

FIVE FOR LIFE

ACTIVITY LOG # **1 2 3 4 5** (please circle)

NAME _____

STUDENT ID _____

PERIOD _____

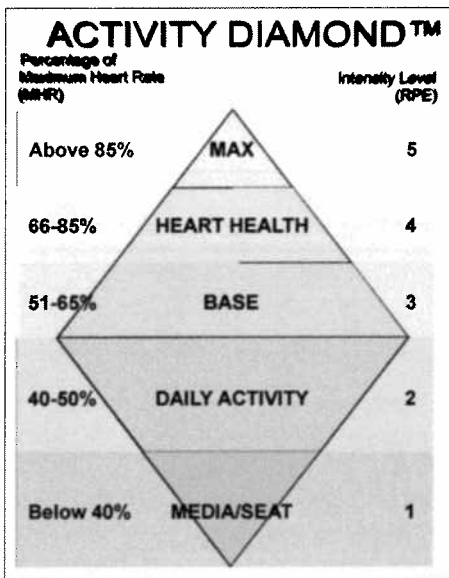
TEACHER _____

INSTRUCTIONS:

- Put a ✓ for the level of activity completed for that half hour if more than 15 minutes at that level.
- Total the number of ✓s at the bottom of each column.

FOR EXAMPLE:

Date: 1/24					
Day of week: Monday					
6:00-6:30		✓			
6:30-7:00			✓		
7:00-7:30			✓		
Total ✓'s		1	2		



MAX - Level 5 (very hard)

Very, very difficult; no-talk zone; I can only keep up this pace for a short period



HEART HEALTH - Level 4 (hard)

Vigorous; I can still talk, but really don't want to; sweating



BASE - Level 3 (moderate)

Moderate; I am slightly uncomfortable; sweating a little and talking requires some effort



DAILY ACTIVITY - Level 2 (light)




Easy; I am comfortable and could maintain this pace all day long; I can talk with almost no effort







MEDIA/SEAT - Level 1 (light)

Very easy; I am sitting; I can talk with no effort

Date:	Level 1- Media/ Seat	Level 2- Daily Activity	Level 3- Base	Level 4- Heart Health	Level 5- Max
Day of week:					
6:00-6:30					
6:30-7:00					
7:00-7:30					
7:30-8:00					
8:00-8:30					
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10:30-11:00					
11:00-11:30					
11:30-12:00					
Total ✓'s					

Date:	Level 1- Media/ Seat	Level 2- Daily Activity	Level 3- Base	Level 4- Heart Health	Level 5- Max
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Total √s					

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Total √s					