

In motion Activity Tracker



My "in motion" goal for the month of _____ is:

How to use your in motion Activity Tracker...

1. Set a new activity goal at the start of each month!

2. Record the type of activity in the box provided (A: _____)

3. Circle the intensity of the activity!
1 (easy)
2 (light)
3 (moderate)
4 (hard)
5 (maximum)

4. Record your minutes "in motion" in the box provided. (M: _____)

5. Have FUN!!!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____
<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____
<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____
<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____
<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____	<input type="checkbox"/> A: _____ 1 2 3 4 5 M: _____