|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day | How will I travel? | What other exercise will I do? | Total Minutes | Achieved? Why?  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

My Weekly Exercise Plan

Have I noticed a change to my mental health?

Total minutes achieved.

How does it compare to last week?