



Reflect on your week

- 1. Write your weight on your chart.
- 2. Draw a line from your second week's weight to the third.
- 3. Review your F&F Log.
 - a) Were you all able to fill it out each day?
 - b) How much of the food you ate would you call "healthy?"
 - b) Make a note about how you did this week.





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What is Physical Activity?

- Any movement that gets you up and moving. For overall health, deliberate physical activity MOST days is a must.
- Focus on what you like to do first. Then think, VARIETY!
 - · Cardiovascular, Strength & Flexibility.
- Think balance in every day. Wear a fitness tracker if you like – it's helpful!
- Aim for:
 - Activity at least 3 days per week.
 - A total of at least 150 minutes of moderate or 75 minutes of vigorous physical activity.



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Where to begin?

Assess your level of physical activity.

Physical Activity Assessment Form

Step One: Current Exercise Habits

- 1. Do you currently participate in regular physical activity?
 - ____ Yes _____ No (If no, go to question #3)
- 2. Describe your current physical activity habits by completing the table below.
- a) List all of the physical activities you do in a typical week in the top row.
- b) For each activity, list how many days each week you engage in the activity.
- c) On the days you do the activity, what are the total minutes in the day that you are involved in the activity?
- d) How hard do you perform the activity:
 - Light equal to a strolling walk; easy to talk
 - Moderate equal to a brisk walk; heart rate and breathing increases slightly; you can talk but could not sing
 - Vigorous equal to a slow jog or more; heart rate and breathing increases significantly; can't talk or sing easily

Type of Physical Activity	Sample: Walking			
Number of days/week	3			
Minutes per day	15	5-		
Total minutes per week	45			
Intensity	moderate			

3. How much time each day do you spend sitting, reclining, or napping? Include time sitting at a desk and in meetings, working on a computer, watching TV and movies, playing video games, and commuting. Do not count the time you spend sleeping during your usual sleep hours.

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hours per day

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Safety

If you answer "yes" to any of the questions here, please follow up with your doctor prior to incorporating any additional physical activity.

Step Two: Physical	Activity Readir	ness Quest	ionnaire
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Physical Activity Readiness Questionnaire

atient's Name:		DOB:	Date:			
Health Care Provider's Name:						
Please read the questions below carefully, and answer each one honestly. Please check YES or NO.						
Yes No	Has your health care provider ever said that you you should only do physical activity recommend					
Yes No	Do you feel pain in your chest when you do phy	sical activity?				
☐ Yes ☐ No	In the past month, have you had chest pain whe	n you were not doin	g physical activity?			
☐ Yes ☐ No	Do you lose your balance because of dizziness of	r do you ever lose co	nsciousness?			
Yes No	Do you have a bone or joint problem (for examp made worse by a change in your physical activity) that could be			
Yes No	Is your health care provider currently prescribing for your blood pressure or heart condition?	g drugs (for example,	, water pills)			

☐ Yes ☐ No ☐ Do you know of any other reason why you should not do physical activity?

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Find Opportunities



Think about your current activity and target a small change you can make.

- Do you wear a fitness tracker? Try adding 2,000 steps.
- Do you attend a gym? How can you change your workout?
- No current activity? Think about what you've done in the past that you enjoy. Will that work for you right now?



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Exercise goal setting

- Classic fitness mistake too much, too fast.
- Baby steps!!
- Remember that your first goal is just that – you will likely continue to build as you go through time.
- Put it on your schedule. Activity, sometimes more than other healthy habits, is about putting yourself first. Don't let other demands interfere with what is best for you.



"Integrate more exercise into your daily routine. Instead of taking the elevator, climb up the side of the building. When you pass a coworker in the hall, insist on a game of leap-frog. Use kick boxing to post messages on your bulletin board. Stir your coffee with your toes. Arm wrestle your clients..."



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Tips and Tricks

- Drink LOTS of water.
- · Set a reminder.
- Set out your shoes.
- Playing with children
- · Walking breaks
- Vacuuming
- Sledding
- Snow shoveling
- Walking the dog
- · Parking further away, taking the stairs
- Fitness videos
- Yak Traks



"The only diet shake I recommend is the shake your booty makes when you exercise."



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Food and Fitness Log

This week's mission:

Record everything you eat.

Record the portion size, calories, and activity.

Set an exercise goal for yourself.



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A Successful Food and Fitness Log

Start paying attention to detail.

- Get out the measuring spoons and cups.
- · Read all the labels.
- · Don't estimate!

Keeping track of your food intake is the NUMBER ONE most important step you can take to manage your weight!



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Remember YOUR Goals



1. Weight Loss



2. Exercise



3. Healthy Habits



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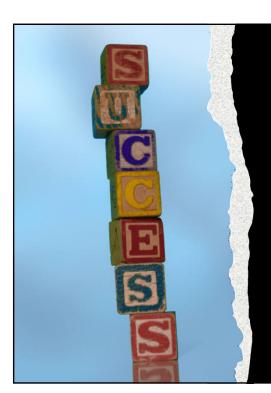
Goal Setting

- Based on your physical needs, choose an exercise goal for this week.
- Write down one simple action you will take THIS WEEK to move toward that goal.
- Write down barriers do you think you may run into.
- Write down how will you work around those barriers.

If you need to change your goal – DO SO!



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- You are NOT a helpless victim. YOU control YOUR choices.
- Self-Efficacy knowing that you can do it.
- Success = Resiliency, Commitment and Choice.
- PLAN to succeed.



This Week:

- SET or ADJUST your goals.
- DO what you've decided that you will to meet your goals.
- RECORD your food, fitness and weight in your log.
- PRINT another week for the food and fitness log.
- BRING your binder and log to our next webinar.

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