

RM 7-PA: Physical Activity Log

Name _____

Grade _____

Week of: _____ Student's Daily Physical Activity Log for the Month of _____

Day	Activity	Primary Health-Related Fitness Component	Exercise Time			Health Habit Satisfaction				Daily Reflection / Rating
			Light	Mod	Vig	Habit	High	Med	Low	
Monday						Exercise				Overall Rating: /5
						Diet				
						Stress				
						Sleep				
Tuesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Wednesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Thursday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Friday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Saturday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Sunday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Parent/Guardian Signature: _____			0	0	0	Total	0	0	0	Total Hours of Moderate to Vigorous Activity for the Week

Student Signature: _____

I hereby certify that this record is an accurate account of my physical activity participation.

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			Light	Mod	Vig	Habit	High	Med	Low	
Monday						Exercise				Overall Rating: /5
						Diet				
						Stress				
						Sleep				
Tuesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Wednesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Thursday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Friday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Saturday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Sunday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Parent/Guardian Signature: _____		Total Hours for the Week 2			0.0	0.0	Total Hours of Moderate to Vigorous Activity for the Week			

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			Light	Mod	Vig	Habit	High	Med	Low	
Monday						Exercise				Overall Rating: /5
						Diet				
						Stress				
						Sleep				
Tuesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Wednesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Thursday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
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						Exercise				
						Diet				
						Stress				
						Sleep				
Saturday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Sunday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Parent/Guardian Signature: _____		Total Hours for the Week 3			0.0	0.0	Total Hours of Moderate to Vigorous Activity for the Week			

Student Signature: _____

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Day	Activity	Primary Health-Related Fitness Component	Exercise Time			Health Habit Satisfaction				Daily Reflection / Rating
			Light	Mod	Vig	Habit	High	Med	Low	
Monday						Exercise				Overall Rating: /5
						Diet				
						Stress				
						Sleep				
Tuesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Wednesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Thursday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Friday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Saturday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Sunday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5
						Exercise				
						Diet				
						Stress				
						Sleep				
Parent/Guardian Signature: _____		Total Hours for the Week 4			0.0	0.0	Total Hours of Moderate to Vigorous Activity for the Week			

Student Signature: _____

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Day	Activity	Primary Health-Related Fitness Component	Exercise Intensity			Health Habit Satisfaction				Daily Reflection / Rating	
			Light	Mod	Vig	Habit	High	Med	Low		
Monday						Exercise				Overall Rating: /5	
						Diet					
						Stress					
						Sleep					
Tuesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5	
						Exercise					
						Diet					
						Stress					
						Sleep					
Wednesday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5	
						Exercise					
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						Stress					
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Friday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5	
						Exercise					
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						Stress					
						Sleep					
Saturday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5	
						Exercise					
						Diet					
						Stress					
						Sleep					
Sunday			Light	Mod	Vig	Habit	High	Med	Low	Overall Rating: /5	
						Exercise					
						Diet					
						Stress					
						Sleep					
			0	0	0	Total	0	0	0		
			Total Hours for the Week 5			0.0	Total Hours of Moderate to Vigorous Activity for the Week			0.0	
Parent/Guardian Signature: _____			0.0			Total Hours for the Month of			0.0	Total Hours of Moderate to Vigorous Activity for the Month	

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