



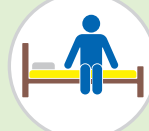




USE CHECK MARKS ✓ TO
TRACK YOUR PROGRESS!

	Eating Which mealtimes were you in a chair? <small>B = Breakfast L = Lunch D = Dinner</small>	My Movement Goal	Times I Moved Today For example, getting up to walk, going to the toilet, getting up to complete grooming, etc.
			   
DAY 1 Date:	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	____ times	✓
DAY 2 Date:	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	____ times	
DAY 3 Date:	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	____ times	
DAY 4 Date:	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	____ times	
DAY 5 Date:	<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D	____ times	

Have you moved today?




Level A1




Level A2

If you are able to walk on your own (**Level A1**) or need some help (**Level A2**):

- Try to do at least three moving activities each day.
- Exercise with volunteers, visitors, and on your own as advised by your team.



Level B



Level C

If you are able to stand up and turn to sit on a chair (**Level B**) OR need help to get out of bed (**Level C**):

- Move with assistance as advised by your team
- Get up to a chair 1-3+ times each day