

SEYMOUR MIDDLE SCHOOL WEEKLY FITNESS LOG

NAME: _____

HOUR & DAY: _____

MONDAY:

ACTIVITY

INTENSITY (0-100%)

DURATION (TIME)

TUESDAY:

ACTIVITY

INTENSITY (0-100%)

DURATION (TIME)

WEDNESDAY:

ACTIVITY

INTENSITY (0-100%)

DURATION (TIME)

THURSDAY:

ACTIVITY

INTENSITY (0-100%)

DURATION (TIME)

FRIDAY:

ACTIVITY

INTENSITY (0-100%)

DURATION (TIME)

SATURDAY:

ACTIVITY

INTENSITY (0-100%)

DURATION (TIME)

SUNDAY:

ACTIVITY

INTENSITY (0-100%)

DURATION (TIME)

1. What was the total amount of time you exercised this week?

2. Did you reach the minimum amount of exercise recommended for a one week period?(3 times for at least 30 minutes)

3. Was this a normal exercise week for you? If not why?

4. Are you satisfied with your current fitness level?

 If not, what would you like to improve?

5. How has your exercise habits changed since October?

6. What is your favorite type of exercise?

 Were you able to do it? Why or why not?

7. Is your family physically active? What exercises/activities do your parents, brothers, sisters, etc. do?

Parent Signature _____ DATE: _____