



Let's get **better** together



Welcome to Warrior Wellness at RGH

We are excited that you are joining us for 8 weeks full of fun, healthy competition. Over the next 8 weeks you will track your food intake, record workouts, set goals for yourself and most of all HAVE FUN. The points you earn will be added to your team total to help you and your teammates stay accountable. Remember the team to score the most points and the top three individuals will earn prizes. Everyone will receive a T-shirt at the end of the 8 weeks. This challenge is meant for everybody-it is more than inches around your waist and numbers on the scale. This is all about you and your wellness. Do you want to work on eating balanced meals? Lose some pounds? Cut down on how much time you are sedentary? Run a 5k? Get your 8 hours of sleep every night? Whatever it is- go after it!

Weekly Focus

Week 1: Goal Setting and Action Planning; Measurements Recorded

Week 2: Nutrition and Healthy Eating

Week 3: Exercise and Physical Activity

Week 4: Mind/Body: Stress Management & Sleep

Week 5: HALF- WAY! Measurements Recorded; Nutrition and Healthy Eating 2

Week 6: Exercise and Physical Activity 2

Week 7: Mind/Body 2: Gratitude and Positive Thinking

Week 8: Post-Challenge Measurements and Goal Evaluation

Measurements **Week 1**

Height : _____
Weight: _____
Arm: _____
Waist: _____
Hip: _____
Thigh: _____
Blood Pressure: _____

Measurements **Week 5**

Height : _____
Weight: _____
Arm: _____
Waist: _____
Hip: _____
Thigh: _____
Blood Pressure: _____

Measurements **Week 8**

Height : _____
Weight: _____
Arm: _____
Waist: _____
Hip: _____
Thigh: _____
Blood Pressure: _____

Warrior **Action** Plan Example

1. Come up with a goal: Something you WANT to do:

To begin walking

2. Break down your goal:

What? To walk regularly

Where? Around my block

How Much? 1 mile

How Often? 3 times a week

When? Monday, Wednesday and Friday after work

3. Barriers: Being tired after work. Needing to take care of my kids and cook dinner

4. Plans to overcome barriers:

I am going to walk with my kids and prepare meals in advance so it doesn't take as long to cook. I am going to go walk before I start any chores at home.

5. Confidence rating: 7 /10 (0 - 10)

6. Evaluate:

I was able to meet my goal for the week. I walked more than a mile on Monday, Wednesday, and Friday! I did a good job of walking right away when I got home and my kids were glad to go with me.

Warrior **Action** Plan

1. Come up with a goal: Something you WANT to do:

2. Break down your goal:

What? _____

Where? _____

How Much? _____

How Often? _____

When? _____

3. Barriers: _____

4. Plans to overcome barriers:

5. Confidence rating: ___/10 (0 - 10)

6. Evaluate:

Did you meet your goal? Why or Why not? What did you do well? What could you improve on?

Date

Breakfast

Lunch

Dinner/Snacks

Water

Exercise

Sunday

Saturday

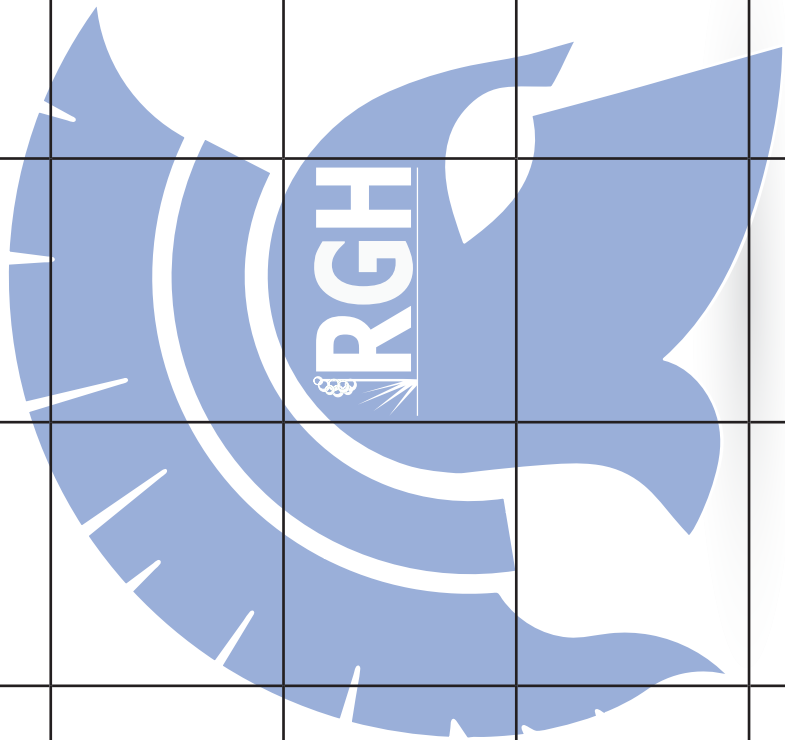
Friday

Thursday

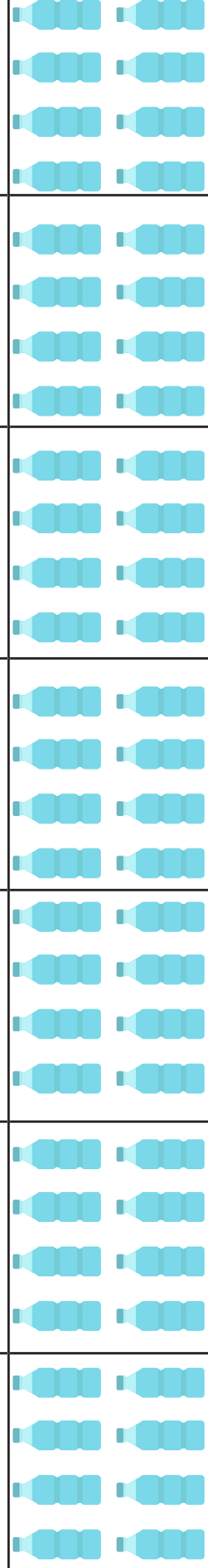
Wednesday

Tuesday

Monday



Wellness Warrior Challenge



Warrior **Action** Plan

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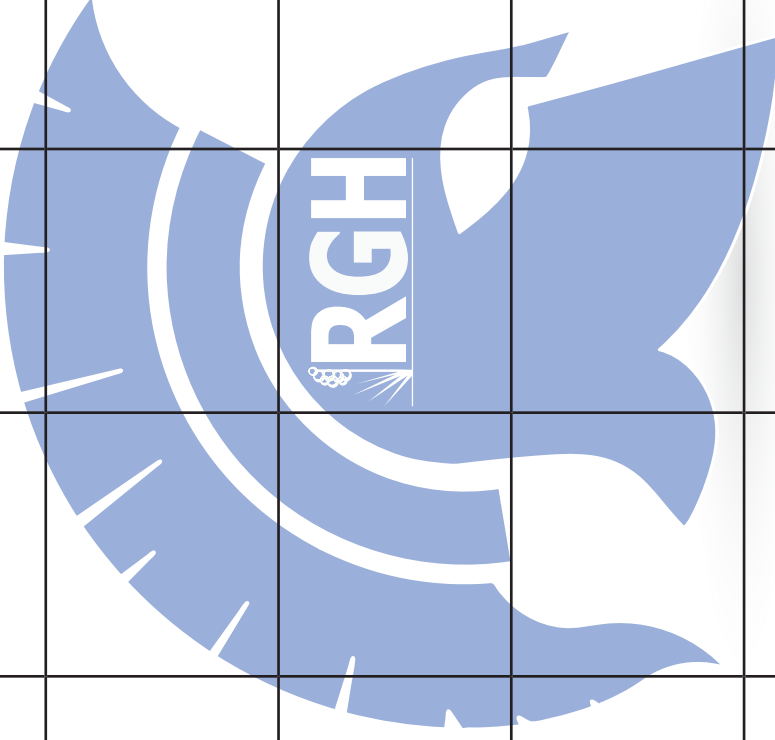
Lunch

Dinner/Snacks

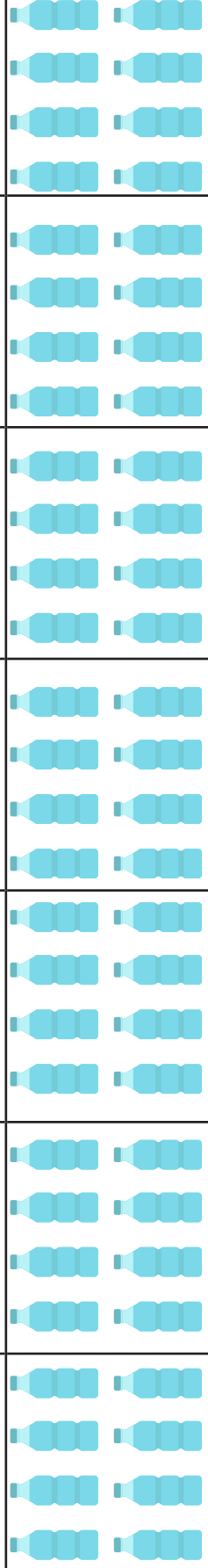
Water

Exercise

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday



Wellness Warrior Challenge



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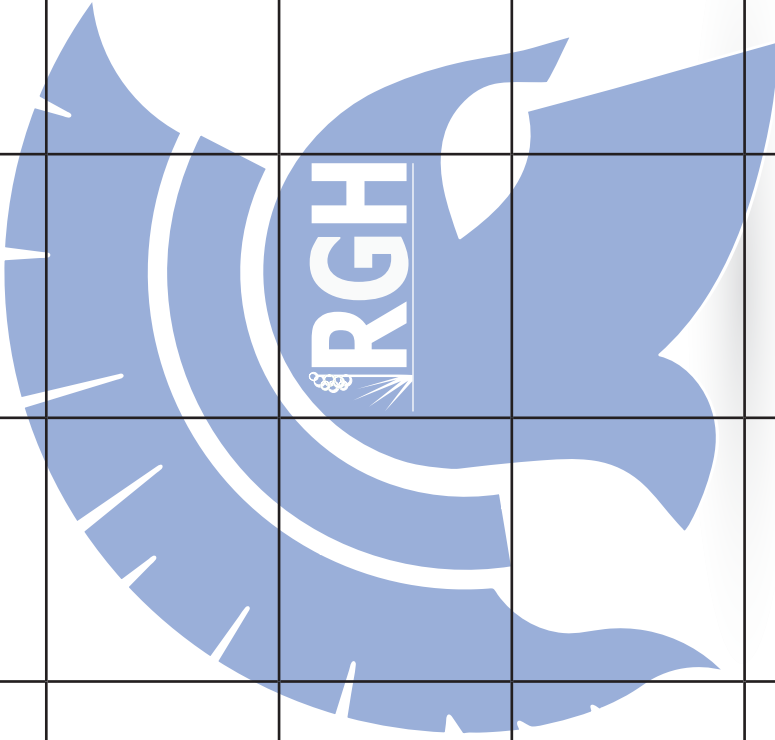
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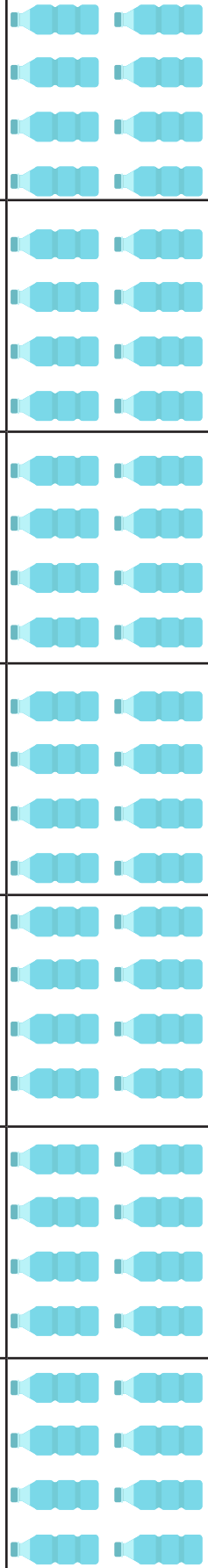
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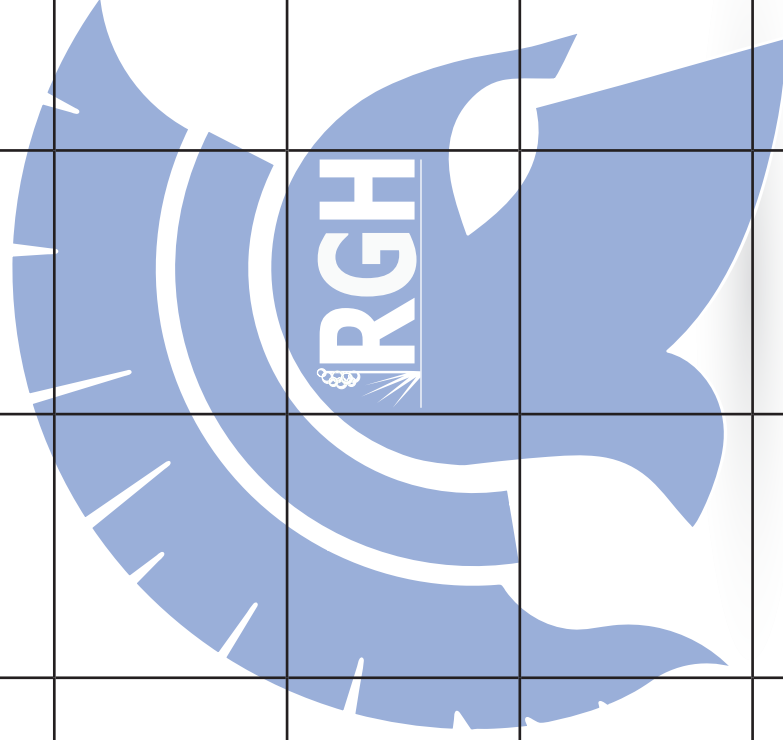
Lunch

Dinner/Snacks

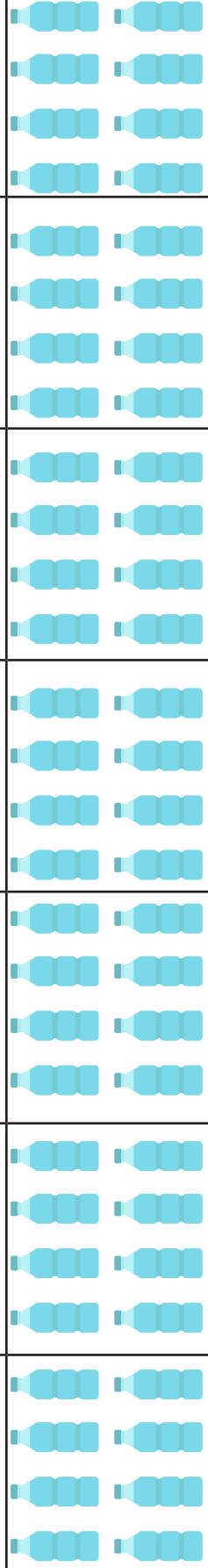
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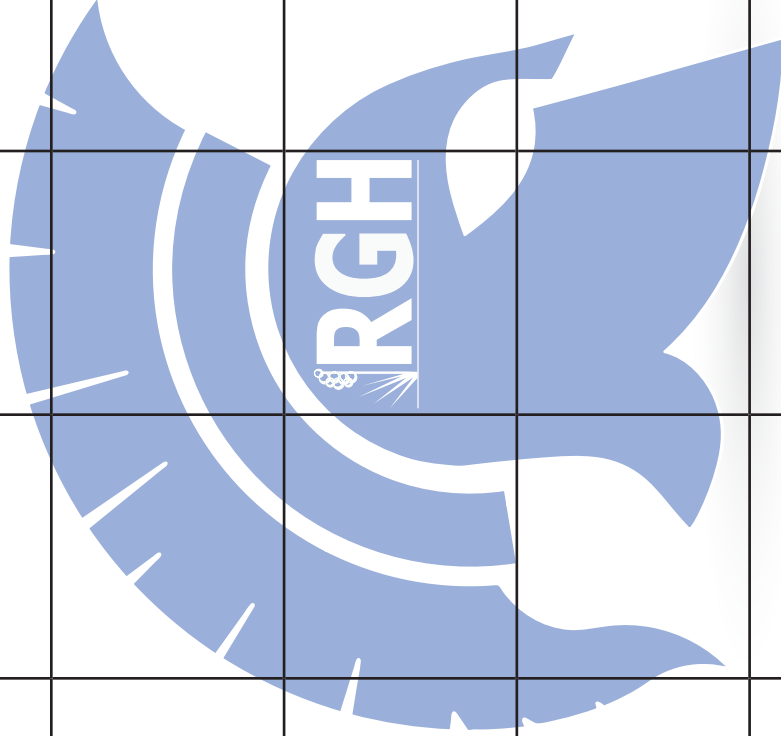
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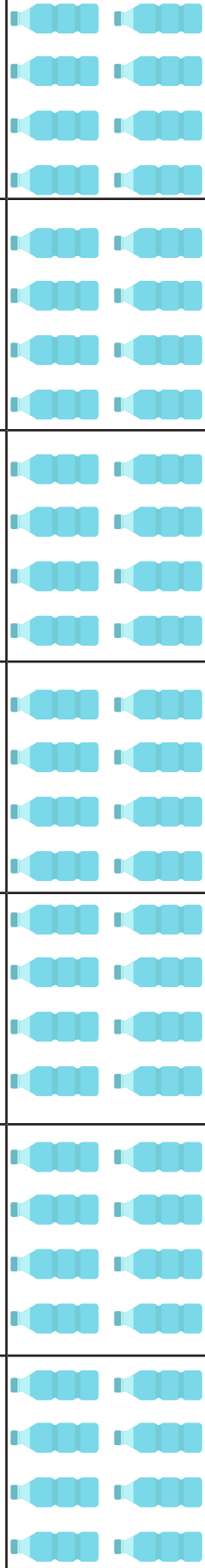
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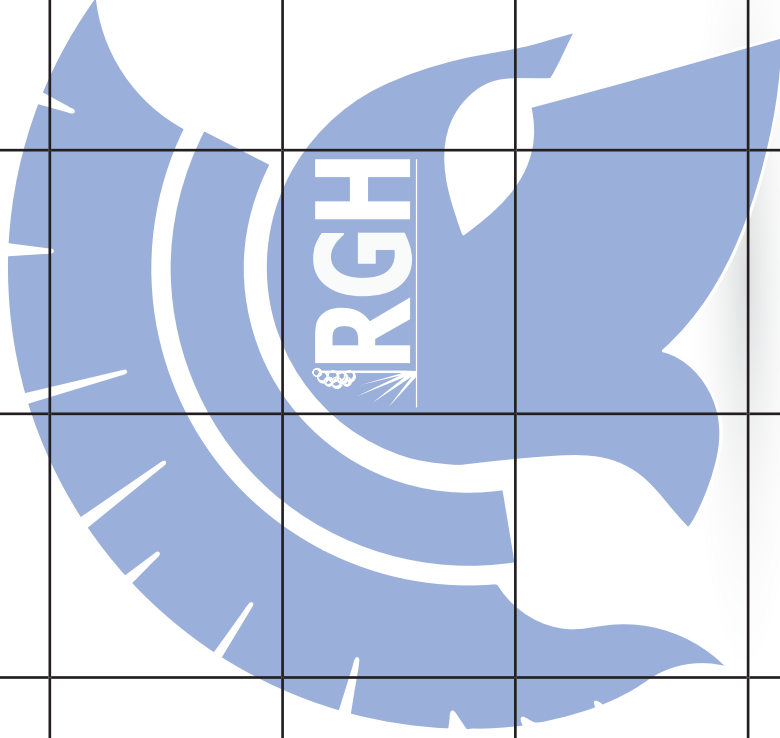
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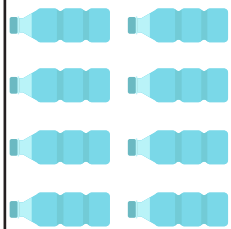
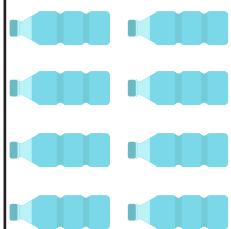
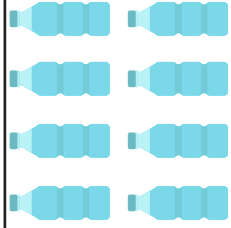
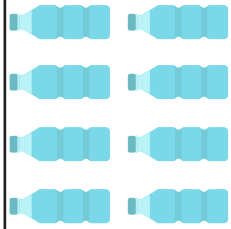
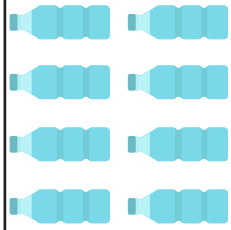
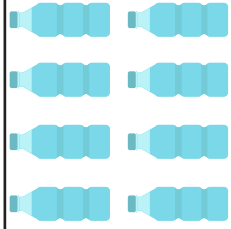
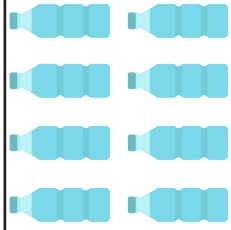
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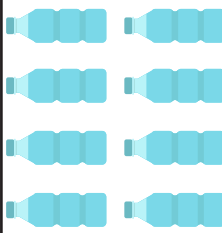
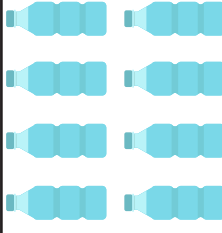
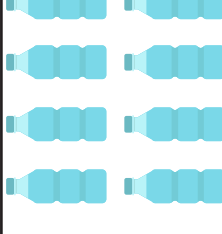
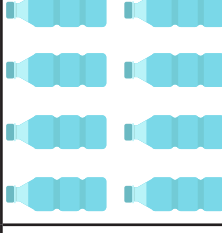
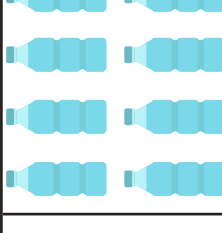
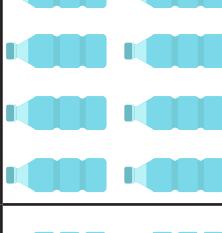
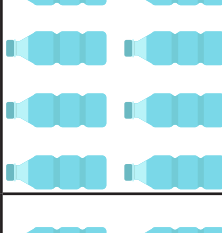
3. Barriers: _____

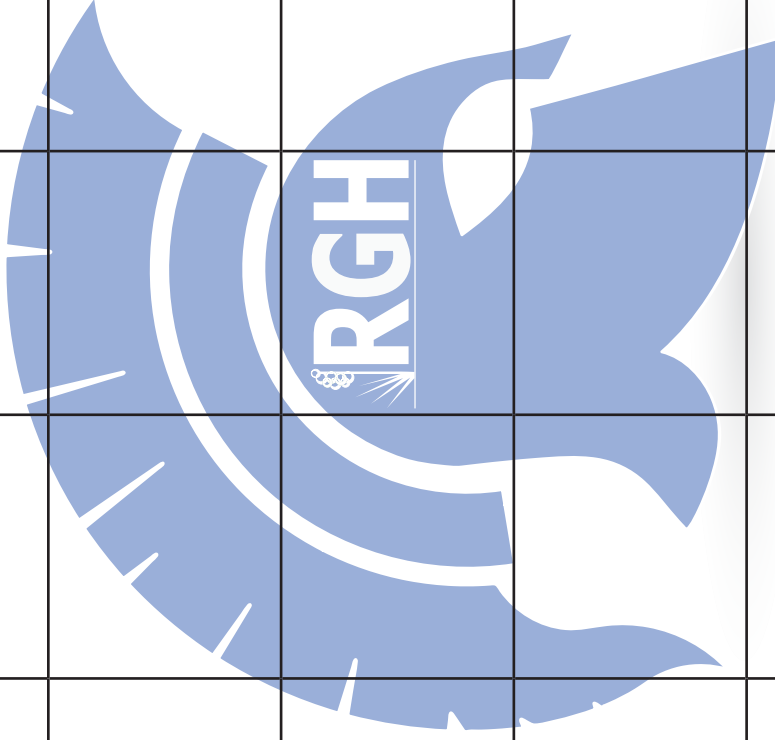
4. Plans to overcome barriers:

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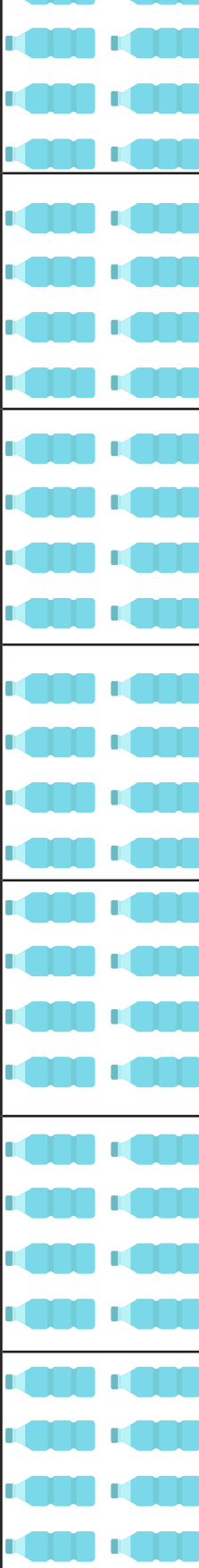
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| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|---|---|---|--|---|---|--|
| Date | | | | | | | |
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner/Snacks | | | | | | | |
| Water |  |  |  |  |  |  |  |
| Exercise | | | | | | | |



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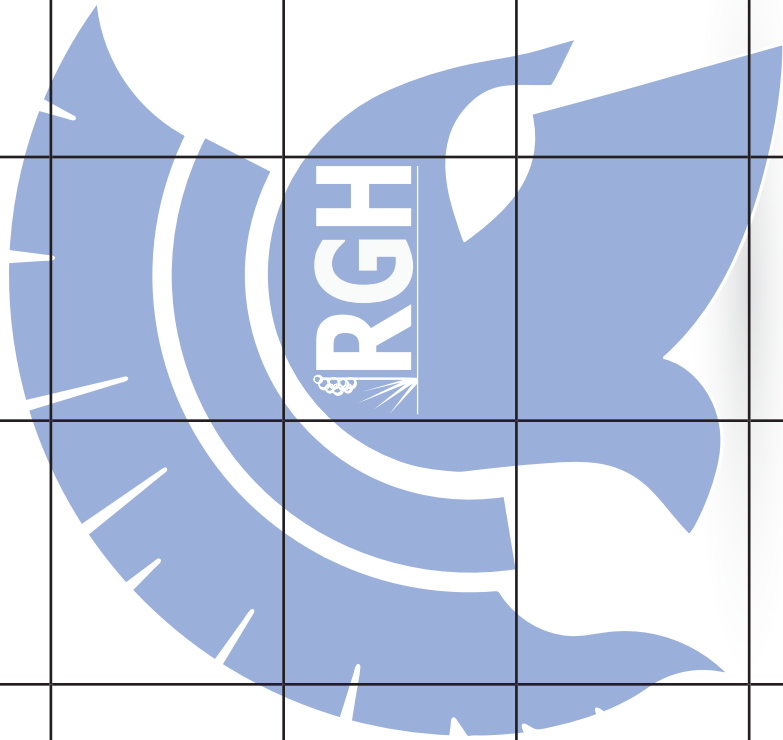
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Wellness Warrior Challenge

