

HuskyPAW

PHYSICAL ACTIVITY & WELLNESS

MONTHLY POINT TRACKING FORM

NAME _____

FOR MONTH OF _____

M # _____

PHONE _____

DEPARTMENT _____

TODAY'S DATE _____

Selection	Point Value		
<input type="checkbox"/>	200	Lunch and Learn Attendance	Date _____ Topic _____
<input type="checkbox"/>	500	Preventative Wellness Visit	Date _____
<input type="checkbox"/>	250	Preventative Dental Visit (limit once per year)	Date _____
<input type="checkbox"/>	500	Organized Smoking Cessation Program	Program Organizer: _____
<input type="checkbox"/>	50	Attendance per session; Smoking Cessation	Dates Attended: _____
<input type="checkbox"/>	50	Organized Weight Loss Program	Program Organizer: _____
<input type="checkbox"/>	10	Attendance per session; Weight Loss	Dates Attended: _____
<input type="checkbox"/>	TBD	Other* _____	

*Subject to Wellness Committee approval

Complete this portion only if not using Spark People:

- _____ Track food eaten daily = 1 point per food (max 5 points per day)
- _____ Track Cardio Minutes = 1 point per 5 minutes (max 24 points per day)
- _____ Track Other Exercises = 1 point per goal (max 10 points per day)
- _____ Track Other Goals = 1 point per goal tracked (max 10 points per day)
- _____ Drink 8 cups of water daily = 5 points per day

TOTAL POINTS _____

All information I provided is true and accurate.

Employee Signature _____ Date _____

Benefits Office Approval _____ Date _____