



# Your Best Life Now

Parent name: \_\_\_\_\_

Child's name \_\_\_\_\_

Healthy Living Eval	Minimum Required	Su	Mo	Tue	We	Th	Fri	Sat	Total Pts	Grade
8 hours of sleep	7+ hours per night = 25 pts									
	<b>Sleep Subtotal</b>									
High Fiber foods	3+ per day 1 serv = 1 pt									
Vegetables	5 serving/ day 1/2 c = 1 pt									
Fruits	4 serving/ day 1/2 c = 1 pt									
Dairy	3 cups / day 1 serv = 1 pt									
Family meal together	one meal = 2 pts									
	<b>Food Subtotal</b>									
Exercise Cardio	1 min = 2 pts									
Exercise Strength	1 min = 1 pt									
Walking	7000 steps = 5 pts									
	10,000 steps = 10 pts									
	<b>Activity Subtotal</b>									
Coping skills	5 mins practice = 10 pts									
	<b>Mental Health Subtotal</b>									
No regular Soda	none all day = 5 pts									
Water	1 cup = 1 pt Max: 4 pts/day									
	<b>Hydration Subtotal</b>									
	Sub Total per day									
	<b>Total for week:</b>									

**Evaluation:**

**End of week Grades:** Sleep Subtotal A = 175-150 pts B = 125-100 C = 75-50 D = 25 U (unsatisfactory) = 0

Food Subtotal A = 101+ B = 100-78 C = 77-54 D = 53-30 U < 30

Activity Subtotal A = 368+ B = 367-245 C = 245-110 D = 109 - 1 U = 0

Mental Health Subtotal A = 55+ B = 54 - 40 C = 39 - 20 D = 19- 10 U <10

Hydration Subtotal A = 41+ B = 40 - 36 C = 35 - 28 D = 27 - 1 U = 0

**Goal:** Try to improve your totals in each category. Become aware of your needs and improve your grades.

*Program information available at [Julie@kidsatriskfordiabetes.com](mailto:Julie@kidsatriskfordiabetes.com)*

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