_____'s Exercise Routine

1. Do you exercise now? **Yes** **No**

   If yes…

   a) How many days a week do you exercise?

      _____

   b) For how long?

      _____

   c) What kinds of exercise do you do?

      _____

   d) Do you want to exercise more? **Yes** **No**

   e) Do you want to learn new exercises? **Yes** **No**

   If no…

   a) Why is it difficult for you to exercise?

      Time **Childcare** **Too tired/No energy** **Money**

      _____

   b) Are you ready to begin an exercise routine? **Yes** **No**

   c) Will your family and friends be supportive? **Yes** **No**

2. What are your goals?

   Lose weight **Stronger body** **Healthier heart and lungs** **Improved mental health**

   Write 2 or 3 specific goals you have.

   For example: I want to lose 5 pounds by October 1.

   I want to feel less stress.

   I want to have more muscular arms.

Goal 1:

_____

Goal2:

_____

Goal 3:

_____

Make a schedule to begin exercising. What will you do? Where? When?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Night							

3. How can you be more active every day?

   Think about what you do every day. How can you be more active when you are at home or work? How can you be more active with your family?