Appendix 1.
HEP Tracking form

Exercises	What for	How many
1.		
2.		
3.		
4.		
5.		

Your goals:
1.
2.
3.

Date	#1	#2	#3	#4	#5	Barriers?	Motivators?	Pain (level, when)
1/1/2008	√	√		√		*Meeting, TV*	*Spouse*	*3/10 when driving*