WELLNESS WORKSHEET 1
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.

**Tobacco Use**

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

<table>
<thead>
<tr>
<th></th>
<th>Almost always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I avoid using tobacco.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. I smoke only low-tar-and-nicotine cigarettes or I smoke a pipe or cigars or I use spit tobacco.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Alcohol and Other Drugs**

<table>
<thead>
<tr>
<th></th>
<th>Almost always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I avoid alcohol or I drink no more than 1 (women) or 2 (men) drinks a day.</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. I avoid using alcohol or other drugs as a way of handling stressful situations or problems in my life.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. I am careful not to drink alcohol when taking medications, such as for colds or allergies, or when pregnant.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. I read and follow the label directions when using prescribed and over-the-counter drugs.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Nutrition**

<table>
<thead>
<tr>
<th></th>
<th>Almost always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I eat a variety of foods each day, including seven or more servings of fruits and vegetables, depending on my calorie intake.</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. I limit the amount of total fat and saturated and trans fat in my diet.</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. I avoid skipping meals.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. I limit the amount of salt and sugar I eat.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Exercise/Fitness**

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

Emotional Health
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 or I have sex with only one mutually faithful, uninfected partner or I always engage in safer sex (using condoms) and 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.
Scores of 6–8—Your health practices in this area are good, but there is room for improvement.
Scores of 3–5—Your health risks are showing!
Scores of 0–2—Your answers show that you may be taking serious and unnecessary risks with your health.
Once you have chosen a behavior you wish to change and have identified ways to change it (see Wellness Worksheet 4), your next step is to sign a behavior change contract. Your contract should show your commitment to changing your behavior and include details of your program. Use the contract shown below, or devise one that more closely fits your goals and your program.

(1) I ______________________________________ agree to _____________________________________ (name) (specify behavior you want to change)
____________________________________________________________________________________
____________________________________________________________________________________

(2) I will begin on ______________ and plan to reach my goal of _________________________________ (start date) (specify final goal)
____________________________________________________________________________________
by ______________. (final target date)

(3) In order to reach my final goal, I have devised the following schedule of minigoals. For each step in my program, I will give myself the reward listed.

<table>
<thead>
<tr>
<th>Minigoal 1</th>
<th>Target Date</th>
<th>Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minigoal 2</th>
<th>Target Date</th>
<th>Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minigoal 3</th>
<th>Target Date</th>
<th>Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

My overall reward for reaching my final goal will be ______________________________________

(4) I have gathered and analyzed data on my target behavior and have identified the following strategies for changing my behavior: ______________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(5) I will use the following tools to monitor my progress toward reaching my final goal:

_______________________________________________________ (list any charts, graphs, or journals you plan to use)
____________________________________________________________________________________

I sign this contract as an indication of my personal commitment to reach my goal.

_______________________________________________________ (your signature) (date)

I have recruited a helper who will witness my contract and ____________________________

_______________________________________________________ (list any way in which your helper will participate in your program)
____________________________________________________________________________________

_______________________________________________________ (witness’s signature) (date)
Describe any special strategies you will use to help change your behavior.

Create a plan below for any type of chart, graph, or journal you will use to monitor your progress.
WELLNESS WORKSHEET 10
Identify Your Stress Level and Your Key Stressors

Many symptoms of excess stress are easy to self-diagnose. To help determine how much stress you experience on a daily basis, answer the following questions.

How many of the symptoms of excess stress in the list below do you experience frequently? _____________

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>1. Are you easily startled or irritated?</td>
<td>___</td>
</tr>
<tr>
<td>2. Are you increasingly forgetful?</td>
<td>___</td>
</tr>
<tr>
<td>3. Do you have trouble falling or staying sleep?</td>
<td>___</td>
</tr>
<tr>
<td>4. Do you continually worry about events in your future?</td>
<td>___</td>
</tr>
<tr>
<td>5. Do you feel as if you are constantly under pressure to produce?</td>
<td>___</td>
</tr>
<tr>
<td>6. Do you frequently use tobacco, alcohol, or other drugs to help you relax?</td>
<td>___</td>
</tr>
<tr>
<td>7. Do you often feel as if you have less energy than you need to finish the day?</td>
<td>___</td>
</tr>
<tr>
<td>8. Do you have recurrent stomachaches or headaches?</td>
<td>___</td>
</tr>
<tr>
<td>9. Is it difficult for you to find satisfaction in simple life pleasures?</td>
<td>___</td>
</tr>
<tr>
<td>10. Are you often disappointed in yourself and others?</td>
<td>___</td>
</tr>
<tr>
<td>11. Are you overly concerned with being liked or accepted by others?</td>
<td>___</td>
</tr>
<tr>
<td>12. Have you lost interest in intimacy or sex?</td>
<td>___</td>
</tr>
<tr>
<td>13. Are you concerned that you do not have enough money?</td>
<td>___</td>
</tr>
</tbody>
</table>

Experiencing some of the stress-related symptoms or answering “yes” to a few questions is normal. However, if you experience a large number of stress symptoms or you answered “yes” to a majority of the questions, you are likely experiencing a high level of stress. Take time out to develop effective stress-management techniques. Many coping strategies that can aid you in dealing with your college stressors are described in Chapter 2 of your text. Additionally, your school’s counseling center can provide valuable support.

Symptoms of Excess Stress

<table>
<thead>
<tr>
<th>Physical Symptoms</th>
<th>Emotional Symptoms</th>
<th>Behavioral Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry mouth</td>
<td>Anger</td>
<td>Crying</td>
</tr>
<tr>
<td>Excessive perspiration</td>
<td>Anxiety or edginess</td>
<td>Disrupted eating habits</td>
</tr>
<tr>
<td>Frequent illnesses</td>
<td>Depression</td>
<td>Disrupted sleeping habits</td>
</tr>
<tr>
<td>Gastrointestinal problems</td>
<td>Fatigue</td>
<td>Harsh treatment of others</td>
</tr>
<tr>
<td>Grinding of teeth</td>
<td>Hypervigilance</td>
<td>Increased use of tobacco, alcohol, or other drugs</td>
</tr>
<tr>
<td>Headaches</td>
<td>Impulsiveness</td>
<td>Problems communicating</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Inability to concentrate</td>
<td>Sexual problems</td>
</tr>
<tr>
<td>Pounding heart</td>
<td>Irritability</td>
<td>Social isolation</td>
</tr>
<tr>
<td>Stiff neck or aching lower back</td>
<td>Trouble remembering things</td>
<td></td>
</tr>
</tbody>
</table>

Weekly Stress Log

Now that you are familiar with the signals of stress, complete the weekly stress log on the next page to map patterns in your stress levels and identify sources of stress. Enter a score for each hour of each day according to the ratings listed below the log.
To identify daily or weekly patterns in your stress level, average your stress rating for each hour and each day. For example, if your scores for 6:00 A.M. are 3, 3, 4, 3, and 4, with blanks for Saturday and Sunday, your 6:00 A.M. rating would be \( \frac{17}{5} \), or 3.4 (moderate to high anxiety). Finally, calculate an average weekly stress score by averaging your daily average stress scores. Your weekly average will give you a sense of your overall level of stress.

**Identifying Sources of Stress**

*External stressors:* List several people, places, or events that caused you a significant amount of discomfort this week.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

*Internal stressors:* List any recurring thoughts or worries that produced feelings of discomfort this week.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
**WELLNESS WORKSHEET 17**

**Sleep**

**How Sleepy Are You?**

To determine how drowsy you are during waking hours, record how likely you are to doze off in each of the following situations, using this scale:

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

___ Sitting and reading
___ Watching television
___ Sitting passively in a public place (such as a theater or a meeting where you’re not directly involved)
___ Being a passenger in a car for an hour
___ Lying down in the afternoon
___ Sitting and talking to someone
___ Sitting quietly after a lunch without alcohol
___ Sitting behind the wheel of a car while stopped for a few minutes in traffic
___ TOTAL

**Scoring:**

11–16 You may not get enough sleep, or the quality of your sleep may be poor.

17 or more You may have a serious sleep disorder and may benefit from consulting a professional.

**Strategies for Better Sleep**

The following strategies can help you get a better night’s sleep; check off any that you try:

___ Go to bed at the same time every night (time: _______), and get up at the same time every morning (time: _______).
___ Exercise daily, but not too close to bedtime.
___ Don’t use tobacco.
___ Don’t use caffeine in the late afternoon or evening.
___ Don’t drink alcohol after dinner.
___ Eat a light snack before bedtime.
___ Write out a list of worries or a to-do list for the following day; then allow your mind to tune out such worries and distractions.
___ Don’t eat, read, study, or watch television in bed.
___ Relax before bedtime with a book, music, or some relaxation exercises; give yourself time to wind down from your day’s activities.
___ If you don’t fall asleep in 15–20 minutes, get out of bed and do something monotonous until you feel sleepy. Do the same if you wake up and can’t fall asleep again.

(over)
Sleep Log
To help track your sleep behavior, keep a log similar to the following for several weeks. Look for patterns or lifestyle behaviors, such as caffeine use, that may interfere with sleep.

Date __________
Time you first turned out the lights last night: ______
How long it took you to fall asleep: ______
Number of times you awakened during the night: ______
Time you woke up for the last time this morning: ______
Total number of hours you slept last night: ______

How well did you sleep last night? (circle)
Terrible night 1 2 3 4 5 Great night

How rested did you feel this morning? (circle)
Not at all rested 1 2 3 4 5 Very well rested

How would you rate your overall mood and functioning during the day? (circle)
Poor 1 2 3 4 5 Very good

Additional notes
Caffeine use: _____________________________________________________________________________
Tobacco use: _____________________________________________________________________________
Alcohol use: _____________________________________________________________________________
Exercise: _________________________________________________________________________________
Sleeping medications: _______________________________________________________________________
Naps: ___________________________________________________________________________________
Stress level: _______________________________________________________________________________
Other: ___________________________________________________________________________________

INTERNET ACTIVITY
Adequate sleep is critical for stress management and overall wellness, but it is something that many college students fail to obtain. Visit one or more of the following sites or do a search to identify five strategies for getting an adequate amount of sleep. If lack of sleep or insomnia is a particular problem for you, consider completing the detailed sleep diary available at the Web site for the National Sleep Foundation.

American Academy of Sleep Medicine: http://www.aasmnet.org
National Institutes of Health: National Center for Sleep Disorders Research: http://www.nhlbi.nih.gov/about/ncsdr/index.htm
National Sleep Foundation: http://www.sleepfoundation.org
SleepNet: http://www.sleepnet.com
SleepQuest: http://www.sleepquest.com

Site visited (URL):

Strategies for adequate sleep (list five):
WELLNESS WORKSHEET 22

Developing Spiritual Wellness

To develop spiritual wellness, it is important to take time out to think about what gives meaning and purpose to your life and what actions you can take to support the spiritual dimension of your life.

Look Inward

This week, spend some quiet time alone with your thoughts and feelings. Slow the pace of your day, remove your watch, turn your phone or pager off, and focus on your immediate experience. Try one of the following activities or develop another that is meaningful to you and that contributes to your sense of spiritual well-being.

• **Spend time in nature:** Experience continuity with the natural world by spending solitary time in a natural setting. Watch the sky (day or night), a sunrise, or a sunset; listen to waves on a shore or wind in the trees; feel the breeze on your face or raindrops on your skin; smell the grass, brush, trees, or flowers. Open all your senses to the beauty of nature.

• **Experience art, architecture, or music:** Spend time with a work of art or architecture or a piece of music. Choose one that will awaken your senses, engage your emotions, and challenge your understanding. Take a break and then repeat the experience to see how your responses change the second time.

• **Express your creativity:** Set aside time for a favorite activity, one that allows you to express your creative side. Sing, draw, paint, play a musical instrument, sculpt, build, dance, cook, garden—choose an activity in which you will be so engaged that you will lose track of time. Watch for feelings of joy and exhilaration.

• **Engage in a personal spiritual practice:** Pray, meditate, do yoga, chant. Choose a spiritual practice that is familiar to you or try one that is new. Tune out the outside world and turn your attention inward, focusing on the experience.

In the space below, describe the personal spiritual activity you tried and how it made you feel—both during the activity and after.
Reach Out

Spiritual wellness can be a bond among people and can promote values such as as altruism, forgiveness, and compassion. Try one of the following spiritual activities that involve reaching out to others.

- **Share writings that inspire you:** Find two writings that inspire, guide, and comfort you—passages from sacred works, poems, quotations from literature, songs. Share them with someone else by reading them aloud and explaining what they mean to you.

- **Practice kindness:** Spend a day practicing small acts of personal kindness for people you know as well as for strangers. Compliment a friend, send a card, let someone go ahead of you in line, pick up litter, do someone else’s chores, help someone with packages, say please and thank you, smile.

- **Perform community service:** Foster a sense of community by becoming a volunteer. Find a local nonprofit group and offer your time and talent. Mentor a youth, work at a food bank, support a literacy project, help build low-cost housing, visit seniors in a nursing home. You can also work on national or international issues by writing letters to your elected representatives and other officials.

In the space below, describe the spiritual activity you performed and how it made you feel—both during the activity and after. Include details about the writings you chose or the acts of kindness or community service you performed.

Keep a Journal

One strategy for continuing on the path toward spiritual wellness is to keep a journal. Use a journal to record your thoughts, feelings, and experiences; to jot down quotes that engage you; to sketch pictures and write poetry about what is meaningful to you. Begin your spirituality journal today.
WELLNESS WORKSHEET 47
Addictive Behaviors

Part I. General Addictive Behavior Checklist
Choose an activity or a behavior in your life that you feel may be developing into an addiction. Ask yourself the following questions about it, and answer yes (Y) or no (N).

Activity/behavior: _________________________________________________

_____ 1. Do you engage in the activity on a regular basis?
_____ 2. Have you engaged in the activity over a long period of time?
_____ 3. Do you currently engage in this activity more than you used to?
_____ 4. Do you find it difficult to stop or to avoid the activity?
_____ 5. Have you tried and failed to cut down on the amount of time you spend on the activity?
_____ 6. Do you turn down or skip social/recreational events in order to engage in the activity?
_____ 7. Does your participation in the activity interfere with your attendance and/or performance at school and/or work?
_____ 8. Have friends or family members spoken to you about the activity and indicated they think you have a problem?
_____ 9. Has your participation in the activity affected your reputation?
_____ 10. Have you lied to friends or family members about the amount of time, money, and other resources that you put into the activity?
_____ 11. Do you feel guilty about the resources that you put into the activity?
_____ 12. Do you engage in the activity when you are worried, frustrated, or stressed or when you have other painful feelings?
_____ 13. Do you feel better when you engage in the activity?
_____ 14. Do you often spend more time engaged in the activity than you plan to?
_____ 15. Do you have a strong urge to participate in the activity when you are away from it?
_____ 16. Do you spend a lot of time planning for your next opportunities to engage in the activity?
_____ 17. Are you often irritable and restless when you are away from the activity?
_____ 18. Do you use the activity as a reward for all other accomplishments?

(over)
Part II. Checklist for Drug Dependency

If you wonder whether you are becoming dependent on a drug, ask yourself the following questions. Answer yes (Y) or no (N).

____ 1. Do you take the drug regularly?

____ 2. Have you been taking the drug for a long time?

____ 3. Do you always take the drug in certain situations or when you’re with certain people?

____ 4. Do you find it difficult to stop using the drug? Do you feel powerless to quit?

____ 5. Have you tried repeatedly to cut down or control your use of the drug?

____ 6. Do you need to take a larger dose of the drug in order to get the same high you’re used to?

____ 7. Do you feel specific symptoms if you cut back or stop using the drug?

____ 8. Do you frequently take another psychoactive substance to relieve withdrawal symptoms?

____ 9. Do you take the drug to feel “normal”?

____ 10. Do you go to extreme lengths or put yourself in dangerous situations to get the drug?

____ 11. Do you hide your drug use from others? Have you ever lied about what you’re using or how much you use?

____ 12. Do people close to you ask you about your drug use?

____ 13. Are you spending more and more time with people who use the same drug as you?

____ 14. Do you think about the drug when you’re not high, figuring out ways to get it?

____ 15. If you stop taking the drug, do you feel bad until you can take it again?

____ 16. Does the drug interfere with your ability to study, work, or socialize?

____ 17. Do you skip important school, work, social, or recreational activities in order to obtain or use the drug?

____ 18. Do you continue to use the drug despite a physical or mental disorder or despite a significant problem that you know is worsened by drug use?

____ 19. Have you developed a mental or physical condition or disorder because of prolonged drug use?

____ 20. Have you done something dangerous or that you regret while under the influence of the drug?

**Evaluation**

On each of these checklists, the more times you answer yes, the more likely it is that you are developing an addiction. If your answers suggest abuse or dependency, talk to someone at your school health clinic or to your physician about taking care of the problem before it gets worse.
WELLNESS WORKSHEET 48
Gambling Self-Assessment

Answer the following questions to help determine if gambling is affecting your life in a negative way.

Do You Need or Want to Change?

Yes  No
___  ___  1. Have you often gambled longer than you had planned?
___  ___  2. Have you often gambled until your last dollar was gone?
___  ___  3. Have thoughts of gambling caused you to lose sleep?
___  ___  4. Have you used your income or savings to gamble while letting bills go unpaid?
___  ___  5. Have you made repeated, unsuccessful attempts to stop gambling?
___  ___  6. Have you broken the law or considered breaking the law to pay for your gambling?
___  ___  7. Have you borrowed money to pay for your gambling?
___  ___  8. Have you felt depressed or suicidal because of your gambling losses?
___  ___  9. Have you been remorseful after gambling?
___  ___  10. Have you ever gambled to get money to meet your financial obligations?

If you answered “yes” to any of these questions, then you may want to consider making a change.

Should You Examine Your Gambling Patterns More Closely?

Yes  No
___  ___  1. Have you ever tried to cut down on your gambling?
___  ___  2. Are others annoyed by your gambling?
___  ___  3. Do you ever gamble alone?
___  ___  4. Do you ever feel guilty about your gambling?
___  ___  5. Do you ever gamble to feel better?

If you answered “yes” to one or more questions, then you may want to consider looking at your gambling more closely.

Is Gambling Affecting Your Life?

Many people are not aware of all the ways that gambling can affect their lives. Answering these questions can alert you to problems that you might not have thought about before.

Yes  No
___  ___  1. Have you spent a great deal of your time during the past 12 months thinking of ways to get money for gambling?
___  ___  2. During the past 12 months, have you placed bigger and bigger bets to experience excitement?
___  ___  3. Did you find during the past 12 months that smaller bets are less exciting to you than before?
WELLNESS WORKSHEET 48 — continued

Yes  No
___  ___ 4. Has stopping gambling or cutting down how much you gambled made you feel restless or irritable during the past 12 months?
___  ___ 5. Have you gambled during the past 12 months to make the uncomfortable feelings that come from stopping or reducing gambling go away?
___  ___ 6. Have you gambled to forget about stress during the past 12 months?
___  ___ 7. After losing money gambling, have you gambled to try to win back your lost money?
___  ___ 8. Have you lied to family members or others about how much you gambled during the past 12 months?
___  ___ 9. Have you done anything illegal during the past 12 months to get money to gamble?
___  ___ 10. During the past 12 months, have you lost or almost lost a significant relationship, job, or an educational or career opportunity because of your gambling?
___  ___ 11. Have you relied on others (e.g., family, friends, or work) to provide you with money to cover your gambling debts?
___  ___ 12. During the past 12 months have you tried to quit or limit your gambling, but couldn’t?

These questions point out different problems you might have had because of gambling. Each question identifies a very serious problem. If you answered “yes” to one or more of these questions, you might want to think about reducing or stopping gambling.

Is Gambling Causing Money Problems?

Another way to understand your gambling is to consider the financial impact it has on you. Many problem gamblers experience various kinds of money problems. Answer the following questions to see if you have found yourself in some of the same money situations as problem gamblers:

Yes  No
___  ___ 1. Have you ever been denied credit?
___  ___ 2. Have you ever taken money out of savings, investments, or retirement accounts to gamble?
___  ___ 3. Do you find yourself frequently bothered by bill collectors?
___  ___ 4. Have you ever used grocery money or other money for necessities to gamble?
___  ___ 5. Have you ever delayed paying household bills in order to get more money for gambling?
___  ___ 6. Have you ever taken cash advances from credit cards to use for gambling?

If you answered “yes” to any of these questions, it may be a sign that your gambling has affected your financial situation. Money problems, such as these, are usually symptoms, not the causes, of problem gambling.

What Next?

If your answers to the questions above indicate that you may have a problem with gambling, take steps to change your behavior. Try applying the behavior change concepts presented in Chapter 1, including examining the pros and cons of change, setting goals, and signing a contract. You may also consider professional counseling. The following Web sites have additional resources:

Gamblers Anonymous: http://www.gamblersanonymous.org
Responsible Gambling Council: http://www.responsiblegambling.org
Your First Step to Change: http://www.masscompulsivegambling.org/paths/help_isa.php

## WELLNESS WORKSHEET 51

### Is Alcohol a Problem in Your Life?

#### Part I. Do You Have a Problem with Alcohol?

To determine if you may have a drinking problem, complete the following two screening tests.

**A. CAGE Screening Test**

Answer yes or no to the following questions:

- Have you ever felt you should . . . . . Cut down on your drinking?
- Have people . . . . . . . . . . . . . . . . . . . Annoyed you by criticizing your drinking?
- Have you ever felt bad or . . . . . . . . . Guilty about your drinking?
- Have you ever had an . . . . . . . . . . . . Eye-opener (a drink first thing in the morning to steady your nerves or get rid of a hangover)?

One “yes” response suggests a possible alcohol problem. If you answered yes to more than one question, it is highly likely that a problem exists. In either case, it is important that you see your physician or other health care provider right away to discuss your responses to these questions.

**B. AUDIT Screening Test**

For each question, choose the answer that best describes your behavior. Then total your scores.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1 or 2</td>
</tr>
<tr>
<td>3. How often do you have 6 or more drinks on one occasion?</td>
<td>Never</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected because of drinking?</td>
<td>Never</td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never</td>
</tr>
<tr>
<td>9. Have you or has someone else been injured as a result of your drinking?</td>
<td>No</td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
</tr>
</tbody>
</table>

A total score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption.

Even if you answered no to all four items in the CAGE screening test and scored below 8 on the AUDIT screening test, if you are encountering drinking-related problems with your academic performance, job, relationships, or health, or with the law, you should consider seeking help.

(over)
WELLNESS WORKSHEET 51 — continued

Part II. Are You Troubled by Someone Else’s Drinking?

Millions of people are affected by the excessive drinking of someone close to them. The following checklist was created by Al-Anon to help people determine whether they are adversely affected by someone else’s drinking. Check any statement that is true for you.

_____ 1. Do you worry about how much someone else drinks?
_____ 2. Do you have money problems because of someone else’s drinking?
_____ 3. Do you tell lies to cover up for someone else’s drinking?
_____ 4. Do you feel that if the drinker cared about you, he or she would stop drinking to please you?
_____ 5. Do you blame the drinker’s behavior on his or her companions?
_____ 6. Are plans frequently upset or canceled or meals delayed because of the drinker?
_____ 7. Do you make threats, such as, “If you don’t stop drinking, I’ll leave you”?
_____ 8. Do you secretly try to smell the drinker’s breath?
_____ 9. Are you afraid to upset someone for fear it will set off a drinking bout?
_____ 10. Have you been hurt or embarrassed by a drinker’s behavior?
_____ 11. Are holidays and gatherings spoiled because of drinking?
_____ 12. Have you considered calling the police for help in fear of abuse?
_____ 13. Do you search for hidden alcohol?
_____ 14. Do you often ride in a car with a driver who has been drinking?
_____ 15. Have you refused social invitations out of fear or anxiety?
_____ 16. Do you feel like a failure because you can’t control the drinker?
_____ 17. Do you think that if the drinker stopped drinking, your other problems would be solved?
_____ 18. Do you ever threaten to hurt yourself to scare the drinker?
_____ 19. Do you feel angry, confused, or depressed most of the time?
_____ 20. Do you feel there is no one who understands your problems?

If you answered yes to three or more of these questions, Al-Anon or Alateen may be able to help: Al-Anon Family Group Headquarters, Inc., 1600 Corporate Landing Parkway, Virginia Beach, VA 23454-5617; 888-425-2666; http://www.al-anon.alateen.org.

WELLNESS WORKSHEET 52
Alcohol and How It Affects You

Evaluate Your Reasons for Drinking

Be honest with yourself. It is necessary for you to know why you drink in order to control your alcohol-related behavior. Put a check next to the statements that are true for you.

I drink to tune myself in to

___ enhance enjoyment of people, activities, special occasions
___ promote social ease by relaxing inhibitions, aiding ability to talk and relate to others
___ complement and add to enjoyment of food
___ relax after a period of hard work and/or tension

I drink to tune myself out to

___ escape problems
___ mask fears when courage and self-confidence are lacking
___ block out painful loneliness, self-doubt, feelings of inadequacy
___ substitute for close relationships, challenging activity
___ mask a sense of guilt about drinking

Alcohol Content

Drinks differ in the amount of pure alcohol they contain; therefore, a “drink” means different amounts of liquid depending on the type of drink. A proof value indicates concentration of alcohol in a particular drink; the proof value is equal to twice the percentage of alcohol in a drink. To calculate the number of ounces of pure alcohol in a drink, multiply the size of the drink by the percentage of alcohol it contains (one-half proof value). For example, a 12 oz beer (10 proof) has 0.6 oz of pure alcohol (10 proof = 5% alcohol concentration; 0.05 \times 12 \text{ oz} = 0.6 \text{ oz}).

Calculate the number of ounces of pure alcohol in each of the following drinks.

<table>
<thead>
<tr>
<th>Drink</th>
<th>Size (oz)</th>
<th>Proof value</th>
<th>Ounces of pure alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>beer</td>
<td>12</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>wine</td>
<td>6</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>sherry</td>
<td>4</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>liquor</td>
<td>1.5</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>

Try the calculations on different size drinks and drinks of different alcohol content.

_________ __________ _______ _______
_________ __________ _______ _______
_________ __________ _______ _______

(over)
WELLNESS WORKSHEET 52 — continued

**Maintenance Rate (or how long to sip a drink)**

Remember that the effects of alcohol will be greater when your BAC is rising than when you keep it stable or allow it to fall. BAC is directly proportional to the rate of ethyl alcohol intake. Assuming a general maintenance rate (rate at which the body rids itself of alcohol) of 0.1 oz of pure alcohol per hour per 50 pounds of body weight, you can calculate the approximate length of time it takes you to metabolize a given drink by applying the following formula:

\[
\text{time in hours per drink} = \frac{2.5 \times \text{proof of drink} \times \text{volume (size in oz) of drink}}{\text{body weight}}
\]

For example, to calculate how long it will take to metabolize one can (12 oz) of 10-proof beer for a person weighing 150 pounds:

\[
\frac{2.5 \times 10 \times 12}{150} = 2 \text{ hours}
\]

So, it takes this 150-pound individual 2 hours to completely metabolize one 12 oz can of 10-proof beer.

Choose your favorite three drinks (or choose three of the examples from the previous page), and use this formula to calculate your maintenance rate for each drink.

1. \[
\frac{(\quad) \times (\quad) \times (\quad)}{(\quad)} = \quad \text{hours/drink}
\]

2. \[
\frac{(\quad) \times (\quad) \times (\quad)}{(\quad)} = \quad \text{hours/drink}
\]

3. \[
\frac{(\quad) \times (\quad) \times (\quad)}{(\quad)} = \quad \text{hours/drink}
\]

**In Case of Excess**

To sober up, the only remedy that works is to stop drinking and allow time. For any given type of drink, the amount of time would be the number of drinks you have consumed multiplied by your maintenance rate for that drink. For the example given above, if the 150-pound individual had consumed three 12 oz cans of 10-proof beer, he or she would have to wait 6 hours before the alcohol would be metabolized. Calculate the amount of time that would have to elapse for you to metabolize all the alcohol if you had consumed three of one of the types of drinks you calculated a maintenance rate for above:

\[
3 \times (\quad) = \quad \text{hours}
\]

Given this consumption level, your answer here indicates the number of hours you should wait before driving.
WELLNESS WORKSHEET 53
Drinking and Driving

Protecting Yourself on the Road

List signs of an impaired driver.

List strategies for the following situations in which you encounter an impaired driver.

1. The driver is ahead of you.

2. The driver is behind you.

3. The driver is approaching you.

Being a Responsible Guest

List three strategies for drinking less in a social situation or for avoiding driving while impaired.

1. _______________________________________________________________________________________

2. _______________________________________________________________________________________

3. _______________________________________________________________________________________

Create a schedule or plan below for sharing designated driver responsibilities.

________________________________________________________________________________________
________________________________________________________________________________________

Being a Responsible Host

List three strategies for seeing that your guests do not leave your home or residence while impaired.

1. _______________________________________________________________________________________

2. _______________________________________________________________________________________

3. _______________________________________________________________________________________
List three things you might say or do for someone who is leaving your residence impaired and insists on driving home.

1. ______________________________________________________________________________________
2. ______________________________________________________________________________________
3. ______________________________________________________________________________________

INTERNET ACTIVITY
Part I. Drunk Driving Laws in Your State
Visit the site for the Insurance Institute for Highway Safety (http://www.iihs.org/laws/default.html) and find out about the drunk driving laws in your state. What is the BAC limit? What are the penalties?

Part II. Drinks to Reach Legal Limit
Visit one of the following sites, and determine the approximate number of drinks you would have to consume in an hour to be legally drunk in your state.
   - Facts on Tap: Blood Alcohol Level: http://www.factsontap.org/factsontap/students.htm
   - Intoximeters Drink Wheel Blood Alcohol Test: http://www.intox.com/wheel/drinkwheel.asp

Number of drinks:

Part III. Preventing Drunk Driving
Research strategies for preventing drunk driving—for drinking moderately, if at all, in social situations; for using designated drivers; and/or for being a responsible party host. Visit the sites listed below or those listed in your text, or use a search engine to locate other useful sites.
   - Facts on Tap: http://www.factsontap.org
   - Go Ask Alice: http://www.goaskalice.columbia.edu
   - Higher Education Center for Alcohol and Other Drug Prevention: http://www.edc.org/hec
   - What’s Driving You? http://www.whatsdrivingyou.org

Strategies:
WELLNESS WORKSHEET 55

Nicotine Dependence: Are You Hooked?

Answer each question in the list below, giving yourself the appropriate points. Completing the smoking journal on the reverse may help you answer these questions more accurately.

1. How soon after you wake up do you have your first cigarette?
   a. within 5 minutes (3)
   b. 6–30 minutes (2)
   c. 31–60 minutes (1)
   d. After 60 minutes (0)

2. Do you find it difficult to refrain from smoking in places where it is forbidden, such as the library, theater, or a doctor’s office?
   a. yes (1)
   b. no (0)

3. Which cigarette would you most hate to give up?
   a. the first one in the morning (1)
   b. any other (0)

4. How many cigarettes a day do you smoke?
   a. 10 or less (0)
   b. 11–20 (1)
   c. 21–30 (2)
   d. 31 or more (3)

5. Do you smoke more frequently during the first hours after waking than during the rest of the day?
   a. yes (1)
   b. no (0)

6. Do you smoke if you are so ill that you are in bed most of the day?
   a. yes (1)
   b. no (0)

Total

A total score of 7 or greater indicates that you are very dependent on nicotine and are likely to experience withdrawal symptoms when you stop smoking. A score of 6 or less indicates low to moderate dependence.

INTERNET ACTIVITY

Many Web sites offer help for smokers who want to quit. Visit one of the following or do a search to find another appropriate site. Write a brief description and evaluation of the quitting information offered. What information or advice is provided? Do you find it personally useful for quitting?

- American Cancer Society: http://www.cancer.org
- American Lung Association: http://www.lungusa.org
- Try to stop: http://www.trytostop.org

Site visited (URL):

Description:
### Smoking Journal

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>M</th>
<th>TU</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>SA</th>
<th>SU</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time of day</th>
<th>Where were you?</th>
<th>What else were you doing?</th>
<th>Did someone else influence you?</th>
<th>Emotions and feelings?</th>
<th>Thoughts and concerns?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = Number of cigarettes</td>
<td>R = Rating (0–3) of how much you wanted cigarette</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Although smoking cigarettes is physiologically addicting, people smoke for reasons other than nicotine craving. What kind of smoker are you? Knowing what your motivations and satisfactions are can ultimately help you quit. This test is designed to provide you with a score on each of six factors that describe many people’s smoking. Read the statements and then answer how often you feel this way when you smoke cigarettes. Be sure to answer each question.

**How to Score**

1. Enter the numbers you have circled to the smoking questions in the scoring chart, putting the number you have circled to question A over line A, to question B over line B, and so on.

**WELLNESS WORKSHEET 56**

For Smokers Only: Why Do You Smoke?

---

A. I smoke cigarettes in order to keep myself from slowing down.

B. Handling a cigarette is part of the enjoyment of smoking it.

C. Smoking cigarettes is pleasant and relaxing.

D. I light up a cigarette when I feel angry about something.

E. When I have run out of cigarettes, I find it almost unbearable until I can get them.

F. I smoke cigarettes automatically without even being aware of it.

G. I smoke cigarettes to stimulate me, to perk myself up.

H. Part of the enjoyment of smoking a cigarette comes from the steps I take to light up.

I. I find cigarettes pleasurable.

J. When I feel uncomfortable or upset about something, I light up a cigarette.

K. I am very much aware of the fact when I am not smoking a cigarette.

L. I light up a cigarette without realizing I still have one burning in the ashtray.

M. I smoke cigarettes to give me a “lift.”

N. When I smoke a cigarette, part of the enjoyment is watching the smoke as I exhale it.

O. I want a cigarette most when I am comfortable and relaxed.

P. When I feel “blue” or want to take my mind off cares and worries, I smoke cigarettes.

Q. I get a real gnawing hunger for a cigarette when I haven’t smoked for a while.

R. I’ve found a cigarette in my mouth and didn’t remember putting it there.

---

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>D</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>E</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>F</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
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<tr>
<td>G</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>H</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>J</td>
<td>5</td>
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<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>K</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>L</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>M</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>O</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>P</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Q</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>R</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

2. Total the 3 scores on each line to get your totals. For example, the sum of your scores over lines A, G, and M gives you your score on *Stimulation*; lines B, H, and N give the score on *Handling*; and so on.

**Scoring Chart**

<table>
<thead>
<tr>
<th>Totals</th>
<th>A</th>
<th>G</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th>B</th>
<th>H</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th>C</th>
<th>I</th>
<th>O</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pleasurable relaxation</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th>D</th>
<th>J</th>
<th>P</th>
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<tbody>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crutch: tension reduction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th>E</th>
<th>K</th>
<th>Q</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craving: strong physiological or psychological addiction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals</th>
<th>F</th>
<th>L</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Habit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What Your Scores Mean**

Scores can vary from 3 to 15. Any score 11 and above is *high*; any score 7 and below is *low*. The higher your score, the more important a particular factor is in your smoking and the more useful the discussion of that factor can be in your attempt to quit.

**Stimulation** If you score high on this factor, it means that you are stimulated by cigarettes—you feel that they help wake you up, organize your energies, and keep you going. Try substituting a brisk walk or moderate exercise whenever you feel the urge to smoke.

**Handling** A high score suggests you gain satisfaction from handling a cigarette. Try doodling or toying with a pen, pencil, or other small object.

**Accentuation of Pleasure—Pleasurable Relaxation** A high score on this factor suggests that you receive pleasure from smoking. Try substituting other pleasant situations or events such as social or physical activities.

**Reduction of Negative Feelings, or “Crutch”** A high score on this factor means you use cigarettes as a kind of crutch in moments of stress or discomfort. Physical exertion or social activity may serve as useful substitutes for cigarettes. Refer back to Chapter 2 for other strategies for dealing with stress.

**Craving or Strong Addiction** A high score on this factor indicates that you have a strong psychological craving for cigarettes. “Cold turkey” is probably your best approach to quitting. It may be helpful for you to smoke more than usual for a day or two so that your taste for cigarettes is spoiled, and then isolate yourself completely from cigarettes until the craving is gone.

**Habit** A high score on this factor indicates that you smoke out of habit, not because smoking gives you satisfaction. Being aware of every cigarette you smoke and cutting down gradually may be effective quitting strategies for you.

**Summary**

 Quitting smoking isn’t easy. It usually means giving up something pleasurable that has a definite place in your life. In the end, of course, it’s worth it. Now that you have some ideas about why you smoke, read the Behavior Change Strategy at the end of the chapter for a plan that will help you quit.

WELLNESS WORKSHEET 57
For Users of Spit Tobacco or Cigars

Part I. Spit Tobacco
If you use spit tobacco on a regular basis, it is highly likely that you are addicted to nicotine. To determine the strength of your addiction, check any of the following statements that are true for you.

_____ I no longer feel dizzy or nauseated as I did when I first used spit tobacco.
_____ I use spit tobacco more frequently and in more situations than I used to.
_____ I have changed products to ones that contain higher doses of nicotine (check product labels: the average dose of nicotine is 3.6 mg for snuff, 4.6 mg for chew, and 1.8 mg for cigarettes).
_____ I have my first dip or chew early in the day.
_____ I find it difficult to stop using spit tobacco for more than a few hours at a time.
_____ I have strong cravings for spit tobacco—when I don’t use it, I think about it frequently.
_____ I use spit tobacco even when I’m ill, such as with a cold or the flu.
_____ I notice physical and emotional effects such as headache, irritability, fatigue, and difficulty sleeping or concentrating if I go longer than usual without using spit tobacco.
_____ I have tried and failed to quit.
_____ I also smoke cigarettes or cigars at least occasionally.

The more statements you checked, the stronger your dependence on nicotine. Find out more about how spit tobacco affects your life by completing the following:

How much spit tobacco do you use each day or week? How often do you use it?

When did you start using spit tobacco? Why did you start? How long do you plan to continue?
WELLNESS WORKSHEET 57 — continued

Carefully examine your mouth—inside and out—for signs of the effects of spit tobacco. Do you have any sores, white patches, or lumps; discolored or damaged teeth; gum recession; or bad breath? Note the size and location of any problems, and recheck your mouth regularly to track any changes.

Add up how much money you spend on spit tobacco: $_______ per week, $_______ per month, $_______ per year. Can you think of something else you’d like to spend this money on?

Ask your friends and family members what they think about your use of spit tobacco. Do they worry about its effect on your health? Do they find the associated bad breath and spitting to be unappealing? Do you get different responses to these questions from other users of spit tobacco than you do from nonusers?

Part II. Cigars

Describe your use of cigars: How often do you smoke a cigar? How many do you smoke per day, per week, or per month? What type of cigars do you smoke?
WELLNESS WORKSHEET 57 — continued

Do you smoke cigars more often now than in the past? Has there been any change in your pattern of use? Have you started using other forms of tobacco? (Any escalation of use could potentially be a sign of dependence on nicotine.)

Why do you smoke cigars? How does it make you feel physically, emotionally, and socially?

How much money do you currently spend on cigars each month? $ ________ What do you think about spending this much over a long period of time?

Ask your friends and family members what they think about your use of cigars. Do they worry about the health effects—on you and/or on the people around you when you smoke? Do they find the cigar smoke to be appealing or unappealing? Do you get different responses to these questions from other users of cigars than you do from nonusers?

Do you ever think about the health risk of cigar use—for yourself or those exposed to your tobacco smoke? Do you know what the health risks of cigar use are?
**INTERNET ACTIVITY**

Use the World Wide Web to obtain more information about the health effects of spit tobacco or cigars. Use the sites listed below or do a search. List five potential adverse effects of the use of spit tobacco or cigars; these can be adverse effects for the user or for nonusers exposed to her or his tobacco habit.

- American Cancer Society: http://www.cancer.org
- American Lung Association: http://www.lungusa.org
- CDC Smoking and Tobacco Use: http://www.cdc.gov/tobacco

Site(s) visited (URL): ______________________________________________________________________

Health effects:

1. ______________________________________________________________________________________
2. ______________________________________________________________________________________
3. ______________________________________________________________________________________
4. ______________________________________________________________________________________
5. ______________________________________________________________________________________

At the site(s) you visited, did you find any quitting resources that you can use? If so, provide a brief description.
WELLNESS WORKSHEET 58
For Nonsmokers

List five things you might say to someone in asking him or her not to smoke in your presence. How would you defend your right to breathe smoke-free air?

1. ______________________________________________________________________________________
   ______________________________________________________________________________________

2. ______________________________________________________________________________________
   ______________________________________________________________________________________

3. ______________________________________________________________________________________
   ______________________________________________________________________________________

4. ______________________________________________________________________________________
   ______________________________________________________________________________________

5. ______________________________________________________________________________________
   ______________________________________________________________________________________

List three situations where you recall being exposed to cigarette smoking. For each, describe what you might have done to avoid the situation.

1. ______________________________________________________________________________________
   ______________________________________________________________________________________

2. ______________________________________________________________________________________
   ______________________________________________________________________________________

3. ______________________________________________________________________________________
   ______________________________________________________________________________________

If you’ve never smoked . . . Why do you think you never started smoking?

Did you have exposure to smokers (friends or family members) as you were growing up? How did this affect your decision not to smoke?
What kinds of things do you think make people start smoking?

If you’re an ex-smoker . . . How and why did you quit?

Can you offer any advice for the smoker who wants to quit?

INTERNET ACTIVITY
The World Wide Web provides many opportunities to become more involved in health issues that confront the United States, including tobacco use. Research ways to become an online tobacco activist. Visit the Web sites listed below and/or do a search for additional tobacco-related sites.

- Action on Smoking and Health: http://ash.org
- American Lung Association Action network: http://lungaction.org
- Campaign for Tobacco-Free Kids: http://www.tobaccofreekids.org
- Tobacco BBS: http://tobacco.org

Site(s) visited (URL): _____________________________________________________________

What opportunities for involvement did you discover? Do you think you are more likely to participate in online activist activities than activities that require personal contact? Why or why not?
## How’s Your Diet?

- For each question, circle the plus (+) or minus (−) score(s) that best reflects your diet. If you circle more than one score, average them by adding the scores and dividing by the number of scores you circled.
- For your final score, add your plus scores separately from your minus scores, then subtract your total minus scores from your total plus scores.
- Keep the quiz as incentive. Take it again in a few months to see if your habits have improved.

1. How many times a week do you eat red meat? (Include beef, lamb, pork, veal.)
   - (a) 0 +4
   - (b) 1 or 2 +2
   - (c) 3 or 4 −2
   - (d) 5 or 6 −4
   - (e) More than 6 −5

2. How many ounces of red meat constitute your normal portion? (Hint: 3 ounces, cooked, is approximately the size of a deck of cards.)
   - (a) 3 ounces +2
   - (b) 4 ounces +1
   - (c) 5 ounces −2
   - (d) 6 or more ounces −3

3. What kind of red meat do you usually choose?
   - (a) Loin or round cuts only +2
   - (b) 80% lean +1
   - (c) Ribs, T-bone −4
   - (d) Hot dogs, bacon, bologna −5

4. How many times a week do you eat seafood? (Omit fried dishes; include shellfish like shrimp and lobster.)
   - (a) 2 or more +4
   - (b) 1 +2
   - (c) Less than 1 0
   - (d) Never −3

5. How many ounces of poultry or seafood do you eat for a serving? (Do not count fried items.)
   - (a) 3 ounces +2
   - (b) 4 ounces +1
   - (c) 5 ounces −2
   - (d) 6 or more ounces −3

6. Do you remove the skin from poultry?
   - (a) Yes +2
   - (b) No −3
   - (c) Don’t eat poultry 0

7. How many times a week do you eat at least one half-cup serving of legumes? (Include beans like soybeans, navy, kidney, garbanzo, baked beans, lentils.)
   - (a) 3 or more +4
   - (b) 1 or 2 +2
   - (c) Less than 1 0
   - (d) Never eat legumes −1

8. What kind of milk do you drink?
   - (a) Skim or 1% +3
   - (b) Don’t drink milk 0
   - (c) 2% −3
   - (d) Whole −4

9. What kind of cheese do you usually eat?
   - (a) Fat-free +2
   - (b) Low-fat (5 grams fat or less per ounce) +1
   - (c) Don’t eat cheese 0
   - (d) Whole-milk cheese −4

10. How many servings of low-fat, high-calcium foods do you eat daily? (One cup of yogurt or milk, 2 ounces of cheese, or one cup chopped broccoli, kale, or greens count as a serving.)
    - (a) 3 or more +4
    - (b) 1 or 2 +2
    - (c) 0 −3

11. What kind of bread do you eat most often?
    - (a) 100% whole wheat +4
    - (b) Whole grain +2
    - (c) White, “wheat,” Italian or French 0
    - (d) Croissant or biscuit −4

12. Which is part of your most typical breakfast?
    - (a) High-fiber cereal and fruit +4
    - (b) Bagel or toast +1
    - (c) Don’t eat breakfast −2
    - (d) Danish, pastry, or doughnut −3

13. What kind of sauce or topping is usually on the pasta you eat?
    - (a) Vegetables tossed lightly with olive oil +3
    - (b) Tomato or marinara sauce +2
    - (c) Meat sauce −3
    - (d) Alfredo or cream sauce −4

14. Which would you be most likely to order at a Chinese restaurant?
    - (a) Chicken with steamed vegetables over white rice +3
    - (b) Cold sesame noodles −1
    - (c) Twice-fried pork −4

15. Which would you be most likely to choose as toppings for pizza?
    - (a) Vegetables (e.g., broccoli, peppers) +3
    - (b) Plain cheese 0
    - (c) Extra cheese −3
    - (d) Sausage and pepperoni −4
16. What is the most typical snack for you?
   (a) Fresh fruit +4  
   (b) Low-fat yogurt +3  
   (c) Pretzels +1  
   (d) Potato chips –3  
   (e) Candy bar –3

17. How many half-cup servings of a high vitamin C fruit or vegetable do you eat daily? (Include citrus fruit and juices, kiwi, papaya, strawberries, broccoli, peppers, potatoes, tomatoes.)
   (a) 2 or more +3  
   (b) 1 +1  
   (c) None –3

18. How many half-cup servings of a high vitamin A fruit or vegetable do you eat daily? (Include apricots, cantaloupe, mango, broccoli, carrots, greens, spinach, sweet potato, winter squash.)
   (a) 2 or more +3  
   (b) 1 +1  
   (c) None –3

19. What kind of salad dressing do you most often choose?
   (a) Fat-free or low-fat +3  
   (b) Lemon juice or herb vinegar +3  
   (c) Olive or canola oil-based +1  
   (d) Creamy or cheese-based –3

20. What do you usually spread on bread, rolls, or bagels?
    (a) Nothing +1  
    (b) Jam, jelly, or honey –1  
    (c) Light butter or light margarine –2  
    (d) Margarine –3  
    (e) Butter –4

21. What spread do you usually choose for sandwiches?
    (a) Nothing +3  
    (b) Mustard +2  
    (c) Light mayonnaise –1  
    (d) Mayonnaise, margarine, or butter –3

22. Which frozen dessert do you usually choose?
   (a) Don’t eat frozen desserts +3  
   (b) Fat-free frozen yogurt +1  
   (c) Sorbet or sherbet +1  
   (d) Light ice cream –2  
   (e) Ice cream –4

23. How many cups of caffeinated beverages (e.g., coffee, tea, or soda) do you usually drink in a typical day?
   (a) None +2  
   (b) 1 to 2 0  
   (c) 3 or 4 –1  
   (d) 5 or more –4

24. How many total cups of fluid do you drink in a typical day? (Include water, juice, milk.)
   (a) 8 or more +3  
   (b) 6 to 7 +2  
   (c) 4 or 5 +1  
   (d) Less than 4 –1

25. What kind of cereal do you eat?
    (a) High-fiber cereals such as bran flakes +3  
    (b) Low-fiber, low-sugar cereals, such as puffed rice, corn flakes, Corn Chex, or Cheerios 0  
    (c) Sugary, low-fiber cereals, like Frosted Flakes, or fruit-flavored cereals –2  
    (d) Regular (high-fat) granola –3

26. How many times a week do you eat fried foods?
    (a) never +4  
    (b) 2 or less 0  
    (c) 3 or more –3

27. How many times a week do you eat cancer-fighting cruciferous vegetables? (Include broccoli, cauliflower, brussels sprouts, cabbage, kale, bok choy, cooking greens, turnips, rutabaga.)
    (a) 3 or more +4  
    (b) 1 to 2 +2  
    (c) Rarely –4

Score: ___________ – ___________ = _________
(total of + answers) (total of – answers)

**Scoring**
65–82: Excellent
42–64: Very good
28–41: Good
16–27: Fair
Below –16: Get help!
Estimating Daily Energy Requirements

If your weight is stable, your current daily energy intake is the number of calories you need to consume to maintain your weight at your current activity level. You can determine the number of calories you consume on a particular day by keeping a careful and complete record of everything you eat and then totaling the number of calories in all the foods and beverages you consumed. This calculation can be done by hand, by using a nutrition analysis software program, or by using one of several Web sites that perform this type of analysis; for example, go to MyPyramid.gov and click on MyPyramid Tracker.

People often underestimate the size of their food portions, and so energy goals based on estimates of current calorie intake from food records can be inaccurate. You can also estimate your daily energy needs using the following formulas. To use the appropriate formula for your gender, you'll need to plug in the following:

- Age (in years)
- Weight (in pounds)
- Height (in inches)
- Physical activity coefficient (PA) from the table below; to help estimate your physical activity level, consider the following guidelines: Someone who walks briskly for 30 minutes per day (or the equivalent) in addition to the activities in a sedentary lifestyle is considered “low active”; someone who walks briskly for 90 minutes per day is considered “active.”

### Physical Activity Coefficient (PA)

<table>
<thead>
<tr>
<th>Physical Activity Level</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Low active</td>
<td>1.12</td>
<td>1.14</td>
</tr>
<tr>
<td>Active</td>
<td>1.27</td>
<td>1.27</td>
</tr>
<tr>
<td>Very active</td>
<td>1.54</td>
<td>1.45</td>
</tr>
</tbody>
</table>

#### Estimated Daily Energy Requirement for Weight Maintenance in Men

\[864 - (9.72 \times \text{Age}) + (\text{PA} \times [(6.39 \times \text{Weight}) + (12.78 \times \text{Height})])\]

1. \(9.72 \times \) ________ Age (years) = ________
2. 864 – ________ Result from step 1 = ________ \([\text{result may be a negative number}]\)
3. 6.39 \times \) ________ Weight (pounds) = ________
4. 12.78 \times \) ________ Height (inches) = ________
5. ________ Result from step 3 + ________ Result from step 4 = ________
6. ________ PA (from table) \times \) ________ Result from step 5 = ________
7. ________ Result from step 2 + ________ Result from step 6 = ________ Calories per day

#### Estimated Daily Energy Requirement for Weight Maintenance in Women

\[387 - (7.31 \times \text{Age}) + (\text{PA} \times [(4.91 \times \text{Weight}) + (16.78 \times \text{Height})])\]

1. \(7.31 \times \) ________ Age (years) = ________
2. 387 – ________ Result from step 1 = ________ \([\text{result may be a negative number}]\)
3. 4.91 \times \) ________ Weight (pounds) = ________
4. 16.78 \times \) ________ Height (inches) = ________
5. ________ Result from step 3 + ________ Result from step 4 = ________
6. ________ PA (from table) \times \) ________ Result from step 5 = ________
7. ________ Result from step 2 + ________ Result from step 6 = ________ Calories per day

(over)
Setting Intake Goals for Protein, Fat, and Carbohydrate

Once you have an estimate of your daily energy (calorie) needs, the next step is to set goals for daily intake from the three classes of macronutrients—protein, fat, and carbohydrate. You can allocate your total daily calories among the three classes of macronutrients to suit your preferences; just make sure that the three percentage values you select total 100% and that your values fall within the Acceptable Macronutrient Distribution Ranges (AMDRs) set by the Food and Nutrition Board of the National Academies. For example, you may choose targets of 15% of total daily calories from protein, 35% from fat, and 50% from carbohydrate. Fill in your percentage goals in the chart below:

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>AMDR (% of total daily calories)</th>
<th>Individual goals (% of total daily calories)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td>10–35%</td>
<td>________ %</td>
</tr>
<tr>
<td>Fat</td>
<td>20–35%</td>
<td>________ %</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>45–65%</td>
<td>________ %</td>
</tr>
</tbody>
</table>

To translate your own percentage goals into daily intake goals expressed in calories and grams, multiply the percentages you’ve chosen by your total calorie intake and then divide the result by the corresponding calories per gram. (Use the total daily calorie goal you calculated in the first part of this worksheet and the percentage goals you set in the table above.) For example, a fat limit of 35% applied to a 2200-calorie diet would be calculated as follows: 0.35 × 2200 = 770 calories of total fat; 770 ÷ 9 calories per gram = 86 grams of total fat. (Remember, fat has 9 calories per gram and protein and carbohydrate have 4 calories per gram.)

Summary of Goals

Total Daily Energy Intake: ________ calories per day

Macronutrients: Protein, Fat, Carbohydrate

<table>
<thead>
<tr>
<th>Macronutrient</th>
<th>Percent of total daily calories</th>
<th>Calories per day</th>
<th>Grams per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td>________ %</td>
<td>________ calories/day</td>
<td>________ grams/day</td>
</tr>
<tr>
<td>Fat</td>
<td>________ %</td>
<td>________ calories/day</td>
<td>________ grams/day</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>________ %</td>
<td>________ calories/day</td>
<td>________ grams/day</td>
</tr>
</tbody>
</table>

To determine how close you are to meeting your personal intake goals, keep a running total over the course of the day. For prepared foods, food labels list the number of grams of fat, protein, and carbohydrate; the breakdown for popular fast-food items can be found in an appendix of your text. Nutrition information is also available in many grocery stores, in published nutrition guides, in nutrition analysis software, and online. By checking these resources, you can track the total grams of fat, protein, and carbohydrate you eat and assess your current diet.

### WELLNESS WORKSHEET 66

#### Informed Food Choices

**Part I. Using Food Labels**

Choose three food items to evaluate. You might want to select three similar items, such as regular, low-fat, and fat-free salad dressing, or three very different items. Record the information from their food labels below.

<table>
<thead>
<tr>
<th>Food Items</th>
<th>Serving size</th>
<th>cal</th>
<th>cal</th>
<th>cal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total calories</td>
<td>g</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Total fat—grams</td>
<td>g</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Saturated fat—grams</td>
<td>g</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Trans fat—grams</td>
<td>g</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Cholesterol—milligrams</td>
<td>mg</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Sodium—milligrams</td>
<td>mg</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Carbohydrates (total)—grams</td>
<td>g</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Dietary fiber—grams</td>
<td>g</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Sugars—grams</td>
<td>g</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Protein—grams</td>
<td>g</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Vitamin A—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Vitamin C—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Calcium—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Iron—% Daily Value</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

How do the items you chose compare? You can do a quick nutrient check by totaling the Daily Value percentages for nutrients you should limit (total fat, cholesterol, sodium) and the nutrients you should favor (dietary fiber, vitamin A, vitamin C, calcium, iron) for each food. Which food has the largest percent Daily Value sum for nutrients to limit? For nutrients to favor?

<table>
<thead>
<tr>
<th>Food Items</th>
<th>% Daily Value total nutrients to limit (total fat, cholesterol, sodium)</th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>cal</td>
<td>cal</td>
<td>cal</td>
<td></td>
</tr>
</tbody>
</table>

(over)
**Part II. Evaluating Fast Food**

Use the information from Appendix A, Nutritional Content of Popular Items from Fast-Food Restaurants, to complete the chart below for the last fast-food meal you ate. Add up your totals for the meal. Compare the values for fat, protein, carbohydrate, cholesterol, and sodium content for each food item and for the meal as a whole with the levels suggested by the Dietary Guidelines for Americans. Calculate the percentage of total calories derived from fat, saturated fat, protein, and carbohydrate using the formulas given.

If you haven’t recently been to one of the restaurants included in the appendix, fill in the chart for any sample meal you might eat. If some of the food items you selected don’t appear in Appendix A, ask for a nutrition information brochure when you visit the restaurant, or check out the online fast-food information: Arby’s (http://www.arbysrestaurant.com), Burger King (http://www.burgerking.com), Jack in the Box (http://www.jackinthebox.com), KFC (http://www.kfc.com), McDonald’s (http://www.mcdonalds.com), Subway (http://www.subway.com), Taco Bell (http://www.tacobell.com), Wendy’s (http://www.wendys.com).

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### Food Items

<table>
<thead>
<tr>
<th>Dietary Guidelines</th>
<th>Totalb</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>g</td>
</tr>
<tr>
<td>Serving size (g)</td>
<td></td>
</tr>
<tr>
<td>Calories</td>
<td>cal</td>
</tr>
<tr>
<td>Total fat—grams</td>
<td>g</td>
</tr>
<tr>
<td>—% calories(^a)</td>
<td>20–35%</td>
</tr>
<tr>
<td>Saturated fat—grams</td>
<td>g</td>
</tr>
<tr>
<td>—% calories(^a)</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Protein—grams</td>
<td>g</td>
</tr>
<tr>
<td>—% calories(^a)</td>
<td>10–35%</td>
</tr>
<tr>
<td>Carbohydrate—grams</td>
<td>g</td>
</tr>
<tr>
<td>—% calories(^a)</td>
<td>45–65%</td>
</tr>
<tr>
<td>Cholesterol(^c)</td>
<td>100 mg</td>
</tr>
<tr>
<td>Sodium(^c)</td>
<td>800 mg</td>
</tr>
</tbody>
</table>

\(^a\) To calculate the percentage of total calories from each food energy source (fat, carbohydrate, protein), use the following formula:

\[
\text{percentage of total calories} = \frac{\text{number of grams of energy source} \times \text{number of calories per gram of energy source}}{\text{total calories in serving of food item}}
\]

(Note: Fat and saturated fat provide 9 calories per gram; protein and carbohydrate provide 4 calories per gram). For example, the percentage of total calories from protein in a 150-calorie dish containing 10 grams of protein is

\[
\frac{10 \text{ grams of protein} \times 4 \text{ calories per gram}}{150 \text{ calories}} = \frac{40}{150} = 0.27, \text{ or } 27\% \text{ of total calories from protein}
\]

\(^b\) For the Total column, add up the total grams of fat, carbohydrate, and protein contained in your sample meal and calculate the percentages based on the total calories in the meal. (Percentages may not total 100% due to rounding.) For cholesterol and sodium values, add up the total number of milligrams.

\(^c\) Recommended daily limits of cholesterol and sodium are divided by 3 here to give an approximate recommended limit for a single meal.
WELLNESS WORKSHEET 67

Reading Dietary Supplement Labels

Choose a dietary supplement label to evaluate; look for a product containing the “Supplement Facts” panel on its label. Use the information on the label to answer the following questions:

Name of product: ____________________________________________ Price: $_______________________
Serving size:______________________________________________________________________________
Name and address of manufacturer: ___________________________________________________________
________________________________________________________________________________________

Contents:

Nutrients with established daily values and amount per serving:

Substances with no established daily values—list name, part of plant (for botanicals), and amount per serving:

Other ingredients:

Are standardization levels given for any of the substances contained in the supplement? If so, what are they?

Directions for use:

Are there any warnings or precautions for use of the product? If so, list them here. Do any apply to you?

Is there any other information relating to use or storage of the supplement?
Does the label contain any health-related claims? If so, list them in the appropriate category below.

Nutrient-content claims such as “high in . . .,” “excellent source of . . .,” or “high potency”:

FDA-authorized claims about disease prevention (examples include the links between calcium and the prevention of osteoporosis, folate and the prevention of neural tube defects, and soluble fiber and the prevention of heart disease); claims may be authorized or qualified:

Structure-function claims such as “antioxidants maintain cell integrity”; these claims carry a disclaimer stating that they have not been evaluated by the FDA and that the product is not intended to diagnose, treat, cure, or prevent disease:

Does the label or packaging include any other elements—artwork, photographs, and so on—that imply that use of the supplement will have a particular effect?

Does the supplement contain the USP-DSVP designation from the U.S. Pharmacopoeia? The NNFA designation from the National Nutritional Foods Association? Any other indication of quality or purity?

Has a close study of the label changed your opinion about the product and made you more or less likely to try it? Why or why not?
INTERNET ACTIVITY
The responsibility for becoming informed about dietary supplements is currently left primarily to the consumer. Investigate one ingredient in the dietary supplement you used to complete this worksheet. Use the resources listed below or do a search to locate at least one research study on the substance you’ve chosen to investigate. If you locate a large number of studies, choose one that relates to the claims made on the supplement label you reviewed. Once you find an appropriate study, write a brief description of it.


Site visited (URL): ______________________________________________________________________
Substance: _____________________________________________________________________________
Citation of study: _______________________________________________________________________
_____________________________________________________________________________________

Brief description of study:

Finally, search the FDA’s Web site (http://www.fda.gov) for the substance you investigated. You may find a health warning, a report of an adverse effect associated with its use, or other helpful materials. Briefly describe any information you find there:
For health benefits and successful weight management, 30–60 or more minutes of daily physical activity is recommended. How close are you to meeting this recommendation? To develop a physical activity profile, begin by monitoring your activities on a typical day. Complete the chart below by filling in your activities and the amount of time you spend on each one; in addition, keep track of the number of flights of stairs you climb. Be sure the activities in your log total 24 hours. Classify each activity as sleep or as light, moderate, or vigorous according to the following guidelines:

**Light activities:** Walking slowly; routine tasks such as cooking or shopping; light housework such as ironing, dusting, or washing dishes; light yard work or home activities such as pruning, weeding, or plumbing; or light fitness activities such as light stretching, warming up, swimming slowly or slowly treading water.

**Moderate activities:** Walking briskly; cycling moderately on level terrain; social dancing; moderate housework such as scrubbing floors or washing windows; moderate yard work or home activities such as planting, raking, painting, or washing a car; fitness activities requiring moderate effort such as low-impact aerobics, playing Frisbee, swimming, or playing doubles’ tennis.

**Vigorous activities:** Walking briskly uphill; cycling on steep uphill terrain; heavy housework such as moving furniture or carrying heavy objects upstairs; vigorous yard work or home activities such as shoveling snow, trimming trees, doing construction work, or digging; fitness activities requiring vigorous effort such as running, high-impact aerobics, circuit weight training, swimming laps, and most competitive sports.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of flights of stairs: _________ flights
Physical Activity Summary (should total 24 hours)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep</td>
<td>hours</td>
</tr>
<tr>
<td>Light activity</td>
<td>hours</td>
</tr>
<tr>
<td>Moderate activity</td>
<td>hours</td>
</tr>
<tr>
<td>Vigorous activity</td>
<td>hours</td>
</tr>
<tr>
<td>Flights of stairs</td>
<td>flights</td>
</tr>
</tbody>
</table>

If you want to increase the amount of moderate or vigorous physical activity in your life, begin by analyzing the amount of time you spend in each intensity category according to the type of activity:

<table>
<thead>
<tr>
<th>Home and child-care activities</th>
<th>Light activity</th>
<th>Moderate activity</th>
<th>Vigorous activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>hours</td>
<td>hours</td>
<td>hours</td>
</tr>
<tr>
<td>School- or job-related activities</td>
<td>hours</td>
<td>hours</td>
<td>hours</td>
</tr>
<tr>
<td>Transportation-related activities</td>
<td>hours</td>
<td>hours</td>
<td>hours</td>
</tr>
<tr>
<td>Leisure activities</td>
<td>hours</td>
<td>hours</td>
<td>hours</td>
</tr>
<tr>
<td>Exercise/sport activities</td>
<td>hours</td>
<td>hours</td>
<td>hours</td>
</tr>
</tbody>
</table>

Increasing Daily Physical Activity

How much of your time in transportation-related activities and leisure activities is classified as light activity? Transportation and leisure activities are often the areas where it is easiest to substitute moderate activities for light activities. Examples include walking or biking rather than driving for short errands and going for a walk with a friend rather than chatting on the phone; refer to your text for additional suggestions. Below, identify three strategies for boosting physical activity in your daily life.

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Can you also identify additional opportunities to climb stairs each day? If so, list them here.

Your next step is to begin to adopt the strategies you’ve identified to increase physical activity. To monitor your progress, keep a daily journal of your physical activity based on the style of the charts shown in this worksheet.

People of any age who are not at high risk for serious health problems can safely exercise at a moderate intensity (60% or less of maximum heart rate) without a prior medical evaluation. Likewise, if you are male and under 40 or female and under 50 and in good health, exercise is probably safe for you. If you are over these ages or have health problems, especially high blood pressure, heart disease, muscle or joint problems, or obesity, see your physician before starting a vigorous exercise program. The Canadian Society for Exercise Physiology has developed the Physical Activity Readiness Questionnaire (PAR-Q) to help determine exercise safety; this questionnaire appears on the next page.

To further assess the safety of exercise for you, complete as much of the following health profile as possible. If the PAR-Q or anything on the general health profile indicate that you should see your physician before beginning an exercise program, or if you have any questions about the safety of exercise for you, make an appointment to talk with your health care provider to address your concerns.

General Health Profile for Exercise Safety

General Information

Age: ________ Total cholesterol: ________ Blood pressure: ____ / ____
Height: ________ HDL: ________ Triglycerides: ________
Weight: ________ LDL: ________ Blood glucose: ________
Are you currently trying to ___ gain or ___ lose weight? (check one if appropriate)

Medical Conditions/Treatments

Check any of the following that apply to you, and add any other conditions that might affect your ability to exercise safely.

___ heart disease ___ eating disorder ___ depression, anxiety, or another psychological disorder
___ lung disease ___ substance abuse problem ___ other: ________________________
___ diabetes ___ back pain ___ other: ________________________
___ allergies ___ arthritis ___ other: ________________________
___ asthma ___ other injury or joint problem: ________________________
___ Do you have a family history of cardiovascular disease (a parent, sibling, or child who had a heart attack or stroke before age 55 for men or 65 for women)

List any prescription and over-the-counter medications or supplements you are taking or any medical treatments you are undergoing. Include the name of the substance or treatment and its purpose.

___________________________________ ___________________________________
___________________________________ ___________________________________

Lifestyle Information

Check any of the following that is true for you, and fill in the requested information.

___ I usually eat high-fat foods (fatty meats, cheese, fried foods, butter, full-fat dairy products) every day.
___ I consume fewer than 7 servings of fruits and vegetables on most days.
___ I smoke cigarettes or use other tobacco products, or I am regularly exposed to ETS. If true, describe use/exposure: _____________________________________________________________________
___ I regularly drink alcohol. If true, describe consumption pattern: ________________________________________________

___ I often feel that I need more sleep. (I need about ____ hours per day; I get about ____ hours per day)
___ I feel that stress has adversely affected my level of wellness during the past year.

Describe your current activity pattern. What types of moderate and vigorous activity do you engage in on a daily or weekly basis? ___________________________________________________________ ____________
**PAR-Q & YOU**

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

### YES or NO Questions

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

2. Do you feel pain in your chest when you do physical activity?

3. In the past month, have you had chest pain when you were not doing physical activity?

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

7. Do you know of any other reason why you should not do physical activity?

### YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal.

Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

- Find out which community programs are safe and helpful for you.

### NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.

- take part in a fitness appraisal—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### Delay Becoming Much More Active:

- if you are not feeling well because of a temporary illness such as a cold or a fever—wait until you feel better; or

- if you are or may be pregnant—talk to your doctor before you start becoming more active.

### Please Note:

If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

---

**SOURCE:** Physical Activity Readiness Questionnaire (PAR-Q) © 2002. Used with permission from the Canadian Society for Exercise Physiology. www.CSEP.com
Wellness Worksheet 72
Evaluating Your Fitness Level

Once you’ve decided whether you should obtain medical clearance before making a change in your exercise program, the next step is to assess your current level of physical fitness. The tests presented here will enable you to make a relatively simple assessment of cardiorespiratory endurance (CRE), muscular endurance, and flexibility. The results from these tests can help show you what to focus on as you develop a fitness program.

Part I. Cardiorespiratory Endurance

1.5-Mile Run-Walk Test

Don’t attempt this test unless you have completed at least 6 weeks of some type of conditioning activity and, if indicated by Wellness Worksheet 70, have obtained medical clearance. You may want to practice pacing yourself prior to taking the test to avoid going too fast at the start and becoming fatigued before you finish. Allow yourself a day or two to recover from your practice run before taking the test. Before beginning this test, warm up with some walking, easy jogging, and stretching exercises.

1. Ask someone with a stopwatch, clock, or watch with a second hand to time you.

2. Take the test on a running track or course that is flat and provides measurements of up to 1.5 miles. Cover the distance as fast as possible, at a pace that is comfortable for you. You can run or walk the entire distance or use some combination of running and walking.

3. Note the time it takes you to complete the 1.5-mile distance.

Your time: ____ : ____ (minutes:seconds)

4. Cool down by walking or jogging slowly for about 5 minutes.

5. Determine the rating for your score by consulting the table below. If you are unable to complete the entire 1.5 miles, consider yourself very poor in CRE.

Standards for the 1.5-Mile Run-Walk Test (minutes:seconds)

<table>
<thead>
<tr>
<th>Age: 20–29</th>
<th>Superior</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age: 20–29</th>
<th>Superior</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
</table>

12-Minute Wheelchair Performance Test

1. Warm up before taking the test. Take the test on a track or course that is flat and provides exact distance measurements in miles.

2. Travel at a steady pace, as fast as possible without undue fatigue, for the entire 12 minutes. Cool down after the test is over.

3. Record the distance you traveled in miles, using a decimal figure. Distance traveled: _______ miles

Ratings for the 12-Minute Wheelchair Performance Test

<table>
<thead>
<tr>
<th>Distance (miles)</th>
<th>Fitness Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 0.63</td>
<td>Poor</td>
</tr>
<tr>
<td>0.63–0.86</td>
<td>Below average</td>
</tr>
<tr>
<td>0.87–1.35</td>
<td>Fair</td>
</tr>
<tr>
<td>1.36–1.59</td>
<td>Good</td>
</tr>
<tr>
<td>Above 1.59</td>
<td>Excellent</td>
</tr>
</tbody>
</table>


Part II. Muscular Strength and Endurance

The Curl-Up Test

Place 12-inch strips of tape or Velcro 3 inches apart on a mat or other testing surface. Try a few curl-ups to get used to the proper technique and warm up your muscles.

1. Start by lying on your back on the floor or mat, arms straight and by your sides, shoulders relaxed, palms down and on the floor, and fingers straight. Adjust your position so that the longest fingertip of each hand touches the end of the near strip of Velcro or tape. Your knees should be bent about 90 degrees, with your feet about 12–18 inches from your buttocks.

2. To perform a curl-up, flex your spine while sliding your fingers across the floor until the fingertips of each hand reach the second strip of Velcro or tape. Then, return to the starting position; the shoulders must be returned to touch the mat between curl-ups, but the head need not touch. Shoulders must remain relaxed throughout the curl-up, and feet and buttocks must stay on the floor. Breathe easily, exhaling during the lift phase of the curl-up; do not hold your breath.

3. When someone signals you to begin, perform as many curl-ups as you can at a steady pace with correct form. Continue until you drop your pace or are unable to maintain correct form.

Number of curl-ups performed with correct form: _____

Ratings for the Curl-Up Test

<table>
<thead>
<tr>
<th>Number of Curl-Ups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

(over)
The Push-Up Test

In this test, you will perform either standard push-ups or modified push-ups, in which you support yourself with your knees. The Cooper Institute developed the ratings for this test with men performing push-ups and women performing modified push-ups.

1. For push-ups: Start in the push-up position with your body supported by your hands and feet.
   For modified push-ups: Start in the modified push-up position with your body supported by your hands and knees. For both positions: Your arms and your back should be straight and your fingers pointed forward.

2. Lower your chest to the floor with your back straight, then return to the starting position.
3. Perform as many push-ups or modified push-ups as you can without stopping.

   Number of push-ups: _______ or number of modified push-ups: _______

Ranges for the Push-Up and Modified Push-Up Tests

Number of Push-Ups

<table>
<thead>
<tr>
<th>Age</th>
<th>Superior</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>40–49</td>
<td>40–64</td>
<td>30–36</td>
<td>24–29</td>
<td>18–22</td>
<td>11–16</td>
<td>5–10</td>
</tr>
<tr>
<td>60+</td>
<td>28–39</td>
<td>23–26</td>
<td>18–22</td>
<td>10–16</td>
<td>6–9</td>
<td>2–5</td>
</tr>
</tbody>
</table>

Number of Modified Push-Ups

<table>
<thead>
<tr>
<th>Age</th>
<th>Superior</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>40–49</td>
<td>33–60</td>
<td>24–28</td>
<td>18–21</td>
<td>13–17</td>
<td>6–11</td>
<td>1–4</td>
</tr>
<tr>
<td>50–59</td>
<td>28–31</td>
<td>21–25</td>
<td>17–20</td>
<td>12–15</td>
<td>6–10</td>
<td>0–4</td>
</tr>
<tr>
<td>60+</td>
<td>20–20</td>
<td>15–17</td>
<td>12–15</td>
<td>5–12</td>
<td>2–4</td>
<td>0–1</td>
</tr>
</tbody>
</table>

SOURCE: Based on norms from the Cooper Institute for Aerobics Research, Dallas, Texas. The Physical Fitness Specialist Manual. © 2007 The Cooper Institute. Reprinted with permission from The Cooper Institute, Dallas, Texas, from a book called Physical Fitness Assessments and Norms for Adults and Law Enforcement. Available online at www.cooperinstitute.org. Used with permission.

(over)
Part III. Flexibility

Sit-and-Reach Test

For this test, use a modified Wells and Dillon flexometer or construct your own measuring device using a firm box or two pieces of wood 12 inches high attached at right angles to each other. Place the box or wood device against a wall and attach a metric ruler to measure the extent of reach. With the low numbers of the ruler toward the person being tested, set the 26-centimeter mark of the ruler at the footline of the box. (Individuals who cannot reach as far as the footline will have scores below 26 centimeters; those who can reach past their feet will have scores above 26 centimeters.)

1. Warm up your muscles with a low-intensity activity such as walking, and then perform slow stretching movements.

2. Remove your shoes and sit facing the flexibility measuring device with your knees fully extended and your feet flat against the device about 4 centimeters apart.

3. Reach as far forward as you can, with palms down, arms evenly stretched, and knees fully extended; hold the position of maximum reach for about 2 seconds.

4. Perform the stretch two times, recording the maximum reading to the nearest 0.5 centimeters: _______ cm.

Ratings for Sit-and-Reach Test

<table>
<thead>
<tr>
<th>Rating/Score (cm.)*</th>
<th>Needs Improvement</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age: 15–19</td>
<td>Below 24</td>
<td>24–28</td>
<td>29–33</td>
<td>34–38</td>
<td>Above 38</td>
</tr>
<tr>
<td>40–49</td>
<td>Below 18</td>
<td>18–23</td>
<td>24–28</td>
<td>29–34</td>
<td>Above 34</td>
</tr>
<tr>
<td>60–69</td>
<td>Below 15</td>
<td>15–19</td>
<td>20–24</td>
<td>25–32</td>
<td>Above 32</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age: 15–19</td>
<td>Below 29</td>
<td>29–33</td>
<td>34–37</td>
<td>38–42</td>
<td>Above 42</td>
</tr>
<tr>
<td>20–29</td>
<td>Below 28</td>
<td>28–32</td>
<td>33–36</td>
<td>37–40</td>
<td>Above 40</td>
</tr>
<tr>
<td>40–49</td>
<td>Below 25</td>
<td>25–29</td>
<td>30–33</td>
<td>34–37</td>
<td>Above 37</td>
</tr>
<tr>
<td>60–69</td>
<td>Below 23</td>
<td>23–36</td>
<td>27–30</td>
<td>31–34</td>
<td>Above 34</td>
</tr>
</tbody>
</table>

*Footline is set at 26 cm.


A Summary of Your Fitness

<table>
<thead>
<tr>
<th>Components and Tests</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiorespiratory endurance</td>
<td></td>
</tr>
<tr>
<td>1.5-mile run-walk test or 12-minute wheelchair performance test</td>
<td></td>
</tr>
<tr>
<td>Muscular strength and endurance</td>
<td></td>
</tr>
<tr>
<td>60-second sit-up test</td>
<td></td>
</tr>
<tr>
<td>Push-up or modified push-up test</td>
<td></td>
</tr>
<tr>
<td>Flexibility</td>
<td></td>
</tr>
<tr>
<td>Sit-and-reach test</td>
<td></td>
</tr>
</tbody>
</table>

Use the information in this summary chart to help choose activities for your fitness program.
WELLNESS WORKSHEET 75
Getting to Know Your Fitness Facility

To help create a successful training program, take time out to learn more about a fitness facility on your campus or in your community.

Basic Information
Name and location of facility: ________________________________________________________________
Hours of operation: _________________________________________________________________________
Times available for general use: _______________________________________________________________
Times most convenient for your schedule: _______________________________________________________
Can you obtain an initial session or consultation with a trainer to help you create a program? ____ yes ____ no
If so, what does the initial planning session involve? ____________________________________________
________________________________________________________________________________________
Are any of the staff certified? Do any have special training? If yes, list/describe: _______________________
________________________________________________________________________________________
What types of weight training equipment are available for use? _______________________________________
________________________________________________________________________________________
Are other types of equipment available, such as treadmills or stair-climbers for the development of
cardiorespiratory endurance? If so, briefly list/describe: ____________________________________________
________________________________________________________________________________________
Are any group activities or classes available? If so, briefly describe: _________________________________
________________________________________________________________________________________

Yes No
____ ____ Is there a fee for using the facility? If so, how much? $________
____ ____ Is a student ID required for access to the facility?
____ ____ Do you need to sign up in advance to use the facility or any of the equipment?
____ ____ Is there typically a line or wait to use the equipment during the times you use the facility?
____ ____ Is there a separate area with mats for stretching and/or cool-down?
____ ____ Do you need to bring your own towel?
____ ____ Are lockers available? If so, do you need to bring your own lock? ____ yes ____ no
____ ____ Are showers available? If so, do you need to bring your own soap/shampoo? ____ yes ____ no
____ ____ Is drinking water available? (If not, be sure to bring your own bottle of water.)
Describe any other amenities, such as vending machines or saunas, that are available at the facility.
________________________________________________________________________________________
________________________________________________________________________________________
Information About Equipment

Find out more about the specific weight training equipment available at your local fitness facility, and use this information to help create a specific strength training program. Fill in the equipment and exercise(s) you can use to develop each of the following major muscles and muscle groups; for example, the muscles in the upper back can be worked by doing lat pulls on a lat pull machine or station. In many instances, one exercise can be used to develop several muscles. If you would like to incorporate additional exercises for other muscles, list those in the bottom portion of the chart. (Information about the equipment, exercises, and muscles worked may be available in writing near each piece of equipment and/or from the facility’s staff.)

<table>
<thead>
<tr>
<th>Muscles and muscle groups</th>
<th>Equipment</th>
<th>Exercise(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front of the arms (biceps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back of the arms (triceps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buttocks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front of thighs (quadriceps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back of thighs (hamstrings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### WELLNESS WORKSHEET 77

**What Triggers Your Eating?**

This test is designed to provide you with a score for five factors that describe many people’s eating. This information will put you in a better position to manage your eating behavior and control your weight. Circle the number that indicates to what degree each situation is likely to make you start eating.

<table>
<thead>
<tr>
<th>Social</th>
<th>Very Unlikely</th>
<th>Very Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arguing or having a conflict with someone</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>2. Being with others when they are eating</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>3. Being urged to eat by someone else</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>4. Feeling inadequate around others</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Feeling bad, such as being anxious or depressed</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>6. Feeling good, happy, or relaxed</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>7. Feeling bored or having time on my hands</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>8. Feeling stressed or excited</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Situational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Seeing an advertisement for food or eating</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>10. Passing by a bakery, cookie shop, or other enticement to eat</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>11. Being involved in a party, celebration, or special occasion</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>12. Eating out</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Thinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Making excuses to myself about why it’s OK to eat</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>14. Berating myself for being so fat or unable to control my eating</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>15. Worrying about others or about difficulties I am having</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>16. Thinking about how things should or shouldn’t be</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Physiological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Experiencing pain or physical discomfort</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>18. Experiencing trembling, headache, or light-headedness</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>associated with not eating or too much caffeine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Experiencing fatigue or feeling overtired</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>20. Experiencing hunger pangs or urges to eat, even</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>though I’ve eaten recently</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scoring

Total your scores for each category, and enter them below. Then rank the scores by marking the highest score 1, next highest score 2, and so on. Focus on the highest ranked categories first, but any score above 24 is high and indicates that you need to work on that category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social (Items 1–4)</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Emotional (Items 5–8)</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Situational (Items 9–12)</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Thinking (Items 13–16)</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Physiological (Items 17–20)</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

What Your Score Means

**Social** A high score here means you are very susceptible to the influence of others. Work on better ways to communicate more assertively, handle conflict, and manage anger. Challenge your beliefs about the need to be polite and the obligations you feel you must fulfill.

**Emotional** A high score here means you need to develop effective ways to cope with emotions. Work on developing skills in stress management, time management, and communication. Practicing positive but realistic self-talk can help you handle small daily upsets.

**Situational** A high score here means you are especially susceptible to external influences. Try to avoid external cues to eat and respond differently to those you cannot avoid. Control your environment by changing the way you buy, store, cook, and serve food. Anticipate potential problems, and have a plan for handling them.

**Thinking** A high score here means that the way you think—how you talk to yourself, the beliefs you hold, your memories, and your expectations—have a powerful influence on your eating habits. Try to be less self-critical, less perfectionistic, and more flexible in your ideas about the way things ought to be. Recognize when you’re making excuses or rationalizations that allow you to eat.

**Physiological** A high score here means that the way you eat, what you eat, or medications you are taking may be affecting your eating behavior. You may be eating to reduce physical arousal or deal with physical discomfort. Try eating three meals a day, supplemented with regular snacks if needed. Avoid too much caffeine. If any medication you’re taking produces adverse physical reactions, switch to an alternative, if possible. If your medications may be affecting your hormone levels, discuss possible alternatives with your physician.
Do You Feel Social Pressure to Eat?

This quiz can help assess how well you cope with social influences on your eating behavior. Rate yourself on each of the following statements according to how much you agree or disagree with each one.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It’s not right to say no when someone is just trying to be nice to me.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. It isn’t polite to refuse food when someone has prepared it especially for me.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. It’s often hard for me to speak up for what I need or want.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. I’d rather put my own needs second than hurt someone else’s feelings.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. It isn’t fair to want others to help me in my weight-management efforts.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. I shouldn’t involve others in my problems.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. I need to order drinks or a “big” entree at a restaurant in order to make others feel comfortable.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. When someone else is paying for it, I feel I may as well take advantage.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. Guests who are invited to dinner expect to be treated to fancy (which generally means “high-calorie”) meals.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. A good host or hostess fixes special meals for company, and this usually involves a high-fat entree and perhaps a sugary dessert.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. When invited to dinner, I should show my appreciation by eating well.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12. Calling ahead to inquire about the menu or making special requests of a hostess is making a nuisance of myself and I shouldn’t do it.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13. Other people depend on me, and their needs come first.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14. When someone tries to pressure me, I resist, even if what they want me to do is a good idea.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. When someone I care about doesn’t want me to change, I feel I should do as they ask.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16. I like the sympathy and attention I get from having a weight problem.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17. When I see others eating, I just can’t resist getting something to eat, too.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18. I can’t resist food at parties and celebrations.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

___ + ___ + ___ + ___ + ___

Total score = _____________

Score interpretation

54–90: *High Pressure Quotient*  Much of your belief system makes it harder for you to cope with social influences. You need to challenge your beliefs and make changes in the way you think.

37–53: *Moderate Pressure Quotient*  Some of your beliefs make it difficult for you to cope with social influences. Identify which beliefs keep you stuck, and change your way of thinking on these.

18–36: *Low Pressure Quotient*  Your beliefs stand you in good stead to resist social influences.


## Wellness Worksheet 79

### Getting Started on a Weight-Loss Program

#### Part I. Identifying Reasons for Losing Weight

If you have decided that you want to lose weight, establishing your personal reasons for this decision will help you remain committed to your program. Check the reasons listed below that are important to your decision. If your most important reasons aren’t included, add them to the list.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Important</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follow my doctor’s advice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Wear a smaller clothing size.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Improve my appearance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Feel more assured and attractive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Feel healthier and more in control of myself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Firm up muscle tone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Please someone who is important to me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Lower high blood pressure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Lower cholesterol and/or triglyceride levels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Increase high-density lipoprotein cholesterol.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Have more energy and increase stamina.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Reduce risk of circulatory disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. __________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. __________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. __________________________________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next, assign a ranking (1 is most important, 2 is next) to each of the reasons you have identified. For your top two reasons, write out below why these are your most important reasons. Do you think these reasons will help motivate you to start and stick with a weight-loss program? Why? Can you develop any strategies for using these reasons in your program (e.g., as rewards or written out and taped to the refrigerator as reminders)?
Part II. Daily Food Journal

To take a critical look at your eating habits, complete this food journal.

<table>
<thead>
<tr>
<th>Date: ______________________________</th>
<th>Day: M</th>
<th>TU</th>
<th>W</th>
<th>TH</th>
<th>F</th>
<th>SA</th>
<th>SU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of day</td>
<td>M/S</td>
<td>Food eaten</td>
<td>Cals.</td>
<td>H</td>
<td>Where did you eat?</td>
<td>What else were you doing?</td>
<td>How did someone else influence you?</td>
</tr>
</tbody>
</table>

M/S = Meal or Snack

H = Hunger Rating (0–3)
Part III. Identifying and Developing Strategies for Managing Common Eating Problems

By analyzing your daily food journal, you should be able to identify patterns of behavior that can contribute to overeating. For each of the groups of statements that appear below, check those that are true for you. If you check several statements for a given pattern/problem, it will probably be a significant factor in your weight-control program. Possible strategies for dealing with each type of problem are given. For those eating problems you identify as important, add your own ideas to the strategies listed.

A.  
____ I often skip meals.  
____ I often eat a number of snacks in place of a meal.  
____ I don’t have a regular schedule of meal and snack times.  
____ I make up for missed meals and snacks by eating more at the next meal.  

Problem: Irregular eating habits

Possible solutions:  
1. Write out a plan for each day’s meals in advance. Carry it with you and stick to it.  
   2. ______________________________________________________________________________________  
   ______________________________________________________________________________________  
   3. ______________________________________________________________________________________  
   ______________________________________________________________________________________  

B.  
____ I eat more than one sweet dessert or snack each day.  
____ I usually snack on foods high in calories and fat (chips, cookies, ice cream).  
____ I drink regular (not sugar-free) soft drinks.  
____ I choose types of meat that are high in fat.  
____ I consume more than one alcoholic beverage each day.  

Problem: Poor food choices

Possible solutions:  
1. Keep a supply of raw vegetables handy for snacks.  
   2. ______________________________________________________________________________________  
   ______________________________________________________________________________________  
   3. ______________________________________________________________________________________  
   ______________________________________________________________________________________  

C.  
____ I always eat everything on my plate.  
____ I often go back for seconds and thirds.  
____ I take larger helpings than most people.  
____ I eat up leftovers instead of putting them away.
Problem: Portion sizes too large

Possible solutions:
1. Measure all portions with a scale or measuring cup.
2. ______________________________________________________________________________________
   ______________________________________________________________________________________
3. ______________________________________________________________________________________
   ______________________________________________________________________________________

D.
   ___ I read or watch TV when I eat.
   ___ I eat more or snack when I’m with a certain group of people.
   ___ I always grab a snack between classes or when I walk through the kitchen.
   ___ I buy a cookie or doughnut every time I walk by the student union.

Problem: Environmental cues trigger eating

Possible solutions:
1. Eat only in one place and do nothing else while eating.
2. ______________________________________________________________________________________
   ______________________________________________________________________________________
3. ______________________________________________________________________________________
   ______________________________________________________________________________________

E.
   ___ I tend to eat more when there’s too much work to do.
   ___ Eating has a soothing effect when I’m troubled.
   ___ I like to eat when I’m lonely, frustrated, or anxious.
   ___ I’m liable to eat more if I’m annoyed after a bad morning or a bad day.

Problem: Food used to replace or deal with feelings

Possible solutions:
1. If you have a lot of work to do, stop and make a schedule for finishing it.
2. ______________________________________________________________________________________
   ______________________________________________________________________________________
3. ______________________________________________________________________________________
   ______________________________________________________________________________________

Did you discover any other patterns from your food journal that are contributing to overeating? If so, describe them below and give possible strategies for changing them.
Identifying Weight-Loss Goals and Ways to Meet Them

Part I. Calculate and Rate Your Current Body Mass Index and Waist Circumference

1. **BMI:** Determine your BMI by referring to Figure 14.3 (Figure 11.3 in the brief version), or calculate it more precisely by dividing your body weight (in kilograms) by the square of your height (in meters). To convert, divide your weight in pounds by 2.2 to get kilograms, and multiply your height in inches by 0.0254 to get meters. For example, if you are 5 feet, 3 inches tall (63 inches) and weigh 130 pounds, you would calculate BMI as follows.

   **EXAMPLE:** YOUR BMI:
   
   \[
   \text{BMI} = \frac{(130 \div 2.2)}{(63 \times 0.0254)^2} = 23.0 \\
   \]
   
   BMI: ______    Rating: ______

   2. **Waist circumference:** To determine your waist circumference, measure your waist at its smallest point; if you don’t have a natural waist, measure at the level of your navel. The cutoff points for increased risk of health problems are waist measurements of more than 40 inches for men and 35 inches for women; if your waist measurement exceeds the cutoff, put a check on the line below.

   Waist circumference: ____ High risk? (✓) ____

Part II. Calculate a Target Body Weight

If the results of Part I indicate that a change in your BMI might be appropriate, you can calculate a target body weight based on a target BMI. Choose a target BMI; be sure that your choice is both healthy and realistic for you. Then complete the following calculations to determine your target body weight (in pounds).

   Target BMI: __________
   
   1. Convert your height measurement to meters by multiplying your height in inches by 0.0254.
   
   Height ________ in. \times 0.0254 m/in. = height ________ m
   
   2. Square your height measurement from step 1.
   
   Result from step 1 ________ m \times result from step 1 ________ m = height ________ m^2
   
   3. Multiply your target BMI by your height in meters, squared (the result from step 2) to get your target weight in kilograms.
   
   Target BMI ________ \times result from step 2 ________ = target weight ________ kg
   
   4. Multiply your target weight in kilograms by 2.2 to get your target weight in pounds.
   
   Target weight ________ kg \times 2.2 lb/kg = target body weight ________ lb

For example, if you are 66 inches tall with a target BMI of 24.5, you would calculate target weight as follows:

   66 in. \times 0.0254 m/in. = 1.676 m
   
   1.676 m \times 1.676 m = 2.81 m^2
   
   24.5 kg/m^2 \times 2.81 m^2 = 68.8 kg
   
   68.8 kg \times 2.2 lb/kg = 151 lb
Part III. Identify Negative Calorie Balance Goals

Be realistic in your assessment of the number of pounds you can lose each week; a 1/2–2 pound loss per week is the most successful level for long-term weight loss.

1. \[ \text{Current weight} - \text{Target weight} = \text{Pounds to lose} \]

2. \[ \frac{\text{Total pounds to lose}}{\text{Pounds to lose each week}} = \text{Number of weeks to achieve target weight} \]

3. \[ \frac{\text{Pounds to lose each week} \times 3500 \text{ calories/pound}}{\text{Negative calorie balance to achieve each week}} \]

4. \[ \frac{\text{Negative calorie balance to achieve each week}}{7 \text{ days/week}} = \text{Negative calorie balance to achieve each day} \]

Part IV. Achieve Negative Calorie Balance Goals

To keep your weight-loss program schedule, you must achieve the daily negative calorie balance either by increasing your calorie expenditure (being more active) or by decreasing your calorie consumption (eating less). You may find that some combination of the two strategies will be the most successful.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Calories used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Calories used</th>
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</tbody>
</table>

Total calories used ________________

Changes in Activity Level

Adding a few minutes of exercise every day can be a fun and interesting way of expending calories. Use the calorie values for different activities listed in Table 13.3 in your text (main text only) to plan ways to raise your calorie expenditure level.

Changes in Diet

Look closely at your daily food record (Wellness Worksheet 60). Identify ways to cut calorie consumption by eliminating certain items or substituting lower-calorie choices. Be realistic in your cuts and substitutions; you need to develop a plan you can stick with.

<table>
<thead>
<tr>
<th>Food item</th>
<th>Substitute food item</th>
<th>Calorie savings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food item</th>
<th>Substitute food item</th>
<th>Calorie savings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Total calories saved ________________

Total calories used ________________ + Total calories saved ________________ = ________________

Have you met your required negative energy balance? If not, revise your dietary and activity changes to meet your goal.
**WELLNESS WORKSHEET 82**

Checklist for Evaluating Weight-Loss Books

Many weight-loss books on the market advocate ineffective or unsafe strategies for losing weight. Choose a diet book and evaluate the plan it advocates by answering the following questions.

**Overall emphasis:** What is the key emphasis or “hook” of the plan you are considering? Is it based on any research studies? If so, what type of studies were they? How long did the studies continue, and how many people participated? Were the studies published in a reputable journal?

**Author credentials:** Who is the author of the book? What is his or her education and experience relating to health and weight loss?

**Overall dietary plan:** Is a particular macronutrient distribution suggested? Are certain foods emphasized or severely limited? How does the basic dietary advice compare to the recommendations presented in your text?

**Suggested energy intake:** How many daily calories are recommended? Is it a reasonable energy intake for you? Would the energy intake recommendation represent a large cut in your daily intake?

**Special costs:** Does the plan recommend that you purchase any special foods, products, or supplements? If so, do the suggestions seem reasonable? What are the total costs involved? Does the plan include particular brands of foods and supplements rather than general dietary advice?

**Physical activity:** Does the book include a plan for increasing physical activity? If so, how does it compare with the activity recommendations in your text and with your current activity level?
**Behavior change:** Does the plan advocate changes in your diet and activity-related behavior? Is a complete behavior change plan provided?

**Maintenance:** How long does the plan presented in the book continue? Is advice provided for maintaining weight loss once you reach your goal?

**Personal likes and dislikes:** Does the plan appeal to you personally in its diet, activity, and behavior change recommendations? Does it seem like it would work for you given your daily routine and budget?

**Red flags:** Do advertisements for the book or the book itself contain any of the following red flags?
- Quick weight loss
- Weight loss without effort
- Use of expensive products
- Exaggerated claims of effectiveness or claims of being based on secret information or scientific breakthroughs
- Simplistic conclusions drawn from complex studies or recommendations based on a single study
- Very limited selection of foods
- Unbalanced eating plan that differs dramatically from the dietary advice offered by government agencies and major health organizations

**Overall impressions:** What are your overall impressions of the plan presented in the book? How does the advice in the book stack up against the advice in your text? What is your estimation of its overall safety and effectiveness?
Diabetes Risk Assessment

Take this test to see if you are at risk for having diabetes. Diabetes is more common in African Americans, Latinos, Native Americans, Asian Americans, and Pacific Islanders. If you are a member of one of these ethnic groups, you need to pay special attention to this test.

Write in the points next to each statement that is true for you. If a statement is not true, put a zero. Then add your total score.

1. I am a woman who has had a baby weighing more than 9 pounds at birth. Yes 1 _____
2. I have a sister or brother with diabetes. Yes 1 _____
3. I have a parent with diabetes. Yes 1 _____
4. My weight is equal to or above that listed in the chart below. Yes 5 _____
5. I am under 65 years of age and I get little or no exercise. Yes 5 _____
6. I am between 45 and 64 years of age. Yes 5 _____
7. I am 65 years old or older. Yes 9 _____

Total _____

Scoring 10 or more points:
You are at high risk for having diabetes. Only your health care provider can check to see if you have diabetes. See yours soon and find out for sure.

Scoring 3–9 points:
You are probably at low risk for having diabetes now. But don’t just forget about it. Keep your risk low by losing weight if you are overweight, being active most days, and eating low-fat meals that are high in fruits and vegetables, and whole-grain foods.

At-Risk Weight Chart

If you weigh the same as or more than the amount listed for your height, you may be at risk for diabetes.

<table>
<thead>
<tr>
<th>Height in feet and inches without shoes</th>
<th>Weight in pounds without clothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>4’ 10”</td>
<td>129</td>
</tr>
<tr>
<td>4’ 11”</td>
<td>133</td>
</tr>
<tr>
<td>5’ 0”</td>
<td>138</td>
</tr>
<tr>
<td>5’ 1”</td>
<td>143</td>
</tr>
<tr>
<td>5’ 2”</td>
<td>147</td>
</tr>
<tr>
<td>5’ 3”</td>
<td>152</td>
</tr>
<tr>
<td>5’ 4”</td>
<td>157</td>
</tr>
<tr>
<td>5’ 5”</td>
<td>162</td>
</tr>
<tr>
<td>5’ 6”</td>
<td>167</td>
</tr>
<tr>
<td>5’ 7”</td>
<td>172</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height in feet and inches without shoes</th>
<th>Weight in pounds without clothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>5’ 8”</td>
<td>177</td>
</tr>
<tr>
<td>5’ 9”</td>
<td>182</td>
</tr>
<tr>
<td>5’ 10”</td>
<td>188</td>
</tr>
<tr>
<td>5’ 11”</td>
<td>193</td>
</tr>
<tr>
<td>6’ 0”</td>
<td>199</td>
</tr>
<tr>
<td>6’ 1”</td>
<td>204</td>
</tr>
<tr>
<td>6’ 2”</td>
<td>210</td>
</tr>
<tr>
<td>6’ 3”</td>
<td>216</td>
</tr>
<tr>
<td>6’ 4”</td>
<td>221</td>
</tr>
</tbody>
</table>
INTERNET ACTIVITY
Lifestyle, especially diet and exercise habits, are critical in the management of diabetes. Use the Internet to investigate some of the ways in which people with diabetes can use diet and exercise to help successfully manage their condition. For example, you might investigate the general dietary recommendations for diabetics in terms of overall nutrient content, timing of meals, or some other factor. You might search for a recipe for a dish that you like that has been modified to make it appropriate for someone with diabetes. Or you might investigate any special exercise recommendations or considerations for people with diabetes. Choose one area to research, describe what you find, and compare the information with your own current lifestyle. What types of changes would you have to make if you were diagnosed with diabetes? Use one of the sites listed below, or do a search.

- American Diabetes Association: http://www.diabetes.org
- Canadian Diabetes Association: http://www.diabetes.ca
- Diabetes Action Research and Education Foundation: http://www.daref.org
- Recipe Source: http://www.recipesource.com/special-diets/diabetic

Site(s) used (URL): ____________________________________________________________
**WELLNESS WORKSHEET 85**

Eating Disorder Checklist

For each statement, put a check in the column that best describes how often the statement is true for you.

### Section One

<table>
<thead>
<tr>
<th>Always 0</th>
<th>Very Often 0</th>
<th>Often 0</th>
<th>Sometimes 1</th>
<th>Rarely 2</th>
<th>Never 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. I like eating with other people.
2. I like my clothes to fit tightly.
3. I enjoy eating meat.
4. I have regular menstrual periods.
5. I enjoy eating at restaurants.
6. I enjoy trying new rich foods.

### Section Two

<table>
<thead>
<tr>
<th>Always 3</th>
<th>Very Often 2</th>
<th>Often 1</th>
<th>Sometimes 0</th>
<th>Rarely 0</th>
<th>Never 0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. I prepare foods for others but do not eat what I cook.
8. I become anxious prior to eating.
9. I am terrified about being overweight.
10. I avoid eating when I am hungry.
11. I find myself preoccupied with food.
12. I have gone on eating binges where I feel that I may not be able to stop.
13. I cut my food into small pieces.
14. I am aware of the calorie content of foods that I eat.
15. I particularly avoid foods with a high carbohydrate content (bread, potatoes, rice, etc.).
16. I feel bloated after meals.
17. I feel others would prefer if I ate more.
18. I vomit after I have eaten.
19. I feel extremely guilty after eating.
<table>
<thead>
<tr>
<th>Always 3</th>
<th>Very Often 2</th>
<th>Often 1</th>
<th>Sometimes 0</th>
<th>Rarely 0</th>
<th>Never 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. I am preoccupied with a desire to be thinner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I exercise strenuously to burn off calories.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I weigh myself several times a day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I wake up early in the morning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. I eat the same foods day after day.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I think about burning up calories when I exercise.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Other people think I am too thin.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. I am preoccupied with the thought of having fat on my body.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. I take longer than others to eat my meals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. I take laxatives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. I avoid foods with sugar in them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. I eat diet foods.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. I feel that food controls my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. I display self-control around foods.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. I feel that others pressure me to eat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. I give too much time and thought to food.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. I suffer from constipation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. I feel uncomfortable after eating sweets.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. I engage in dieting behavior.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. I like my stomach to be empty.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. I have the impulse to vomit after meals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total your points (use the numbers given at the top of each column for the two sections).

<table>
<thead>
<tr>
<th>Norms</th>
<th>Range (0–120 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating disorder</td>
<td>&gt; 50 points</td>
</tr>
<tr>
<td>Borderline eating disorder</td>
<td>30–50 points</td>
</tr>
<tr>
<td>Normal*</td>
<td>&lt; 30 points</td>
</tr>
</tbody>
</table>

*Average score among those with normal eating habits = 15.4.

WELLNESS WORKSHEET 86

Facts About the Cardiovascular System

Review your knowledge of the cardiovascular system by filling in the blanks and answering the questions below. Refer to your textbook if necessary.

1. The cardiovascular system consists of the _________________________ and the blood vessels. Name and describe the three major types of blood vessels.
   a. ____________________________________________________________________________________
   b. ____________________________________________________________________________________
   c. ____________________________________________________________________________________

2. Name and define the two separate circulatory systems.
   a. ____________________________________________________________________________________
   b. ____________________________________________________________________________________

3. What changes occur when blood reaches the lungs?
   ____________________________________________________________________________________

4. About how much blood does each person have? ____________________
   How often does the total volume of blood circulate through the system? ____________________

5. How is the heart supplied with oxygenated blood?
   ____________________________________________________________________________________

6. Describe the electrical system that controls the heartbeat.
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
7. Trace the path of blood through the cardiorespiratory system by filling in the blanks.

Body/organs

Right ventricle

Lungs

Pulmonary veins
It is important to begin managing risk factors for heart disease as soon as they develop—whether or not you actually have symptoms. The following guidelines can help ensure that you are appropriately screened.

**Cholesterol: Fasting lipoprotein profile (total cholesterol, LDL, HDL, and triglycerides)**

*Who should be tested:* Everyone age 20 and older, at least once every 5 years.

<table>
<thead>
<tr>
<th>Result</th>
<th>Rating</th>
<th>Your result/rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total cholesterol (mg/dl)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 200</td>
<td>Desirable</td>
<td></td>
</tr>
<tr>
<td>200–239</td>
<td>Borderline high</td>
<td></td>
</tr>
<tr>
<td>240 or more</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td><strong>LDL cholesterol (mg/dl)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 100</td>
<td>Optimal*</td>
<td></td>
</tr>
<tr>
<td>100–129</td>
<td>Near optimal</td>
<td></td>
</tr>
<tr>
<td>130–159</td>
<td>Borderline high</td>
<td></td>
</tr>
<tr>
<td>160–189</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>190 or more</td>
<td>Very high</td>
<td></td>
</tr>
<tr>
<td><strong>HDL cholesterol (mg/dl)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 40</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>60 or more</td>
<td>High (desirable)</td>
<td></td>
</tr>
<tr>
<td><strong>Triglycerides (mg/dl)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 150</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>150–199</td>
<td>Borderline high</td>
<td></td>
</tr>
<tr>
<td>200–499</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>500 or more</td>
<td>Very high</td>
<td></td>
</tr>
</tbody>
</table>

* For people at very high risk, an LDL goal of less than 70mg/dl may be appropriate.

**Actions:**

To determine what actions to take based on your cholesterol results, first you need to count the number of the following five heart disease risk factors that apply to you:

1. cigarette smoking
2. hypertension (see next section)
3. low HDL cholesterol (< 40 mg/dl)
4. family history of heart disease
5. age (45 years or older for men, 55 years or older for women).

An HDL level of 60 mg/dl or higher counts as a negative risk factor and removes one risk factor from the total count.

Number of personal risk factors: _________
If you have 0–1 risk factors: Lower risk

- If your LDL < 160, retest within 5 years
- If your LDL ≥ 160, initiate TLC (see below) and retest in 3 months; drug therapy may be recommended, especially if LDL is 190 or above.

If you have 2 or more risk factors:
The next step is to determine your 10-year risk of having a heart attack. To do this, complete the assessment on the final page of this worksheet or visit the online version of the assessment at http://hin.nhlbi.nih.gov/atpiii/calculator.asp?utertype=pub. Your score will be in the form of a percentage, the likelihood that you will have a heart attack within the next 10 years. Find the risk category below that corresponds to the number of risk factors you have and your 10-year risk of a heart attack.

Moderate risk (2 or more risk factors, 10-year risk < 10%):

- If your LDL is < 130, retest as suggested by physician.
- If your LDL is ≥ 130, initiate TLC (see below) and retest in 3 months; drug therapy may be recommended, especially if LDL is ≥ 160.

Moderately-high risk (2 or more risk factors, 10-year risk 10–20%):

- If your LDL is < 130, retest as suggested by physician; drug therapy may be recommended for some people with LDL of 100–129.
- If your LDL is ≥ 130, initiate TLC (see below) and retest in 3 months; drug therapy may be recommended for anyone in this group with LDL ≥ 130.

High-risk (Heart disease or a risk equivalent, 10-year risk > 20%):

Equivalent risk conditions include diabetes, peripheral vascular disease, abdominal aortic aneurysm, and carotid artery disease.

- If your LDL is < 100, initiate TLC (see below) and retest as suggested by physician.
- If your LDL is ≥ 100, initiate TLC (see below) and drug therapy, and retest as suggested by physician.

For some people at very high risk, an LDL goal of less than 70 is recommended, and drug therapy may be recommended to reach this goal. People at very high risk may include those who have had a recent heart attack or who have heart disease combined with either diabetes, poorly controlled risk factors (such as continued smoking), or metabolic syndrome.

TLC = Therapeutic Lifestyle Changes, including weight management, physical activity, and a diet that meets the following criteria:

- 25–35% of total calories as fat
- 7% or less of total calories as saturated fat
- Up to 10% of total calories as polyunsaturated fat
- Up to 20% of total calories as monounsaturated fat
- 50–60% of total calories as carbohydrate
- About 15% of total calories as protein
- 20–30 grams per day of dietary fiber
- Less than 200 mg per day of cholesterol

For some people the addition of plant stanols/sterols (2 grams per day) and increased soluble (viscous) fiber (10–25 grams/day) may be recommended.
Blood Pressure

Who should be tested: Everyone, at least once every 2 years.

<table>
<thead>
<tr>
<th>Systolic (mm Hg)</th>
<th>Diastolic (mm Hg)</th>
<th>Rating</th>
<th>Your result/rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>below 120</td>
<td>below 80</td>
<td>Normal</td>
<td>____________________</td>
</tr>
<tr>
<td>120–139 or</td>
<td>80–89</td>
<td>Prehypertension</td>
<td></td>
</tr>
<tr>
<td>140–159 or</td>
<td>90–99</td>
<td>Stage 1 hypertension</td>
<td></td>
</tr>
<tr>
<td>160 and above or</td>
<td>100 and above</td>
<td>Stage 2 hypertension</td>
<td></td>
</tr>
</tbody>
</table>

Actions:
- If your rating is normal, maintain a healthy lifestyle and retest in 2 years.
- If your rating is prehypertension, follow your physician’s advice about lifestyle changes and retesting.
- If your rating is hypertension, follow your physician’s advice about lifestyle changes, medication, and retesting. Stage 2 hypertension will likely require a two-drug combination to control.

Fasting Blood Sugar

Who should be tested: Everyone who has any of the following risk factors for diabetes should be tested at least every 3 years: age 45 or older, obesity, blood pressure over 139/89, HDL below 35, physical inactivity, ethnicity (Blacks, Latinos, American Indians, Asians, Pacific Islanders), triglycerides over 249, family history of diabetes, gestational diabetes, previous abnormal blood sugar test, or polycystic ovary syndrome.

<table>
<thead>
<tr>
<th>Result</th>
<th>Rating</th>
<th>Your result/rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 110 mg/dl</td>
<td>Normal</td>
<td>____________________</td>
</tr>
<tr>
<td>110–125 mg/dl</td>
<td>Pre-diabetes</td>
<td></td>
</tr>
<tr>
<td>126 mg/dl or higher</td>
<td>Diabetes</td>
<td></td>
</tr>
</tbody>
</table>

Action: If your result indicates that you have pre-diabetes or diabetes, follow your physician’s recommendations for lifestyle changes, medication, and future testing.

C-Reactive Protein (CRP)

Who should be tested: Everyone classified as at intermediate 10-year risk of having a heart attack. Take the 10-year risk test; if your risk is between 10% and 20%, your CRP level should be tested.

<table>
<thead>
<tr>
<th>Result</th>
<th>Rating</th>
<th>Your result/rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1.0 mg/l</td>
<td>Low</td>
<td>____________________</td>
</tr>
<tr>
<td>1.0–3.0 mg/l</td>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>&gt;3.0 mg/l</td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>

Action: If you have an elevated CRP level, follow your physician’s advice for lifestyle changes and, if necessary, medication.

Metabolic Syndrome/Insulin Resistance Syndrome

Check if any of the following risk factors apply to you:
- Abdominal obesity (waist circumference greater than 40 inches in men and 35 inches in women)
- High blood pressure (130/85 or higher)
- High triglycerides (150 mg/dl or higher)
- Low HDL cholesterol (below 40 mg/dl in men and 50 mg/dl in women)
- Insulin resistance (fasting glucose of 110 mg/dl or higher)

Number of metabolic syndrome risk factors: ________

You are classified as having metabolic syndrome if you have three or more of the risk factors associated with the condition. If you have metabolic syndrome, discuss lifestyle changes and other treatment options with your physician.
Determining 10-Year Risk for a Heart Attack

Use this score to help determine your goals for LDL cholesterol and the need for CRP testing.

### Women

<table>
<thead>
<tr>
<th>Age</th>
<th>Points</th>
<th>Age</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>20–34</td>
<td>–7</td>
<td>55–59</td>
<td>8</td>
</tr>
<tr>
<td>35–39</td>
<td>–3</td>
<td>60–64</td>
<td>10</td>
</tr>
<tr>
<td>40–44</td>
<td>0</td>
<td>65–69</td>
<td>12</td>
</tr>
<tr>
<td>45–49</td>
<td>3</td>
<td>70–74</td>
<td>14</td>
</tr>
<tr>
<td>50–54</td>
<td>6</td>
<td>75–79</td>
<td>16</td>
</tr>
</tbody>
</table>

#### 2 Total Cholesterol

<table>
<thead>
<tr>
<th>Age</th>
<th>Points</th>
<th>Age</th>
<th>Points</th>
<th>Age</th>
<th>Points</th>
<th>Age</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>20–39</td>
<td>00000</td>
<td>40–49</td>
<td>00000</td>
<td>50–59</td>
<td>00000</td>
<td>60–69</td>
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<td>200–239</td>
<td>75310</td>
<td>240–279</td>
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| 3 Smoking

<table>
<thead>
<tr>
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<th>Age</th>
<th>Points</th>
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<td>1</td>
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<td>0</td>
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<td>5</td>
<td>3</td>
<td>1</td>
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#### 4 HDL

<table>
<thead>
<tr>
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<tr>
<td>40–49</td>
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<tr>
<td>&lt;40</td>
<td>2</td>
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#### 5 Systolic Blood Pressure

<table>
<thead>
<tr>
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<th>Points</th>
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<tbody>
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### Men

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<th>Age</th>
<th>Points</th>
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<tr>
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<td>–9</td>
<td>55–59</td>
<td>8</td>
</tr>
<tr>
<td>35–39</td>
<td>–4</td>
<td>60–64</td>
<td>10</td>
</tr>
<tr>
<td>40–44</td>
<td>0</td>
<td>65–69</td>
<td>11</td>
</tr>
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#### 2 Total Cholesterol

<table>
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<tr>
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<th>Points</th>
<th>Age</th>
<th>Points</th>
<th>Age</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>20–39</td>
<td>0</td>
<td>40–49</td>
<td>0</td>
<td>50–59</td>
<td>0</td>
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<td>160–199</td>
<td>4</td>
<td>200–239</td>
<td>7</td>
<td>240–279</td>
<td>9</td>
</tr>
</tbody>
</table>
| 3 Smoking

<table>
<thead>
<tr>
<th>Age</th>
<th>Points</th>
<th>Age</th>
<th>Points</th>
<th>Age</th>
<th>Points</th>
<th>Age</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0</td>
<td>40–49</td>
<td>1</td>
<td>50–59</td>
<td>2</td>
<td>60–69</td>
<td>3</td>
</tr>
<tr>
<td>Nonsmoker</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoker</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4 HDL

<table>
<thead>
<tr>
<th>Points</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥60</td>
<td>–1</td>
</tr>
<tr>
<td>50–59</td>
<td>0</td>
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<tr>
<td>40–49</td>
<td>1</td>
</tr>
<tr>
<td>&lt;40</td>
<td>2</td>
</tr>
</tbody>
</table>

#### 5 Systolic Blood Pressure

<table>
<thead>
<tr>
<th>Points</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥160</td>
<td>2</td>
</tr>
</tbody>
</table>

Your 10-year risk: ________

SOURCES: American Diabetes Association; American Heart Association; National Heart, Lung, and Blood Institute.
**Wellness Worksheet 88**

Are You at Risk for Cardiovascular Disease?

Your chances of suffering an early heart attack or stroke depend on a variety of factors, many of which are under your control. The best time to identify your risk factors and change your behavior to lower your risk is when you are young. You can significantly affect your future health and quality of life if you adopt healthy behaviors. To help identify your risk factors, circle the response for each risk category that best describes you.

1. Gender and Age
   - 0 Female age 55 or younger; male age 45 or younger
   - 2 Female over age 55 or male over age 45

2. Heredity
   - 0 Neither parent suffered a heart attack or stroke before age 60.
   - 3 One parent suffered a heart attack or stroke before age 60.
   - 7 Both parents suffered a heart attack or stroke before age 60.

3. Smoking
   - 0 Never smoked
   - 3 Quit more than 2 years ago and lifetime smoking is less than 5 pack-years*
   - 6 Quit less than 2 years ago and/or lifetime smoking is greater than 5 pack-years*
   - 8 Smoke less than 1/2 pack per day
   - 13 Smoke more than 1/2 pack per day
   - 15 Smoke more than 1 pack per day

4. Environmental Tobacco Smoke
   - 0 Do not live or work with smokers
   - 2 Exposed to ETS at work
   - 3 Live with smoker
   - 4 Both live and work with smokers

5. Blood Pressure
   - The average of the last three readings:
   - 0 120/80 or below
   - 1 121/81 to 130/85
   - 3 Don’t know
   - 5 131/86 to 150/90
   - 9 151/91 to 170/100
   - 13 Above 170/100

6. Total Cholesterol
   - 0 Lower than 190
   - 1 190 to 210
   - 2 Don’t know
   - 3 211 to 240
   - 4 241 to 270
   - 5 271 to 300
   - 6 Over 300

7. HDL Cholesterol
   - The average of the last three readings:
   - 0 Over 60 mg/dl
   - 1 55 to 60
   - 2 Don’t know HDL
   - 3 45 to 54
   - 5 35 to 44
   - 7 25 to 34
   - 12 Lower than 25

8. Exercise
   - 0 Exercise three times a week
   - 1 Exercise once or twice a week
   - 2 Occasional exercise less than once a week
   - 7 Rarely exercise

9. Diabetes
   - 0 No personal or family history
   - 2 One parent with diabetes
   - 6 Two parents with diabetes
   - 9 Non–insulin-dependent diabetes
   - 13 Insulin-dependent diabetes

10. Body Mass Index (kg/m²)
    - 0 <23.0
    - 1 23.0–24.9
    - 2 25.0–28.9
    - 3 29.0–34.9
    - 5 35.0–39.9
    - 7 ≥ 40

11. Stress
    - 0 Relaxed most of the time
    - 1 Occasional stress and anger
    - 2 Frequently stressed and angry
    - 3 Usually stressed and angry

*Pack-years can be calculated by multiplying the number of packs you smoked per day by the number of years you smoked. For example, if you smoked a pack and a half a day for 5 years, you would have smoked the equivalent of $1.5 \times 5 = 7.5$ pack-years.
Scoring
Total your risk-factor points. Refer to the list below to get an approximate rating of your risk of suffering an early heart attack or stroke.

<table>
<thead>
<tr>
<th>Score</th>
<th>Estimated Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20</td>
<td>Low risk</td>
</tr>
<tr>
<td>20–29</td>
<td>Moderate risk</td>
</tr>
<tr>
<td>30–45</td>
<td>High risk</td>
</tr>
<tr>
<td>Over 45</td>
<td>Extremely high risk</td>
</tr>
</tbody>
</table>

Whatever your score, examine your responses carefully to identify your CVD risk factors. Consider planning a behavior change strategy to lower your risk by changing your lifestyle.

INTERNET ACTIVITY
Use the World Wide Web to learn more about one of the controllable risk factors for cardiovascular disease. Choose one of the risk factors from the quiz in this worksheet—preferably one for which you have a high score. Find out more about the risk factor by visiting one of the sites listed in your text or by doing a Web search.

Risk factor: ______________________________________________________

Site(s) visited (URL): __________________________________________

What did you learn about the risk factor? Did you identify any strategies you can apply to your daily life? Any changes you can make in your current behavior to control or lessen the risk factor? List at least three practical strategies for reducing your risk.
WELLNESS WORKSHEET 89
Facts About Cardiovascular Disease

Review your knowledge of CVD by filling in the blanks and answering the questions below. Refer to your textbook if necessary.

1. What are the six main risk factors for cardiovascular disease?
   a. ________________________________________
   b. ________________________________________
   c. ________________________________________
   d. ________________________________________
   e. ________________________________________
   f. ________________________________________

2. List four additional factors that may increase risk for cardiovascular disease.
   a. ________________________________________
   b. ________________________________________
   c. ________________________________________
   d. ________________________________________

3. Name the two main forms of cholesterol and describe their function.
   a. ____________________________________________________________________________________
   b. ____________________________________________________________________________________

4. Describe the difference between systolic and diastolic pressure. Give normal and high ranges for each.
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   Why is hypertension dangerous? _________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   List two treatments for hypertension.
   a. ____________________________________________________________________________________
   b. ____________________________________________________________________________________

5. What is atherosclerosis? How do plaques form, and why are they dangerous?
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
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   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
6. What is a heart attack? 
____________________________________________________________________________________
What is angina pectoris? 
____________________________________________________________________________________
What is arrhythmia, and how does it relate to sudden cardiac death? 
____________________________________________________________________________________
What are three early signals of a heart attack?
   a. ______________________________________
   b. ______________________________________
   c. ______________________________________

List and describe two procedures performed to treat heart disease.
   a. __________________________________________________________________________________
   b. __________________________________________________________________________________

7. List and describe the two major types of strokes.
   a. __________________________________________________________________________________
   b. __________________________________________________________________________________

List three warning signs of a stroke.
   a. ______________________________________
   b. ______________________________________
   c. ______________________________________

8. List and describe three other types of heart disease.
   a. __________________________________________________________________________________
   b. __________________________________________________________________________________
   c. __________________________________________________________________________________
Do Your Attitudes and Behaviors Put You at Risk for STDs?

Part I. Risk Assessment

All sexually transmitted diseases are preventable. You have control over the behaviors and attitudes that place you at risk for contracting STDs and for increasing their negative effects on your health. To identify your risk factors for STDs, read the following list of statements and identify whether they’re true or false for you.

Note: The statements in this assessment assume current sexual activity. If you have never been sexually active, you are not now at risk for STDs. Respond to the statements in the quiz based on how you realistically believe you would act. If you are currently in a mutually monogamous relationship with an uninfected partner or are not currently sexually active (but have been in the past), you are at low risk for STDs at this time. Respond to the statements in the quiz according to your attitudes and past behaviors.

True    False

_____ _____ 1. I have only one sex partner.
_____ _____ 2. I always use a latex condom for each act of intercourse, even if I am fairly certain my partner has no infections.
_____ _____ 3. I do not use oil-based lubricants or other oil-based products with condoms.
_____ _____ 4. I discuss STDs and prevention with new partners before having sex.
_____ _____ 5. I do not use alcohol or another mood-altering drug in sexual situations.
_____ _____ 6. I would tell my partner if I thought I had been exposed to an STD.
_____ _____ 7. I am familiar with the signs and symptoms of STDs.
_____ _____ 8. I regularly perform genital self-examination to check for signs and symptoms of STDs.
_____ _____ 9. When I notice any sign or symptom of any STD, I consult my physician immediately.
_____ _____ 10. I obtain screening for HIV and other STDs regularly. In addition (if female), I obtain yearly pelvic exams and Pap tests.
_____ _____ 11. When diagnosed with an STD, I inform all recent partners.
_____ _____ 12. When I have a sign or symptom of an STD that goes away on its own, I still consult my physician.
_____ _____ 13. I do not use drugs prescribed for friends or partners or left over from other illnesses to treat STDs.
_____ _____ 14. I do not share syringes or needles to inject drugs.

False answers indicate attitudes and behaviors that may put you at risk for contracting STDs or for suffering serious medical consequences from them. For more on your risk factors for STDs, take the online assessment available at http://www.thebody.com/surveys/sexsurvey.html.
Part II. Communication

1. List three ways to bring up the subject of STDs with a new partner. How would you ask whether he or she has been exposed to any STDs or engaged in any risky behaviors? (Remember that because many STDs can be asymptomatic, it is important to know about past behaviors even if no STD was diagnosed.)
   a. ____________________________________________________________________________________
   ____________________________________________________________________________________
   b. ____________________________________________________________________________________
   ____________________________________________________________________________________
   c. ____________________________________________________________________________________
   ____________________________________________________________________________________

2. List three ways to bring up the subject of condom use with your partner. How might you convince someone who does not want to use a condom?
   a. ____________________________________________________________________________________
   ____________________________________________________________________________________
   b. ____________________________________________________________________________________
   ____________________________________________________________________________________
   c. ____________________________________________________________________________________
   ____________________________________________________________________________________

3. If you had an STD in the past that you might possibly still pass on (e.g., herpes), how would you tell your partner(s)?
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

4. If you were diagnosed with an STD that you believe was given to you by your current partner, how would you begin a discussion of STDs with him or her?
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

Talking about STDs may be a bit awkward, but the temporary embarrassment of asking intimate questions is a small price to pay to avoid contracting or spreading disease.