
EXERCISE: Why Is Healthful Living Important to Me?

Have your child fill out this worksheet to tap into what he fundamentally desires that connects him to healthful living. He should check off the statements that apply to him and fill in additional desires. *Remind him that health underpins all the values he holds.* For example, if he is not feeling well, then he cannot participate in his playoff game (fitness, freedom/independence), go to the movies with his friends (relationships), or celebrate his great-grandmother's ninetieth birthday (relationships).

RELATIONSHIPS:

- I want to improve my connection with my friends (e.g., have been avoiding them because of shame).
- I want to improve my connection with family (e.g., arguments around eating behavior).
- I want to go with friends to activities where food is present.
- I want to eat with others.
- I want to attend social events where physical activities are involved.
- I want to engage in physical activities with friends.
- I want to _____.

HEALTH:

- I want to get sick less often.
- I want to sleep better.
- I want to be less tired.
- I want to get a clean bill of health from my doctor.
- I want to _____.

FITNESS:

- I want to be stronger.
- I want to be more energetic.
- I want to be more agile and flexible when I _____.

- I want to be able to move at a faster pace when I am _____.
- I want to _____.

PHYSICAL COMFORT:

- I want to fit more comfortably in my clothing.
- I want to be able to go anywhere and not be restricted because of the space I need to accommodate my size.
- I want to feel more comfortable when I'm engaging in _____.
- I want to _____.

SELF-ACCEPTANCE/SELF-LOVE:

- I want to stop wasting my time and money on quick fixes that leave me feeling _____.
- I want to have greater confidence in myself and my ability to _____.
- I want to be less self-critical.
- I want to acknowledge and feel proud of myself for my accomplishments.
- I want to _____.

FREEDOM/INDEPENDENCE:

- I want to spend less time hyper-focusing on _____ (e.g., my next meal, when I will have time to exercise, etc.) and more time focusing on living my life meaningfully.
- I want to do more things than I used to do because _____ (e.g., eating large portions, overeating sweets, not exercising enough, etc.) is holding me back.
- I want to buy clothing that I like and that makes me feel proud.
- I want to be able to pick from a variety of different styles and types of clothing.
- I want to attend events of my choosing no matter what I'm required to wear.
- I want to try new activities.
- I want engage more in community and school activities.
- I want to _____.

Consider each of these. Which values do you hold? Check them off. Are there others that you would include? What are they? In order, which are most important and connect you with healthful living?

- Relationships
- Health
- Fitness
- Physical Comfort
- Self-Acceptance/Self-Love
- Freedom/Independence
- Other _____

This strategy will help your child identify why healthful eating and engaging in physical exercise are important to him. His values need to be what he selects as truly meaningful. As a parent, you may think that he should care about his health for the same reasons that you do. But each child is unique, and his individual reasons are valid, important, and the key to what will motivate him toward healthful living.

EXERCISE: Self-Evaluation

Ask your child to rate and evaluate his willingness to change, eating behaviors, hunger and cravings, and emotional eating.

WILLINGNESS LEVEL

In these scenarios, rate your willingness: 0 (not willing), 1 (slightly willing), 2 (moderately willing), or 3 (very willing).

How willing are you to adjust your eating and exercise habits? _____

How willing are you to prepare healthier choices or ask your parents or someone else for help with the preparation? _____

How willing are you to put in the time needed to exercise? _____

How willing are you to put in the effort to find a method of exercising or physical fitness that you will stick to? _____

How willing are you to tell relevant people that you are changing the way you eat? _____

How willing are you to experience uncomfortable thoughts and feelings in the course of improving your healthful eating and exercise behaviors? _____

EATING BEHAVIORS

Indicate how often you perform these: 0 (never), 1 (occasionally), 2 (moderately often), or 3 (very often).

How often do you eat standing up (or get out of your seat while you are eating)? _____

How often do you eat quickly and find yourself being one of the first ones at the table to finish their meal? _____

How often do you forget to notice every bite you are eating because you are distracted by other things (e.g., TV, electronics, etc.)? _____

How often are you frustrated or disappointed because you ate more than you intended to? _____

How often are you frustrated or disappointed because you intended to make healthier food choices? _____

How often do you feel it is unfair because it seems as if your friends or others are eating whatever or as much as they like? _____

How often do you feel deprived because you are not able to eat the things you like to eat? _____

How often do you think that committing to your health is just too hard? _____

How often do you feel that committing to healthful behavior is just not worth it? _____

HUNGER AND CRAVINGS

Indicate how often you experience these: 0 (never), 1 (occasionally), 2 (moderately often), or 3 (very often).

How often do you try to avoid your hunger or cravings and eat in anticipation of feeling hungry or that you'll have a craving? _____

How often do you think, I really need to eat something now?

How often do you make excuses and rationalize why you're eating something or the amount you're choosing to eat? _____

How often are you unsure if you're really hungry or not? _____

How often are you confused whether you're hungry or thirsty?

How often do you feel that only one type of food will satiate you and your hunger? _____

EMOTIONAL EATING

Indicate how often you experience these: 0 (never), 1 (occasionally), 2 (moderately often), or 3 (very often).

How often do you eat more than you ordinarily would when you're feeling . . .

Down, sad, or disappointed? _____

Nervous, worried, or anxious? _____

Lonely? _____

Angry, frustrated, or annoyed? _____

Bored? _____

Like procrastinating about doing something you know you
should do? _____

Tired? _____

Physically unwell? _____

EXERCISE: Rating Your Hunger

Have your child monitor her hunger over the course of approximately three days. Try to have her do it both on days when she has a structured schedule and when she has free time (school days and the weekend). See if there is noticeable variation between those days. She can use the following chart to monitor her hunger.

RATING YOUR HUNGER
(0 BEING THE WEAKEST AND 5 THE STRONGEST)

TIME OF DAY (include specific time)	HOW I PHYSICALLY FEEL	STRENGTH OF HUNGER (0-5)	IS THIS DUE TO ACTUAL HUNGER, DESIRE, CRAVING, OR THIRST?
Before Breakfast:			
During Breakfast:			
Following Breakfast:			
Before Lunch:			
During Lunch:			
Following Lunch:			
Before Dinner:			
During Dinner:			
Following Dinner:			
Early Evening:			
Late Evening:			
Notes (What did you notice and learn about yourself?):			

EXERCISE: Evaluating Your Cravings

Have your child evaluate his cravings so that he has greater awareness about the specific foods, time of day, level of discomfort, and what strategies are most effective to curb the cravings. With greater awareness, there's more of a chance that mindful strategies will be used. Try to do it over a period of three days, during both structured (school days) and less structured days (on the weekend), to see if there's any variation.

EVALUATING CRAVINGS³⁷

DAY AND TIME OF CRAVING			
How uncomfortable was the craving? (Scale of 0–5, 0 being the least, 5 the most.)			
How long did the craving last?			
What was going through my mind throughout the craving?			
Did I use any anti-craving techniques (drank water, listened to music, etc.)? If so, list them.			
Which techniques worked the best or didn't work at all?			

EXERCISE: Activities to De-escalate Cravings

In addition to the thinking and behavioral techniques described, ask your child to try using these activities when cravings are at an all-time peak and the intensity of feelings doesn't allow for other mindfulness or problem-solving techniques.

Assess how effective these activities are (or think back to a time when you tried to distract yourself from a craving. Rate the effectiveness of these activities to suppress cravings on a scale from 0 (not effective at all) to 5 (most effective).

DISTRACTION LIST

- Write in a journal
- Formulate and read power cards
(see Chapter 4)
- Surf the Internet
- Write emails
- Speak to a friend

EFFECTIVENESS

DISTRACTION LIST**EFFECTIVENESS**

- | | |
|---|-------|
| <input type="checkbox"/> Speak to a family member | _____ |
| <input type="checkbox"/> Do mindfulness or stress management techniques | _____ |
| <input type="checkbox"/> Watch television | _____ |
| <input type="checkbox"/> Play a computer game | _____ |
| <input type="checkbox"/> Play a board game/cards | _____ |
| <input type="checkbox"/> Read a book or magazine | _____ |
| <input type="checkbox"/> Do a puzzle/word game | _____ |
| <input type="checkbox"/> Draw or do an arts and crafts project | _____ |
| <input type="checkbox"/> Listen to music | _____ |
| <input type="checkbox"/> Download new music | _____ |
| <input type="checkbox"/> Play a musical instrument | _____ |
| <input type="checkbox"/> Organize your room or something else | _____ |
| <input type="checkbox"/> Play with a pet | _____ |
| <input type="checkbox"/> Take a bike ride/walk/jog | _____ |
| <input type="checkbox"/> Brush your teeth | _____ |
| <input type="checkbox"/> Take a bath/shower | _____ |
| <input type="checkbox"/> Polish your nails | _____ |
| <input type="checkbox"/> Chew gum | _____ |
| <input type="checkbox"/> Drink water or a low-calorie beverage | _____ |
| <input type="checkbox"/> Other _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ |

EMOTIONAL EATING RECORD

EVENT OR SITUATION/ TRIGGER	THOUGHTS	FEELINGS	DIRECT ACTION TAKEN OR TO TAKE
<i>Example:</i> I got into an argument with my mother.	I deserve and will make myself feel better by eating ice cream and chocolate.	I am feeling hopeless, sad, and frustrated.	I chatted with a supportive friend where I was able to share my feelings, and later I listened to my favorite music and tapped into my sadness.

EXERCISE: Common Rationalizations/Excuses⁵³

Sit down with your child and have her check off each item on the list below that applies to her.

- Watching what I eat is too hard.
- It is not that fattening.
- I don't care.
- I will make up for it later.
- It is okay to eat this.
- It will go to waste if I don't eat it.
- I should eat it because it's free.
- It is not fair.
- Everyone else is eating.
- I am not going to let anyone tell me what I can or cannot eat.
- I don't want to disappoint or inconvenience _____.
- I deserve to eat this.
- I am anxious.
- I am tired.
- I am sad/upset.
- I am bored.
- I just exercised (played ball, ran, etc.), so I can have this.
- I will just eat these few nibbles.
- It is a special occasion.
- I am treating myself.
- I can start eating more healthfully again tomorrow.
- I really want it.
- I will never stick with this practice, anyway.
- It's freshly cooked/baked.
- No one will know.
- I have no willpower.
- I will end up eating it eventually.
- I will burn it off later.
- I will only have one piece.

- It is fat-free/low-calorie.
- I won't have this again for a long time.
- I do not usually eat this.
- I paid for it.
- Healthy food doesn't taste as good.
- I'm big-boned.
- It's genetic—I'm just born this way.
- It won't matter.
- I did not eat lunch (breakfast, dinner), so I am making up for it.
- Other _____

AREAS OF CHALLENGE	HOW THEY SHOW UP FOR ME
Negative thoughts about myself (e.g., I don't finish what I start, I'm lazy, etc.)	
Eating behavior (e.g., I overeat, hide food, etc.)	
Exercise behavior (e.g., I don't want to try anything new, I don't consistently exercise, etc.)	
Hunger (e.g., I get really hungry late at night, I skip meals and am left famished, etc.)	
Triggers (e.g., I'm triggered by smells of food, how I'm feeling physically, etc.)	
Cravings (e.g., I crave chocolate and peanut butter, etc.)	
Emotional eating (e.g., I overeat when I'm lonely and bored, etc.)	
Stinking thinking (e.g., I tend to have all-or-nothing or catastrophizing thinking, etc.)	
Rationalization (e.g., I tend to think that I'll only have one piece of cake or that I need it, etc.)	
Circumstances (e.g., peer pressure, family stress, physical condition, etc.)	

(Distinguish between in-school and out-of-school hours.)

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

TOTAL # OF HOURS _____

How much strength training activity are you getting on a daily basis?

(Distinguish between in-school and out-of-school hours.)

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

TOTAL # OF HOURS _____

TOTAL HOURS PER WEEK: Week 1 _____ Week 2 _____

How close is it to the 60 minutes a day that is recommended by the CDC? _____

In school, how close is it to the 150 minutes (middle school) or 225 minutes (high school) per week that is recommended? _____

What is keeping you from engaging in PE at school? (*Check all those that apply*)

- They don't offer it enough at school.
- There is a lack of programming for my fitness level.
- I can't make it on a team.
- I feel embarrassed or intimidated.
- Other _____

These are the ten most common reasons people don't adopt a more physically active lifestyle.¹⁵² Which ones apply to you?

- Don't have enough time
- Find it inconvenient
- Lack self-motivation
- Do not find exercise enjoyable
- Find it boring
- Lack confidence in my ability to be physically active
- Fear being injured or have been injured recently
- Lack self-management skills, such as the ability to set personal goals, monitor progress, or reward progress toward such goals

- Lack support, encouragement, or companionship from family and friends
- Do not have parks, sidewalks, bicycle trails, or safe and pleasant walking paths convenient to my home
- Other _____
- Other _____

EXERCISE: Identify Negative Thoughts

Ask your child to use the following list to check off the unhelpful thoughts that hold him back from exercising. *(Check all those that apply)*

- I'm not an exercise person.
- I don't like to sweat.
- I get out of breath too quickly.
- I'm much more of a _____ kid and not an athlete.
- I'm not good at it.
- I don't know how to exercise.
- I don't like being sore.
- I don't like the way I look when I exercise.
- I don't like to do it alone.
- I don't have anywhere to exercise.
- Why start? I'm never going to be able to keep this up.
- I have too much school work.
- Other _____

EXERCISE: Create a Daily Log

Your child should fill out this daily log for a week and earmark specific times during those days for exercise, as well as types of activities that she'll commit to performing.

DAY OF WEEK	CARDIOVASCULAR ACTIVITIES	MUSCLE-STRENGTHENING ACTIVITIES
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		