

MY FAVOURITE PHYSICAL ACTIVITY

NAME: _____ DATE: _____



1.

I LIKE BEING ACTIVE BECAUSE ...

- I discover new activities
- I enjoy it
- I'm part of a team
- I'm better able to deal with my stress and emotions
- I have fun with friends and/or family
- I can express myself through the activity
- I have more energy
- _____
- _____

2.

WHEN I DO A PHYSICAL ACTIVITY, I ...

- feel good in my body
- sleep better
- am in a good mood
- feel relaxed
- feel confident
- get into better physical shape (e.g. strong, flexible, agile, balanced, etc.)
- feel part of a group
- feel less out of breath
- feel less tired
- feel more focused
- _____
- _____
- _____



3.

SOMETIMES WHEN I DO A PHYSICAL ACTIVITY, I ...

- | | |
|---|--|
| <input type="checkbox"/> feel embarrassed | <input type="checkbox"/> feel afraid |
| <input type="checkbox"/> feel discouraged | <input type="checkbox"/> injure myself |
| <input type="checkbox"/> get laughed at | <input type="checkbox"/> _____ |
| <input type="checkbox"/> am not as good as the others | <input type="checkbox"/> _____ |

4.

I ENJOY THE FOLLOWING
PHYSICAL ACTIVITIES:



CIRCLE YOUR
FAVOURITE ONE.

5.

THE FIRST TIME I TRIED MY
FAVOURITE PHYSICAL ACTIVITY,
I FELT ...



6.

AFTER DOING THIS ACTIVITY
SEVERAL TIMES, I FEEL ...



7.

NAME A PHYSICAL ACTIVITY
YOU'VE NEVER DONE AND
WOULD LIKE TO TRY.

