

This journal is designed for individuals that are already doing their own physical activity program.

If you are not currently active with your own workout program, this may be a good tool for you to get started. Please consult your physician before doing so and if you are just starting out, it is recommended that you speak to a professional to prevent injury.

Check out this site for some sample workouts from ACE Fitness:

<http://www.acefitness.org/workouts/13/>

In order to receive Healthy Rewards credit for this journal and the physical activity you do, please turn it in to the Wellness Coordinator upon completion.

You must complete 150 minutes of activity in each week of this journal to receive 20 points toward the reward.

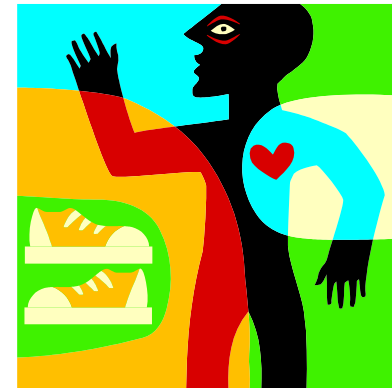
You may complete a maximum of 2 of these journals to use towards the reward.



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Healthy Rewards Fitness Journal



Use this booklet to:

- Track your exercise you're already doing
- Set weekly goals
- Track improvement over time
- Plan your weekly workouts

****You must log at least 150 minutes of cardio or strength training activity each week to receive 20 points****

Name: _____

Department: _____



Fitness and Wellbeing Journal

Week 1: ___/___/___ to ___/___/___

This week my goals are:

Flexibility: _____
 Strength Training: _____
 Cardio: _____
 Wellbeing: _____

	Activity	Time Spent	Intensity	Notes
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Total time spent on cardio and strength training this week: _____

How do you feel? _____

	M	T	W	Th	F	S	S
Check the box for each day you've had at least 8-8oz servings of water							
Check the box for each day you've had 5 or more servings of fruit & veggies this week							

Fitness and Wellbeing Journal

Week 6: ___/___/___ to ___/___/___

This week my goals are:

Flexibility: _____
 Strength Training: _____
 Cardio: _____
 Wellbeing: _____

	Activity	Time Spent	Intensity	Notes
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Total time spent on cardio and strength training this week: _____

How do you feel? _____

	M	T	W	Th	F	S	S
Check the box for each day you've had at least 8-8oz servings of water							
Check the box for each day you've had 5 or more servings of fruit & veggies this week							

Fitness and Wellbeing Journal

Week 5: ___/___/___ to ___/___/___

This week my goals are:

Flexibility: _____
 Strength Training: _____
 Cardio: _____
 Wellbeing: _____

	Activity	Time Spent	Intensity	Notes
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Total time spent on cardio and strength training this week: _____

How do you feel? _____

	M	T	W	Th	F	S	S
Check the box for each day you've had at least 8-8oz servings of water							
Check the box for each day you've had 5 or more servings of fruit & veggies this week							

Fitness and Wellbeing Journal

Week 2: ___/___/___ to ___/___/___

This week my goals are:

Flexibility: _____
 Strength Training: _____
 Cardio: _____
 Wellbeing: _____

	Activity	Time Spent	Intensity	Notes
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Total time spent on cardio and strength training this week: _____

How do you feel? _____

	M	T	W	Th	F	S	S
Check the box for each day you've had at least 8-8oz servings of water							
Check the box for each day you've had 5 or more servings of fruit & veggies this week							

Fitness and Wellbeing Journal

Week 3: ___/___/___ to ___/___/___

This week my goals are:

Flexibility: _____
 Strength Training: _____
 Cardio: _____
 Wellbeing: _____

	Activity	Time Spent	Intensity	Notes
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Total time spent on cardio and strength training this week: _____

How do you feel? _____

	M	T	W	Th	F	S	S
Check the box for each day you've had at least 8-8oz servings of water							
Check the box for each day you've had 5 or more servings of fruit & veggies this week							

Fitness and Wellbeing Journal

Week 4: ___/___/___ to ___/___/___

This week my goals are:

Flexibility: _____
 Strength Training: _____
 Cardio: _____
 Wellbeing: _____

	Activity	Time Spent	Intensity	Notes
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Total time spent on cardio and strength training this week: _____

How do you feel? _____

	M	T	W	Th	F	S	S
Check the box for each day you've had at least 8-8oz servings of water							
Check the box for each day you've had 5 or more servings of fruit & veggies this week							