

*my* **MS**  
**Toolkit**

**WORKSHEETS**

# Self-Guided Step Selection Matrix

It is likely that all of the MS Toolkit Steps contain information and skills that will help you manage your pain, fatigue, and/or negative mood. We recommend going through all of the steps to get the most benefit from this program.

However, you may want to focus on just some of the Steps. If you are not able to complete all the steps, use the Table below to figure out what steps you should focus on.

EVERYONE SHOULD DO:	1. Introduction	2. Goal Setting					
YOU SHOULD DO: IF YOU HAVE ANY OF THE FOLLOWING PROBLEMS	POOR SLEEP/ DAYTIME SLEEPINESS	NEGATIVE THINKING	PROBLEMS COMMUNICATING WITH OTHERS	FEELING OVERWHELMED	PHYSICAL INACTIVITY	STRESS / TENSION	OVERDOING IT ON “GOOD DAYS”
3. Relaxation	X	X		X		X	
4. Energy Management					X		X
5. Working with Thoughts		X		X		X	
6. Managing Emotions				X		X	
7. Sleep	X						
8. Communication			X				
9. Being Active	X				X		

# Goal Setting Worksheet

## An 8-step approach to setting and achieving goals

Setting goals may help you focus on what you want to accomplish. It is also a way for you to make important changes to your daily habits and routines so you can feel better. One way to state your goals clearly is to use the SMART approach to setting goals. This helps make sure your goals are:

### Specific

Know what you want to achieve, figure out how to do it, and set a timeframe for achieving it.

### Measurable

Be sure you can tell whether you are achieving them; for example, if one of your goals is to walk 10 minutes a day, wear a watch so you can time yourself.

### Attainable

Make sure your goals are reasonable; start slowly and work up to larger goals.

### Realistic

Keep your abilities and limitations in mind when you think about you would like to achieve.

### Trackable

Look for ways to keep track of your progress, such as using an exercise log.

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Look over the sample worksheet on the next page and then fill out your own goal-setting worksheet for a goal you would like to accomplish. Share your completed worksheet with your healthcare provider and discuss if your goals are right for you.

# Goal Setting Worksheet

## Example

STEP 1	STEP 2	STEP 3	STEP 4
<p><b>State your goal</b> My goal To practice relaxation for 15 minutes every day</p>	<p><b>Get information</b> What do I know about this goal?  <ul style="list-style-type: none"> <li>I know relaxation is good</li> <li>It can be easily fit into a day</li> </ul>  Where can I get more information?  <ul style="list-style-type: none"> <li>I can rent or buy relaxation CDs and DVDs</li> <li>I can get books from the library or bookstore about relaxation</li> </ul> </p>	<p><b>Brainstorm Ideas</b> Things that I can do to meet my goal  <ul style="list-style-type: none"> <li>Buy a candle and some soft mood music for meditation</li> <li>Take a meditation class instead of trying to relax on my own</li> <li>Get up earlier than everyone else so I have time for relaxation before starting my day</li> </ul> </p>	<p><b>Review your ideas</b> Are the brainstorming ideas in step 3 enjoyable and realistic? Try the most enjoyable and realistic idea.  <ul style="list-style-type: none"> <li>Buy candle and music (very enjoyable, very realistic)</li> <li>Take a meditation class (enjoyable, not realistic)</li> <li>Get up earlier than everyone else (not enjoyable, not realistic)</li> </ul> </p>
STEP 5	STEP 6	STEP 7	STEP 8
<p><b>Make specific plans</b> My plan I will meditate for 15 minutes every evening for 2 weeks before sleep. I will reward myself with flowers. Barriers to carrying out my plan  <ul style="list-style-type: none"> <li>I might not feel like doing it</li> <li>I might get interrupted</li> </ul>  My options Put my plan in action  <ul style="list-style-type: none"> <li>I need to brainstorm fresh ideas Go to Step 3</li> <li>Break problem into smaller problems. Go to Step 1.</li> </ul> </p>	<p><b>Act on your goal</b> On Monday, I began relaxing for 15 minutes before going to sleep. Ways I can encourage myself  <ul style="list-style-type: none"> <li>I can put a note on the refrigerator to remind myself to meditate after dinner</li> <li>I can ask someone to do relaxation exercises with me</li> <li>I can write down in a journal how I feel each night once I'm done</li> </ul> </p>	<p><b>Evaluate how it went</b> What happened when I carried out my plan?  <u>Day 1:</u> Just before going to do my relaxation, the phone rang and I talked to my friend for an hour. After the call ended, I was too tired to do my relaxation.    <u>Day 2:</u> At 11 am, I did relaxation for 5 minutes. I practiced relaxation again at 10 pm before I went to bed         </p>	<p><b>Reward yourself</b> How did I reward myself? I bought myself some flowers as a reward.</p>

# Goal Setting Worksheet

STEP 1	STEP 2	STEP 3	STEP 4
<p><b>State your goal</b> My goal</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Get information</b> What do I know about this goal?</p> <p>_____</p> <p>_____</p> <p>Where can I get more information?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Brainstorm Ideas</b> Things that I can do to meet my goal</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Review your ideas</b> Are the brainstorming ideas in step 3 enjoyable and realistic? Try the most enjoyable and realistic idea.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
STEP 5	STEP 6	STEP 7	STEP 8
<p><b>Make specific plans</b> My plan</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Barriers to carrying out my plan</p> <p>_____</p> <p>_____</p> <p>My options _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Act on your goal</b></p> <p>_____</p> <p>Ways I can encourage myself</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Evaluate how it went</b> What happened when I carried out my plan?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Reward yourself</b> How did I reward myself?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

# Relaxation Worksheet

## Techniques to help yourself relax

Learning active relaxation techniques may help you teach your body to relax more fully on command. This is called achieving the **relaxation response**. Using this worksheet may help you:

- Schedule time to practice relaxation techniques
- Practice different techniques to find the ones that you like and that benefit you
- Get in the habit of using relaxation techniques

## Step 1

### Choose a relaxation technique

**There are several common relaxation techniques that you can do on your own. Check the box of the technique you want to do:**

- Progressive muscle relaxation
- Guided imagery
- Deep-breathing
- Mindfulness meditation
- Autogenic relaxation
- Another technique you would like to try: \_\_\_\_\_

## Step 2

### Schedule times to practice

Set certain times to practice the technique you choose. Make it a goal to practice as often as you can. To help you track your progress, write the name of the technique you want to try and the time you have scheduled to do it in the boxes on the worksheet.

## Step 3

### Rate your levels of fatigue, pain and stress

Refer to the scale below to rate how much of fatigue, pain and stress you feel before and after your practice session. Write the numbers down in the worksheet boxes.

#### FATIGUE



#### PAIN



#### STRESS



# Relaxation Worksheet

DAY	STEP 1	STEP 2	STEP 3						NOTES
	RELAXATION TECHNIQUE	SCHEDULED TIME	FATIGUE RATING		PAIN RATING		STRESS RATING		
			Before	After	Before	After	Before	After	
Monday	Deep-breathing exercises	3:30 pm - 3:45 pm	8	5	9	5	8	6	it took a few minutes to get into in, but then I started to feel less fatigued, pain and stress

DAY	STEP 1	STEP 2	STEP 3						NOTES
	RELAXATION TECHNIQUE	SCHEDULED TIME	FATIGUE RATING		PAIN RATING		STRESS RATING		
			Before	After	Before	After	Before	After	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

# Pacing Yourself Worksheet

## Learning to pace yourself by making a plan

Pacing yourself is an important part of managing your MS and working with your body's needs. Time-based pacing teaches your body a helpful rhythm of activity and rest. It may help you improve physical functioning, reduce the likelihood of flare-ups, and feel less pain and fatigue.

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### Step 1

Choose a task

Pick a task you want or need to do. Start with a simple task before trying harder ones. For example, you may want to make a pacing plan for vacuuming one room instead of cleaning the whole house.

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### Step 2

Figure out a pacing rhythm that helps you do this task

#### Estimate how long you can do the task and still feel okay.

- If you are not sure how long is safe, see how much you are able to do over the next few days. You may also want to talk with your healthcare provider about how much is safe for you to do
  - Your safe timeframe is how long you can do a task and still feel okay before you start to feel more pain and fatigue
  - Estimate how long you need to rest before you start
  - Switch between doing the task and resting
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### Step 3

Share your pacing plan

Share your pacing plan with your healthcare provider. He or she may be able to suggest additional ways to adjust your plan so that it meets your individual needs and has the right balance of activity and rest for you right now.

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### Step 4

Try, review, and revise your pacing plan as needed

Try your plan for 3 to 4 days. This should give you enough time to find out how well it works for you. Review how you did with your pacing plan. Revise the plan until it works for you. If you did your task and:

- **Feel okay**, try increasing your activity time slightly for a new 3- to 4-day period
  - **Feel worse**, reduce your activity intensity, but be active for the same amount of time and then work back to your first goal
- 

**Use the work sheet on the next page to help you make a pacing plan.**



# Pacing Yourself Worksheet

Follow the instructions on page 1 to build your pacing plan.

DAY	TASK	ACTIVITY TIME	REST TIME	TRY, REVIEW, AND REVISE
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

# Planning Your Day Worksheet

Use this daily planner-style to-do-list to plan your day. Be sure to think about how to balance rest and activity. This will help you to complete the things you would like to do, while keeping your symptoms at a manageable level.

DATE:

DAY OF THE WEEK:

TIME	ACTIVITY	ACTIVE OR REST?	HOW DO YOU FEEL BEFORE/AFTER?
6:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
6:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			
12:00 am			

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DATE:

DAY OF THE WEEK:

TIME	ACTIVITY	ACTIVE OR REST?	HOW DO YOU FEEL BEFORE/AFTER?
6:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
6:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			
12:00 am			

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DATE:

DAY OF THE WEEK:

TIME	ACTIVITY	ACTIVE OR REST?	HOW DO YOU FEEL BEFORE/AFTER?
6:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
6:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			
12:00 am			

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Use this daily planner-style to-do-list to plan your day. Be sure to think about how to balance rest and activity. This will help you to complete the things you would like to do, while keeping your symptoms at a manageable level.

DATE:		DAY OF THE WEEK:	
TIME	ACTIVITY	ACTIVE OR REST?	HOW DO YOU FEEL BEFORE/AFTER?
6:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
6:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			
12:00 am			

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Use this daily planner-style to-do-list to plan your day. Be sure to think about how to balance rest and activity. This will help you to complete the things you would like to do, while keeping your symptoms at a manageable level.

DATE:

DAY OF THE WEEK:

TIME	ACTIVITY	ACTIVE OR REST?	HOW DO YOU FEEL BEFORE/AFTER?
6:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
6:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			
12:00 am			

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Use this daily planner-style to-do-list to plan your day. Be sure to think about how to balance rest and activity. This will help you to complete the things you would like to do, while keeping your symptoms at a manageable level.

DATE:

DAY OF THE WEEK:

TIME	ACTIVITY	ACTIVE OR REST?	HOW DO YOU FEEL BEFORE/AFTER?
6:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
6:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			
12:00 am			

# Planning Your Day Worksheet

Use this daily planner-style to-do-list to plan your day. Be sure to think about how to balance rest and activity. This will help you to complete the things you would like to do, while keeping your symptoms at a manageable level.

DATE:

DAY OF THE WEEK:

TIME	ACTIVITY	ACTIVE OR REST?	HOW DO YOU FEEL BEFORE/AFTER?
6:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
6:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			
12:00 am			



# Thinking Differently Worksheet

## Practice reframing your thoughts

This worksheet on reframing negative thoughts may help you:

- Become aware of what situations make you feel frustrated, angry, sad, or guilty
- Practice reframing your thoughts as positive ones. If you reframe painful negative thoughts, you may not feel the physical and emotional effects that negative automatic thoughts may have on you
- Talk with your healthcare provider about negative thoughts

Start by reading the following example. Then, using the four reframing steps, fill out the worksheet with your own experience.

STEP 1	STEP 2	STEP 3	STEP 4
Identify the situation that causes negative thoughts	Describe your negative thoughts	Describe your emotions	Reframe your thoughts
<p>I haven't done laundry in weeks. It just hurts too much.</p>	<ul style="list-style-type: none"> <li>• I'm a terrible wife</li> <li>• I can't do anything anymore</li> <li>• My husband will be angry with me</li> </ul>	<ul style="list-style-type: none"> <li>• Guilt</li> <li>• Worthlessness</li> <li>• Anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Having MS is not my fault, and it does not mean I am a bad person</li> <li>• There are many things I can do without help, but laundry is not one of them</li> <li>• If I explain to my husband about my pain and ask for his help, he will understand</li> </ul>



# Stress Management Plan

**Health problems**, such as pain and fatigue, can have a major impact on emotions, causing feelings such as worry, frustration, and sadness. So, it is important to learn to manage your emotions by managing stress and encouraging positive emotions in your daily life.

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## Steps to developing a Stress Management Plan

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### Step 1

#### Identify your triggers

Think about what situations, thoughts, actions, or symptoms are common triggers for your stress. In other words, what causes you to feel stressed?

#### Examples of common triggers include:

- Increased physical symptoms, such as pain or fatigue
- Social challenges, such as conflicts with others
- An unmet need, such as too little sleep or hunger
- Unhelpful thoughts, such as unrealistic expectations for yourself (see Working with Thoughts for ideas)

### Step 2

#### Evaluate your response

Now that you have identified some of your triggers, think about how you typically respond to stress. Answering the following questions can help you figure out what you would like to change in your response to stress.

- Are there certain things you do when you feel stressed?
- Are there certain things you stop doing when you feel stressed?
- Are your responses helpful or not helpful?
- Do your responses make your situation worse or better?

### Step 3

#### Develop a plan

With the information from steps 1 and 2, develop a plan for how to handle triggers when they come up to prevent or reduce the intensity of your stress.

#### You can try:

- Make sure you start with the basics: be sure to take care of your body's basic needs, including food, sleep, water, medications. Using page 6 of the worksheet, monitor your sleep habits while you try the new tip. It can help you see how well the tip is working for you.
- Next, consider what has worked for you in the past. Are there things you have done in the past that have calmed you down, or helped you get through difficult moments or challenges? Who has helped? Include these in your plan.
- Consider additional strategies, which might include one that will help you calm down or get focused, such as a relaxation exercise or talking with someone supportive.

# Stress Management Plan

STEP 1	STEP 2	STEP 3
Identify your triggers	Evaluate your response	Develop a plan

# Sleep Worksheet

**Good sleep habits** may help you sleep longer and more soundly so you can wake up feeling refreshed. Use this worksheet to help you and your healthcare provider to recognize your main sleep problems and identify good sleep habits that may help you improve your sleep.

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## Steps to getting a good night's sleep

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### Step 1

#### Keeping track of your sleep patterns

Keep a log of our sleep patterns for at least three nights, including one weekend night. While it may be hard to know exactly how long it took you to fall asleep or how long you were awake at night, make your best guess.

#### Your sleep log should include:

- **Naps:** Write down the time that your nap started and ended
- **Bedtime:** Write down the time that you got into bed and turned off the lights
- **How long it took to fall asleep:** Estimate how long it took you to fall asleep after turning off the lights
- **How many times you woke up:** Write down the number of times that you remember waking up during the night. Use the notes section to write down any unusual events, such as a phone call that woke you up
- **Morning wake-up time:** Write down the time that you woke up in the morning, even if you didn't get out of bed at that time
- **Out-of-bed time:** Write down the time that you actually got out of bed to start your day

### Step 2

#### Address your main sleep problems

As you track your sleep patterns, think about the kind of sleep problems you are having.

#### Are you having trouble:

- Falling asleep?
- Staying asleep without frequent awakenings?
- Getting out of bed due to morning stiffness?

### Step 3

#### Choose a sleep behavior tip that targets your main sleep problem

#### You can try:

- Following the tip for at least three days
- Using page 6 of the work sheet, monitor your sleep habits while you try the new tip. It can help you see how well the tip is working for you

# Step 1: Keeping Track of Your Current Sleep Habits

For at least three nights, including one weekend night keep a log of your sleeping habits.

## Nighttime Sleep Log

MY SLEEP HABITS	EXAMPLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Time I went to bed	10:30 pm							
How long it took me to fall asleep	45 min							
How many times I woke up	2							
How long I was awake each time	20 min, 10 min							
Morning wake-up time	6:30 am							
Out-of-bed time	6:45 am							
<b>Notes:</b> <ul style="list-style-type: none"> <li>• How did I feel when I woke up?</li> <li>• Did I get a good night's sleep?</li> </ul>	Very groggy. Didn't want to get out of bed.							
Daytime naps	2 pm - 3pm							

Review your record of sleep habits. Then identify your main sleep problem.

**My main problem is:**

- Trouble falling asleep .....
- Trouble staying asleep .....
- Trouble waking up or getting out of bed .....

**See:**

- page 3
- page 4
- page 5



# Step 2: Address your main sleep problem

## “I have trouble staying asleep”

Look down the column for tips and behaviors that you can use to manage your sleep problems. Check off the category of tips you want to try. Use the notes section to help you plan how to use the tips.

CATEGORIES	TIPS FOR STAYING ASLEEP
<input type="checkbox"/> Good sleep behaviors	<ul style="list-style-type: none"> <li>• Get into bed only when you're sleepy</li> <li>• Get out of bed if you can't sleep</li> <li>• Try not to watch the clock</li> <li>• Don't read, eat, or watch TV in bed</li> </ul>
<input type="checkbox"/> Bedroom tips	<ul style="list-style-type: none"> <li>• Keep the bedroom temperature comfortable</li> <li>• Keep the bedroom dark</li> <li>• Make sure your bed is comfortable. If need, adjust the padding thickness on your mattress to your liking</li> <li>• Consider adjusting or changing your pillows or mattress to better support sore or painful areas</li> <li>• Keep your bed free of pets when you sleep</li> </ul>
<input type="checkbox"/> Be mindful of what you consume	<ul style="list-style-type: none"> <li>• Avoid caffeine and nicotine</li> <li>• Eat a light snack before bedtime</li> <li>• Avoid heavy meals close to bedtime</li> </ul>
<input type="checkbox"/> Calming tips	<ul style="list-style-type: none"> <li>• Do something that is calming before going to bed. Listen to music, read a magazine, or meditate</li> <li>• Avoid watching stimulating TV programs close to bedtime</li> <li>• If you find yourself worrying about something before bedtime, write down your thoughts in a “worry book.” Set aside time the next day to think about the problem and how to solve it</li> </ul>

### NOTES

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# Step 3: Keeping Track of Your Current Sleep Habits

For at least three days, try following the tips you've chosen. Refer back to the Step 1 chart to see how well the tips work for you.

## Nighttime Sleep Log

MY SLEEP HABITS	EXAMPLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Time I went to bed	10:30 pm							
How long it took me to fall asleep	45 min							
How many times I woke up	2							
How long I was awake each time	20 min, 10 min							
Morning wake-up time	6:30 am							
Out-of-bed time	6:45 am							
<b>Notes:</b> <ul style="list-style-type: none"> <li>• How did I feel when I woke up?</li> <li>• Did I get a good night's sleep?</li> </ul>	Very groggy. Didn't want to get out of bed.							
Daytime naps	2 pm - 3pm							

### CATEGORY OF TIPS I TRIED

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# Communications Worksheet

**INSTRUCTIONS:** The purpose of this worksheet is to help you plan your communication related to your MS, symptoms, and needs. Effective communication is based on (1) knowing your audience, (2) knowing the purpose of sharing the information you plan to share, (3) being specific with what you want the listener to learn from your discussion, and (4) being clear in what you are requesting the listener to do with this information.

## Planning to talk about your MS

WHO IS YOUR AUDIENCE?	WHAT IS THE PURPOSE OF TELLING THEM THIS INFORMATION?	WHAT DO YOU WANT THE LISTENER TO LEARN?	WHAT DO YOU WANT TO ASK THE LISTENER TO DO WITH THIS INFORMATION?
Best friend	Practical support	That my pain makes it hard for me to walk, which then causes me to feel like I should back out of plans so I don't get in the way	Help me problem solve around this pain-walking relationship so I don't have to cancel our dinner dates

# Being Active Worksheet

## Make your physical activity count

Regular physical activity can have enormous health benefits in addition to helping you manage your MS. Keeping yourself healthy provides a stronger foundation for managing MS. Benefits of regular exercise include:

- Helping you sleep better
- Reducing your pain and fatigue
- Improving your cognitive function (thinking ability)

## Five steps to increasing your physical activity

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### Step 1

Talk with your healthcare provider

Always talk with your healthcare provider before starting or changing your exercise program. He or she can help you determine what is the right amount of physical activity for you right now.

### Step 2

Keep track of everything you do in a typical day

From the time you wake up until the time you go to bed, keep track of everything that you do during a day. Keep track of what you do on a weekend day as well. It might be different from a weekday. Write down the amount of time you spend doing each activity.

### Step 3

Place each activity on the physical activity spectrum

Write down each activity in the correct column:

- Sedentary (still)
- Light/mild
- Moderate

### Step 4

Learn how to balance your physical activities

Find ways to adjust your activities so that you gradually add more activity or increase your level of activity. For example, is there a long period of time when you are sitting? Maybe you could take a 5-minute stretching breaks.

### Step 5

Reward yourself

As you work toward becoming more active, it is also important to reward the effort you're making. For example, rent a movie or spend time with a friend.

**The chart on page 2 provides an example of how to track and assess your physical activity habits.**

# Being Active Worksheet

<b>STEP 1</b>		Talk with my healthcare provider		DATE: MAY 15	
<b>STEP 2</b>		<b>STEP 3: PHYSICAL ACTIVITY SPECTRUM</b>			
TIME SLOT	ACTIVITIES (CHORES, ERRANDS, WORK, CHILD CARE, FUN)	SEDENTARY	LIGHT/MILD	MODERATE	
6 am to 8 am	Showered, got kids ready for school	15 min	25 min		
8 am to 10 am	Commuted, sat at desk	2 hr			
10 am to noon	Delivered mail at work, walked during lunch, sat at desk	90 min	10 min	10 min	
noon to 2 pm	Sat at desk	2 hr			
2 pm to 4 pm	Sat at desk, walked to nearby office	90 min		15 min	
4 pm to 6 pm	Sat at desk	2 hr			
6 pm to 8 pm	Did yoga, made dinner		25 min	35 min	
8 pm to 10 pm	Watched TV, got ready for bed	90 min, 15 min			
10 pm to midnight	Slept				
		Total	660 min	60 min	60 min
<b>STEP 4</b>		Notes about this day: Today was a good day. Added some more activities. Will try to do that more often—maybe get up and walk every hour or so.		<b>STEP 5</b>	
				My reward: I will rent a movie.	

# Being Active Worksheet

<b>STEP 1</b>		Talk with my healthcare provider			DATE:		
<b>STEP 2</b>		<b>STEP 3: PHYSICAL ACTIVITY SPECTRUM</b>					
<b>TIME SLOT</b>	<b>ACTIVITIES (CHORES, ERRANDS, WORK, CHILD CARE, FUN)</b>	<b>SEDENTARY</b>	<b>LIGHT/MILD</b>	<b>MODERATE</b>			
6 am to 8 am							
8 am to 10 am							
10 am to noon							
noon to 2 pm							
2 pm to 4 pm							
4 pm to 6 pm							
6 pm to 8 pm							
8 pm to 10 pm							
10 pm to midnight							
		Total					
<b>STEP 4</b>	Notes about this day:			<b>STEP 5</b>	My reward:		

# Being Active Worksheet

<b>STEP 1</b>		Talk with my healthcare provider		DATE:	
<b>STEP 2</b>			<b>STEP 3: PHYSICAL ACTIVITY SPECTRUM</b>		
TIME SLOT	ACTIVITIES (CHORES, ERRANDS, WORK, CHILD CARE, FUN)	SEDENTARY	LIGHT/MILD	MODERATE	
6 am to 8 am					
8 am to 10 am					
10 am to noon					
noon to 2 pm					
2 pm to 4 pm					
4 pm to 6 pm					
6 pm to 8 pm					
8 pm to 10 pm					
10 pm to midnight					
		Total			
<b>STEP 4</b>	Notes about this day:		<b>STEP 5</b>	My reward:	

# Being Active Worksheet

<b>STEP 1</b>		Talk with my healthcare provider		DATE:		
<b>STEP 2</b>				<b>STEP 3: PHYSICAL ACTIVITY SPECTRUM</b>		
<b>TIME SLOT</b>	<b>ACTIVITIES (CHORES, ERRANDS, WORK, CHILD CARE, FUN)</b>	<b>SEDENTARY</b>	<b>LIGHT/MILD</b>	<b>MODERATE</b>		
6 am to 8 am						
8 am to 10 am						
10 am to noon						
noon to 2 pm						
2 pm to 4 pm						
4 pm to 6 pm						
6 pm to 8 pm						
8 pm to 10 pm						
10 pm to midnight						
		Total				
<b>STEP 4</b>	Notes about this day:			<b>STEP 5</b>	My reward:	



# Being Active Worksheet

<b>STEP 1</b>		Talk with my healthcare provider		DATE:		
<b>STEP 2</b>				<b>STEP 3: PHYSICAL ACTIVITY SPECTRUM</b>		
<b>TIME SLOT</b>	<b>ACTIVITIES (CHORES, ERRANDS, WORK, CHILD CARE, FUN)</b>	<b>SEDENTARY</b>	<b>LIGHT/MILD</b>	<b>MODERATE</b>		
6 am to 8 am						
8 am to 10 am						
10 am to noon						
noon to 2 pm						
2 pm to 4 pm						
4 pm to 6 pm						
6 pm to 8 pm						
8 pm to 10 pm						
10 pm to midnight						
		Total				
<b>STEP 4</b>	Notes about this day:			<b>STEP 5</b>	My reward:	

# Being Active Worksheet

<b>STEP 1</b>		Talk with my healthcare provider		DATE:		
<b>STEP 2</b>		<b>STEP 3: PHYSICAL ACTIVITY SPECTRUM</b>				
<b>TIME SLOT</b>	<b>ACTIVITIES (CHORES, ERRANDS, WORK, CHILD CARE, FUN)</b>	<b>SEDENTARY</b>	<b>LIGHT/MILD</b>	<b>MODERATE</b>		
6 am to 8 am						
8 am to 10 am						
10 am to noon						
noon to 2 pm						
2 pm to 4 pm						
4 pm to 6 pm						
6 pm to 8 pm						
8 pm to 10 pm						
10 pm to midnight						
		Total				
<b>STEP 4</b>	Notes about this day:		<b>STEP 5</b>	My reward:		

# Being Active Worksheet

<b>STEP 1</b>		Talk with my healthcare provider		DATE:		
<b>STEP 2</b>				<b>STEP 3: PHYSICAL ACTIVITY SPECTRUM</b>		
<b>TIME SLOT</b>	<b>ACTIVITIES (CHORES, ERRANDS, WORK, CHILD CARE, FUN)</b>	<b>SEDENTARY</b>	<b>LIGHT/MILD</b>	<b>MODERATE</b>		
6 am to 8 am						
8 am to 10 am						
10 am to noon						
noon to 2 pm						
2 pm to 4 pm						
4 pm to 6 pm						
6 pm to 8 pm						
8 pm to 10 pm						
10 pm to midnight						
		Total				
<b>STEP 4</b>	Notes about this day:			<b>STEP 5</b>	My reward:	

# Being Active Worksheet

<b>STEP 1</b>		Talk with my healthcare provider		DATE:	
<b>STEP 2</b>		<b>STEP 3: PHYSICAL ACTIVITY SPECTRUM</b>			
<b>TIME SLOT</b>	<b>ACTIVITIES (CHORES, ERRANDS, WORK, CHILD CARE, FUN)</b>	<b>SEDENTARY</b>	<b>LIGHT/MILD</b>	<b>MODERATE</b>	
6 am to 8 am					
8 am to 10 am					
10 am to noon					
noon to 2 pm					
2 pm to 4 pm					
4 pm to 6 pm					
6 pm to 8 pm					
8 pm to 10 pm					
10 pm to midnight					
		Total			
<b>STEP 4</b>	Notes about this day:		<b>STEP 5</b>	My reward:	