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BeWell Assignment #1 (50 points)

Complete and Save this assignment as a .pdf file.

Upload your typed BeWell#1 by the due date to Canvas.

We cannot accept emailed assignments.

Late assignments will be penalized as stated in the syllabus.

STEP 1A: FOOD FREQUENCY AND EATING PATTERNS

Complete the tables below by indicating your answer with an 'X' in the box that is most accurate for you.

Food Frequency	Daily	4-5 x/ wk	2-3 x/wk	1x/wk	None
How often do you eat dairy products? (milk, cheese, yogurt, etc.)	X				
How often do you eat fruit? (fresh or canned)			X		
How often do you eat vegetables or salad?				X	
How often do you eat meat?	X				
How often do you drink 70-100 ounces of water each day?		X			
How often do you eat desserts/sweets? (cake, candy, cookies, etc.)	X				
Beverage Frequency	4+	3	2	1	None
How many carbonated beverages do you drink per day?				X	
How many caffeinated beverages do you drink per day?					X
How many alcoholic beverages do you drink <i>per week</i> ?					X
With regards to alcoholic beverages, please answer the following questions.					
Do you drink beer and/or wine?			No		
Do you drink hard liquor or mixed drinks?			No		
Eating Patterns	Daily	4-5 x/wk	2-3 x/wk	1 x/wk	Rarely
How often do you eat while watching TV, doing homework or other screen-based activities?					X
How often do you pay attention or monitor your portion sizes?					X
How often do you snack between meals?	X				
How often do you eat breakfast within 1-2 hours of waking up?	X				
How often do you eat lunch?	X				
How often do you eat dinner?	X				

STEP 1B: PHYSICAL ACTIVITY FREQUENCY AND LIFESTYLE BEHAVIORS

Complete the tables below by indicating your answer with an 'X' in the box that is most accurate for you.

Exercise Frequency	Daily	4-5 times a week	2-3 times a week	Once a week	Rarely or None
How often do you participate in cardiovascular fitness activities for 30 minutes or more per session?		X			
How often do you participate in strength training activities?			X		
How often do you participate in flexibility training activities for 15 minutes or more per session?					X
How often do you walk or bike to (or on) campus for 10 minutes or more?		X			
How often do you sit for 2 consecutive hours or more?		X			
HIGHLIGHT THE OPTION THAT BEST DESCRIBES YOU:					
What intensity do you usually exercise at? (See Step 3B for definitions)	Vigorous	Moderate-to vigorous	Moderate	Low	Do not exercise
What is your primary reason for exercise?	Stress relief	Enjoyment	Gain fitness/strength	Weight management	Other: (Specify)
Which is your usual mode of transportation?	Car	Walk	Public transport	Bike	Other: (Specify)
How often do you take the stairs?	Every time	Most times	Half the time	When I have to	Never
How many hours (on average) do you spend sitting on a week day?	0-<4 hrs	4-<6 hrs	6-<8 hrs	8- <10 hrs	10+ hrs
List the types of exercise/physical activity that you usually do.			Frisbee, basketball, running		

STEP 2: STAGES OF CHANGE

Question #1: With regards to nutrition and consistent physical activity, what “Stage of Change” are you currently in and why? What stage would you like to be in by the end of the term?

Stage of change for nutrition : Precontemplation	Why: I only eat well spontaneously, and mostly eat poorly, so I haven't put a lot of thought into the quality of my diet
What stage of change do you see yourself at by the end of term for nutrition ? Explain why. Action, because I will have come up with a plan and started forming a habit for how I eat by the time the end of the semester comes around.	
Stage of change for consistent physical activity : Action	Why: I recently started playing sports a lot more, and started lifting, so I am not yet in maintenance but I am taking action.
What stage of change do you see yourself at by the end of term for physical activity ? Explain why. I will still be in the Action stage because it will not have been 6 months by December	

STEP 3A: NUTRITION JOURNALING

Using the nutrition journal table, record all food and drink consumed for **THREE** days. At least **ONE** weekend day (Saturday or Sunday) must be included. All columns within a row must be completed and detailed to earn full credit. You may add additional rows if necessary. If you list 1 serving of food, be sure to state how much 1 serving is.

For example: A sandwich should be itemized to be: 2 slices of bread (whole wheat), 2 slices of cheddar cheese, 1 tbsp of mayo & mustard, 4 slices of tomato, 2 leaves of lettuce, 2 slices of turkey.

Date and Day of the week	Time	Food/Beverage Consumed	Specific /Standardized measurement consumed (4 oz. ½ cup, 1 Tbsp, 4 slices, 8 pieces etc.)	Satiety Level After Eating Meal or Snack (1=hungry, 2=slightly hungry, 3=satisfied, 4=slightly full, 5=very full)
Thu 10/4	9 am	Turtle Cheesecake	1 piece	3
Thu 10/4	12 pm	Guacamole	¼ Cup	3
Thu 10/4	12 pm	Pico de Gallo	1/3 Cup	3
Thu 10/4	12 pm	Lettuce	½ Cup	3
Thu 10/4	12 pm	Brown Rice	1/3 Cup	3
Thu 10/4	12 pm	Black Beans	1/3 Cup	3
Thu 10/4	12 pm	Grilled Chicken	1/3 Cup	3
Thu 10/4	8 pm	Taco Tortilla	4 Pieces	3
Thu 10/4	8 pm	Pork	1 Cup	3
Fri 10/5	7 am	Croissant	1 Piece	3
Fri 10/5	Afternoon	Guacamole	¼ Cup	4
Fri 10/5	Afternoon	Pico de Gallo	1/3 Cup	4
Fri 10/5	Afternoon	Lettuce	½ Cup	4
Fri 10/5	Afternoon	Brown Rice	1/3 Cup	4

Fri 10/5	Afternoon	Black Beans	1/3 Cup	4
Fri 10/5	Afternoon	Grilled Chicken	1/3 Cup	4
Fri 10/5	Evening	Cheese Pizza	2 Slices	3
Sat 10/6	Noon	Meat Pizza	2 Slices	3
Sat 10/6	Evening	Guacamole	¼ Cup	5
Sat 10/6	Evening	Pico de Gallo	1/3 Cup	5
Sat 10/6	Evening	Lettuce	½ Cup	5
Sat 10/6	Evening	Brown Rice	2/3 Cup	5
Sat 10/6	Evening	Black Beans	1/3 Cup	5
Sat 10/6	Evening	Grilled Chicken	1/3 Cup	5
Sat 10/6	Night	Gummy Worms	12 pieces	5 – felt kinda sick

Total number/servings of vegetables consumed over 3 days:2

Total number/servings of fruit consumed over 3 days: 2

Total ounces of water consumed: 40 oz

STEP 3B: ACTIVITY AND SEDENTARY BEHAVIOR JOURNALING

Record **ALL ACTIVITY and SEDENTARY time** engaged in for 3 days (one day must be a weekend day). Each day should have between **10 and 12 hours of activity logged**. *Do not count sleep*. All columns within a row must be completed and detailed to earn full credit. Indicate time spent sitting, exercising (what type, intensity, and duration), walking, biking, etc. You can combine activities that you do throughout your day (for example: walking to and from class = 10min x 4times = 40 min).

Refer to the following definitions when labeling the intensity of exercise:

- **Sedentary:** Sitting, somewhat inactive or very little movement.
- **Low (Light):** Routine tasks associated with day-to-day life, such as walking or stretching.
- **Moderate:** Breathing and heart rate are accelerated but conversation is comfortable.
- **Vigorous:** Breathing and heart rate considerably elevated; unable to hold conversation.

Date and Day of the week	Type of Activity (walking, sitting, studying, swimming, resistance training etc.)	Detailed explanation of activity or sedentary behaviors. For example: 8 reps, 2 sets of 10 push-ups, 1500m swimming, Heart rate during exercise; studying in the library; sitting in class.	Duration of Activity or Sedentary Behavior (minutes or hours)	Intensity (sedentary, low, moderate, vigorous)
Thu 10/4	Sitting	Being in class sitting in chairs/desks	2 hours	Sedentary
Thu 10/4	Running	Playing basketball in dixon	1.5 hours	Moderate
Thu 10/4	Sitting and eating	Eating with friends	1 hour	Sedentary
Thu 10/4	Walking, running, standing	Hanging out with friends, goofing off in a field	2 hours	Low
Fri 10/5	Standing, walking, using hands	Working at the dining center, making burritos	4 hours	Low
Fri 10/5	Running	Playing frisbee casually with friends	50 minutes	Moderate

Fri 10/5	Walking	Going to WinCo and shopping	2 hours	Low
Fri 10/5	Sitting on the floor	Viewing a movie film	3.5 hours	Sedentary
Sat 10/6	Standing + Sitting	Choir Rehearsal	3.5 hours	Low
Sat 10/6	Lifting Wieghts	5 Sets of Squats, 3 Sets of Military Presses, 3 Sets of RDL, 4 Sets of Russian Twist	2 hours	Moderate
Sat 10/6	Standing, walking, using hands	Working at the dining center making burritos,	4 hours	Low
Sat 10/6	Sitting on the floor	Viewing a movie film	2 hours	Sedentary

Total time (in hours and/or minutes) spent in sedentary behaviors: 9.5 Hours Sedentary

Total time (hours/min) spent in low intensity activity: 15.5 Hours

Total time (hours/min) spent in moderate intensity physical activity: 5 Hours 50 Minutes

Total time (hours/min) spent in vigorous intensity physical exercise: 0 Hours

Question #2: JOURNAL OBSERVATIONS

After reviewing **both** your nutrition and activity & sedentary behavior journals, **explain TWO** interesting perceptions/observations from your personal journals (one each is adequate although you may list 2 or 3). Consider proud accomplishments, areas for improvement or sustainability of eating or exercise patterns.

Perception(s) of food journaling:

I eat Mexican food very frequently, and as far as vegetables go, I seem to be lacking somewhat. Maybe instead of eating so many burritos I could have a salad occasionally.

Perception(s) of activity and sedentary behavior journaling:

I did not do any vigorous activity in the past three days. I think that I have so much low activity because of all the time I spend working standing around.

STEP 4: GOAL SETTING

Question #3: Now that you've assessed you current nutrition and activity patterns, let's set a specific goal.

This goal should be between approximately 4-6 weeks in length so you can track your progress over the term and yet be completed by the end of term.

Questions	Your SMART goal responses:
A. Write a COMPLETE 1-2 sentence SMART goal related to <u>nutrition OR exercise.</u>	I want to eat one serving (one cup) of vegetables every day, recording every day I successfully do so, and on November 17 I will look at my progress and how many days I've eaten one serving of vegetables.
B. Based on your complete SMART goal above, EXPLAIN each component in more detail:	

How is your goal <u>specific</u> ?	It is specifically one serving every day which is one cup.
How is your goal <u>measurable</u> ? (IMPORTANT: how will you track this goal on a daily basis)?	I'm tracking it on a calendar every day.
How is your goal <u>action-oriented</u> and <u>realistic</u> ?	It is realistic because one cup is not that much vegetables and eating this is something I can immediately take action on.
On what specific <u>date</u> will you complete or re-evaluate your goal? Is it within the 4-6 week time frame? (For example: When do you hope to achieve your goal or what is the <u>time</u> frame of your goal?)	I will reevaluate it on the 17 th of November.

STEP 5: OVERCOMING BARRIERS FOR YOUR SMART GOAL

Question #4: List and explain three potential barriers that could prevent you from being successful at achieving SMART goal. Describe three corresponding strategies you will incorporate in your life to overcome the barriers you listed. *Please note: A strategy is a careful plan or a plan of action; therefore be specific and practical in how you will overcome your listed barrier.*

Barrier 1: Being hungry for more than vegetables and eating something else instead.	Strategy 1: Get a salad in addition to whatever else I am eating that day.
Barrier 2: Not being able to afford buying so many vegetables.	Strategy 2: Write down my daily budget and plan it with the intention of getting vegetables as part of it.
Barrier 3: Not having enough time to eat a salad in addition to my other food.	Strategy 3: Plan a little more time to eat my meals than I typically would do.

**Final Instructions: Save as a .pdf (recommended).
Upload your assignment to Canvas by the due date.
Double check your uploaded document for errors.**