

Self-Monitoring Worksheet for Better Health for the week of _____

- **My body weight this week:** (Weigh yourself at least weekly. Adjust your food intake and/or activity level according to the results and your goals.)

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Gain/Loss this week

- **My aerobic activities this week:** (Strive for at least 2 1/2 hours, or 150 minutes, per week of moderate intensity physical activity)

When I did it; and for how long or how many steps/miles

What I did	Moderate or Vigorous?	Mon	Tue	Wed	Thu	Fri	Sat	Sun

The total number of hours or minutes or steps that I was active this week =

- **My strengthening & balance activities this week:** (Work each group at least twice a week)

When I did it

Muscle Group I Worked	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total days
Legs								
Hips								
Back								
Chest								
Abdomen								
Shoulders								
Arms								
Balancing Exercise(s)								

- **My eating patterns this week:** (Strive to do these activities at each meal and snack)

Number of meals or snacks when I did it

What I did	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total days
Remained aware of eating each bite								
Took small bites								
Thoroughly chewed each bite								
Paused between bites								

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- **My food diary this week:** (Record intake on at least 5 days of the week)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Mid-Morning							
Mid-Day							
Mid-Afternoon							
Evening							
Before Bedtime							

- Positive comments: