

Name: _____



Changing medicine. For good.

ACTIVITY LOG:

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

Week of _____

Day	Activities	Aerobic	Anaerobic	Time
<i>Sunday</i>				
<i>Monday</i>				
<i>Tuesday</i>				
<i>Wednesday</i>				
<i>Thursday</i>				
<i>Friday</i>				
<i>Saturday</i>				