

My Monthly Fitness Tracker

Month of _____

Year _____

Keep track of your progress by placing a check in the appropriate box on the days when you exercise. Each member of the family can have his/her own tracker posted on the fridge to keep everyone motivated! How close can you get to meeting the federal physical activity guidelines?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility
Week 2	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility
Week 3	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility
Week 4	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility	<input type="checkbox"/> Aerobic Training <input type="checkbox"/> Resistance Training <input type="checkbox"/> Flexibility

