

# My Activity Calendar

MONTH: \_\_\_\_\_

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>Friends &amp; Family</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Build Strength</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Change it Up!</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Keep Moving</b> <input type="checkbox"/> _____ _____ _____
<b>Friends &amp; Family</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Build Strength</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Change it Up!</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Keep Moving</b> <input type="checkbox"/> _____ _____ _____
<b>Friends &amp; Family</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Build Strength</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Change it Up!</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Keep Moving</b> <input type="checkbox"/> _____ _____ _____
<b>Friends &amp; Family</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Build Strength</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Change it Up!</b> <input type="checkbox"/> _____ _____ _____	<b>Focus on Fitness</b> <input type="checkbox"/> _____ _____ _____	<b>Keep Moving</b> <input type="checkbox"/> _____ _____ _____
<b>Friends &amp; Family:</b> Make physical activity fun and rewarding by making at least one activity a week social.	<b>Focus on Fitness:</b> Use these days to focus on an activity you identified in your SMART Goal Sheet.	<b>Build Strength:</b> A few strengthening exercises a week will help you stay strong and independent.	<b>Focus on Fitness:</b> Use these days to focus on an activity you identified in your SMART Goal Sheet.	<b>Change it Up!:</b> Try a new activity at least once a week, such as yoga, Zumba or swimming.	<b>Focus on Fitness:</b> Use these days to focus on an activity you identified in your SMART Goal Sheet.	<b>Keep Moving:</b> Spend extra time cleaning your home, gardening or shopping or washing your car.



# My SMART Goal Sheet

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TODAY'S DATE: \_\_\_\_\_ TARGET DATE: \_\_\_\_\_ START DATE: \_\_\_\_\_ DATE ACHIEVED: \_\_\_\_\_

GOAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verify that your goal is **SMART**:

**S**pecific: What exactly will you accomplish?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**M**easurable: How will you know when you have reached this goal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A**chievable: Is achieving this goal realistic with effort and commitment? Have you the resources to achieve this goal? If not, how will you get them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**R**elevant: Why is this goal significant in your life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**T**imely: When will this goal be achieved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

