



• personal wellness from SNA •

**Challenge Name:** \_\_\_\_\_

**Goal:** \_\_\_\_\_

**Instructions:** Reward yourself with \_\_\_\_\_ point(s) for \_\_\_\_\_. Tally your points below.

**Name:** \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total Points for the Month:

Sponsored by:



Note: STEPS is not intended to replace medical advice. Before beginning this or any other nutritional or exercise regimen, consult your physician to be sure it is appropriate for you.

MONTH: \_\_\_\_\_

Year: 20 \_\_\_\_

Tracking Sheet