CLINICA family health

Self-Assessment Sheet: Exercise

1. I've talked to my provider about starting an exercise program
   a. True b. False

2. I understand that exercise will:
   a. Raise my blood sugar levels lower my blood sugar levels
   b. Raise my blood pressure lower my blood pressure

3. I exercise regularly.
   a. True b. False

4. I want to exercise, but...
   a. I'm too tired
   b. I have too much to do
   c. I don't like exercise
   d. I don't have a place to exercise
   e. I'm in too much pain to exercise
   f. I don't know how to exercise

5. I have a pair of good tennis shoes to protect my feet.
   a. True b. False

6. I know the 3 types of exercise I need to be healthy.
   a. True b. False

7. I know the general recommendations on how much time and how many days per week to exercise.
   a. True b. False

8. I know how to prepare my body to exercise.
   a. True b. False

9. I know the 4 parts of an exercise program.
   a. True b. False

*Adapted from Centering Pregnancy® Model Handbook