Grade _____

Name	
Week of:	Student's D

Student's Daily Physical Activity Log for the Month of

Day	Activity	Primary Health- Related Fitness	Exercise Time			Health H	abit S	atisfa	ction	Daily Reflection / Rating
,		Component	Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Monday						Diet				
wonday						Stress				
						Sleep				Overall Rating: /5
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Tuesday						Diet				
						Stress				
						Sleep				Overall Rating: /5
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Wednesday						Diet				
						Stress				
						Sleep				Overall Rating: /5
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Thursday						Diet				
						Stress				
						Sleep				Overall Rating: /5
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Friday						Diet				
						Stress				
						Sleep				Overall Rating: /5
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Saturday						Diet				
						Stress				
						Sleep				Overall Rating: /5
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Sunday						Diet				
						Stress				
						Sleep				Overall Rating: /5
			0	0	0	Total	0	0	0	
Parent/Guardian Sigr	oturo	Total Hours for the	Wook	1	0.0	0.0	Total	Hours	s of M	oderate to Vigorous Activity for the Week

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

Grade _____

Week of:		Student's Daily Primary Health-	Phys	ical /	Activi	ty Log f	or the	e Mor	nth o	f
Day	Day Activity		Exe	ercise ⁻	Гime	Health H	labit S	atisfa	ction	Daily Reflection / Rating
-		Component	Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Monday						Diet				
wonday						Stress				
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Tuesday						Diet				
						Stress				
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Wednesday						Diet				
						Stress				
					Sleep				Overall Rating: /	
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Thursday	Thursday					Diet				
						Stress				
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Friday						Diet				
						Stress				
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
			Ŭ		Ŭ	Exercise				
Saturday						Diet				
			1		1	Stress	1			
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
			<u> </u>			Exercise				
Sunday			1	1		Diet				
			1	1		Stress				
			Ī			Sleep				Overall Rating: /
			0	0	0	Total	0	0	0	
Parent/Guardian Signat	uro.	Total Hours for the	-	-	0.0	0.0		-		oderate to Vigorous Activity for the Week

Name _____

Grade _____

Week of:		Student's Daily Primary Health-	Phys	ical A	Activi	ty Log f	or the	e Mor	nth o	·
Day	ay Activity		Exe	rcise	Гime	Health H				Daily Reflection / Rating
-		Component	Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Monday						Diet				
wonday						Stress				
						Sleep				Overall Rating:
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Tuesday						Diet				
						Stress				
						Sleep				Overall Rating:
			Light	Mod	Vig	Habit	High	Med	Low	
			-			Exercise				
Wednesday						Diet				
						Stress				
						Sleep				Overall Rating:
		Light	Mod	Vig	Habit	High	Med	Low		
			Ŭ		Ŭ	Exercise	Ŭ			
Thursday					Diet					
						Stress				
						Sleep				Overall Rating:
			Light	Mod	Vig	Habit	High	Med	Low	
					Ŭ	Exercise	Ŭ			
Friday						Diet				
-						Stress				
						Sleep				Overall Rating:
			Light	Mod	Vig	Habit	High	Med	Low	
			5			Exercise	5		-	
Saturday						Diet				
						Stress				
			1			Sleep	1			Overall Rating:
			Light	Mod	Vig	Habit	Hiah	Med	Low	
			9.10		g	Exercise				
Sunday						Diet				
						Stress				
						Sleep				Overall Rating:
			0	0	0	Total	0	0	0	
Parent/Guardian Signat		Total Hours for the	-	-	0.0	0.0		-		oderate to Vigorous Activity for the Week

Name _____

Grade _____

Week of:		Student's Daily	Phys	ical /	Activi	ty Log f	or the	e Mor	nth o	f
Day	ay Activity		Exe	ercise ⁻	Time	Health H	labit S	atisfa	ction	Daily Reflection / Rating
-		Component	Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Monday						Diet				
wonday						Stress				
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Tuesday						Diet				
						Stress				
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Wednesday						Diet				
						Stress				
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Thursday						Diet				
						Stress				
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Friday						Diet				
						Stress				
						Sleep				Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
						Exercise				
Saturday						Diet				
						Stress				
						Sleep	I			Overall Rating: /
			Light	Mod	Vig	Habit	High	Med	Low	
			<u> </u>			Exercise				
Sunday			1		1	Diet	1			
			1		1	Stress	1			
			1	1		Sleep	1			Overall Rating: /
			0	0	0	Total	0	0	0	
Parent/Guardian Signat		Total Hours for the	-	-	0.0	0.0		-		oderate to Vigorous Activity for the Week

Name _____

Grade _____

Day	Primary Health- Related Fitness	Exerc	ise Int	ensity	Health H	abit S	atisfa	ction	Daily Reflection / Rating	
.,	Activity Related Fitness Light Mod Vig Habit High Med Low									
			Ť			Exercise				
· · · · · · · ·						Diet				
londay —						Stress				
						Sleep				Overall Rating:
			Light	Mod	Vig	Habit	High	Med	Low	
			Ŭ			Exercise				
luesday						Diet				
						Stress				
						Sleep				Overall Rating:
			Light	Mod	Vig	Habit	High	Med	Low	
			<u> </u>		3	Exercise				
Nednesday						Diet				
						Stress				
						Sleep				Overall Rating:
		Light	Mod	Vig	Habit	High	Med	Low		
			<u> </u>			Exercise			-	
Thursday						Diet				
· · ·						Stress				
						Sleep				Overall Rating:
			Light	Mod	Vig	Habit	High	Med	Low	
					Ŭ	Exercise	Ŭ			
Friday						Diet				
						Stress				
						Sleep				Overall Rating:
			Light	Mod	Vig	Habit	Hiah	Med	Low	
					Ŭ	Exercise	Ŭ			
Saturday						Diet				
						Stress				
						Sleep				Overall Rating:
			Light	Mod	Vig	Habit	Hiah	Med	Low	
			3		.9	Exercise	<u> </u>			
Sunday						Diet				
						Stress				
						Sleep				Overall Rating:
			0	0	0	Total	0	0	0	
		Total Hours for the	-		0.0		0.0			of Moderate to Vigorous Activity for the Week
Parent/Guardian Signat		0.0 Total Hours for								of Moderate to Vigorous Activity for the Month

Name _____

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