

# TeleFFIT Study

Participant ID  
Number

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Participant  
Initials

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Site

Deakin University
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## YOUR TELEFFIT AGREEMENT

The goals and action plan in this contract will be discussed / re-evaluated at each consultation

I, \_\_\_\_\_, commit to the TeleFFIT goals and action plan described below which were developed in consultation with my exercise practitioner. I realize that I will experience various life events which may conflict with my exercise schedule at times, but I pledge to do my best to stick to my plan.

**Goals and Action Plan:**

**Goal reached (reward):**

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**Barriers:**

**Goal supporting activities:**

\_\_\_\_\_  
Signature of EP

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Signature of participant

\_\_\_/\_\_\_/\_\_\_  
Date

