

Name _____

Building _____

Month _____

Personal Physical Activity Log

Aerobic Dance/Exercise	AR	Jogging/Running	R	Weight Training	WT	Bowling	BO	Gym Membership	GM	***Home exercise program, jogging, biking, walking, etc., over a 4-week period/3 days per week/30 minutes per session.
Basketball	BB	Stairmaster	ST	Water Aerobics	WA	Treadmill	TM	Bldg Based Prog	BP	
Cycling/Stationary Bike	BK	Swimming	SW	Weight Watchers	WW	Golf (no cart)	GF	Tai Chi	TC	
Elliptical Trainer	ET	Tennis	T	Yoga	YO	Skating	SK	Equestrian	E	
Volleyball	VO	Walking	W	Martial Arts	MA	Skiing	SI	Other	O	

WEEK	M	T	W	Th	F	Sat	Sun	Week's	Week's	NOTES
								Total	Total	
								Minutes	Days	
1 Type of Exercise No. of Minutes										
2 Type of Exercise No. of Minutes										
3 Type of Exercise No. of Minutes										
4 Type of Exercise No. of Minutes										
5 Type of Exercise No. of Minutes										
Total										

Total Hours Total Days

Wellness Captain _____