

WeightWatchers Tracking Tool

To receive reimbursement, you must complete this tracking tool and submit it to N Good Health by fax at **(502) 666-7667** or scan and email it to ngoodhealth@nortonhealthcare.org.

Name: _____ AHSN/spouse member number: _____

Start date: _____ Height: _____ feet _____ inches

Starting weight: _____ Goal weight: _____ Pounds lost per week goal: _____

Lifetime member (check if applicable) My weight decreased at least 5% from Week 1 to Week 12.

	Date	Weight	Facilitator initials*
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			

Submit the completed tracking tool and screenshots of your 12 weekly weight logs to N Good Health.