

Activity Self-Assessment

Fitness self-assessment

Let's first get an idea of your family level of activity and inactivity. While an ideal goal of activity is 1 hour of moderate physical activity per day and 1 hour of inactivity/screen time per day, that might not be reasonable at first. It is helpful to first know where you are starting.

Do you do formal sports (baseball, swimming, dance) for at least 30 minutes?

M	T	W	Th	F	S	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have PE class in school where you are active (breathing hard/sweating) for at least 30 minutes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Do you take walks or hikes with friends or family?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Do you walk or bike for commute purposes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Other notable activity? _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

How many days a week do you have 1 hour of activity per day? _____

How many days a week do you have 30 minutes of activity per day? _____

How many days do you have no activity? _____

Inactivity Self-Assessment

Do you spend 1 hour on video games per day?

M	T	W	Th	F	S	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aside from school work, do you spend 1 hour per day on computers/tablets/phones?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Do you spend 1 hour on TV/Videos?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------



Creating Your Activity Plan

Fitness plan and Inactivity plan: Here you can make a plan for fitness and set a limit for sedentary time. I invite you to make your goal your goal SMART-- Specific Measurable Achievable Relevant and Timely. I find that people achieve more physical activity when the initial goal seems easily achievable. Better to build upon successes than to develop overwhelm. If your family is truly sedentary, starting a 10- minute walk 3x/week would be a great initial goal!

Fitness Plan

What: _____

When: _____

With: _____

Duration: _____

How Often: _____

Inactivity Plan

What: _____

When: _____

With: _____

Duration: _____

How Often: _____