




Physical Activity Plan

Name _____ Programme _____ Week beginning _____


 Why moving more matters to me

My movement plan


	What I will do	How often	Confidence /10										
 Cardio	_____	_____	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	1	2	3	4	5	6	7	8	9	10
1	2	3	4	5									
6	7	8	9	10									
 Strength	_____	_____	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	1	2	3	4	5	6	7	8	9	10
1	2	3	4	5									
6	7	8	9	10									
 Balance / flexibility	_____	_____	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	1	2	3	4	5	6	7	8	9	10
1	2	3	4	5									
6	7	8	9	10									
 Sit less / move more	_____	_____	<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> </table>	1	2	3	4	5	6	7	8	9	10
1	2	3	4	5									
6	7	8	9	10									

My week

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
 _____ _____	 _____ _____	 _____ _____	 _____ _____	 _____ _____	 _____ _____	 _____ _____




 **If-then plan**

If _____ gets in the way,
then I will _____

 **Possible barriers and my solutions**

Possible barrier	My solution
_____	_____
_____	_____
_____	_____

Weekly check-in

 What felt good? _____ _____ _____	 What was difficult? _____ _____ _____	 What will I build on next week? _____ _____ _____
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