lowa

## Name:

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| Week 1 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Activities Completed (check all that you completed during the week) : |  |  |  | Other physical activities completed this week: |
|  |  |  |  |  |
| Total Time/Amount: | Total Time/Amount: | Total Time/Amount: | Total Time/Amount: | Total Time/Amount: |


| Week 2 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Activities Completed (check all that you completed during the week) : |  |  |  | List any other physical activities completed this week: |
|  |  |  | Yoga Fitness Classes FIT Sessions |  |
| Total Time/Amount: | Total Time/Amount: | Total Time/Amount: | Total Time/Amount: | Total Time/Amount: |

Week 3

| Activities Completed (check all that you completed during the week) : |  |  |  | List any other physical activities completed this week: |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | Yoga Fitness Classes FIT Sessions |  |
| Total Time/Amount: | Total Time/Amount: | Total Time/Amount: | Total Time/Amount: | Total Time/Amount: |


| Week 4 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Activities Completed (check all that you completed during the week) : |  |  |  | List any other physical activities completed this week: |
|  |  |  | Yoga Fitness Classes FIT Sessions |  |
| Total Time/Amount: | Total Time/Amount: | Total Time/Amount: | Total Time/Amount: | Total Time/Amount: |

