

10 DAY DANIEL'S HEALTH CHALLENGE REPORT FORM

(To be filled out by the Health Ministries Leader or individual leading out in the Challenge after the 10 days Diet is completed. Please **print or type** the report)

Name of Health Leader _____

Phone (Cell) _____ Home _____

Email _____ Today's Date _____

Name of Church _____

1. How many people participated in the Daniel's Diet? _____

2. How many participants were SDA _____ Non-SDA _____

3. Check off your follow-up plans to keep the Daniel's Diet family alive and kicking.

- | | |
|---|--|
| <input type="checkbox"/> Cooking Classes | <input type="checkbox"/> Instep for Life Walking Program |
| <input type="checkbox"/> Reading of Counsels on Diet & Foods or Ministry of Healing | <input type="checkbox"/> Monthly Health Presentations |
| <input type="checkbox"/> Daniel Diet's Party | <input type="checkbox"/> DHC 30 Day Follow up Guide |
| <input type="checkbox"/> Focus on Daniel Seminar | <input type="checkbox"/> Others _____ |

4. Describe your personal experience in planning and implementing the Diet. What were some of the blessings and challenges?

5. Share some of the responses from the participants in the Diet. (put some on the back of this form and send some cell phone video clips of their responses)

Thank your for completing this report and submitting it to our office.

Northeastern Conference of SDA

115-50 Merrick Blvd.

Jamaica, NY 11434

Email Dilma at drosales@northeastern.org