

PARTICIPANT NAME:

HEALTH DEPT. WELLNESS CHALLENGE WEEKLY LOG SHEET

WEEK 1

MY DAILY AND WEEKLY TOTALS			
	CALORIES	MINS OF ACTIVITY	BEGIN WEIGHT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
WEEKLY TOTALS			LBS LOST

WEEK 4

MY DAILY AND WEEKLY TOTALS			
	CALORIES	MINS OF ACTIVITY	BEGIN WEIGHT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
WEEKLY TOTALS			LBS LOST

WEEK 2

MY DAILY AND WEEKLY TOTALS			
	CALORIES	MINS OF ACTIVITY	BEGIN WEIGHT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
WEEKLY TOTALS			LBS LOST

WEEK 5

MY DAILY AND WEEKLY TOTALS			
	CALORIES	MINS OF ACTIVITY	BEGIN WEIGHT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
WEEKLY TOTALS			LBS LOST

WEEK 3

MY DAILY AND WEEKLY TOTALS			
	CALORIES	MINS OF ACTIVITY	BEGIN WEIGHT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
WEEKLY TOTALS			LBS LOST

WEEK 6

MY DAILY AND WEEKLY TOTALS			
	CALORIES	MINS OF ACTIVITY	BEGIN WEIGHT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
WEEKLY TOTALS			LBS LOST

WEEK 7

MY DAILY AND WEEKLY TOTALS			
	CALORIES	MINS OF ACTIVITY	BEGIN WEIGHT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
WEEKLY TOTALS			LBS LOST

PLEASE EMAIL A COPY OF THIS SHEET EACH FRIDAY DURING THE CHALLENGE TO courtney.cross@lpha.mo.gov!!!