

Date: __/__/__	Date: __/__/__	Date: __/__/__	Date: __/__/__	Date: __/__/__
Monday	Tuesday	Wednesday	Thursday	Friday
Cardio (choose 1)	Cardio (choose 1)	Cardio (choose 1)	Cardio (choose 1)	Cardio (choose 1)
<input type="checkbox"/> Play sport	<input type="checkbox"/> Play sport	<input type="checkbox"/> Play sport	<input type="checkbox"/> Play sport	<input type="checkbox"/> Play sport
<input type="checkbox"/> Jog/run	<input type="checkbox"/> Jog/run	<input type="checkbox"/> Jog/run	<input type="checkbox"/> Jog/run	<input type="checkbox"/> Jog/run
<input type="checkbox"/> Dance/GoNoodle	<input type="checkbox"/> Dance/GoNoodle	<input type="checkbox"/> Dance/GoNoodle	<input type="checkbox"/> Dance/GoNoodle	<input type="checkbox"/> Dance/GoNoodle
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Strength (Choose 1)	Strength (Choose 1)	Strength (Choose 1)	Strength (Choose 1)	Strength (Choose 1)
<input type="checkbox"/> Plank/Pushups	<input type="checkbox"/> Plank/Pushups	<input type="checkbox"/> Plank/Pushups	<input type="checkbox"/> Plank/Pushups	<input type="checkbox"/> Plank/Pushups
<input type="checkbox"/> Squats	<input type="checkbox"/> Squats	<input type="checkbox"/> Squats	<input type="checkbox"/> Squats	<input type="checkbox"/> Squats
<input type="checkbox"/> Burpees	<input type="checkbox"/> Burpees	<input type="checkbox"/> Burpees	<input type="checkbox"/> Burpees	<input type="checkbox"/> Burpees
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Flexibility (Choose 1)	Flexibility (Choose 1)	Flexibility (Choose 1)	Flexibility (Choose 1)	Flexibility (Choose 1)
<input type="checkbox"/> Yoga	<input type="checkbox"/> Yoga	<input type="checkbox"/> Yoga	<input type="checkbox"/> Yoga	<input type="checkbox"/> Yoga
<input type="checkbox"/> Stretching	<input type="checkbox"/> Stretching	<input type="checkbox"/> Stretching	<input type="checkbox"/> Stretching	<input type="checkbox"/> Stretching
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Hygiene (complete all)	Hygiene (complete all)	Hygiene (complete all)	Hygiene (complete all)	Hygiene (complete all)
<input type="checkbox"/> Brush teeth (2x)	<input type="checkbox"/> Brush teeth (2x)	<input type="checkbox"/> Brush teeth (2x)	<input type="checkbox"/> Brush teeth (2x)	<input type="checkbox"/> Brush teeth (2x)
<input type="checkbox"/> Wash hands	<input type="checkbox"/> Wash hands	<input type="checkbox"/> Wash hands	<input type="checkbox"/> Wash hands	<input type="checkbox"/> Wash hands
<input type="checkbox"/> Shower/Bath	<input type="checkbox"/> Shower/Bath	<input type="checkbox"/> Shower/Bath	<input type="checkbox"/> Shower/Bath	<input type="checkbox"/> Shower/Bath
Nutrition (complete all)	Nutrition (complete all)	Nutrition (complete all)	Nutrition (complete all)	Nutrition (complete all)
<input type="checkbox"/> Fruit	<input type="checkbox"/> Fruit	<input type="checkbox"/> Fruit	<input type="checkbox"/> Fruit	<input type="checkbox"/> Fruit
<input type="checkbox"/> Vegetable	<input type="checkbox"/> Vegetable	<input type="checkbox"/> Vegetable	<input type="checkbox"/> Vegetable	<input type="checkbox"/> Vegetable
<input type="checkbox"/> Protein	<input type="checkbox"/> Protein	<input type="checkbox"/> Protein	<input type="checkbox"/> Protein	<input type="checkbox"/> Protein
<input type="checkbox"/> Grain	<input type="checkbox"/> Grain	<input type="checkbox"/> Grain	<input type="checkbox"/> Grain	<input type="checkbox"/> Grain
<input type="checkbox"/> Dairy	<input type="checkbox"/> Dairy	<input type="checkbox"/> Dairy	<input type="checkbox"/> Dairy	<input type="checkbox"/> Dairy