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Physical Education and Health 2

Quarter 3 – Module 3b (Weeks 3-4)
Health-Related Fitness, Barriers to Physical
Activity Participation and One's Diet



Physical Education and Health 2- Grade 11

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Second Semester: Module 2: Health-Related Fitness, Barriers to Physical Activity Participation and One's Diet

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Introductory Message

This Self-Learning Module (SLM) is prepared so that you, our dear learners, can continue your studies and learn while at home. Activities, questions, directions, exercises, and discussions are carefully stated for you to understand each lesson.

Each SLM is composed of different parts. Each part shall guide you step-by-step as you discover and understand the lesson prepared for you.

Pre-tests are provided to measure your prior knowledge on lessons in each SLM. This will tell you if you need to proceed on completing this module or if you need to ask your facilitator or your teacher's assistance for better understanding of the lesson. At the end of each module, you need to answer the post-test to self-check your learning. Answer keys are provided for each activity and test. We trust that you will be honest in using these.

In addition to the material in the main text, Notes to the Teacher are also provided to our facilitators and parents for strategies and reminders on how they can best help you on your home-based learning.

Please use this module with care. Do not put unnecessary marks on any part of this SLM. Use a separate sheet of paper in answering the exercises and tests. And read the instructions carefully before performing each task.

If you have any questions in using this SLM or any difficulty in answering the tasks in this module, do not hesitate to consult your teacher or facilitator.

Thank you.



What I Need to Know

In order to achieve a healthy lifestyle, everyone must know how to embrace physical fitness and the benefits from it. Before engaging such physical activities, it is necessary to take pre-cautionary measures to avoid accident and that is to do physical assessment first. Sometimes, physical activity cannot go through because of some barriers in achieving our goal and health issues.

In this module, we will be discussing on how to achieve healthy lifestyle holistically.



What I Know

Direction: Read each item carefully and write your answers in your notebook.

6. What two important factors could identify one's BMI?
A. Endurance and Flexibility C. Health and Strength
B. Food Intake and Physical Health D. Weight and Height
7. Which are the reasons why people cannot participate in physical activities?
A. Lack of resources C. Weather conditions
B. Lack of Skill D. All of the above
8. What could be a solution to overcome lack of motivation in participating to physical activities?
A. ask class to develop new skills.
B. Choose activities with minimum risk
C. Invite friends to exercise with you in a regular basis.
D. Learn how to warm up and cool down.
9. What do you call those important food substances that help our body function properly?
A. Carbohydrates C. Nutrients
B. Diet D. Nutrition
10. What is the connection between food and exercise?
A. Food helps exercising more fun.
B. Food provides energy for physical activity.
C. Exercise helps to store food longer in our body.
D. Exercise gives us more determination to eat more food.



What's In

Task 1: Physical Activity Readiness Questionnaire

Do you know how ready you are to engage in a regular physical activity program? To help you find out, you can answer Physical Activity Readiness Questionnaire (PAR-Q). This assessment tool will help you determine if you are ready to perform physical activities regularly. You may share this questionnaire with anyone you know, especially those who are interested in adopting a fitness program or those who want to regularly engage in physical activities.

2019 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

 If you answered **NO** to all of the questions above, you are cleared for physical activity.

Please sign the **PARTICIPANT DECLARATION**. You do not need to complete Pages 2 and 3.

- ▶ Start becoming much more physically active – start slowly and build up gradually.
- ▶ Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).
- ▶ You may take part in a health and fitness appraisal.
- ▶ If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- ▶ If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____



If you answered **YES** to one or more of the questions above, COMPLETE PAGES 2 AND 3.



Delay becoming more active if:

- ✓ You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- ✓ You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at [www.epamedx.com](http://www.eparmedx.com) before becoming more physically active.
- ✓ Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

2019 PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If NO go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments) YES NO
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES NO
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES NO

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If NO go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES NO
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES NO

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If NO go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments) YES NO
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES NO
- 3c. Do you have chronic heart failure? YES NO
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES NO

4. Do you have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If NO go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments) YES NO
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer YES if you do not know your resting blood pressure) YES NO

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If NO go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES NO
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES NO
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, OR the sensation in your toes and feet? YES NO
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES NO
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES NO

Source: [http://epamedx.com/wp-content/uploads/2013/03/FINAL-FILLABLE-ParQ-Plus-Jan-20191.pdf](http://eparmedx.com/wp-content/uploads/2013/03/FINAL-FILLABLE-ParQ-Plus-Jan-20191.pdf)

2019 PAR-Q+

- 6.** **Do you have any Mental Health Problems or Learning Difficulties?** This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome
 If the above condition(s) is/are present, answer questions 6a-6b If **NO** go to question 7
- 6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES NO
-
- 7.** **Do you have a Respiratory Disease?** This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure
 If the above condition(s) is/are present, answer questions 7a-7d If **NO** go to question 8
- 7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES NO
- 7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES NO
- 7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES NO
-
- 8.** **Do you have a Spinal Cord Injury?** This includes Tetraplegia and Paraplegia
 If the above condition(s) is/are present, answer questions 8a-8c If **NO** go to question 9
- 8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES NO
- 8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES NO
-
- 9.** **Have you had a Stroke?** This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event
 If the above condition(s) is/are present, answer questions 9a-9c If **NO** go to question 10
- 9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 9b. Do you have any impairment in walking or mobility? YES NO
- 9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES NO
-
- 10.** **Do you have any other medical condition not listed above or do you have two or more medical conditions?**
 If you have other medical conditions, answer questions 10a-10c If **NO** read the Page 4 recommendations
- 10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES NO
- 10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES NO
- 10c. Do you currently live with two or more medical conditions? YES NO

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

2019 PAR-Q+

 If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:

-  It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

 If you answered YES to one or more of the follow-up questions about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the ePARmed-X+ at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

 Delay becoming more active if:

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com

Email: [epamedx@gmail.com](mailto:eparmedx@gmail.com)

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada* 4(2):3-23, 2011.

Key References

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3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. *British Columbia Medical Journal*. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Canadian Journal of Sport Science* 1992;17:4338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

Task 2: Reflect Upon!

Think of healthy old adults (60 years and older) in your neighborhood. In your opinion, how have they remained healthy through the years?



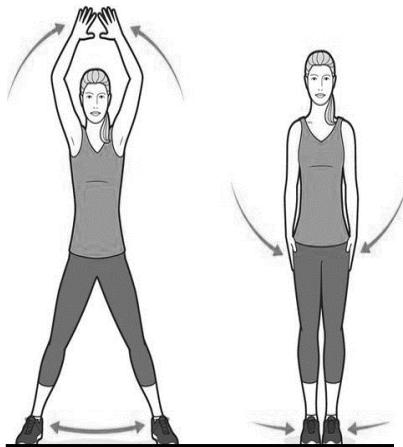
What's New

Before doing this activity please be aware of the following:

1. Wear proper PE attire.
2. Find a flat and comfortable space.

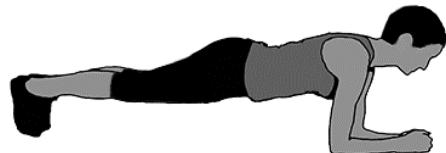
Directions:

Try to perform the following activities at home. Put a “✓” check mark on the picture that you were able to perform and put an “X” mark if not.



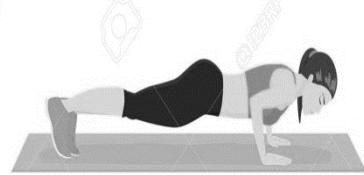
20 Jumping Jack

<https://www.pinterest.ph/pin/648096202622337163/>



1min. Plank

https://ghanafuo.com/2016/09/7-simple-work-outs-you-can-try-at-home_8.html/plank-cartoon-test



10 Push ups

<https://canberraweekly.com.au/repetition-repetition-and-more-repetition/>



Sit and Reach

<http://mssanchezpe.weebly.com/stretching.html>

Answer the following questions **HONESTLY**:

1. Did you perform the given illustrations?

2. Which illustration(s) were you able to perform? Why?

3. Which illustration(s) were you not able to perform? Why?

4. What did you feel upon performing the different illustrations?

5. If there were illustrations that you were not able to perform, what should you do to accomplish such activity?

If you performed the illustrations with high performance, then it means you are truly motivated enough. If there are illustrations that you were not able to perform well then maybe you need to develop those activities. Those illustrations are just some of the activities present in **HEALTH-RELATED PHYSICAL FITNESS**.

Let us move forward and know more about Physical Assessment and Health-Related Physical Fitness.



PHYSICAL FITNESS BENEFITS

Physical activity brings many health benefits. Just as important, engaging in physical activities can be enjoyable. The table below are the lists of benefits one can get from regularly engaging in physical activities.

PHYSIOLOGICAL	BIOCHEMICAL	BEHAVIORAL
<ul style="list-style-type: none">■ Increased strength■ Improved muscular endurance■ Increased HDL Levels (Good Cholesterol)■ Improved Insulin Levels	<ul style="list-style-type: none">■ Improved flexibility with age■ Improved balance■ Improved mobility■ Increased motor skills and confidence to engage further in physical activity and exercise.	<ul style="list-style-type: none">■ Increased self-confidence■ Improved self-efficacy■ Decreased depression and anxiety■ Experience with behavioral change

<ul style="list-style-type: none">  Lower Blood Pressure  Lower Percentage of Body Fat  Reduced risks of metabolic dysfunction  Reduce risk of type two diabetes  Improved bone health 	<ul style="list-style-type: none">  Improved proprioception (the sense of how one's body is positioned) 	
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A Brief Review of Health-Related Physical Fitness

Health-related physical fitness is so called *functional fitness* because it helps ensure that a person will be able to function effectively and meet the demands and tasks of everyday life.

According to the Farnsworth Aerospace Pre-K-8, there are 5 components of Health-related Physical Fitness.

- **Cardiovascular endurance** is the ability of the heart and lungs to work together to provide the needed oxygen and fuel to the body during sustained workloads. Examples would be jogging, cycling, and swimming. The Cooper Run is used most often to test cardiovascular endurance.
- **Muscular strength** is the amount of force a muscle can produce. Examples would be the bench press, leg press or bicep curl. The push up test is most often used to test muscular strength.
- **Muscular endurance** is the ability of the muscles to perform continuous without fatiguing. Examples would be cycling, step machines and elliptical machines. The sit up test is most often used to test muscular endurance.
- **Flexibility** is the ability of each joint to move through the available range of motion for a specific joint. Examples would be stretching individual muscles or the ability to perform certain functional movements such as the lunge. The sit and reach test is most often used to test flexibility.
- **Body composition** is the amount of fat mass compared to lean muscle mass, bone and organs. This can be measured using underwater weighing, Skinfold readings, and bioelectrical impedance. Underwater weighing is considered the “gold standard” for body fat measurement, however because of the size and expense of the equipment needed very few places are set up to do this kind of measurement. (<https://www.spps.org/Page/18206>)

BARRIERS TO PHYSICAL ACTIVITY

Physiological, psychological, and behavioral factors, among others, can influence one's plans to become physically active. The following are some of the common barriers that people have to overcome to adopt a physically active lifestyle:

- Insufficient time for exercise
- Consider exercise as an inconvenience.
- Lack self-motivation
- Find exercise boring
- Lack confidence in their ability to physically active (low-self-efficacy)
- Have fear of being injured or recent injury
- Lack self-management skills (e.g., inability to set personal goals, monitor progress, reward progress toward goals)
- Lack encouragement, support or companionship from family and friends
- Do not have adequate facilities (e.g., parks, sidewalks, bicycle trails, fitness, centers)

(https://www.physio-pedia.com/Barriers_to_Physical_Activity)

How do we solve the common barriers to adopting a physically active lifestyle?

Barrier	Solution
I do not have the time	Prioritize activities and cut back some time from the non-essential activities to be able to exercise.
I am always tired	Make a physical activity diary and analyze which part of the day you have more energy and schedule your work-out around that period.
I do not know how	Read journals and articles on the best practices as well as ask people who have been successful at adopting a healthy behavior.
I do not have enough money	There are numerous exercise regimes that are not expensive such as running and swimming.
I do not feel support	Inform family and friends about the new behavior or join an activity club that has the same interests.
I am not motivated	Create a list of pros and cons of the positive behavior that will serve as a reminder; Focus on changing the behavior instead of the outcome and write a SMART goal.
I lack willpower	Identify what triggers the backslide and conscious when it happens; implement a reward system.
I easily get discouraged	Avoid negative self-talk and replace them with encouraging words.

Task 3: Actions to Overcome Barriers to Exercising

Below are different barriers to exercising and becoming more active. Place a check mark on the reasons that hinders you to do exercise and be physically active.

<input type="checkbox"/> being prone to injuries	<input type="checkbox"/> lack of time
<input type="checkbox"/> lack of exercise companion	<input type="checkbox"/> lack of sports skills
<input type="checkbox"/> embarrassed due to physical appearance	<input type="checkbox"/> lack of appropriate exercise apparel
<input type="checkbox"/> competitive nature of sports or activities	<input type="checkbox"/> too tired because of schoolwork
<input type="checkbox"/> lack of equipment, facilities or exercise areas	<input type="checkbox"/> have more important things to do
<input type="checkbox"/> lack of confidence	<input type="checkbox"/> do not like to get sweaty
<input type="checkbox"/> have tried exercising before but failed to see improvements	<input type="checkbox"/> not support from family and friends
<input type="checkbox"/> feel uncomfortable when exercising	<input type="checkbox"/> not athletic to engage in exercise and/or sports.
<input type="checkbox"/> cannot afford to go to gym	<input type="checkbox"/> Currently injured
<input type="checkbox"/> Bad weather	<input type="checkbox"/> poor health
Other barriers:	

TASK 4: Actions to overcome Barriers to Exercising

Choose 5 Barriers above and rank them according to the most common reason/s why you don't engage in exercise. Then, think of concrete actions on how to overcome these barriers.

RANKING	BARRIERS	ACTIONS/SOLUTIONS
1 ST		
2 ND		
3 RD		
4 TH		
5 TH		



What's More

IMPORTANCE OF NUTRITION IN FITNESS

Eating a well-balanced diet can help you get the calories and nutrients you need to fuel your daily activities, including regular exercise. When it comes to eating foods to fuel your exercise performance, it's not as simple as choosing vegetables over doughnuts. You need to eat the right types of food at the right times of the day (Kilroy, 2019).

Let us learn more about on the importance of healthy breakfasts, workout snacks and meal plans.

HEALTHY BREAKFAST

It is said that the most important meal of the day is breakfast meal. When you are going to exercise, it is very important on days to eat healthy breakfast. Choosing the right kind of breakfast is crucial. Too many people rely on simple carbohydrates to start their day. Skipping breakfast can leave you feeling lightheaded or lethargic while you are working out (Kilroy, 2019).

According to an article published in Harvard Health Letter, eating breakfast regularly has been linked to a lower risk of obesity, diabetes, and heart disease. Starting your day with a healthy meal can help replenish your blood sugar, which your body needs to power your muscles and brain.

RIGHT CARBOHYDRATES

Carbohydrates is the body's main source of energy. Consuming the right kind of carbohydrates is important. It can be found in whole grains, fruits, vegetables, and beans.

According to the Mayo Clinic, about 45 to 65 percent of your total daily calories should come from carbohydrates. This is especially true if you exercise.

Eating right source of carbohydrates make you fell full for longer and fuel your body throughout the day. It also helps to stabilize your blood sugar levels and it helps your body running at its best (Kilroy, 2019).

PROTEIN DURING MEALS AND SNACKS

According to the University of Rochester Medical Center reports, "that the red blood cells die after about 120 days. And so, protein is needed to keep your body growing, maintained, and repaired.

It is essential in building and repairing muscles, helping you to enjoy your workout and as well as the benefits from it. It can be a substitute as source of energy when there is a short supply of carbohydrates. But that is not mean a major source of fuel during exercise (Kilroy, 2019).

SOURCES OF PROTEIN	EXAMPLE
Poultry	Chicken, Turkey, eggs
Read meat	Beef, lamb
Fish	Salmon, tuna
Dairy	Milk, yogurt
Legumes	beans

FRUIT AND VEGETABLE INTAKE

Fruits and vegetables are rich sources of natural fiber, vitamins, minerals, and other compounds that your body needs to function properly. They're also low in calories and fat. Try to "eat the rainbow" by choosing fruits and vegetables of different colors. This will help you enjoy the full range of vitamins, minerals, and antioxidants that fruits and vegetables can offer. (Kilroy, 2019).

In our country, we have nothing to worry about in looking for these fruits and vegetables. Thanks to the beloved farmers who never gets tired in providing us these healthy essentials in our body.

CHOOSING HEALTHY FATS

While fat is a primary fuel for aerobic exercise, we have plenty stored in the body to fuel even the longest workouts. However, getting healthy unsaturated fats helps to provide essential fatty acids and calories to keep you moving (Kilroy, 2019).

Healthy options include:

- nuts
- seeds
- avocados
- olives
- oils, such as olive oil

WHAT TO EAT BEFORE WORKOUT

Athletes and fitness enthusiasts are always looking for ways to improve their performance and achieve their goals. Good nutrition can help your body perform better and recover faster after each workout. Optimal nutrient intake prior to exercise will not only help you maximize your performance but also minimize muscle damage (Semeco, 2018). With the right nutrients in your body before going to an exercise will give you enough strength and energy to help you perform better.

THE TIMING OF YOUR PRE-WORKOUT MEAL IS KEY

The timing of your meal is also an important aspect of pre-exercise nutrition. To maximize the results of your training, try to eat a complete meal containing carbohydrates, protein, and fat 2–3 hours before you exercise. However, in some cases, you may not be able to get in a full meal 2–3 hours before working out. In that case, then you can still eat a decent pre-workout meal (Semeco, 2018).

However, keep in mind that the sooner you eat before your workout, the smaller and simpler the meal should be. If you eat 45–60 minutes prior to your workout, choose foods that are simple to digest and contain mainly carbohydrates and some protein (Semeco, 2018).



What I Have Learned

Complete the sentence.

①	I have learned that _____.
②	I have realized that _____.
③	I will apply _____.



What I Can Do

BECAUSE I CARE.

Focus on the strengths and weaknesses of each family member with regards to the health-related fitness. Give special attention to the aging family members and those with physical disabilities. Copy the following table and do your own assessment.

FAMILY HEALTH ASSESSMENT

FAMILY MEMBERS (Include Names of The Family)	AGE	BODY COMPOSITION (BMI)	MEDICAL HISTORY	HRF COMPONENTS	
				STRENGTH	WEAKNESSES
1. Father					
2. Mother					
3. Sister					
4. Brother					
5. Grandparents					
6. Me					



Assessment

DIRECTIONS: Read the questions/statements carefully and encircle the letter/write the words of your answer in your notebook.

1. What do you call the condition that allows the body to effectively cope with the demands of daily activities and still have the energy to enjoy other active leisure activities?

A. Healthy	C. Physical Fitness
B. Holistic Health	D. Wellness
2. Which of the following is a PHYSIOLOGICAL benefit of physical activities?

A. Improved Insulin Levels	C. Increased strength
B. Improved muscular endurance	D. All of the Above
3. _____ is so called *functional fitness*.

A. Health-Related Physical Fitness	C. Physical Fitness Test
B. Physical Fit	D. Skill-related Physical Fitness

4. _____ is the ability of the heart and lungs to work together to provide the needed oxygen and fuel to the body during sustained workloads.
- Cardiovascular endurance
 - Flexibility
 - Muscular endurance
 - Muscular strength
5. _____ is primarily designed to help people determine and gauge their personal fitness level by recording and evaluating their assessment results.
- Health-related Physical Fitness Test
 - Physical Fitness Test
 - Self-Assessment
 - Skill-related Physical Fitness Test
6. You are an honor student and lacks time in any physical activities for the reason that you already have given most of your time to studying and doing school project and activities and you know that physical activity is necessary for your health. What will be your solution to this matter?
- I will just do the household.
 - I would rather read books and play computer games for me to enjoy my time.
 - I should schedule my time to necessary works and find time to have physically active games or exercise.
 - Prioritize studying rather than being physically active.
7. You have already scheduled your time to jog at the park but by the time that you are to wear your jogging attire you suddenly feel tired thus resulting to you not doing the exercise. What will you do to overcome this problem?
- Just play with video games.
 - Just have a very short Zumba at home.
 - Look for friends who are willing to jog with you.
 - Make a physical activity diary and analyze which part of the day you have more energy and schedule your work-out around that period.
8. You have been doing exercises but still see no progress, so you already feel discouraged. What will you do about this matter?
- Just stop and do nothing.
 - Pity yourself for the unpaid efforts.
 - Discourage others to have company.
 - Encourage self to keep going for everything does not happen overnight.
9. What do you call the important food substances that help our body function properly?
- Carbohydrates
 - Macronutrients
 - Nutrients
 - Nutrition
10. When should be the best time to drink water during exercise?
- After exercise
 - Before Exercise
 - Before Getting Thirsty
 - If Thirsty



Additional Activities

Note: This activity is optional. Please refer to your weekly home learning plan or seek guidance from your subject teacher.

Awareness Campaign

Inform the public about the benefits of Health-Related Fitness, Solutions in the different Barriers of Physical Education Participations and Proper Diet. Choose a strategy that you will use in presenting your information.

1. Comic Strip
2. Brochure
3. Poster
4. PowerPoint Presentation
5. Others



Answer Key

TRY THIS!		ASSESSMENT	
1. C	5. B	1. C	10. C
2. D	6. D	2. D	9. C
3. D	7. D	3. A	8. D
4. A	8. C	4. A	7. D
5. B	9. D	5. C	6. D
6. D	10. A	6. A	5. C
TASK1: Physical Activity Readiness Questionnaire (Personal Assessment)		• Eating Healthy Food • Active Participation to Physical Activities	
TASK2: Reflect Upon!		TASK3: Actions to Overcome Barriers to Exercising	
• Active Participation to Physical Activities		TASK4: Actions to overcome Barriers to Exercising	

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