

FOOD AND NUTRITION SERVICES  
Fairfax County Public Schools  
**FITNESS CHALLENGE EXERCISE LOG**  
**FOR ONE WEEK**



**NAME:** \_\_\_\_\_

**DATES:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

For each day of the week, write the number of minutes you spent doing the following activities. If you complete 60 minutes of exercise each day of the week, you will be given a prize!

Activity	Monday Minutes	Tuesday Minutes	Wednesday Minutes	Thursday Minutes	Friday Minutes	Saturday Minutes	Sunday Minutes
Soccer							
House							

Did you play by yourself, with family, or with friends?

\_\_\_\_\_

What was your favorite activity to do?

\_\_\_\_\_



How much TV (television) do you watch each day?

\_\_\_\_\_

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## Focus on a Fit Family

Answer the following questions in the chart for each member of your family. After finishing, take a look at how “fit” your family is, and what areas you may be able to improve! Complete and receive a prize.

### Insert nutrition puzzles.

<i>Your Family</i>	<i>Name</i>	<i>Name</i>	<i>Name</i>	<i>Name</i>	<i>Name</i>
<b><i>Nutrition</i></b>					
Number of meals eaten each day?					
Times you eat dinner as a family					
Number of snacks each day?					
Types of snacks					
Number of glasses of water/day					
Number of fruits & veggies eaten/day					
<b><i>Fitness</i></b>					
Do you exercise? (check one of the following 4 boxes below)					
Daily					
3 times a week					
Twice a week					
Once a week					
Less than weekly					
What activities would you like to try?					
<b><i>TV</i></b>					
How much TV do you watch each day?					
What do you watch?					