

Weekly Adherence Worksheet 1

Name: _

Habit 1	Drink more water								
Habit: 1.	Write down here wh report to - which frie		pe each day, who	en you'll do it, wh	at your 'trigger' w	rill be, who will you			
	Post your goal on our Facebook page, tell as many people as possible that you are trying to form a new habit. Report on your progress daily. Each day, tell the same group of people whether or not you have succeeded at your goal.								
the pre	ay seem simple at fir cedent when we hop etus and how to mov	efully find the hal	bit easy so wher						
If you h	Adherence sheet ave complied with th out a cross. At the er v habit?								
	ne you drink a small e appropriate box.	glass of water, p	ut anX in the app	propriate box. Eac	ch time you miss	a glass, put an			
Drank g	glass water:								
	Breakfast	snack	Lunch	snack	Dinner	snack			
Monda	/								
Tuesda	y								
Wedne	sday								
Thursda	ау								
Friday									
Saturda	y								
	-								

_Date:

No of ticks/ $42 \times 100 = \%$ 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 mar	ny steps	walked	this	week:
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Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
How did you get on with thi	s week's	cardio wor	kout?

Willingness to exercise

How are your workouts going? Are you getting stronger, more powerful, is you 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.

What is recovery like after exercise?

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

Apatite : 0 = No appetite ; 5 = Very hungry Sleep quality : 0 = Poor sleep ; 5 = Very good sleep

Tiredness: 0 = No tiredness; 5 = Very tired

Willingness to train: 0 = No willingness; 5 = Very excited to train

WEEK 1 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Apatite Sleep quality

Tiredness

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