


# Weekly Exercise, Nutrition and Hydration Tracking

Athlete Name: \_\_\_\_\_

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>Exercise</b> Check box if you exercised today!  Write in the number of 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	<input type="checkbox"/>  _____ Minutes
<b>Nutrition</b> How many total fruits and vegetables?	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○
<b>Water</b> How many bottles (16oz) of water did you drink?	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○	○ ○ ○ ○ ○

Fill in the star if you reached your Fit 5 goal this week:

Exercise 

Nutrition 

Water 