

Making Healthy Decisions About Sex

Before you decide to have sex, or if you are already having sexual intercourse (oral, vaginal-penile, or penile-anal), you need to know how to stay healthy. Even if you think you know everything you need to know about sex, take a few minutes and read on. Your doctor wants to make sure you know the facts.

Important Reminders

- No one should be forced or pressured to have sex! If you are ever forced or pressured to have sex, it's important to never blame yourself and to tell an adult you trust as soon as possible. Medical and counseling supports are available to help someone who has been forced or pressured to have sex.
- Using alcohol and drugs can affect your choices about sex. Too many teens have sex without meaning to when they drink alcohol or use drugs.

Are You Ready for Sex?

Sex can change your life and relationships. Having sex may affect the way you feel about yourself or how others feel about you.

Many teens believe that waiting until they are ready to have sex is important. The right time is different for each teen. For example, some teens may want to wait until they are adults or married, or they may want to wait until they feel their relationship is ready.

You may feel your relationship is ready when

- You can be completely honest and trust the other person, and the other person can trust you. A good idea is to talk about sex with the lights on and clothes on!
- You can talk with the person about difficult topics such as feelings, other relationships, whether the person has had a sexually transmitted infection (STI), or condoms or pregnancy prevention.
- You can be responsible, by protecting yourself and your partner against STIs and pregnancy with condoms and birth control.
- You can respect the other person's decisions about not having sex and about using protection.
- You can have sex in a private place.

However, if you are in love or really like someone, you may ignore the signs of an unhealthy relationship.

Here are signs that your relationship is not ready for sex.

- Your partner is jealous or possessive. For example, your partner prevents you from spending time with your family or other friends, texts you constantly, or checks your cell phone to read your texts.
- Your partner pressures you to have sex and doesn't respect your reasons for not wanting to have sex.
- Your partner controls you by bullying you or by threatening to hurt himself or herself if you end the relationship.
- Your partner doesn't respect your desire to use condoms or birth control.

Why Wait?

There's nothing wrong if you decide to wait. Not everyone is having sex.

About half of all teens in the United States have never had sex. If you decide to wait, plan how you are going to say no so you

are clearly understood. Stay away from situations that can lead to sex, such as being alone with someone who has been pressuring you or using alcohol or drugs. If your partner doesn't support your decision to wait, he or she may be the wrong person for you.

Here are reasons why waiting to have sex makes sense.

- Sex can lead to pregnancy. Are you ready to be pregnant? If you become pregnant, you have to make difficult decisions such as becoming a teen parent, placing a child for adoption, or ending the pregnancy. Are you ready to make these sorts of decisions? What will be the effect of a pregnancy on your health, finances, education, relationships, or family?
- Sex has health risks. A lot of infections can be spread during sex. STIs include chlamydia, gonorrhea, "trich" (trichomoniasis), hepatitis B, herpes, HIV (the virus causing AIDS) infection, human papillomavirus (HPV) infection, or syphilis. Some infections are treatable, but some persist throughout a lifetime.
- Sex can lead to emotional pain and distractions. You may feel sad or angry if you let someone pressure you into having sex when you're not ready. You may also feel sad or angry if you choose to have sex but your partner breaks up with you. Your partner may tell other people you both had sex even if it was supposed to be private.

How Can You Prevent Getting a Sexually Transmitted Infection?

You can't tell by looking at or talking with someone whether they have an STI since many STIs don't cause symptoms. Nothing works perfectly to prevent STIs except for not having sex (abstinence); however, if you're going to have sex, here are tips to keep in mind.

- Using a barrier method, such as a condom or dental dam, is the best way to reduce the risk of getting STIs.
- Remember to use a barrier method every time you have sex, no matter what other type of birth control you and your partner might also use.
- To make sure you stay healthy, get regular medical checkups. You can also get a vaccine to protect against HPV.
- If you have had sex in the past, or are having sex, it's important to get tested for STIs.

What Do You Need to Know About Barrier Protection (Condoms)?

Condoms work best when used correctly. External (male) condoms have about a 98% chance of preventing pregnancy, and internal (female) condoms have a 95% chance, but they must be used each time you have sex and used correctly. When they are not used correctly, external condoms may have only an 82% chance of preventing pregnancy, while internal condoms may be effective only 79% of the time. External condoms are available to purchase without any age restrictions at stores, including convenience stores, and pharmacies. Internal condoms may require a prescription. Most teens use latex external condoms.

Here are tips to keep in mind.

- Never use external and internal condoms at the same time; they might tear.
- Follow the instructions on the package to make sure you are using condoms in the right way. To learn more about how to use

condoms and other barriers, visit the Centers for Disease Control and Prevention "Condom Effectiveness" web page at www.cdc.gov/condomeffectiveness/index.html.

- Check the expiration date on the package. Don't buy or use expired condoms.
- You can carry condoms with you at all times, but do not store them where they will get hot or damaged (eg, in the glove compartment of a car or in a wallet). Heat can damage a condom, and the condom may then tear or break more easily.

What Types of Birth Control Are Effective?

Talk with your doctor about birth control or contraception. Your doctor can answer questions about safe and effective methods, side effects, and costs. Most contraception is covered by insurance. Here are some forms of birth control, from the most effective forms at preventing pregnancy to the least. None of these methods prevent STIs, so it's important to also use barrier protection.

Contraceptive implant is a tiny, flexible rod that a doctor inserts into the inside of the arm, between the shoulder and the elbow. It slowly releases a hormone that prevents pregnancy for 3 to 5 years. When used as prescribed, it is about 99% effective at preventing pregnancy.

Intrauterine devices (IUDs) are small T-shaped devices placed inside the uterus by a doctor. They are highly effective at preventing pregnancy and may also be prescribed to help decrease menstrual bleeding and pain. The copper IUD contains a small amount of natural copper and prevents pregnancies for up to 10 to 12 years. There are 2 levonorgestrel IUDs, both of which contain a hormone and prevent pregnancy for 3 to 7 years, depending on which one is used. When used as prescribed, they are about 99% effective at preventing pregnancy.

Contraceptive injection or depot medroxyprogesterone acetate (DMPA) is a shot given every 12 weeks. When used as prescribed, it is 99% effective at preventing pregnancy; however, when used typically (eg, women may now and then forget to get a shot exactly on time), it is 94% effective at preventing pregnancy.

Birth control pills (the "pill"), patch, and ring all contain 2 hormones, an estrogen and a progestin.

- Birth control pill. You take 1 pill each day. When used as prescribed, they are about 99% effective at preventing pregnancy. However, when used typically (eg, women may now and then forget to take a pill), they are 91% effective at preventing pregnancy.
- Birth control patch is an adhesive patch placed onto the skin. You wear the patch for 3 weeks, remove the patch for 1 week, put on a new patch at the end of the fourth week, and repeat these steps. When used as prescribed, it is about 99% effective at preventing pregnancy. However, when used typically (eg, women may now and then forget to replace the patch on time), it is 91% effective at preventing pregnancy.
- Birth control ring. You insert the ring into your vagina near your cervix, it stays in for 3 weeks, and you remove it for 1 week and have your period. Then you get a new ring from the pharmacy and insert it again for another 21 days. When used as prescribed, it is about 99%

effective at preventing pregnancy. However, when used typically (women may now and then forget to put in a new birth control ring on time), it is 91% effective at preventing pregnancy.

What Are Other Types of Birth Control?

Here are types of birth control that are less common and not as effective at preventing pregnancy.

Withdrawal. The male "pulls out" before he ejaculates, or "comes." It does not prevent pregnancy or STIs. Even a small amount of sperm can lead to pregnancy or an STI.

Natural family planning (the rhythm method). You avoid having sex during certain times of your monthly cycle. Because teens tend to have more irregular periods, this method is less effective at preventing pregnancy.

Spermicides. These are creams and foams used during sex to kill sperm. They may add protection to other methods (eg, barriers) but are not effective when used alone. They can irritate the skin and increase the risk of getting STIs.

Vaginal sponge. This is a small, round sponge coated with spermicide. It is inserted into a female's vagina up to 24 hours before intercourse and can be left in place after intercourse. It should be removed after 24 hours of use.

What Is Emergency Contraception?

Emergency contraception (EC) is a form of birth control that you use after you have unprotected sex. Unprotected sex includes not using birth control, condoms breaking or slipping off during sex, or forgetting to use birth control.

Emergency contraception can be taken up to 5 days after unprotected sex but is most effective when taken as soon as possible after sex.

You can buy EC pills over the counter, without a prescription. One type of EC pill available over the counter is levonorgestrel at 1.5 mg, which is most effective on days 1 to 3, but can be taken up to 5 days, after unprotected intercourse. Although EC pills are expensive, they are covered by many insurance plans. If you are concerned about the cost of EC pills, visit The Emergency Contraception website (<https://ec.princeton.edu>) for tips on finding lower-cost pills.

Another type of EC pill is ulipristal acetate at 30 mg, which is more effective later (on days 4 and 5) and you can get only with a prescription from your doctor.

A doctor can also put in a copper IUD that will provide both EC and regular birth control.

Remember

If you decide to have sex, it's important you know the facts about birth control, infections, and emotions. Deciding when to become sexually active, how to protect yourself from STIs, and how to prevent pregnancy can be confusing. These are important decisions and are worth talking about with adults who care about you, including your doctor.

Visit HealthyChildren.org/TeenSexualHealth for more information.

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Marijuana: What Parents Need to Know

Teens say that marijuana (cannabis) is easy to get, and it tends to be the first illegal drug they try. Marijuana use is often portrayed as harmless, but the truth is that marijuana can be an addictive drug, especially for teens, that can cause serious risks and consequences.

Many people today learn about drugs while they are very young and might be tempted to try them. As a parent, you are your child's first and best protection against drug use. Here is information from the American Academy of Pediatrics about marijuana and how to help your child say "No" to drug use. (*Child* refers to child or teen in this publication.)

Note: In most medical marijuana states, doctors can recommend medical marijuana for almost any condition. Though there may be some benefit of cannabinoids (the active ingredients in marijuana) use in adults with specific diagnoses, there have been no studies of cannabinoids use in children and adolescents. Also, all patients need to be aware that there can be side effects.

How Marijuana Is Used

Dried marijuana plant material is usually rolled with tobacco into cigarette *joints* or cigar *blunts* and smoked. Some users mix it in food or brew a tea. Other drugs, like PCP (phencyclidine) or crack cocaine, can also be added to the joint, increasing the dangers from use.

How Marijuana Use Affects Health and Well-being

School

Marijuana users often have a hard time thinking clearly, concentrating, remembering things, and solving problems. Frequent marijuana use often causes grades to drop. Regular and heavy users often lose interest in school and may quit.

Driving and Physical Activity

Marijuana impairs judgment, complex motor skills, and the ability to judge speed and time. Those who drive or take other risks after smoking marijuana are much more likely to be injured or killed.

Sexual Health

Teens who smoke marijuana are more likely to take sexual risks and have unwanted or unprotected sex.

Long-term Health

Teens' bodies and brains are still growing and maturing, so smoking anything, including marijuana, is not good for lung health. Marijuana use may also lead to addiction or mental health problems (ie, depression, anxiety, or schizophrenia). Regular marijuana use can alter normal brain development in adolescents.

Marijuana Is an Addictive Drug

Just like with alcohol, nicotine, and other illicit drug use, children who smoke marijuana can lose control over their use and become addicted. Many people overlook marijuana addiction because its withdrawal symptoms are not prominent or may not be

present at all. However, withdrawal is only one symptom of addiction.

Teens who are addicted to marijuana likely smoke several times a week or more. Although most believe they are in control and can quit at any time, most can't. Those using marijuana heavily often perform poorly in school or sports, lose interest in hobbies, and develop interpersonal problems with family and friends. Teens continuing to use marijuana into adulthood tend to have lower job achievement and less stable families than their siblings who don't use drugs. As with alcohol, the younger a person is when starting marijuana use, the more likely she will become addicted.

Signs of Marijuana Use

Recognizing the signs of drug use is the first step in getting help for your child, but some signs are vague. Consider marijuana or other drug use if your child

- Spends less time with family and friends and more time alone or away from home
- Often seems moody or irritable
- Begins to skip classes, often shows up late for school, or has a drop in grades
- Buys things like T-shirts with pro-marijuana messages or symbols
- Loses interest in hobbies
- Comes home *high* (talkative, giggly, red or glassy eyes) or goes straight to his room
- Smells of marijuana
- Possesses drugs or drug paraphernalia

What You Can Do

Take these steps to help prevent your child from becoming interested in using marijuana or other drugs.

- **Set high expectations and clear limits.** Instill strong values. Let your child know that you expect her *not* to use drugs. Teach her healthy values that are important to your family and to use these values when deciding what is right and wrong.
- **Talk with your child about the dangers of drug use, including marijuana.** Young people who do not know the facts may try drugs just to see what they are like. Start talking with your child at an early age about the dangers of drug use. Encourage him to ask questions and tell you about his concerns. Be sure to really listen. Do not lecture or do all the talking. Ask what he thinks about drug use and its risks.
- **Use teachable moments.** Discuss car crashes and other tragedies that are caused by drug use and are in the news or your child's life.
- **Help your child handle peer pressure.** Peers and others can strongly influence young people to try drugs. As a parent, your

influence can be even stronger in helping your child learn to be confident, make healthy choices, and resist unhealthy peer pressure. Tell her that it is OK to say “No!” to risky behaviors and mean what she says. Help her find and spend time enjoying positive interests that build self-esteem.

From Your Doctor

- **Help your child deal with emotions.** Especially during the teen years, many young people face strong emotions for the first time. Teens sometimes get depressed or anxious and might consider drug use to try to escape these feelings and forget problems. Explain that everyone has these feelings at times, so it is important for each person to learn how to express his feelings, cope with them, and face stressors in healthy ways that can help prevent or resolve problems.
- **Set a good example.** Avoid using tobacco and illicit drugs. Minimize alcohol use, and always avoid drinking and driving. Be a good role model in the ways you express, control, and relieve stress, pain, or tension. Actions do speak louder than words!
- **Get a professional evaluation.** If you think your child is using drugs, tell your child’s doctor your exact concerns. Your child’s doctor can help.

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HELP STOP TEENAGE SUICIDE

TEEN SUICIDE: WHAT YOU CAN DO

- Learn and watch out for the warning signs of possible suicide.
- Get help for teens who need it. Many teens who attempt suicide do not know how to reach out for help.
- Keep guns out of young people's homes.
- If you are unsure about what to do, call the National Suicide Prevention Lifeline at 1-800-273-TALK (273-8255). It is available 24 hours a day, 7 days a week, from anywhere in the United States.

Teenagers are passionate and emotional. For most teens, intense feelings—of either joy or pain—usually pass quickly.

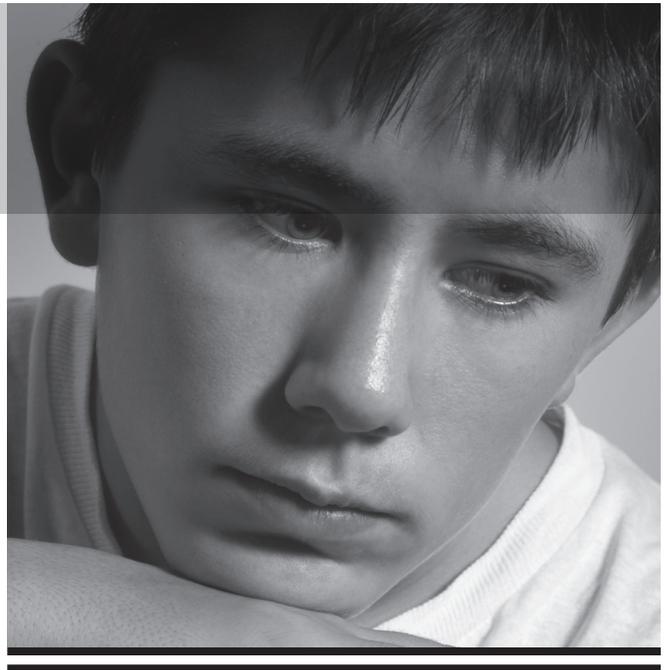
While many teens have these emotional ups and downs, for some, the downs can be fatal. Sadly, every year in the United States, thousands of teenagers are unable to deal with these feelings and commit suicide.

TEEN SUICIDE IN AMERICA

Suicide is one of the 3 leading causes of death for 13- to 19-year-olds.

Many teenagers who attempt suicide have serious problems.

- Depression or other mood disorder
- Drug or alcohol abuse
- Being overly anxious



Often, these teens have had problems for some time and can be very good at hiding them. This is why family and friends are shocked when suicide occurs.

HOW DOES IT HAPPEN?

Suicide is often triggered by some small, everyday event, such as

- Getting in trouble
- Arguing with a parent, boyfriend, or girlfriend
- Receiving a bad grade
- Not making the team

Though many suicidal teens think about suicide on and off, most teens do not spend much time planning how to kill themselves.

Teenagers often attempt suicide within a few hours after deciding to do so.

Suicide is thought of as the only way out.

Teenagers who try to kill themselves see it as the only way to escape their emotional pain. They want the pain and suffering to stop.



MYTHS AND FACTS

MYTH: “You would think one of her friends would have known about her problems. At the very least, someone in her family should have noticed that she was depressed before she killed herself.”

FACT: Teens are often very good at hiding their problems. People around them may not know they are depressed. Adults usually seem depressed and stay depressed for a while. Depressed teens may seem happy for much of the time. Parents are sometimes the last to know. Friends may have a sense that things are not right but not know how to help.

MYTH: “I heard him talk about killing himself. But people who talk about suicide do not do it.”

FACT: Talk of suicide or wanting to die should never be ignored. Teens who talk about suicide or wanting to die are much more likely to kill themselves than those who do not.

MYTH: “If she really wanted to kill herself, she would have done something more deadly.”

FACT: A suicide attempt that does not end in death the first time may be followed by one that does. Sometimes teens don’t know how many pills are enough to be fatal. What is considered a “gesture” may be a miscalculation. All suicide attempts need to be taken seriously.

MYTH: “He’s just doing it to get attention.”

FACT: This is true at times, but the attempt can still be deadly. If the suicide attempt is a call for attention, it needs to be answered.

WARNING SIGNS FOR SUICIDE

In addition to talking or writing about suicide or death, some other warning signs to watch out for are

Change in activities

A drop in grades, neglect of personal appearance or responsibilities, or losing interest in things that used to be fun.

Change in emotions

Appearing sad, hopeless, bored, overwhelmed, anxious, worried, irritable, or very angry. While this may sound like many teenagers, changes that make you worried could be very serious.

Getting in trouble

Acting rebellious, aggressive, or overly impulsive; running away or withdrawing from friends or family.

Confusion about sexual feelings and identity

Teenagers who think they may be gay, lesbian, bisexual, or transgender are at an especially high risk for suicide.

Changes in behaviors or patterns

Some teens may become very depressed, withdraw from old friends, hang out with a different group, or want to be alone all the time. Some others may withdraw and listen to music or write. Others may stay up until the early morning and then stay in bed much of the day.

Use of drugs or alcohol

For depressed teens, drugs or alcohol can be fatal.

PREVENTING TEEN SUICIDE

In an emergency

If you are concerned about an immediate risk of harm, take the teen to a hospital emergency department. Even if you are not sure, the hospital staff is trained to figure out if someone is serious about suicide. Talk with a doctor about treatment and an evaluation by a mental health professional.

If you think suicide is possible

If you notice that someone is “in trouble” or feels very negative, listen to the whole story and try not to judge. Show that you care and are always ready to listen.

Talk with teens. This is harder than it sounds. It is important to just listen and not offer suggestions on how to “fix” problems or seem like you are judging in some way. Ask teens what is bothering them and whether they have been feeling sad or down. Ask whether they have ever

thought of suicide or not wanting to live anymore. Asking will not make someone attempt suicide; it may actually stop it.

Try to be understanding if teens are in trouble or feel very badly about themselves. Let them know that whatever trouble they are in at the moment, you have faith in who they are and their future.

Gay, lesbian, bisexual, or transgender teens

Teenagers questioning their sexual identity are at an especially high risk for suicide. Listen, be supportive, and get them help. Every teenager needs to know that life is better than death.

If you know of a teen struggling with this and fear there is a risk for suicide, there are local, state, and national resources that can provide information and advice. Parents, Families and Friends of Lesbians and Gays (PFLAG), at 202/467-8180 or www.pflag.org, can help connect teens with resources.

How other teens can help

Talk with teens and let them know that if any friend talks about suicide, they need to get help from an adult right away! This may be a matter of life and death and is too much for even a close friend to handle alone. Let them know that even if they have been “sworn to secrecy” by a friend, telling—no matter how wrong it feels—is better than having to live with a friend’s death.

When you’re concerned about mental health issues

Depression or other mental health problems can come on suddenly or be present on and off for most of a teen’s life. If you are worried, talk with someone, like your pediatrician, a school counselor, a mental health professional, or a suicide prevention hotline.

The good news is that treatments—medications and therapy—are available. They make a difference.

HOMES WITH GUNS

Remove all guns from the home

The risk of teen suicide is 4 to 10 times higher in homes with guns than in homes without. Studies have shown that even in homes where the guns are locked up, teens are much more likely to kill themselves than in homes without guns.

Guns can turn a moment of despair into a tragedy

Teenagers who attempt suicide with a gun are more likely to succeed in killing themselves than those who attempt suicide in many other ways.

When teenagers attempt suicide without using a gun, many can recover with therapy. If a gun is used, they will never get that chance.

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Physical Activity: Creating a FITT Plan

Physical activity is important for everyone in the family. Here is information from the American Academy of Pediatrics summarizing the FITT method and includes general fitness tips and an activity log.

FITT Method

FITT (frequency, intensity, time, and type) is one way to remember the general guidelines for what should be included in a fitness plan. Remember, it's important to keep in mind that each family member's fitness goals will be different based on age, sex, current fitness level, and available resources. Talk with your doctor if you have any questions.

Frequency—Do some type of physical activity every day.

Intensity—Choose an activity that is at least moderate in intensity, and also try to add a few more vigorous activities over the week. Vigorous activity is activity that makes you breathe hard and sweat. (Reaching a certain heart rate is not necessary.)

Examples of Moderate Activity	Examples of Vigorous Activity
Slow walking (3.5 mph)	Fast walking (4.5 mph)
Slow bike riding (<10 mph)	Fast bike riding (>10 mph)
Dancing	Jogging or running
Weight lifting—light workout	Aerobics
Stretching	Competitive sports: basketball, football, soccer

Time (duration)—Plan on a total time of at least 60 minutes of activity each day. This can be done all at once or added together over several shorter 10- to 15-minute blocks of activity. Breaking it up into smaller

blocks of time is a great way to start a new program or fit activity into a busy schedule.

Type—The type of activity can include a variety of team sports, individual sports, recreational activities, family activities, active hobbies, and walking or bicycling for fun and transportation. Several times every week do weight-bearing activities that promote muscle strength, flexibility, and bone health. The most important thing is to choose something fun!

Tips for Parents

Make time to be active. School-aged youth should participate every day in 60 minutes or more of moderate to vigorous physical activity that is right for their age, enjoyable, and involves a variety of activities.

Limit sedentary activities. These are activities where you're sitting down a lot, like watching TV, using a cell phone or computer, or playing video games. Visit HealthyChildren.org/MediaUsePlan for tips on how to balance your time.

Keep an activity log. The use of activity logs can help children and teens keep track of their exercise programs and physical activity.

Focus on the positive. Praising participation over winning and encouraging positive behaviors are important, especially if a child is less active and not as interested in sports.

Be a role model. Parents are powerful role models and can help shape a child's perception of exercise.

Keep an activity log. Children and teens can be motivated to exercise more when they keep an activity log. Logs can also be used by parents and health care professionals to make recommendations for changes or to offer incentives to encourage their children to be physically active.

Activity Log

Type of Activity	Sunday Minutes	Monday Minutes	Tuesday Minutes	Wednesday Minutes	Thursday Minutes	Friday Minutes	Saturday Minutes
Total Time							

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