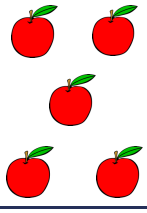
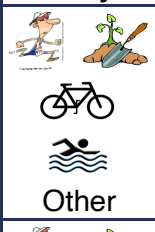
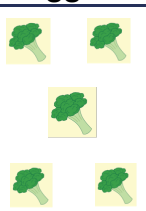
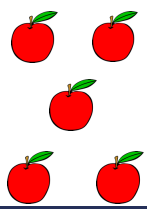
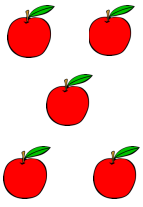
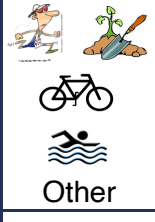
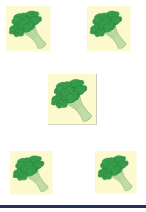
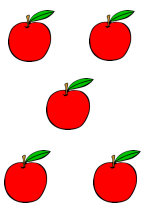
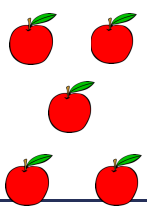
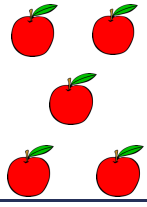
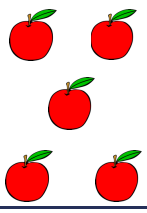
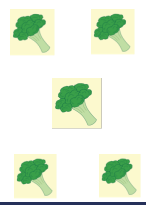
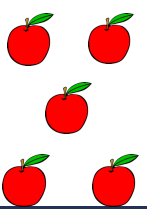
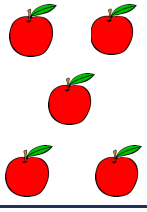
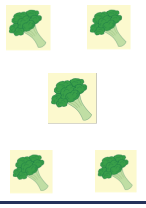
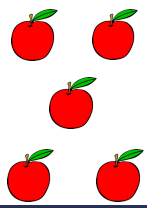
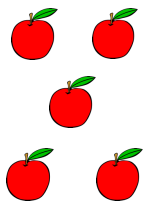
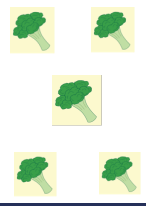
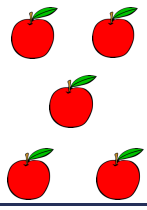
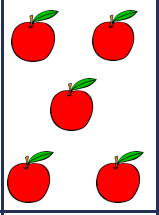
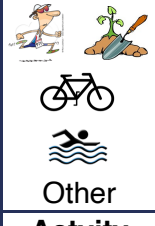
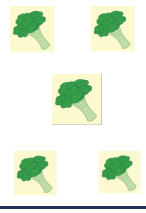
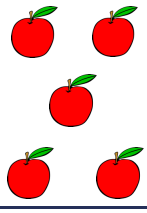
INDIVIDUAL LOG:
PHYSICAL ACTIVITY & FRUIT/VEGETABLE CONSUMPTION

Name: _____ Team Name: _____

Directions: every day, circle the minutes and type of physical activity as well as your servings of fruits and vegetables consumed. For example, if you biked for ten minutes you would circle 10 and the bike icon.

	WEEK # ____				WEEK # ____			
	Veggies	**Fruit**	**Actvity**	**Minutes**	**Veggies**	**Fruit**	**Activity**	**Minutes**
Monday			 Other	0 5 10 15 20 25 30 30+			Other	0 5 10 15 20 25 30 30+
Tuesday			 Other	0 5 10 15 20 25 30 30+			Other	0 5 10 15 20 25 30 30+
Wednesday			Other	0 5 10 15 20 25 30 30+			Other	0 5 10 15 20 25 30 30+
Thursday			Other	0 5 10 15 20 25 30 30+			Other	0 5 10 15 20 25 30 30+
Friday			Other	0 5 10 15 20 25 30 30+			Other	0 5 10 15 20 25 30 30+
Saturday			Other	0 5 10 15 20 25 30 30+			Other	0 5 10 15 20 25 30 30+
Sunday			 Other	0 5 10 15 20 25 30 30+			Other	0 5 10 15 20 25 30 30+
	Veggies	**Fruit**	**Actvity**	**Minutes**	**Veggies**	**Fruit**	**Activity**	**Minutes**
Total:								