




Name \_\_\_\_\_

# fit-Check Challenge



Record when and where you do *fit*-checks, your energy level, and your MOOD.

<b>fit-Check</b> _____	<b>Energy Level</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>MOOD</b>  <input type="checkbox"/> <input type="checkbox"/>
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<b>fit-Check</b> _____	<b>Energy Level</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>MOOD</b>  <input type="checkbox"/> <input type="checkbox"/>
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