



PreventionPlusWellness™



# InShape

Wellness Lifestyle Training

Promoting Wellness Lifestyle  
Behaviors for Adults

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# *InShape WLT*

## **Section 1: Introduction**

**W**elcome to **InShape Wellness Lifestyle Training (WLT)**! **InShape WLT** is a quick and easy to use brief intervention for prevention and health professionals, peer leaders and others who want to promote healthy lifestyle behaviors among adults, including avoiding unhealthy alcohol and drug misuse.

**InShape WLT** is great for promoting the mental and physical wellbeing and resiliency of any adult group.

**InShape WLT** is founded on the evidence based InShape Prevention Plus Wellness program which has been shown to increase healthy habits and prevent substance misuse among young adults. Furthermore, it utilizes an evidence-based practices screening and brief intervention format recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**InShape WLT** is the only single-session program designed to increase wellness-enhancing

behaviors including physical activity, healthy eating, getting adequate sleep, practicing stress control and goal setting while avoiding harmful substance misuse. It can be implemented in any setting including community, health care, professional training, recreation, worksites, and others.

**InShape WLT** is founded on the Behavior-Image Model, a wellness-related framework that targets naturally motivating positive peer and desired future images to increase motivation for change and multiple health behavior goal setting to increase self-regulation skills and self-efficacy of participants.

**InShape WLT** takes about 60 minutes to implement, is highly flexible and can be used as a stand-alone intervention or training session, or as an add-on component to other professional, prevention, health, safety, fitness, recreation, education, intervention, or treatment programs. While it was created as a universal wellness

and prevention intervention, it can be used for high-risk populations.

The **InShape WLT** program was designed to help adults look and feel more active, fit and healthy using a three-step process of:

1. Screening adults for their current health habits to increase awareness of their wellness and substance use behaviors;
2. Providing feedback cuing desired future images and the benefits of engaging in the wellness behaviors and how substance misuse harms them, to increase motivation for change; and
3. Presenting a goal plan and contract to have adults set and monitor goals to increase wellness-promoting habits and avoid substance misuse enhancing self-control skills and self-efficacy.

Your **InShape WLT** program comes with a manual and a digital download of all reproducible

materials needed to implement your program to countless participants.

The **InShape WLT** program includes:

- Step-by-step implementation directions;
- A brief self-administered wellness behavior screening survey;
- A script for easy presentation of the lesson that introduces positive image content linking wellness and substance use behaviors;
- A set of colorful slides with illustrations of adults modeling wellness habits;
- A goal plan/contract for motivating and initiating multiple behavior change;
- Healthy Behavior Goal Setting Goals & Tips;
- Online or paper adult pretest and posttest surveys to evaluate immediate program effectiveness;
- An online or paper instructor's survey to assess

the quality of the lesson presentation;

- An online or paper fidelity checklist to increase implementation reliability;
- Online resources to support program implementation and evaluation;
- Phone and email program support; and
- Separate online or onsite certified training workshops to learn how to provide the

**InShape WLT** program, or train others to implement it, with fidelity and maximum effectiveness.

Thank you for choosing **InShape Wellness Lifestyle Training**. We know you will find **InShape WLT** an easy, enjoyable, and effective way to promote the mental and physical wellbeing of adults in your organization or region.

# *InShape WLT*

## **Section 2: Directions for Implementation**

## Steps for Implementing & Evaluating Your PPW Program

Welcome Prevention Plus Wellness Program Implementer! This information was created to help you successfully provide your Prevention Plus Wellness (PPW) Program to youth or adults.

If you have not already done so, we strongly encourage you to take one of our convenient online or onsite training workshops to become a Certified PPW Program Implementer or Trainer. Both workshops come with 3-year certification and are designed to ensure you learn how to implement your PPW Program with fidelity and maximum effectiveness.

Listed below are the steps and tools for implementing and evaluating your PPW Program:

1. Sign-up online to receive notices of invaluable PPW resources designed to ensure you experience maximum program reach, effectiveness, and sustainability at: <https://preventionpluswellness.com>
2. Prior to implementing your Prevention Plus Wellness (PPW) Program to youth or adults, practice the script at least three times, using the program's PowerPoint slides, screening survey, goal plan and Instructor's Survey.
3. Send any program PowerPoint slides you've tailored to your target population or needs to Prevention Plus Wellness for review and approval prior to using them.
4. Make copies of the screening survey, goal plan and pre and posttest surveys for all participants from the digital downloads provided.
5. Immediately before beginning the lesson, administer either the online or paper pretest survey to participants. Immediately after the lesson, implement the posttest survey. Customized links and QR codes can be



requested for the online surveys from Prevention Plus Wellness at:  
[info@preventionpluswellness.com](mailto:info@preventionpluswellness.com).

6. Implement the program using the script while showing the PowerPoint slides.
7. When done, read the goal plan with the participant(s) and help them complete it, sign it, you co-sign it, and have them take it home for daily monitoring.
8. If using the paper pretest and posttest surveys, collect both the pretest and posttest for each participant and keep them in pairs for later hand data entry.
9. You can follow-up with participants by having them complete one or more additional weekly goal plans.
10. Re-implement your PPW program every 6-12 months.
11. Complete an online or paper Instructor's Survey at the end of every lesson presented to assess and track the quality of program implementation.
12. Use the online or paper Fidelity Checklist to ensure you are implementing your PPW program reliably.
13. Request data charts and raw data from online or hand-entered paper pretest and posttest surveys at any time from Prevention Plus Wellness.

# ***InShape WLT***

## **Section 4: Lesson Script**

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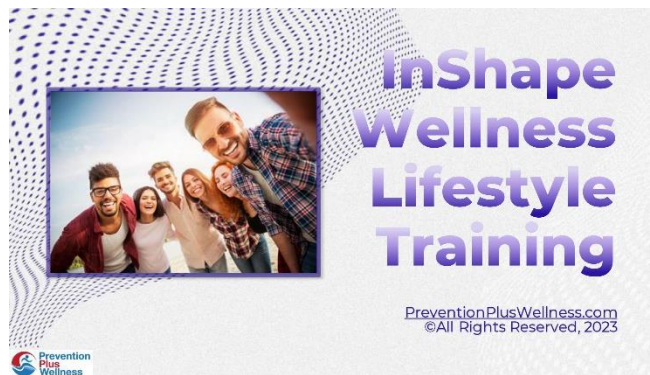
# InShape© Wellness Lifestyle Training (WLT)

## Lesson Script

### Introduction

(Before introducing the program, administer the pretest survey to participants by either showing the customized link/QR code to the online survey or handing out the paper survey. Give directions to complete the confidential survey and wait until everyone has completed it before launching the lesson introduction).

**(Show slide).**



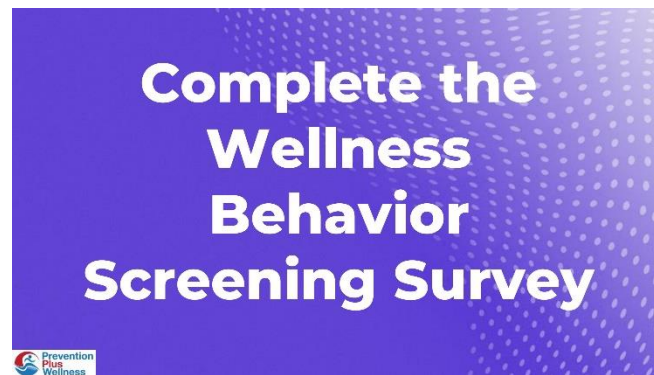
Welcome to **InShape Wellness Lifestyle Training!** I'm going to talk with you about things you can do to look and feel better, based on your current wellness habits. First, you'll learn about the links between engaging in specific wellness behaviors and resulting positive images. Then, you'll have an opportunity to identify concrete goals to enhance your overall fitness, performance and personal development.

### Wellness Behavior Screening Survey

(Distribute the screening survey to participants).

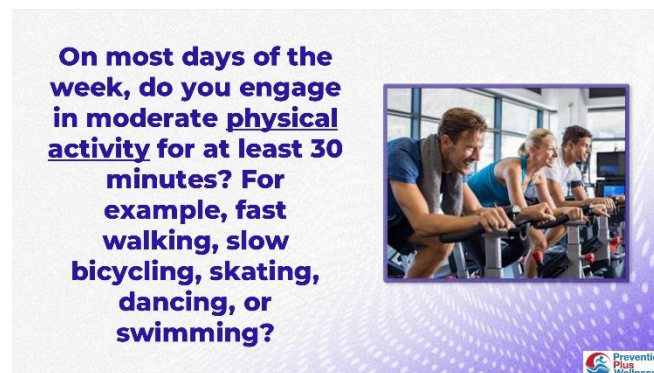
Now, please take out your copy of the InShape PPW Wellness Behavior Screening Survey. This tool is designed to assess your wellness level. The accuracy of this assessment is based on how honestly you answer each item, so please answer all questions truthfully. Your answers are strictly confidential. DO NOT PLACE YOUR NAME ON THIS FORM. We want your responses to remain private. Thank you. (Wait until everyone has completed the screen).

**(Show slide).**



### **1. Moderate Physical Activity**

**(Show slide). (Ask participants to answer to themselves).**



### **1. Benefits of Moderate Physical Activity (Show slide)**

**Regular physical activity:**

- Enhances mental well-being, self-esteem & confidence
- Eases anxiety & mild depression
- Reduces your stress level
- Let's you work harder & smarter

**Physically active adults:**

- Tend to feel more energetic
- Sleep better
- Look and feel more fit

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What types of moderate physical activity do you do, or might like to do more of? Keeping physically active is the key to achieving fitness and maintaining a healthy lifestyle. Adults who engage in regular physical activity tend to feel energetic, sleep better, and look and feel more physically fit.

Regular physical activity can enhance your mental well-being, self-esteem, and confidence, while easing anxiety and mild depression. Regular physical activity can reduce your stress level making you more relaxed, happy and unworried. Daily physical activity keeps you focused, and lets you work harder and smarter.

## 2. Substance Use Harms Moderate Physical Activities (Show slide)

**Alcohol, nicotine & cannabis interferes with a physically active lifestyle by:**

- Decreasing your energy level
- Causing feelings of discomfort, fatigue & poor coordination
- Harming your motivation & drive to exercise
- Increasing body fat & slowing physical performance

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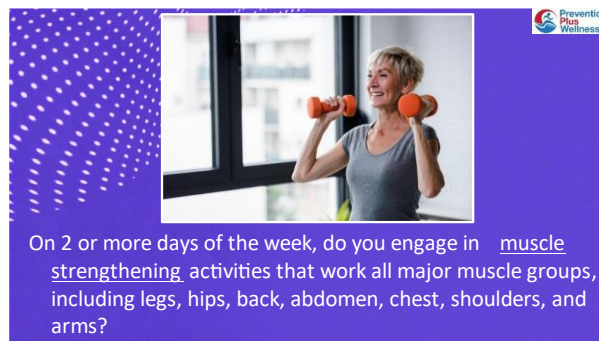
Meanwhile, using too much alcohol, smoking cigarettes or vaping e-cigarettes, using cannabis regularly, or using illegal drugs interferes

with creating a physically active lifestyle. Alcohol and other substance misuse can get in the way of your fitness goals by decreasing your energy level, and directly harming your fitness level and compromising your goals of being in-shape and feeling strong.

Too much alcohol causes feelings of discomfort, fatigue, poor coordination, and harms your motivation and drive to exercise. Heavy drinking and drug use may also counter exercise efforts by increasing body fat and slowing your physical performance.

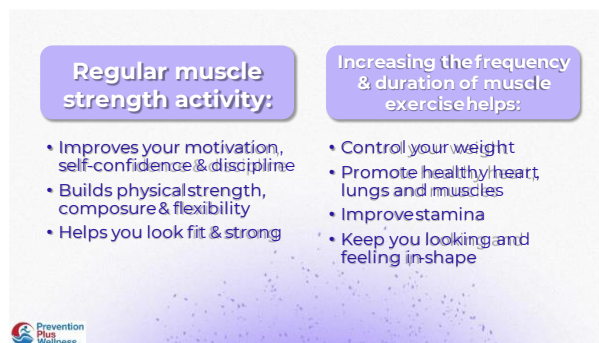
## 2. Muscle Strengthening Activities

(Show slide). (Ask participants to answer to themselves).



On 2 or more days of the week, do you engage in muscle strengthening activities that work all major muscle groups, including legs, hips, back, abdomen, chest, shoulders, and arms?

### 1. Benefits of Muscle Strengthening Activities (Show slide)

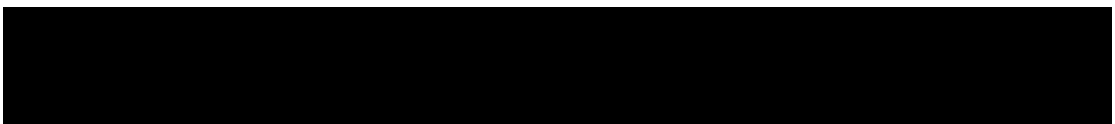


**Regular muscle strength activity:**

- Improves your motivation, self-confidence & discipline
- Builds physical strength, composure & flexibility
- Helps you look fit & strong

**Increasing the frequency & duration of muscle exercise helps:**

- Control your weight
- Promote healthy heart, lungs and muscles
- Improve stamina
- Keep you looking and feeling in-shape



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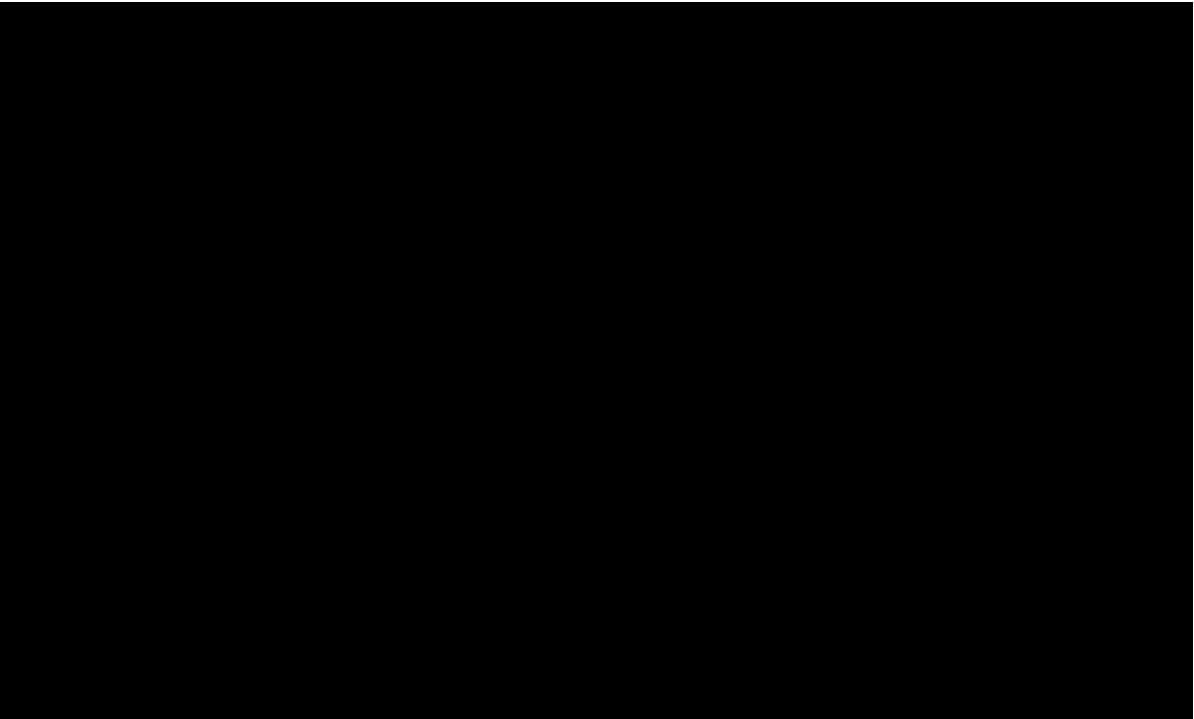


**2. Substance Use Harms Muscle Strengthening Activities (Show slide)**

**Heavy alcohol & drug use can:**

- Result in weight gain, loss of energy & motivation
- Cause bouts of feeling depressed & unhappy
- Harm your sense of relaxation, peace & motivation
- Cause embarrassing social moments, damaging your reputation & future success.

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**3. Healthy Nutrition**

(Show slide). (Ask participants to answer to themselves).

Does your everyday diet consist mostly of nutrient dense food? For example, whole grain breads, cereals and pasta; lean fish, lean poultry, and lean meat; dark green and red vegetables; and citrus and other fruits.

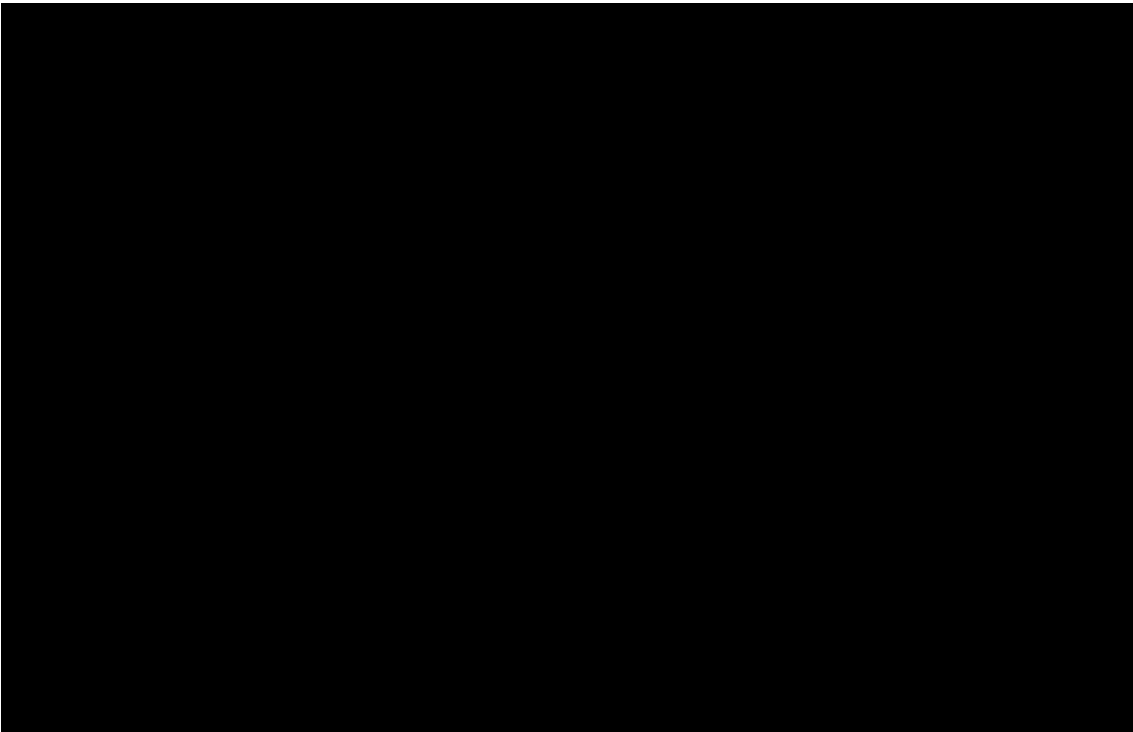



**1. Benefits of Healthy Nutrition (Show slide)**

**Eating nutrient-dense foods can:**

- Improve your energy level
- Prevent chronic disease
- Improve skin tone
- Give you shiny hair
- Promote muscle development
- Improve disposition & self-confidence





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**2. Substance Use Harms Healthy Nutrition (Show slide)**

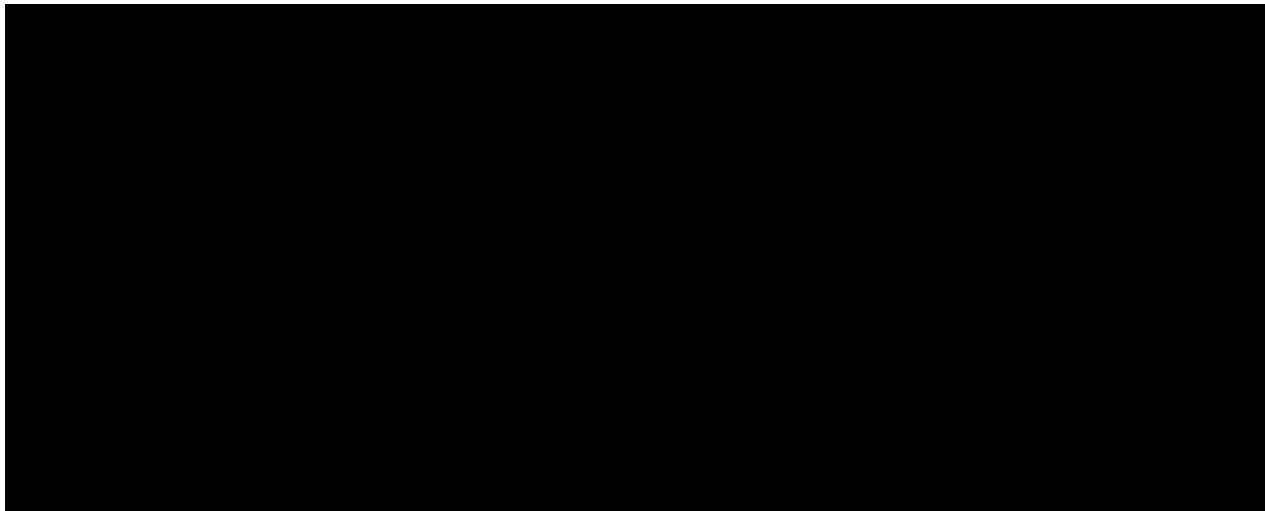
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- Alcohol adds empty calories to your diet, robbing your body of needed vitamins & minerals
- Heavy drinking & drug use makes it difficult to maintain a fit & active life
- Alcohol, cannabis & drug use can sap your body of energy needed for physical activity, work & play





#### **4. Getting Sufficient Sleep**

(Show slide). (Ask participants to answer to themselves).






**Do you usually get 7-8 hours of sleep each night?**

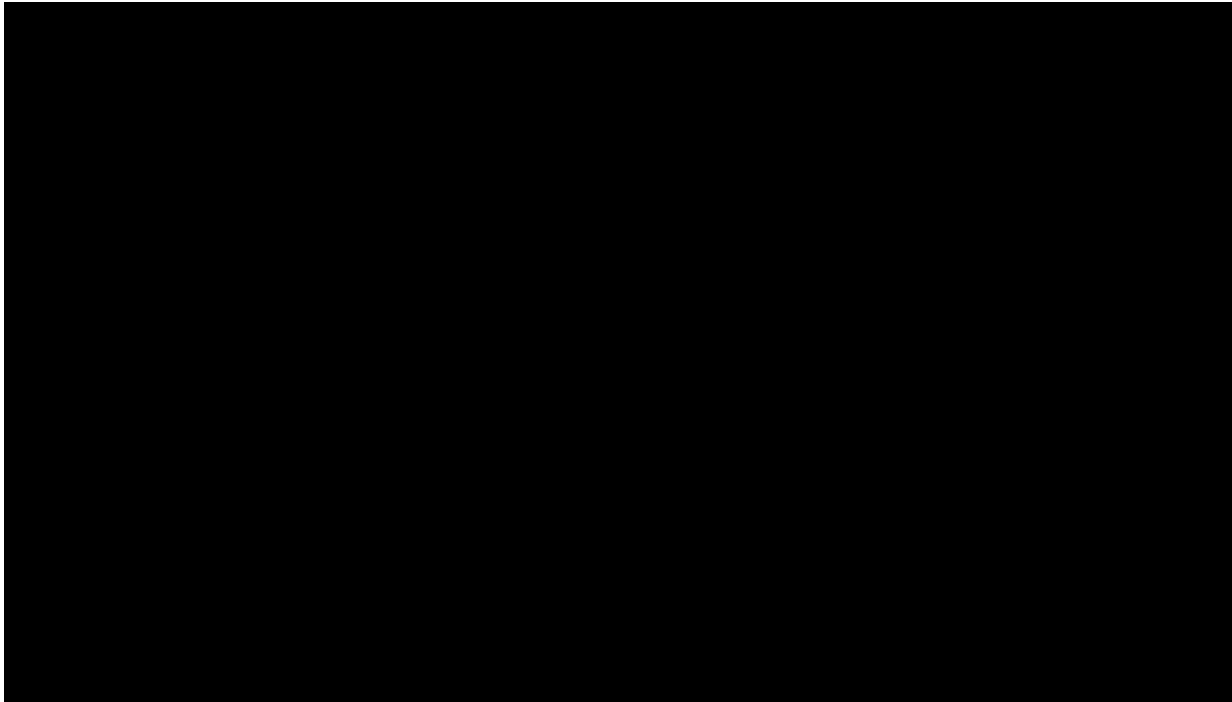
#### **1. Benefits of Getting Sufficient Sleep (Show slide)**

**Getting the right amount of sleep each night will:**

- Ensure the maximum energy needed to be physically active & fit
- Enhance your ability to think clearly throughout the day & retain facts
- Prevent unnecessary caloric intake
- Help you feel alert, confident & friendly
- Make you look good & feel energetic & motivated




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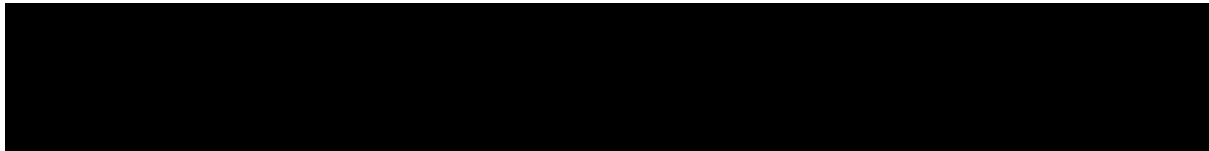
## 2. Substance Use Harms Getting Sleep (Show slide)



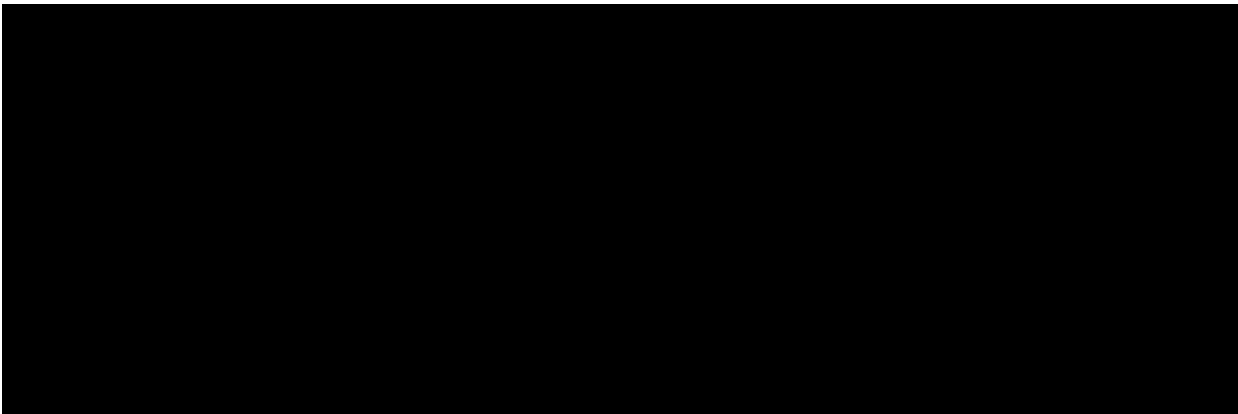
- Heavy drinking, smoking & vaping nicotine disrupts deep sleep patterns, causing you to wake-up feeling tired & jittery
- This conflicts with maintaining an active, high-energy lifestyle

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## 5. Controlling Stress

(Show slide). (Ask participants to answer to themselves).

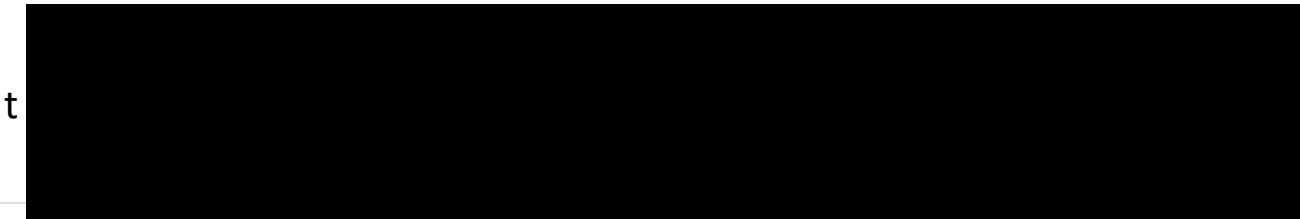
**On most days, do you use stress control techniques?  
For example, progressive muscle relaxation, meditation, tai chi, yoga, deep breathing, or regular exercise/physical activity.**

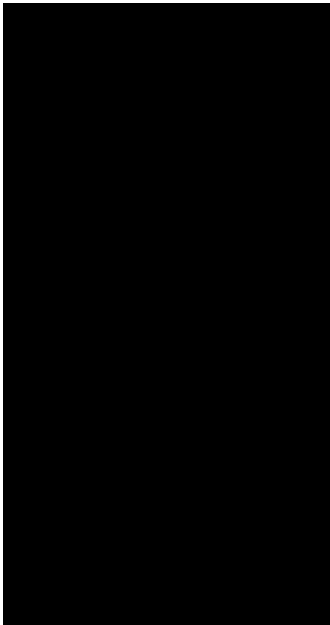
### 1. Benefits of Controlling Stress (Show slide)

**Regular use of relaxation techniques can:**

- Prevent migraines headaches
- Prevent mild depression, anxiety & excessive worry
- Keep you focused on enjoying life in the "here and now"
- Give you a sense of peace & calm during anxious situations
- Help you look & feel relaxed, confident & friendly

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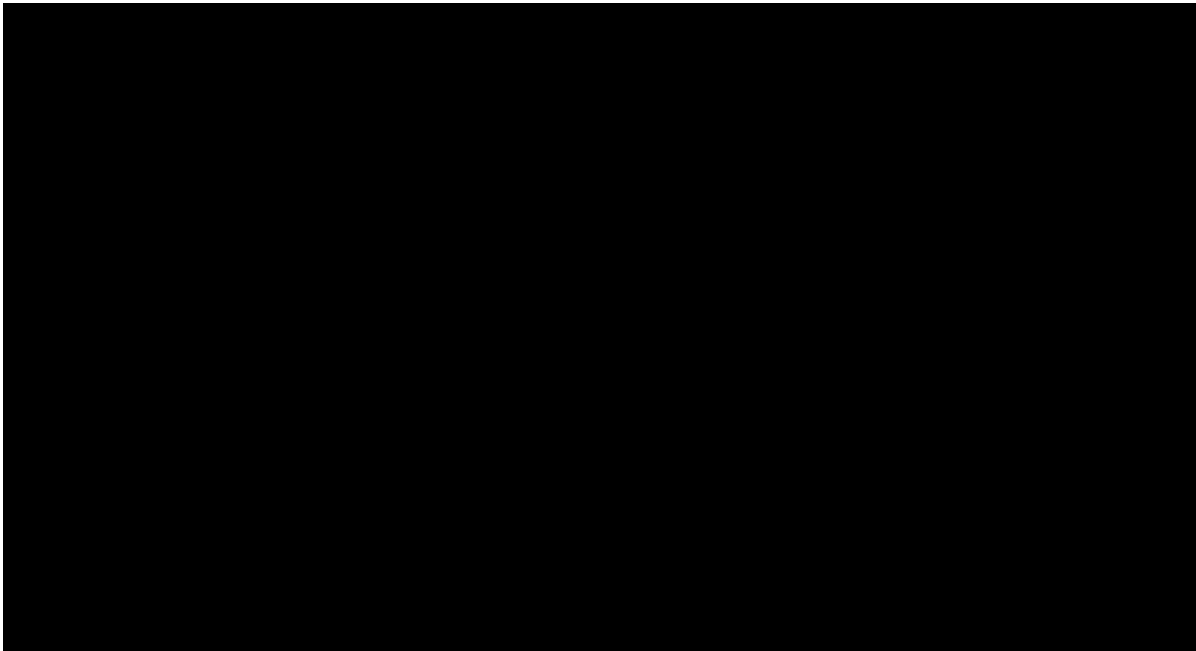
**2. Substance Use Harms Controlling Stress (Show slide)**

**Alcohol, nicotine & cannabis misuse leads to:**

- More worries
- Unhappiness
- Other drug use
- Addiction

Heavy drinking, nicotine & regular cannabis use can aggravate or even cause stressful life events. These outcomes rob a person of inner peace, tranquility & confidence.





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## Conclusion

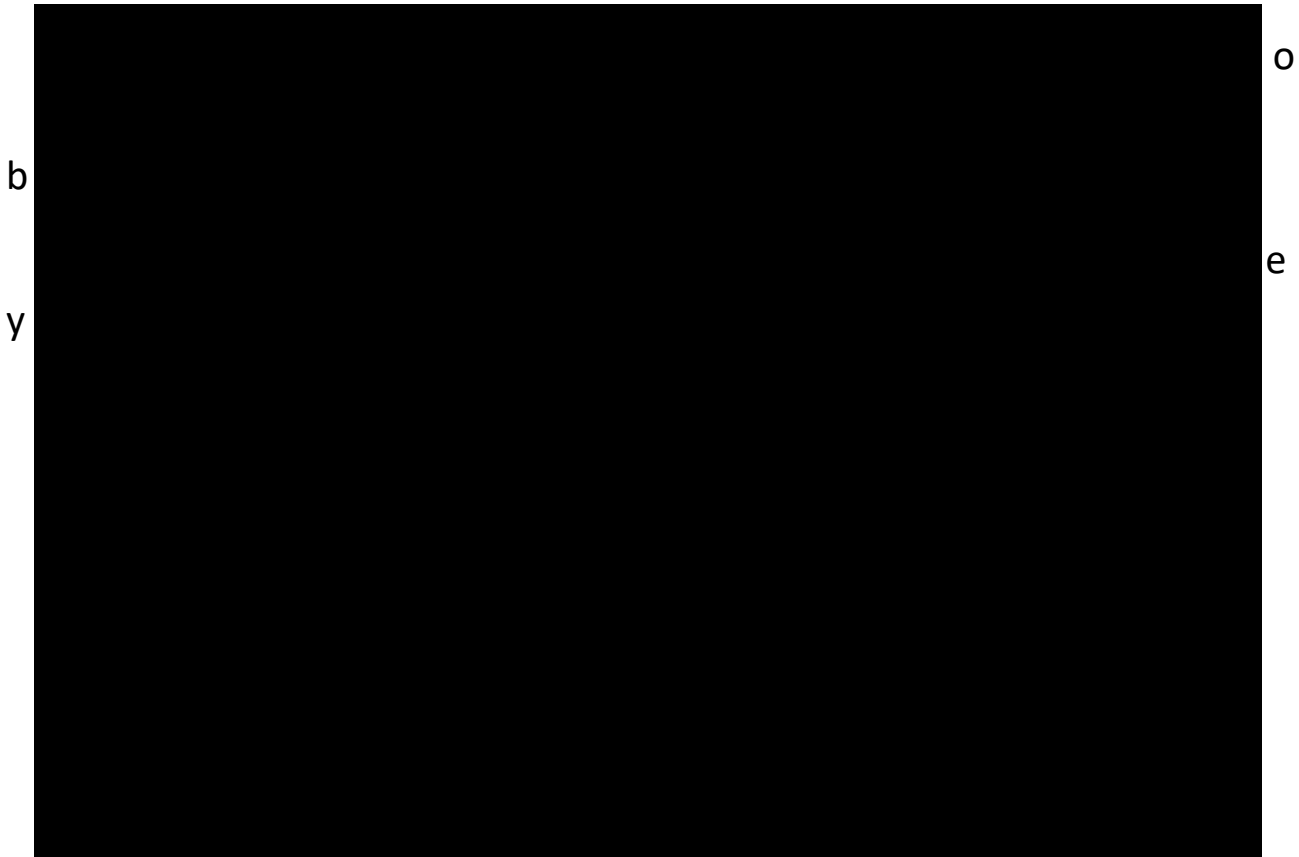
(Show slide)



**Are you...**

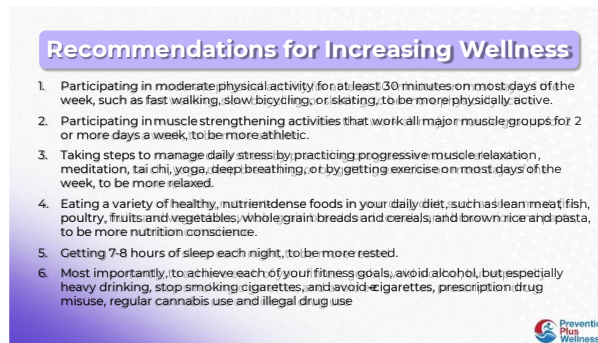
1. A physically active or inactive person?
2. An athletic or non-athletic person?
3. A health-eater or junk food junkie?
4. A well-rested or frequently tired person?
5. A relaxed or anxious person?
6. A heavy drinker or social/non-drinker?
7. A nicotine smoker/vaper or non-smoker/vaper?
8. A regular cannabis/drug user or non-drug user?

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## Recommendations for Increasing Wellness

(Show slide). (Read the recommendations for increasing wellness.)



## Goal Plan

(Show slide).



Now, take out your copy of the Wellness Goal Plan and read along.

(Read the goal plan aloud, but don't have participants set any goals yet.)

Now, take out your copy of the Healthy Behavior Goal Setting Goals & Tips.

(Read the tips aloud with participants. Then, help them complete their goal plans. Afterward, have them sign and you co-sign the plan. Lastly, read the concluding statement on the plan with the participant)

(Before dismissing participants, administer the posttest survey by either showing the customized link/QR code to the online survey or handing out the paper survey. Give participants directions to complete the confidential survey **including the open-ended questions** and wait until everyone has completed the posttest before ending the lesson).

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# ***InShape WLT***

## **Section 5: Screening Survey & Goal Plan/Contract**

# InShape Wellness Lifestyle Training (WLT)

## Wellness Behavior Screening Survey

**Directions:** This survey is designed to assess your wellness level and identify your individual wellness profiles. The accuracy of this assessment is based on how honestly you answer each item, so please answer all questions truthfully. Carefully bubble in each item. There are no right or wrong answers. All of your answers will be kept strictly confidential. Thank you.

1. On most days of the week, do you engage in moderate physical activity for **at least 30 minutes** such as fast walking, slow bicycling, skating, dancing, or swimming?
  - a.  Yes
  - b.  No
  
2. On 2 or more days of the week, do you engage in muscle strengthening activities that work all major muscle groups, including legs, hips, back, abdomen, chest, shoulders, and arms?
  - a.  Yes
  - b.  No
  
3. Does your everyday diet consist mostly of nutrient dense foods such as whole grain breads, cereals and pasta; lean fish, lean poultry, and lean meat; dark green and red vegetables; and citrus and other fruits?
  - a.  Yes
  - b.  No
  
4. Do you usually get 7-8 hours of sleep each night?
  - a.  Yes
  - b.  No

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# InShape Wellness Lifestyle Training (WLT)

## Goal Plan

*Think about what you have learned from the **InShape WLT** lesson and consider the following:*

1. Participating in moderate physical activity for **at least 30 minutes** on most days of the week, such as fast walking, slow bicycling, or skating, to be more physically active.
2. Participating in muscle strengthening activities that work all major muscle groups, including legs, hips, back, abdomen, chest, shoulders, and arms on 2 or more days of the week, to be more athletic?
3. Taking steps to manage daily stress by practicing progressive muscle relaxation, meditation, tai chi, yoga, deep breathing, or by getting exercise on most days of the week, to be more relaxed.
4. Eating a variety of healthy, nutrient-dense foods in your daily diet, such as lean meat, fish, poultry, fruits and vegetables, whole grain breads and cereals, and brown rice and pasta, to be more nutrition conscience.
5. Getting 7-8 hours of sleep each night, to be more rested.
6. Most importantly, to achieve each of your fitness goals, avoid heavy alcohol use, as well as regular and e-cigarette, cannabis, and illegal drug use.



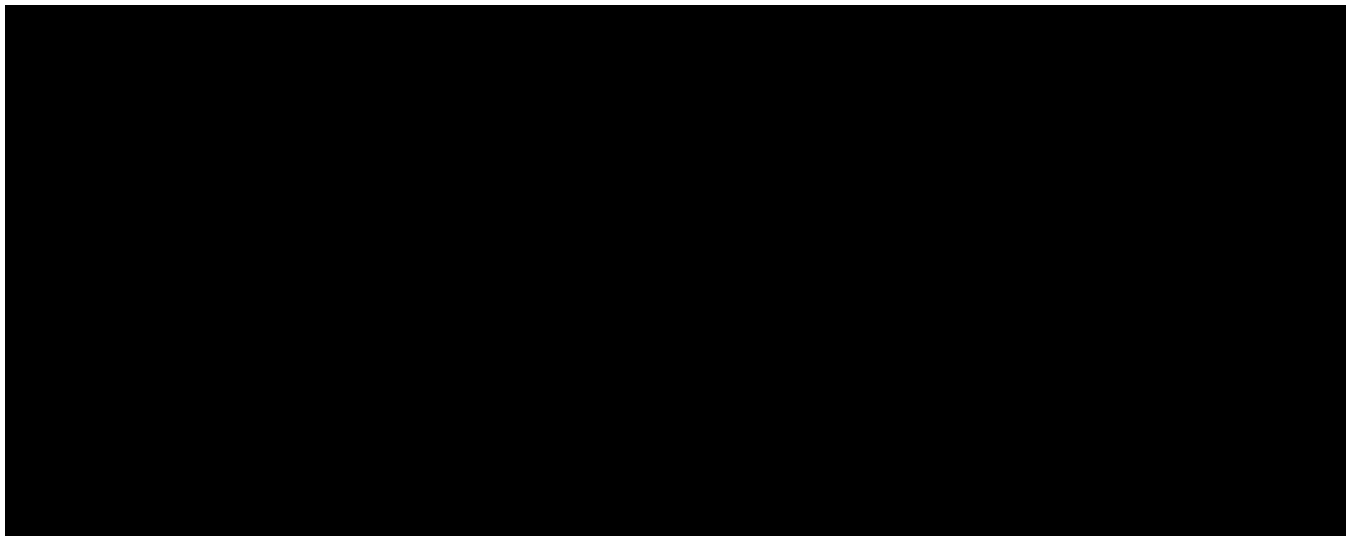
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## KEY WELLNESS BEHAVIOR GOALS

### 1. Physical Activity & Exercise: (Choose one)

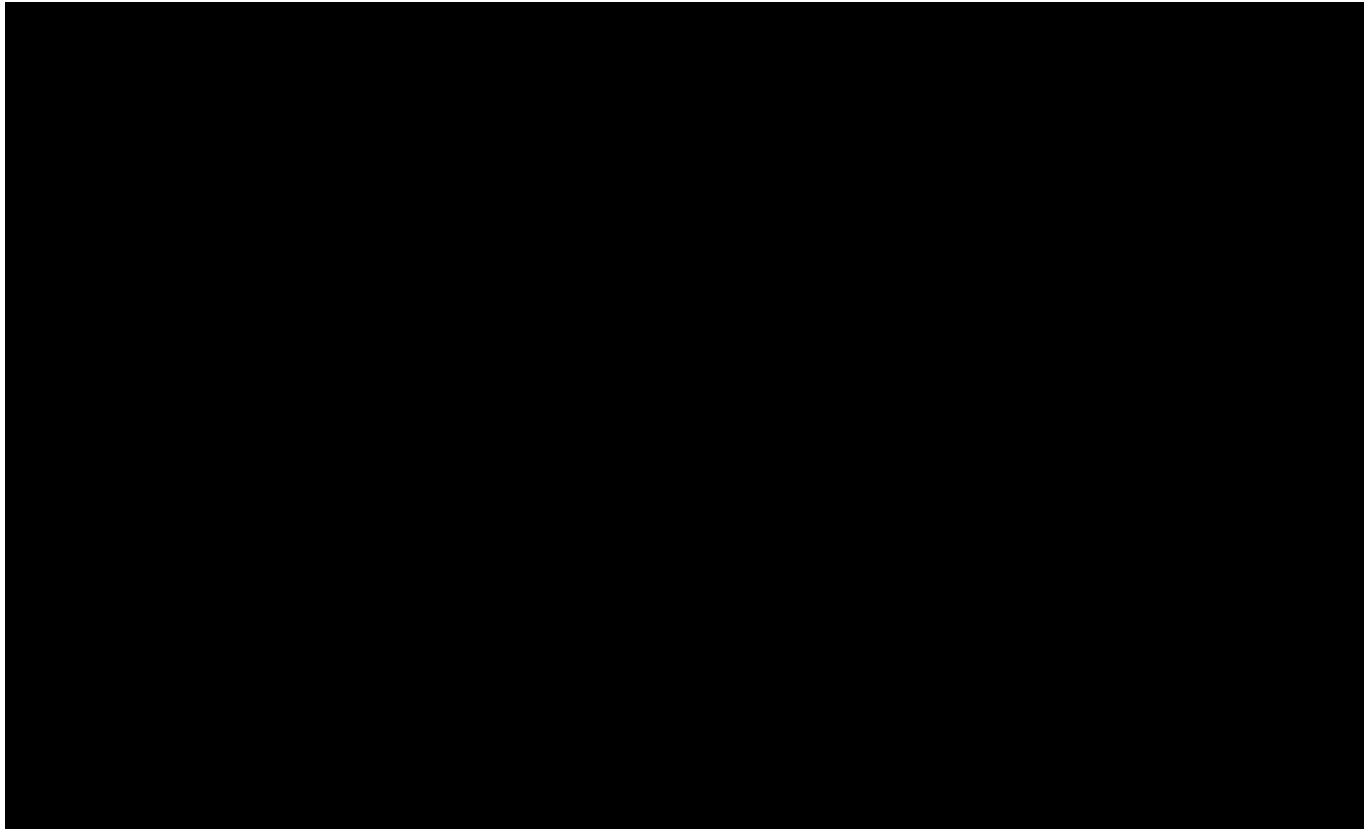
- a. I will start getting **muscle strengthening** activities on 2 or more days of the week.
- b. I will start getting **30 minutes** of **moderate** physical activity on most days of the week.
- c. I'm already getting **muscle strengthening** and/or **30 minutes** of **moderate** physical activity on most days of the week.
- d. None. I prefer to work on other goals.



### 2. Other Wellness Behaviors: (Choose one)

In addition, to maintain an active, healthy, and high-performance lifestyle, choose one other wellness habit to improve in the next 7 days:

- a. I will eat more nutrient-dense foods on most days of the week.
- b. I will practice stress management techniques on most days of the week.
- c. I will get 7-8 hours of sleep on most nights of the week.
- d. None. I prefer to work on other goals.



**Congratulations!** You have successfully completed the InShape Wellness Lifestyle Training.

- Take this contract home and put it where it can be seen every day, week and month (i.e., on the refrigerator, wall, or your mirror) so you can track your goal progress each day.
- Revisit your goal plan at the end of the first week and make changes if needed to help you be even more successful in reaching your future goals every week.

- [Redacted]



# ***InShape WLT***

## **Section 6: Evaluation Materials**

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## InShape Wellness Lifestyle Training (WLT) Pretest

**Directions:** Your answers will be confidential. **DO NOT PLACE YOUR NAME ON THIS FORM.** Answer all questions honestly. Carefully circle in each answer.

1. What is today's date (MM/DD/YY): \_\_\_ / \_\_\_ / \_\_\_ /
2. Enter a 4-digit code number given to you or one you came up with (Hint: one you can easily remember): \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
3. Organization or location code (optional): \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
4. Are you (circle one):
  - a. Male
  - b. Female
  - c. Other
5. How old are you? \_\_\_ \_\_\_ years old
6. In the 30-days, how likely are you to...  
(1) Very likely (2) Likely (3) Neither likely nor unlikely (4) Unlikely (5) Very unlikely
  - a) Get physical activity most days a week? 1 2 3 4 5
  - b) Get 7 or more hours a sleep most nights a week? 1 2 3 4 5
  - c) Eat fruits and vegetable most days a week? 1 2 3 4 5
  - d) Eat a healthy breakfast most days a week? 1 2 3 4 5
  - e) Drink 5 or more alcohol drinks in a day? 1 2 3 4 5
  - f) Smoke regular cigarettes? 1 2 3 4 5
  - g) Use cannabis several times? 1 2 3 4 5
  - h) Vape e-cigarettes? 1 2 3 4 5

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| i) Practice a stress control or relaxation technique most days a week?        | 1 | 2 | 3 | 4 | 5 |
| j) Use opioids for nonmedical reasons?  | 1 | 2 | 3 | 4 | 5 |
| k) Set goals to improve your health or fitness?                               | 1 | 2 | 3 | 4 | 5 |
| l) Feel so sad or hopeless that you stop doing some of your usual activities? | 1 | 2 | 3 | 4 | 5 |

7. If you were to use any of these often, would they harm your health or healthy habits?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

- |                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| a) Alcohol?      | 1 | 2 | 3 | 4 | 5 |
| b) Cigarettes?   | 1 | 2 | 3 | 4 | 5 |
| c) Marijuana?    | 1 | 2 | 3 | 4 | 5 |
| d) E-cigarettes? | 1 | 2 | 3 | 4 | 5 |
| e) Opioids?      | 1 | 2 | 3 | 4 | 5 |

8. How happy are you with your current physical and mental health?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all



## InShape Wellness Lifestyle Training (WLT) Posttest

**Directions:** Your answers will be confidential. **DO NOT PLACE YOUR NAME ON THIS FORM.** Answer all questions honestly. Carefully circle in each answer.

1. What is today's date (MM/DD/YY): \_\_\_ / \_\_\_ / \_\_\_ /
2. Enter a 4-digit code number given to you or one you came up with (Hint: one you can easily remember): \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
3. Organization or location code (optional): \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
4. Are you (circle one):
  - a. Male
  - b. Female
  - c. Other
5. How old are you? \_\_\_ \_\_\_ years old
6. In the 30-days, how likely are you to...  
(1) Very likely (2) Likely (3) Neither likely nor unlikely (4) Unlikely (5) Very unlikely
  - a) Get physical activity most days a week? 1 2 3 4 5
  - b) Get 7 or more hours a sleep most nights a week? 1 2 3 4 5
  - c) Eat fruits and vegetable most days a week? 1 2 3 4 5
  - d) Eat a healthy breakfast most days a week? 1 2 3 4 5
  - e) Drink 5 or more alcohol drinks in a day? 1 2 3 4 5
  - f) Smoke regular cigarettes? 1 2 3 4 5
  - g) Use cannabis several times? 1 2 3 4 5
  - h) Vape e-cigarettes? 1 2 3 4 5

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|---|---|---|---|---|---|
| i) Practice a stress control or relaxation technique most days a week?        | 1 | 2 | 3 | 4 | 5 |
| j) Use opioids for nonmedical reasons?  | 1 | 2 | 3 | 4 | 5 |
| k) Set goals to improve your health or fitness?                               | 1 | 2 | 3 | 4 | 5 |
| l) Feel so sad or hopeless that you stop doing some of your usual activities? | 1 | 2 | 3 | 4 | 5 |

7. If you were to use any of these often, would they harm your health or healthy habits?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

- |                  |   |   |   |   |   |
|------------------|---|---|---|---|---|
| a) Alcohol?      | 1 | 2 | 3 | 4 | 5 |
| b) Cigarettes?   | 1 | 2 | 3 | 4 | 5 |
| c) Marijuana?    | 1 | 2 | 3 | 4 | 5 |
| d) E-cigarettes? | 1 | 2 | 3 | 4 | 5 |
| e) Opioids?      | 1 | 2 | 3 | 4 | 5 |

8. How happy are you with your current physical and mental health?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

9. How much did you like the lesson?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

10. How much will the lesson help you reduce drug use and improve your healthy habits?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

11. What did you like BEST about this lesson? For example, how did it affect your health behaviors, substance use, motivation, goal setting, self-esteem, etc.?

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12. What did you like LEAST about this lesson? For example, what do you think should be changed or improved?

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# InShape Wellness Lifestyle Training (WLT)

## Instructor's Survey

Date: \_\_\_\_\_ Code: \_\_\_\_\_

Directions: Complete this survey after each lesson provided. Circle one response for each item.

1. What was your level of comfort while providing the WLT lesson?  
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
2. Did you use active presenting strategies (i.e., good eye contact, body positioning, changing tone of voice, and listening)?  
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
3. What was your level of enthusiasm and passion while presenting the lesson?  
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
4. How smooth and continuous was the flow of the lesson delivery?  
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
5. How accurately did you follow the protocol (i.e., adherence to the script, no ad-libbing extra content)?  
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
6. Was the lesson content provided completely (i.e., covered all of the scripted messages)?  
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
7. What was the participants' responsiveness to the lesson (i.e., listening, answering, showing interest)?  
a) A great deal b) A lot c) A moderate amount d) A little e) None at all

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8. What did you like BEST about implementing the WLT lesson?

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9. What did you like LEAST about implementing the WLT lesson?

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## Prevention Plus Wellness Program Fidelity Checklist

Date: \_\_\_\_\_

Prevention Plus Wellness program(s) implemented:  
\_\_\_\_\_

Code number: \_\_\_\_\_

Directions: Check each item completed. Total items to determine level of implementation fidelity.

1.  Did implementers complete a Certified Prevention Plus Wellness Program Implementer's Training Workshop within the last 3-years?
2.  Did implementers practice the PPW lesson script(s) at least 3 times prior to implementing the program?
3.  Did you implement the PPW Pretest Survey prior to implementing the program each time?
4.  Did you implement the PPW lesson following the script each time?
5.  Did you provide the script content with enthusiasm and passion each time?
6.  Did you provide the screening survey, lesson script and goal plan all in one session each time?
7.  Did you show the PPW program PowerPoint slides during the lesson each time?
8.  Did you read the entire goal plan and help participants complete it each time you implemented the program?
9.  Did you have participants sign the goal plan and did you co-sign the goal plan every time you implemented the program?
10.  Did you implement the PPW Posttest Survey after implementing the lesson each time?
11.  Did implementers complete an Instructor's Survey assessing their presentation quality after implementing each PPW lesson?
12.  Did you remind participants to post their goal plan where they would see it and monitor their goals daily every time you implemented the program?

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# *InShape WLT*

## **Section 7: Healthy Behavior Goal Setting Goals & Tips**

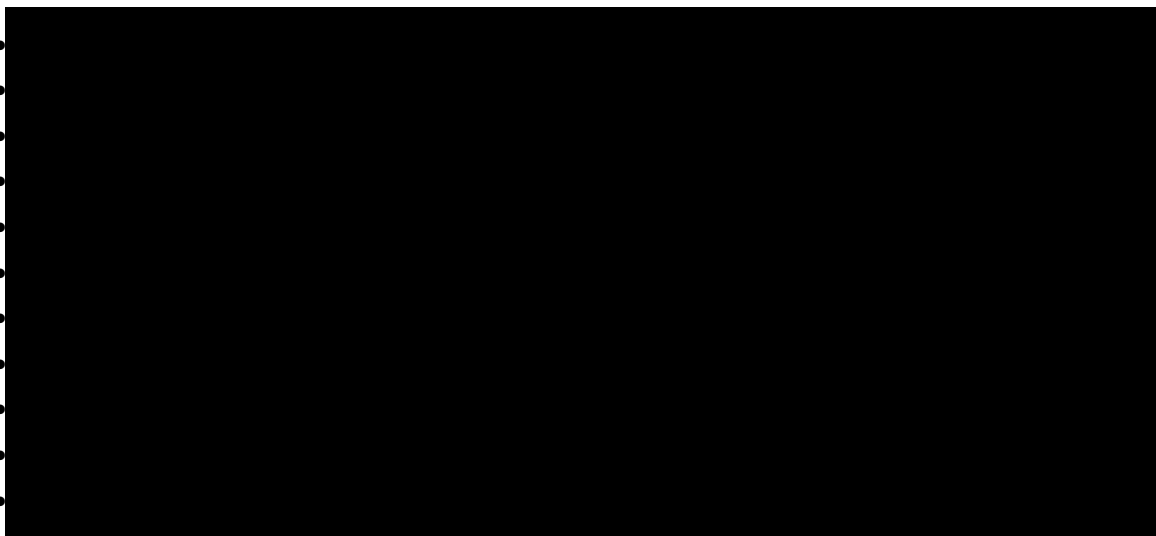
Listed below are goals and weekly goal tips for five key health behaviors. Weekly goals should be set just beyond your current habit so that you must put effort into reaching it. But do not set goals that are too high to achieve in a week. Set new goals every week until you reach all five of the goals listed below.

## #1 Regular Physical Activity: Key to Living an Active & Fit Lifestyle

### Goals:

1. 2 hours and 30 minutes (150 minutes) of [moderate-intensity aerobic activity](#) (i.e., brisk walking) every week **and**
2. [muscle-strengthening activities](#) on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms). or
1. 1 hour and 15 minutes (75 minutes) of [vigorous-intensity aerobic activity](#) (i.e., jogging or running) every week **and**
2. [muscle-strengthening activities](#) on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms). or
1. An equivalent mix of moderate- and vigorous-intensity [aerobic activity](#) **and**
2. [muscle-strengthening activities](#) on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

### Weekly goal tips:



## #2 Healthy Eating: Key to Feeling & Performing at Your Very Best

### Goals:





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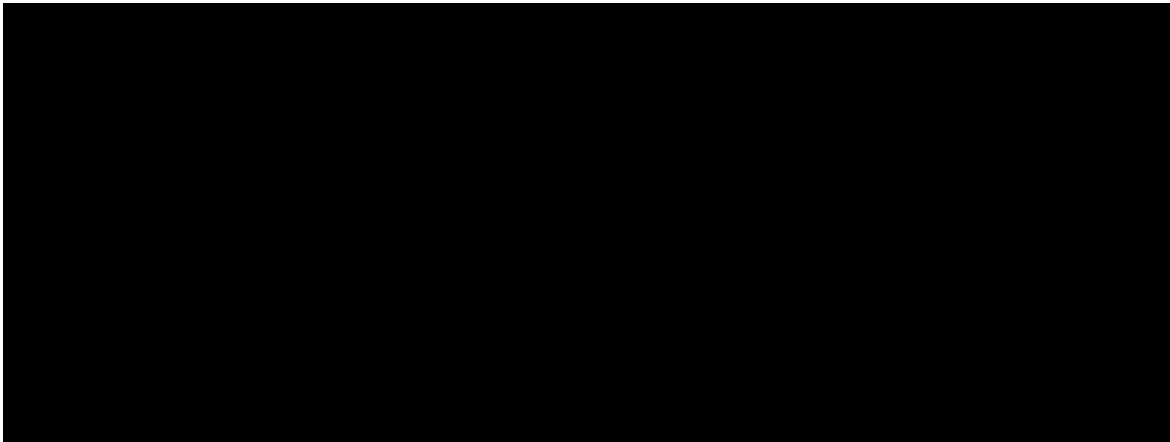
**Weekly goal tips:**



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**#3 Adequate Sleep: Key to Living a High-Energy Lifestyle**

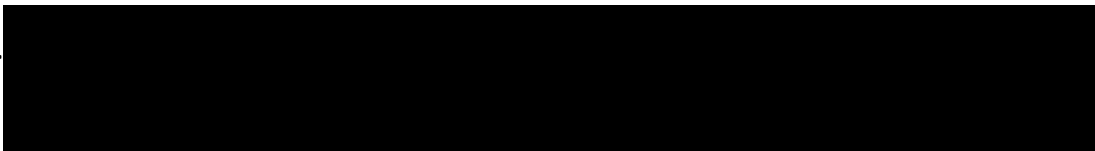
**Goals:**



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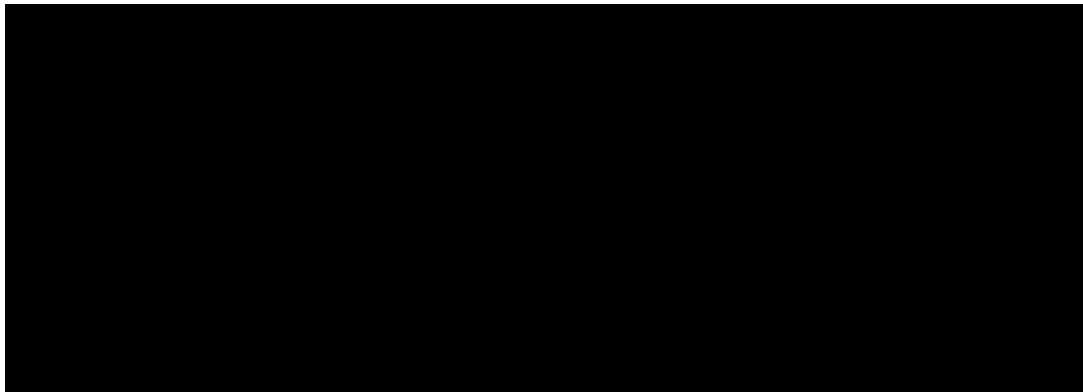
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**Weekly goal tips:**

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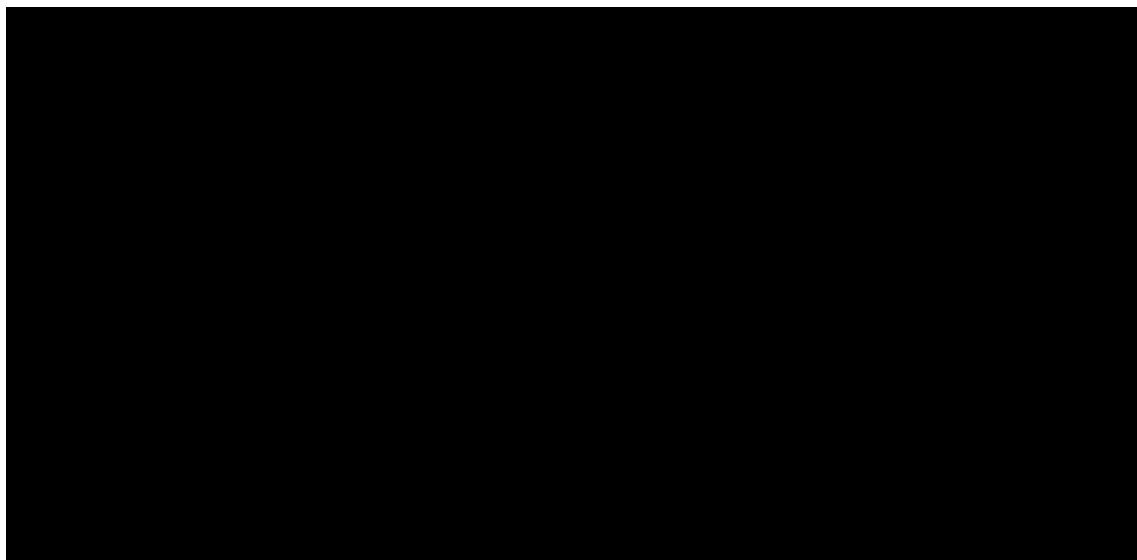
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**#4 Stress Control: Key to Being Calm and In Control**

**Goal:**



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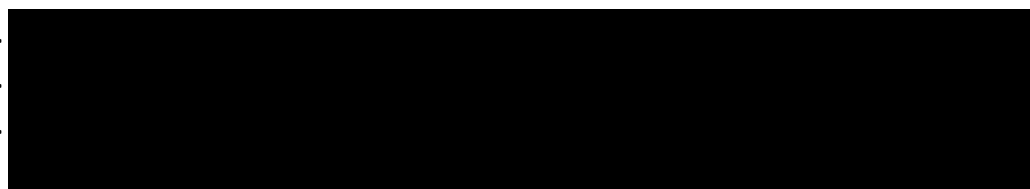
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**#5 Avoid Substance Misuse: Key to Reaching Your Healthy Behavior Goals**

**Goals:**

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- 2.
- 3.



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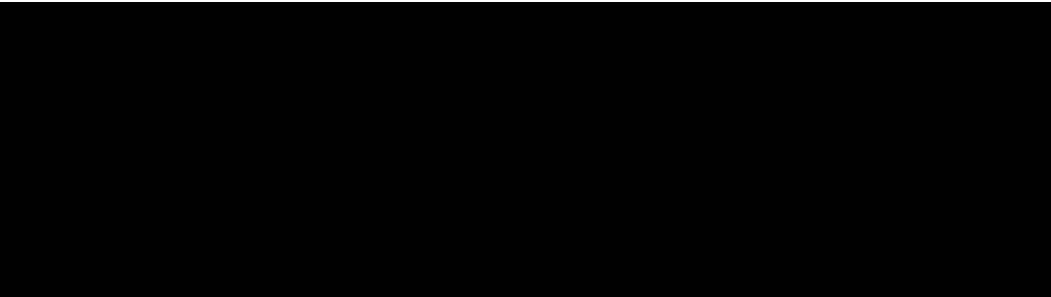
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**Weekly goal tips:**

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