



Month: \_\_\_\_\_

Track your healthy behaviors all month long!

# 5210 Challenge



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings
<input type="checkbox"/> 2 hours <	<input type="checkbox"/> 2 hours <	<input type="checkbox"/> 2 hours <	<input type="checkbox"/> 2 hours <	<input type="checkbox"/> 2 hours <	<input type="checkbox"/> 2 hours <	<input type="checkbox"/> 2 hours <
<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +
<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings
<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings	<input type="checkbox"/> # servings
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<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings
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<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +	<input type="checkbox"/> 1 hour +
<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings	<input type="checkbox"/> 0 servings

Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Total Score: \_\_\_\_\_

Score 1 point for each serving of a fruit or vegetable. \_\_\_\_\_

Score 2 points for every day you had 2 hours or less of screen time (TV, computer, video games). \_\_\_\_\_

Score 2 points for every day you were physically active for 1 hour or more. \_\_\_\_\_

Score 2 points for every day you had zero (no) servings of sugar-sweetened drinks. \_\_\_\_\_

Score 2 bonus points for each new fruit or vegetable you ate. List new fruits/vegetables: \_\_\_\_\_

Additional resources, skills, and strategies for parents are available at no cost through the online Thrive Initiative programming. Visit the Thrive website <https://thrive.psu.edu>, and sign up today!

Adapted from the 5210 Challenge on <https://5210.psu.edu>