





# WEEKLY ACTIVITY LOG

WEEK OF \_\_\_\_\_

For each day you complete the indicated physical activity for at least 30 minutes, put a check in the box.

<b>ACTIVITY</b>	<b>Sun.</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>
<b>Walking</b>							
<b>Running</b>							
<b>Actively Playing At Park</b>							
<b>Riding Bicycle</b>							
<b>Dancing</b>							
<b>Playing Sports (ex. Soccer, Baseball)</b>							
<b>Jumping Rope NonStop</b>							
<b>Exercise Video</b>							
<b>Other:</b>							

# WEEKLY GOALS

**WEEK OF** \_\_\_\_\_

The first step toward achieving goals is to write them down. Write down two goals related to the way you eat and two related to the way you are physically active.

**My goals for this week are...**

I am in charge of what I eat. This week I will do the following:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

I am in charge of my physical activity. This week I will do the following:

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

## Goal Tracking

For each day you meet your goal that you have written above, put a sticker in the box. This will help you keep track of meeting your goals.

<b>GOALS</b>	<b>Sun.</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>
<b>Goal 1</b>							
<b>Goal 2</b>							
<b>Goal 3</b>							
<b>Goal 4</b>							

# WEEKLY JOURNAL PAGE: CHILD

**WEEK OF** \_\_\_\_\_

Use the following scale to answer the questions:

<b>Great</b>	<b>Okay</b>	<b>So-So</b>	<b>Could Be Better</b>	<b>Not Great</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
How was my eating today?							
How was my exercise today?							
How did I feel today?							

Name one good thing that happened today.

Sun. \_\_\_\_\_

Mon. \_\_\_\_\_

Tues. \_\_\_\_\_

Wed. \_\_\_\_\_

Thur. \_\_\_\_\_

Fri. \_\_\_\_\_

Sat. \_\_\_\_\_

My thoughts:

Sun. \_\_\_\_\_

Mon. \_\_\_\_\_

Tues. \_\_\_\_\_

Wed. \_\_\_\_\_

Thur. \_\_\_\_\_

Fri. \_\_\_\_\_

Sat. \_\_\_\_\_

# WEEKLY JOURNAL PAGE: ADULT

**WEEK OF** \_\_\_\_\_

Use the following scale to answer the questions:

<b>Great</b>	<b>Okay</b>	<b>So-So</b>	<b>Could Be Better</b>	<b>Not Great</b>
1	2	3	4	5

	<b>Sun.</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>
How was my eating today?							
How was my child(ren)'s eating today?							
How was my exercise today?							
How was my child(ren)'s exercise today?							
How did I feel today?							
How did my child(ren) feel today?							

Name one good thing that happened today.

Sun. \_\_\_\_\_  
 Mon. \_\_\_\_\_  
 Tues. \_\_\_\_\_  
 Wed. \_\_\_\_\_  
 Thur. \_\_\_\_\_  
 Fri. \_\_\_\_\_  
 Sat. \_\_\_\_\_

My thoughts:

Sun. \_\_\_\_\_  
 \_\_\_\_\_  
 Mon. \_\_\_\_\_  
 \_\_\_\_\_  
 Tues. \_\_\_\_\_  
 \_\_\_\_\_  
 Wed. \_\_\_\_\_  
 \_\_\_\_\_  
 Thur. \_\_\_\_\_  
 \_\_\_\_\_  
 Fri. \_\_\_\_\_  
 \_\_\_\_\_  
 Sat. \_\_\_\_\_  
 \_\_\_\_\_

# WEEKLY POINT CHART

At each workshop, mark down 10 points for attending the workshop. Then for each task you accomplished in the previous week, write 10 points in the box. Add additional points at the bottom.

	Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5	Workshop 6	Workshop 7
<b>Attending the Workshop</b>							
<b>Completing the Weekly Food Log</b>							
<b>Completing the Weekly Activity Log</b>							
<b>Completing the Weekly Goals</b>							
<b>Completing the Weekly Journal Page (for at least 4 days)</b>							
<b>Additional Points</b>							
<b><u>Workshop Total:</u></b>							

# FAMILY REWARD CHART

Fill in the names of family members in the top row and then track their weekly points in the boxes below. Subtract the point value of any awards received and indicate what the reward was.

<b>Name:</b>					
<b>Workshop 1</b> points value					
Subtract cashed-in points					
Total Points at then end Workshop 1					
<b>Workshop 2</b> points value					
Plus total points at the end of Workshop 1					
Subtract cashed-in points					
Total points at the end of Workshop 2					
<b>Workshop 3</b> points value					
Plus total points at the end of Workshop 2					
Subtract cashed-in points					
Total points at the end of Workshop 3					
<b>Workshop 4</b> points value					
Plus total points at the end of Workshop 3					
Subtract cashed-in points					
Total points at the end of Workshop 4					
<b>Workshop 5</b> points value					
Plus total points at the end of Workshop 4					
Subtract cashed-in points					
Total points at the end of Workshop 5					
<b>Workshop 6</b> points value					
Plus total points at the end of Workshop 5					
Subtract cashed-in points					
Total points at the end of Workshop 6					
<b>Workshop 7</b> points value					
Plus total points at the end of Workshop 6					
Subtract cashed-in points					
Total points at the end of Workshop 7					

## THE CONTRACT (The First Meeting)

I will respect everyone else's *privacy*. There is to be no prying. Each individual has the right to decide whether to share private thoughts during family meetings or discussions. Anybody who wants to simply sit and listen may do so, with the understanding that participation is beneficial but voluntary.

I will show everyone *respect*. There will be no teasing and no scolding. The idea is for the whole team to arrive at its goals, but each individual will progress at a different rate.

I will uphold the family *confidentiality*. There will be no telling. What happens and what is said within the family stays within the family. Participating in a weights loss and fitness program is not a secret or something to be ashamed of, but family members should feel free to discuss their thoughts and feelings knowing they need not feel bashful or shy, or worry that friends or people outside the family will find out things they'd rather keep private.

I will *trust* my family members. There will be no blaming, and no lying. I promise to make my best effort to be honest, accepting that no one is perfect and everyone makes mistakes from time to time.

I will show up *on time* for family workshops once a week.

I will eat *together* with my family *at least* five times a week.

I will show up on time, dressed appropriately, to *exercise* with my family at least three times a week for 30 minutes.

I will complete *all* my homework assignments.

I will *listen* to others without interrupting.

I will be *positive* and try to encourage everyone in my family.

If you agree to all of the above, sign below.

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Your Name

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Date

# INFORMATION SURVEY (The First Meeting and Workshop 7)

1. Why are you choosing to start the KidShape program?

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2. Whose Idea was it to start the program?

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3. Have you tried to eat healthier or exercise more before? YES / NO

4. If yes, how many times have you tried? 1 / 2 / 3 / 4 / MORE

5. What changes do you hope to make as a result of the KidShape program?

6. Do you think it will be easy or hard to make changes? EASY / HARD / VERY HARD

7. What changes do you think will be the hardest for you to make?

- |   |  |
|---|--|
| <input type="checkbox"/> Eat fewer sweets | <input type="checkbox"/> Eat fewer fatty foods             |
| <input type="checkbox"/> Watch less TV    | <input type="checkbox"/> Eat more vegetables               |
| <input type="checkbox"/> Drink less soda  | <input type="checkbox"/> Play fewer video / computer games |
| <input type="checkbox"/> Exercise more    | <input type="checkbox"/> Other: _____                      |

8. Do you think you are overweight? YES / NO

9. Are you teased about your weight? NEVER / SOMETIMES / OFTEN

10. If Yes, who teases you? PARENT / BROTHER / SISTER / KIDS AT SCHOOL / OTHER: \_\_\_\_\_

11. What are three of your best qualities? 1) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

## RESULTS OF FITNESS TEST

	<b>The First Meeting</b>	<b>Workshop 7</b>
Part 1: Curl-ups		
Part 2: Push-ups		
Part 3: V-Sit reach		
Part 4: Endurance walk/run		
Part 5: Pull-ups		
Part 6: Shuttle run		

## FAMILY MEAL PLAN (Workshop 3)

Write down a sample for an entire day, putting a check in the corresponding boxes to designate the number of servings in each food group that your meal contains. Once you complete your menu for the day, count up each of your marks for each food group. The check marks in each food group should equal the number of servings listed on your personal meal plan and the number of cards for your daily allowance.

Meals/Snacks	Breads/Grains	Fruit	Veggies	Milk/Yogurt	Protein	Fats/Sweets
Breakfast Example: $\frac{3}{4}$ cup Cheerios w/1% Milk, $\frac{1}{2}$ banana	√	√		√		
<b>Snack</b>						
<b>Lunch</b>						
<b>Snack</b>						
<b>Dinner</b>						
<b>Snack</b>						
<b>TOTAL</b>						

## BODY IMAGE SURVEY (Workshop 4)

1. Three things I like about myself are

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

2. Three things I like about my body are

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

3. Three things I don't like about myself are

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

4. Three things I don't like about my body are

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

5. Of the things I don't like about myself or my body, which can be changed?

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6. Of those things that are possible to change, which will I change?

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7. Of those things that are not possible to change, which will I accept?

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# YOUR PERSONAL FOOD AND FITNESS SURVEY

## (Workshops 1 and 7)

### Foods

1. How many times a day do you eat  
Vegetables? \_\_\_\_\_  
Fruit? \_\_\_\_\_  
High-fat foods (such as French fries or chips)? \_\_\_\_\_  
Sugary Foods (cookies, candy)? \_\_\_\_\_
2. How many times per week does your family eat out (takeout, fast-food places, restaurants)? \_\_\_\_\_
3. At which restaurants does your family usually eat?  
\_\_\_\_\_  
\_\_\_\_\_

### Drinks

4. How many times per day do you drink  
100 percent fruit juice? \_\_\_\_\_  
Other fruit drinks (such as Capri Sun, Fruit Punch)? \_\_\_\_\_  
Milk? Whole, low-fat, or nonfat? \_\_\_\_\_  
Chocolate Milk? \_\_\_\_\_  
Soda? Diet or Regular? \_\_\_\_\_

### Activities

5. How many hours per day do you  
Watch TV? \_\_\_\_\_  
Play video games? \_\_\_\_\_  
Use a computer? \_\_\_\_\_
6. How many days per week  
Do you participate in school physical education? \_\_\_\_\_  
Are you physically active after school? \_\_\_\_\_
7. How many minutes are you active each day (doing things such as playing tag, riding a bike, sports)  
In physical education at school? \_\_\_\_\_  
After school? \_\_\_\_\_  
Weekend days? \_\_\_\_\_
8. What activities do you participate in on weekends?  
\_\_\_\_\_  
\_\_\_\_\_