

Weekly Check-In Worksheet



PARTICIPANT USER ID _____

DATE _____

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 over the course of the whole week?

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