

# ACTIVITY 1-2

## LIFESTYLE APPRAISAL

NAME \_\_\_\_\_ DATE \_\_\_\_\_ CLASS \_\_\_\_\_

**PURPOSE:** To gain a clearer picture of your habits and overall lifestyle.

**PROCEDURE:** Health is more than just the absence of disease or disability. This appraisal was designed to help you assess your current level of **WELLNESS** and identify those behaviors that may not be in your best interest, over the long run.

In the space provided by each statement, circle the response that seems best for you. Circle the 2 for Yes or 1 for No or Not Sure. If you feel uncomfortable with any of the questions, leave them blank. If a question is not applicable (NA) to you, circle 2. After you finish each section, add your total score.

### GENERAL LIFESTYLE

	Yes or NA	No or Not Sure
1. My weight is within 15% of my ideal weight .....	2	1
2. I have no problems with my appetite .....	2	1
3. I minimize my salt intake .....	2	1
4. I eat at least one fresh fruit and vegetable daily .....	2	1
5. I drink five or fewer soft drinks a week .....	2	1
6. I eat a diet that does not require supplements .....	2	1
7. I eat three or more small meals rather than one or two large meals daily .....	2	1
8. I know that fiber is important in my diet, and I can identify sources of fiber .....	2	1
9. I drink at least 5 glasses of water each day .....	2	1
10. I drink fewer than seven (or none) alcoholic drinks per week .....	2	1
11. I smoke less than one (or none) pack of cigarettes per week .....	2	1
12. If smoke bothers me, I move or kindly ask others to not smoke around me .....	2	1
13. I brush and floss my teeth daily .....	2	1
14. My immunizations are up to date .....	2	1
15. I know how to take my temperature and pulse rate .....	2	1

	Yes or NA	No or Not Sure
16. I try to stay in tune with my body, and I get professional help when I observe or experience unusual symptoms . . . . .	2	1
17. I usually sleep six to eight hours a night . . . . .	2	1
18. I check my body at least monthly for unusual lumps, spots, or sores. . . . .	2	1
19. I do not take drugs casually but only as prescribed by a doctor for a certain condition . . . . .	2	1
<b>Total</b>		

**Maximum Score—38**

**COPING SKILLS**

	Yes or NA	No or Not Sure
1. I enjoy school. . . . .	2	1
2. I trust and value my own judgment . . . . .	2	1
3. When I make mistakes, I usually admit and learn from them. . . . .	2	1
4. I value my own opinion, but I can appreciate the views of others . . . . .	2	1
5. I can recognize and accept my feelings of being angry, sad, happy, and frightened . . . . .	2	1
6. I usually know how to deal with my feelings. . . . .	2	1
7. I know where to get help and would do so if I couldn't deal with my feelings . . . . .	2	1
8. I can say no without feeling guilty. . . . .	2	1
9. I set realistic objectives for myself . . . . .	2	1
10. I can establish and maintain friendships. . . . .	2	1
11. I can accept responsibility for my actions . . . . .	2	1
12. I can set limits for myself and follow through . . . . .	2	1
13. I feel enthusiastic about life . . . . .	2	1
14. I am able to give and to receive love . . . . .	2	1
15. I know how to relax my body and mind without using drugs . . . . .	2	1
<b>Total</b>		

**Maximum Score—30**

**SURVIVAL SKILLS**

	Yes or NA	No or Not Sure
1. I know how to do basic first aid procedures . . . . .	2	1
2. I am familiar with water and boating . . . . .	2	1
3. I know how to swim and how to stay afloat until rescued . . . . .	2	1
4. I never ride with drivers who drink or use drugs while driving . . . . .	2	1
5. I wear a safety belt at least 90% of the time I am in a vehicle . . . . .	2	1
6. I have taken a course in driver education . . . . .	2	1
7. I wear a helmet while riding a motor-bike or bicycle . . . . .	2	1
8. I understand basic self-defense skills . . . . .	2	1
9. I try to avoid exposing myself to situations where I might get attacked or injured . . . . .	2	1
10. I do not carry weapons . . . . .	2	1
<b>Total</b>	_____	_____
	<b>Maximum Score—20</b>	

**PHYSICAL FITNESS**

	Yes or NA	No or Not Sure
1. My resting pulse rate is 60 beats per minute or less . . . . .	2	1
2. Most of the time I don't use escalators or elevators . . . . .	2	1
3. My daily activities include moderate physical effort (gardening, housework, washing the car, baby-sitting) . . . . .	2	1
4. My daily activities include vigorous physical effort (farming, moving heavy objects by hand) . . . . .	2	1
5. I regularly walk or ride a bike for exercise . . . . .	2	1
6. I walk briskly, jog, or run two miles or more three or more times a week . . . . .	2	1
7. I watch TV fewer than five hours a day . . . . .	2	1
8. I always do a five-minute warm-up before and a five minute cool-down after an aerobic exercise . . . . .	2	1
9. I take part in a strenuous sport more than once a week . . . . .	2	1

