

EXERCISE

MY ACTIVITY JOURNAL

Activity	Date	Length of time	Heart rate (after 20 min)	Aerobic exercise?	Muscle groups used most
1					
2					
3					
4					
5					

	Activity	Type
1:	_____	<input type="checkbox"/> Individual <input type="checkbox"/> Group
2:	_____	<input type="checkbox"/> Individual <input type="checkbox"/> Group
3:	_____	<input type="checkbox"/> Individual <input type="checkbox"/> Group
4:	_____	<input type="checkbox"/> Individual <input type="checkbox"/> Group
5:	_____	<input type="checkbox"/> Individual <input type="checkbox"/> Group

Which activities would you enjoy doing again? Why?

What would help motivate you to continue these activities?
