



2009 SOAR INTO SHAPE YOUTH MEMBER WEEKLY LOG



Team's Name: _____ **Team Member's Name:** _____

Week ____	Fluid Intake (# of cups) Sugar-free, caffeine free (e.g crystal light, water, diet 7up) or \leq 1% milk/soy milk. Maximum of 1 c fruit jc/day.	Fluid Pts	Screen time (includes TV/DVD, video games, computer). Do not include time on computer for homework)	Screen Time Pts	Physical Activity (PA) List type and minutes	PA Pts
Monday Date:						
Tuesday Date:						
Wednesday Date:						
Thursday Date:						
Friday Date:						
Saturday Date:						
Sunday Date:						
Fluids (pts/day) Max 5 pts/day Receive 1 point for 1 c healthy beverage (e.g. above). You do not receive pts for sweetened beverages (e.g., soft drinks, sports drinks, fruit drinks, and other sugar-sweetened beverages). Total points: _____		Screen time \leq 2 hrs = 5 pts $>$ 2 hrs = 0 pts Total pts _____		PA (pts/day) Max 5 pts/day At least 60 minutes = 5 pts 30- 59 minutes = 3 pts 20-29 minutes = 2 pts 0-19 min = 0 pts Total points: _____		

MAKE COPIES OF LOG EACH WEEK TO RECORD ACTIVITY