

EXERCISE LOG

Name _____ Period _____

Date	Activity	Component of health related fitness**	# of minutes in activity	Intensity of workout*	Parent Signature

*Intensity is how hard you worked. On a scale of 1 to 10 how hard did you work? One (1) is almost no effort. Ten (10) is maximum effort.

**Components of health related fitness: muscular strength, muscular endurance, aerobic capacity, body composition, flexibility

1. Do you think you exercised enough? Why or why not?

2. What would you change about your current exercise habits? Why or why not?

3. How would you tell someone else how to exercise?