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|  |  | **Health Chart** | | | | | | | | | Name:\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Keep a record of your health habits for at least two weeks.  *(You do not need to return the chart when you are done, but you should have your parents sign the requirement [3a] in your book or send a signed note to scouts that you completed it)* | | | | | | | | | | | | | | | |
| Day: | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | 13 | 14 |
| Days I Showered | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Times I washed my hands | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Times I Brushed my teeth | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Glasses of water I drank | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Time I played outdoors | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Hours I slept | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |

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|  |  | **Health Chart** | | | | | | | | | Name:\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Keep a record of your health habits for at least two weeks.  *(You do not need to return the chart when you are done, but you should have your parents sign the requirement [3a] in your book or send a signed note to scouts that you completed it)* | | | | | | | | | | | | | | | |
| Day: | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | 13 | 14 |
| Days I Showered | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Times I washed my hands | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Times I Brushed my teeth | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Glasses of water I drank | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Time I played outdoors | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Hours I slept | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |

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|  |  | **Health Chart** | | | | | | | | | Name:\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Keep a record of your health habits for at least two weeks.  *(You do not need to return the chart when you are done, but you should have your parents sign the requirement [3a] in your book or send a signed note to scouts that you completed it)* | | | | | | | | | | | | | | | |
| Day: | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | 13 | 14 |
| Days I Showered | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Times I washed my hands | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Times I Brushed my teeth | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Glasses of water I drank | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Time I played outdoors | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Hours I slept | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |