

Name \_\_\_\_\_ Section \_\_\_\_\_ Date \_\_\_\_\_



## WELLNESS WORKSHEET I

### Evaluate Your Lifestyle

All of us want optimal health. But many of us do not know how to achieve it. Taking this quiz, adapted from one created by the U.S. Public Health Service, is a good place to start. The behaviors covered in the test are recommended for most Americans. (Some of them may not apply to people with certain diseases or disabilities or to pregnant women, who may require special advice from their physicians.) After you take the quiz, add up your score for each section.

<b>Tobacco Use</b>	Almost always	Sometimes	Never
If you never 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 <i>or</i> I smoke a pipe or cigars <i>or</i> I use spit tobacco.	2	1	0

Tobacco Score: \_\_\_\_\_

<b>Alcohol and Other Drugs</b>	Almost always	Sometimes	Never
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 or allergies, 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 Other Drugs Score: \_\_\_\_\_

<b>Nutrition</b>	Almost always	Sometimes	Never
1. I eat a variety of foods each day, including seven or more servings of fruits and 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: \_\_\_\_\_

<b>Exercise/Fitness</b>	Almost always	Sometimes	Never
1. I engage in moderate exercise for 20–60 minutes, 3–5 times a week.	4	1	0
2. I maintain a healthy weight, avoiding being overweight or underweight.	2	1	0
3. I do exercises to develop muscular strength and endurance at least twice a week.	2	1	0
4. I spend some of my leisure time participating in physical activities such as gardening, bowling, golf, or baseball.	2	1	0

Exercise/Fitness Score: \_\_\_\_\_

(over)

WELLNESS WORKSHEET I — continued

**Emotional Health**

	Almost always	Sometimes	Never
1. I enjoy being a student, and I have a job or do other work that I like.	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 I can talk to about personal matters and call on for help.	2	1	0
5. I participate in group activities (such as church and community 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, diabetes, heart attack, and stroke.	2	1	0
2. I avoid overexposure to the sun and use sunscreens.	2	1	0
3. I get recommended medical screening tests (such as blood pressure checks and Pap tests), immunization, and booster shots.	2	1	0
4. I practice monthly 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: \_\_\_\_\_

**What Your Scores Mean**

**Scores of 9 and 10**—Excellent! Your answers show that you are aware of the importance of this area to wellness. 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. It's likely that you are setting an example for your family and friends to follow. Since you earned a very high test score on this part of the test, you may want to focus on other areas where your scores indicate room for improvement.

**Scores of 6–8**—Your health practices in this area are 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 often help you achieve better health.

**Scores of 3–5**—Your health risks are showing! You may need more information about the risks you are facing and about why it is important for you to change these behaviors. Perhaps you need help in deciding how to successfully make the changes you desire.

**Scores of 0–2**—Your answers show that you may be taking serious and unnecessary risks with your health. Perhaps you are not aware of the risks and what to do about them. You can easily get the information and help you need to improve, if you wish. The next step is up to you.

**To see how your health habits affect your longevity potential, take the quiz at <http://www.livingto100.com>.**