



# Our Healthy Goals

Place a check mark for each serving of fruit or vegetable you eat each day

Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Place a check mark for each 15 minute “active” activity you do each day  
Place a circle for each 15 minutes of TV, computer, video game activity



Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Our list of snacks...

Anytime

Sometime

Occasional