



**Eat Well.
Move More.
Feel Great!**

“A HEALTHIER ME” COMMITMENT FORM

I am committed to beginning my healthy life!

In the upcoming weeks, I will commit to engage in:

Type of Exercise: _____ (e.g. walking, Zumba)

How often: _____ (# of days per week)

When: _____ (time of day)

Where: _____ (gym, outdoors, etc.)

With whom: _____ (friend, family member, alone)

In the upcoming week, I will make the following change in my diet:

What Change: (e.g. increase vegetables) _____

At What Meal(s): (e.g. at breakfast) _____

How: (e.g. add spinach to eggs) _____



Healthy Living
...for life!
Nutrition Services • Alameda County Public Health Department

Alameda County Public Health Department • Nutrition Services
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For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP, an equal opportunity provider and employer.
Visit www.cachampionsforchange.net for healthy tips. • California Department of Public Health