

# Weight Log

Name \_\_\_\_\_ Beginning Weight \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:
Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:
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Source: Indiana Chronic Disease Management Program