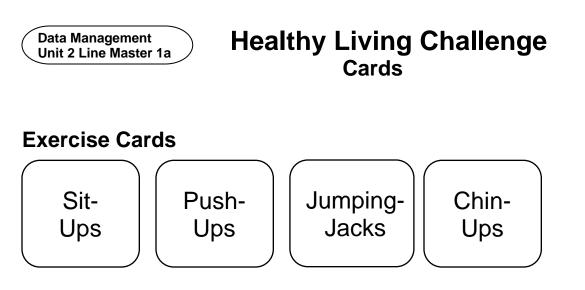
Date_____



Number of Times

Number of times each exercise is done



Morning or Afternoon (Extension)

a.m.) (p.m.

Date_____



Healthy Living Challenge Results

Day	Exercise	Number of Times