



Limit Sugary Foods

CHALLENGE

Curb sugar cravings to protect your health

Instructions

1. Post this calendar where you will see it daily (bathroom, kitchen, bedroom, etc.).
2. Record the number of days you avoid or limit sugary foods.
3. Use the calendar to record the actions and choices you make to limit sugary foods.
4. At the end of the month, total the number of days you Limit Sugary Foods. 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 limited sugary foods
 _____ Number of days this month I was physically active for at least 30 minutes



Other wellness projects completed this month:

Name _____ Date _____