## **Fit 5 Weekly Tracking**



AIHLEIE NAME:					DATE:		VVE	WEEK:			
HEALTH GOAL:											
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEK TOTALS	GOAL TOTALS	GOAL REACHED?
EXERCISE	Did I Do an Activity That Made Me Sweat Today? Fill in Yes or No	Yes No If Yes - What did I do?	Yes No If Yes - What did I do?	Yes No If Yes - What did I do?	Yes No If Yes - What did I do?	Yes No If Yes - What did I do?	Yes No If Yes - What did I do?	Yes No If Yes - What did I do?	Number of Sweaty Days	Sweaty Days GOAL 5 of 7	Fill in Star if you got sweaty 5 out of the 7 days.
NUTRITION	Did I Eat Fruit Today? Yes or No- Did I Eat Vegetables Today?	1 2 3 4 5 Yes No 1 2 3 4 5 Yes No No	1 2 3 4 5 Yes No 1 2 3 4 5 Yes No No	1 2 3 4 5 Yes No 1 2 3 4 5 Yes No	1 2 3 4 5 Yes No 1 2 3 4 5 Yes No No	1 2 3 4 5 Yes No 1 2 3 4 5 Yes	1 2 3 4 5 Yes No 1 2 3 4 5 Yes No 1 2 3 4 5 Yes No	1 2 3 4 5 Yes No 1 2 3 4 5 Yes No No	Number of Fruits or Vegetables I ate this week/35	Number of Fruit or Vegetables Eaten GOAL Total of 25/35 (Doesn't matter combination)	Fill in Star if your total is 25 or more, regardless of combination.
HYDRATE	Did I Drink 5 - 16 oz Bottles of Water Today? Fill in Yes or No	1 2 3 4 5 Yes	1 2 3 4 5 Yes	1 2 3 4 5 Yes	1 2 3 4 5 Yes	1 2 3 4 5 Yes	1 2 3 4 5 Yes	1 2 3 4 5 Yes	Number of Days I Drank 5 Cups of Water	Days with Water GOAL 7 of 7	Fill in star if you drank water everyday.