

everyday healthy eating

DASH tracker

Week _____

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Check off each serving you eat. Feel good about every one!

	VEGETABLES AND FRUIT	MILK PRODUCTS	MY BLOOD PRESSURE
Monday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Tuesday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Wednesday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Thursday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Friday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Saturday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
Sunday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

DASH goal is 8-10 servings of
VEGETABLES AND FRUIT A DAY

DASH goal is 3 servings of
MILK PRODUCTS A DAY

**THIS WEEK, MY GOAL IS _____ DAILY
SERVING(S).**

**THIS WEEK, MY GOAL IS _____ DAILY
SERVING(S).**

I'm going to achieve it by _____

I'm going to achieve it by _____

How did I do this week and what can I do differently next week to help meet my goals?

<input checked="" type="checkbox"/> GOAL	COMMENTS
<input type="checkbox"/> I REACHED MY GOALS	Congratulations! You've done amazingly well. Maintain this change and you'll derive a lifetime of benefits. You are now ready to tackle your next goal.
<input type="checkbox"/> I ALMOST REACHED MY GOALS	You are doing great! Lasting change doesn't happen overnight. Remember that positive thoughts yield positive outcomes.
<input type="checkbox"/> I DIDN'T QUITE REACH MY GOALS	Every serving you checked off is great! Keep at it. Need some inspiration? Check the brochure for tips.