

Application**16****HEALTHY LIFESTYLE ASSESSMENT**

This questionnaire is for your own private use and is not intended to be shared with others or handed in as an assignment. Respond to the statements below to see if you are choosing a lifestyle that promotes health and wellness in eight important health categories. For each item, place a check by the response that most closely fits your lifestyle, then determine your score for each health category.

	Regularly	Often	Sometimes	Never
1. Be physically active.				
I do moderate activity equal to a brisk walk for 30 minutes 4 or more days per week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am physically active (vigorous activity, 20 or more minutes, 3 or more days per week).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Eat properly.				
I eat a diet based on proper selections from the Food Guide Pyramid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid fats and sweets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		
3. Manage stress.				
I feel that I have a normal or less than normal amount of stress in my life.	<input type="checkbox"/>	<input type="checkbox"/>		
	Regularly	Often	Sometimes	Never
When I feel a high level of stress I use relaxation techniques to manage it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adopt good personal health habits.				
I get a sufficient amount of sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I brush and floss my teeth twice a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Avoid destructive habits.				
I avoid the use of tobacco products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid the use of alcohol and other illegal drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adopt good safety practices.				
I wear a seat belt as a driver or passenger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wear a helmet when riding a bicycle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Seek and follow appropriate medical advice.				
I have medical checkups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have dental checkups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Practice other healthy lifestyles.				
I do things to protect the environment, such as recycling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		
I know basic procedures of first aid, such as CPR and the Heimlich maneuver.	<input type="checkbox"/>	<input type="checkbox"/>		