

Your Weekly Log



Growing Up Healthy Is as Easy as...





Healthy Kids Countdown!

- 5** Record the servings of fruits and veggies you eat each day. **5 or more** is the healthy way!
- 2** Limit your time watching TV, playing video games, or using the computer to **2 hours or less**.
- 1** Get **1 hour or more** of physical activity, from bike riding to playing catch to going swimming!
- 0** Think before you drink! Aim for **0** sugar-sweetened beverages - pick water over soda, and juice without added sugar!

It all adds up to good health. So track your progress every day by recording each amount in the chart below!

Family Member Name _____

Week of _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
 5	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 2	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____
 1	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____
 0	<input type="checkbox"/> 0 <input type="checkbox"/> 1 or more Describe: _____ _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 or more Describe: _____ _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 or more Describe: _____ _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 or more Describe: _____ _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 or more Describe: _____ _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 or more Describe: _____ _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 or more Describe: _____ _____

Completed by participating family member: _____

Confirmed by another family member: _____

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