No Weight Gain Contest 2015-16

Print Form

Weekly Personal Tracker

This holiday season, I pledge to celebrate without putting on extra pounds. I will choose foods that are good for me. I will also aim to move as much as I can. I will try to find balance so that I don't let stress set me back. I'll use this personal tracker to help me stay on a healthy path.

Participant Name: _____ **EIN:** _____

Weigh-in Date: _____ **Weight Check Date:** _____ **Weigh-out Date:** _____

Note: Try to weigh yourself at the same time and day each week. It is normal for body weight to fluctuate daily so don't get discouraged if you have an off day. Remember to drink lots of fluids and limit your sodium.

Week	Weight	Weight Change (check one)			Notes: (e.g. nutrition and physical activity success stories)
		Lost	Gained	Maintained	
Weigh-in 11/16 – 11/22		☐	☐	☐	
11/23 – 11/29		☐	☐	☐	
11/30 – 11/6		☐	☐	☐	
12/7 – 12/13		☐	☐	☐	
12/14 – 12/20		☐	☐	☐	
12/21 – 12 /27		☐	☐	☐	
12/28 – 1/3		☐	☐	☐	
1/4 – 1/10		☐	☐	☐	
Weigh-out 1/11 – 1/15		☐	☐	☐	

Ending weight must be no greater than 2 lbs. of initial weight to qualify for the maintenance goal. ***Please record your percentage of Weight Loss on the Certificate of Completion Form for credit.***

You do not need to submit this form.

Employee Wellness
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