

Friday

time of day / description of activity (type of intensity level) / duration

Saturday

time of day / description of activity (type of intensity level) / duration

Sunday

time of day / description of activity (type of intensity level) / duration



MY PHYSICAL ACTIVITY LOG

Week _____
Month _____



FCS-2517



Learn more at https://www.cdc.gov/healthy-weight/losing_weight/eating_habits.html

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