



## Weekly Adherence Week 5

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Habit 5: Permission to go to bed early.

If you have complied with this week's habit of going to bed early than please place a X in the box, if you didn't manage it, simply put a 0. At the end of week let's tally up the X and obtain a percentage of uptake. Have we formed this new habit?

Some habits make take a little more practice so this week and next week please monitor your adherence.

### Adherence to new habit.

Please place an "X" only in squares corresponding to the day where you went to bed early.

WEEK 1	WEEK 2
Monday	Monday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday
Saturday	Saturday
Sunday	Sunday

Are you having any problems with adherence, or does it seem easy? Please elaborate below.

No of ticks/14 x 100 = % this will help us to assess your readiness for change and moving on.

**For instance:**

Higher than 90%, you are ready to move on to the next Module - well done

Lower than 90%, hey no worries, it takes time to make long term changes. I am so glad you are being honest.

**How many steps walked this week?**

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**How did you get on with this week's arm workout?**

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## Willingness to exercise

How are your workouts going? Are you getting stronger, more powerful, is your breathing calming down? Let us know what changes you feel when working out. Please describe them in your own words. You can also use this section to highlight “problems” or concerns you may have about the workout.

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## What is recovery like after exercise?

1. Please rate (daily) each of the following variables on a scale of 0 - 5 as follows:

**Appetite:** 0 = No appetite; 5 = Very hungry

**Sleep quality:** 0 = Poor sleep; 5 = Very good sleep

**Tiredness:** 0 = No tiredness; 5 = Very tired

**Willingness to exercise:** 0 = No willingness; 5 = Very excited to exercise

WEEK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Appetite							
Sleep quality							
Tiredness							
Willingness							

## 2. Resting Pulse Rate

Please record your morning resting pulse for each day while seated, immediately upon waking. Take your radial pulse (at the wrist) for 15 seconds and multiply by 4 to get a minute value. Record this minute value (beats per minute) here:

WEEK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Pulse (bpm)							

