



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 & Healthy Virtual Adventure to see if you’ve noticed any changes

	Before Date: _____	After Date: _____
Do I get about 60 mins of movement or about 8,000 steps a day?		
Do I get a good night of sleep most of the time? (About 9-10 hours is good)		
Do I drink some water every day? (about 5-9 cups is good)		
Most days, do I eat at least; • a piece of fruit • and / or a vege e.g some carrot, broccoli.		
Do I spend 2 hours or less on a device each day? (less is better)		
Do I have moments of quiet or do I slow down to notice and slow my breathing, if I need to calm or energise myself?		
Do get some Vitamin “N” most days of the week e.g spending time outside in nature playing, walking or reading.		