



Exercise Log

About the Sheboygan County Cancer Care Fund & Survive, Thrive & Be Fit!

The Sheboygan County Cancer Care Fund (SCCCF), whose primary focus is to assist local cancer patients and survivors with financial “gestures” to help them cope with the financial challenges of a cancer diagnosis, has approved more than \$1.2 MILLION in financial assistance for those in our community experiencing cancer since its first gesture was granted in June of 2002.

In 2010, SCCCFF offered its first FREE Survive, Thrive & Be Fit (ST&BF) “Gentle Yoga for Cancer Survivors” class that continues to be popular for local cancer patients and survivors. In the years since, SCCCFF has offered additional FREE ST&BF activities for area cancer patients and survivors including: “Steps to Survivorship” walk/runs, “Hiking Along the

Cancer Journey” day hikes and overnight backpack outings, “Survivorship through the Lens” outdoor photography outings, an “Indoor Row Group,” “Pickleball Play,” “DISC-overing DISC Golf” and more.

Research shows that being active after a cancer diagnosis can positively impact recovery from treatment, increase the rate of survival and contribute to a greater quality of life. It helps patients tolerate treatment, endure side effects, improve energy and strength and increase their mental fortitude. Additionally, ST&BF connects local cancer patients and survivors in a positive and supportive environment in which they can share personal stories, helpful information and best practices gaining support, encouragement, inspiration and friendship.

Survive, Thrive & Be Fit “Active Survivors of Sheboygan” Team Point System!

Every time you participate in a ST&BF activity you will not only be earning the right to survive help us in “Making Sheboygan County the Healthiest Place to Survive Cancer!” but you will also earn points that can earn you the right to “wear the blue” of Survive, Thrive & Be Fit and earn the right to call yourself an “Active Survivor of Sheboygan”!

This exercise log is another way to earn points. You choose the activity and the intensity that is best for your current level of fitness! Track your daily exercise and activity on the ST&BF Monthly Activity Log and submit them at the end of the month to Tim. Exercise 30-minutes or more 8 days during the month and you will earn one point, 12 days or more to earn 3 points, 20 days or more to earn 5 points.

BENEFITS of Survive, Thrive & Be Fit:

- Live an active lifestyle during and after your cancer diagnosis!
- Connect with other area survivor-athletes committed to a healthy active lifestyle!
- Earn “Survive, Thrive & Be Fit” merchandise & apparel!
- Join us in “Making Sheboygan County the Healthiest Place to Survive Cancer!”

For More Information:

Contact Tim E. Renzelmann at 920-457-2223 or trenzelmann@physhealthnet.com.

JANUARY, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
31	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.

At the end of the month (and before the last day of the next month) submit this form to Tim

FEBRUARY, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.

At the end of the month (and before the last day of the next month) submit this form to Tim

MARCH, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
31	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.

At the end of the month (and before the last day of the next month) submit this form to Tim

APRIL, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.

At the end of the month (and before the last day of the next month) submit this form to Tim

MAY, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
31	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.

At the end of the month (and before the last day of the next month) submit this form to Tim

JUNE, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.

At the end of the month (and before the last day of the next month) submit this form to Tim

JULY, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
31	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.
 At the end of the month (and before the last day of the next month) submit this form to Tim

AUGUST, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
31	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.
 At the end of the month (and before the last day of the next month) submit this form to Tim

SEPTEMBER, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.
 At the end of the month (and before the last day of the next month) submit this form to Tim

OCTOBER, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
31	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.
 At the end of the month (and before the last day of the next month) submit this form to Tim

NOVEMBER, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.
 At the end of the month (and before the last day of the next month) submit this form to Tim

DECEMBER, 2018		Name:		
Date	Day	Activity	Duration	Did you exercise for 30 minutes or more?
1	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
5	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
12	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
13	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
16	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
17	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
18	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
19	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Tu			<input type="checkbox"/> YES <input type="checkbox"/> NO
26	We			<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Th			<input type="checkbox"/> YES <input type="checkbox"/> NO
28	Fr			<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Sa			<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
31	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 or more checks = 2 pts. 12 or more checks = 1 pt.
 At the end of the month (and before the last day of the next month) submit this form to Tim