

Q3 WELLNESS CHALLENGE

Hydration & Activity Challenge

Anytime between August 1st through September 30th you are invited to participate in a 14-day hydration and activity log challenge. You choose the days but **the days must be consecutive.** A hydration log **AND** a minimum of 150-minutes of physical or designated non-physical activity per week (300-minutes total) is required to qualify for two (2) wellness points that can be used towards any fitness or active lifestyle reward you choose.*

14-DAY CHALLENGE

any time between:

8/1/2020 — 9/30/2020

2 WELLNESS POINTS

awarded for those who:

Complete their **hydration log**
AND

Log **300-minutes** of designated physical/non-physical activity

*Wellness incentives must be “self-improving” in nature. All incentives “in question” will be reviewed by the wellness program coordinator.

BENEFITS OF STAYING HYDRATED

- FLUID BALANCE
- MUSCLE FUEL
- FATIGUE BUSTER
- CLEARER SKIN
- BLOOD NORMALIZER
- PRODUCTIVITY BOOST
- CALORIE CONTROL
- TOXIC REMOVER
- BRAIN BOOST
- JOINTS GREASER

WHAT COUNTS:

- Water
- Water Infusions
- Herbal Teas
- Broth

WHAT DOESN'T:

- Coffee or Black Tea
- Alcohol
- Soda/Energy Drinks
- Fruit Juice
- Artificially Sweetened Drinks

my activity log (both physical and non-physical apply)

name: _____

my personal minute goal (300-minutes is necessary to qualify for the 2 wellness points): _____



Your goal is to attain at minimum 150-minutes of active exercise each week if you are physically able. A combination of physical and non-physical activities are authorized. If you find yourself physically challenged due to illness or injury, please note that non-physical activities can also qualify you for the 2 Wellness Points.

	Cardiovascular (walking, biking, etc.) Activity/Minutes	Fitness Classes (yoga, Pilates, etc.) Activity/Minutes	Weights/Resistance (TRX, machines, etc.) Activity/Minutes	Active Meditation (not sleeping) Activity/Minutes	Life-Improvement (gardening, etc.) Activity/Minutes	Relaxation (massage, etc.) Activity/Minutes
___/___/___ Day 1	/	/	/	/	/	/
___/___/___ Day 2	/	/	/	/	/	/
___/___/___ Day 3	/	/	/	/	/	/
___/___/___ Day 4	/	/	/	/	/	/
___/___/___ Day 5	/	/	/	/	/	/
___/___/___ Day 6	/	/	/	/	/	/
___/___/___ Day 7	/	/	/	/	/	/
___/___/___ Day 8	/	/	/	/	/	/
___/___/___ Day 9	/	/	/	/	/	/
___/___/___ Day 10	/	/	/	/	/	/
___/___/___ Day 11	/	/	/	/	/	/
___/___/___ Day 12	/	/	/	/	/	/
___/___/___ Day 13	/	/	/	/	/	/
___/___/___ Day 14	/	/	/	/	/	/

my hydration log

Simply check off the water drops for every 8 fluid oz. cup of water you consume throughout the day.

8/10/2020 Day 8

___/___/___ Day 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
___/___/___ Day 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
___/___/___ Day 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Submit completed log sheet to tiffany@ddwconsulting.com by Thursday, October 1, 2020 to qualify for the points.