

Fitness for Life Weekly Journal

Name _____ Date _____ Hour _____

This week's goals:

Fitness _____

Nutrition _____

Weekly Fitness Assessment

Mon _____

Tues _____

Wed _____

Thurs _____

Fri _____

Weekly Nutrition Assessment

Mon _____

Tues _____

Wed _____

Thurs _____

Fri _____

What fitness level did you work at this week?

High Moderate Low

Why? _____

Daily Triumphs in Well-Being

What was good about this weeks activities? Why?

What was the best thing that happened to you this week? _____

What nutritional victories made you feel good this week? _____

What activities helped you feel emotionally balanced, happy, or relaxed this week?

What did you do for yourself this week? _____

What will you do differently next week?

Grade yourself out of 15 points for this week. _____

Why? _____
