

My Exercise Goals

Date:

What I can do today:

What I hope to be able to do in a week:

What I hope to be able to do in a month:

What I hope to be able to do in six months:

What I hope to be able to continue to do
as my normal lifestyle:

Check the statements that reflect your fitness goals or reasons to exercise:

- | | |
|---|--|
| <input type="checkbox"/> feel stronger | <input type="checkbox"/> have fun |
| <input type="checkbox"/> combat fatigue | <input type="checkbox"/> feel better emotionally |
| <input type="checkbox"/> improve muscle tone | <input type="checkbox"/> relax and reduce stress |
| <input type="checkbox"/> improve muscle strength | <input type="checkbox"/> comply with doctor's orders |
| <input type="checkbox"/> reduce weight | <input type="checkbox"/> rehabilitate an injury |
| <input type="checkbox"/> gain weight | <input type="checkbox"/> feel better about myself |
| <input type="checkbox"/> improve flexibility | <input type="checkbox"/> return to previous activities |
| <input type="checkbox"/> meet new friends | <input type="checkbox"/> develop a new interest |
| <input type="checkbox"/> improve cardiovascular fitness | <input type="checkbox"/> other goals: _____ |