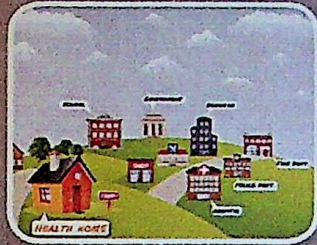


# Activate My Life



Your Path to Wellness

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Washington Health Foundation  
HEALTHIEST STATE IN  
THE NATION CAMPAIGN  
[www.HealthiestState.org](http://www.HealthiestState.org)

**HEALTH 3.0**

# Activate My Life

Name:

Start Date:

Completion Date:

What I need to change?



How I plan to do it:










*Customize my plan using the activity plan below*

How I plan to stay on track:



## My So Called *Active* Life

Activity	My Current Level of Activity	Goal	Barriers/ Obstacles to Improvement	How I plan to overcome barriers
 <p><b>Everyday Activities</b> [Walking to work, school or the store, chores around the house etc.]</p>	How Often: How Long: How Intense:			
 <p><b>Exercise &amp; Organized Sports</b> [Cardiovascular or endurance training (running, walking, biking, rowing etc.). Basketball, soccer etc.]</p>	How Often: How Long: How Intense:			
 <p><b>Stretching &amp; Yoga</b> [Any activity improving flexibility &amp; muscle relaxation]</p>	How Often: How Long: How Intense:			
 <p><b>Strength &amp; Resistance Training</b> [Any activity improving muscle strength-eg. Weight training, pilates]</p>	How Often: How Long: How Intense:			
 <p><b>Balance &amp; Coordination</b> [Any activity to improve ones balance or coordination]</p>	How Often: How Long: How Intense:			
 <p><b>Recreation &amp; Play</b> [Hiking, gardening, frisbee, horseshoes, kayaking-any activity done casually for fun]</p>	How Often: How Long: How Intense:			
 <p><b>Dance &amp; Creative Movement</b> [Any creative movement]</p>	How Often: How Long: How Intense:			