

Patient Information Sheet (Appendix 7)



Name: _____

D.O.B.: ____ / ____ / ____

Phone No.: (____) - _____

R PEDOMETER EXERCISE PRESCRIPTION R

I want you and your family to work with me to make sure you are getting enough physical activity to keep you healthy, happy, and doing well in school. This tool is a fun way to discover how much activity you are getting and to measure increases in your activity level toward an even healthier YOU! This is how it works.

1. For this experiment, you will need a pedometer, available at local fitness equipment stores, sporting goods stores, the Running Room™ retail stores, or through an AVON representative (inquire about a Bally Kids™ pedometer \$14.99).
2. Clip the pedometer to your waist and wear it from the time you get up until the time you go to bed.
3. The pedometer will measure every step that you take all day long: going to school, playing at recess, at lunch, after school, and after supper.
4. At the end of each day, record the number that is displayed on the pedometer on your Health Canada Physical Activity Chart (available free with stickers from Health Canada 1-888-334-9769).
5. To set your starting point (Level), measure and record the number of steps you take each day for 3 days. If that number is below 10,000 steps, start at Level 1. For any number of steps higher than 10,000, start at the closest level (e.g. if your total is 12,342 steps for any one day, start at level 6)
6. When you the steps you take in a day matches the goal for your level, put a sticker on your calendar and share this information with your parents.
7. Don't forget to reset the pedometer to 0 (zero) each night before going to bed, so it will be ready to put on the following morning.
8. Challenge your family to try to keep up with you!

Pedometer Prescription Recommendations

Level	Beginning of week	End of week
1	10,000	10,500
2	10,500	11,000
3	11,000	11,500
4	11,500	12,000
5	12,000	12,500
6	12,500	13,000
7	13,000	13,500
8	13,500	14,000
9	14,000	15,000
10	15,000	16,000 Congratulations !!!

Bring in your completed poster with all the information on the following date: _____, 200__

Signature of doctor: _____

Date of prescription: _____, 200__

