



Good Fit

Wellness Program 2007 - 08

We create and sustain healthy lifestyles by making one conscious, positive choice after another, day after day. How do your choices measure up? The **Good Fit** Wellness Program is designed to recognize faculty, staff, and administrators who make the extra effort to eat right, exercise, and take other actions to best ensure health and fitness.

Answer the questions below for the period June 1, 2007 to May 31, 2008. **If you answer "yes" to at least 7 of the 10 questions, send your form to Human Resources by June 30, 2008.** Your form will be reviewed, and if approved, you'll receive an award.

Check two of the boxes below – indicating whether you're staff/administrator or a faculty member and the award you prefer. Qualified staff/administrators may select either a personal paid day off OR a gift certificate; qualified faculty may select a gift certificate.

- Staff member/administrator* **OR**
 A "wellness coupon" for one personal day *with pay* to be used on or before May 31, 2009 **OR**
 Faculty
 A certificate worth \$35 at the PLU Bookstore (considered taxable income.)

Healthy Lifestyle Questionnaire

- - Additional details are on reverse of this form - -

1. I am a non-smoker and do not use any form of tobacco products.	Yes	No
2. I wear a seat belt 100% of the time when I'm in a motor vehicle.	Yes	No
3. I use alcohol only in limited quantities, no more than one or two drinks per day, or I do not use alcohol at all. I do not drink and drive.	Yes	No
4. I do some type of aerobic exercise (walking, jogging, swimming, etc.) at moderate intensity 30 to 60 minutes at a time at least 3 to 4 times per week.	Yes	No
5. My weight is within the normal range for my height, gender, and age and my medical professional is comfortable that my weight is within a healthy range.	Yes	No
6. I had zero on-the-job injuries and make workplace safety a priority.	Yes	No
7. I have had a regular dental check-up within the past twenty four months.	Yes	No
8. I have had my blood pressure and cholesterol tested within the past two years and they are within normal ranges (blood pressure 135/85 or less; total blood cholesterol 200 or less).	Yes	No
9. I manage stress with good self-care, by giving myself quiet time, or through meditation or some other reflective practice.	Yes	No
10. I did not use more than three days (24 hours) of sick time during the previous twelve months.	Yes	No

I have accurately answered the questions above and am eligible to apply for the Good Fit Wellness Program award.

Employee Name (please print)

Employee Signature

Department/Office

Today's Date

Note: To participate in the **Good Fit** Wellness Program, you must be a regularly scheduled "with benefits" employee (faculty, staff, or administrator working .5 FTE or more), must have been actively employed (no medical or personal leaves) by PLU during the entire 12 month period June 1, 2007 to May 31, 2008, and must also be actively employed at the time the awards are made in July 2008. Late forms (after June 30, 2008) cannot be accepted. Staff and administrators who earn a coupon for a wellness day off must be actively employed to use it, and an unused coupon will not be paid out as cash upon termination. "One personal day with pay" is defined as a paid day away from work based on annual budgeted FTE (i.e. 8 hours for a full-time, 1.0 FTE person or 4 hours for a half-time, .5 FTE person).

- - COMPLETE FORM AND SUBMIT TO HUMAN RESOURCES BETWEEN MAY 31, 2008 & JUNE 30, 2008 - -

Wellness Criteria Information*

1. **I am a non-smoker and do not use any form of tobacco products.**
To meet this requirement, you must not have used tobacco in any form during the previous twelve months. This includes smokeless and all smokable forms of tobacco, such as cigarette, cigar or pipe.
2. **I wear a seat belt 100% of the time when I'm in a motor vehicle.**
To meet this requirement, you must wear a seat belt 100% of the time when you are in a motor vehicle.
3. **I use alcohol only in limited quantities, no more than one or two drinks per day, or I do not use alcohol at all. I do not drink and drive.**
As stated, to meet this requirement you must drink alcohol only in moderation or not at all, and must not drink and drive.
4. **I do some type of aerobic exercise (walking, jogging, swimming, etc.) at moderate intensity 30 to 60 minutes at a time at least 3 to 4 times per week.**
To meet this requirement, you must participate in a regular exercise program to maintain your cardiovascular fitness. Although more exercise is ideal, the minimum desired level is 30 minutes of moderate activity at least three times a week.
5. **My weight is within the normal range for my height, gender, and age and my medical professional is comfortable that my weight is within a healthy range.**
To meet this requirement, you must maintain a healthy weight. There are various methods to evaluate this, including Body Mass Index (between 18.5 and 24.9) and waist measurement (under 35 inches for women and under 40 inches for men). See your medical provider if you have questions about a healthy weight for you.
6. **I had zero on-the-job injuries and make workplace safety a priority.**
To meet this requirement, you must not have any work loss time due to pain or injury during the previous twelve months. Human Resources, who maintains records of on-the-job injuries, will verify the data.
7. **I have had a regular dental check-up within the past twenty four months.**
To meet this requirement, you must have visited a dentist during the previous twenty four months for a regular dental check-up.
8. **I have had my blood pressure and cholesterol tested within the past two years and they are within normal ranges (blood pressure 135/85 or less; total blood cholesterol 200 or less).**
To meet this requirement, your blood pressure and cholesterol must have been checked within the past two years and must be below the figures noted above. You can have your blood pressure and cholesterol checked at PLU's annual Health Fair, typically held in February, or by your medical provider.
9. **I manage stress with good self-care, by giving myself quiet time, or through meditation or some other reflective practice.**
To meet this requirement, you must take regular and positive steps to manage stress in healthy ways. This can be accomplished using a wide variety of strategies, and will vary from person to person. Examples include: having good support from family and friends, pursuing hobbies that you like, playing with pets, enjoying nature, and yoga.
10. **I did not use more than three days (24 hours) of sick time during the previous twelve months.**
To meet this requirement, you must not have used more than 24 hours of sick time during the previous twelve months. This is prorated for part-time employees. For example, someone working 20 hours per week could not have taken more than 12 hours of sick time. Human Resources, who maintains attendance and timesheet records, will verify the data.

** The Wellness Criteria were developed in consultation with PLU wellness experts and are based on recommendations for healthy living provided by recognized organizations such as the American Heart Association and the Centers for Disease Control and Prevention.*

Your answers to the Healthy Lifestyle Questionnaire are confidential and will be reviewed by Human Resources only to determine whether or not you qualify for the **Good Fit Wellness Program award.**

HERE'S TO YOUR GOOD HEALTH!

Form updated 05/08