



Growing Healthy
HABITS

Child Participant (ages 10-17)
TRACKING SHEET

Name: _____ Date Completed: _____

Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water (record the number of 8-oz. glasses of water)							
Screen Time (please list in minutes)							
Activity (please list in minutes)							

Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water (record the number of 8-oz. glasses of water)							
Screen Time (please list in minutes)							
Activity (please list in minutes)							

Week 3	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water (record the number of 8-oz. glasses of water)							
Screen Time (please list in minutes)							
Activity (please list in minutes)							

Week 4	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Water (record the number of 8-oz. glasses of water)							
Screen Time (please list in minutes)							
Activity (please list in minutes)							

REQUIREMENTS:

Water

The recommended daily amount of fluids is:
 5 glasses (1 liter) for 5 to 8-year-olds
 7 glasses (1.5 liters) for 9 to 12-year-olds
 8 to 10 glasses (2 liters) for ages 13+

Screen Time

The new warning from the American Academy of Pediatrics (AAP) recommends parents limit screen time for kids to a maximum of just two hours per day.

Physical Activity

Must complete a minimum of 45 minutes of exercise 3 days per week.

I agree that the above information is accurate: _____

Parent/Guardian Signature