

Move more. Be active your own way.

Name _____

Date _____

I plan to:	I will do this for:
<ul style="list-style-type: none"><input type="checkbox"/> Walk<input type="checkbox"/> Run<input type="checkbox"/> Bike<input type="checkbox"/> Swim<input type="checkbox"/> Fish or farm<input type="checkbox"/> Work in the yard<input type="checkbox"/> Play with children or family<input type="checkbox"/> Do sit-ups, stretches, or walk in place during TV ads<input type="checkbox"/> Lift weights such as gallon water or detergent jugs<input type="checkbox"/> Other: _____	<p>Minutes:</p> <ul style="list-style-type: none"><input type="checkbox"/> 5<input type="checkbox"/> 10<input type="checkbox"/> 30 or more <p>Number of times per day:</p> <ul style="list-style-type: none"><input type="checkbox"/> 1<input type="checkbox"/> 2<input type="checkbox"/> 3 or more <p>Number of days per week:</p> <ul style="list-style-type: none"><input type="checkbox"/> 2<input type="checkbox"/> 3<input type="checkbox"/> 5 or more

Remember: While being active, wear shoes or slippers that fit well and protect your feet. If you feel chest pain or tightness, short of breath, or lose your balance - stop your activity. Go to the clinic or hospital and talk with your doctor.

I will start on (date): _____

Doctor's signature: _____