



Active Survivors of Sheboygan Activity 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 \$1.5 MILLION in financial assistance for those in our community experiencing cancer since its first gesture was granted in June of 2002.

In 2010, SCCCf 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, SCCCf has offered additional FREE ST&BF activities for area cancer patients and survivors including: “Steps to Survivorship” walk/runs, the “Indoor Row Group,” “Pickleball Play,” “Survivorship Through the Lens” outdoor photography outings, “Hiking Along the Cancer Journey” day hikes and overnight backpack outings, this “Active Survivors of Sheboygan” Activity log 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 Point System!

Every time you sign up for and participate in a ST&BF activity you will be joining our efforts in “Making Sheboygan County the Healthiest Place to Survive Cancer!” Earn just five points and you will also earn the right to “wear the blue” of Survive, Thrive & Be Fit and receive your FREE ST&BF t-shirt and other ST&BF apparel and merchandise!

You are encouraged to watch the “Local Cancer Community Update” (contact Tim to have this about-weekly e-mail newsletter sent to your e-mail address or view it at www.scccf.org/news) for a variety of ST&BF activities throughout the year and occasional point updates!

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.

Active Survivors of Sheboygan Activity Log!

This exercise log is another way to earn points. You choose the activity to participate in and the intensity that is best for your current level of fitness! Record your daily exercise and activity on the log and submit them at the end of the month to Tim. Exercise 30-minutes or more 12-15 days during the month and you will earn one point, 16-19 days or more to earn 2 points, 20 days or more to earn 3 points.

JANUARY, 2020		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 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

FEBRUARY, 2020		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
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

MARCH, 2020		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 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

APRIL, 2020		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
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

MAY, 2020		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
31	Su			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

JUNE, 2020		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
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

JULY, 2020		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 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

AUGUST, 2020		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
32	Mo			<input type="checkbox"/> YES <input type="checkbox"/> NO
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

SEPTEMBER, 2020		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
Total "Yes" Checks for the Month:				

20 or more "Yes" checks = 3 pts. 16 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

OCTOBER, 2020		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 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

NOVEMBER, 2020		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 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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

DECEMBER, 2020		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 to 19 checks = 2 pts. 12 to 15 checks = 1 pt.

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