For the next 2 weeks please record all of your physical activity (use 5 minutes as minimum) and the number of minutes you perform these activities. If you need more space please use the back of the sheet.

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| Activity | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
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| Activity | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 |
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Comments:

(Make general comments about the activity. Some examples of comments: enjoyed the activity, did not enjoy, made me sore, rested well after day \_, etc.)