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Center for Integrative Medicine



Self-Care: Movement Assessment & Goals

MOVEMENT & PHYSICAL ACTIVITY VALUE

Begin by centering yourself. Close your eyes. Take a few deep, relaxing breaths and let yourself understand why you value a engaging in regular and enjoyable physical activity. Imagine how incorporating adequate, regular and varied physical activity impacts your total health and you your life.

Write a statement about why you value movement and physical activity.



Write a statement about how movement and physical activity impact your overall health and quality of life.



MOVEMENT & PHYSICAL ACTIVITY ASSESSMENT

Are you meeting your movement needs?

How many hours a day do you sit?

How many hours a day do you stand?

How many hours a day are you moving?

List the types of movement or activity you participate in most weeks, that is not conscious/planned physical activity/exercise? Be sure to include approximate amount of time and frequency (number of days per week).



Indicate your usual physical activity status:

Excellent Good Fair Poor

Regarding the general physical activity recommendations (circle answer):

You usually **do not meet/ meet/ exceed the minimum** for **cardiorespiratory** (aerobic) activity.

You usually **do not meet/ meet/ exceed the minimum** for **strength** training.

You usually **do not meet/ meet/ exceed the minimum** for **flexibility** training.

You usually **do not meet/ meet/ exceed the minimum** for **neuromuscular** fitness.



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Identify your current physical activity self-care practice.

Activity Name

Activity Type

Time/Frequency/Intensity

(i.e. cardiorespiratory)

Do you feel comfortable in your physical body with movement or do you experience pain, discomfort or self-consciousness? Write about this.



Identify what types of movement and physical activity that you enjoy? Make a list of all the activities that you know you enjoy as well as those you've wanted to try.

Movement and Exercise I know I enjoy

Movement and Exercise I would like to try

MOVEMENT & PHYSICAL ACTIVITY GOALS

What simple changes can you make in your daily life to add more conscious movement into your day?





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What physical activities would you like to add into your self-care practice and why?

Place current physical activity and new activities under the category each fits best under. Include your goals for length of time (per activity), frequency (times per week), intensity, and if you will be doing the activity alone, guided by an instructor (live or via recording/online), or if you will be with others participating.

Cardiorespiratory:

Time/Frequency:

Goal Intensity (low/moderate/vigorous):

Solo/Guided/Social?

Neuromuscular:

Time/Frequency:

Goal Intensity (low/moderate/vigorous):

Solo/Guided/Social?

Strength/resistance:

Time/Frequency:

Goal Intensity (low/moderate/vigorous):

Solo/Guided/Social?

Flexibility:

Time/Frequency:

Goal Intensity (low/moderate/vigorous):

Solo/Guided/Social?



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Strengths to meeting my movement self-care needs:



Barriers to meeting my movement self-care needs:



MY SELF-CARE MOVEMENT & PHYSICAL ACTIVITY PRACTICES

State these plans for achieving your movement & physical activity goals in a positive, realistic, measurable & attainable way.

Minimal:

(no matter what circumstances arise, you can accomplish this level of self-care)



Reasonable:

(under normal circumstances, you can accomplish this level of self-care)



Optimal:

(throwing all barriers to the side, this is the ideal implementation of Self-care and you will strive to achieve)





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SUPPORT STRATEGIES

List strategies to enhance your accountability and success in implementing your self-care practices. (Support from family, co-workers; personal rewards, scheduled reminders, pedometer, smart phone app, instructor-led classes).

