## Weekly Check-In Worksheet



	Participant User I	D			
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1.	Review the goal you set on the Goal Setting Worksheet - both the physical activity you wanted to do and the amount of time you wanted to do it.				
2.	Did you do this physical activity this week?		YES	□ No	
2A.	If you checked "yes", for about how many minutes did you do it over the course of the whole week?				
3.	Did you do other types of physical activities during the week?		YES	□ No	
3A.	If you checked "yes" what were they?				
3B.	For about how many minutes did you do it course of the whole week?	over t	he		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- XXXX. The time required to complete this information collection is estimated to average XX hours or xx minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, ASRT/OCIO/PRA, 200 Independence Ave., S.W., Suite 531-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

Please turn in a copy of this worksheet to your mentor.