



# Walk Kansas Daily Log

Your Name \_\_\_\_\_

Team Name \_\_\_\_\_

Captain's Name/Phone/Email \_\_\_\_\_

**Directions:** Each day, record minutes of physical activity and cups of fruits/vegetables you eat. Also, check the box if half of the grain foods you ate were whole grains that day. Every Sunday, total the number of minutes, cups of fruits/vegetables, and whole grain servings. Report these numbers to your team captain by phone or e-mail.

Weeks		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
Week #1	Minutes								
	F/V								
	Grains								
Week #2	Minutes								
	F/V								
	Grains								
Week #3	Minutes								
	F/V								
	Grains								
Week #4	Minutes								
	F/V								
	Grains								
Week #5	Minutes								
	F/V								
	Grains								
Week #6	Minutes								
	F/V								
	Grains								
Week #7	Minutes								
	F/V								
	Grains								
Week #8	Minutes								
	F/V								
	Grains								

