Session 1

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
Cups of fruits	# of cup(s)	# of cup(s)	# of cup(s)	# of cup(s)	# of cup(s)	# of cup(s)	# of cup(s)
Cups of vegetables	# of cup(s)	# of cup(s)	# of cup(s)	# of cup(s)	# of cup(s)	# of cup(s)	# of cup(s)
Minutes of physical activity	# of minutes	# of minutes	# of minutes	# of minutes	# of minutes	# of minutes	# of minutes

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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

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Exercises

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

Exercises

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

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Exercises

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

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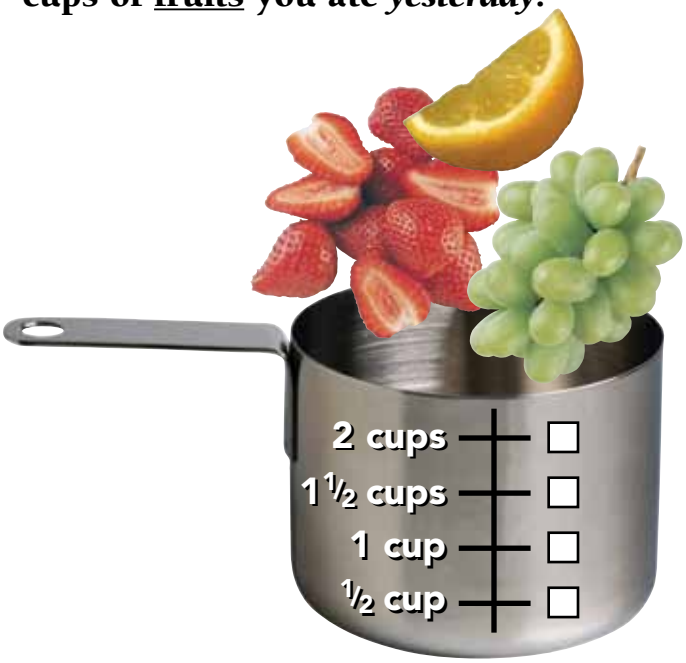
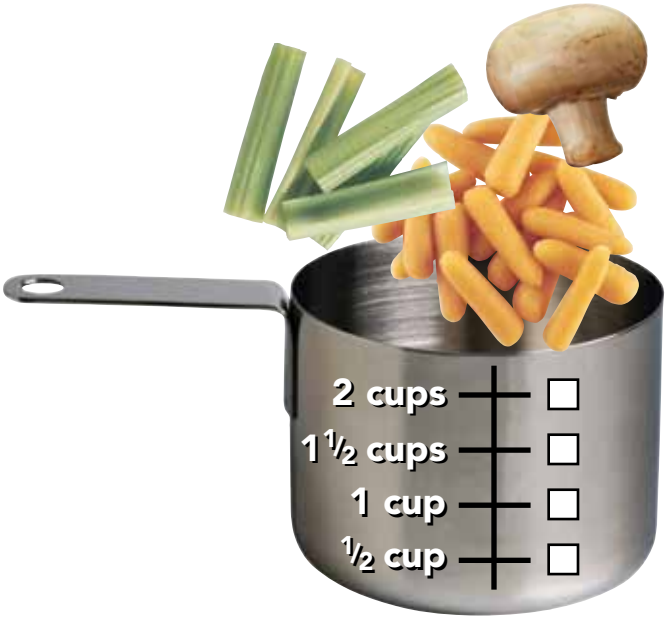
How Did I Do Yesterday?

Check the box that represents the cups of <u>fruits</u> you ate *yesterday*.



None ☐

Check the box that represents the cups of <u>vegetables</u> you ate *yesterday*.



None ☐

Total Cups of <u>Fruits</u> and <u>Vegetables</u>	_____ **cups**

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 minutes of physical activity	_____ **minutes**

How Did I Do Yesterday?

Benefits

Benefits of eating at least 3½ cups of <u>fruits</u> and <u>vegetables</u> 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 <u>physical activity</u> 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

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Participant Feedback Sheet

for Session 1, 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 <u>most</u> about this session?

   _____
   _____
   _____
   _____

5. What did you like the <u>least</u> 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*!