

Weekly Exercise, Nutrition and Hydration Tracking



Name _____

Date _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>Exercise</p> <p>Check box if you exercised today!</p> <p>Write in the number of minutes</p> <p><small>(Shoot for 30 minutes or more 5 days a week)</small></p>	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes
<p>Nutrition</p> <p>How many total fruits and vegetables?</p>	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
<p>Water</p> <p>How many bottles (16oz) of water did you drink?</p> <p><small>(Shoot for 5 bottles a day)</small></p>	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
<p>Soda</p> <p>How much soda did you drink?</p> <p>Write the number you drank each day on the line</p>	_____	_____	_____	_____	_____	_____	_____

Fill in the star if you reached your weekly goal

Exercise
Nutrition
Water