



Weight Log

Name	Reginning Weight
	Degiriring vveignt

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:

Source: Indiana Chronic Disease Management Program