

ID#: 





# CHAMPS

## COMMUNITY HEALTHY ACTIVITIES MODEL PROGRAM FOR SENIORS

### Activity Log -- Group A

- Date:** →→ Enter the date exercise completed.
- Activity:** →→ Write in the type of activity (e.g., slow walking, brisk walking, stretching, water aerobics, golf without cart, etc.)
- Class:** →→ Circle "Y" for YES if your activity was part of a community class. Circle "N" for NO if your activity is not part of a class.
- Time (min.):** →→ Record, in minutes, the total amount of time exercised.
- Effort:** →→ Record your work effort during exercise, using the work effort scale **on the back of this booklet** → → →
- Comments:** →→ *Optional* -- Write in any comments about your exercise session.

Week #1 Goals:	
Week #2 Goals:	

# Week #1

<b>Monday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Tuesday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Wednesday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Thursday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Friday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Saturday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Sunday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				

<b>Monday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Tuesday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Wednesday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Thursday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Friday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Saturday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				
<b>Sunday</b> -- Date: ____/____/____		Class	Time (min.)	Effort
Activity#1: _____		N Y	_____	_____
Activity#2: _____		N Y	_____	_____
Activity#3: _____		N Y	_____	_____
Comments: _____				

If you have any questions contact us at the CHAMPS at: (415)323-0601

Work Effort Scale	
6	Rest
7	Very, Very Light
8	
9	Very Light
10	
11	Fairly Light
12	
13	Somewhat Hard
14	
15	Hard
16	
17	Very Hard
18	
19	Very, Very Hard
20	