

Your Weekly Log

Growing Up Healthy and Strong Is as Easy as **5-2-1!**

- 5**—Record the servings of fruits and veggies you eat each day. **5 or more** each day is the healthy way.
- 2**—Limit your screen time; try not to guess—you'll be a success if it's **2 hours or less**.
- 1**—Add up your time to get the activity score—get **1 hour or more** to build a strong core.



Track your progress every day. Record each amount in the chart below and show when you drink soda and other sugar-sweetened beverages.

Family Member Name _____

Week of _____

5

2

1

	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:	Saturday Date:	Sunday Date:
Fruits and Veggies	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Screen Time	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____	<input type="checkbox"/> 2 hrs or less <input type="checkbox"/> Over 2 hrs Describe: _____ _____
Physical Activity	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____	<input type="checkbox"/> 1 hr or more <input type="checkbox"/> 30 minutes or more Describe: _____ _____

Sugar-Sweetened Beverages—Soda, Juice, Sport Drink						
_____	_____	_____	_____	_____	_____	_____

Completed by participating family member _____

Confirmed by another family member _____



MASSACHUSETTS