



# Body Systems Unit

## Recording Sheet

Your Name: \_\_\_\_\_ Your Class: \_\_\_\_\_

How many jump rope skips could you do?



\_\_\_\_\_

How did your heart feel? Circle one.



Easy



Medium

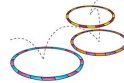


Hard



Very Hard

How many hula-hoop jumps could you do?



\_\_\_\_\_

How did your lungs feel? Circle one.



Easy



Medium



Hard



Very Hard

How many sit-ups could you do?

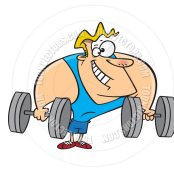


\_\_\_\_\_

How did your muscles feel? Circle one.



Easy



Medium



Hard



Very Hard

How many beanbag catches could you do?



\_\_\_\_\_

Were your body systems working hard in the beanbag activity?

YES

NO