

# CHN Wellness - Wellness Scorecard

Your Name:

## Prevention

Description	Point Value	Frequency/Completed	Earned
Annual Physical*	150	<input type="checkbox"/>	
Tetanus vaccine up to date (yearly screening or received vaccine)*	10	<input type="checkbox"/>	
Flu Vaccine (annual)*	100	<input type="checkbox"/>	
Vision (every 2 years, can also count vision screening by PCP on alternate years)*	10	<input type="checkbox"/>	
Dental visit for routine care*	25	<input type="checkbox"/>	
Complete Health Risk Assessment	100	<input type="checkbox"/>	
Tobacco Free	100	<input type="checkbox"/>	
Wear seat belt in vehicle consistently (record once per year if goal accomplished)	10	<input type="checkbox"/>	
<b>American Cancer Society Screening Guidelines: Female</b>			
Colon cancer screening up to date*	25	<input type="checkbox"/>	
Breast cancer screening up to date*	25	<input type="checkbox"/>	
Cervical cancer screening (Pap smear) up to date*	25	<input type="checkbox"/>	
Self Breast exam monthly (record once per year if goal accomplished)	10	<input type="checkbox"/>	
<b>American Cancer Society Screening Guidelines: Males</b>			
Colon cancer screening up to date*	25	<input type="checkbox"/>	
Prostate cancer screening (PSA) up to date*	25	<input type="checkbox"/>	
Clinical Prostate Exam (>40 yrs/age)*	25	<input type="checkbox"/>	
Testicular exam monthly (record once per year if goal accomplished)	10	<input type="checkbox"/>	
<b>PREVENTION Section TOTAL</b>			

\*Requires validation from Healthcare Provider. See attached Wellness Scorecard Validation sheet

## FITNESS

Description	Point Value	Frequency/Completed	Earned
Participation in at least one CHN Wellness fitness-featured activity	100	<input type="checkbox"/>	
Participation in a competition/race (participation in at least one competition per year)	25	<input type="checkbox"/>	
Participation in a weekly organized sports team	25	<input type="checkbox"/>	
Participation in moderate intensity aerobic activity for at least 150 min per week	10	<input type="checkbox"/>	
Participation in muscle strengthening activity 2 or more days per week	10	<input type="checkbox"/>	
<b>FITNESS Section TOTAL</b>			

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# CHN Wellness - Wellness Scorecard

- Page 2 -

## NUTRITION

Description	Point Value	Frequency/Completed	Earned
Lunch and Learn (participation in at least one session per year)	50	<input type="checkbox"/>	
Weight Loss 10 lbs or more &/or maintaining BMI at 28% or less	10	<input type="checkbox"/>	
No more than 2 alcoholic beverages per day (record once per year if goal accomplished)	100	<input type="checkbox"/>	
<b>NUTRITION Section TOTAL</b>			

## SOCIAL/EMOTIONAL

Description	Point Value	Frequency/Completed	Earned
Life enrichment or education (counseling, retreat, seminar, etc...)	10	<input type="checkbox"/>	
Blood/plasma donation, hair donation, change driver's license to "yes" organ donor	5	<input type="checkbox"/>	
Involvement in spritual organization/group (church, synagogue, etc...)	10	<input type="checkbox"/>	
Volunteer to work with a youth group or elderly	10	<input type="checkbox"/>	
Volunteer for recognized charity or event	10	<input type="checkbox"/>	
<b>SOCIAL/EMOTIONAL Section TOTAL</b>			

## COMBINED SCORES

**TOTAL WELLNESS POINTS**

### American Cancer Society Guidelines for the Early Detection of Cancer

<b>Breast Cancer</b>	Yearly mammograms are recommended starting at age 40. Clinical breast exam about every 3 years for women in their 20-30's and yearly for women over 40. Monthly self-breast exam is an option for women starting in their 20's
<b>Colorectal Cancer and Polyps</b>	Beginning at age 50, men and women should follow recommendations for screening per PCP, which may include flexible sigmoidoscopy, colonoscopy, fecal occult blood testing (not an exhaustive list) Prior to age 50, screening per PCP visit
<b>Cervical Cancer</b>	Yearly Pap test for women in their 20's Beginning at age 30, women with 3 consecutive normal Pap tests in a row may be screened every 2-3 years Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having Pap tests. Women who have had a total hysterectomy may choose to stop having Pap tests, unless the surgery was done as a treatment for cervical cancer or pre-cancer.
<b>Endometrial (Uterine) Cancer</b>	Women should report any unexpected bleeding or spotting to the PCP
<b>Prostate Cancer</b>	PSA and rectal exam based on history and recommendations per PCP
<b>Cancer-related check-up</b>	Men and women should have yearly cancer-related screening which includes physical exam along with review of history, regardless of age, as well as health counseling regarding risk factors.

### CDC Guidelines on Physical Activity for Adults

<b>Aerobic Activities</b>	2 hours and 30 min (150 minutes) each week of moderate-intensity aerobic activity, or - 1 hour and 15 minutes (75 minutes) each week of vigorous-intensity aerobic activity, or - an equivalent mix of moderate and vigorous-intensity aerobic activity. A person doing moderate-intensity aerobic activity can talk, but not sing, during the activity. A person doing vigorous-intensity aerobic activity cannot say more than a few words without pausing for a breath.
<b>Muscle Strengthening Activities</b>	Muscle strengthening should be done 2 more more days per week. Exercises for each muscle group should be repeated 8-12 times per set.

# CHN Wellness - Validation Sheet

Your Name:

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Health Maintenance appointment - Annual Physical

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Date

\_\_\_\_\_

Provider Signature

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Tetanus vaccine up to date

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Date

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Provider Signature

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Flu vaccine up to date

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Date

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Provider Signature

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Vision Exam - Eye exam within 2 years

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Date

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Provider Signature

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Dental Visit annually

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Date

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Provider Signature

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Colon Cancer screening up to date

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Date

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Provider Signature

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Mammogram up to date

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Date

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Provider Signature

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Cervical Cancer screening up to date

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Date

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Provider Signature

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PSA up to date

\_\_\_\_\_

Date

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Provider Signature

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Prostate exam up to date

\_\_\_\_\_

Date

\_\_\_\_\_

Provider Signature