

NAME _____

DATE _____

PEDOMETER STEPS TODAY _____

CHART THE FOLLOWING ACTIVITIES WITH THE TIMES YOU PARTICIPATED IN EACH ACTIVITY.

SLEEPING

EATING

EXERCISING

USING PHONE/COMPUTER

WATCHING TV

12:00A	3:00P
1:00A	4:00P
2:00A	5:00P
3:00A	6:00P
4:00A	7:00P
5:00A	8:00P
6:00A	9:00P
7:00A	10:00P
	11:00P