



# FIT5



## Weekly Exercise, Nutrition and Hydration Tracking

**Athlete name:** \_\_\_\_\_

Week:	Sunday April 26	Monday April 27	Tuesday April 28	Wednesday April 29	Thursday April 30	Friday May 1	Saturday May 2
<b>Exercise</b> Check box if you exercised for 30 minutes today! Enter total number of minutes of physical activity each day.	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes
<b>Nutrition</b> How many total fruits and vegetables did you eat today?	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0
<b>Water</b> How many bottles of water did you drink today?	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0

**Exercise**

**Nutrition**

**Water**

Fill in a star below if you accomplished a weekly goal of:  
**Exercise:** 5 days of at least 30 minutes of physical activity  
**Nutrition:** 5 days of eating at least 5 fruits or vegetables  
**Water:** 5 days of drinking at least 5 bottles of water





# FIT5



## Weekly Exercise, Nutrition and Hydration Tracking

**Athlete name:** \_\_\_\_\_

Week:	Sunday May 3	Monday May 4	Tuesday May 5	Wednesday May 6	Thursday May 7	Friday May 8	Saturday May 9
<b>Exercise</b> Check box if you exercised for 30 minutes today! Enter total number of minutes of physical activity each day.	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes	<input type="checkbox"/> <hr/> Minutes
<b>Nutrition</b> How many total fruits and vegetables did you eat today?	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0
<b>Water</b> How many bottles of water did you drink today?	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0

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# FIT5



## Weekly Exercise, Nutrition and Hydration Tracking

**Athlete name:** \_\_\_\_\_

Week:	Sunday May 10	Monday May 11	Tuesday May 12	Wednesday May 13	Thursday May 14	Friday May 15	Saturday May 16
<b>Exercise</b> Check box if you exercised for 30 minutes today! Enter total number of minutes of physical activity each day.	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes	<input type="checkbox"/> _____ Minutes
<b>Nutrition</b> How many total fruits and vegetables did you eat today?	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0
<b>Water</b> How many bottles of water did you drink today?	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0

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**Nutrition**

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