

Technology Goal Setting Worksheet

This worksheet is designed to help you work with your physical therapist to make decisions on how to use technology to track and improve your exercise.



How to use this resource:

Go through this worksheet and questions individually first, and then follow up with your **physical therapist** to make decisions together on what is right for you.

Why is digital health technology useful?

1. Gives you **motivation to exercise**: “The fitness tracker itself is a motivator for me.”
2. **Measures your progress**: “That's the key...just knowing where you are and knowing where you're going or having a goal of where you're going. And without the data you'd be kind of flying blind.”
3. **Is fun to use**: “It makes it fun! If anything, it can make it fun.”
4. Can **share data** with your healthcare team: “There's metrics that I track every couple of months. And then every time I go in with my doctor, I have metrics of where I was a year ago, [or the] last six months.”
5. **Automatically records** information like heart rate, sleep, minutes spent exercising and or steps per day.
6. Allows for **competition** with friends or family or yourself!

Important Stuff: We recommended that you consult with your physician or physical therapist about any pain you have before starting a new exercise regime. You should also consult your physician if you have any dizziness, chest pain, difficulty breathing, or if you have noticed changes in your walking or balance that could affect your safety.

Let's Get Moving with Technology!

1. Do you use any of the following technology devices? (circle all that apply):

Computer	Smart phone	Tablet	Fitness tracking watch or pedometer
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2. Do you use an activity tracker (aka fitness tracker)? **YES** **NO**

IF YES: Do you use your device regularly? **YES** **NO** **SOMETIMES**

IF YES: What type of device you use? (circle all that apply):

Smart watch	Waist tracker	Chest device	Clip-on device
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IF YES: What features are most important to you? (circle all that apply):

Battery life	Sharing data	Cost	Heart rate monitor	Step counting	Target zones
Lots of types of exercise	Sleep monitor	Easy to use	Tracking variety day to day	Other:	Other:

IF YOU DON'T USE AN ACTIVITY TRACKER ALREADY: Do you want information on activity trackers that might be beneficial for you? **YES** **NO** **MAYBE**

3. How comfortable are you using digital health technology?



0	1	2	3	4	5	6	7	8	9	10
Not at all			Somewhat				Completely			

4. How ready are you to use digital health technology?



0	1	2	3	4	5	6	7	8	9	10
Not at all			Somewhat				Completely			

5. During the past month, to what degree have the following challenges kept you from exercising?

	Almost never	Moderately	Quite a lot
Physical Problems (fatigue, pain, sleep, fear of falling)	0	1	2
Mood or Motivation Problems (feeling apathetic/depressed)	0	1	2
Lack of Time (time commitments, family, work, appointments)	0	1	2
Environmental Challenges (weather, convenient classes/gym)	0	1	2
Lack of Information about exercise for PD	0	1	2
Lack of Social Support from family, friends, or peers	0	1	2

If you have strategies or ideas about for using technology, proceed to fill in the details. Otherwise, fill this out with your therapist in the clinic session.

6. With your therapist or independently what strategies might you try to use to address some of your challenges to exercise or using activity tracking devices.

7. What are your goals for physical activity and exercise?

1. _____

2. _____

3. _____

8. How can you use your activity tracking device to reach your goals?

9. What is a good timeline for you to check back in with your therapist regarding your progress toward your goals for exercise?

Plan/Timeline:
