WELLNESS TRACKING SHEET

DATE	Aerobic Activity (30 min ~ minimum)	New / Different Aerobic Activity (30 min ~ minimum)	Attend a ARCC Fitness Center / Weight Room Orientation	Moderate Intensity Physical Activity (30 min ~ minimum)	Walk (30 min ~ minimum)	Strength Training (30 min ~ minimum)	Visited Health Club	Yoga / Stretch (20 min ~ minimum)	Eat: 3 Veggies / 2 Fruits Daily	Eat: 3 - Servings of Dairy	Eat: 1/2 Grains Consumed are Whole Grains Daily	Drink 8+ of 8 oz of Water Daily	Meditation / Self time (30 min ~ minimum)	7+ hours of Continuous Sleep	Read a Self-Help Book	Floss teeth Daily	Monthly Self Breast / Testicle Exam	Annual Doctor Visit, Yearly Health Exam	No-Smoking (within a 24-hour day)	Attend Smoking Cessation Class	Attend Weight Mgmt Class (Weight Watchers, TOPS, etc)	Attend an Individual Mental Health Session / Support Group	Attend ARCC Wellness Seminar	Attend an ARCC Sponsored Event (Athletic, Concert, etc.)	Community Service (1 hour minimum)
	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1 pt	1pt	1 pt	1pt	1pt	1 pt	1 pt	1 pt
4/28	1																								
	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

I hereby certify that the information provided on this form is true and correct to the best of my knowledge

NAME: ______________________ PHONE: ______________ GRAND TOTAL: 1