



My Monthly Goals

DISTANCE: _____ TIME: _____
 STEPS: _____ WEIGHT LOSS: _____

WALK IN SHAPE'S WALKING LOG

Use this log to record your distance, time, pedometer steps, and/or weight loss on a daily basis.



MONTH 1	DISTANCE	STEPS	TIME	WEIGHT
July 1				
July 2				
July 3				
July 4				
July 5				
July 6				
July 7				
July 8				
July 9				
July 10				
July 11				
July 12				
July 13				
July 14				
July 15				
July 16				
July 17				
July 18				
July 19				
July 20				
July 21				
July 22				
July 23				
July 24				
July 25				
July 26				
July 27				
July 28				
July 29				
July 30				
July 31				
	Total Distance:	Total Steps:	Total Time:	Total Weight:



My Monthly Goals

DISTANCE: _____ TIME: _____
 STEPS: _____ WEIGHT LOSS: _____

WALK IN SHAPE'S WALKING LOG



MONTH 2	DISTANCE	STEPS	TIME	WEIGHT
August 1				
August 2				
August 3				
August 4				
August 5				
August 6				
August 7				
August 8				
August 9				
August 10				
August 11				
August 12				
August 13				
August 14				
August 15				
August 16				
August 17				
August 18				
August 19				
August 20				
August 21				
August 22				
August 23				
August 24				
August 25				
August 26				
August 27				
August 28				
August 29				
August 30				
August 31				
	Total Distance:	Total Steps:	Total Time:	Total Weight:

My Monthly Goals

DISTANCE: _____ TIME: _____
 STEPS: _____ WEIGHT LOSS: _____



WALK IN SHAPE'S WALKING LOG

MONTH 3	DISTANCE	STEPS	TIME	WEIGHT
September 1				
September 2				
September 3				
September 4				
September 5				
September 6				
September 7				
September 8				
September 9				
September 10				
September 11				
September 12				
September 13				
September 14				
September 15				
September 16				
September 17				
September 18				
September 19				
September 20				
September 21				
September 22				
September 23				
September 24				
September 25				
September 26				
September 27				
September 28				
September 29				
September 30				
	Total Distance:	Total Steps:	Total Time:	Total Weight:



WALK IN SHAPE'S WALKING LOG

TOTALS	DISTANCE	STEPS	TIME	WEIGHT
Month 1				
Month 2				
Month 3				
TOTALS				

PERSONAL INFORMATION

First Name: _____
 Last Name: _____
 Email Address: _____
 Age: _____
 Phone Number: _____
 Address: _____
 City: _____
 Postal Code: _____



AN INITIATIVE OF THESE BC HEALTHY LIVING ALLIANCE MEMBERS



IN PARTNERSHIP WITH

