

* 1. Please enter your team name.

* 2. This report is for the month of:

* 3. Were you able to contact your team this month?

Yes

No

* 4. During the past month did your team **implement** a worksite wellness policy, environmental change, program, or small change related to worksite wellness scorecard categories?

Yes

No

Do not know

5. Please indicate the **number & type** of worksite wellness activities implemented this month for each scorecard category (i.e. General Health Environment, Physical Activity, etc.). Select all that apply.

	Policy	Environment walkways, exercise room, gardens, etc.	Program wellness event or class	Small brochure, signage, flyers etc.
General Health Environment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Activity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nutrition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tobacco Control	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stress Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chronic Disease Prevention	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signs and Symptoms of Heart Attack or Stroke and Emergency Response to Heart Attack & Stroke	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. If your team held a worksite wellness event or activity this month, how many employees participated? Please type in number.

7. Please describe any other activities, challenges, successes or comments you have for this month.