



5/30 Health and Wellness Challenge

5/30 Wellness Calendar

Congratulations! You've committed to taking on the *5/30 Health and Wellness Challenge*.

GOAL: 5

Eating at least **5 portions of fruit and vegetables a day**, a minimum of 5 days a week

What counts as one portion of fruit and vegetables?

- 1 fruit or 1 medium vegetable (size of a tennis ball)
- ½ cup (125 ml) of fruit or vegetables (fresh, frozen or canned)
- 1 cup (250 ml) of leafy vegetables (e.g. lettuce, spinach)
- ¼ cup (50 ml) of dried fruit
- ½ cup (125 ml) of "real" juice (no sugar added)

GOAL: 30

Moving for at least **30 minutes a day**, a minimum of 5 days a week

What counts as 30 minutes of physical activity?

- It's not necessary to do 30 continuous minutes: for example, 2 blocks of 15 minutes will do the trick.
- The activity should be done at a moderate intensity. A brisk walk is an example of a good pace to aim for.
- Think about including all your activities (walking, skiing, skating, dancing, swimming, cycling - even on a stationary bike, physical conditioning, etc.)

GOAL: Wellness

Improving wellness by targeting an objective of one's among the following:

- Opening up to relaxation
- Having some time for myself
- Communicating better
- Maintaining relationships with others
- Assigning priority to priorities

To find out more about Wellness Goals,

visit the "Wellness and Stress" section at 5/30HealthAndWellnessChallenge.ca

How to fill out the 5/30 Wellness Calendar on the reverse

- Write your name and those of each member of your team or family.
- Indicate the Wellness Goal your team or family has chosen.
- If you have added one or more Goals Plus to the basic Health Challenge, check off the corresponding boxes.
- Every day
 - note in the 5 box the number of servings of fruit and vegetables eaten. Circle the box if the number is at least 5;
 - note in the 30 box the number of minutes of physical activity engaged in. Circle the box if the number is at least 30.
- At the end of the week, in the right column
 - enter the number of days you achieved the 5 and 30 goals;
 - check the box if you think there has been progress toward the Wellness Goal.

5/30 Health and Wellness Calendar of: _____
 Name of your family or your team

YOUR Basic Health Challenge

Goal 5 Goal 30
 Goal Wellness

GOALS Plus

Consuming enough dairy products
 Improving our cardio health

Visit 530HealthAndWellnessChallenge.ca to find out more about 2010 Goals Plus

Week of: _____

I reached my goal

Name n° 1: _____

Goal 5 Portions	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
Goal 30 Minutes	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
	Our Wellness Goal							<input type="checkbox"/> We made progress

Name n° 2: _____

Goal 5 Portions	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
Goal 30 Minutes	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
	Our Wellness Goal							<input type="checkbox"/> We made progress

Name n° 3: _____

Goal 5 Portions	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
Goal 30 Minutes	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
	Our Wellness Goal							<input type="checkbox"/> We made progress

Name n° 4: _____

Goal 5 Portions	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
Goal 30 Minutes	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
	Our Wellness Goal							<input type="checkbox"/> We made progress

Name n° 5: _____

Goal 5 Portions	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
Goal 30 Minutes	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
	Our Wellness Goal							<input type="checkbox"/> We made progress

Name n° 6: _____

Goal 5 Portions	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
Goal 30 Minutes	Mon	Tue	Wed	Wed	Fri	Sat	Sun	<input type="checkbox"/> days/7
	Our Wellness Goal							<input type="checkbox"/> We made progress



Visit 530HealthAndWellnessChallenge.ca for tips to help you succeed in the Health Challenge!

