food                                | Y | S | N |
| 5. As a family, I can say that we choose healthy food options  | Y | S | N |
| 6. I keep a food log/journal                                   | Y | S | N |
| 7. I stop eating when I'm full [even if my plate isn't empty]  | Y | S | N |

### EXERCISE

- |   |   |   |   |
|---|---|---|---|
| 1. I enjoy exercise   |   |   |   |
| 2. I exercise 30 minutes at least 4 times a week                        | Y | S | N |
| 3. I take the stairs when they are available instead of an elevator     | Y | S | N |
| 4. I wear a pedometer   | Y | S | N |
| 5. I practice some ergonomic stretches while at work on a regular basis | Y | S | N |
| 6. I resistance train [gym or at home] at least 3 times per week        | Y | S | N |
| 7. I park farther away from my destination and walk as much as possible | Y | S | N |

### STRESS

- |  |   |   |   |
|--|---|---|---|
| 1. I know how to control my stress                           | Y | S | N |
| 2. I meditate  | Y | S | N |
| 3. I reserve time for myself each day                        | Y | S | N |
| 4. If I feel stressed, I find my cravings are heightened     | Y | S | N |
| 5. If I feel stressed, I feel better when I exercise         | Y | S | N |
| 6. I keep a journal and write any of my thoughts down        | Y | S | N |
| 7. I know how to "belly breathe" to help alleviate my stress | Y | S | N |

### SLEEP

- |  |   |   |   |
|--|---|---|---|
| 1. I wake rested most mornings during the week                             | Y | S | N |
| 2. I get at least 7 hours of sleep each night                              | Y | S | N |
| 3. I fall asleep right away  | Y | S | N |
| 4. I practice relaxation before sleep [ie: reading, breathing, journaling] | Y | S | N |
| 5. If I do wake up, I can fall right back to sleep                         | Y | S | N |
| 6. I am more irritable when I don't get enough sleep                       | Y | S | N |
| 7. I crave high sugar foods when I'm not sleeping well                     | Y | S | N |



# Healthy Weights

## Personal Contract

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Following this Healthy Weight session I intend to do the following to better my lifestyle as it relates to a Healthy Weight for me:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signed: \_\_\_\_\_.