

# Limit Sodium



**CHALLENGE**  
Shake the salt habit to protect your heart

### Instructions

1. Post this calendar where you will see it daily (bathroom, kitchen, bedroom, or by your house keys).
2. Create a plan for meals and snacks to eat less sodium.
3. Use the calendar to record your actions and choices to eat less sodium.
4. At the end of the month, total the number of days you take action to eat less sodium. You must do this on at least 22 days this month to complete this challenge. Then keep up the practice for a lifetime of best health.

MONTH: _____							HC = Health Challenge™	ex. min. = exercise minutes
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	Weight & weekly summary	
HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____		
HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____		
HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____		
HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____		
HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____	HC [ ] ex. min. _____		

\_\_\_\_\_ Number of days this month I took action to eat less sodium

\_\_\_\_\_ Number of days this month I was physically active for at least 30 minutes



### Other wellness projects completed this month:

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Name \_\_\_\_\_ Date \_\_\_\_\_