INDIVIDUAL PARTICIPANT ACTIVITY LOG

Record your physical activity minutes and description of activity (optional) for each day (Your goal is 1,260 total minutes for the 6-week challenge)

Name: _____

Team Name: ______

| Day of Week | Week 1 – March 29 - April 4 | Week 2 – April 5-11 | Week 3 – April 12-18 |
|--------------|----------------------------------|--------------------------------|-----------------------|
| Example | 30 minutes (15 walk, 15 weights) | 45 minutes (30 class, 15 walk) | 15 minutes (15 video) |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |
| Weekly Total | | | |

| Day of Week | Week 4 – April 19-25 | Week 5 – April 26 - May 2 | Week 6 – May 3-9 |
|--------------|----------------------|---------------------------|------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |
| Weekly Total | | | |
| | | | |

Note: this form does not need to be turned in; for personal tracking only.

Submit all minutes by May 14

Minutes in

GUNDERSEN

HEALTH SYSTEM®

otion

ACTIVITY CHALLENGE

Gundersen Lutheran Medical Center, Inc. | Gundersen Clinic, Ltd. | jew9ty_0121