

MY ROUTE TO HEALTH



TM

YOUR "ROADMAP"
TO NUTRITION, EXERCISE AND
HEALTHY HABITS!



YOUR ROUTE TO HEALTH!

POPULATION-YOU!

CONGRATULATIONS!

You are on your way to making positive changes for your health, just by reading this book. This route is a way for you to plan small steps to improving your health around:

- * Goals
- * 4 Week Calendar
- * Good Food Choices
- * Getting Active
- * Focusing on Your Health
- * Achieving Healthy Habits

This Book belongs to:

Date I started my Journey:

This Book will help you make some changes so that you will feel better inside and out! You are on the right route so keep up your journey!

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DISCLAIMER

This book provides general information about various nutrition, exercise and health-related issues. This information is not intended to be used as a solitary reference on the subject matter, for the diagnosis or treatment of a health problem, or as a substitute for consulting a licensed health care professional. Consult with a qualified health care practitioner to discuss specific individual issues or health needs, and to professionally address personal, emotional, health, physical or medical concerns. You should consult a qualified medical professional before beginning any exercise program.



MY ROUTE TO HEALTH SECTIONS

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WELCOME!



You have stepped in the right direction to get on track with your overall health. "Your Route to Health" will provide direction and tools to help with goal setting, tracking your progress on a calendar for four weeks, encouraging tips to get active, redirecting your focus on your health and giving you a road map for daily healthy habits! Making small changes in your life can go a long way. Remember, this book is just a guideline to help you get started on "Your Route to Health..." but make sure to use this book in a way that will help you stay on course with your goals. Always talk to your doctor before starting any exercise or activity program, or before making changes to your diet. Listen to your doctor's advice regarding exercise and nutrition. Your doctor will consider any health conditions while you take "Your Route to Health!"

Some of the Reasons You may want to Take a New

ROUTE TO HEALTH

I WANT A STRONG BODY

I WANT TO BE MORE HEALTHY AND FEEL MORE HEALTHY

I WANT TO LIVE LONGER & FEEL BETTER

I WANT TO HAVE MORE ENERGY

I WANT TO BE ACTIVE WITH MY FAMILY

I WANT TO BE IN MORE CONTROL OF WHAT I EAT & HOW MUCH



I WANT TO BE ABLE TO ACHIEVE A GOAL I SET FOR MYSELF

I WANT TO LOOK GREAT IN MY FAVORITE CLOTHES

I WANT TO SEE HEALTHY RESULTS FOR MYSELF

I WANT TO LIVE THE BEST HEALTHY LIFE I CAN

I WANT A MORE HEALTHY LIFESTYLE

I WANT TO LOSE WEIGHT

Flip this page out for a calendar!

GOALS



This section is designed to remind you of the goals you establish after you read the following sections in the book. Once you have read about nutrition, shopping, exercise and healthy habits, establishing your goals and then putting them into action will get you to the point of feeling healthier and living a more healthy life style. It's okay to leave this blank until you have read through each section. Take time to make real goals for each topic... because this route is all about you!

I want to feel more healthy about myself because _____

I will achieve more health by doing _____

I want to eat more healthy because _____

I will make sure I eat healthy by doing _____

It is important to me to stay active and exercise because _____

I will stay on my exercise plan by doing _____

I will stay on a 30 day plan for good habits because _____

I will stay on my 30 day habits by doing _____

I want to lose weight because _____

I will stay focused on my weight loss by doing _____

**GET MOVIN'
FOR YOUR
HEART AND
FOR YOU!**

YOU CAN DO IT!

**CHOOSE
YOUR HEALTH
FOR THE
ONES YOU
LOVE!**

**SHOW YOUR
"HEALTHY
STYLE" BY
LIVING A
BETTER LIFE!**

**A HEALTHIER LIFE IS
AHEAD FOR YOU!**



MY JOURNAL



It's a great day to get started on YOUR ROUTE TO HEALTH!

Write a few sentences on how you are feeling about your new healthy changes and starting YOUR ROUTE TO HEALTH

Handwriting lines for journaling

DAY 1

How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 2

How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 3

How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 4

How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 5

How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 6

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 7

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 8

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

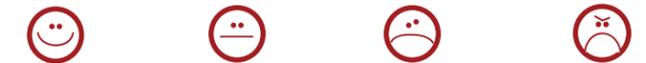
FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 9

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 10

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 11

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 12 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 13 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 14 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 15 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 16 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 17 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 18

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 19

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 20

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 21

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 22

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 23

How do you feel today?
(circle one)



How do you feel about your diet today?
(circle one)



How do you feel about exercise today?
(circle one)



What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 24 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 25 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 26 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 27 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

DAY 28 How do you feel today? (circle one)

How do you feel about your diet today? (circle one)

How do you feel about exercise today? (circle one)

What happened today that was great? _____

What happened today that was difficult? _____

If so, Why was it difficult? _____

FOOD YOU ATE/CALORIES			
Breakfast	<input type="text"/>	Dinner	<input type="text"/>
Lunch	<input type="text"/>	Snacks	<input type="text"/>
TOTAL CALORIES			<input type="text"/>

Write a few sentences on how you are feeling about your new healthy changes and starting YOUR ROUTE TO HEALTH



HEALTHY EATING

TAKE A BITE OUT OF LIVING A BETTER LIFE FOR YOURSELF!

Let's face it, eating healthy isn't easy. With busy schedules it is hard to make the best choices for our bodies. The one thing your body does know is when it is getting a healthy and balanced diet. When you eat better, you feel better. Think of it like this... what if you filled your car's gas tank with water versus gasoline? It wouldn't run quite right. Same with your body, when you don't give it the nutrition it needs, it doesn't run quite right either.

In this section we are going to look at the healthy food choices that help your body go through your journey with as much energy possible.

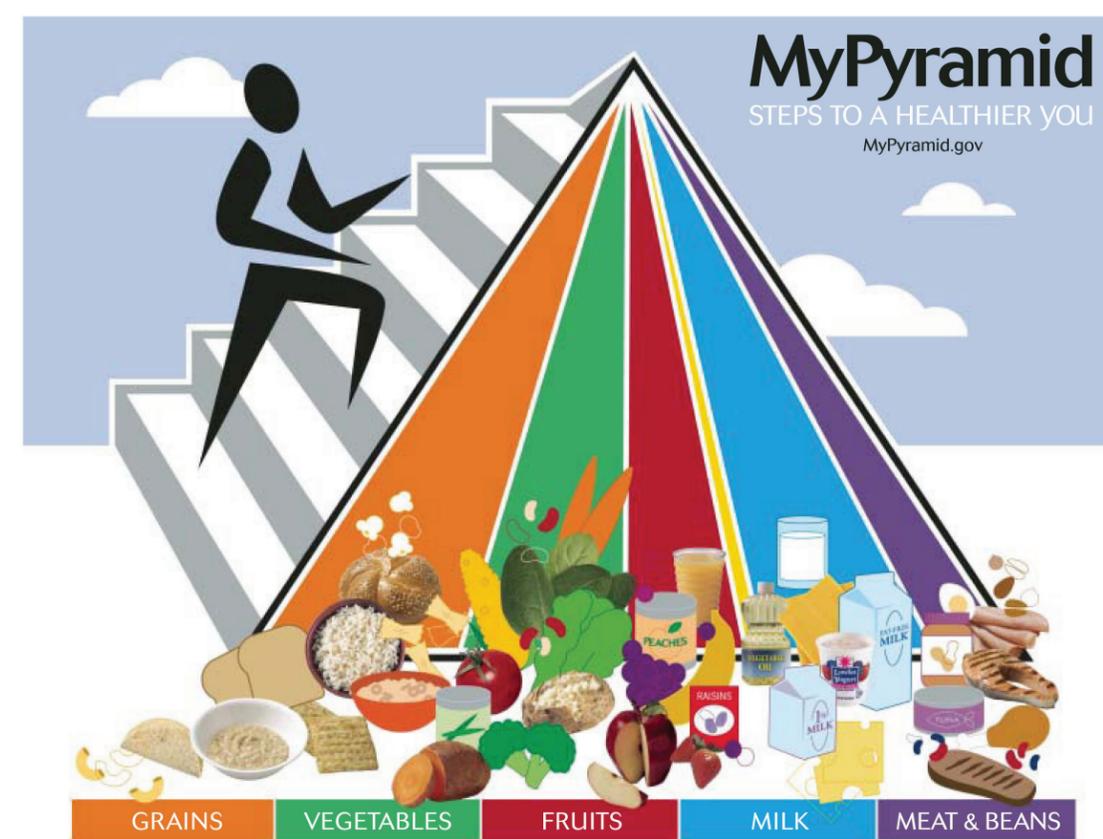


Q: WHY HEALTHY EATING?

A: Because it helps your overall health and gives you energy!

NUTRITION: The processes by which an animal or plant takes in and makes use of food substances.

THE FOOD PYRAMID!



GRAINS	VEGETABLES	FRUITS	MILK	MEAT & BEANS
Make half your grains whole	Vary your veggies	Focus on fruits	Get your calcium-rich foods	Go lean with protein
Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day	Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens Eat more orange vegetables like carrots and sweetpotatoes Eat more dry beans and peas like pinto beans, kidney beans, and lentils	Eat a variety of fruit Choose fresh, frozen, canned, or dried fruit Go easy on fruit juices	Go low-fat or fat-free when you choose milk, yogurt, and other milk products If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages	Choose low-fat or lean meats and poultry Bake it, broil it, or grill it Vary your protein routine — choose more fish, beans, peas, nuts, and seeds

For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

Eat 6 oz. every day Eat 2½ cups every day Eat 2 cups every day Get 3 cups every day; for kids aged 2 to 8, it's 2 Eat 5½ oz. every day

Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.

Know the limits on fats, sugars, and salt (sodium)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, margarine, shortening, and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, trans fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.



HEALTHY EATING CONSISTS OF A BALANCED DIET!

HERE ARE SOME HEALTHY EXAMPLES FROM EACH FOOD GROUP!



Vegetables

FOOD FOR THOUGHT-Make sure to eat more fresh vegetables that are dark green!

BROCCOLI, SPINACH, DARK LEAFY GREENS, CARROTS, SWEET POTATOES, BEANS, PEAS



Fruits

FOOD FOR THOUGHT-Eat a wide variety of fruits that are fresh, frozen or canned-with light syrup!

GRAPES, BANANAS, PEACHES, STRAWBERRIES, APPLES, ORANGES, WATERMELONS



Meats, Eggs, Beans

FOOD FOR THOUGHT-When you eat meat as a protein source it is important to choose a lean version.

CHICKEN, FISH, TURKEY, LEAN HAM, BOILED EGGS, BEANS, NUTS, LEAN BEEF



Beverages

FOOD FOR THOUGHT-It is important to give your body liquids, but make sure that they are fueling your body with nutrition instead of empty calories.

WATER, FAT-FREE MILK, 1% LOW-FAT MILK, DIET SODA, UNSWEETENED ICE TEA, DIET ICE TEA, SUGAR FREE LEMONADE



Milk/Dairy

FOOD FOR THOUGHT-It is best to choose fat free or low fat items most of the time!

LOW FAT MILK, 2% MILK, LOW FAT MOZZARELLA CHEESE, LOW FAT YOGURT



Grains

FOOD FOR THOUGHT-When choosing grains it is a better choice to eat multi-grain or wheat versus items like white bread or food with white flour!

WHOLE WHEAT TORTILLAS, WHOLE WHEAT BREAD, MULTI GRAIN CEREAL, BROWN RICE, ENRICHED PASTA, FULLY COOKED OATMEAL



Fats & Oils

FOOD FOR THOUGHT-Everyone needs a small amount of fat or oil in their diet. Healthier oils come from fish or nuts.

VEGETABLE OIL, CORN OIL, LOW-FAT MARGARINE, OLIVE OIL



Condiments & Sauces

FOOD FOR THOUGHT-Instead of using fatty condiments or sauces try adding zest to your meal with spices instead.

KETCHUP, SALSA, MUSTARD, FAT-FREE SALAD DRESSING, FAT-FREE MAYONNAISE, FAT-FREE SOUR CREAM, LIGHT SOY SAUCE, WORCESTER SHIRE SAUCE



“Divide & Conquer Your Plate!”

WHAT IS HEALTHY TO EAT FROM EACH PART OF YOUR DIVIDED PLATE?



Tuna canned in water. Baked, broiled, steamed or grilled fish and shellfish. Chicken and turkey without the skin-broiled, baked or grilled. Trimmed and lean beef and pork.

Egg whites, egg substitutes are the best choice. Omelettes, boiled or poached eggs. Kidney beans, split peas, red beans, navy beans, lentils and tofu. Chicken and turkey without the skin- broiled, baked or grilled.

For meat, 3 ounces is about a size of a deck of playing cards. 1 ounce is the same as 1 egg or 1 tablespoon of peanut butter.

Whole wheat and multi grain are your best choice versus white bread. Whole wheat or multi grain sandwich bread, english muffins, crackers, tortillas, pasta or buns.

Steel cut oatmeal and brown rice are your best options. In your recipes that call for white flour, try substituting whole wheat flour.

1 ounce equals about 1 slice of bread, 1 cup of breakfast cereal, or 1/2 cup of cooked rice, cereal or pasta.

Fresh fruit, frozen or canned in natural juice with no sugar. Fruit salad topped with low fat yogurt. Sliced apples and low fat peanut butter. Raisins, prunes, figs and dates.

Baked, steamed, raw broiled or boiled green beans, peas, celery, broccoli, asparagus, spinach, brusell sprouts, cauliflower, zucchini and carrots.

Baked, boiled, grilled potatoes and sweet potatoes. Fresh, frozen and canned vegetables steamed or boiled without added sauces, fat, oils or butter. Spinach, romaine or bib lettuce make a great salad if you add carrots, onions, cucumber, tomatoes, mushrooms, green/ yellow/red peppers and celery.

1.5 ounces of cheese is the same thing as 1 cup of milk. Fat-free or low-fat milk, yogurt or cottage cheese or half and half.

Fats that come from fish, nuts or vegetable oils are the best choice. Cooking with small amounts of vegetable oil is better than using butter or shortening.

WEBSITES FOR MORE HEALTHY EATING INFO!
www.startsmartforyourhealth.com
www.mypyramid.gov

Q: WHAT ABOUT WATER?

A: IT'S ALL ABOUT WATER!

Just the facts...about H2O!

- * Water flushes out the bad stuff in your body called toxins
- * Water helps carry nutrients from food and vitamins to your body's cells
- * Water helps the moisture and health of your ears, nose, throat and skin

THREE GOOD RULES ABOUT WATER-

- 1) "8x8" = 8oz of water 8 times a day
Sounds like a lot but here is an easy way to tackle the 8x8! Have a glass of water -when you wake up -mid morning -with lunch (2) -afternoon -dinner(2) -mid evening/before bedtime
- 2) Drink enough so you rarely feel thirsty
- 3) If you exercise it is important to put the water back into your body that you sweat out.
Make sure to drink before, during and after exercise to stay hydrated!



**YOUR BODY IS
60% WATER!**



NOT SO HEALTHY LIQUIDS...

GO with H2O over these choices-

- Sweetened ice tea
- Fruit punch
- Powdered sugary drink mixes
- Sugary sodas

MILK & DAIRY

- fat free or low fat milk
- low fat yogurt
- low fat cheese
- cottage cheese
- margarine

BREADS & GRAINS

- whole wheat bread
- whole wheat english muffins
- corn tortillas
- whole wheat tortillas
- multi grain cereal
- brown rice
- enriched pasta

MEATS & BEANS

- white meat chicken (no skin)
- white meat turkey
- lean beef
- pinto beans
- navy beans
- black beans
- fish
- eggs

FRUITS

- bananas
- grapes
- oranges
- pears
- peaches
- strawberries
- apples
- watermelon
- cherries
- canned fruit in light syrup

VEGETABLES

- carrots
- broccoli
- spinach
- lettuce
- tomatoes
- green beans
- collard greens
- celery
- peppers
- onions
- mushrooms
- cucumbers
- canned or frozen vegetables (no salt)

FATS, OILS & SAUCES

- salsa
- low or non fat salad dressing
- mustard
- vegetable oil
- vinegar



EXERCISE

Not only makes you healthy
but makes you feel better!

Let's face it exercise can be a difficult thing to add to your already busy schedule...but did you know that you don't have to run a marathon every day to get healthy? Exercise is a great way to relieve stress, help your mood, train your heart and make you feel like you are doing something great for yourself.

The experts in health at www.MyPyramid.gov recommend at least 30 minutes of activity 3-5 days per week. However, 30 minutes a day is even better for you. If you don't have 30 minutes to do your exercises-then do 15 minutes in the morning and 15 minutes at night. Getting moving, whenever you can and however you can is what counts.

If you are trying to prevent weight gain, most people need about 60 minutes of physical activity on most days. To keep off lost pounds, many people need 60-90 minutes of physical activity!



FAST FACTS
FOR YOUR

**ROUTE TO
HEALTH**

Why in the world would I want to exercise? Of course the easy path is to sit on the couch and watch a movie, but getting your body moving has so many benefits. When physical activity is part of your daily life, it will change the way you feel overall and how you feel about yourself!

DAILY EXERCISE HELPS WITH-

- Controlling your weight
- Reducing your risk of heart disease
- Reducing your risk for type 2 diabetes
- Reducing your risk of some cancers
- Strengthening your bones and muscles
- Improving your balance and coordination
- Improving your mental health and mood
- Improving your ability to do daily activities
- Increasing your chances of living longer



HOW TO GET YOUR BODY MOVING:



Every one has a routine. We sleep, we eat, we work, take care of our children and our homes...All of those things require planning and scheduling the time to do them. Exercise is no different. Pick a specific time a day that works for you to get your body moving. If you aren't a morning person DON'T tell yourself that you are going to get up at 5am to work out before you go to work. Take your athletic shoes to work and take a brisk walk around your building or a nearby park during your lunch time. If early evenings work better for you, stop by a local mall after work, put on your athletic shoes and walk in a place that is both safe and climate controlled. Do you have a friend that wants to get healthy

too? Never underestimate the power of a "Work Out Buddy!" They keep you moving when you don't feel like it and a fun conversation on a long walk makes that work out time fly by. What about your kids and your pets health? Kids and pets love to get outside. Walking with your kids allows you to spend quality time with them and get exercise at the same time. While you are walking with them you could start a tradition that you all talk about the best thing that happened to you that day and what you are excited about for tomorrow. Every step you take for you is a step in the right direction for your health!

Q. WHY EXERCISE?

A. Because it works your most important muscle, your **HEART**, makes you feel better and releases endorphins!

AEROBIC EXERCISE: physical exercise that intends to improve the oxygen system.

GET YOUR BODY KICK-STARTED & EXERCISE!

1) Mow the lawn with a push mower, you will get outside and get some exercise.

2) Rent an exercise video from the library and get your body moving.

3) Do some house cleaning and you will get some exercise and get organized at the same time!

4) Take the stairs in a building versus the elevator to get your heart pumping!



5) Get outside and go to the park and take a long walk!

6) Think about riding a bike to work and you will get your daily exercise in!



7) During your lunch hour eat a light lunch and walk for the remaining time.

8) Park your car at the furthest spot and get a brisk walk!

9) Join a softball, soccer, tennis league at your local park!

10) Take your pet for a walk and you both will get heart healthy.



WEBSITES FOR MORE EXERCISE INFO!

www.startsmartforyourhealth.com
www.mypyramid.gov

EXERCISES for your ROUTE to HEALTH



SOUP CAN CURLS

Put soup cans in each hand. Elbows touching rib cage. Palms facing up. Slowly curl your forearms up to your shoulders and back down. Repeat.



SEATED CHAIR BENDS

Put a chair up against a stationary wall. With your back facing the chair, stand with feet 12" apart. With your hands on your waist, sit down slowly and stand back up. Repeat.



CHAIR LEG LIFTS

Sit in a chair with legs 6" apart. Slowly lift your leg until it is straight. Bend it back down. Alternate legs. Repeat.



WALL PUSH UPS

Stand arm length distance from a wall. Put your hands on the wall at shoulder height 12" apart. Slowly bend elbows and use your weight against your arms. Push your arms straight. Repeat.



SOUP CAN SHOULDER SHRUGS

With soup cans in each hand, extend straight arms out 8-12" from your body. Move both shoulders up and down. Repeat.

STOP

ALWAYS CONSULT YOUR PHYSICIAN OR MEDICAL PROFESSIONAL BEFORE BEGINNING ANY EXERCISE PROGRAM.

Stand behind the back of a chair. Keep legs together while raising up on the balls of your feet and then back down. Repeat.

CHAIR CALF RAISES



Stand behind the back of a chair with legs 6" apart. Slowly lift your calf upwards towards your buttocks and then place it back down. Alternate legs. Repeat.



CHAIR HAMSTRING RAISES

Put soup cans in each hand. Raise arms, with elbows bent at shoulder level. Extend arms, until straightened, above head. Slowly, bring them back down to shoulder level. Repeat.

SOUP CAN SHOULDER PRESSES



Balance yourself on a chair and place hands on legs with feet 6" apart. Slowly bring your leg, with knee bent, out to the side and back down. Alternate legs. Repeat.



CHAIR SIDE KICKS

Stand with legs 12" apart. With soup cans in both hands, start with them by your side. With arms straight, slowly extend arms up and behind your back and bring them back down. Repeat.

SOUP CAN BACK STRETCH



GET READY!

MY ROUTE TO HEALTH...

IN THIS BOOK YOU WILL FIND USEFUL
INFORMATION ON THE FOLLOWING:



4 Week Goals



Healthy Mind/Body



Healthy Eating



4 Week journal



Exercise



28 Day Calendar