

Track My Week

Week Number: _____ Date: _____

	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Week Total	Points
Physical Activity PA Number of steps:									
Fruits and Vegetables FV Number of servings:									
Red Meat RM Number of servings:									
Multi-vitamins MV Yes or no:									
Smoking SM Number of cigarettes:									

Notes:

Total Weekly Points