

# Actual versus Ideal Healthy Lifestyle Habits

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Record your lifestyle habits for the each of the categories for one week, then complete the following questions for the first column. In the second column answer the same question, but this time write down what you would like to complete in an ideal week.

## PHYSICAL ACTIVITY

1. What types of physical activities did you participate in throughout the week?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. How many days out of the week were you active?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. On average how long and intense were these activities?


**SLEEP**

1. On average what time do you go to bed, and what time do you wake up?


2. On average how many hours did you sleep each night?


3. When you wake up in the morning what is your routine? Do you stay in bed and play on your phone, do you immediately get out of bed and start getting ready for the day?

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4. Do you take any day time rests or naps? If so how frequent, how long and approximately what time of day?

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**LIQUIDS**

1. What liquids do you consume each day and approximately how much of each? Example. Coffee, pop, water, juice, tea.

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2. On average how much water do you consume in a day?

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**NUTRITION**

1. What are your eating habits? For example: Do you eat three meals a day?, When are your meals eaten?, Do you snack frequently?

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2. Describe a typical breakfast.

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3. Describe a typical lunch.

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4. Describe a typical supper.

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5. How many servings of each food group do you eat per day?

a. Fruit

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b. Vegetables

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c. Grain products

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d. Milk and alternatives

e. Meat and alternatives

f. Sugary/Salty treats

MENTAL HEALTH

1. On average how would you describe your mood when you first wake up in the morning?


2. How does your mood change throughout the day?


3. What impacts your mood throughout the day?


4. What activities did you participate in this week that were good for your mental well-being?
