

MOVEMENT TRACKER

Name: _____

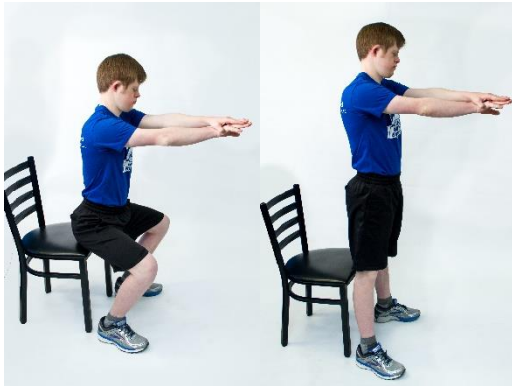
Date: _____

My Wellness Goal This Week: _____

RECORD YOUR ACTIVITY THIS WEEK						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Squats <input type="checkbox"/> Push Ups <input type="checkbox"/> Plank <input type="checkbox"/> Bridges <input type="checkbox"/> Tilts <input type="checkbox"/> Marches <input type="checkbox"/> Other Exercise: _____	<input type="checkbox"/> Squats <input type="checkbox"/> Push Ups <input type="checkbox"/> Plank <input type="checkbox"/> Bridges <input type="checkbox"/> Tilts <input type="checkbox"/> Marches <input type="checkbox"/> Other Exercise: _____	<input type="checkbox"/> Squats <input type="checkbox"/> Push Ups <input type="checkbox"/> Plank <input type="checkbox"/> Bridges <input type="checkbox"/> Tilts <input type="checkbox"/> Marches <input type="checkbox"/> Other Exercise: _____	<input type="checkbox"/> Squats <input type="checkbox"/> Push Ups <input type="checkbox"/> Plank <input type="checkbox"/> Bridges <input type="checkbox"/> Tilts <input type="checkbox"/> Marches <input type="checkbox"/> Other Exercise: _____	<input type="checkbox"/> Squats <input type="checkbox"/> Push Ups <input type="checkbox"/> Plank <input type="checkbox"/> Bridges <input type="checkbox"/> Tilts <input type="checkbox"/> Marches <input type="checkbox"/> Other Exercise: _____	<input type="checkbox"/> Squats <input type="checkbox"/> Push Ups <input type="checkbox"/> Plank <input type="checkbox"/> Bridges <input type="checkbox"/> Tilts <input type="checkbox"/> Marches <input type="checkbox"/> Other Exercise: _____	<input type="checkbox"/> Squats <input type="checkbox"/> Push Ups <input type="checkbox"/> Plank <input type="checkbox"/> Bridges <input type="checkbox"/> Tilts <input type="checkbox"/> Marches <input type="checkbox"/> Other Exercise: _____
<input type="checkbox"/> Drink Water <input type="checkbox"/> Wellness Goal	<input type="checkbox"/> Drink Water <input type="checkbox"/> Wellness Goal	<input type="checkbox"/> Drink Water <input type="checkbox"/> Wellness Goal	<input type="checkbox"/> Drink Water <input type="checkbox"/> Wellness Goal	<input type="checkbox"/> Drink Water <input type="checkbox"/> Wellness Goal	<input type="checkbox"/> Drink Water <input type="checkbox"/> Wellness Goal	<input type="checkbox"/> Drink Water <input type="checkbox"/> Wellness Goal
Nutrition Rating 	Nutrition Rating 	Nutrition Rating 	Nutrition Rating 	Nutrition Rating 	Nutrition Rating 	Nutrition Rating

One thing I'm proud of this week in my health and wellness:

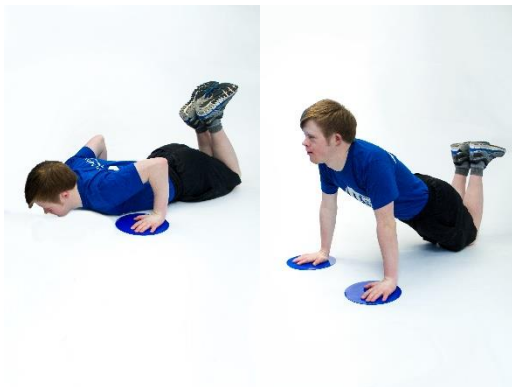
Squats – 15 repetitions



Bridges – 10 repetitions



Push Ups – 5 repetitions



Tilts – 20 tilts, alternating each side



Plank – 20-30 second hold



Marches – 20 repetitions, alternating each side

