

# 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 \_\_\_\_\_