



 **Exercise Checklist**

If you do activities you enjoy, you're more likely to stick with them. Use this checklist to **pinpoint the kinds of physical activity that you like most**. Then show it to your doctor. Together you can include them in your exercise plan.

 **Check all the answers that apply to you.**

**What sorts of physical activities do you enjoy the most?**

**Outdoor activities**

- Biking
- Hiking
- Running
- Walking
- Gardening
- Other \_\_\_\_\_

**Indoor activities**

- Dancing
- Stair climbing
- Stationary bicycle
- Treadmill
- Weights
- Aerobics (low impact)
- Yoga
- Other \_\_\_\_\_

**Water activities**

- Swimming
- Boating
- Other \_\_\_\_\_

**Competitive activities**

- One-on-one sports (singles racket sports)
- Partner sports (doubles racket sports)
- Team sports (baseball, basketball)
- Other \_\_\_\_\_

**Other activities**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



Check all the answers that fit you.

<b>How do you like to exercise?</b>	<input type="checkbox"/> In a group <input type="checkbox"/> With a friend <input type="checkbox"/> Alone
<b>How much time do you have for physical activity each day?</b>	<input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30 minutes or more
<b>Which area(s) of your body limit your physical activity?</b>	<input type="checkbox"/> Neck <input type="checkbox"/> Shoulders <input type="checkbox"/> Hands/wrists <input type="checkbox"/> Fingers <input type="checkbox"/> Back <input type="checkbox"/> Hips <input type="checkbox"/> Knees <input type="checkbox"/> Feet/toes
<b>What factors may limit your physical activity?</b>	<input type="checkbox"/> No time <input type="checkbox"/> Fear it could make my condition worse <input type="checkbox"/> Not sure which exercise is best for me <input type="checkbox"/> Too tired/weak <input type="checkbox"/> Too much pain <input type="checkbox"/> Others _____ _____ _____