

Your Weekly Log

Growing Up Healthy and Strong Is as Easy as 5-2-1!

5—Record the servings of fruits and veggies you eat each day. **5 or more** each day is the healthy way.

2—Limit your screen time; try not to guess—you'll be a success if it's **2 hours or less**.

1—Add up your time to get the activity score—get **1 hour or more** to build a strong core.



Track your progress every day. Record each amount in the chart below.

Family Member Name _____

Week of _____

5

2

1

| | Mon Date: | Tues Date: | Wed Date: | Thurs Date: | Fri Date: | Sat Date: | Sun Date: |
|---------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|
| Fruits and Veggies | 1 _____ | 1 _____ | 1 _____ | 1 _____ | 1 _____ | 1 _____ | 1 _____ |
| | 2 _____ | 2 _____ | 2 _____ | 2 _____ | 2 _____ | 2 _____ | 2 _____ |
| | 3 _____ | 3 _____ | 3 _____ | 3 _____ | 3 _____ | 3 _____ | 3 _____ |
| | 4 _____ | 4 _____ | 4 _____ | 4 _____ | 4 _____ | 4 _____ | 4 _____ |
| | 5 _____ | 5 _____ | 5 _____ | 5 _____ | 5 _____ | 5 _____ | 5 _____ |
| Screen Time | <input type="checkbox"/> 2 hrs or under | <input type="checkbox"/> 2 hrs or under | <input type="checkbox"/> 2 hrs or under | <input type="checkbox"/> 2 hrs or under | <input type="checkbox"/> 2 hrs or under | <input type="checkbox"/> 2 hrs or under | <input type="checkbox"/> 2 hrs or under |
| | <input type="checkbox"/> Over 2 hrs | <input type="checkbox"/> Over 2 hrs | <input type="checkbox"/> Over 2 hrs | <input type="checkbox"/> Over 2 hrs | <input type="checkbox"/> Over 2 hrs | <input type="checkbox"/> Over 2 hrs | <input type="checkbox"/> Over 2 hrs |
| | Describe: _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Physical Activity | <input type="checkbox"/> 1 hr or more | <input type="checkbox"/> 1 hr or more | <input type="checkbox"/> 1 hr or more | <input type="checkbox"/> 1 hr or more | <input type="checkbox"/> 1 hr or more | <input type="checkbox"/> 1 hr or more | <input type="checkbox"/> 1 hr or more |
| | <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 30 minutes or more | <input type="checkbox"/> 30 minutes or more |
| | Describe: _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

Completed by participating family member _____

Confirmed by another family member _____