



## Physical Activity Inventory

ELLO Holistic Health assesses physical activity as a way of understanding your everyday practices and how they impact your health. There are no right or wrong answers, this information is purely to help your practitioner provide services that will be most effective for you. All information is confidential and will not be shared with anyone outside of ELLO Holistic Health without your permission.

Please fill out this form as completely as possible. Think through the last week and record every physical activity, the length of time you did it for, and the intensity of the activity. There are no right or wrong answers.

<b>Monday Activities</b> 1. 2. 3.	<b>Length of Time</b>	<b>Intensity</b> Low, Moderate, High
<b>Tuesday Activities</b> 1. 2. 3.	<b>Length of Time</b>	<b>Intensity</b> Low, Moderate, High
<b>Wednesday Activities</b> 1. 2. 3.	<b>Length of Time</b>	<b>Intensity</b> Low, Moderate, High
<b>Thursday Activities</b> 1. 2. 3.	<b>Length of Time</b>	<b>Intensity</b> Low, Moderate, High
<b>Friday Activities</b> 1. 2. 3.	<b>Length of Time</b>	<b>Intensity</b> Low, Moderate, High
<b>Saturday Activities</b> 1. 2. 3.	<b>Length of Time</b>	<b>Intensity</b> Low, Moderate, High
<b>Sunday Activities</b> 1. 2. 3.	<b>Length of Time</b>	<b>Intensity</b> Low, Moderate, High



Do you feel like this is a typical amount of physical activity for you in a week? Why or why not?

Has there been a change in your amount of physical activity lately? If yes, why?

What is one thing that is stopping you from being more active (it can be anything)?

Thank you for taking the time to complete this form. This information will help us provide better care for you. Please sign and date below to acknowledge that you filled out this form as honestly and completely as possible.

---

Signature

---

Date MM/DD/YYYY