

Healthy Weight Challenge Tracker

FOR PERSONAL USE ONLY

Name _____

Agency/Department

DIRECTIONS: Select a day to weigh in weekly. Aim to stay on top of your tracking each week!

I will weigh-in this day each week: (Circle one.)			Sunday Mono		Tuesday	Wednesday	Thursday	Friday	Saturday
	Date of Weigh-In	Weight			Weight		% Weight Cl		hange*
Start					(Start – Current)		(Weight Change ÷ Start) x 10		
Week 1									
Week 2									
Week 3									
Week 4									
Week 5									
Week 6									
Week 7									
Week 8									

Once the challenge is complete, fill out <u>THIS SURVEY</u> to let us know you participated!