

* 1. Please provide 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 or guideline, environmental change, program, or small change related to WSW Challenge 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	Guideline	Environment walkways, exercise room, gardens, etc.	Program wellness event or class	Small brochure, signage, flyers etc.
General Health Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Disease Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs and Symptoms of Heart Attack or Stroke and Emergency Response to Heart Attack & Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

6. Please list each WSW Challenge event/activity (e.g. workshop, fitness class, health screening, etc.) that your team completed this month and list approximately how many employees participated.

Name of Event and Number of Employees:

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