

Review Annually



FitSTEPS for Life Log

Location _____

Name _____

Date	(mm/dd/yy)									
Weekly Weight										
O2 Saturation:	Pre									
	Mid									
	Post									
Blood Pressure:	Pre BP	/	/	/	/	/	/	/	/	/
	Post BP	/	/	/	/	/	/	/	/	/
Pulse:	Pre									
	Mid									
	Post									
HeartRate Recovery	2 min. post									
	HRR									
Glucose										

Treadmill/ Pedometer	Duration									
	Speed									
	Incline									
	Distance									
	Steps									
Elliptical:	Time									
	Resistance									
Squat Machine Sets/Reps/Res		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Dumbbells Sets/Reps/Lbs		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Stretchband Sets/Reps	Upper Body	/	/	/	/	/	/	/	/	/
	Lower Body	/	/	/	/	/	/	/	/	/
Swiss Ball		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretches		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Date _____
3 mo Girth
 Abd__
 Hip__

Review Annually



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	Post BP	/	/	/	/	/	/	/	/	/
Pulse:	Pre									
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Squat Machine Sets/Reps/Res		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Dumbbells Sets/Reps/Lbs		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Stretchband Sets/Reps	Upper Body	/	/	/	/	/	/	/	/	/
	Lower Body	/	/	/	/	/	/	/	/	/
Swiss Ball		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretches		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Date _____
3 mo Girth
 Abd__
 Hip__