

Name _____

Date _____

LAB 1.2 Lifestyle Evaluation

How does your current lifestyle compare with the lifestyle recommended for wellness? For each question, choose the answer that best describes your behavior; then add up your score for each section.

Exercise/Fitness

	Almost Always	Sometimes	Never
1. I engage in moderate exercise, such as brisk walking or swimming, for 20–60 minutes, three to five times a week.	4	1	0
2. I do exercises to develop muscular strength and endurance at least twice a week.	2	1	0
3. I spend some of my leisure time participating in individual, family, or team activities, such as gardening, bowling, or softball.	2	1	0
4. I maintain a healthy body weight, avoiding overweight and underweight.	2	1	0

Exercise/Fitness Score: _____

Nutrition

1. I eat a variety of foods each day, including seven or more servings of fruits and/or vegetables.	3	1	0
2. I limit the amount of total fat and saturated and trans fat in my diet.	3	1	0
3. I avoid skipping meals.	2	1	0
4. I limit the amount of salt and sugar I eat.	2	1	0

Nutrition Score: _____

Tobacco Use

If you never or no longer use tobacco, enter a score of 10 for this section and go to the next section.

1. I avoid using tobacco.	2	1	0
2. I smoke only low-tar-and-nicotine cigarettes, or I smoke a pipe or cigars, or I use smokeless tobacco.	2	1	0

Tobacco Use Score: _____

Alcohol and Drugs

1. I avoid alcohol, or I drink no more than one (women) or two (men) drinks a day.	4	1	0
2. I avoid using alcohol or other drugs as a way of handling stressful situations or the problems in my life.	2	1	0
3. I am careful not to drink alcohol when taking medications (such as cold or allergy medications) 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: _____

Emotional Health

1. I enjoy being a student, and I have a job or 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 manage stress well.	2	1	0
4. I have close friends, relatives, or others whom 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 or church organizations) or hobbies that I enjoy.	2	1	0

Emotional Health Score: _____

Safety

- | | | | |
|--|---|---|---|
| 1. I wear a safety belt while 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 read and follow instructions on the labels of potentially harmful products or substances, such as household cleaners, poisons, and electrical appliances. | 2 | 1 | 0 |
| 5. I avoid smoking in bed. | 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 medical screening tests (such as blood pressure and cholesterol checks and Pap tests), immunizations, and booster shots. | 2 | 1 | 0 |
| 4. I practice monthly skin and breast/testicle self-exams. | 2 | 1 | 0 |
| 5. I am not sexually active, <i>or</i> I have sex with only one mutually faithful, uninfected partner, <i>or</i> I always engage in safer sex (using condoms), <i>and</i> I do not share needles to inject drugs. | 2 | 1 | 0 |

Disease Prevention Score: _____

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 for you by practicing good health habits. As long as you continue to do so, this area should not pose a serious health risk.

Scores of 6 to 8 Your health practices in this area are good, but there is room for improvement.

Scores of 3 to 5 Your health risks are showing.

Scores of 0 to 2 You may be taking serious and unnecessary risks with your health.

Using Your Results

How did you score? In which areas did you score the lowest? Are you satisfied with your scores in each area? In which areas would you most like to improve your scores?

What should you do next? To improve your scores, look closely at any item to which you answered “sometimes” or “never.” Identify and list at least three possible targets for a health behavior change program. (If you are aware of other risky health behaviors you currently engage in, but which were not covered by this assessment, you may include those in your list.) For each item on your list, identify your current “stage of change” and one strategy you could adopt to move forward (see pp. 13–15). Possible strategies might be obtaining information about the behavior, completing an analysis of the pros and cons of change, or beginning a written record of your target behavior.

Behavior	Stage	Strategy
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____