

# Weekly Healthy Habits Log

Track your progress every day. Record in the chart below.

Name: \_\_\_\_\_ Week of: \_\_\_\_\_



Eat **five** or more servings of fruits and vegetables per day.



Spend no more than **two** hours per day in front of a screen (TV, video games, recreational computer time).



Get at least **one** hour of physical activity per day.



Drink **almost no** sugary beverages like soda and sports drinks.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>FRUITS AND VEGETABLES</b> – Record the fruits and vegetables you eat each day.						
1. _____	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____	5. _____	5. _____	5. _____
Check if more than 5 _____	Check if more than 5 _____	Check if more than 5 _____	Check if more than 5 _____	Check if more than 5 _____	Check if more than 5 _____	Check if more than 5 _____
<b>SCREEN TIME</b> – Record your daily recreational screen time.						
Minutes _____ TV _____ Computer _____ Video games _____ TOTAL	Minutes _____ TV _____ Computer _____ Video games _____ TOTAL	Minutes _____ TV _____ Computer _____ Video games _____ TOTAL	Minutes _____ TV _____ Computer _____ Video games _____ TOTAL	Minutes _____ TV _____ Computer _____ Video games _____ TOTAL	Minutes _____ TV _____ Computer _____ Video games _____ TOTAL	Minutes _____ TV _____ Computer _____ Video games _____ TOTAL
<b>PHYSICAL ACTIVITY</b> – Record the number of minutes you are active each day.						
Minutes Activity _____ _____ _____ _____ TOTAL	Minutes Activity _____ _____ _____ _____ TOTAL	Minutes Activity _____ _____ _____ _____ TOTAL	Minutes Activity _____ _____ _____ _____ TOTAL	Minutes Activity _____ _____ _____ _____ TOTAL	Minutes Activity _____ _____ _____ _____ TOTAL	Minutes Activity _____ _____ _____ _____ TOTAL
<b>ALMOST NONE – SUGARY BEVERAGES</b> – Record how many sugary beverages you drink each day.						
Quantity _____ Soda _____ Sports drinks _____ Fruit drinks (sugar added) _____ Other _____ TOTAL	Quantity _____ Soda _____ Sports drinks _____ Fruit drinks (sugar added) _____ Other _____ TOTAL	Quantity _____ Soda _____ Sports drinks _____ Fruit drinks (sugar added) _____ Other _____ TOTAL	Quantity _____ Soda _____ Sports drinks _____ Fruit drinks (sugar added) _____ Other _____ TOTAL	Quantity _____ Soda _____ Sports drinks _____ Fruit drinks (sugar added) _____ Other _____ TOTAL	Quantity _____ Soda _____ Sports drinks _____ Fruit drinks (sugar added) _____ Other _____ TOTAL	Quantity _____ Soda _____ Sports drinks _____ Fruit drinks (sugar added) _____ Other _____ TOTAL