

# FEELING STRESSED IS OPTIONAL

## Behavior Change: Exercise

What exercise-related behavior would you like to change?

Identify your current stage in changing the behavior you identified above and circle your answer:

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

If you are not at least at stage 3, do the thought work necessary to get there.

On a scale of 1-10, how confident are you that you can make the desired change? Circle your answer.

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10, how important is it to you to make the change? Circle your answer.

1 2 3 4 5 6 7 8 9 10

If you scored lower than 7 for either confidence or importance, do the thought work needed to score higher. If you scored a 7 or above, you're ready to set your FITT goals.

**Frequency:** How often will you exercise?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**Intensity:** Mild, moderate, intense, or a combination?

**Time:** How many minutes will you perform the exercise?

**Type:** What type of exercise will you perform?