

My Physical Activity Plan (Sample Starter Plan)

This table shows you some ideas for getting started on your plan. Ask your health care team for help with your plan.

My Daily Activities
Every day I will: <i>play catch with the dog; walk up the stairs at work; park at the far end of the parking lot</i>
My Aerobic Exercise
Most days I will: <i>walk around my block</i>
When: <i>Tuesday through Sunday, after dinner</i>
Length of time: <i>10 minutes</i>
My buddy: <i>my daughter</i>
Backup plan: <i>walk at the mall if it rains</i>
My Strength Training
Three times a week I will: <i>lift hand weights</i>
When: <i>T-TH-Sat, 8 a.m.</i>
Number of repetitions: <i>15</i>
My Daily Stretches
Every day I will: <i>do chair yoga</i>
When: <i>before bed</i>
Length of time: <i>10 minutes</i>

My Physical Activity Plan **Date:** _____

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Most days I will:
When:
Length of time:
My buddy:
Backup plan:
My Strength Training
Three times a week I will:
When:
Number of repetitions:
My Daily Stretches
Every day I will:
When:
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