

## Physical Activity—

## Mid-Point Goal Re-Evaluation

	ongratulations! e goal that you					_		_				s is a	ı goo	d tim	ne to	think	abo	ut
Na	ame:																	
W	ork Phone/E-Ma	ail:																
Те	am Name:																	
W	as your goal	☐ to	o high		<b>1</b> too	low		<b>⊒</b> just	right	?								
ANSWER THE FOLLOWING QUESTIONS TO SEE IF YOU NEED TO RESET YOUR ORIGINAL DAILY GOAL.																		
1.	. When I started Take Action!, it was my goal to be physically active for minutes every day.																	
2.	During the past 5 weeks, I have reached my goal:  left every day left on most days of the week left only a few days a week left hardly ever left never												ever					
3.	3. I would like to change my daily goal.  □ Yes (if you answer yes, go to number 4.) □ No (if you answer no, skip question 4 and turn this form into your Team Captain)																	
4.	Based on how much daily physical activity you have done for the past 5 weeks, choose a NEW goal for yourself from the table below.														or			
CIRCLE THE GOAL THAT'S RIGHT FOR YOU.																		
	Daily Minutes:	5 1	0 15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
My NEW goal is to be physically active for minutes every day for the next 5 weeks!																		

Thank You! Please return this form to your Team Captain.