



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:
Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:
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APM0035 (12/10)
HCCM0023 (3/15)



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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Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:	Date: Weight:

Source: Indiana Chronic Disease Management Program