Special Olympics Arkansas

Fit Families Workout Log—Weeks:____/__/___-____/__/___
Family Member:_____
Challenge Coordinator:_____

How many activities were Family Activities?
_____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Activity: _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____
Activity: _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____	**Activity:** _____ **Time:** _____minutes **Comments:** _____ _____ _____ **Step Count:** _____