



The Smarter Mealtimes Movement Challenge

Challenge Instructions

Daily reinforcement helps positive changes become part of your routine! This process can take up to 30 days, so stick with it! Use this tool help ensure that your chosen strategies are completed each day.

1. Complete the Smarter Mealtimes Scorecard.
2. Choose 3 unchecked strategies to add to your daily routine. Write them 1-2-3 in the box marked "This Month's Goals." (Note: You do not have to start at the beginning of a month, but doing so can help create fun monthly themes and can help with tracking your progress.) Fill in the dates in the little white box in the upper right-hand corner of each day.
3. Each day, try to implement each of the chosen strategies at least once. When you do, place a check mark next to the completed strategy. The first strategy listed under monthly goals is always "Strategy 1," the second is "Strategy 2," and so on. The recorder's initials go in the yellow box inside each day.
4. At the end of the week, tally the number of 3-check boxes for the week. Try to improve each week and end the month with 5/5!
5. At the the end of the month, complete the Scorecard again, note your improved score, and choose 3 strategies to focus on for the next month. Repeat monthly or as desired.

Month of OCTOBER, **20** 17

This Month's Goals

1 FRUIT OFFERED IN ATTRACTIVE BOWLS OR BASKETS

2 MAIN DISH IS LABELED WITH A FUN, CREATIVE NAME

3 SLICED OR CUT FRUIT IS OFFERED



	Monday 15	Tuesday 16	Wednesday 17	Thursday 18	Friday 19	Number of 3-Check Days <u>2</u> of 5
Week 1	1 <input checked="" type="checkbox"/> _____	1 <input checked="" type="checkbox"/> _____	1 <input checked="" type="checkbox"/> _____	1 <input checked="" type="checkbox"/> _____	1 <input checked="" type="checkbox"/> _____	
	2 <input checked="" type="checkbox"/> _____	2 <input checked="" type="checkbox"/> _____	2 <input checked="" type="checkbox"/> _____	2 <input checked="" type="checkbox"/> _____	2 _____	
	3 _____	3 _____	3 <input checked="" type="checkbox"/> _____	3 <input checked="" type="checkbox"/> _____	3 <input checked="" type="checkbox"/> _____	

	Monday 20	Tuesday 21	Wednesday 22	Thursday 23	Friday 24	Number of 3-Check Days <u>3</u> of 5
Week 2	1 <input checked="" type="checkbox"/> _____	1 <input checked="" type="checkbox"/> _____	1 <input checked="" type="checkbox"/> _____	1 <input checked="" type="checkbox"/> _____	1 <input checked="" type="checkbox"/> _____	
	2 _____	2 <input checked="" type="checkbox"/> _____	2 <input checked="" type="checkbox"/> _____	2 <input checked="" type="checkbox"/> _____	2 <input checked="" type="checkbox"/> _____	
	3 <input checked="" type="checkbox"/> _____	3 <input checked="" type="checkbox"/> _____	3 <input checked="" type="checkbox"/> _____	3 _____	3 <input checked="" type="checkbox"/> _____	