

# BMS Wellness Program Monthly Walking Mileage Log



TOLL FREE 1-800-443-3390  
 TOLL FREE FAX 1-800-952-5352

Month: \_\_\_\_\_

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

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

Start Weight: \_\_\_\_\_

Week 1: _____	Week 2: _____	Week 3: _____	Week 4: _____	Week 5: _____
<b>Day1:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day1:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day1:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day1:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day1:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____
<b>Day2:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day2:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day2:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day2:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day2:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____
<b>Day3:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day3:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day3:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day3:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day3:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____
<b>Day4:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day4:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day4:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day4:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day4:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____
<b>Day5:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day5:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day5:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day5:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day5:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____
<b>Day6:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day6:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day6:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day6:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day6:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____
<b>Day7:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day7:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day7:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day7:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____	<b>Day7:</b> <input type="checkbox"/> Miles: _____ <input type="checkbox"/> Calories: _____ <input type="checkbox"/> Steps: _____ <input type="checkbox"/> Weight: _____
Week 1 Miles: _____	Week 2 Miles: _____	Week 3 Miles: _____	Week 4 Miles: _____	Week 5 Miles: _____
Week 1 Steps: _____	Week 2 Steps: _____	Week 3 Steps: _____	Week 4 Steps: _____	Week 5 Steps: _____

**TOTAL MILES FOR MONTH:** \_\_\_\_\_ **TOTAL STEPS FOR MONTH:** \_\_\_\_\_