USE CHECK MARKS ✓ TO TRACK YOUR PROGRESS!

	Eating Which mealtimes were you in a chair? B = Breakfast L = Lunch D = Dinner			My Movement Goal	Times I Moved Today For example, getting up to walk, going to the toilet, getting up to complete grooming, etc. Image: Complete groom ing to the toilet of toilet of toilet of the toilet of the toilet of toilet o
DAY 1 Date:	ΠB		D	times	\checkmark
DAY 2 Date:	ΠB		D	times	
DAY 3 Date:	ΠB			times	
DAY 4 Date:	ΠB		D	times	
DAY 5 Date:	□B		D	times	



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.





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







