**Week 2 Physical Activity Log**

**Use this activity log to track your physical activity minutes for each day**

**Place a check mark in the box that corresponds to the activities you completed.**

**Then place a check under the columns of what you felt happening to you body as you were exercising.**

**Have an adult sign their initials next to each day that you complete 30 minutes**

**EX:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day#1 | ActivityCompleted | I can feel my heart beat faster | I began to sweat | I was breathing harder | I started to get tired | It got difficult to talk |
| Activity #1Aerobic Cornhole  | **✓** | **✓** | **X** | **✓** | **✓** | **X** |
| Activity #2 Circuit Workout  |  **✓** | **✓** | **✓** | **✓** | **✓** | **✓** |
| Activity #3Outdoors10 Minutes  | **✓** | **✓** | **X** | **✓** | **✓** | **✓** |
| Total Minutes Completed  | **30 Minutes** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |
| Parent Initial Upon Completion | **KT** | **N/A** | **N/A** |  **N/A** | **N/A** | **N/A** |

**WEEK 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day#1 | ActivityCompleted | I can feel my heart beat faster | I began to sweat | I was breathing harder | I started to get tired | It got difficult to talk |
| Activity #1Aerobic Cornhole |  |  |  |  |  |  |
| Activity #2 Circuit Workout |  |  |  |  |  |  |
| Activity #3Outdoors10 Minutes  |  |  |  |  |  |  |
| Total Minutes Completed  |  | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |
| Parent Initial Upon Completion |  | **N/A** | **N/A** |  **N/A** | **N/A** | **N/A** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day#2 | ActivityCompleted | I can feel my heart beat faster | I began to sweat | I was breathing harder | I started to get tired | It got difficult to talk |
| Activity #1Aerobic Cornhole |  |  |  |  |  |  |
| Activity #2 Circuit Workout  |  |  |  |  |  |  |
| Activity #3Outdoors10 Minutes  |  |  |  |  |  |  |
| Total Minutes Completed  |  | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |
| Parent Initial Upon Completion |  | **N/A** | **N/A** |  **N/A** | **N/A** | **N/A** |