

What Counts As...?

Physical Activity

1 Point/Day for 30 accumulated minutes of moderate activity (i.e., raises your heart rate to a level equivalent to a brisk walk).

Examples Include:

- Walking/hiking
- Running/jogging
- Dancing
- Biking
- Swimming
- Playing football/soccer

Consult your physician before starting an exercise program and/or if you have or are at risk for a chronic health condition (e.g., diabetes, hypertension).

Rest / Relaxation

1 Point/Day for 7 hours of sleep OR 15 minutes of purposeful relaxation.

Purposeful relaxation includes those activities in which you consciously set aside time to focus on reducing stress, tension or anxiety.

Examples include:

- Listen to music
- Meditate or pray
- Read for pleasure
- Play with children/pets
- Enjoy a hobby
- Write in a journal
- Create art
- Take quiet time for self
- Yoga or tai chi
- Practice a relaxation technique (e.g., deep breathing, visualization)

Relationship / Support

1 Point/Day for doing one activity to build/strengthen a personal relationship or support system.

Examples include:

- Phone call, letter or e-mail to a friend or family member
- Plan a social outing
- Ask others about a recent event in their lives
- Attend an event at your place of worship
- Eat lunch with a coworker
- Acknowledge a coworker for a recent accomplishment
- Join a social club, volunteer group or carpool
- Ask someone to be your exercise partner

Control

1 Point/Day for doing an activity to take control of some aspect of your life, or letting go of something you cannot control.

Examples of taking control include:

- Plan your day in advance
- Organize one area at a time (desk, closet)
- Stop procrastinating and take some action on a project or difficult task
- Plan a menu for the week
- List and prioritize your tasks
- Say "No" to a request that doesn't meet your priorities
- Allow enough time to get to your destination
- Be clear when communicating with others about what you want or need
- Choose to have a positive attitude today
- Appropriately delegate tasks to others
- Make an appointment for a doctor's check-up/ preventive care.

Examples of letting go of what you can't control (or don't need to control) include:

- Stop worrying about how someone might react
- Accept and adapt to workplace changes
- Allow family members to do tasks their own way
- Let go of frustration about bad weather, traffic or computer delays

Results Form

Employee Name: _____

Town and Department: _____

1. Total points achieved: _____

2. Compared to the beginning of the program, I feel I am better able to manage the stress in my life.

(choose one) Strongly agree Agree Neutral Disagree Strongly disagree

3. By monitoring my activities for 44 days I feel I am more aware of the things in my life that I would like to change.

- | | | | |
|----------------------|-----|----|------------------|
| a. Sleep | Yes | No | I don't know yet |
| b. Relaxation | Yes | No | I don't know yet |
| c. Physical activity | Yes | No | I don't know yet |
| d. Relationships | Yes | No | I don't know yet |
| e. Control | Yes | No | I don't know yet |

4. As a result of this program, I have made positive lifestyle changes in my:

- | | | | |
|----------------------|-----|----|------------------|
| a. Sleep | Yes | No | I don't know yet |
| b. Relaxation | Yes | No | I don't know yet |
| c. Physical activity | Yes | No | I don't know yet |
| d. Relationships | Yes | No | I don't know yet |
| e. Control | Yes | No | I don't know yet |

Data Privacy Statement:

We would like to evaluate this program so we would appreciate it if you would complete this survey and mail your completed form with your other team members to; **Wellness Initiative, 99 Main Street, Northampton, MA 01060.**

When you submit your completed worksheet, you will be entered into a raffle to win a \$100 cash prize.

Summary results, which will not identify individuals, may be published in a newsletter or email message, as may the name of participants who win the raffle.

I have read and understand the above information regarding voluntary reporting of my program results.

Signature: _____