

Fitness Tracker



**Special
Olympics**
Michigan

Athlete Name: _____

WEEK 2

Activity
Topic

Did you
complete
today's
activity?

Were you
physically
active today?
(minutes/hours)

MONDAY

Practice Sleep
Meditation.

Yes
 No

Minutes
 Hours

TUESDAY

Eat 5 fruits and
vegetables.

1 2 3 4 5

Minutes
 Hours

WEDNESDAY

Practice
Spiritual
Wellness!

Yes
 No

Minutes
 Hours

THURSDAY

Drink 8 cups of
water throughout
today.

1 2 3 4
 5 6 7 8

Minutes
 Hours

FRIDAY

Fit Friday!

Yes
 No

Minutes
 Hours

SATURDAY

Practice Self Care
Methods.

Yes
 No

Minutes
 Hours

SUNDAY

Stretching
Sunday!

Yes
 No

Minutes
 Hours