



**SUNRISE**  
**SPECIAL SERVICES FOUNDATION**

"...For the Quality of life"

### "8 to 5" Activity Log

Participant Name \_\_\_\_\_ Date Start \_\_\_\_\_

Date Completed \_\_\_\_\_

Personal Health Goal: \_\_\_\_\_

FUN Physical Activity Goal: \_\_\_\_\_

#### Health Journal Notes

Week 1	Activity	# Mins or Pedometer Steps
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

#### Week 2 - Journal Notes

Week 2	Activity	# Mins or Pedometer Steps
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

Verification

\_\_\_\_\_ I certify that I have met my personal health goal for at least 5 days each week.

\_\_\_\_\_ I certify that I have met my FUN physical activities for at least 5 days each week.

Date: \_\_\_\_\_

**Week 3 – Journal Notes**

<b>Week 3</b>	<b>Activity</b>	<b># Mins or Pedometer Steps</b>
<b>Mon</b>		
<b>Tue</b>		
<b>Wed</b>		
<b>Thu</b>		
<b>Fri</b>		
<b>Sat</b>		
<b>Sun</b>		

**Week 4 - Journal Notes**

<b>Week 4</b>	<b>Activity</b>	<b># Mins or Pedometer Steps</b>
<b>Mon</b>		
<b>Tue</b>		
<b>Wed</b>		
<b>Thu</b>		
<b>Fri</b>		
<b>Sat</b>		
<b>Sun</b>		

**Verification**

\_\_\_\_\_ I certify that I have met my personal health goal for at least 5 days each week.

\_\_\_\_\_ I certify that I have met my FUN physical activities goal for at least 5 days each week.

\_\_\_\_\_ I am willing to share my story as part of the “8 to 5” press release.

Participant Signature: \_\_\_\_\_ Supervising Adult(if applicable)\_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town\_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Group Name(if applicable)\_\_\_\_\_

Submit by fax or mail this paper log to SSSF/ ReachOut Program for incentives.

**P.O. Box 479 \* Upper Lake, CA 95485\* 1(888)876-8594ex 4**



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### "8 to 5" Activity Log

Participant Name \_\_\_\_\_ Date Start \_\_\_\_\_

Date Completed \_\_\_\_\_

Personal Health Goal: \_\_\_\_\_

FUN Physical Activity Goal: \_\_\_\_\_

#### Week 5 Journal Notes

Week 5	Activity	# Mins or Pedometer Steps
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

#### Week 6 - Journal Notes

Week 6	Activity	# Mins or Pedometer Steps
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

Verification

\_\_\_\_\_ I certify that I have met my personal health goal for at least 5 days each week.

\_\_\_\_\_ I certify that I have met my FUN physical activities for at least 5 days each week.

Date: \_\_\_\_\_

**Week 7 – Journal Notes**

<b>Week 7</b>	<b>Activity</b>	<b># Mins or Pedometer Steps</b>
<b>Mon</b>		
<b>Tue</b>		
<b>Wed</b>		
<b>Thu</b>		
<b>Fri</b>		
<b>Sat</b>		
<b>Sun</b>		

**Week 8 - Journal Notes**

<b>Week 8</b>	<b>Activity</b>	<b># Mins or Pedometer Steps</b>
<b>Mon</b>		
<b>Tue</b>		
<b>Wed</b>		
<b>Thu</b>		
<b>Fri</b>		
<b>Sat</b>		
<b>Sun</b>		

**Verification**

\_\_\_\_\_ I certify that I have met my personal health goal for at least 5 days each week.

\_\_\_\_\_ I certify that I have met my FUN physical activities goal for at least 5 days each week.

\_\_\_\_\_ I am willing to share my story as part of the “8 to 5” press release.

Participant Signature: \_\_\_\_\_ Supervising Adult(if applicable)\_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Group Name(if applicable)\_\_\_\_\_

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