

100-Day Heart Challenge

GOAL TRACKER

WEEK 1



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
- **Be complete.** Write down everything that will help you track your goal and see your progress.
- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.



DAY 1 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 2 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 3 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 4 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 5 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 6 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 7 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 2



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
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- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.



DAY 8 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 9 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 10 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 11 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 12 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 13 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 14 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

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GOAL TRACKER

WEEK 3



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
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Tracking Tips

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DAY 15 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 16 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 17 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 18 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 19 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 20 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 21 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

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GOAL TRACKER

WEEK 4



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



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- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
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DAY 22 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 23 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 24 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 25 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 26 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 27 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 28 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

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GOAL TRACKER

WEEK 5



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

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- **Be complete.** Write down everything that will help you track your goal and see your progress.
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DAY 29 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	
Snacks				Total: _____



DAY 30 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	
Snacks				Total: _____



DAY 31 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	
Snacks				Total: _____



DAY 32 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 33 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 34 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 35 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 6



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

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DAY 36 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 37 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 38 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 39 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 40 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 41 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 42 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 7



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
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DAY 43 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 44 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 45 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 46 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 47 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 48 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 49 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

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GOAL TRACKER

WEEK 8



MY GOAL

- Keep a food diary for 100 days
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DAY 50 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 51 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 52 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 53 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 54 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 55 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 56 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 9



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
- **Be complete.** Write down everything that will help you track your goal and see your progress.
- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.



DAY 57 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 58 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 59 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 60 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 61 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 62 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 63 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 10



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
- **Be complete.** Write down everything that will help you track your goal and see your progress.
- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.



DAY 64 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 65 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 66 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 67 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 68 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 69 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 70 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 11



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
- **Be complete.** Write down everything that will help you track your goal and see your progress.
- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.



DAY 71 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 72 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 73 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 74 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 75 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 76 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 77 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 12



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
- **Be complete.** Write down everything that will help you track your goal and see your progress.
- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.



DAY 78 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 79 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 80 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 81 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 82 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 83 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 84 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 13



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
- **Be complete.** Write down everything that will help you track your goal and see your progress.
- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.



DAY 85 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 86 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 87 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 88 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 89 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 90 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 91 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 14



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
- **Be complete.** Write down everything that will help you track your goal and see your progress.
- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.



DAY 92 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 93 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 94 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____ _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				



DAY 95 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____



DAY 96 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 97 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

DAY 98 Date: _____ (circle one) **S M T W T F S**

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
Breakfast				Activity: _____ _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Snacks				Total: _____

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

100-Day Heart Challenge

GOAL TRACKER

WEEK 15



MY GOAL

- Keep a food diary for 100 days
- Take 30 minutes for yourself, four times a week
- Eat a half plate of fruits and veggies for lunch and dinner each day
- Take 10,000 steps a day, five days a week
- Get a physical and talk to your doctor to set heart-healthy goals



Tracking Tips

- **Be honest.** You don't need to impress anyone. You just need an accurate account of your daily choices.
- **Be complete.** Write down everything that will help you track your goal and see your progress.
- **Revisit your goals.** Remember where you're headed, and keep at it. Day by day, you CAN improve your habits — and your health.

DAY 99 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				

DAY 100 Date: _____ (circle one) S M T W T F S

Meal	Food item (portion size)	½ Plate of Fruits/Veggies		Time for Yourself
				Activity: _____
Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	Minutes: _____
Lunch		<input type="checkbox"/>	<input type="checkbox"/>	Steps Taken
Dinner		<input type="checkbox"/>	<input type="checkbox"/>	Total: _____
Snacks				

How did you do this week? Tally your success at meeting your goals this week, and track your progress over time.

Food Diary	½ Plate Fruits/Veggies	10,000 Steps	30 Minutes to Self	Get Physical
# Days Goal Met	# Days Goal Met	# Days Goal Met	# Days Goal Met	Achieved? Y/N

Weekly Tracking

Mark how you did each week on your goal

Week	Great	Average	Not So Good
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
Overall			

Get a Physical

Did you get a physical? _____ Date: _____

Physician recommendations

Personal Goals
