



#30x30STOPSTROKE Tracking Form

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Group Name: \_\_\_\_\_

Exercise 30 minutes a day for 30 days in May, tracking your exercise below. Form a team with your colleagues! At the end of the month, submit your form to [mghneurology@partners.org](mailto:mghneurology@partners.org) to be entered to win prizes.

Date	Start Time	End Time	Form of Exercise	How Do You Feel?
May 1				
May 2				
May 3				
May 4				
May 5				
May 6				
May 7				
May 8				
May 9				
May 10				
May 11				
May 12				
May 13				
May 14				
May 15				
May 16				
May 17				
May 18				
May 19				
May 20				
May 21				
May 22				
May 23				
May 24				
May 25				
May 26				
May 27				
May 28				
May 29				
May 30				
May 31				