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|----------------|--------------------------|
| Name, Vorname: |                          |
| Geb.-Datum:    | Monat: _____ Jahr: _____ |

| TAG | AKTIVITÄT (außerhalb des Alltags)<br><small>Art der Bewegung (Hockergymnastik, Theraband-Übungen, Spazierengehen, Schwimmen, (Wasser-) Gymnastik, Radfahren, Walking, Fitnessstudio, Krafttraining, leichtes Joggen, Yoga, Pilates, Kurse über Krankenkasse oder andere Einrichtungen, etc.)</small> | DAUER<br><small>(in Minuten)</small> | SCHRITTE<br><small>(z.B. App, Uhr, Armband)</small> |
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