MOBILITY & MOVEMENT TRACKER

Track walking, strength, balance, mobility, sitting time, and recovery across the week.

Week of: _____ **to:** _____

How to use: Record your movement for one week. There is no required number to hit - use the tracker to understand your current pattern and identify realistic opportunities to move, maintain strength, and support mobility.

1. Daily Movement Overview

Day	Walking / Activity	Strength	Mobility	Balance	Recovery
Mon	____ min	■	■	■	■
Tue	____ min	■	■	■	■
Wed	____ min	■	■	■	■
Thu	____ min	■	■	■	■
Fri	____ min	■	■	■	■
Sat	____ min	■	■	■	■
Sun	____ min	■	■	■	■

Activities I did this week:

2. Walking & Everyday Movement

Day	Walking Minutes	Other Activity	How I Felt 1-10
Mon	____		____
Tue	____		____
Wed	____		____
Thu	____		____
Fri	____		____
Sat	____		____
Sun	____		____

■ I took movement breaks during the day
■ I used opportunities to move rather than remain seated
■ I walked when practical
■ I chose activities appropriate for my ability

Movement felt:

■ Easy ■ Moderate ■ Challenging ■ Variable

3. Strength Training

Day	Strength Activity	Duration	Effort 1-10
		____ min	____
		____ min	____
		____ min	____

Areas worked:

■ Legs ■ Hips ■ Back ■ Chest
■ Shoulders ■ Arms ■ Core ■ Full body

How my body responded:

4. Sitting & Movement Breaks

Day	Long Sitting Periods?	Took Movement Breaks?
Mon	■	■
Tue	■	■
Wed	■	■
Thu	■	■
Fri	■	■
Sat	■	■
Sun	■	■

When do I tend to sit the longest?

One way I could break up sitting more often:

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Mobility, balance, recovery, and weekly reflection.

5. Mobility & Flexibility

Day	Mobility Work	Area Focused	Minutes
Mon	■		____
Tue	■		____
Wed	■		____
Thu	■		____
Fri	■		____
Sat	■		____
Sun	■		____

Possible areas:

■ Ankles ■ Hips ■ Back
■ Shoulders ■ Neck ■ Other: _____

Area that felt most restricted:

Area that felt better after movement:

6. Balance Practice

Day	Balance Practice	Minutes	Confidence 1-10
Mon	■	____	____
Tue	■	____	____
Wed	■	____	____
Thu	■	____	____
Fri	■	____	____
Sat	■	____	____
Sun	■	____	____

Safety: Balance exercises should match your current ability. Use appropriate support or professional guidance if you have significant balance difficulties or a history of falls.

7. Recovery & Body Feedback

Day	Muscle Soreness 1-10	Fatigue 1-10	Recovery Felt
Mon	____	____	Good / Fair / Poor
Tue	____	____	Good / Fair / Poor
Wed	____	____	Good / Fair / Poor
Thu	____	____	Good / Fair / Poor
Fri	____	____	Good / Fair / Poor
Sat	____	____	Good / Fair / Poor
Sun	____	____	Good / Fair / Poor

Recovery habits:

■ Adequate sleep ■ Regular hydration ■ Balanced meals
■ Easier movement / active recovery ■ Rest when needed ■ Adjusted activity when my body needed it

8. Weekly Movement Snapshot

Most consistent:

■ Walking / everyday movement ■ Strength ■ Mobility
■ Balance ■ Breaking up sitting ■ Recovery

Needs more attention:

■ Walking / everyday movement ■ Strength ■ Mobility
■ Balance ■ Breaking up sitting ■ Recovery

9. What I Noticed

Movement that made me feel best:

Movement that felt difficult:

When I was most inactive:

Any stiffness, discomfort, or limitations I noticed:

What seemed to improve my mobility or energy:

10. My Movement Goal for Next Week

One activity I want to continue:

One area I want to improve:

One realistic change I will make:

How I will make it easier to follow through:

Important: This tracker is for general education and personal activity tracking. It is not a medical assessment, rehabilitation program, or personalized exercise prescription. Appropriate activities depend on age, health status, physical ability, injuries, medications, and other individual factors. Stop an activity that causes concerning symptoms and seek appropriate professional guidance when needed.