



wrap it up
challenge

NOVEMBER 19 - JANUARY 5

FITNESS GOALS

STEP 1 Be mindful! Answer the following questions about your current healthy habits.

FREQUENCY: How often do you exercise?

- 0-2 days per week
- 3-4 days per week
- 5+ days per week

INTENSITY: How hard are your workouts?

- Low Intensity
- Moderate Intensity
- High Intensity

TIME: How much time do you spend exercising?

- Less than 30 minutes per week
- 30-120 minutes per week
- 120+ minutes per week

STEP 2 Goal setting! Set some realistic goals for you to work toward over the holiday season.

FREQUENCY: How often will you exercise?

- 0-2 days per week
- 3-4 days per week
- 5+ days per week

INTENSITY: How hard will your workouts be?

- Low Intensity
- Moderate Intensity
- High Intensity

TIME: How much time will you spend exercising?

- Less than 30 minutes per week
- 30-120 minutes per week
- 120+ minutes per week

STEP 3 Track your goals! Join the challenge on Myzone and keep track of your goals in this booklet. Return this booklet by January 11, 2019, to earn a prize.

NUTRITION GOALS

STEP 1 Be mindful! Answer the following questions about your current healthy habits.

FRUITS/VEGGIES: How many servings do you eat per day?

- 0-2
- 3-4
- 5+

PORTIONS: How often are you mindful of your meal and snack portions?

- Not at all
- Some of the time
- Most of the time

SWEETS: If you eat sweets, where does most of your sugar come from?

- Beverages (sodas, sweet tea, alcohol)
- Baked Goods (cookies, cakes, pies)
- Candy (at the office or around the house)

HYDRATION: How many 8 oz. glasses of water do you drink per day?

- 0-3
- 4-7
- 8+

STEP 2 Goal setting! Set some realistic goals for you to work toward over the holiday season.

FRUITS/VEGGIES: How many servings will you eat per day?

- 0-2
- 3-4
- 5+

PORTIONS: How often will you watch your portions for meals and snacks?

- Not at all
- Some of the time
- Most of the time

SWEETS: What, if any, area will you cut back on or be mindful of during the holiday season?

- Beverages (sodas, sweet tea, alcohol)
- Baked Goods (cookies, cakes, pies)
- Candy (at the office or around the house)

HYDRATION: How many 8 oz. glasses of water will you drink per day?

- 0-3
- 4-7
- 8+

STEP 3 Track your goals! Join the challenge on Myzone and keep track of your goals in this booklet. Return this booklet by January 11, 2019, to earn a prize.

FITNESS TRACKER

WEEK 1

STEP 3 Track your goals! Keep track of your fitness habits.
If you are using Myzone, your exercise is tracked in the app.

FREQUENCY: How often did you exercise this week?

- M T W TH F S
- 0-2 days per week
 3-4 days per week
 5+ days per week

INTENSITY: How intense were your workouts?

- Monday: Low Moderate High
Tuesday: Low Moderate High
Wednesday: Low Moderate High
Thursday: Low Moderate High
Friday: Low Moderate High
Saturday: Low Moderate High

TIME: How many minutes did you exercise?

- Less than 30 minutes this week
 30-120 minutes this week
 120+ minutes this week

WEEK 1

NUTRITION TRACKER

STEP 3 Track your goals! Keep track of your nutrition habits.
If you are using Myzone, your exercise is tracked in the app.

FRUITS/VEGGIES: How many servings did you eat per day?

- Monday: 0-2 3-4 5+
Tuesday: 0-2 3-4 5+
Wednesday: 0-2 3-4 5+
Thursday: 0-2 3-4 5+
Friday: 0-2 3-4 5+
Saturday: 0-2 3-4 5+

PORTIONS: How often were you mindful of your meal and snack portions?

- Monday: Not at all Sometimes Most times
Tuesday: Not at all Sometimes Most times
Wednesday: Not at all Sometimes Most times
Thursday: Not at all Sometimes Most times
Friday: Not at all Sometimes Most times
Saturday: Not at all Sometimes Most times

SWEETS: How many sweets did you consume this week?

- ___ Beverages (sodas, sweet tea, alcohol)
___ Baked Goods (cookies, cakes, pies)
___ Candy (at the office or around the house)

HYDRATION: How many 8 oz. glasses of water did you drink per day?

- Monday: 0-3 4-7 8+
Tuesday: 0-3 4-7 8+
Wednesday: 0-3 4-7 8+
Thursday: 0-3 4-7 8+
Friday: 0-3 4-7 8+
Saturday: 0-3 4-7 8+

FITNESS TRACKER

WEEK 2

STEP 3 Track your goals! Keep track of your fitness habits.
If you are using Myzone, your exercise is tracked in the app.

FREQUENCY: How often did you exercise this week?

- S M T W TH F S
 0-2 days per week
 3-4 days per week
 5+ days per week

INTENSITY: How intense were your workouts?

- | | | | |
|------------|------------------------------|-----------------------------------|-------------------------------|
| Sunday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Monday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Tuesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Wednesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Thursday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Friday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Saturday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |

TIME: How many minutes did you exercise?

- Less than 30 minutes this week
 30-120 minutes this week
 120+ minutes this week

WEEK 2

NUTRITION TRACKER

STEP 3 Track your goals! Keep track of your nutrition habits.
If you are using Myzone, your exercise is tracked in the app.

FRUITS/VEGGIES: How many servings did you eat per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Monday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Tuesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Wednesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Thursday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Friday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Saturday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |

PORTIONS: How often were you mindful of your meal and snack portions?

- | | | | |
|------------|-------------------------------------|------------------------------------|-------------------------------------|
| Sunday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Monday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Tuesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Wednesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Thursday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Friday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Saturday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |

SWEETS: How many sweets did you consume this week?

- Beverages (sodas, sweet tea, alcohol)
 Baked Goods (cookies, cakes, pies)
 Candy (at the office or around the house)

HYDRATION: How many 8 oz. glasses of water did you drink per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Monday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Tuesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Wednesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Thursday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Friday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Saturday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |

FITNESS TRACKER

WEEK 3

STEP 3 Track your goals! Keep track of your fitness habits.
If you are using Myzone, your exercise is tracked in the app.

FREQUENCY: How often did you exercise this week?

- S M T W TH F S
 0-2 days per week
 3-4 days per week
 5+ days per week

INTENSITY: How intense were your workouts?

- | | | | |
|------------|------------------------------|-----------------------------------|-------------------------------|
| Sunday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Monday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Tuesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Wednesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Thursday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Friday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Saturday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |

TIME: How many minutes did you exercise?

- Less than 30 minutes this week
 30-120 minutes this week
 120+ minutes this week

WEEK 3

NUTRITION TRACKER

STEP 3 Track your goals! Keep track of your nutrition habits.
If you are using Myzone, your exercise is tracked in the app.

FRUITS/VEGGIES: How many servings did you eat per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Monday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Tuesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Wednesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Thursday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Friday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Saturday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |

PORTIONS: How often were you mindful of your meal and snack portions?

- | | | | |
|------------|-------------------------------------|------------------------------------|-------------------------------------|
| Sunday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Monday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Tuesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Wednesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Thursday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Friday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Saturday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |

SWEETS: How many sweets did you consume this week?

- Beverages (sodas, sweet tea, alcohol)
 Baked Goods (cookies, cakes, pies)
 Candy (at the office or around the house)

HYDRATION: How many 8 oz. glasses of water did you drink per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Monday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Tuesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Wednesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Thursday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Friday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Saturday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |

FITNESS TRACKER

WEEK 4

STEP 3 Track your goals! Keep track of your fitness habits.
If you are using Myzone, your exercise is tracked in the app.

FREQUENCY: How often did you exercise this week?

- S M T W TH F S
 0-2 days per week
 3-4 days per week
 5+ days per week

INTENSITY: How intense were your workouts?

- | | | | |
|------------|------------------------------|-----------------------------------|-------------------------------|
| Sunday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Monday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Tuesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Wednesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Thursday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Friday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Saturday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |

TIME: How many minutes did you exercise?

- Less than 30 minutes this week
 30-120 minutes this week
 120+ minutes this week

WEEK 4

NUTRITION TRACKER

STEP 3 Track your goals! Keep track of your nutrition habits.
If you are using Myzone, your exercise is tracked in the app.

FRUITS/VEGGIES: How many servings did you eat per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Monday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Tuesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Wednesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Thursday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Friday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Saturday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |

PORTIONS: How often were you mindful of your meal and snack portions?

- | | | | |
|------------|-------------------------------------|------------------------------------|-------------------------------------|
| Sunday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Monday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Tuesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Wednesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Thursday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Friday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Saturday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |

SWEETS: How many sweets did you consume this week?

- Beverages (sodas, sweet tea, alcohol)
 Baked Goods (cookies, cakes, pies)
 Candy (at the office or around the house)

HYDRATION: How many 8 oz. glasses of water did you drink per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Monday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Tuesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Wednesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Thursday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Friday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Saturday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |

FITNESS TRACKER

WEEK 5

STEP 3 Track your goals! Keep track of your fitness habits.
If you are using Myzone, your exercise is tracked in the app.

FREQUENCY: How often did you exercise this week?

- S M T W TH F S
 0-2 days per week
 3-4 days per week
 5+ days per week

INTENSITY: How intense were your workouts?

- | | | | |
|------------|------------------------------|-----------------------------------|-------------------------------|
| Sunday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Monday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Tuesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Wednesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Thursday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Friday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Saturday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |

TIME: How many minutes did you exercise?

- Less than 30 minutes this week
 30-120 minutes this week
 120+ minutes this week

NUTRITION TRACKER

WEEK 5

STEP 3 Track your goals! Keep track of your nutrition habits.
If you are using Myzone, your exercise is tracked in the app.

FRUITS/VEGGIES: How many servings did you eat per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Monday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Tuesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Wednesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Thursday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Friday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Saturday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |

PORTIONS: How often were you mindful of your meal and snack portions?

- | | | | |
|------------|-------------------------------------|------------------------------------|-------------------------------------|
| Sunday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Monday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Tuesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Wednesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Thursday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Friday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Saturday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |

SWEETS: How many sweets did you consume this week?

- Beverages (sodas, sweet tea, alcohol)
 Baked Goods (cookies, cakes, pies)
 Candy (at the office or around the house)

HYDRATION: How many 8 oz. glasses of water did you drink per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Monday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Tuesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Wednesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Thursday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Friday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Saturday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |

FITNESS TRACKER

WEEK 6

STEP 3 Track your goals! Keep track of your fitness habits.
If you are using Myzone, your exercise is tracked in the app.

FREQUENCY: How often did you exercise this week?

- S M T W TH F S
 0-2 days per week
 3-4 days per week
 5+ days per week

INTENSITY: How intense were your workouts?

- | | | | |
|------------|------------------------------|-----------------------------------|-------------------------------|
| Sunday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Monday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Tuesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Wednesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Thursday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Friday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Saturday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |

TIME: How many minutes did you exercise?

- Less than 30 minutes this week
 30-120 minutes this week
 120+ minutes this week

WEEK 6

NUTRITION TRACKER

STEP 3 Track your goals! Keep track of your nutrition habits.
If you are using Myzone, your exercise is tracked in the app.

FRUITS/VEGGIES: How many servings did you eat per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Monday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Tuesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Wednesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Thursday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Friday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Saturday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |

PORTIONS: How often were you mindful of your meal and snack portions?

- | | | | |
|------------|-------------------------------------|------------------------------------|-------------------------------------|
| Sunday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Monday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Tuesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Wednesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Thursday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Friday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Saturday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |

SWEETS: How many sweets did you consume this week?

- Beverages (sodas, sweet tea, alcohol)
 Baked Goods (cookies, cakes, pies)
 Candy (at the office or around the house)

HYDRATION: How many 8 oz. glasses of water did you drink per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Monday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Tuesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Wednesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Thursday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Friday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Saturday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |

FITNESS TRACKER

WEEK 7

STEP 3 Track your goals! Keep track of your fitness habits.
If you are using Myzone, your exercise is tracked in the app.

FREQUENCY: How often did you exercise this week?

- S M T W TH F S
 0-2 days per week
 3-4 days per week
 5+ days per week

INTENSITY: How intense were your workouts?

- | | | | |
|------------|------------------------------|-----------------------------------|-------------------------------|
| Sunday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Monday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Tuesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Wednesday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Thursday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Friday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Saturday: | <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |

TIME: How many minutes did you exercise?

- Less than 30 minutes this week
 30-120 minutes this week
 120+ minutes this week

WEEK 7

NUTRITION TRACKER

STEP 3 Track your goals! Keep track of your nutrition habits.
If you are using Myzone, your exercise is tracked in the app.

FRUITS/VEGGIES: How many servings did you eat per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Monday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Tuesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Wednesday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Thursday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Friday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |
| Saturday: | <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5+ |

PORTIONS: How often were you mindful of your meal and snack portions?

- | | | | |
|------------|-------------------------------------|------------------------------------|-------------------------------------|
| Sunday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Monday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Tuesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Wednesday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Thursday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Friday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |
| Saturday: | <input type="checkbox"/> Not at all | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most times |

SWEETS: How many sweets did you consume this week?

- Beverages (sodas, sweet tea, alcohol)
 Baked Goods (cookies, cakes, pies)
 Candy (at the office or around the house)

HYDRATION: How many 8 oz. glasses of water did you drink per day?

- | | | | |
|------------|------------------------------|------------------------------|-----------------------------|
| Sunday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Monday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Tuesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Wednesday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Thursday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Friday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |
| Saturday: | <input type="checkbox"/> 0-3 | <input type="checkbox"/> 4-7 | <input type="checkbox"/> 8+ |

CONGRATULATIONS

Congratulations! You've completed the Wrap It Up Challenge. Answer the following questions and turn in this booklet by January 11, 2019 to receive a prize.

Did you achieve your goals?

Yes No

Whether your answer is Yes or No, the most important take-away is what you may have learned. Reflecting on accomplishments and challenges can help you move forward and can affect how you make health decisions in the future.

What were some of the difficulties you faced during the challenge?

What were some of your personal accomplishments?

Now that you've wrapped it up for 2018, what are some of your health goals for 2019?

Contact the Service Desk if you are interested in talking with a Cooper Fitness Center health coach. In a 20-30 minute session, a health coach can help you focus your efforts, tap into your motivation and provide a sounding board for a healthy perspective.

NAME

EMAIL

COOPER
QUEST

STEPS FOR A COOPERIZED LIFE

cooperfitnesscenter.com/CooperQuest