



MY CHECK-IN

name: _____

Following the “check-in” guide, make a note of where you think you are at for each of the areas below, right now. Then “check-in” at the end of the Zespri Young and Healthy Virtual Adventure to see if you’ve noticed any changes

	Before Date: _____	After Date: _____
Do I do 60 mins or more of activity most days? How did I go with these check-ins? Back Scratch Mind your Middle Sit & Reach Sit or Squat Balance Wall or Floor Press		
Do I get a good night of sleep most of the time? (About 9-10 hours is good)		
Do I drink enough water most days (about 5-9 cups is good)?		
Most days, do I eat at least; <ul style="list-style-type: none"> • a couple of servings of fruit • up to 5 servings of veges. 		
Do I spend 2 hours or less on a device each day (less is better)? Replace it with getting outside in nature, reading or playing a game!		
Do I take moments to be mindful or do deep belly breathing, if I need them to calm or energise me?		
I don't each much sugary or fatty snack (“sometimes”) food (e.g chippies, sweets, soft drinks etc) each day. 1 serving a day is good to aim for		