5210 TRACKER

Put a check mark next to each healthy behavior you complete. Tally up the total for the week.

MONTH: NAME:

MONTH:		NAME:							
WEEK 1	М	Т	W	Т	F	S	S	TOTAL	
5 servings of fruits and vegetables									
2 hours or less of screen time									
1 hour (or more) of physical activity									
O sugary drinks									
WEEK 2	М	Т	W	Т	F	S	S	TOTAL	
5 servings of fruits and vegetables									
2 hours or less of screen time									
1 hour (or more) of physical activity									
O sugary drinks									
WEEK 3	М	Т	W	Т	F	S	S	TOTAL	
5 servings of fruits and vegetables									
2 hours or less of screen time									
1 hour (or more) of physical activity									
O sugary drinks									
		_			_			T 0 = 1 1	
WEEK 4	M	Т	W	Т	F	S	S	TOTAL	
5 servings of fruits and vegetables									
2 hours or less of screen time									
1 hour (or more) of physical activity									
O sugary drinks									