

PEER PRESSURE AND HEALTHY CHOICES

Name _____ Date _____ Class Period _____

Activity Log

Use this form to record information about the physical activities you do each day of the week.

Week of: _____

Day	Activities	How I Felt	Intensity*	Minutes
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

*Intensity is measured as low, medium, or high. *Low* intensity activities include easy walking, house chores, or gardening. *Medium* intensity activities include quick walking, light jogging, or riding your bike. *High* intensity activities include fast running, swimming laps, or jumping rope.

*Adapted from an Activity Log provided by the American Heart Association, © 2002

