



My Activity Plan: Worksheet A

Weekly plan for:

Start to fill out this worksheet as you read through the booklet.

Show your worksheet to your Bone Fit™ professional.

_____ (month)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
What type of exercise will I do on each day?	<input type="checkbox"/> strength <input type="checkbox"/> posture <input type="checkbox"/> balance <input type="checkbox"/> aerobic	<input type="checkbox"/> strength <input type="checkbox"/> posture <input type="checkbox"/> balance <input type="checkbox"/> aerobic	<input type="checkbox"/> strength <input type="checkbox"/> posture <input type="checkbox"/> balance <input type="checkbox"/> aerobic	<input type="checkbox"/> strength <input type="checkbox"/> posture <input type="checkbox"/> balance <input type="checkbox"/> aerobic	<input type="checkbox"/> strength <input type="checkbox"/> posture <input type="checkbox"/> balance <input type="checkbox"/> aerobic	<input type="checkbox"/> strength <input type="checkbox"/> posture <input type="checkbox"/> balance <input type="checkbox"/> aerobic	<input type="checkbox"/> strength <input type="checkbox"/> posture <input type="checkbox"/> balance <input type="checkbox"/> aerobic	<input type="checkbox"/> strength <input type="checkbox"/> posture <input type="checkbox"/> balance <input type="checkbox"/> aerobic
What time of day will I exercise?								
What will I use to remind me to exercise?								
What will motivate me to exercise?								