



JOURNAL

4 WEEK WORKSHOP

ALBERTA HEALTH BASICS™ Contents

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Welcome

Take the Alberta Health Basics™ challenge! It's simple. It's fun. It works!

Alberta Health Basics™ is an 4 week workshop that engages and challenges you to take on a new lifestyle. We coach you to take on weekly lifestyle challenges and how to continue with the challenges long after the workshop is over. The lifestyle changes participants make help them prevent and control conditions such as high blood pressure, diabetes and high cholesterol. They may also support healthy aging of the brain.

Alberta Health Basics™ is a dynamic workshop designed by **Red Deer Primary Care Network**. Health professionals in the fields of nursing, kinesiology and nutrition as well as family doctors contributed to the design. Feedback from Alberta Health Basics™ participants also provided valuable input in designing this journal.

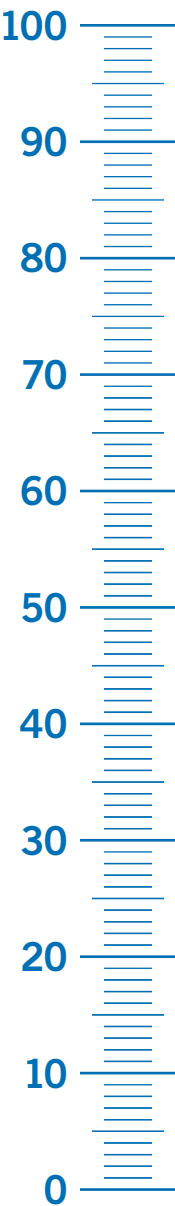
Name	
Telephone	
Cell phone	
Email	
Emergency contact	
Emergency contact telephone	
Family doctor	
Family doctor telephone	

Welcome to ALBERTA HEALTH BASICS™

Your Health Today Scale

Mark where you rate your health from 0-100. Consider your overall health; this includes physical, mental and emotional health.

The best health you can imagine



The worst health you can imagine

Welcome to ALBERTA HEALTH BASICS™

Housekeeping

- Each class will have a **Vitality Break** about halfway through—this is a chance to refresh yourself—walk around, use the facilities and get some water.
- Bring your **Alberta Health Basics™ Journal** each week.

Workshop Format

The **workshop format** is two hours a week for 4 weeks. Each week we will cover three sections: Mindset, Exercise and Nutrition. You will be presented with 1 – 2 challenges from each section to work on for that week and onwards.

- Each week begins with a **Check-in**. This is a chance to reflect on the past week.
- **You will have opportunities to practice skills that will create healthy habits.**
- We will end with a **Check-out to set you up for success in the upcoming week.**

Workshop Guidelines

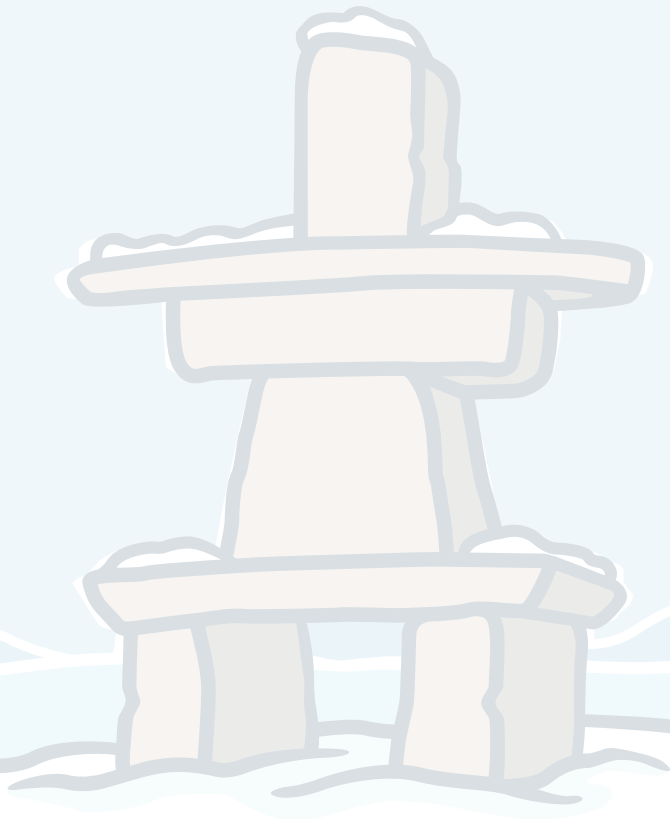
- Please make every effort to attend on time, if you must come late please slip in quietly and take a seat.
- Please wear running shoes and comfortable clothing.
- If you are going to be late or miss the workshop, please let one of the coaches know ahead of time. We will ask that you review the material you missed prior to your return if you are absent so that you can participate fully in the next class.
- For virtual format, please keep your camera on and make sure you are in a private location free from distractions. Ensure you identify yourself with your name and pronouns if you choose.
- Being absent for more than 1 session out of 4 will result in a request that you rebook into a future workshop.
- Treat other workshop members with the same courtesy that you would like to receive.
- Confidentiality – keep information that comes up in the workshop private to the group.
- If there will be someone observing, we will let you know prior to allowing them in the room.
- The PCN cannot control socialization, but intimate relationships outside of workshops are discouraged.
- Bringing snacks/water is permitted during in-person classes but please dispose of garbage afterwards. Does anyone have any severe food allergies we need to be aware of so we can avoid bringing those items?
- We encourage participation in class, but private conversations (both at the table or in the chat box, if running virtually) are discouraged until break so that you don't miss out on learnings. These conversations can be very distracting to others; we want to be respectful to all participants.
- If you need to leave the room before break, please give us a thumbs up so we know that you are okay. If you are gone for more than 5 minutes, one of us will come to check on you.
- For in-person workshops only: This is a fragrance free facility, so please be mindful of this prior to the workshop to maintain an adequate level of hygiene and avoid wearing fragrances.
- Please turn off all cell phones or put to silence/vibrate.

Week 1

Week 1 Challenges:

1. Be Mindful of Your Habits
2. Work Towards 30 Minutes of Exercise on 5 – 7 Days
3. Make Food Journalling Work For You
4. Choose Water as Your Main Beverage

“_____ % of how long we live and how well we feel is determined by our daily lifestyle decisions.” - Dr. Walter Willet, Harvard School of Public Health



Be Mindful of Your Habits

Mindfulness is being present in the moment or paying attention to what is going on around you right now. **Keep your head where your feet are.** Being mindful of your behaviors is the first step to taking control of your life.

One of the best ways to be mindful, to be at a healthy weight and make healthy food choices, is to keep a journal. It helps to increase your awareness of the intentional things you do to improve your health.

Have I used a **Food Journal** or **Food App** before (e.g. **My Fitness Pal**)? ☐ Yes ☐ No

Did I find it helpful? ☐ Yes ☐ No

If **yes**, how?

If not, why was it challenging?

Have I used an **Exercise Journal** or **Exercise App** before (e.g. **My Fitness Pal** or **Fitbit**)? ☐ Yes ☐ No

Did I find it helpful? ☐ Yes ☐ No

If **yes**, how?

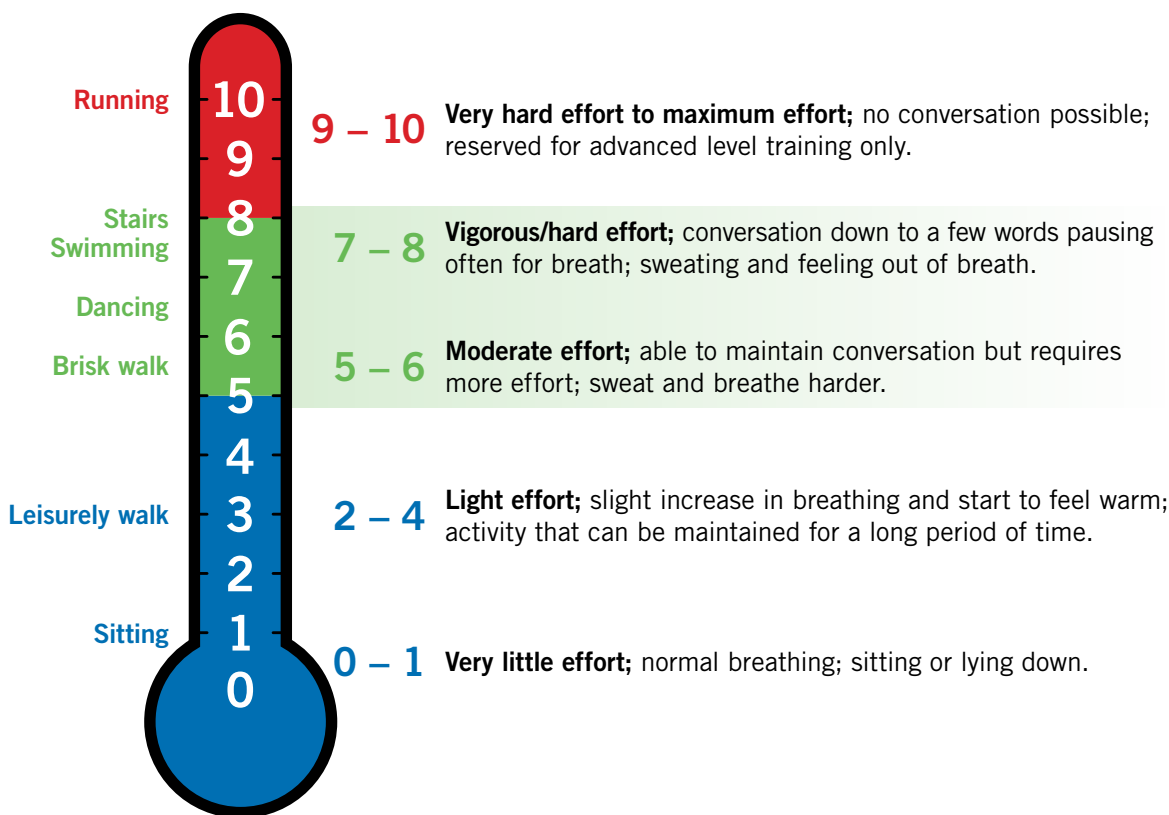
If not, why was it challenging?

Work Towards 30 Minutes of Exercise on 5 – 7 Days of the Week

Work Towards 30 Minutes of Exercise 5 – 7 days of the Week at a moderate to vigorous intensity. This means that you **schedule a time to sweat** most days of the week.

You can break it up into 10 minute chunks if that works best for you.

Activity Thermometer



Make Food Awareness Journalling Work for You

Choosing a Food Journal Method

Options:

1. **Pen and Paper:** you can use the [PCN Food and Activity Log](#), or a regular note pad.
 - a. Use [Canada's Food Guide](#) to determine your food choices.
 - b. You may choose to circle the unhealthy choices at the end of the day to see how many treats you are having.
 - c. Start to think about **why** you are eating. Is it for hunger?
2. **Electronic:** [Ate Food Diary](#) and [My Fitness Pal](#) are both free and easy to use mobile apps.
 - a. For [My Fitness Pal](#), only set to 0.5 pound weight loss per week as your goal. Any more lowers the calories too much. We do not recommend this app, or any calorie counting app for anyone who has experienced disordered eating or an eating disorder.
 - b. It remembers what you ate previously for easy tracking; it also has a barcode scanner.
 - c. The [Ate app](#) allows you to take pictures of your food and reflect on it.



Choose which option would best suit you.

Tips for being a successful [Journal](#) keeper:

1. Record every day ideally at the time you eat. We tend to forget after a while and may miss some small things.
2. The small things add up. Don't leave out that handful of M&M's or peanuts. 25% of our calories come from these extras so leaving them out of the journal could impact your goal.
3. Be specific. Add portion size.
4. Include the alcohol, and other drinks. Liquid calories can significantly impact our success.
5. If you are in a rush, take a picture of your meal so you can remember what to add later.
6. Don't beat yourself up. This is not meant to make you feel bad, it's a tool to help you reach your goal.

Choose Water As Your Main Beverage

Fact	My plan
Fact 1: Water is essential for good health. Make it your go to beverage.	
Fact 2: We pour about 34% more into a short wide glass than a tall narrow one.	
Fact 3: Drinks may have many hidden calories in the form of sugar that can impact your goal.	

Personal Drink Inventory

Do I drink this?	Drink	Servings per day	Servings per week	Calories/ serving
	water (8 oz.)			0
	milk (8 oz.) – skim to 2%			90 – 120
	chocolate milk (8 oz.) – 2%			165
	Crystal Lite (8 oz.)			0
	tea (8 oz.)			0
	iced tea (16 oz. bottle)			130
	coffee (8 oz.)			0
	coffee creamers (1 tbsp)			30 – 40
	sugar (1 tsp added to coffee)			16
	fancy coffees (16 oz.)			190 – 470
	milkshake (16 oz.)			560 – 780
	unsweetened almond or soy beverage (8 oz.)			30 – 60
	club soda (1 can – 12 oz.)			0
	hot chocolate (8 oz.)			220 – 370
	pop (1 can – 12 oz.)			150
	diet pop (1 can – 12 oz.)			0
	Slurpee (22 oz.)			300
	juice (16 oz. bottle)			220 – 250
	vegetable juice (8 oz.)			50
	smoothies (16 oz.)			350 – 500
	wine (5 oz.)			105
	beer (12 oz.)			140
	hard liquor/spirits (1.5 oz.)			Up to 125

My plan:

Week 1 Challenges

1. Be Mindful of Your Habits
2. Work Towards 30 Minutes of Exercise on 5 – 7 Days of the Week
3. Make Food Journalling Work For You
4. Choose Water as Your Main Beverage

“Your choices reveal your priorities.”

Week 1 Check-out

My plan to **Be Mindful of My Habits**:

My plan to **Work Toward 30 Minutes of Exercise on 5 – 7 Days of the Week**:

My plan to **Make Food Journalling Work For Me**:

My plan to **Choose Water as My Main Beverage**:

Remember to fill in my **Food Journal** and **Exercise Journal** or **App** daily this week.

Week 2 Check-in

How was I **Mindful of My Habits** this past week?

How did I **Work Toward More Exercise** this past week?

If you had a hard time following through with your exercise plan, write down your solution to incorporate exercise this week.

Use the 5 Minute Rule

On days you don't feel like being active, put on your shoes and go for 5 minutes. Then re-evaluate. If you feel that you are able to continue, keep going! If not, give yourself permission to go back and try later. **This helps us discern between mental and physical fatigue.**

How many days did I note my food intake in my **Food Journal** this past week?

How did I **Choose Water as My Main Beverage** this past week?

Week 2

Week 2 Challenges:

1. Choose to Take The Healthy Road
2. Choose to Have a Positive Attitude
3. Practice 5:60 (move for 5 minutes for every 60 you sit)
4. Choose Healthy Portions at Every Meal
5. Make Half Your Plate Vegetables and Fruits

The Healthy Road is the Road Less Travelled

Healthy choices may seem hard in the short term, but are easier in the long term. Think of the last healthy choice you made and how much better you felt afterwards. Each time you choose to be active, eat well and be positive, life gets easier and more rewarding.

On the other hand Easy Street may be swinging through the drive-through for a supersized meal followed by flopping on the couch. This choice seems comforting and easy at the time, but leaves you feeling sluggish and can rob you of your health over time. Life will get harder in the long term.

The Healthy Road



Life gets easier

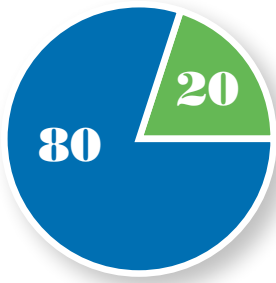
Easy Street



Life gets harder

“Two roads diverged in the wood, and I – I took the one less travelled by,
and that has made all the difference.” - Robert Frost, Poet

Choose to Take The Healthy Road



The 80/20 Rule

The **80/20 Rule** means you don't have to be perfect to be healthy. If you follow **The Healthy Road** 80% of the time you can give yourself some flexibility 20% of the time.

Many people are applying **The 80/20 Rule** in reverse: 80% of the time they follow unhealthy habits and they follow a healthy lifestyle only 20% of the time.

How will you apply **The 80/20 Rule** to your life?

Healthiest Possible Self

Imagine yourself living on **The Healthy Road**—following **The 80/20 Rule**—you decide the time frame. What was your journey like and how do you feel? What were the tools that helped you get there?

Choose to Have a Positive Attitude

Create positive tapes

- Most people have negative tapes that play in their heads (e.g., I'm not good enough; I'll never be able to do it.)
- Some examples of positive tapes – “I can do this,” “I am strong,” “small steps will lead to big changes.”
- Other examples of positive tapes:
 - _____
 - _____
 - _____
- Healthy living begins with adopting a positive attitude.

My ideas for promoting a positive attitude

- _____
- _____
- _____

Practice the 5:60 Rule

Did I use my **Exercise Journal** this week? ☐ Yes ☐ No

How many days did I exercise at a moderate to vigorous intensity this week?

How many minutes per day did I exercise at that level?

Number of minutes per week*

_____ x _____ x _____

*The goal is 150 minutes per week according to **Canadian Physical Activity Guidelines**.

Example

How many days did I exercise at a moderate to vigorous intensity this week?

5 days

How many minutes per day did I exercise at that level?

20 minutes/day

Number of minutes per week*

100 minutes

_____ x _____ x _____

Dr. Grogan, cardiologist at the Mayo Clinic says:

"For people who sit most of the day, their risk of heart attack is about the same as smoking."

Move for 5 minutes for every 60 that you sit.



What is my plan?

How many days did I use my **Food Awareness Journal** this week? _____ days

What did I learn?

If I did not, how can I start?

Choose Healthy Portions at Every Meal

- Use a Food Journal:** This will help you learn about your eating patterns.
- Ditch the Diet:** Many diets are restrictive, unenjoyable and unsustainable. Lets get back to the basics.
- Follow The 80/20 Rule:** Eat healthy 80% of the time and give yourself permission to be flexible with your eating the other 20% of the time.
- Take Small Steps:** Small steps lead to big changes.

Fact	My plan
Fact 1: We eat more on a large plate	
Fact 2: We eat more out of a container	
Fact 3: We eat more if we buy the bigger size	

Make Half Your Plate Vegetables and Fruits

Fact

Fact: Brightly coloured vegetables and fruits are delicious and loaded with vitamins, minerals and fibre to fight disease and keep your body well.

Did I eat vegetables and fruit at every meal?

How can I add more?

My typical meals	My plan to add vegetables and fruits
e.g. Grilled cheese	Add raw veggies

Picture this 9 – 10" plate

Picture this plate when preparing and serving your meal. This is a simple way to remember healthy portion sizes. We suggest that you measure your plate at home, and if you wish, change to a 9 – 10" plate, or just remember how much larger your plate is when putting food on your plate at home.



An excellent resource for making half your plate fruit and vegetables is www.halfyourplate.ca. It includes excuse busters, storage tips, and recipes.

Week 2 Challenges

1. Choose to Take The Healthy Road
2. Choose to Have a Positive Attitude
3. Practice 5:60
4. Choose Healthy Portions at Every Meal
5. Make Half Your Plate Vegetables and Fruits

"Your choices reveal your priorities."

Week 2 Check-out

My plan to **Choose to Take The Healthy Road**:

My plan to **Choose to Have a Positive Attitude**:

My plan to **Practice 5:60**:

ALBERTA HEALTH BASICS™ Week 2

My plan to **Choose Healthy Portions at Every Meal:**

My plan to **Make Half My Plate Vegetables and Fruits:**

Remember to fill in my **Food Journal** and **Exercise Journal** or **App** daily this week.

Week 3 Check-in

In what way(s) did I **Choose The Healthy Road** this past week?

How did I **Choose to Have a Positive Attitude** this past week?

How did I **Practice 5:60** this past week?

How did I **Choose Healthy Portions at Every Meal** this past week?

How many times did I **Make Half My Plate Vegetables and Fruits** this past week?

Week 3

Week 3 Challenges:

1. Be Mindful of Why You Eat
2. Enjoyment is Key. Choose a Physical Activity You Enjoy.
3. Invite Someone to Go With You
4. Plan to Make Healthy Meals at Home
5. Shop For Healthy Foods

“The greatest discovery of my generation is that human beings can alter their lives by altering their attitudes of mind.”




- William James, Doctor, Psychologist and Philosopher

Be Mindful of Why You Eat

Learn to Understand Why You Are Eating

Do you eat for nourishment or do you turn to food for comfort?
Are you just bored?

Types of Hunger*

-  **Stomach hunger** – the physical need for food and nourishment. **This includes planned meals and snacks.**
-  **Mouth hunger** – a **food craving** is associated with the **5 senses**.
-  **Heart hunger** – an emotional feeling that tempts you to eat beyond what you need.

*Shah, Wendy and Cannon, Colleen, Craving Change, 2008.

Recognize Your Triggers

People overeat for many different reasons: emotions, events, thoughts, time of day, and even just out of habit. In order to be mindful of why you eat, it is important to identify your triggers and create healthy responses that address your triggers.

Trigger	My typical response	A healthier response
lonely	eat junk food	call a friend to go for a walk

What am I really hungry for?

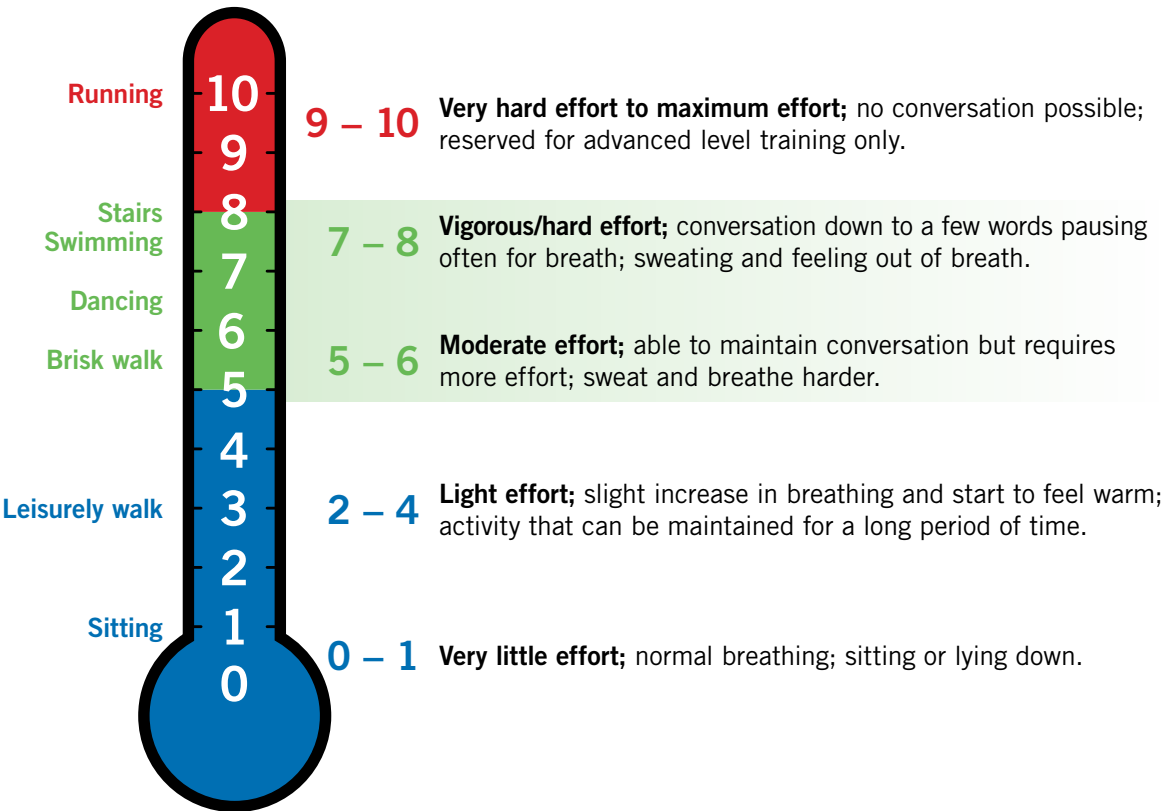
Enjoyment is Key. Choose a Physical Activity You Enjoy.

Did I use my [Exercise Journal](#) this week? ☐ Yes ☐ No

How many days did I exercise at a moderate to vigorous intensity this week?	How many minutes per day did I exercise at that level?	Number of minutes per week*
_____	X _____	X _____

*The goal is 150 minutes per week according to [Canadian Physical Activity Guidelines](#).

Activity Thermometer



Are there types of physical activities I currently do or have done in the past that I really enjoyed?

Ideas if I'm struggling to find an activity I enjoy.

Invite Someone to Go With You

Studies suggest that when a person exercises with a partner, they are more likely to work harder and exercise more consistently. Who might I ask to be my exercise partner?

Are there other people I can invite to join me on other activities?

How many days did I use my **Food Awareness Journal** this week? _____ days

If I **used it**, what did I learn from it?

If I **didn't**, how can I start?

Plan to Make Healthy Meals at Home

What are the benefits of making meals fresh at home?

<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

How many meals do I make at home each week?

Breakfast ____/7 Lunch ____/7 Supper ____/7 Snacks ____/7

How many more meals can I make at home each week?

Fact	My plan
Fact 1: Planning healthy, balanced meals for the week saves time, money and promotes healthy living.	

Ideas to make planning work for me:

✓	_____
✓	_____
✓	_____
✓	_____

Plan to aim for:

- ✓ Healthy choices 80% of the time
- ✓ Vegetables and fruits covering half the plate
- ✓ Fish 2 times per week
- ✓ Bean and lentil dishes more often
- ✓ Something new on the menu each week

Shop For Healthy Foods

Fact	My plan
Fact 2: Making your meals fresh at home can cut your sodium intake by 75%.	
Fact 3: Food labels have valuable health information.	
Fact 4: If we have easy, healthy foods on hand, we are more likely to eat them.	

Plan for your success in the store with these simple solutions:

- ✓ Plan your meals
- ✓ Eat before you go
- ✓ Shop the perimeter of the store
- ✓ Choose fresh whole foods more often
- ✓ Stick to your list

My simple healthy meal ideas	
	pasta with tomato sauce, ½ precooked chicken breast, roasted yellow and red peppers
	salmon, whole grain brown rice, frozen vegetable medley
	omelette with cheese and onion, red and green pepper, spinach and whole grain toast and an apple

Week 3 Challenges

1. Be Mindful of Why You Eat
2. Enjoyment is Key. Choose a Physical Activity You Enjoy.
3. Invite Someone to Go With You
4. Plan to Make Healthy Meals at Home
5. Shop For Healthy Foods

"Your choices reveal your priorities."

Week 3 Check-out

My plan to be mindful of why I eat:

My plan to choose a physical activity I enjoy:

My plan to invite someone to exercise with me:

My plan to make healthy meals at home:

My plan to shop for healthy foods:

Week 4 Check-in

How was I **mindful of why I ate** this past week?

What **physical activity that I really enjoy** did I do this past week?

How many times did I do it?

Did I **exercise together with someone** this past week?

What **exercise** did I do?

How many **healthy meals did I make it at home** this past week?

How did I **shop for healthy foods** this past week?

Week 4

Week 4 Challenges:

1. Choose to Create Balance in Your Life
2. Plan For Setbacks
3. Challenge Your Barriers
4. Challenge Yourself
5. Eat to Prevent Excessive Hunger

"Balance is achieved when all aspects of who we are respect and honour one another." - Author unknown

Choose to Create Balance in Your Life

When my life is in balance I feel:

- ☐ a sense of peace
- ☐ satisfied with my achievements and decisions
- ☐ my body, mind and soul are nurtured and healthy
- ☐ I have time to accomplish what I need to
- ☐ I have time to accomplish what I want to

☐ _____

☐ _____

☐ _____

When my life is out of balance I may feel:

- ☐ tired
- ☐ out of control
- ☐ not productive
- ☐ moody
- ☐ I am not caring for my body, mind and soul
- ☐ stressed

☐ _____

☐ _____

☐ _____

My Life Balance Wheel

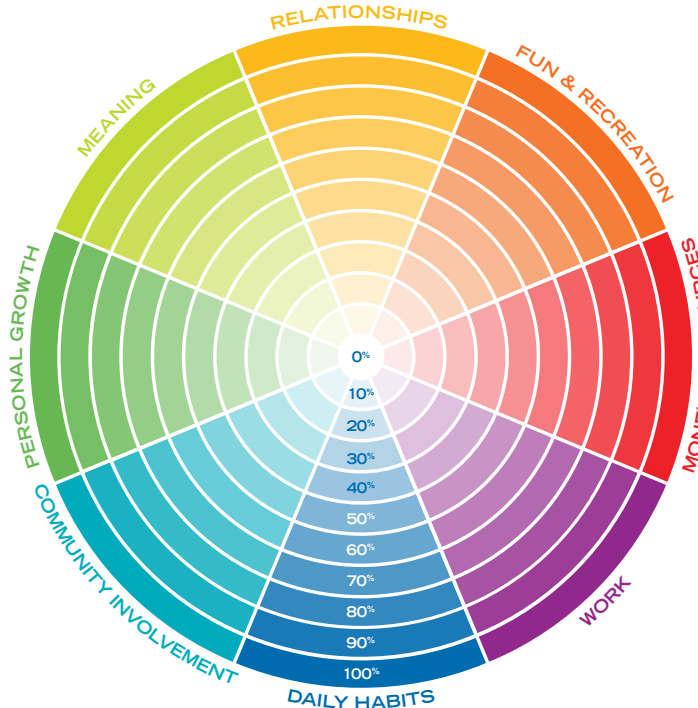
This wheel provides an opportunity to reflect on your present life balance. Life Balance is constantly changing with life circumstance and stage of life. Take a few minutes to consider your life balance.

Mark an **X** for the degree to which you are satisfied with this area of your life right now. Write the date and review monthly.

0% = Not Satisfied at all

100% = Extremely Satisfied

Reflect on areas where you are satisfied, and where you would like to make some changes. Use **Positive Daily Intentions**, **Microsteps** and **Longer Term Goals** to make those changes. Your choices reveal your priorities.



Look carefully at how you rated the various sections of the **My Life Balance Wheel**. What does it tell you about your choices right now and how you are living? Use the **Reflection** below to determine if there is one (or more areas) that you want to work on to become healthier? For most people picking one area to work on helps to make a realistic plan and increases their chances of being successful.

Once you have chosen a focus, think about how you will move forward in that area.

You can use the **Self-Care Journal** to help you get started, or use goal setting, small steps or make daily intentions to help keep you on track. Which area(s) can you **realistically** focus on right now? Start with 1 or 2 at the most. Often success in one area leads to improvement in other areas.

RELATIONSHIPS

- Family and friends
- Colleagues
- Pets

FUN & RECREATION

- Sports
- Vacation
- Hobbies (e.g., art, music, reading)

MONEY & RESOURCES

- Financial and other resources
- Recognizing problem gambling
- Planning for the future

WORK

- Household work
- Caring for family
- Volunteer work
- Paid work

DAILY HABITS

- Sleep
- Nutrition
- Exercise
- Limiting alcohol and drugs
- Not using tobacco
- Healthy use of your smartphone

COMMUNITY INVOLVEMENT

- Local community
- Communities of interest (e.g., book club, environmental action group)

PERSONAL GROWTH

- Hopes and aspirations
- Learning and doing new things

MEANING

- Finding meaning in everyday activities
- Spirituality
- Feeling connected to others

Balance Your Life with Adequate Sleep

Fact	My plan
Fact: Adequate sleep is essential to creating and maintaining balance.	

- Sleep improves your memory.
- Sleep improves your ability to see the bigger picture.
- Sleep helps to repair your body.
- Sleep lowers your risk of stroke, heart disease and high blood pressure.

Healthy Sleep Tips

1. Maintain a regular bed and wake time schedule including weekends.
2. Establish a regular, relaxing bedtime routine.
3. Create a sleep-conducive environment that is dark, quiet, comfortable and cool.

More tips on www.sleepfoundation.org. If you suffer from insomnia, you may wish to try the App **Insomnia Coach** which is located on the Apple Store or Google Play.

Plan For Setbacks

What are signs that you are doing well?

What will help you stay well? Choose your top two resources or tools.

- 1.

- 2.

What is the first sign you are not doing well?

What will you do to increase your wellness?

<input type="checkbox"/> <hr/>	<input type="checkbox"/> <hr/>
<input type="checkbox"/> <hr/>	<input type="checkbox"/> <hr/>
<input type="checkbox"/> <hr/>	<input type="checkbox"/> <hr/>
<input type="checkbox"/> <hr/>	<input type="checkbox"/> <hr/>
<input type="checkbox"/> <hr/>	<input type="checkbox"/> <hr/>
<input type="checkbox"/> <hr/>	<input type="checkbox"/> <hr/>

Challenge Your Barriers

Did I use my **Exercise Journal** this week? ☐ Yes ☐ No

How many days did
I exercise at a moderate to
vigorous intensity this week?

How many minutes
per day did I exercise
at that level?

Number
of minutes
per week*

X

X

*The goal is 150 minutes per week according to Canadian Physical Activity Guidelines.

What are my **barriers** to exercising?

What will I do to overcome these **barriers**?

Challenge Yourself

What am I currently doing for **exercise**?

What can I do to **challenge myself**?

What is **my solution**?

Eat to Prevent Excessive Hunger

How many days did I use my **Food Journal** this week? _____ days

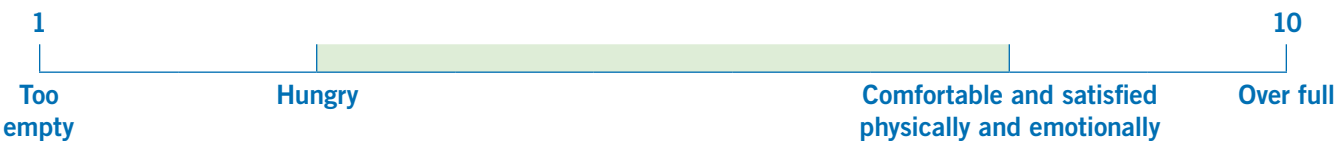
If I **used it**, what did I learn from it?

If I **didn't**, what was my barrier?

When or how will I implement my solution?

Appetite Awareness Scale

An awareness of your appetite and hunger cues can help you to enjoy your meals while regulating your appetite. The **Appetite Awareness Scale** will help you to understand the relationship between your appetite, habits and regulation. Aim for the **green zone**—where you are neither **too empty** (overly hungry) when you start eating nor **over full** when you finish eating.



My tips to **Prevent Excessive Hunger**:

- _____
- _____
- _____
- _____

My tips to prevent **overeating**:

- _____
- _____
- _____
- _____

Choose Healthy Snacks

Fact	My plan
Fact: Snacks are a part of The Healthy Road . If you're physically hungry between your meals, plan a snack.	

A **healthy snack** contains 1 – 2 foods from **Canada's Food Guide**:

- vegetables and fruits
- whole grains and starches
- protein foods

Snacks that have fibre and/or protein are more satisfying.

Ideas for healthy snacks

- vegetables and hummus
- whole grain crackers and cheese
- air popped popcorn and nuts
- yogurt and fruit
- apple and peanut butter

My healthy snacks

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Your Health Today Scale

Mark where you rate your health from **0-100**. Consider your overall health; this includes physical, mental and emotional health.

The best health you can imagine



The worst health you can imagine

Week 4 Challenges

1. Choose to Create Balance In Your Life
2. Plan for Setbacks
3. Challenge Your Barriers
4. Challenge Yourself
5. Eat to Prevent Excessive Hunger

"Your choices reveal your priorities."

Week 4 Check-out

My plan to **choose to create balance in my life**:

My plan to overcome **setbacks**:

My plan to **challenge my barriers**:

Remember to fill in my **Food Journal** and **Exercise Journal** or **App** daily this week.

My plan to challenge myself:

My plan to eat to prevent excessive hunger:

My plan to eat healthy snacks:

Living on The Healthy Road

Choose to Challenge Yourself

Each week we addressed some of these important challenges. Look back on these challenges often.

Mindset challenges

- I am mindful of my habits.
- I take the healthy road.
- I have a positive attitude.
- I am mindful of why I eat.
- I create balance in my life.
- I plan for setbacks.

Eating challenges

- I make food journaling work for me.
- I choose water as my main beverage.
- I choose healthy portions at every meal.
- Half my plate is vegetables and fruits.
- I plan to make healthy meals at home.
- I shop for healthy foods.
- I eat to prevent excessive hunger.

Activity challenges

- I am working towards 30 minutes of moderate to vigorous exercise most days of the week.
- I practice 5:60.
- I choose physical activities I enjoy.
- I have an exercise partner.
- I challenge my exercise barriers.
- I challenge myself.

"What lies behind us and what lies before us are tiny matters compared to what lies within us." - Ralph Waldo Emerson, Essayist, Philosopher, Poet

Moving on The Healthy Road

Choose to Do the Body Weight Circuit

- Start with a 5 minute warm up.
- Do 15 repetitions or 1 minute of each. Work your way up to 3 cycles.
- Finish with stretches.

Chair Crunch



Chair Squat



Wall Push Up



Lunge



Choose to Stretch Daily

- Hold each stretch for at least 30 seconds.

Lower Back



Quads



Chest



Hamstrings



Interval Training

Interval training simply means varying the intensity within your workout. It improves fitness and burns more calories. Do it the next time you're out.

Example using light posts:

- Move at a 5/10 for 3 light posts,
- Then from light posts 3 to 4 increase your intensity to a 7/10,
- Then for the next 3 move at a 5/10 again,
- Repeat.

Example using time:

- Move at a 5/10 for 3 minutes,
- Then increase your intensity to a 7/10 for 1 minute,
- Then for move at a 5/10 again for the next three minutes,
- Repeat.

Coach's Favourite Websites, Apps and Tips

Activity

Website www.participaction.com

App www.hc-sc.gc.ca

Food

Website www.hc-sc.gc.ca

Website www.dietitians.ca

Website www.halfyourplate.ca

Tracking

Website and App [My Fitness Pal](#)

Website and App [EaTracker](#)

Sleep

App [Insomnia Coach](#)

Resources

Mindset

- Stay positive – you can do it!
- Practice [The 80/20 Rule](#)

Sleep

- Choose a bed time and wake up time and stick to it

Activity

- Do interval training
- Use the [5 Minute Rule](#) (page 14)
- Always walk like you are late
- Stand whenever you can

Food

- Use the half plate policy
- Make meal planning and preparation a family affair
- Drink water
- Pack a snack

Balance

- [My Life Balance Wheel](#) extra copies in Appendix (page 64)

Appendix 1

Alberta Health Basics™ Week 4 Participant Evaluation

Date: _____

We are interested in your experience in the **Alberta Health Basics™** program and welcome your feedback to make it better. Thank you for your time in completing these questions.

Personal Change

	Not at all	Very little	Somewhat	Very much
1. Living the healthy way is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have support in making lifestyle changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am confident I have the skills to make healthy choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What are your reasons for making lifestyle changes? (Check all that apply.)				
<input type="checkbox"/> Feel better	<input type="checkbox"/> More energy	<input type="checkbox"/> Sleep better	<input type="checkbox"/> Have fun	<input type="checkbox"/> Feel stronger
<input type="checkbox"/> Look better	<input type="checkbox"/> Manage stress	<input type="checkbox"/> Better health	<input type="checkbox"/> Increase self-confidence	<input type="checkbox"/> Be an example
5. Since participating in the Alberta Health Basics™ program:				
a) Am I more active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how?				
<hr/>				
b) Am I eating healthier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how?				
<hr/>				
c) Has my health condition improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how?				
<hr/>				
d) Do I keep track of my activity and food eaten each day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how?				
<hr/>				

Appendix 1

About the Program

- | | Very
dissatisfied | Dissatisfied | Satisfied | Very
satisfied |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. Please check the box that reflects your overall satisfaction in taking the Alberta Health Basics™ program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Please check the best answer about the Alberta Health Basics™ program: | | | | |
| | Not at all | Very little | Somewhat | Very much |
| a) The program was easy to understand and follow. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) The program provided opportunities to learn and practice new skills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) The Alberta Health Basics™ Journal is a useful reference in practicing health behaviour changes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) The workshop environment felt safe and non-judgmental. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) The instructors were knowledgeable and prepared. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. What three activities were most helpful about the program? | | | | |
| <hr/> | | | | |
| <hr/> | | | | |
| <hr/> | | | | |
| 9. Comments or suggestions about the Alberta Health Basics™ program. | | | | |
| <hr/> | | | | |
| <hr/> | | | | |

About you

10. Are you? ☐ Male ☐ Female ☐ Non-binary ☐ Transgender ☐ Intersex ☐ _____ ☐ Prefer not to say
11. Age: ☐ 16 – 24 ☐ 25 – 44 ☐ 45 – 64 ☐ 65+

Thank you for your participation!

Appendix 2

Food and Activity Log Sheets



MY MEALS AND SNACKS	Breakfast					
	Snack					
	Lunch					
	Snack					
	Supper					
	Snack					

Circle choices that do not fit in a food group.

MY ACTIVITY	Heart health	15	15	15	15	STEPS
	Strength & Stretch					

Date				
MY SERVINGS				
Vegetables & fruits	Grains	Milk & alternatives	Meat & alternatives	Water
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4		4
5	5			5
6	6			6
7	7			
8	8			
9				
10				

Appendix 3

Alberta Health Basics™ Meal Planner

Meal	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							
Snacks							

Save this menu for future reference as you continue to plan each week. Soon you'll have a month of menus!

Appendix 3

Grocery List

Veggies and fruits	Whole grains	Proteins	Other

Plan for your success in the store with these simple solutions:

- ✓ Plan your meals
- ✓ Eat before you go
- ✓ Make healthy choices 80% of the time
- ✓ Stick to your list

Canadian Physical Activity Guidelines

FOR ADULTS - 18 – 64 YEARS

Guidelines



To achieve health benefits, adults aged 18-64 years should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.



It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week.



More physical activity provides greater health benefits.

Let's Talk Intensity!

Moderate-intensity physical activities will cause adults to sweat a little and to breathe harder. Activities like:

- Brisk walking
- Bike riding

Vigorous-intensity physical activities will cause adults to sweat and be 'out of breath'. Activities like:

- Jogging
- Cross-country skiing

Being active for at least 150 minutes per week can help reduce the risk of:

- Premature death
- Heart disease
- Stroke
- High blood pressure
- Certain types of cancer
- Type 2 diabetes
- Osteoporosis
- Overweight and obesity

And can lead to improved:

- Fitness
- Strength
- Mental health (morale and self-esteem)

Pick a time. Pick a place. Make a plan and move more!

- ☒ Join a weekday community running or walking group.
- ☒ Go for a brisk walk around the block after dinner.
- ☒ Take a dance class after work.
- ☒ Bike or walk to work every day.

- ☒ Rake the lawn, and then offer to do the same for a neighbour.
- ☒ Train for and participate in a run or walk for charity!
- ☒ Take up a favourite sport again or try a new sport.
- ☒ Be active with the family on the weekend!

**Now is the time. Walk, run,
or wheel, and embrace life.**



Canadian Physical Activity Guidelines

FOR OLDER ADULTS - 65 YEARS & OLDER

Guidelines



To achieve health benefits, and improve functional abilities, adults aged 65 years and older should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.



It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week.



Those with poor mobility should perform physical activities to enhance balance and prevent falls.



More physical activity provides greater health benefits.

Let's Talk Intensity!

Moderate-intensity physical activities will cause older adults to sweat a little and to breathe harder. Activities like:

- Brisk walking
- Bicycling

Vigorous-intensity physical activities will cause older adults to sweat and be 'out of breath'. Activities like:

- Cross-country skiing
- Swimming

Being active for at least 150 minutes per week can help reduce the risk of:

- Chronic disease (such as high blood pressure and heart disease) and,
- Premature death

And also help to:

- Maintain functional independence
- Maintain mobility
- Improve fitness
- Improve or maintain body weight
- Maintain bone health and,
- Maintain mental health and feel better

Pick a time. Pick a place. Make a plan and move more!

- ☒ Join a community urban poling or mall walking group.
- ☒ Go for a brisk walk around the block after lunch.
- ☒ Take a dance class in the afternoon.
- ☒ Train for and participate in a run or walk for charity!

- ☒ Take up a favourite sport again.
- ☒ Be active with the family! Plan to have "active reunions".
- ☒ Go for a nature hike on the weekend.
- ☒ Take the dog for a walk after dinner.

**Now is the time. Walk, run,
or wheel, and embrace life.**



Appendix 5

My Life Balance Wheel

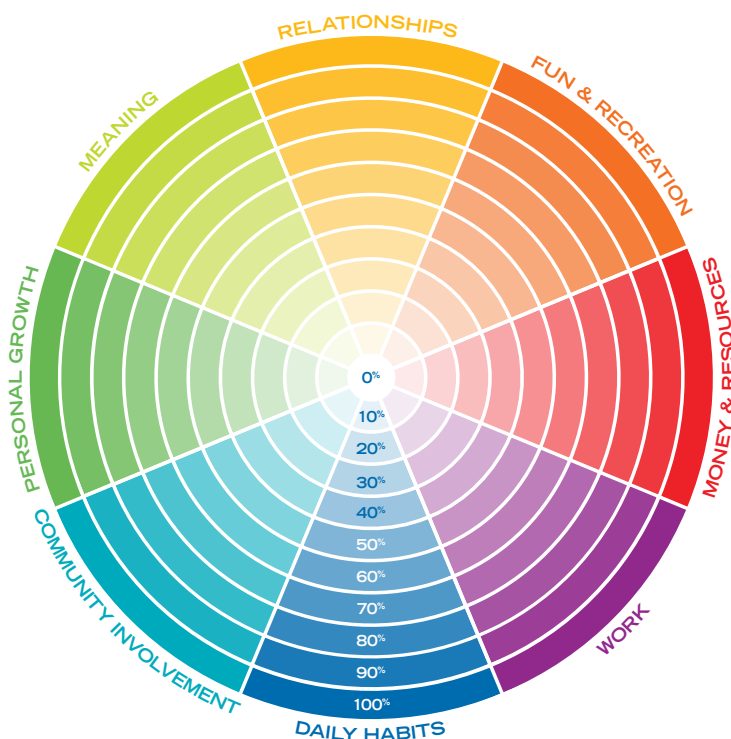
This wheel provides an opportunity to reflect on your present life balance. Life Balance is constantly changing with life circumstance and stage of life. Take a few minutes to consider your life balance.

Mark an **X** for the degree to which you are satisfied with this area of your life right now. Write the date and review monthly.

0% = Not Satisfied at all

100% = Extremely Satisfied

Reflect on areas where you are satisfied, and where you would like to make some changes. Use **Positive Daily Intentions**, **Microsteps** and **Longer Term Goals** to make those changes. Your choices reveal your priorities.



RELATIONSHIPS

- Family and friends
- Colleagues
- Pets

FUN & RECREATION

- Sports
- Vacation
- Hobbies (e.g., art, music, reading)

MONEY & RESOURCES

- Financial and other resources
- Recognizing problem gambling
- Planning for the future

WORK

- Household work
- Caring for family
- Volunteer work
- Paid work

DAILY HABITS

- Sleep
- Nutrition
- Exercise
- Limiting alcohol and drugs
- Not using tobacco
- Healthy use of your smartphone

COMMUNITY INVOLVEMENT

- Local community
- Communities of interest (e.g., book club, environmental action group)

PERSONAL GROWTH

- Hopes and aspirations
- Learning and doing new things

MEANING

- Finding meaning in everyday activities
- Spirituality
- Feeling connected to others

Release of Liability, Waiver and Indemnity Agreement

This Agreement must be completed in full, signed, dated, and witnessed before you can take part in the workshop.

Name

The **Alberta Health Basics™** workshop includes supervised exercise that may help patients who have chronic disease(s). These exercises support your health and physical skill, while keeping you safe. The class exercises are supervised and monitored by a healthcare provider.

Taking the workshop is voluntary. The workshop does not replace medical advice. You can speak to your doctor about the workshop before you sign up. The staff will explain signs and symptoms that will tell you to stop or slow down. If you have pain or run into trouble during the workshop, **stop** the workshop right away and tell the workshop staff.

I understand the benefits and risks involved in the workshop. I freely accept and fully assume all such risks, and the possibility of personal injury and damage or loss to personal property because of taking part in the workshop. In consideration of Highland Primary Care Network offering the activity, I agree as follows:

1. To waive all claims that I have or may have in the future against the Provider and its Board Members, employees, agents, volunteers, and independent contractors (collectively referred to as “the Releasees”), as a result of my participation in the workshop due to any cause including negligence, breach of contract, or any other duty care.
2. To hold harmless and indemnify the Provider and Releasees from any and all liability for any damage to the property of, or personal injury to any third party, resulting from my participation in the workshop; and,
3. That this agreement shall be effective and binding upon myself, the participant named above, my heirs, next of kin, executors, administrators, assignees, and representatives in the event of death or incapacity.

In entering into this agreement, I am not relying upon any oral or written representation or statements made by the Provider and Releasees other than what is set forth in this Agreement. I also understand that I can seek independent legal advice before entering into this agreement.

I have read and understand this agreement and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue, which I, or my heirs, next of kin, executors, administrators and assignees, may have against the provider and releases.

Date signed
(YYYY/MM/DD)

City/town

Province

Participant/
decision maker signature

Decision maker name
(if applicable)

Signature of witness