



{ My Movement Journal }

Day: _____

Time	What You Were Doing	Time	What You Were Doing
Midnight		Noon	
1 am		1 pm	
2 am		2 pm	
3 am		3 pm	
4 am		4 pm	
5 am		5 pm	
6 am		6 pm	
7 am		7 pm	
8 am		8 pm	
9 am		9 pm	
10 am		10 pm	
11 am		11 pm	

*If possible wear a pedometer during waking hours.

Time: Record what you did every hour of the day as it relates to activity or inactivity, including sleep.

What You Were Doing: Sleeping, sitting, driving, at work (sitting, standing, hard labor), at home (couch/TV, standing, cooking, cleaning), computer (sitting, standing, in bed), yardwork, etc. Include it all! Whether you take the stairs or elevator; walk or take a taxi/bus/train; park far or close to store entry, etc.

Notes:

How many steps did the pedometer record?

What did you discover about your activity level today?

For tips on how to analyze your activity journal go to <http://www.healthybastards.com>