# Take-Home Activity Tracking Sheet

## Week 1: Get Healthier

1) Set one or two reachable health goals for yourself. For example: getting 7 hours of sleep every night, getting 30 minutes of exercise at least 4 times a week, limiting unhealthy foods to the weekend, etc. 2) In addition, use a pedometer to record your movement throughout the day. A goal of 10,000 steps/day is common. This is about 5 miles. Wear your pedometer 4 days this week and record your step average ((Day1 Steps + Day2 Steps + Day3 Steps +Day4 Steps)/4 days = Your Steps-per-day Average). 3) Finally, ask two people (1 in this program, 1 not in this program) to be your support system for this health program. Each week, you will share and discuss with them your health goals, weekly take-home activities and anything else that might come up.

1. How can a healthy lifestyle help **your** health?

2. What are some of your more healthy routines (be specific):

3. What are some of your less healthy routines (be specific):

4. How can you change some of these less healthy routines (be specific: by how much, how often, where):

5. Set 2 health goals for yourself. Be specific. How will you measure them or know if you have achieved them? Remember to be as specific as possible; be realistic; set a deadline; and set short-term goals.

    a. Specific, realistic long-term goal #1:

    b. Deadline:

    c. Short-term goal/s:

    d. Deadline:

    e. Why is this important to you?

    f. Specific, realistic long-term goal #2:

    g. Deadline:

    h. Short-term goal/s:

    i. Deadline:

# Take-Home Activity Tracking Sheet

6. Which two people will be your support system?
   a. In your team: _____

   b. Outside of your team: _____


7. On **average**, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
   a. Sedentary: less than 5,000 steps/day
   b. Low active: 5,000 – 7,499 steps/day
   c. Somewhat active: 7,500 – 9,999 steps/day
   d. Active: 10,000 steps/day
   e. High Active: 12,500 + steps/day

8. Set a short-term step goal for next week: _____steps/day. How will you achieve this exactly?


9. Set a long-term step goal for the program: _____steps/day. How will you achieve this exactly?


10. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

ID_____

# Take-Home Activity Tracking Sheet

## Week 2: Sleep

1) This week your goal is to get 4 nights of 7-8 hours of good quality sleep. Select 2 sleeping habits to help you get a good night's sleep. Remember: The time you go to sleep is not when you get into bed, but the approximate time that you *actually* fall asleep. 2) Wear your pedometer 4 days this week and record your step average. 3) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). 4) Try to continue practicing the activities from the previous weeks.

| Date | Fell asleep at…. | Woke up at…. | Total time sleeping |
|------|------------------|--------------|---------------------|
|      |                  |              |                     |
|      |                  |              |                     |
|      |                  |              |                     |
|      |                  |              |                     |

1. What 2 sleeping habits did you use to help you establish a bedtime routine?

2. How can getting 7-8 hours of sleep each night help *your* health?

3. Set a goal to continue to get 7-8 hours of good quality sleep more frequently.
   a. Specific and realistic long-term goal:

   b. Deadline:

   c. Short-term goal/s:

   d. Deadline:

4. On ***average***, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
   a. Sedentary: less than 5,000 steps/day
   b. Low active: 5,000 – 7,499 steps/day
   c. Somewhat active: 7,500 – 9,999 steps/day
   d. Active: 10,000 steps/day
   e. High Active: 12,500 + steps/day

5. Did you meet your last week's short-term step goal? If you did, great job! If you did not, why not?

6. Set a short-term step goal for next week: _____ steps/day. How will you achieve this exactly?

7. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

# Take-Home Activity Tracking Sheet

## Week 3: Calories

1) Track your calorie intake for 4 days (Make at least one of these days a Saturday or a Sunday.). Break down meals into their basic ingredients (for example, a sandwich could be broken down into: 2 slices of bread, 1 slice of cheese, 1 oz. of turkey, 1tbsp of mayo, and vegetables). Find out what your highest calorie meal is and cut out some of these calories for 2 days. Keep in mind that this will take you 6 days to complete so get started early! 2) Wear your pedometer 4 days this week and record the average. 3) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). 4) Try to continue practicing the activities from the previous weeks.

**YOUR RMR:** _____

Day/Date: _____

| Breakfast | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Lunch | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Dinner | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Snacks | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

**TOTAL DAILY CALORIES:** _____

Day/Date: _____

| Breakfast | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Lunch | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Dinner | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Snacks | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

**TOTAL DAILY CALORIES:** _____

Day/Date: _____

| Breakfast | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Lunch | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Dinner | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Snacks | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

**TOTAL DAILY CALORIES:** _____

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ID_____

# Take-Home Activity Tracking Sheet

Day/Date: _____

| Breakfast | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Lunch | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Dinner | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

| Snacks | Serv | Cal |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Meal Calories:** |  |  |

**TOTAL DAILY CALORIES:** _____

1. How can tracking your calorie intake help *your* health?

2. How do your total daily calories compare to your Resting Metabolic Rate (RMR)?

3. What was your highest calorie meal? How could you cut out some of these calories in the future?

4. Do this for **2 days** and write down what you did exactly. Is it something you think you could continue to do?

5. Set a goal to continue improving your eating habits in terms of calories. Be specific. How will you measure it or know if you have achieved it?
   a. Specific and realistic long-term goal:

   b. Deadline:

   c. Short-term goal/s:

   d. Deadline:

6. On *average*, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
   a. Sedentary: less than 5,000 steps/day
   b. Low active: 5,000 – 7,499 steps/day
   c. Somewhat active: 7,500 – 9,999 steps/day
   d. Active: 10,000 steps/day
   e. High Active: 12,500 + steps/day

7. Did you meet your short-term step goal? If you did, great job! If you did not, why not?

8. Set a short-term step goal for next week: _____steps/day. How will you achieve this exactly?

9. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

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# Take-Home Activity Tracking Sheet

## Week 4: Liquids and Calories

1) Set a goal to drink 5 or more 16oz glasses of water per day. Replace a high calorie beverage that you regularly drink with a healthier, lower calorie drink for 3 days. Record how many calories this saved you over the week. 2) Wear your pedometer 4 days this week and record the average. 3) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). 4) Try to continue practicing the activities from the previous weeks.

| WATER | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Date** | | | | | | | |
| **Glasses of Water** | | | | | | | |

| CALORIE REPLACEMENT DRINKS | | | |
|---|---|---|---|
| **Date** | **High Calorie Drink** (e.g. soda=227 calories) | **Low Calorie Drink** (unsweetened tea=0 calories) | **Calories Cut** (227–0=227) |
| | | | |
| | | | |
| | | | |
| **TOTAL CALORIES CUT:** | | | |

1. How can reducing your liquid calories help **your** health?

2. Did you cut a substantial amount of calories by drinking lower calorie drinks for 3 days?

3. Set a goal to continue drinking water and reduce your drink calorie intake. Be specific. How will you measure it or know if you have achieved it?
   a. Specific and realistic long-term goal:

   b. Deadline:

   c. Short-term goal/s:

   d. Deadline:

# Take-Home Activity Tracking Sheet

4. On *average*, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
    a. Sedentary: less than 5,000 steps/day
    b. Low active: 5,000 – 7,499 steps/day
    c. Somewhat active: 7,500 – 9,999 steps/day
    d. Active: 10,000 steps/day
    e. High Active: 12,500 + steps/day

5. Did you meet your short-term step goal? If you did, great job! If you did not, why not?


6. Set a short-term step goal for next week: _____steps/day. How will you achieve this exactly?



7. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

# Take-Home Activity Tracking Sheet

## Week 5: Basic nutrition

1) Read the nutrition labels of the 5 foods you eat most. Are these foods healthy? Find healthier foods to replace less healthy foods. 2) Wear your pedometer 4 days this week and record the average. 3) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). Write your responses on this week's Take-Home Activity Tracking Sheet. 4) Try to continue practicing the activities from the previous weeks.

| Food (e.g. hamburger) | | | | | |
|---|---|---|---|---|---|
| Ingredients (e.g. beef, tomato, mayo, bun) | | | | | |
| Serving Size (e.g. 1) | | | | | |
| Calories (calories from fat) (e.g. 350 (135)) | | | | | |
| Fat (g) (e.g. 15g) | | | | | |
| Cholesterol (mg) (e.g. 76mg) | | | | | |
| Sodium (mg) (e.g. 77mg) | | | | | |
| Carbohydrate (g) (e.g. 22g) | | | | | |
| Fiber (g) (e.g. 4g) | | | | | |
| Protein (g) (e.g. 23g) | | | | | |
| Vitamins/ Minerals (e.g. iron 4%) | | | | | |

(1 of 2)

1. How can knowing the nutrition in your foods help *your* health?

# Take-Home Activity Tracking Sheet

2.  Which of these foods are healthier?


3.  Which of these foods are less healthy?


4.  Are there healthier foods could you use to replace these less healthy foods?


5.  Set a goal to continue improving your eating habits. Be specific. How will you measure it or know if you have achieved it?
    a.  Specific and realistic long-term goal #1:


    b.  Deadline:

    c.  Short-term goal/s:


    d.  Deadline:

6.  On *average*, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
    a.  Sedentary: less than 5,000 steps/day
    b.  Low active: 5,000 – 7,499 steps/day
    c.  Somewhat active: 7,500 – 9,999 steps/day
    d.  Active: 10,000 steps/day
    e.  High Active: 12,500 + steps/day

7.  Did you meet your short-term step goal? If you did, great job! If you did not, why not?


8.  Set a short-term step goal for next week: _____steps/day. How will you achieve this exactly?


9.  Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

# Take-Home Activity Tracking Sheet

## Week 6: Snacks

1) For 4 days this week, replace one of your typical, less healthy snacks with a healthier food. In addition, add an extra serving of fruits and/or vegetables to one of your meals. For example, if you already have fruits and vegetables with your dinner, then add a serving to your breakfast. 2) Wear your pedometer 4 days this week and record the average. 3) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). 4) Try to continue practicing the activities from the previous weeks.

| Date | To-Go-Snack | Replacement Snack | Meal - Extra Serving of Fruits/Vegetables |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. How can eating healthier snacks help *your* health?

2. Set a goal to continue improving your snacking habits. Be specific. How will you measure it or know if you have achieved it?
   a. Specific and realistic long-term goal:

   b. Deadline:

   c. Short-term goal/s:

   d. Deadline:
3. On *average*, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
   a. Sedentary: less than 5,000 steps/day
   b. Low active: 5,000 – 7,499 steps/day
   c. Somewhat active: 7,500 – 9,999 steps/day
   d. Active: 10,000 steps/day
   e. High Active: 12,500 + steps/day

4. Did you meet your short-term step goal? If you did, great job! If you did not, why not?

5. Set a short-term step goal for next week: _____steps/day. How will you achieve this exactly?

6. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

# Take-Home Activity Tracking Sheet

## Week 7: Sugar

1) 1) By limiting the amount of sugar you eat, you can reduce your calorie intake and improve your nutrition. Additionally, you can "cleanse" your taste palate and begin to taste the natural sweetness of foods without having to add additional sugar. For 3 days this week, reduce your *added* sugar intake by replacing sweetened foods with less or non-sweetened foods. This includes natural sweeteners like honey, agave nectar, molasses, etc. This does *not* include natural sugars found in fruits, vegetables and dairy. If you would like an extra challenge, add a 4th day of *zero* added sugar. 2) Wear your pedometer 4 days this week and record your step average. 3) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). Write your responses on this week's Take-Home Activity Tracking Sheet. 4) Try to continue practicing the activities from the previous weeks.

| Date | What sweetened food did you replace? | What less sweetened food did you eat instead? |
|------|--------------------------------------|-----------------------------------------------|
|      |                                      |                                               |
|      |                                      |                                               |
|      |                                      |                                               |
|      |                                      |                                               |

1. How can reducing your sugar intake help *your* health?

2. Set a goal to continue to reduce the amount of added sugar in your diet. Be specific. How will you measure it or know if you have achieved it?

   a. Specific and realistic long-term goal:

   b. Deadline:

   c. Short-term goal/s:

   d. Deadline:

3. On *average*, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
   a. Sedentary: less than 5,000 steps/day
   b. Low active: 5,000 – 7,499 steps/day
   c. Somewhat active: 7,500 – 9,999 steps/day
   d. Active: 10,000 steps/day
   e. High Active: 12,500 + steps/day
4. Did you meet your last week's short-term step goal? If you did, great job! If you did not, why not?

5. Set a short-term step goal for next week: _____ steps/day. How will you achieve this exactly?

# Take-Home Activity Tracking Sheet

6. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

# Take-Home Activity Tracking Sheet

## Week 8: Cardiovascular Exercise

**11. Take-Home Activity: 1)** Look at your weekly calendar and schedule in **at least 30 minutes** of exercise in 4 days this week. This could even be a fast paced walk. Remember: "Exercise" should raise your heart rate and make you sweat. You should pick activities that you know that you can continue to do in the future. Also, calculate the amount of calories burned doing each activity using the exercise and calorie sheet provided to you or another resource. 2) Wear your pedometer 4 days this week and record the step average. 3) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). 4) Try to continue practicing the activities from the previous week.

| Date | Activity | Minutes | Calories |
|------|----------|---------|----------|
|      |          |         |          |
|      |          |         |          |
|      |          |         |          |

1. How can exercise help *your* health?


2. Set a goal and schedule in time to continue exercising on a regular basis. Be specific. How will you measure it or know if you have achieved it?
   a. Specific and realistic long-term goal #1:


   b. Deadline:


   c. Short-term goal/s:


   d. Deadline:


3. On *average*, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
   a. Sedentary: less than 5,000 steps/day
   b. Low active: 5,000 – 7,499 steps/day
   c. Somewhat active: 7,500 – 9,999 steps/day
   d. Active: 10,000 steps/day
   e. High Active: 12,500 + steps/day
4. Did you meet your short-term step goal? If you did, great job! If you did not, why not?

5. Set a short-term step goal for next week: _____steps/day. How will you achieve this exactly?


6. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

# Take-Home Activity Tracking Sheet

## Week 9: Strength Training

1) Look at your weekly calendar and schedule in 2strength training session this week at home or at your gym. Make sure to focus on all of the major muscle groups: arms & shoulders, chest, back, core, and legs. If you are not sure where to start, use the routine you created as a group. Do 3 sets of 12 reps for each exercise. 2) Wear your pedometer 4 days this week and record the average. 3) Discuss with your support system this week's take-home activities. (e.g. goals reached, questions, concerns). Write your responses on this week's Take-Home Activity Tracking Sheet. 4) Try to continue practicing the activities from the previous weeks.

| Date | Strength Training Exercises | Minutes |
|------|---------------------------|---------|
|      |                           |         |
|      |                           |         |

1. How could strength training help *your* health?

2. Set a goal and schedule time to continue doing strength training on a regular basis. Be specific. How will you measure it or know if you have achieved it?
   a. Specific and realistic long-term goal #1:

   b. Deadline:

   c. Short-term goal/s:

   d. Deadline:

3. On *average*, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
   a. Sedentary: less than 5,000 steps/day
   b. Low active: 5,000 – 7,499 steps/day
   c. Somewhat active: 7,500 – 9,999 steps/day
   d. Active: 10,000 steps/day
   e. High Active: 12,500 + steps/day

4. Did you meet your short-term step goal? If you did, great job! If you did not, why not?

5. Set a short-term step goal for next week: _____steps/day. How will you achieve this exactly?

6. Discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

# Take-Home Activity Tracking Sheet

## Week 10: Flexibility

1) Look at your calendar and schedule in at least two 15 minute sessions to stretch next week (5 minutes of warming up and 10 minutes of stretching). Do a full body stretch, paying special attention to the muscles you use most while at work. 2) Wear your pedometer 4 days this week and record your step average. 3) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). 4) Try to continue practicing the activities from the previous weeks.

| Date | Areas Stretched | Minutes |
|------|-----------------|---------|
|      |                 |         |
|      |                 |         |

1. How can stretching and keeping flexible help *your* health?

2. Set a goal to continue to stretch on a regular basis. Be specific. How will you measure it or know if you have achieved it?
   a. Specific and realistic long-term goal:

   b. Deadline:

   c. Short-term goal/s:

   d. Deadline:

3. On ***average***, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
   a. Sedentary: less than 5,000 steps/day
   b. Low active: 5,000 – 7,499 steps/day
   c. Somewhat active: 7,500 – 9,999 steps/day
   d. Active: 10,000 steps/day
   e. High Active: 12,500 + steps/day

4. Did you meet your last week's short-term step goal? If you did, great job! If you did not, why not?

5. Set a short-term step goal for next week: _____ steps/day. How will you achieve this exactly?

6. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

# Take-Home Activity Tracking Sheet

## Week 11: Stress

1) This week, think about the top 5 stressors in your life. Record them along with their sources (what it is that causes that stress), their effect on your body and your plan of action to help you manage that stress. Try using various different stress management techniques. 2) Wear your pedometer 4 days this week and record your step average. 3) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). 4) Try to continue practicing the activities from the previous weeks.

| Top stressors in your life | Its triggers/source | Your plan of action |
|---|---|---|
| **1.** | | |
| **2.** | | |
| **3.** | | |
| **4.** | | |
| **5.** | | |

1.  How does stress affect your body and mind?

2.  How can reducing your stress help *your* health?

# Take-Home Activity Tracking Sheet

3. Set a goal to continue to manage stress more effectively. Be specific. How will you measure it or know if you have achieved it?

    a. Specific and realistic long-term goal:

    b. Deadline:

    c. Short-term goal/s:

    d. Deadline:

4. On *average*, how many steps per day did you take? _____steps/day. What kind of lifestyle is this considered?
    f. Sedentary: less than 5,000 steps/day
    g. Low active: 5,000 – 7,499 steps/day
    h. Somewhat active: 7,500 – 9,999 steps/day
    i. Active: 10,000 steps/day
    j. High Active: 12,500 + steps/day

5. Did you meet your last week's short-term step goal? If you did, great job! If you did not, why not?

6. Set a short-term step goal for next week: _____ steps/day. How will you achieve this exactly?

7. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).

# Take-Home Activity Tracking Sheet

## Week 12: Moving Forward

1) Thinking about your health, what are 3 things you could still improve? Set short and long-term goals. Think about how exactly you will accomplish these goals (Make a plan of action!) and why they are important to you. 2) Invite someone to join you in at least one of these goals (for example, someone who will go on a walk with you or remind you to stop eating after a certain time). 3) Wear your pedometer 4 days this week and record your step average. 4) Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns). Write your responses on this week's Take-Home Activity Tracking Sheet. 5) Try to continue practicing the activities from the previous weeks.

| How do you want to improve your health? | How will you do this exactly? | What are your short and long-term goal deadlines? | Why is this goal important to you? |
|---|---|---|---|
| **1.** | | | |
| **2.** | | | |
| **3.** | | | |

1. Did you find somebody that will join you in at least one of these goals (e.g. exercising with you, improving their diet with you, hold you accountable, etc.)?


2. On average how many steps per day did your pedometer record? _____ steps/day. In what category did you fall?
   a. Sedentary lifestyle: less than 5,000 steps/day
   b. Low active: 5,000-7,499 steps/day
   c. Somewhat active: 7,500-9,999 steps/day
   d. Active 10,000-12,499 steps/day
   e. High active: 12,500+ steps/day

3. Did you meet your **short-term** step goal from last week? Did you meet the **long-term** step goal you set at the beginning of this program? Please explain.


4. Set a step goal you would like to continue to reach in your everyday life from here on out: _____ steps/day. How will you achieve this exactly?

# Take-Home Activity Tracking Sheet

5. Share and discuss with your support system this week's take-home activities and anything else that might come up (e.g. goals reached, questions, concerns).