Each day fill in what physical activity you did and how many minutes you did it.

Name ____________________________

September total minutes of physical activity

What are your favorite physical activities?
- aerobics
- baseball
- basketball
- bicycling
- dodgeball
- football
- golf
- hiking
- kickball
- running
- skate boarding
- skating (ice, inline, or roller)
- soccer
- softball
- swimming
- track
- walking
- weight lifting
- volleyball
- _____________________
- _____________________
- _____________________

For more resources visit: www.4-h.uiuc.edu/oppsmove