



## HEALTH ADVOCATE ACTIVITY LOG

PLACE OF WORSHIP \_\_\_\_\_

HEALTH ADVOCATE 1 \_\_\_\_\_

HEALTH ADVOCATE 2 \_\_\_\_\_

Date \_\_DD\_\_/\_MM\_\_/\_YYYY\_\_

Activity \_\_\_\_\_

Location \_\_\_\_\_

Number of participants \_\_\_\_\_

Congregation members only ☐ Yes ☐ No

Start time \_\_\_\_\_

End time \_\_\_\_\_

Briefly describe the activity.

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What resources did you need for the activity?

☐ Handouts/fliers/posters

☐ Videos

☐ Exercise/sports equipment. What kind? \_\_\_\_\_

☐ Gardening equipment/tools.

☐ Cooking utensils

☐ Recipes From where? \_\_\_\_\_

☐ Money How much? \_\_\_\_\_ What was the source of the funds? \_\_\_\_\_

☐ Support from religious leader / congregation members. What did they do?

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☐ Other resources. Give details \_\_\_\_\_

What was successful about the activity?

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What was not successful?

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What could be improved?

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What are your plans to follow up?

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Will you repeat the activity?

☐ Yes

☐ No

If yes when?

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