STEADFAST

STRENGTH AND MOBILITY, LLC

OVER 40 MOVEMENT SCORECARD

Name: _____ **Date:** _____

Think about the past two weeks. Circle one rating for each area.

Rate how well each area is working for you. Use your own experience, not other people.

1 Needs attention 2 Often challenging 3 Mixed 4 Mostly working 5 Working well

Skip any area you cannot rate. No exercise tests are needed.

AREA / REFLECTION PROMPT	MY RATING
01 Strength Everyday tasks such as stairs, carrying, and standing up.	**1 2 3 4 5 Skip**
02 Mobility Moving through daily activities with comfortable movement.	**1 2 3 4 5 Skip**
03 Balance Feeling steady when walking, turning, or navigating steps.	**1 2 3 4 5 Skip**
04 Joint confidence Feeling confident about using my joints in everyday activities.	**1 2 3 4 5 Skip**
05 Recovery Feeling ready again after exercise or an active day.	**1 2 3 4 5 Skip**
06 Energy Having the energy for activities that matter to me.	**1 2 3 4 5 Skip**
07 Training consistency Following a realistic training routine that fits my week.	**1 2 3 4 5 Skip**
08 Daily movement Making room for movement outside of planned workouts.	**1 2 3 4 5 Skip**

TURN ONE OBSERVATION INTO ACTION

One thing that is working: _____

My priority area: _____

One manageable action: _____

When / how often: _____ **Review date:** _____

At your next check in, compare each area with your own earlier rating.

These are personal reflections, not validated clinical scores or a diagnosis. A higher rating does not establish exercise safety. Discuss pain or injury concerns with your treating clinician. Bring this sheet to your coach.

steadfaststrengthandmobility.com/movement-scorecard/