**Activity Diary**

Safety tips

If you **need help,** have someone with you when **exercising**. Have your **phone near by.**

Do **NOT** exercise:

- If **not feeling well** or **injured**

- If it’s **too hot**

- Straight **after eating**

**STOP** exercising and **tell someone** if you:

- Have **pain** (could be chest, jaw, abdomen, back or neck)

- Feel **faint or dizzy**

- Have **excessive sweating** or **puffing**

- Have **sticky skin**

- Your heart is beating **too fast** or **very slow**

- Feel **nauseous**

AND **call 000** if you are **concerned**, or if your **symptoms are severe**, **getting worse, or have lasted for 10 minutes**

**Activity Target: 150 min of moderate activity per week**

Week 1:

|  |  |  |
| --- | --- | --- |
| **Day** | **Type of Activity** | **Time spent being Active** |
| Eg: Walk/Exercise Routine/Housework/Gardening | | Eg: 10 minutes or 30 minutes |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |
| **Total** | |  |

**Activity Target: 150 min of moderate activity per week**

Week 2:

|  |  |  |
| --- | --- | --- |
| **Day of the week** | **Type of movement** | **Time spent “moving”** |
| Eg: Monday | Eg: Walk/Exercise Routine/Housework | Eg: 10/20/30min |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |
| **Total** | |  |

**Activity Target: 150 min of moderate activity per week**

Week 3:

|  |  |  |
| --- | --- | --- |
| **Day of the week** | **Type of movement** | **Time spent “moving more”** |
| Eg: Monday | Eg: Walk/Exercise Routine/Housework | Eg: 10/20/30min |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |
| **Total** | |  |

**Activity Target: 150 min of moderate activity per week**

Week 4:

|  |  |  |
| --- | --- | --- |
| **Day of the week** | **Type of movement** | **Time spent “moving more”** |
| Eg: Monday | Eg: Walk/Exercise Routine/Housework | Eg: 10/20/30min |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |
| **Total** | |  |