

ICAN!

CHALLENGE

www.ICanChallenge.com

This **I Can! Challenge Workbook** provides worksheets and tools to help you stay on track each week!

**Aligning Forces
for Quality** | Improving Health & Health Care in Communities
Across South Central Pennsylvania

I CAN! CHALLENGE

Welcome to the I Can! Challenge Workbook!

As you complete each week's Challenge, you will be asked to complete worksheets. The worksheets are tools for you to use during the Challenge, as well as after the Challenge! Tear them out of the book, hang them up on your fridge, take them to your doctor's office – they are for you to use as much, and as hard, as you'd like!

In this workbook you will find the following:

Rewarding Yourself

Week #1 Challenge – Set Goals

Goal Setting Worksheet
Challenge Tracker

Week #2 Challenge – Control Your Portions

Weekly Food Diary
Challenge Tracker

Week #3 Challenge – Stay on Course When Eating Out

Eating Out & About Worksheet
Challenge Tracker

Week #4 Challenge – Increase Your Activity Level

Physical Activity Log
Challenge Tracker

Week #5 Challenge – Reduce Your Stress

Stress Score Scale
My Stress Diary
Emotional Eating Diary
Challenge Tracker

Week #6 Challenge – Overcome Obstacles & Keep Going!

Revisiting Your Goals Worksheet
Barriers to Be Active Quiz
Challenge Tracker

Disclaimer: Information and links provided in the I Can! Challenge Guide, Workbook, and Web site are for general information purposes and should not be used as a replacement for informed medical advice from your health care team. If you have been diagnosed with diabetes, pre-diabetes, heart disease, or are overweight and have other symptoms that could lead to a diagnosis, you should see a health care professional before starting any fitness or weight loss program. Making use of any of the information provided in this guide, the workbook, or Web site is strictly at your own discretion.

Week #7 Challenge – Make the Most of Your Health Care Team

Doctor Appointment Guide

Medications I Take Worksheet

Challenge Tracker

Week #8 Challenge – Quit or Reduce Tobacco and Alcohol

Tobacco and Alcohol Journal

Challenge Tracker

Week #9 Challenge – Physical Activity – Step It Up!

Different Ways to Exercise Worksheet

Challenge Tracker

Week #10 Challenge – Understand Your Condition

Challenge Tracker

Week #11 Challenge – Use Quality Data to Improve Your Health

Challenge Tracker

Week #12 Challenge – Celebrate Your Success!

Keeping It Up Worksheet

My Success Story Statement

I Will! Challenge Worksheet

Challenge Tracker

Rewarding Yourself!



Everyone deserves a pat on the back once in a while. What better time to do this than when you're out of your comfort zone, challenging yourself to maintain and improve healthy habits. Although the feeling of accomplishment can be a reward in itself, it's great to get something tangible when you have reached a goal. Rewarding yourself is one of the easiest and most powerful ways to keep you focused, motivated, and moving forward since it creates a feeling of doing something you actually want to do!

In terms of reaching your goals, instead of expecting perfection or getting down on yourself for what you do wrong, pay more attention to what you do right. Straight talk and brutal honesty are often good for getting you going but for sustained motivation, a positive approach and rewarding yourself from time to time will keep you from burning out.

Reward System

The rewards you give yourself do not need to be big or expensive. Make them a personal choice that is meaningful to you. Rewards should be set ahead of time and something you are willing to work for.

Next, agree on some completed goals or reward levels that will justify getting rewarded so that you will look forward to treating yourself to these rewards. Smaller rewards for reaching smaller goals are a better idea than saving up for bigger rewards that require more work and more time. Little gifts to yourself along the way can add the extra momentum you need! Be honest with yourself and don't lie about your numbers or "borrow" against the next reward. This hurts the whole purpose of building lifetime healthy habits.

Rewards **should not consist of** food or skipping regular exercise as a slippery slope could occur. Always remember to keep your focus on maintaining and building healthy habits, not just figuring out how to get the reward.

See the next page for some ideas!

Reward Ideas

After completing each week, find a way to reward yourself for the tasks you've completed. By using the tracker for each week, you can see how many points you've received and what you've accomplished!

Here is a list of some suggested rewards you can give yourself. Some are free, some cost a little, and some cost a little more. The key to choosing rewards is to make it something you really want and something you are willing to work for. Whether it is a small reward to get you through smaller steps or a big reward for completing a big goal, make it yours!



- Compliment yourself. Write down what you would say to anyone else who accomplished what you did.
- Take a vacation or weekend getaway.
- Make a grab bag of little prizes. When you reach a goal, reach in and get a reward!
- Buy yourself a gift certificate.
- Subscribe to a magazine you always wanted.
- Get outside and take a walk, enjoy the flowers, take the kids to the park, etc.
- Buy something for your hobby or craft.
- Purchase new exercise equipment.
- Buy new workout shoes or clothes.
- Buy a new book, CD or DVD.
- For every pound you lose, put \$5, \$10, or \$20 into a piggy bank that you get to break open and spend on new (smaller) clothes once you've reached your goal.
- Sleep a little later, studies show more shut-eye can lift your mood!
- Go out for a healthy dinner and a movie date with someone special.
- Plan a weekend with old friends.

- Take a half-day or a day off from the office and relax, spend time at your favorite museum or gallery.
- Buy (or send) yourself a bouquet of flowers.
- Do something you've always wanted to do, rock climbing, bungee jumping, sky diving.
- Indulge yourself in watching a favorite movie or drama series.
- Relax in a bubble bath.
- Try a new and tasty dish in the kitchen.
- Have a small celebratory gathering at your home with friends and family.
- Attend a concert of your favorite artist or musical group.
- Buy yourself a piece of jewelry you've had your eye on.
- Buy yourself a new workout video to try.
- Sign up for a relaxing Yoga or Pilates class.
- Reward yourself with dinner at a restaurant that serves food that follows your weight loss guidelines.
- Adopt a pet.
- Purchase a new piece of furniture, small or large.
- Ask a friend to watch the kids for a few hours, so you can have some "you" time to relax!
- Treat yourself to a fun salon experience and update your look.
 - Manicure
 - Pedicure
 - Massage
 - Highlight hair, new haircut
 - Facial

Week 1: Goal Setting Worksheet

Use this worksheet as a guide. If you need more space, feel free to continue on an additional sheet of paper.

My Long Term Health Goal (what I want to accomplish):

1. _____

How important is it for me to meet this goal?

	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	---

How confident am I that I will meet this goal?

	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	---

My Short Term Health Goals

1. _____

How important is it for me to meet this goal?

	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	---

How confident am I that I will meet this goal?

	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	---

2. _____

How important is it for me to meet this goal?

	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	---

How confident am I that I will meet this goal?

	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	---

3. _____

How important is it for me to meet this goal?

	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	---

How confident am I that I will meet this goal?

	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	----	---

Why are these goals important to me?

Who can help me meet my goals?

Possible Barrier	How I Will Overcome It
1.	
2.	
3.	
4.	

Week 1 – Set Goals: Challenge Tracker

Do the action items listed in this column	Place a check in the box when you complete the Action Item. Write the day of the week (Monday, Tuesday, etc.) under Day 1, Day 2, etc. to help you track your daily action items.						
<i>Example: Complete worksheet</i>	√						
Do these at the beginning of the week:							
Complete the Goal Setting Worksheet.							
Write your most important goal and why it is important to you on several small cards. Post them where you will see them throughout the day, such as in your car, on your refrigerator, or on your computer.							
Take these at the beginning of the week:	Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).							
Do these every day:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Look at your Goal Setting Worksheet as you begin each day to remind yourself what you are trying to accomplish and why. Read your plan to overcome barriers so you are prepared.							
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.							

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 20 points possible this week.

Points You Earned: _____ ÷ 20 = _____ x 100 = % of Week 1 Challenge was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!!

Week 2: Weekly Food Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							

Breakfast							
Food Item							
Amount							
# Servings							
Calories							
Carbs							
Protein							
Fat							
Reason For Eating							

Lunch							
Food Item							
Amount							
# Servings							
Calories							
Carbs							
Protein							
Fat							
Reason For Eating							

Dinner							
Food Item							
Amount							
# Servings							
Calories							
Carbs							
Protein							
Fat							
Reason For Eating							

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							

Snacks

Food Item							
Amount							
# Servings							
Calories							
Carbs							
Protein							
Fat							
Reason For Eating							

Beverage							
-----------------	--	--	--	--	--	--	--

16 oz. Water							
							

Week 2 – Control Your Portions: Challenge Tracker

Congratulations! You’ve set goals, and now you’re controlling portions!

Do the action items listed in this column.		Place a check in the box when you complete the Action Item.						
Do these at the beginning of the week:								
Plan the times when you will eat snacks and decide what healthy snacks you will eat.								
Use the tips from Heart Healthy Shopping when you do your grocery shopping. Be sure to purchase the healthy snacks you need for the week.								
Take these at the beginning of the week:		Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).								
Do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							
Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Continue to do these every day:								
Look at your Goal Setting Worksheet each day to remind yourself what you are trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.								

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 55 points possible this week.

Points You Earned: _____ \div 55 = _____ \times 100 = % of **Week 2 Challenge** was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!

Week 3: Eating Out & About Worksheet

1. Describe the last three meals you had while dining out.

Location and Date	What You Ordered

2. Describe three healthier options you could have ordered at the same place.

Location and Date	A Healthier Option Would Have Been...

Week 3 – Stay on Course When Eating Out: Challenge Tracker

Keep saying I Can!

Do the action items listed in this column.		Place a check in the box when you complete the Action Item.						
Do these at the beginning of the week:								
Read the resources provided for Week 3.								
Complete the Eating Out & About worksheet in your workbook.								
Take these at the beginning of the week:		Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).								
Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							
Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Look at your Goal Setting Worksheet each day to remind yourself what you are trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.								

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 55 points possible this week. (see next page to determine earned points)

****Note: If you do not use any tobacco products or drink alcoholic beverages, give yourself points for these sections!***

Points You Earned: _____ \div 55 = _____ \times 100 = % of Week 3 Challenge was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!!

Week 4: PHYSICAL ACTIVITY LOG

Week: _____

Activity Goal: _____

Day of Week	Date	Number of steps	Minutes of activity	Type of activity	Light, moderate or vigorous intensity
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Week 4 – Increase Your Activity Level: Challenge Tracker

Congratulations! You’ve completed weeks 1-3! Now, it’s about increasing your activity!

Do the action items listed in this column.		Place a check in the box when you complete the Action Item.						
Do these at the beginning of the week:								
Determine your resting heart rate and target heart rate.								
Plan your physical activity – what you will do, where you will do it and when you will do it. Put it on your schedule or calendar. (Or use the Physical Activity Log)								
Take these at the beginning of the week:		Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).								
Do this at least 5 days during the week:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Do at least 10 minutes of cardio physical activity at the intensity to reach your target heart rate. If you are more physically fit, try to do 30 minutes of cardio activity. OR do 10 minutes of cardio activity three times during the day.								
Do this at least 2 days during the week:								
Do at least 4 strength training exercises targeting different muscle groups. If you are more physically fit, try to do 8 to 10 strength training exercises.								
Continue to do these every day:								
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							

Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Look at your Goal Setting Worksheet each day to remind yourself what you are trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.								

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 69 points possible this week.

Points You Earned: _____ ÷ 69 = _____ x 100 = % of Week 4 Challenge was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!!

Week 5: Stress Score Scale

Use this quick checklist to find out how much stress you have experienced in the past year. Check each item that applies to you and add the scores together to find out your overall stress score.

Event	Score	Event	Score
<input type="checkbox"/> Death of Spouse	100	<input type="checkbox"/> Trouble with in-laws	29
<input type="checkbox"/> Divorce	73	<input type="checkbox"/> Outstanding personal achievement	28
<input type="checkbox"/> Martial separation	65	<input type="checkbox"/> Spouse begins or stops work	26
<input type="checkbox"/> Jail term	63	<input type="checkbox"/> Starting or finishing school	26
<input type="checkbox"/> Death of close family member	63	<input type="checkbox"/> Change in living conditions	25
<input type="checkbox"/> Personal injury or illness	53	<input type="checkbox"/> Revision of personal habits	24
<input type="checkbox"/> Marriage	50	<input type="checkbox"/> Trouble with boss	23
<input type="checkbox"/> Fired from work	47	<input type="checkbox"/> Change in work hours, conditions	20
<input type="checkbox"/> Martial reconciliation	45	<input type="checkbox"/> Change in residence	20
<input type="checkbox"/> Retirement	45	<input type="checkbox"/> Change in schools	20
<input type="checkbox"/> Change in family member's health	44	<input type="checkbox"/> Change in recreational habits	19
<input type="checkbox"/> Pregnancy	40	<input type="checkbox"/> Change in church activities	19
<input type="checkbox"/> Sexual difficulties	39	<input type="checkbox"/> Change in social activities	18
<input type="checkbox"/> Business readjustment	39	<input type="checkbox"/> Mortgage/loan under \$10,000	17
<input type="checkbox"/> Change in financial status	38	<input type="checkbox"/> Change in sleeping habits	16
<input type="checkbox"/> Death of close friend	37	<input type="checkbox"/> Change in number of family gatherings	15
<input type="checkbox"/> Change to a different line of work	36	<input type="checkbox"/> Change in eating habits	15
<input type="checkbox"/> Change in number of martial arguments	35	<input type="checkbox"/> Vacation	13
<input type="checkbox"/> Mortgage/loan over \$10,000	31	<input type="checkbox"/> Christmas season	12
<input type="checkbox"/> Foreclosure of mortgage/loan	30	<input type="checkbox"/> Minor violation of the law	11
<input type="checkbox"/> Change in work responsibilities	29		

0 to 149 points:

Low chance of having stress-related illness

150 to 249 points:

Medium chance of having stress-related illness

300 or more points:

High chance of having stress-related illness

This scale shows the amount of life pressure you are facing. Stress-related illness could mean anything from mild tension headaches, acid indigestion, or loss of sleep to more serious problems such as ulcers, migraines, and lower back pain.



Week 5: My Stress Diary



Date and Time of Day	What happened to make me feel this way?	Where was I?	Level of Stress from 1 to 10 (1 is not very stressful/10 is extremely stressful)	How did I react?	What can I do better next time when this happens?

Week 5: Emotional Eating Food Diary

When did you eat?	What and How Much Did You Eat?	Where Did You Eat?	With Whom Did You Eat?	What Were You Doing?	How Were You Feeling?	How Hungry on a 1-10 Scale Were You? **

**Rate your hunger:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not Hungry

Very Hungry

Week 5 – Reduce Your Stress: Challenge Tracker

Congratulate yourself for making it to week 5! Relax and take a minute for you!

Do the action items listed in this column.		Place a check in the box when you complete the Action Item.						
Do these at the beginning of the week:								
Review the resources provided in Week 5.								
Find your stress scale by using the Stress Score Scale worksheet in your workbook.								
Take these at the beginning of the week:		Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).								
Do these at least 3 days during the week:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Select and do at least 3 Activities for Relieving Stress each week.								
Begin and write in a journal at least 3 times during the week.								
Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							
Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Look at your Goal Setting Worksheet each day to remind yourself what you're trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								

As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.							
---	--	--	--	--	--	--	--

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 69 points possible this week.

****Note: If you do not use any tobacco products or drink alcoholic beverages, give yourself points for these sections!***

Points You Earned: _____ ÷ 69 = _____ x 100 = % of Week 5 Challenge was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!!

Week 6: Revisiting Your Goals



Look back to your Goal Setting Worksheet that you did for Week 1.

Think about the following and write down your answers.

1. Have you achieved any of your short-term goals? If not, how much closer have you gotten to reaching them?

2. What steps are still needed to reach your short-term goals?

3. Look at your long-term goals. What have you done so far to reach these goals?

4. What steps are needed to reach your long-term goals?

5. Look at your goals and the order you listed them. Does this order still make the most sense to you? What changes do you need to make?

6. Look at what you wrote for why these goals were important to you. Do you feel the same way? Do you have other reasons now for wanting to achieve these goals?

7. Out of the possible barriers you listed during Week 1, which ones actually happened?

8. Were you able to overcome them in the way you thought you would? If not, what could you do differently?

9. What new barriers have come up during the last 6 weeks? How will you go about overcoming these barriers?

10. Look over all of your answers and think about your main reasons for doing this Challenge. Are they the same as when you began this Challenge or have they changed?

Week 6: Barriers to Being Active Quiz

What keeps you from being more active?



Now that you have refocused, take a minute to think of possible barriers that may be keeping you from being more physically active. Give yourself a minute to take the following quiz to find possible reasons for your barriers.

Directions: Listed below are reasons people give to describe why they do not get as much physical activity as they should. Please read each statement and decide how likely you are to say each of the following:

How likely are you to say?	Very likely 3	Somewhat likely 2	Somewhat unlikely 1	Very unlikely 0
1. My day is so busy now; I just don't think I can make the time to include physical activity in my regular schedule.	3	2	1	0
2. None of my family members or friends like to do anything active, so I don't have a chance to exercise.	3	2	1	0
3. I'm just too tired after work to get any exercise.	3	2	1	0
4. I've been thinking about getting more exercise, but I just can't seem to get started.	3	2	1	0
5. I'm getting older, so exercise can be risky.	3	2	1	0
6. I don't get enough exercise because I have never learned the skills for any sport.	3	2	1	0
7. I don't have access to jogging trails, swimming pools, bike paths, etc.	3	2	1	0
8. Physical activity takes too much time away from other commitments—like, work, family, etc.	3	2	1	0

9. I'm embarrassed about how I will look when I exercise with others.	3	2	1	0
10. I don't get enough sleep as it is. I just couldn't get up early or stay up late to get some exercise.	3	2	1	0
11. It's easier for me to find excuses not to exercise than to go out to do something.	3	2	1	0
12. I know of too many people who have hurt themselves by overdoing it with exercise.	3	2	1	0
13. I really can't see learning a new sport at my age.	3	2	1	0
14. It's just too expensive. You have to take a class or join a club or buy the right equipment.	3	2	1	0
15. My free time during the day is too short to include exercise.	3	2	1	0
16. My usual social activities with family or friends do not include physical activity.	3	2	1	0
17. I'm too tired during the week and I need the weekend to catch up on my rest.	3	2	1	0
18. I want to get more exercise, but I just can't seem to make myself stick to anything.	3	2	1	0
19. I'm afraid I might injure myself or have a heart attack.	3	2	1	0
20. I'm not good enough at any physical activity to make it fun.	3	2	1	0
21. If we had exercise facilities and showers at work, then I would be more likely to exercise.	3	2	1	0

Follow these instructions to score yourself:

- Enter the circled number in the spaces provided, putting the number for statement 1 on line 1, statement 2 on line 2, and so on.
- Add the three scores on each line. Your barriers to physical activity fall into one or more of seven groups: lack of time, social influences, lack of energy, lack of willpower, fear of injury, lack of skill, and lack of resources. A score of 5 or above in any group shows that this is an important barrier for you to overcome.

$$\frac{\quad}{1} + \frac{\quad}{8} + \frac{\quad}{15} = \frac{\quad}{\text{Lack of time}}$$

$$\frac{\quad}{2} + \frac{\quad}{9} + \frac{\quad}{16} = \frac{\quad}{\text{Social influence}}$$

$$\frac{\quad}{3} + \frac{\quad}{10} + \frac{\quad}{17} = \frac{\quad}{\text{Lack of energy}}$$

$$\frac{\quad}{4} + \frac{\quad}{11} + \frac{\quad}{18} = \frac{\quad}{\text{Lack of willpower}}$$

$$\frac{\quad}{5} + \frac{\quad}{12} + \frac{\quad}{19} = \frac{\quad}{\text{Fear of injury}}$$

$$\frac{\quad}{6} + \frac{\quad}{13} + \frac{\quad}{20} = \frac{\quad}{\text{Lack of skill}}$$

$$\frac{\quad}{7} + \frac{\quad}{14} + \frac{\quad}{21} = \frac{\quad}{\text{Lack of resources}}$$

Week 6 – Overcome Obstacles and Keep Going: Challenge Tracker

Congratulations! You’re making great strides, so don’t stop!

Do the action items listed in this column.	Place a check in the box when you complete the Action Item.						
Do these at the beginning of the week:							
Complete the Revisiting Your Goals worksheet in your workbook.							
Take the Barriers to Being Active Quiz in your workbook.							
Look at the Resource Section to see whether there is a support group you would like to join.							
Take these at the beginning of the week:	Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).							
Do these at least 3 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Select and do at least 3 Activities for Relieving Stress each week.							
Begin and write in a journal at least 3 times during the week.							
Continue to do this at least 5 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Do at least 10 minutes of cardio physical activity at the intensity to reach your target heart rate. If you are more physically fit, try to do 30 minutes of cardio activity. OR do 10 minutes of cardio activity three times during the day.							
Continue to do this at least 2 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Do at least 4 strength training exercises targeting different muscle groups. If you are more physically fit, try to do 8 to 10 strength training exercises.							

Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							
Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Look at your Goal Setting Worksheet each day to remind yourself what you're trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.								

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 84 points possible this week.

***Note: If you do not use any tobacco products or drink alcoholic beverages, give yourself points for these sections!**

Points You Earned: _____ ÷ 84 = _____ x 100 = % of Week 6 Challenge was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!!

Week 7: Doctor Appointment Guide

Use this worksheet to prepare for your doctor appointment.

Date & time of your appointment:

Doctor's name:

All current prescription medications and dosage (how much you take):

Questions for your doctor:

- 1.
- 2.
- 3.

Recent symptoms and/or concerns:

- 1.
- 2.
- 3.

All current over-the-counter medications and dosage (how much you take):

Make sure you have the following items before you go to your doctor:

- Test results since your last visit
- Any referral needed from your doctor
- Insurance cards or authorizations
- A note pad and pen

Vitamins, supplements or herbs:

Week 7: Medications I Take

Complete the chart below to help you organize your medications. List all prescription and over-the-counter medicines you take.

Name of medicine and date prescribed	What is it for?	Color and shape	When to take it	How to take it	How much to take	Side effects and warnings

Week 7 – Make the Most of Your Healthcare Team: Challenge Tracker

Congratulations, you're past the half-way mark! Are you making the most of your health care team?

Do the action items listed in this column.	Place a check in the box when you complete the Action Item.						
Do these at the beginning of the week:							
Read the resources provided for Week 7.							
Complete the Doctor Appointment Guide worksheet in your workbook.							
Complete the Medications I Take worksheet in your workbook.							
Take these at the beginning of the week	Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).							
Do these at least 3 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Select and do at least 3 Activities for Relieving Stress each week.							
Begin and write in a journal at least 3 times during the week.							
Continue to do this at least 5 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Do at least 10 minutes of cardio physical activity at the intensity to reach your target heart rate. If you are more physically fit, try to do 30 minutes of cardio activity. OR do 10 minutes of cardio activity three times during the day.							
Continue to do this at least 2 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Do at least 4 strength training exercises targeting different muscle groups. If you are more physically fit, try to do 8 to 10 strength training exercises.							

Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							
Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Look at your Goal Setting Worksheet each day to remind yourself what you are trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.								

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 83 points possible this week.

Points You Earned: _____ ÷ 83 = _____ x 100 = % of Week 7 Challenge was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!!

Week 8 – Quit or Reduce Tobacco & Alcohol Use: Challenge Tracker

Decreasing alcohol & tobacco is a big step! You can do it!

Do the action items listed in this column.	Place a check in the box when you complete the Action Item.						
Do these at the beginning of the week:							
Plan how you will reduce tobacco or alcohol use. Use the tips and information in Week 8 resources.*							
Take these at the beginning of the week:	Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).							
Do these every day:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Keep track of your tobacco and alcohol use using the Tobacco and Alcohol Journal.*							
Have less tobacco than you did the previous day – or have none at all.*							
Have less alcohol than you did the previous day – or have none at all.*							
Do these at least 3 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Select and do at least 3 Activities for Relieving Stress each week.							
Begin and write in a journal at least 3 times during the week.							
Continue to do this at least 5 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Do at least 10 minutes of cardio physical activity at the intensity to reach your target heart rate. If you are more physically fit, try to do 30 minutes of cardio activity. OR do 10 minutes of cardio activity three times during the day.							

Continue to do this at least 2 days during the week:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Do at least 4 strength training exercises targeting different muscle groups. If you are more physically fit, try to do 8 to 10 strength training exercises.								
Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							
Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Look at your Goal Setting Worksheet each day to remind yourself what you are trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.								

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 103 points possible this week.

***Note: If you do not use any tobacco products or drink alcoholic beverages, give yourself points for these sections!**

Points You Earned: _____ ÷ 103 = _____ x 100 = % of Week 8 Challenge was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!!

Week 9: Different Ways to Exercise Worksheet

Think of ways you could fit more physical activity in to your current daily activities. Use this worksheet to list some things you did in the past few days, including driving to work, walking the dog, or cooking dinner. Beside each item, list how you could increase your activity doing the same action. Here are a few examples to get you started... fill in your own ideas as well!

Before	After
Watched TV	Did crunches/ sit-ups during commercial breaks
1.	
Brewed a pot of coffee	Did bicep curls with cans of soup while you waited
2.	
Put on make-up and fixed hair	Did calf raises (raising your heels off the ground to stand on your toes and lowering back down)
3.	
You drove to work or got off at your bus stop	You parked farther away, or got off a stop early
4.	

You spent your lunch break in the office	You walked to a local coffee shop or park to eat, or took a brisk walk after finishing your home cooked meal
5.	
You took your kids to a movie	You played with your kids, such as playing soccer or baseball
6.	
You went home after work	You brought your gym clothes to work to encourage you to stop by the gym on the way home

Week 9 – Physical Activity- Step It Up: Challenge Tracker

Congratulations! You’re moving forward! Keep it going!

Do the action items listed in this column.	Place a check in the box when you complete the Action Item.						
Do these at the beginning of the week:							
Complete the Different Ways to Exercise worksheet in your workbook.							
Measure your resting heart rate to see whether it has decreased slightly since week 4.							
Take these at the beginning of the week:	Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).							
Do these at least 3 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Select and do at least 3 Activities for Relieving Stress each week.							
Begin and write in a journal at least 3 times during the week.							
Increase this and continue to do at least 5 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Increase your cardio physical activity to at least 30 minutes per day at the intensity to reach your target heart rate. If you were already doing 30 minutes, increase your activity by 10 minutes.							
Increase this and continue to do at least 2 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<p>Increase your strength training activity to at least 8 strength training exercises 2 days during the week.</p> <p>If you were already doing 8 exercises, add one more day of strength training to do 3 days per week.</p>							

Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Keep track of your tobacco and alcohol use using the Tobacco and Alcohol Journal.*								
Have less tobacco than you did the previous day – or have none at all.*								
Have less alcohol than you did the previous day – or have none at all.*								
Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							
Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Look at your Goal Setting Worksheet each day to remind yourself what you're trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.								

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 104 points possible this week.

*Note: If you do not use any tobacco products or drink alcoholic beverages, give yourself points for these sections!

Points You Earned: _____ ÷ 104 = _____ x 100 = % of Week 9 Challenge was achieved.
Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!

Week 10 – Understanding Your Condition: Challenge Tracker

Congratulations! You’re at week 10, so be sure to complete your action items!

Do the action items listed in this column.	Place a check in the box when you complete the Action Item.													
Do these at the beginning of the week:														
Read the resources on your condition provided in Week 10.														
Look up at least one additional resource to better understand your condition. Use the Web site provided, contact the organization listed, or visit your local library.														
Take these at the beginning of the week:	Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)										
Record your numbers. Place a check in the same box as well (if completed).														
Do these at least 3 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7							
Select and do at least 3 Activities for Relieving Stress each week.														
Begin and write in a journal at least 3 times during the week.														
Continue to do at the increased rate for at least 5 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7							
Continue to do cardio physical activity at the increased rate (from Week 9) – or at least 30 minutes per day. Be sure to do so at the intensity to reach your target heart rate.														
Continue to do at the increased rate at least 2 days during the week:														
Continue to do strength training exercises at the increased rate (from Week 9) – or at least 8 exercises per day.														
Continue to do these every day:														
Keep track of your tobacco and alcohol use using the Tobacco and Alcohol Journal.*														

Have less tobacco than you did the previous day – or have none at all.*								
Have less alcohol than you did the previous day – or have none at all.*								
Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							
Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Look at your Goal Setting Worksheet each day to remind yourself what you are trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.								

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 104 points possible this week.

***Note: If you do not use any tobacco products or drink alcoholic beverages, give yourself points for these sections!**

Points You Earned: _____ ÷ 104 = _____ x 100 = % of Week 10 Challenge was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!!

Week 11 – Use Quality Data to Improve Your Health: Challenge Tracker

You're almost there! Be sure to include these action items in your week!

Do the action items listed in this column.	Place a check in the box when you complete the Action Item.						
Do these at the beginning of the week:							
Review the information provided in Week 11 on quality health care.							
Make a list of the standards of care you should be getting and the goals you should be meeting for your condition.							
Search for quality information about your current doctor using the Web site www.aligning4healthpa.org							
Take these at the beginning of the week:	Blood Pressure	Weight	Waist Circumference	Body Mass Index (BMI)			
Record your numbers. Place a check in the same box as well (if completed).							
Do these at least 3 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Select and do at least 3 Activities for Relieving Stress each week.							
Begin and write in a journal at least 3 times during the week.							
Continue to do at the increased rate for at least 5 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Continue to do cardio physical activity at the increased rate (from Week 9) – or at least 30 minutes per day. Be sure to do so at the intensity to reach your target heart rate.							
Continue to do at the increased rate at least 2 days during the week:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Continue to do strength training exercises at the increased rate (from Week 9) – or at least 8 exercises per day.							

Continue to do these every day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Keep track of your tobacco and alcohol use using the Tobacco and Alcohol Journal*								
Have less tobacco than you did the previous day – or have none at all.*								
Have less alcohol than you did the previous day – or have none at all.*								
Use the Rate Your Plate system and a 9-inch plate to control your portions and food choices at meals. Do this for each meal :	Breakfast (use only ½ the plate)							
	Lunch							
	Dinner							
Follow your snack plan eating a healthy snack between meals:	Morning Snack							
	Afternoon Snack							
Look at your Goal Setting Worksheet each day to remind yourself what you are trying to accomplish and why. Read your plan to overcome barriers so you are prepared.								
As you begin each day, take a few minutes to close your eyes and imagine yourself meeting your goal. Think about how you will feel when you accomplish your goal.								

Check each box as you accomplish that action item. Give yourself 1 point for each box checked. There are 105 points possible this week.

***Note: If you do not use any tobacco products or drink alcoholic beverages, give yourself points for these sections!**

Points You Earned: _____ ÷ 105 = _____ x 100 = % of Week 11 Challenge was achieved.

Congratulations on your accomplishments this week! How are you going to reward yourself? _____

Now, try to make next week even higher! You can do it!!

Week 12: Keeping It Up! Worksheet

Display this in a place you will see often

1. What have I accomplished so far?

2. What are my main reasons to keep going? What motivates me?

3. Who is my support?

Week 12: I Will! Challenge Worksheet

Although this week marks the end of the I Can! Challenge, it also marks the beginning of your next challenge. The challenge that YOU create!

Today's Date: _____

What are your next three short-term goals?

- 1.
- 2.
- 3.

What steps will you take to reach them?

- 1.
- 2.
- 3.

What is your next long-term goal?

What steps should you take in order to achieve your long-term goal?

Using the I Can! Challenge as your guide, create your own I Will! Challenge. Motivation never stops and neither should you! Best of luck!

