

Do Something for Your Health Program

Do you want to feel better?



Do you want to improve your health (lower cancer, diabetes, and heart disease risk)?

Do you want to have more energy?

Then this program is for you!

This program is open to all employees, active or retired, and their spouses.



This program consists of two parts.

Part 1 - Healthy Eating Initiative: Complete the healthy eating assessment for 14 days. Be dedicated and honest with yourself. For each day you eat healthy, mark it off on the attached tracking log. (Healthy eating includes: no inappropriate snacking; avoiding junk food; not overeating; not eating unhealthy foods; eating fruits, vegetables, and/or high-fiber foods; staying properly hydrated; etc.) If you do not eat healthy that day, record the reason why on the tracking log.

After the assessment period, look at your inadequacies or vices and then set a realistic goal with **SPECIFIC DETAILS** of how, when, what, etc., to break the habit of your choosing and then improve your nutrition during the next 8-10 weeks. **Example of a poor non-qualifying goal:** Eat healthier for eight weeks. **Example of a correct goal with specific details:** No eating after dinner. Work on genealogy to avoid boredom eating. Eat more high-fiber foods at dinner to stay full longer. When going into the kitchen to grab a snack, drink a glass of water and walk away, etc. **If you are doing the Cut the Junk Initiative, your goal must be something different than not eating junk food to be eligible for an incentive.**

Part 2 - Improve Well-being: Part 2 has three categories to choose from. The three categories are: (A) Improve Health (lose weight, lower blood pressure, lower blood sugar, etc.); (B) Improve Fitness; (C) Improve Stress. **You may complete one, two, or all three categories.** Evaluate your life and what you need to do to improve your well-being. Set a realistic, specific goal detailing how the goal will be accomplished. Work on the goal for the next 8-10 weeks.

Incentives: A gift card will be given for completing.

Part 1: Healthy Eating Initiative Assessment

Name: _____

Day	Ate Healthy	Did Not Eat Healthy	Notes: Why/Why Not/Bad Habits/Strengths or Weakness That Day
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Part 1: Healthy Eating Goal: _____

How to accomplish: _____

Date Completed: _____

Part 2: (A) Improve Well-being Health Goal: _____

How to accomplish: _____

Date Completed: _____

Part 2: (B) Improve Well-being Fitness Goal: _____

How to accomplish: _____

Date Completed: _____

Part 2: (C) Improve Well-being Stress Goal: _____

How to accomplish: _____

Date Completed: _____