

Name: _____

Date Started: _____

HOME FUNCTION PROGRAM PROGRESS SHEET

Place a check in the box for each time you do the exercise that day

Activity: Level One	Day 1	Day 2	Day 3	Day 4	Day 5
Sit for _____ min _____ times a day					
Walk for _____ min _____ times a day					
Stand for _____ min _____ times a day					
Other:					
Activity: Level Two	Day 6	Day 7	Day 8	Day 9	Day 10
Sit for _____ min _____ times a day					
Walk for _____ min _____ times a day					
Stand for _____ min _____ times a day					
Other:					
Activity: Level Three	Day 11	Day 12	Day 13	Day 14	Day 15
Sit for _____ min _____ times a day					
Walk for _____ min _____ times a day					
Stand for _____ min _____ times a day					
Other:					

*******PLEASE REMEMBER TO BRING THIS FORM WITH YOU TO EVERY APPOINTMENT*******