

LAB Activity

1-1

Name _____ Class/Activity Section _____ Date _____

Healthy Lifestyle: A Self-Assessment

Everyone wants good health. However, many people do not have habits that contribute to health, well-being, and vitality. Health professionals now describe *lifestyle* as one of the most important factors affecting health. This lifestyle assessment, adapted from one created by the U.S. Public Health Service, will help you evaluate how well you are doing at managing the factors that strongly affect your present and future health. For each statement choose the answer that best describes your behavior. Then add up your scores for each section.

Almost
Always Sometimes Never

Tobacco (If you never use tobacco, enter a score of 10 for this section and go to the next sections.)

- | | | | |
|---|---|---|---|
| 1. I put limits on my tobacco use. | 2 | 1 | 0 |
| 2. I smoke only low tar/nicotine cigarettes or I smoke a pipe or cigars or I use smokeless tobacco. | 2 | 1 | 0 |

Tobacco Score _____

Exercise/Fitness

- | | | | |
|---|---|---|---|
| 1. I engage in vigorous exercise (examples include jogging, swimming, brisk walking, cycling) for 20–60 minutes, 3–5 days a week. | 4 | 1 | 0 |
| 2. I do exercises to develop muscular strength and endurance (examples include weight lifting, using exercise bands, pushups, abdominal curls) at least twice a week. | 2 | 1 | 0 |
| 3. I spend some of my leisure time participating in physical activities such as golf, tennis, softball, bowling, or gardening. | 2 | 1 | 0 |
| 4. I maintain a healthy weight, avoiding overweight and underweight. | 2 | 1 | 0 |

Exercise/Fitness Score _____

Nutrition

- | | | | |
|---|---|---|---|
| 1. I eat a variety of foods each day, including five or more servings of fruits and/or vegetables | 3 | 1 | 0 |
| 2. I limit the amount of total fat, cholesterol, saturated fat, and trans fats in my diet. | 3 | 1 | 0 |
| 3. I limit the amount of salt and sugar I eat. | 2 | 1 | 0 |
| 4. I intentionally include whole grains and dairy/calcium products in my diet every day. | 2 | 1 | 0 |

Nutrition Score _____

Stress

- | | | | |
|--|---|---|---|
| 1. I enjoy being a student, and do other work that I enjoy. | 2 | 1 | 0 |
| 2. I find it easy to relax and express my feelings freely. | 2 | 1 | 0 |
| 3. I use healthy coping skills for managing the stress in my life. | 2 | 1 | 0 |

	Almost Always	Sometimes	Never
4. I have close friends, relatives, or others I can talk to about personal matters and call on for help when needed.	2	1	0
5. I participate in group activities (such as community, school, church organizations) and/or hobbies that I enjoy.	2	1	0
Stress Score _____			

Alcohol and Drugs

1. I avoid alcohol <i>or</i> I drink no more than 1 (women) or 2 (men) drinks a day.	4	1	0
2. I avoid using alcohol or other drugs as a way of handling stressful situations or problems in my life.	2	1	0
3. I am careful not to drink alcohol when taking medications (such as for colds, allergies, pain) or when pregnant.	2	1	0
4. I read and follow the label directions when using prescribed and over-the-counter drugs.	2	1	0
Alcohol and Drugs Score _____			

Safety

1. I wear a seat belt while driving or riding in a car.	2	1	0
2. I avoid driving while under the influence of alcohol or other drugs.	2	1	0
3. I obey traffic rules and the speed limit when driving.	2	1	0
4. I make sure I am fully alert when driving (not drowsy, not talking on a cell phone, not reading, not putting on makeup, etc.).	2	1	0
5. I am careful when using potentially hazardous products or substances such as chemicals, poisons, household cleaners, and electrical appliances.	2	1	0
Safety Score _____			

Disease Prevention

1. I know the warning signs of cancer, heart attack, and stroke.	2	1	0
2. I avoid overexposure to the sun and use sunscreen.	2	1	0
3. I get recommended age-appropriate medical screening tests (examples include blood pressure and cholesterol checks, Pap tests, mammograms, dental exams), immunizations, and booster shots.	2	1	0
4. I practice monthly breast/testicular exams.	2	1	0
5. I am not sexually active <i>or</i> I have sex with only one mutually faithful partner <i>or</i> I use condoms, <i>and</i> I do not share needles to inject drugs.	2	1	0
Disease Prevention Score _____			

WHAT YOUR SCORES MEAN

Scores of 9 and 10.

Excellent! Your answers show that you are aware of the importance of this area to your health. More important, you are putting your knowledge to work.

Scores of 6 to 8.

Good, but there is room for improvement. Look again at the items you answered with a "Sometimes" or "Never." What changes can you make to improve your score? Even a small change can help you achieve better health.

Scores of 3 to 5.

Your health risks are showing! Plan your strategies now for making changes.

Scores of 0 to 2.

Your present habits may seriously jeopardize your future health. Perhaps you were not aware of the risk. Change is within your grasp, and you are worth it!

SOURCE: Adapted from *Healthstyle: A Self-Test*, U.S. Department of Health and Human Services Public Health Service, DHHS Publication No. (PHS) 81-50155. (The behaviors covered in this assessment may not apply to people with certain chronic diseases or disabilities or to pregnant women, who may require special advice from their physician.)

EVALUATION

Which areas did you score the lowest or would you like to improve?

Identify three of your risky behaviors and then identify a strategy for making a change.

Examples: *Risky behavior:* Never obeying speed limits.

Strategy: Put a sticky note on the dashboard reminding me to continually monitor my speed limit.

Risky behavior: Rarely eating fruit.

Strategy: Put a banana and an apple in my backpack every day before I leave for classes. Eat them between classes.

Risky Behavior***Strategy***

1.

2.

3.



