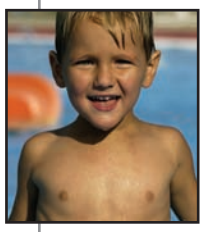
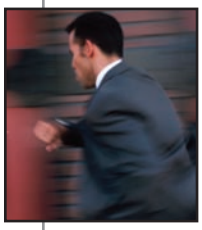
WELLNESS *for life*





Bryn Loftness

NAME

Due 12-1-17

DATE

Online KINE100-024-25752

DAYS and TIME your course meets

Dr. Steven Ross Murray

PROFESSOR of your course

Kendall Hunt
publishing company

The information presented in this textbook is in no way intended to serve as medical advice or as a substitute for medical counseling; anyone interested in such should consult a physician. The information presented in the text should be used in conjunction with the guidance and care of one's personal physician. All individuals should consult their personal physicians before beginning any diet, exercise, or wellness regimen.

Kendall Hunt
publishing company

www.kendallhunt.com
Send all inquiries to:
4050 Westmark Drive
Dubuque, IA 52004-1840

Printed in the United States of America
10 9 8 7 6 5 4 3 2 1

DIRECTIONS FOR COMPLETING THE GRADED ACTIVITIES FOR WELLNESS FOR LIFE

The Graded Activities for *Wellness for Life* are now a completely paperless system. The files are all digital, and you will need to turn them in using your computer and the Internet. Directions for completing the Graded Activities for *Wellness for Life* are as follows.

1. Download the file saved in portable document format (PDF) entitled "Graded Activities for *Wellness for Life*" from the publisher's website at http://www.grtep.com. You will need your access code that came with your text to login to the website. Also, you will need Adobe Reader, which can be downloaded to your computer free at http://get.adobe.com/reader/, to complete the activities.
2. Once you download the PDF entitled, "Graded Activities for *Wellness for Life*," open the file by double clicking on it (when you downloaded the file, be sure to remember where you saved it on your computer).
3. Type your name, the date, the days and time your course meets (or type On-line Course if your course is on-line), and the name of your professor on the first page of the PDF.
4. Now, save a working copy of the PDF by going to the tool menu at the top of the page and click on File, and then Save As... When the window opens to prompt you to enter a file name, go the the area marked File name: Graded Activities for *Wellness for Life*.pdf and click in the rectangle, highlighting the entire name. Then, rename the file, which should be your last name followed by your first name and then the number 100, e.g., DoeJane100. Then click the Save button in the window located in the lower, right-hand corner. Be sure to look where you are saving the file in the Save in: rectangle at the top of the window. That way you will know where you saved it.
5. Close all the files that you have open, and then go and open the new PDF that you just labeled with your last name followed by your first name. This is your working copy of the PDF that you must upload later.
6. Complete each activity by clicking on the appropriate response to each item or by typing your specific answers into the appropriate fields (Note: to highlight the fields, click the rectangle labeled "Highlight Fields" that is located in the top, right-had corner of the PDF).

7. Be sure to scroll down through the document, completing each activity. Once you complete an activity, it is a good idea to save the PDF so that you do not lose any of your work. It is always a good idea to save often. Also, it is a good idea to back up your work by saving your PDF to your computer as well as a flash drive for a back up. You can never save your work in too many places.
8. Once you complete all of your activities in the PDF, save a final copy of the document and review it to ensure that you completed all of the activities.
9. Log in to the publisher's website at www.grtep.com using your access code, and upload your PDF using the Internal Messages. Detailed instructions are available under the Graded Activities link on the website and entitled, "Instructions for Submitting Your Assignments." This is how you officially turn in your Graded Activities for the course.

–NOTES–

ACTIVITY 1.1: ASSESSING YOUR WELLNESS

Everyone wants to be happy, healthy, and productive—that is, to be well. So, how well are you? Answer the following questions to determine your wellness. Be honest with yourself, and after you are through, tally your score for each section, as well as compute a grand total, and correlate those with the scale provided to see how you rate.

PHYSICAL

	Rarely	Usually	Always
1. I eat a variety of foods, such as grains, fruits, and vegetables, regularly.	⊙1	○2	○3
2. I maintain my proper body weight and am neither underweight nor overweight.	⊙1	○2	○3
3. I exercise moderately for at least 20-30 minutes, 3 times a week.	○1	○2	⊙3
4. I drink only moderately, if at all, and do not use illicit drugs.	○1	⊙2	○3
5. I do not smoke nor use tobacco products.	○1	⊙2	○3

Physical Score 9
Rating Good

OCCUPATIONAL

1. I am pursuing a career that I will enjoy.	○1	⊙2	○3
2. I actively pursue information about the career that interests me.	○1	○2	⊙3
3. I understand my own strengths and weaknesses.	○1	○2	⊙3
4. I strive for a good work ethic and understand that it is up to me and no one else.	○1	○2	⊙3
5. My career will provide me the financial wherewithal to live my desired lifestyle.	○1	○2	⊙3

Occupational Score 14
Rating Excellent

SOCIAL

1. I have close friends whom I can trust.	○1	○2	⊙3
2. I stay informed of current events and happenings.	○1	○2	⊙3
3. I participate in social clubs, groups, or other organizations that I enjoy.	○1	○2	⊙3
4. I am honest and trustworthy.	○1	⊙2	○3
5. I maintain positive friendships with others.	○1	○2	⊙3

Social Score 14
Rating Excellent

SPIRITAL

Rarely Usually Always

○1	○2	◉3
○1	◉2	○3
○1	○2	◉3
○1	○2	◉3
○1	○2	◉3

1. I know my values and live by them daily, being careful not to contradict them.
2. I enjoy my life and am very satisfied with what I make of it.
3. I am reflective about my life, and improve from the mistakes that I have made.
4. I have a purposeful direction in my life.
5. I respect others.

Spiritual Score 14
Rating Excellent

INTELLECTUAL

○1	○2	◉3
○1	○2	◉3
○1	◉2	○3
○1	○2	◉3
○1	◉2	○3

1. I enjoy learning.
2. I actively pursue learning opportunities to better understand the world around me.
3. I stay informed about social and political events.
4. When deciding major issues in my life, I research them well in advance.
5. I often read the newspaper, magazines, or books to expand my knowledge.

Intellectual Score 13
Rating Excellent

EMOTIONAL

○1	◉2	○3
○1	◉2	○3
○1	◉2	○3
◉1	○2	○3
◉1	○2	○3

1. I keep things in perspective, and do not get upset over the "little things."
2. I set goals for myself that are realistic and achievable, yet challenging.
3. I accept things about myself that I cannot change, and change those that I can.
4. I am not afraid to express my emotions.
5. I can relax without the help of alcohol and drugs.

Emotional Score 8
Rating Good

RATINGS

Scores of 12-15 within dimensions and 72-90 overall. These scores are rated as EXCELLENT. You are practicing safe habits and are considered to be optimally well in this area.

Scores of 8-11 within dimensions and 48-71 overall. If you are in this area, you are considered GOOD, but you need improvement. Look back at your answers, especially the ones that you marked "Usually" and "Rarely." These are areas where you need to reconsider your personal habits and imagine how you can improve these so that you can function optimally all the time.

Scores of 5-7 within dimensions and 30-47 overall. If your scores are in this area, you are probably taking unnecessary and grave risks to your health, and rate as NEED IMPROVING. You may be unaware of the fact that these behaviors can have a negative effect on your health and wellness. Read the questions again, and think of ways you can improve your well-being.

–NOTES–

page left blank purposely

–NOTES–

ACTIVITY 1.2: HEALTHSTYLE: A SELF-TEST

This brief test, developed by the Public Health Service, is all about changing lifestyle. Its purpose is to tell you how well you are doing to stay healthy. The behaviors covered in the test are recommended for most Americans. Some of them may not apply to persons with certain chronic diseases or disabilities. Such persons may require special instructions from their physicians.

Cigarette Smoking

If you never smoke, enter a score of 10 for this section and go to the next section on Alcohol and Drugs.

	Almost Always	Sometimes	Almost Never
1. I avoid smoking cigarettes.	☑ 2	☐ 1	☐ 0
2. I smoke only low tar and Nicotine cigarettes or I smoke a pipe or cigars.	☑ 2	☐ 1	☐ 0

Score: 10 Rating: Excellent

Alcohol and Drugs

1. I avoid drinking alcoholic beverages or I drink no more than 1 or 2 drinks a day.	◉ 4	○ 1	○ 0
2. I avoid using alcohol or other drugs (especially illegal drugs) as a way of handling stressful situations or the problems in my life.	○ 2	◉ 1	○ 0
3. I am careful not to drink alcohol when taking certain medicines (for example, medicine for sleeping, pain, colds, and allergies).	◉ 2	○ 1	○ 0
4. I read and follow the label directions when using prescribed and over-the-counter drugs.	◉ 2	○ 1	○ 0

Score: 9 Rating: Good

–NOTES–

	Almost Always	Sometimes	Almost Never
Eating Habits			
1. I eat a variety of foods each day, such as fruits and vegetables, whole grain breads and cereals, lean meats, dairy products, dry peas and beans, and nuts and seeds.	○ 4	◉ 1	○ 0
2. I limit the amount of fat, saturated fat, and cholesterol I eat (including fat on meats, eggs, butter, cream, shortenings, and organ meats such as liver).	○ 2	◉ 1	○ 0
3. I limit the amount of salt I eat by cooking with only small amounts, not adding salt at the table, and avoiding salty snacks.	○ 2	◉ 1	○ 0
4. I avoid eating too much sugar especially frequent snacks of candy or soft drinks.	○ 2	◉ 1	○ 0

Score: 4 Rating: Lacking

Exercise/Fitness

1. I maintain a desired weight, avoiding overweight and underweight.	○ 3	◉ 1	○ 0
2. I do vigorous exercise for 15-30 minutes at least 3 times a week (examples include running, swimming, brisk walking).	○ 3	◉ 1	○ 0
3. I do exercises that enhance my muscle tone for 15-30 minutes at least 3 times a week (examples include yoga and calisthenics).	○ 2	◉ 1	○ 0
4. I use part of my leisure time participating in individual, family, or team activities that increase my level of fitness (such as gardening, bowling, golf, and baseball).	○ 2	◉ 1	○ 0

Exercise/Fitness Score: 4 Rating: Lacking

–NOTES–

	Almost Always	Sometimes	Almost Never
Stress Control			
1. I have a job or do other work that I enjoy.	(•) 2	( ) 1	( ) 0
2. I find it easy to relax and express my feelings freely.	( ) 2	(•) 1	( ) 0
3. I recognize early, and prepare for, events or situations likely to be stressful for me.	(•) 2	( ) 1	( ) 0
4. I have close friends, relatives, or others who I can talk to about personal matters and call on for help when needed.	(•) 2	( ) 1	( ) 0
5. I participate in group activities (such as religious and community organizations) or hobbies that I enjoy.	( ) 2	(•) 1	( ) 0

Stress Control Score: 8 Rating: Good

Safety			
1. I wear a seat belt while riding in a car.	(•) 2	( ) 1	( ) 0
2. I avoid driving while under the influence of alcohol and other drugs.	(•) 2	( ) 1	( ) 0
3. I obey traffic rules and the speed limit when driving.	(•) 2	( ) 1	( ) 0
4. I am careful when using potentially harmful products or substances (such as household cleaners, poisons, and electrical devices).	(•) 2	( ) 1	( ) 0
5. I avoid smoking in bed.	(•) 2	( ) 1	( ) 0

Safety Score: 10 Rating: Excellent

–NOTES–

What your scores mean to YOU.

Ratings

Scores of 9 and 10

Excellent! Your answers show that you are aware of the importance of this area to your health. More important, you are putting your knowledge to work for you by practicing good health habits. As long as you continue to do so, this area should not pose a serious health risk. It is likely that you are setting an example for your family and friends to follow. Because you got a very high test score on this part of the test, you may want to consider other areas where your scores indicate room for improvement.

Scores of 6 to 8

Your health practices in this area are good, but there is room for improvement. Look again at the items you answered with a "Sometimes" or "Almost Never." What changes can you make to improve your score? Even a small change can often hep you achieve better health.

Scores of 3 to 5

Your health risks are showing! Perhaps you need help in deciding how to successfully make the changes you desire. Please see your personal physician or instructor for more information.

Scores of 0 to 2

Obviously, you were concerned enough about your health to take the text, but your answers show that you may be taking serious and unnecessary risks with your health. Perhaps you are not aware of the risks and what to do about them. You can get the information and help you need to improve, if you wish. The next step is up to you.

–NOTES–

ACTIVITY 1.3: BEHAVIOR MODIFICATION: GOAL-SETTING

You now know your wellness level. Now establish goals that you want to accomplish in the future. But to be successful in attaining your goals, you will need to set specific objectives. Fill out the section below.

1. Review your wellness levels, establish a goal for each dimension, and list them below. Be specific and positive in your responses (e.g., "I will run a marathon.").
2. Look back over your goals. Decide you are going to accomplish these goals and set a specific date for accomplishing them (e.g., "I will run the New Year's Marathon on New Year's Day.").
3. You are in control of your goals; no one else can do it for you or prevent you from doing it. You must become a **self-efficacious** being! Now list a specific objective to help you achieve your goals (e.g., "I will run 5 miles 5 days a week for the next 6 months to prepare for the New Year's Marathon.").
4. Achieving a long-term goal requires setting intermediary and short-term goals. For instance, if running the marathon in 6 months is the long-term goal, running a half-marathon in 3 months could be the intermediary goals, and running 5 miles tomorrow morning could be the short-term goal. Think of some short-term and intermediary goals and record them below.
5. ACHIEVE YOUR GOALS!

PHYSICAL

Goal:
Strengthen leg/butt muscles

I will accomplish this goal by Doing more calfrisers

Objective: I will Do calf-risers daily until New Years

Short-term goal(s) I will add 5-10 calf risers every few days

Intermediary goal(s) I will continually be adding at least 10 to

–NOTES–

OCCUPATIONAL

Goal:
Get employment

I will accomplish this goal by Figuring out if i

Objective: I will Get a job and have money to do things i

Short-term goal(s) I will figure out job openings in my area

Intermediary goal(s) i will confirm references and submit

SOCIAL

Goal:
Make more new friends

I will accomplish this goal by going to social

Objective: I will put myself out of my comfort zone and

Short-term goal(s) I will get contact information for 3 worthy

Intermediary goal(s) I will hang out with 3 new people every

SPIRITUAL

Goal:
I will learn more about chakras

I will accomplish this goal by Reading online and

Objective: I will Get more in touch with myself and my

Short-term goal(s) Read from multiple sources about the

Intermediary goal(s) Find tools to help (exercises, products,

INTELLECTUAL

Goal:
I will get better at C++

I will accomplish this goal by finding more ways to

Objective: I will gain a higher proficiency in c++

Short-term goal(s) find more activities on kattis and from

Intermediary goal(s) i will make a program at least once a

EMOTIONAL

Goal:
I will try and learn new coping strategies for stress management

I will accomplish this goal by researching effective

Objective: I will apply new techniques for stress

Short-term goal(s) I will find at least 3 different new activities

Intermediary goal(s) i will evaluate the different techniques i

Now that you have established your goals, go out and achieve them. When these goals are achieved, set new ones and achieve them, as well. Only through setting challenging, yet realistic, goals can you achieve your full potential and maintain high-level wellness. Remember, things will occur that will hamper the achievement of your goals. Do not let these things stop you. Just reevaluate the situation, look for solutions, find a solution, and then continue with your goal. Ultimately, everything is up to you. Remember, ***"Only YOU limit YOU!"***

–NOTES–

page left blank purposely

–NOTES–

ACTIVITY 1.4: EXERCISE: STAGES OF CHANGE – CONTINUOUS MEASURE

Please use the following definition of exercise when answering these questions:

Regular exercise is any planned physical activity (e.g., brisk walking, aerobics, jogging, bicycling, swimming, rowing) performed to increase physical fitness. Such activity should be performed 3 to 5 times per week for 20-60 minutes per session. Exercise does not have to be painful to be effective, but it should be done at a level that increases your breathing rate and causes you to break a sweat.

Please enter the number in the box that indicates how strongly you agree or disagree with the following statements.

1 = Highly Disagree 2 = Disagree 3 = Unsure 4 = Agree 5 = Highly Agree

1.	In my own opinion, I do not need to exercise on a regular basis.	2
2.	For the past few months, I have been exercising on a regular basis, and I intend to continue to exercise regularly.	2
3.	I am not currently exercising regularly, and I do not care to exercise regularly.	4
4.	At last, I currently am exercising regularly.	2
5.	Over the past few months, I have been able to exercise regularly on a successful basis, and I intend to continue exercising regularly.	1
6.	Being a sedentary individual is satisfactory for me.	2
7.	I have been considering beginning exercising regularly.	5
8.	Within the past six months, I have begun exercising regularly.	2
9.	I have no intention of exercising regularly, but I could.	4
10.	I just started to exercise regularly very recently.	2
11.	Exercising regularly right now is not possible because I do not have the time nor do I have the energy.	5
12.	I recently started to exercise regularly, and I plan to continue exercising regularly.	1
13.	I have been considering exercising regularly.	3
14.	I recently established workout times so that I can begin to exercise regularly in the next few weeks.	1
15.	I have been able to exercise regularly for the past six months.	1
16.	I have considered that I may want to begin exercising regularly.	4
17.	I have set up a workout buddy with whom to begin exercising regularly within the next few weeks.	4
18.	I have exercised regularly for the past six months.	2
19.	Exercising regularly would be beneficial for me, but I simply am unable to take the time to do it the next few weeks.	3

20. I have been trying to find a workout buddy with whom I can start exercising regularly in the next few weeks. 3

21. I believe that exercising regularly is a good practice and beneficial, but I am not able to make time for it currently. 4

22. I really would like to begin exercising regularly in the next six months. 3

23. I intend to begin exercising regularly in the next few weeks. 3

24. I understand that regular exercise is worthwhile, but I simply am unable to do it currently. 4

–NOTES–

Scoring: Below, record the number you selected for each question, and then add up the numbers in each section to get a score for that respective stage of change.

STAGES OF CHANGE

Precontemplation (non-believers in exercise) items:

1 2
3 4
6 2
9 4

Sum of Scores 12

Precontemplation (believers in exercise) items:

11 5
19 3
21 4
24 4

Sum of Scores 16

Contemplation items:

7 5
13 3
16 4
22 3

Sum of Scores 15

–NOTES–

Preparation items:
14 1
17 4
20 3
23 3

Sum of Scores 11

Action items:
4 2
8 2
10 2
12 1

Sum of Scores 7

Maintenance items:
2 2
5 1
15 1
18 2

Sum of Scores 6

The stage of change with the highest score is your current stage, theoretically. Do you think this is an accurate measure of where you are with respect to increasing physical activity in your life? Yes or No. Yes

Adapted from: Cancer Prevention Research Center
http://www.uri.edu/research/cprc/Measures/Exercise01.htm)

page left blank purposely

–NOTES–

ACTIVITY 1.5: PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

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	NO		
☐	☑	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?**

If you answered

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."

NAME Bryn Loftness

SIGNATURE Bryn Loftness DATE 10/21/2017

SIGNATURE OF PARENT or GUARDIAN (for participants under the age of majority) –

WITNESS –

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

Supported by: Health Canada Santé Canada

continued on other side...

page left blank purposely

–NOTES–

ACTIVITY 1.6: YOUR MEDICAL HISTORY CHECK

It is important to perform a self-assessment on your own medical history before beginning any exercise or wellness regimen. Certain medical conditions can warrant you seeking clearance from a physician. So, honestly answer the following questions regarding your medical history.

Do you now or have you ever had any of the following? Please mark any that apply by placing a check mark in the blank.

_____ Abnormal Electrocardiogram (EKG)

_____ Arthritis

_____ Asthma

_____ Blood Clots

✔ Chest Pains

_____ Coronary Heart Disease (CHD)

_____ Diabetes

_____ Family History of Heart Abnormalities (CHD, heart attacks, etc.)

_____ Heart Murmur or Irregular Heart Beat

_____ High Cholesterol

_____ Hypertension (High Blood Pressure)

_____ Low-Back Pain (chronic cases)

_____ Myocardial Infarction (Heart Attack)

_____ Obesity

_____ Orthopedic Joint Issues or Problems

_____ Respiratory Conditions

_____ Stroke

_____ Shortness of Breath

_____ Any other issue that would prevent you from exercising regularly.

–NOTES–

Are you currently 45 years of age or older?

☐ Yes

☑ No

If yes, when was the last time your received a comprehensive physical examination from a physician?

N/A

Are you taking any prescription medications

☑ Yes

☐ No

Do you currently smoke or have you quit in the last six months

☐ Yes

☑ No

If you checked any of the responses in the first set of question or answered yes to the previous three questions, it would be advisable for you to seek medical clearance from a physician before beginning any exercise or wellness regimen.

Are there any other areas of concern that you would have concerning beginning an exercise program? Please list them here. See your professor or instructor for additional information if necessary. Never take your medical history lightly.

N/A

–NOTES–

ACTIVITY 2.1: FAMILY HEALTH HISTORY ASSESSMENT

Inherited genetic traits can play a role in many chronic diseases. In fact, diseases such as heart disease, cancer, and osteoporosis often are related to genetics, and can be found to occur more often in certain families, placing some at a genetic predisposition for developing a disease. To assess your health history as it relates to genetics, place a check mark on the blanks where a relative, under the age of 60, was diagnosed with the respective disease.

If you do not happen to know your birth parents, simply write that you cannot complete the assignment because of this fact. _____

Family Member	Heart Disease	Cancer	Stroke	Osteoporosis	Hyper-tension
Mother					✔
Father					
Grandfathers		✔			
Grandmothers	✔	✔			
Uncles		✔			
Aunts					
Brothers					
Sisters					

Which of the diseases do you have a high genetic predisposition of developing?

Cancer

Remember, just because one has a genetic predisposition to a disease does not mean that acquiring the disease is inevitable. What steps can you take to lessen your odds of developing the diseases for which you are genetically predisposed?

Wearing UV Protection, Getting regularly scheduled cancer screenings,

page left blank purposely

ACTIVITY 2.2: CHECK YOUR CHOLESTEROL AND HEART DISEASE IQ QUIZ

Are you cholesterol smart? Test your knowledge about high blood cholesterol with the following questions. Mark each statement as either true or false.

1. High blood cholesterol is one of the risk factors for heart disease that you can do something about. — ◉TRUE or ○FALSE
2. To lower your blood cholesterol level, you must stop eating meat altogether. — ○TRUE or ◉FALSE
3. Any blood cholesterol level below 240 mg/dL is desirable for adults — ◉TRUE or ○FALSE
4. Fish oil supplements are recommended to lower blood cholesterol. — ◉TRUE or ○FALSE
5. To lower your blood cholesterol level, you should eat less saturated fat, total fat, and cholesterol, and lose weight if you are overweight. — ◉TRUE or ○FALSE
6. Saturated fats raise your blood cholesterol level more than anything else in your diet. — ◉TRUE or ○FALSE
7. All vegetable oils help lower blood cholesterol levels. — ○TRUE or ◉FALSE
8. Lowering blood cholesterol levels can help people who have already had a heart attack. — ◉TRUE or ○FALSE
9. All children need to have their blood cholesterol levels checked. — ◉TRUE or ○FALSE
10. Women don't need to worry about high blood cholesterol and heart disease. — ○TRUE or ◉FALSE
11. Reading food labels can help you eat the heart healthy way. — ◉TRUE or ○FALSE

Check your answers on the next page. How many questions did you answer correctly? 8

–NOTES–

ANSWERS TO CHECK YOUR CHOLESTEROL AND HEART DISEASE IQ QUIZ

1. **TRUE** High blood cholesterol is one of the risk factors for heart disease that a person can do something about. High blood pressure, cigarette smoking, diabetes, overweight, and physical inactivity are the others.
2. **FALSE** Although some red meat is high in saturated fat and cholesterol, which can raise your blood cholesterol, you do not need to stop eating it or any other single food. Red meat is an important source of protein, iron, and other vitamins and minerals. You should, however, cut back on the amount of saturated fat and cholesterol that you eat. One way to do this is by choosing lean cuts of meat with the fat trimmed. Another way is to watch your portion sizes, and eat no more than 6 ounces of meat a day. Six ounces is about the size of two decks of playing cards.
3. **FALSE** A total blood cholesterol level of under 200 mg/dL (milligrams/deciliter) is desirable, and usually puts you at a lower risk for heart disease. A blood cholesterol level of 240 mg/dL is high, and increases your risk of heart disease. If your cholesterol level is high, your doctor will want to check your level of LDL-cholesterol ("bad" cholesterol). A HIGH level of LDL-cholesterol increases your risk of heart disease, as does a LOW level of HDL-cholesterol ("good" cholesterol). An HDL-cholesterol level below 35 mg/dL is considered a risk factor for heart disease. A total cholesterol level of 200-239 mg/dL is considered borderline-high, and usually increases your risk for heart disease. All adults 20 years of age or older should have their blood cholesterol level checked at least once every 5 years.
4. **FALSE** Fish oils are a source of omega-3 fatty acids, which are a type of polyunsaturated fat. Fish oil supplements generally do not reduce blood cholesterol levels. Also, the effect of the long-term use of fish oil supplements is not known. However, fish is a good food choice because it is low in saturated fat.
5. **TRUE** Eating less fat, especially saturated fat, and cholesterol can lower your blood cholesterol level. Generally, your blood cholesterol level should begin to drop a few weeks after you start on a cholesterol-lowering diet. How much your level drops depends on the amounts of saturated fat and cholesterol you used to eat, how high your blood cholesterol is, how much weight you lose if you are overweight, and how your body responds to the changes you make. Over time, you may reduce your blood cholesterol level by 10-50 mg/dL, or even more.

–NOTES–

6. **TRUE** Saturated fats raise your blood cholesterol level more than anything else. So, the best way to reduce your cholesterol level is to cut back on the amount of saturated fats that you eat. These fats are found in largest amounts in animal products, such as butter, cheese, whole milk, ice cream, cream, and fatty meats. They are also found in some vegetable oils–coconut, palm, and palm kernel oils.
7. **FALSE** Most vegetable oils–canola, corn, olive, safflower, soybean, and sunflower oils–contain mostly monounsaturated and polyunsaturated fats, which help lower blood cholesterol when used in place of saturated fats. However, a few vegetable oils–coconut, palm, and palm kernel oils–contain more saturated fat than unsaturated fat. A special kind of fat, called "trans fat," is formed when vegetable oil is hardened through a process called "hydrogenation" to become margarine or shortening, The harder the margarine or shortening, the more likely it is to contain more trans fat. Choose margarine containing liquid vegetable oil as the first ingredient. Just be sure to limit the total amount of any fats or oils, since even those that are unsaturated are rich sources of calories.
8. **TRUE** People who have had one heart attack are at much higher risk for a second attack. Reducing blood cholesterol levels can greatly slow down (and, in some people, even reverse) the buildup of cholesterol and fat in the coronary artery walls and significantly reduce the chances of a second heart attack. If you have had a heart attack or have coronary disease, your LDL level should be around 100 mg/dL, which is even lower than the recommended level of less than 130 mg/dL for the general population.
9. **FALSE** Children from "high-risk" families, in which a parent has high blood cholesterol (240 mg/dL or above) or in which a parent or grandparent has had heart disease at an early age (at 55 years or younger), should have their cholesterol levels tested. If a child from such a family has a cholesterol level that is high, it should be lowered under medical supervision, primarily with diet, to reduce the risk of developing heart disease as an adult. For children who are not from high-risk families, the best way to reduce the risk of adult heart disease is to follow a low-saturated-fat, low-cholesterol eating pattern. All children over the age of 2 years, and all adults, should adopt a heart healthy eating pattern as a principal way of reducing coronary heart disease.
10. **FALSE** Blood cholesterol levels in both men and women begin to go up around age 20. Before menopause, women have levels that are lower than men of the same age. After menopause, a women's LDL-

–NOTES–

cholesterol level goes up–and so does her risk for heart disease. For both men and women, heart disease is the number one cause of death.

11. **TRUE** Food labels have been changed. Look on the nutrition label for the amount of saturated fat, total fat, cholesterol, and total calories in a serving of the product. Use this information to compare similar products. Also, look for the list of ingredients. The ingredient in the greatest amount is first, and the ingredient in the least amount is last. So to choose foods low in saturated fat or total fat, and go easy on products that list fats or oil first, or that list many fat and oil ingredients.

National Cholesterol Education Program
National Heart, Lung, and Blood Institute
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health NIH Publication No. 95-3794

–NOTES–

ACTIVITY 2.3: PHYSICAL ACTIVITY & HEART DISEASE IQ QUIZ

Test how much you know about how physical activity affects your heart. Mark each statement true or false. See how you did by checking the answers on the next page.

1. Regular physical activity can reduce your chances of getting heart disease. ◉ TRUE or ○ FALSE
2. Most people get enough physical activity from their normal daily routine. ○ TRUE or ◉ FALSE
3. You don't have to train like a marathon runner to become more physically fit. ◉ TRUE or ○ FALSE
4. Exercise programs do not require a lot of time to be very effective. ◉ TRUE or ○ FALSE
5. People who need to lose some weight are the only ones who will benefit from regular physical activity. ○ TRUE or ◉ FALSE
6. All exercises give you the same benefits. ○ TRUE or ◉ FALSE
7. The older you are, the less active you need to be. ○ TRUE or ◉ FALSE
8. It doesn't take a lot of money or expensive equipment to become physically fit. ◉ TRUE or ○ FALSE
9. There are many risks and injuries that can occur with exercise. ○ TRUE or ◉ FALSE
10. You should consult a doctor before starting a physical activity program. ◉ TRUE or ○ FALSE
11. People who have had a heart attack should not start any physical activity program. ○ TRUE or ◉ FALSE
12. To help stay physically active, include a variety of activities. ◉ TRUE or ○ FALSE

Check your answers on the following page. How many did you answer correctly? 12

–NOTES–

ANSWERS TO THE CHECK YOUR PHYSICAL ACTIVITY AND HEART DISEASE IQ QUIZ

1. **TRUE** Heart disease is almost twice as likely to develop in inactive people. Being physically inactive is a risk factor for heart disease, along with cigarette smoking, high blood pressure, high blood cholesterol, and being overweight. The more risk factors you have, the greater your chance for heart disease. Regular physical activity (even mild to moderate exercise) can reduce this risk.
2. **FALSE** Most Americans are very busy, but not very active. Every American adult should make a habit of getting 30 minutes of low to moderate levels of physical activity daily. This includes walking, gardening, and walking up stairs. If you are inactive now, begin by doing a few minutes of activity each day. If you only do some activity every once in a while, try to work something into your routine every day.
3. **TRUE** Low- to moderate-intensity activities, such as pleasure-walking, stair-climbing, yardwork, housework, dancing, and home exercises can have both short- and long-term benefits. If you are inactive, the key is to get started. One great way is to take a walk for 10 to 15 minutes during your lunch break, or take your dog for a walk every day. At least 30 minutes of physical activity everyday can help improve your heart health.
4. **TRUE** It takes only a few minutes a day to become more physically active. If you don't have 30 minutes in your schedule for an exercise break, try to find two 15-minute periods or even three 10-minute periods. These exercise breaks will soon become a habit you can't live without.
5. **FALSE** People who are physically active experience many positive benefits. Regular physical activity gives you more energy, reduces stress, and helps you sleep better. It helps lower high blood pressure and improves blood cholesterol levels. Physical activity helps tone muscles, burns off calories to help lose extra pounds or stay at a desirable weight, and helps control appetite. It also increases muscle strength, helps the heart and lungs work more efficiently, and lets you enjoy your life more fully.
6. **FALSE** Low-intensity activities—if performed daily—can have some long-term health benefits and can lower your risk of heart disease. Regular, brisk, and sustained exercise for at least 30 minutes, three to four times a week, such as brisk walking, jogging, or swimming, is necessary to improve the efficiency of your heart and lungs

and burn off extra calories. These activities are called aerobic—meaning the body uses oxygen to produce the energy needed for the activity. Other activities, depending on the type, may give you other benefits, such as increased flexibility or muscle strength.

7. **FALSE** Although we tend to become less active with age, physical activity is still important. In fact, regular physical activity in older persons increases their capacity to do everyday activities. In general, middle-aged and older people benefit from regular physical activity, just as young people do. What is important, at any age, is tailoring the activity program to your own fitness level.
8. **TRUE** Many activities require little or no equipment. For example, brisk walking only requires a comfortable pair of walking shoes. Many communities offer free or inexpensive recreation facilities and physical activity classes. Check your shopping malls, as many of them are open early and late for mall-walking. This is a great activity for people who do not wish to walk alone, in the dark, or in bad weather.
9. **FALSE** The most common risk in exercise is injury to the muscles and joints. Such injuries are usually caused by exercising too hard for too long, particularly if a person has been inactive. To avoid injuries, try to build up your level of activity gradually, listen to your body for warning pains, be aware of possible signs of heart problems (such as pain or pressure in the left or mid-chest area, left neck, shoulder, or arm during or just after exercising, or sudden light-headedness, cold sweat, pallor, or fainting), and be prepared for special weather conditions.
10. **TRUE** You should ask your doctor before you start (or greatly increase) your physical activity **if** you have a medical condition such as high blood pressure, have pains or pressure in the chest and shoulder, feel dizzy or faint, get breathless after mild exertion, are middle-aged or older and have not been physically active, or plan a vigorous activity program. If none of these apply, start slowly and get moving.
11. **FALSE** Regular, physical activity can help reduce your risk of having another heart attack. People who include regular physical activity in their lives after a heart attack improve their chances of survival and can improve how they feel and look. If you have had a heart attack, consult your doctor to be sure you are following a safe and effective exercise program that will help prevent heart pain and further damage from overexertion.

–NOTES–

12. **TRUE** Pick several different activities that you like doing. You will be more likely to stay with it. Plan short-term and long-term goals. Keep a record of your progress, and check it regularly to see the progress you have made. Get your family and friends to join in. They can help keep you going.

NHLBI Obesity Education Initiative
National Heart, Lung, and Blood Institute

U.S. Department of Health and Human Services
Public Health Service
National Institutes of Health
NIH Publication No. 96-3795

–NOTES–

ACTIVITY 2.4: WHAT IS YOUR RISK FACTOR FOR CARDIOVASCULAR DISEASE?

In the following chart, click the number for each risk factor that best describes you, and then total and record your score below, along with its risk factor classification.

CARDIOVASCULAR RISK FACTORS					
Heredity	⊙1 No known history of heart disease	○2 One relative with heart disease over 60 years	○3 Two relatives with heart disease over 60 years	○4 One relative with heart disease under 60 years	○6 Two relatives with heart disease under 60 years
Exercise	○1 Intensive exercise, work, and recreation	○2 Moderate exercise, work, and recreation	⊙3 Sedentary work and intensive recreational exercise	○5 Sedentary work and moderate recreational exercise	○6 Sedentary work and light recreational exercise
Age	⊙1 10-20 years	○2 21-30 years	○3 31-40 years	○4 41-50 years	○6 51+
Weight	○0 More than 5 lbs. under weight	⊙1 ± 5 lbs. standard weight	○2 6-20 lbs. overweight	○4 21-35 lbs. overweight	○6 36-50 lbs. overweight
Tobacco	⊙0 Nonuser	○1 Cigar or Pipe	○2 10 cigarettes or fewer per day	○4 20 cigarettes or more per day	○6 30 cigarettes or more per day
Eating Habits	○1 0% No animal or solid fats	⊙2 10% Very little animal or solid fats	○3 20% Little animal or solid fats	○4 30% Much animal or solid fats	○5 40% Very much animal or solid fats

–NOTES–

Your total score 8 Your risk classification Very remote

Use the following key to determine your risk of heart attack:

4-9	Very remote
10-15	Below average
16-20	Average
21-25	Moderate
26-30	Dangerous
31-36	Urgently dangerous—reduce score!

Source: American Heart Association

–NOTES–

ACTIVITY 2.5: USING WEB-BASED DISEASE ASSESSMENT TOOLS

The Internet is a valuable tool for researching information about your health. Use the following web-based disease assessment tools to assess your current disease risk for specific diseases.

ASSIGNMENT 1.

Your Disease Risk at
http://cmu.grtep.com/index.cfm/wellness/page/gradedactivitylinks

Assess your disease risk for cancer, diabetes, heart disease, and osteoporosis by clicking on the questionnaire and answering the questions You should denote your risk for each disease as appropriate and complete the follow-up questions (i.e., What makes up your risk? What steps will you take to lower your risk?) to help you better improve your health and wellness.

CANCER

NOTE: Men do not need to complete the questionnaires for breast, cervical, ovarian, or uterine cancer for obvious reasons; women do not have to complete the questionnaire for prostate cancer, as they, of course, do not have a prostate gland. For those specific cancers, simply note that those assessments are not applicable to you because of your sex.

Bladder Cancer

What is your risk for bladder cancer?

Below Average

What makes up your risk?

No History, No Cigarettes, No chemicals

What steps will you take to lower your risk?

N/A

–NOTES–

I do not need to complete the breast cancer disease assessment because I am a male. ☐

Breast Cancer

What is your risk for breast cancer?

Average

What makes up your risk?

Birth Control Pills

What steps will you take to lower your risk?

Regular Screenings

I do not need to complete the cervical cancer disease assessment because I am a male. ☐

Cervical Cancer

What is your risk for cervical cancer?

Above Average

What makes up your risk?

Limit # of sexual partners

What steps will you take to lower your risk?

Protection and testing

Colon Cancer

What is your risk for colon cancer?

Below average

What makes up your risk?

Take vitamins, take aspirin

What steps will you take to lower your risk?

See above answer

Kidney Cancer

What is your risk for kidney cancer?

Much Below Average

What makes up your risk?

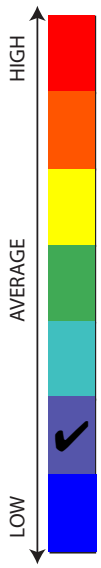
n/a

What steps will you take to lower your risk?

n/a

–NOTES–

–NOTES–



Lung Cancer

What is your risk for lung cancer?

Much Below Average

What makes up your risk?

Eat more fruits and veggies

What steps will you take to lower your risk?

see above

Melanoma Cancer

What is your risk for melanoma cancer?

Much above average

What makes up your risk?

hereditary, fair skin, sun burns

What steps will you take to lower your risk?

UV protection

I do not need to complete the ovarian cancer disease assessment because I am a male. ☐

Ovarian Cancer

What is your risk for ovarian cancer?

above average

What makes up your risk?

hereditary

What steps will you take to lower your risk?

having a hysterectomy, tubes tied (if need

Pancreatic Cancer

What is your risk for pancreatic cancer?

average

What makes up your risk?

hereditary and dont eat enough veggies

What steps will you take to lower your risk?

eat more veggies

–NOTES–

–NOTES–

I do not need to complete the prostate cancer disease assessment because I am a female. ☑

Prostate Cancer

What is your risk for prostate cancer?

n/a

What makes up your risk?

n/a

What steps will you take to lower your risk?

n/a

Stomach Cancer

What is your risk for stomach cancer?

Below Average

What makes up your risk?

diet

What steps will you take to lower your risk?

decreasing salt intake

I do not need to complete the uterine cancer disease assessment because I am a male. ☐

Uterine Cancer

What is your risk for uterine cancer?

much below average

What makes up your risk?

n/a

What steps will you take to lower your risk?

n/a

Diabetes

What is your risk for diabetes?

very much below average

What makes up your risk?

diet

What steps will you take to lower your risk?

cut down on refined starches, eat more

–NOTES–

–NOTES–

Heart Disease

What is your risk for heart disease?

very much below average

What makes up your risk?

diet and lack of vitamins

What steps will you take to lower your risk?

add nuts, fruits, veggies, whole grains,

Osteoporosis

What is your risk for osteoporosis?

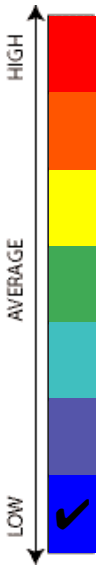
much below average

What makes up your risk?

diet

What steps will you take to lower your risk?

eat more leafy greens



Stroke

What is your risk for stroke?

very much below average

What makes up your risk?

diet

What steps will you take to lower your risk?

eat more whole grains, fruits, and veggies

–NOTES–

–NOTES–

ASSIGNMENT 2.

Mayo Clinic's Heart Disease Risk Calculator
http://cmu.grtep.com/index.cfm/wellness/page/gradedactivitylinks

Assess your risk for heart disease by completing the Heart Disease Risk Calculator. You must know your total cholesterol, HDL level, and systolic blood pressure to be able to complete the assessment. If you do not know these values, either have them measured or estimate them to the best of your ability (Note: If you do estimate the values, please understand that the validity of the results is affected).

What is your risk score (it will be reported as a percentage)? 2.00 %

What can you do to reduce your score?

Do more physical activity

ASSIGNMENT 3.

–NOTES–

Stroke Risk Scorecard

Stroke Risk Scorecard

National STROKE Association™

Each box that applies to you equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels on the back.

RISK FACTOR	HIGH RISK	CAUTION	LOW RISK
Blood Pressure	☐ >140/90 or unknown	☐ 120-139/80-89	☑ <120/80
Atrial Fibrillation	☐ Irregular heartbeat	☐ I don't know	☑ Regular heartbeat
Smoking	☐ Smoker	☐ Trying to quit	☑ Nonsmoker
Cholesterol	☐ >240 or unknown	☐ 200-239	☑ <200
Diabetes	☐ Yes	☐ Borderline	☑ No
Exercise	☐ Couch potato	☑ Some exercise	☐ Regular exercise
Diet	☐ Overweight	☐ Slightly overweight	☑ Healthy weight
Stroke in Family	☐ Yes	☐ Not sure	☑ No
TOTAL SCORE	0 High Risk	1 Caution	7 Low Risk

Risk Scorecard Results

National STROKE Association™

High Risk ≥3: Ask about stroke prevention right away.

Caution 4-6: A good start. Work on reducing risk.

Low Risk 6-8: You're doing very well at controlling stroke risk!

Ask your healthcare professional how to reduce your risk of stroke.

To reduce your risk:

1. Know your blood pressure.
2. Find out whether you have atrial fibrillation.
3. If you smoke, stop.
4. Find out if you have high cholesterol.
5. If diabetic, follow recommendations to control your diabetes.
6. Include exercise in your daily routine.
7. Enjoy a lower-sodium (salt), lower-fat diet.

Act FAST and CALL 9-1-1 IMMEDIATELY at any sign of a stroke:

F **FACE:** Ask the person to smile. Does one side of the face droop?

A **ARMS:** Ask the person to raise both arms. Does one arm drift downward?

S **SPEECH:** Ask the person to repeat a simple phrase. Is their speech slurred or strange?

T **TIME:** If you observe any of these signs, **call 9-1-1 immediately**.

1-800-STROKES (787-6537) • www.stroke.org

page left blank purposely

–NOTES–

ACTIVITY 2.6: YOUR OVERALL CANCER RISK

Cancer is one of the leading causes of death today. The purpose of this activity is to provide you with an opportunity to assess your overall risk of developing cancer. Please answer each of the following questions either Yes or No by circling the appropriate word.

Do you smoke tobacco?	Yes	**No**
Did you get sunburned frequently as a child?	**Yes**	No
Do you receive excessive amounts of sunlight regularly?	**Yes**	No
Do you have fair skin and light-colored hair?	Yes	**No**
Are you obese?	Yes	**No**
Do you eat a low-fiber diet?	**Yes**	No
Do you regularly drink more than 2 drinks of alcohol a day?	Yes	**No**
Do you have a history of cancer in your family?	**Yes**	No
Do you chew or dip tobacco products?	Yes	**No**
Are you exposed to second-hand tobacco smoke frequently?	Yes	**No**
Do you rarely eat fresh fruits and vegetables?	**Yes**	No
Do you regularly consume smoked foods?	Yes	**No**
Are you exposed to knowns carcinogens (e.g., radiation, chemicals) on a regular basis?	Yes	**No**

How many times did you answer yes? 5 The more yes responses you have, the higher your overall chances are at developing cancer.

What specific steps can you take to lower your risk of developing cancer?

Wear UV Protection, Eat Healthy, Don't Smoke

page left blank purposely

–NOTES–

ACTIVITY 3.1: ARE YOU A TYPE A PERSONALITY?

Read each statement below and answer either yes or no. After you are through, evaluate your score on the next page to determine if you are a Type A personality.

○ yes ○ no	1. Waiting in line and traffic really bothers me.
○ yes ○ no	2. There never seems to be enough time during the day to get everything done, and I often feel rushed and frustrated.
○ yes ○ no	3. I usually eat very quickly compared to others.
○ yes ○ no	4. I am usually impatient with others, especially if they are performing a task slowly that I can do much faster.
○ yes ○ no	5. When talking with others, I often think about a variety of topics rather than listening to the other person.
○ yes ○ no	6. I am easily irritated by other drivers, and often honk my horn or gesture at drivers who irritate me.
○ yes ○ no	7. When others act incompetently and inconsiderately, I often react with exaggerated gestures and raise my voice.
○ yes ○ no	8. I easily become agitated while standing in express shopping lines if someone in front of me has more than the allotted number of items.
○ yes ○ no	9. When others do not follow established procedures and laws, I often get agitated and angry.
○ yes ○ no	10. I typically keep my anger "bottled-up" to myself.

–NOTES–

Scoring: Look at the first five statements and determine the number of "yes" responses you have. Record that number below. If you said yes to 2 or more, you are probably a Type A personality. Look at your responses for numbers 6-10. If you answered yes to any of these, you may have a tendency to be a "Hot Reactor," or someone who is easily agitated and expresses anger/hostility/cynicism that could be damaging to your health.

List the number of "yes" responses in questions
1-5 3_____ 6-10 1_____.

Are you a Type A? ◉Yes ○No Are you a "Hot Reactor"? ◉Yes ○No

–NOTES–

ACTIVITY 3.2: THE HOLMES AND RAHE LIFE EVENT SCALE

In 1967, Dr. Thomas H. Holmes and Dr. Richard H. Rahe created a do-it-yourself stress test that assessed the major life incidents of stress. They believed that life changes (called LCU for life change units) could predict the likelihood of an individual becoming ill or having an accident because of stress.

Take the Holmes and Rahe Life Event Scale by determining which of the events listed below you experienced in the last year. Simply add up the values of the LCUs. (If you experienced the same thing twice, count it twice in your overall score.) After you are finished, record your total number of LCUs to determine your chances of developing a stress-related illness. Record your classification below.

EVENT	LCU
The death of a spouse	☐100
Undergoing a divorce	☐73
Being involved in a marital separation	☐65
Being detained in jail or an institution	☐63
The death of a close family member	☐63
Incurring a major personal injury or illness	☐53
Becoming married	☐50
Losing a job	☐47
Reconciling a marriage	☐45
Retiring	☐45
A family member incurring a major change in health or behavior	☑44
Becoming pregnant or impregnating another	☐40
Undergoing sexual difficulties	☐40
Gaining a new family member via adoption or marriage	☐39
Undergoing a major business readjustment	☐39
Undergoing a major change in your financial state	☑38
The death of a close friend	☐37
Changing jobs or line of work	☑36
Increase in fights with spouse or significant other	☐35
Taking on a mortgage	☐31
Undergoing a foreclosure on a mortgage or loan	☐30

–NOTES–

EVENT	LCU
Incurring a major change at work	☐29
Child leaves home	☐29
Undergoing in-law troubles	☐29
Accomplishing an outstanding personal achievement	☑28
Spouse/significant other ceases work outside the home	☐26
Going back to school	☑26
Major change in living conditions (remodeling)	☐25
Revising personal habits	☑24
Having difficulty with your boss	☐23
Incurring major changes in your working hours	☐20
Changing your residence	☑20
Changing to a new school	☑20
Incurring a change to your typical type/amount of recreation	☑19
Undergoing a major change in church activities	☐19
Undergoing a major change in social activities	☑18
Purchasing a car or other major purchase	☐17
Changing your sleeping habits	☑16
Changing your typical number of family get-togethers	☑15
Incurring a major change in your eating habits	☑15
Going on a vacation	☑13
Observing Christmas or other major holidays	☑12
Incurring a minor violation of the law	☐11

Total number of LCUs	Classification
Below 150 = 35% chance of illness or accident within 2 years.	Low Stress
Between 150-300 = 51% chance of illness or accident within the next year.	Moderate Stress
Over 300 = 80% chance of illness or accident within the next year	High Stress

Total number of LCUs 344 Stress Classification High Stress

Your chance of developing a stress-related illness or accident 80%

NOTE: Adapted from http://www.prcn.org/next/stress/html. Originally published: Holmes, T. H. & R. H. Rahe. (1967). The social readjustment scale. *Journal of Psychosomatic Research*, 11: 213-218.

–NOTES–

ACTIVITY 3.3: QUIZ OF STRESS MANAGEMENT LIFESTYLE CHOICES

Answer the following questions by checking the appropriate number that corresponds with your response. After you are finished, tally and record your final score below and see how you rate.

Lifestyle Choice		Strongly Disagree	Disagree	Agree	Strongly Agree
Alcohol and mood-altering substances	I do not drink alcohol, or, if I choose to drink alcohol, I do so in moderation. I do not abuse mood-altering substances, including prescription drugs.	☐0	☐1	☑2	☐3
Diet/ Nutrition	I eat nutritious foods daily, typically avoiding excessive salty, fatty, and sugary foods. I also drink several glasses of water daily.	☐0	☑1	☐2	☐3
Exercise	I exercise moderately for at least 30 minutes on most, if not all, days of the week.	☐0	☐1	☑2	☐3
Expression	I am assertive and express my specific needs.	☐0	☐1	☑2	☐3
Friendships and Family	If I need assistance, I have a good social support system from my friends and family.	☐0	☐1	☐2	☑3
Goals	I have set reasonable and clear goals for myself.	☐0	☐1	☑2	☐3
Humor	I can laugh at myself each day.	☐0	☐1	☑2	☐3
Pleasure time	I dedicate time for myself each day and use it.	☐0	☐1	☐2	☑3
Reward	I take time to enjoy myself when I have completed something successfully and please with my efforts.	☐0	☐1	☐2	☑3
Self-care	I am responsible for my actions. I honor myself and believe that I am a worth person.	☐0	☐1	☑2	☐3
Spirituality	I fulfill my spiritual needs through reflection, meditation, prayer, reading, ceremonies, etc.	☐0	☐1	☐2	☑3

–NOTES–

Your total score 25

Your score can range from 0 to 33. The higher your score, the better the lifestyle choices you are making. These positive choices will act as a buffer against stress.

If you scored between 0 and 10, you need to review your lifestyle and begin to make significant improvements. You are vulnerable to the unhealthy effects of stress.

If you scored between 11 and 22, you are making lifestyle choices that will help buffer you against the negative effects of stress; however, there is room for improvement.

If you scored between 23 and 33, you are making wise lifestyle choices. You are improving your chances that you will not experience long-term negative effects from stress.

NOTE: Adapted from the *Quiz of Stress Management Lifestyle Choices* by Scott Wallace, Ph.D., R.Psych, www.virtualpsych.com

–NOTES–

ACTIVITY 3.4: WHAT'S YOUR STRESS INDEX?

Find your stress level right now by completing this test. Answer either "Yes" or "No" to each item as it applies to you.

DO YOU FREQUENTLY:	Yes	No
Neglect your diet?	●	○
Try to do everything yourself?	●	○
Blow up easily?	○	●
Seek unrealistic goals?	○	●
Fail to see the humour in situations others find funny?	●	○
Act rude?	○	●
Make a 'big deal' of everything?	○	●
Look to other people to make things happen?	○	●
Have difficulty making decisions	●	○
Complain you are disorganized?	●	○
Avoid people whose ideas are different from your own?	○	●
Keep everything inside?	●	○
Neglect exercise?	●	○
Have few supportive relationships?	○	●
Use sleeping pills and tranquilizers without a physician's approval?	○	●
Get too little rest?	●	○
Get angry when you are kept waiting?	●	○
Ignore stress symptoms?	●	○
Put things off until later?	●	○
Think there is only one right way to do something?	○	●
Fail to build relaxation time into your day?	○	●
Gossip?	○	●
Race through the day?	○	●
Spend a lot of time complaining about the past?	○	●
Fail to get a break from noise and crowds?	○	●

–NOTES–

Your total score 11

What Your number of "YES" Scores Mean:

0-5: There are few hassles in your life. Make sure though, that you are not trying so hard to avoid problems.

6-10: You've got your life in fairly good control. Work on the choices and habits that could still be causing you some unnecessary stress in your life.

11-15: You're approaching the danger zone. You may well be suffering stress-related symptoms and your relationships could be strained. Think carefully about choices you've made and take relaxation breaks every day.

16-25: Emergency! You must stop now, re-think how you are living, change your attitudes and pay careful attention to diet, exercise and relaxation.

Source: Canadian Mental Health Association. *What's Your Stress Index?* Take the 5-minute Stress Test. www.ontario.cmha.ca/stress.

–NOTES–

ACTIVITY 3.5: WARNING SIGNS OF STRESS

As is discussed in Chapter 3 of *Wellness for Life*, stress is the spice of life. However, too much stress, especially distress, can lead to a deterioration in your health. Answer the following questions to help you recognize the warning signs of stress.

Do you have any of the following warning signs of stress? Click next to the correct response.

Awaken in the morning still feeling tired and not rested	(•) Yes	( ) No
Crave sweet or fatty foods more than usual	(•) Yes	( ) No
Eating patterns radically change	(•) Yes	( ) No
Feel anxious often	(•) Yes	( ) No
Feel depressed more than usual	(•) Yes	( ) No
Feel fatigued frequently	(•) Yes	( ) No
Feel irritable frequently	( ) Yes	(•) No
Feel overwhelmed often	( ) Yes	(•) No
Get angry easily	( ) Yes	(•) No
Have difficulty concentrating	(•) Yes	( ) No
Have difficulty sleeping	( ) Yes	(•) No
Have difficulty staying organized	(•) Yes	( ) No
Am sick often	( ) Yes	(•) No
Suffer from frequent headaches	(•) Yes	( ) No
Suffer from muscle aches often	(•) Yes	( ) No

If you answered yes to any of these, stress could be negatively affecting your health. Think about your life right now. Are there any major issues occurring in your life? If so, how are you going to address them and reduce your stress level?

I don't think there are any major issues, just a combination of a lot of stuff going on right now.

–NOTES–

Remember, you need to be proactive instead of reactive about stress. So, determine your top priorities. List your top five priorities right now in your life.

1. Happiness/Becoming a b
2. Education/Becoming a be
3. Connections/Maintaining
4. Future(internal)/Making n
5. Future(external)/Making

Have you recently let any of these priorities slip because of stress in your life? ◉Yes ○No

List the top five stressors—the actual agent that causes you stress—in your life right now.

1. Time Management
2. Interpersonal Relationshi
3. The future/unknowns
4. Mental health/anxiety
5. Finances

What specific things can you do right now to help reduce these stressors, and therefore, reduce your overall stress level?

Get anxiety medicine, better manage my time, take more time to relax (for my mental health)

Get a job, talk to a therapist, discuss my concerns more assertively with people

Remember, life is stressful, but it is exactly those stressors that make life worth living. As Seyle said, "Stress is the spice of life." You just need to realize what your priorities are and refer back to them frequently. Live your life according to your priorities, and often your stress level becomes much more manageable.

–NOTES–

ACTIVITY 3.6: TIME AUDIT FOR TIME MANAGEMENT

One of the most common excuses that most individuals use on a regular basis to explain why they cannot get something completed is a lack of time. Time management becomes very important in all of our lives. However, rarely do we ever examine exactly where our time goes. So, your assignment is to choose one, typical day in your life (generally not a weekend) to record exactly how you spend your day. Try to record your activity as closely as possible, but generally record things to the half hour After you have recorded your time, go back and categorize them. You will be amazed at where your time goes.

5:00	Sleeping
5:30	Sleeping
6:00	Sleeping
6:30	Sleeping
7:00	Sleeping
7:30	Sleeping
8:00	Sleeping, Waking up around 8:15, Laying in bed
8:30	Getting up, Getting Dressed, Going to Class
9:00	In English Class
9:30	In English Class, Going back to room
10:00	Taking shower, Getting Dressed again
10:30	Going to breakfast, Eating food
11:00	Eating food, Going over to friends to do homework
11:30	Doing homework, getting ready for noon class
Noon	computer science class
12:30	computer science class, going back to room
1:00	Nap
1:30	Nap, getting ready for class
2:00	Calculus Class
2:30	Calculus Class, going back to room

–NOTES–

3:00	facetime best friend
3:30	do low-intensity work out (squats, abs, legs)
4:00	still doing workout until 4:15ish. going back to dorm
4:30	cleaning up and changing clothes, doing makeup &hair
5:00	doing homework
5:30	homework
6:00	homework then started eating dinner around 6:15
6:30	eating dinner, finished around 6:45, went back to dorm
7:00	hanging out with friends
7:30	hanging out with friends
8:00	little more studying and reading the news for the day
8:30	watching netflix
9:00	watching netflix
9:30	watching netflix
10:00	watching netflix
10:30	watching netflix fell asleep sometime after 10:40
11:00	sleeping
11:30	sleeping
Midnight	sleeping
12:30	sleeping
1:00	sleeping
1:30	sleeping
2:00	sleeping
2:30	sleeping
3:00	sleeping
3:30	sleeping
4:00	sleeping
4:30	sleeping

Calculate the amount of time that you dedicate for the following activities:

Time sleeping	9	hours
Time traveling/commuting	Approx .5	hours
Time in class	3	hours
Time studying	2.5	hours
Time socializing	8.5	hours
Time working a job	None	hours
Time spent with friends	2.5	hours
Time spent with family	None	hours
Time exercising	.75	hours
Time spent by yourself	15.5	hours
Time simply wasted	4	hours
Time watching TV	3.5	hours
Time listening to music	4	hours
Other _____		hours
Other _____		hours
Other See explanation>	Does not ac	hours
Total	24 hours	

Did you realize that you waste a lot of time during your typical day?
○ Yes ◉ No

What specific areas do you waste the more time?
I spend a lot of time on netflix and with friends but i try to balance it

What areas can you now "find" more time to actually get things accomplished?
I could do more studying at night or just spend it reading to improve my
vocabulary and brain

What one major thing did you learn from your time audit?
I spend a lot of time thinking about how i spend my day instead of
focusing on actually doing things that are worthwhile. (should be more productive)

–NOTES–

page left blank purposely

–NOTES–

ACTIVITY 4.1: TAKING YOUR PULSE AND CALCULATING YOUR TARGET HEART RATE ZONE

TAKING YOUR PULSE

To take your pulse, you will need a watch with a second hand or a stopwatch, either digital or analog. The two most common spots on the human body to take the pulse are the carotid artery and the radial artery.

Follow these steps to take your pulse rate using the carotid artery:

1. Slightly tilt your head to one side.
2. Place the fingertips of your first three fingers on your Adam's apple and slightly move your fingers toward the outside of your neck; do not use your thumb.
3. Feel for the pulse in the groove of the neck, about 2 inches from the tip of the Adam's apple; be careful not to apply too much pressure, as that could alter the pulse.
4. Count the number of pulses for 1 minute. This number is your pulse rate for 1 minute.
5. Record your carotid pulse rate below.

Follow these steps to take your pulse rate using the radial artery:

1. Hold your dominant hand, about waist high, out in front of your body, with the palm facing up.
2. Take the fingertips of the fingers on your other hand, and place them across the wrist, below the palm of the hand.
3. Feel for the pulse, but be careful not to apply too much pressure, as this could alter the pulse rate.
4. Count the number of pulses for 1 minute. This number is your pulse rate for 1 minute.
5. Record your radial pulse rate below.

82

PULSE RATE

82 beats per minute at the carotid artery

80 beats per minute at the radial artery

–NOTES–

CALCULATING YOUR TARGET HEART RATE ZONE (THZ)

Follow these steps to calculate your target heart rate zone (THZ):

1. Take 220 and subtract your age from it. This is your estimated maximum heart rate (HR_{max}).
2. Take your HR_{max} and multiply that by .55 and by .85; these are your lower and upper limits, respectively, for your THZ.
3. Calculate your THZ below.

Step 1: 220 – age = HR_{max} — 220 – 18 = 202

Step 2: HR_{max} multiply by .55 = lower limit of THZ — 202 x 0.55 = 111.1

Step 3: HR_{max} multiply by .85 = upper limit of THZ — 202 x 0.85 = 171.7

Your THZ is the lower limit to the upper limit — THZ = 111 to 172

Your THZ is the range in which strengthening of the cardiovascular system health benefits are received. The lower limit of the THZ should be used for individuals just starting an exercise program. Exercising at the upper limit of the THZ should be reserved for highly trained individuals.

–NOTES–

ACTIVITY 4.2: BACK PAIN RISK ASSESSMENT QUIZ

Back pain is the most common physical complaint in America, causing many lost days of work and overall productivity. Answer the questions below to assess your risk for experiencing back pain. Once you have answered each question, calculate your risk using the scoring legend provided.

1. How would you categorize your current weight?

- (•) 1 I am at my optimal weight
- ( ) 2 Slightly to moderately overweight
- ( ) 3 Severely overweight

2. How much cardiovascular exercise do you perform on a daily basis?

- ( ) 1 30 minutes or more
- (•) 2 Less than 30 minutes a day
- ( ) 3 I rarely or never perform cardiovascular exercise

3. How often do you perform flexibility (stretching) exercises?

- ( ) 1 Every day
- (•) 2 A few days a week
- ( ) 3 Rarely or never

4. How often do you perform resistance training exercises?

- ( ) 1 Three or more days a week
- ( ) 2 Two or fewer days a week
- (•) 3 Rarely or never

5. How often do you smoke cigarettes?

- (•) 1 Rarely or never
- ( ) 2 Occasionally
- ( ) 3 Regularly

–NOTES–

6. How often do you lift heavy objects?

- (•) 1 Rarely or never
- ( ) 2 Occasionally
- ( ) 3 Almost every day

7. Describe how much attention you give to having correct posture?

- ( ) 1 I usually focus on having good posture
- ( ) 2 I occasionally focus on having good posture
- (•) 3 I rarely or never focus on having good posture

8. How much time do you spend driving?

- (•) 1 Less than an hour a day
- ( ) 2 One to three hours a day
- ( ) 3 More than three hours a day

9. How much time do you spend sitting at your job?

- ( ) 1 Less than an hour a day
- ( ) 2 One to three hours a day
- (•) 3 More than three hours a day

10. Describe your life in regard to the amount of stress you experience.

- ( ) 1 I experience very little stress in my life
- (•) 2 I experience a moderate amount of stress in my life
- ( ) 3 I experience a great deal of stress in my life

11. Describe your sleeping habits.

- ( ) 1 I usually sleep soundly and wake up feeling rested
- (•) 2 I'm sometimes restless and wake up a few times during the night
- ( ) 3 I'm usually restless and wake up feeling tired

12. Describe your history of back ailments.

- ( ) 1 I have never had a serious back injury
- (•) 2 I have had one or two serious back injuries in my life
- ( ) 3 I have had three or more serious back injuries in my life

13. What is your highest level of education attained?

- ○ 1 I have completed a college degree
- ◉ 2 I have completed a high school diploma
- ○ 3 I have less than a high school diploma

14. What is your age?

- ◉ 1 25 or below
- ○ 2 26 to 50
- ○ 3 51 or above

15. Describe how you cope with change and stressful events in your life.

- ○ 1 I do a very good job of coping with change and stress in my life
- ◉ 2 I do a fair job of coping with change and stress in my life
- ○ 3 I do a poor job coping with change and stress in my life

Determine your risk for low back pain. Sum your scores for the questions, and compare that number to the risk ratings below.

Score	Rating
15 - 24	Low risk
25 - 34	Moderate risk
35 - 45	High risk

Your score 28 Risk Moderate

–NOTES–

page left blank purposely

–NOTES–

ACTIVITY 4.3: ASSESSING YOUR CARDIORESPIRATORY ENDURANCE (CRE)

In order to determine one's level of physical fitness, each health-related component must be assessed. Several tests are available for each component; a few are listed below.

CARDIORESPIRATORY ENDURANCE

Cardiorespiratory endurance development is the cornerstone to physical fitness because of its relationship to the reduction of premature death as the result of disease, especially CVD. The best way to determine cardiorespiratory endurance is by measuring the VO_{2max} in a clinical setting (e.g., graded exercise test on a treadmill, using open-circuit spirometry to analyze O_2 and CO_2 levels). This process is costly, time-consuming, and just not feasible for the general population. Therefore, many field tests have been developed to estimate VO_{2max} that correlate very well with clinical tests.

Probably the simplest tests to measure cardiorespiratory endurance are the 1.5-Mile Run Test and the 12-Minute Test (NOTE: The Cooper Institute of Dallas, Texas, has developed protocols and fitness norms for these tests, which are cited in this text with its kind permission). These tests are based on the fact that individuals who have high cardiorespiratory endurance development will finish the 1.5-Mile Run faster and will travel farther in the 12-Minute Test than those who are not as fit. The 1.5-Mile Run Test and the 12-Minute Test should be conducted on a properly measured track or another *flat* course, in moderate weather (with little wind, if outside) for best results; irregular surfaces, such as loose gravel, should not be used. An individual should not eat a heavy meal or smoke for at least 2-3 hours prior to the tests. All individuals should warm-up for a few minutes and thoroughly stretch prior to the tests. If possible, some practice pacing prior to the tests should be employed. Often, individuals run too fast in the beginning of the tests, causing premature fatigue and skewing the results. Proper pacing cannot be underestimated!

For the 1.5-Mile Run Test, do the following:

1. *Warm-up properly with easy exercises, such as walking and jogging, and stretch thoroughly. A good stopwatch is recommended to ensure adequate timing of the event.*
2. *Run 1.5 miles as fast as possible; be careful with pacing, and do not start off too fast. (If a standard 400-meter track is used, 6 laps must be run*

–NOTES–

in lane 1 (i.e., the inside lane), with an additional 15 yards added at the end of the last lap. If the track is a 440-yard track, only 6 laps are required in lane 1.

3. *During the test, participants may be informed of their lap times by a proctor, or they may wear a chronograph.*
4. *Upon completion, the time should be recorded to the nearest second. A mandatory cool-down period should be performed. Participants should walk slowly for about 5 minutes immediately after the run to prevent venous pooling (i.e., pooling of blood in the veins of the lower extremities, which reduces the return of blood to the heart and potentially can cause cardiac arrhythmias).*

To properly perform the 12-Minute Test, follow these procedures:

1. *Warm-up properly with easy exercises, such as walking and jogging, and stretch thoroughly. A good stopwatch is recommended to ensure adequate timing of the event.*
2. *If using a 440-yard track, traffic cones should be placed every 88 yards on the inside edge of lane 1. The first traffic cone is placed at the starting line. If using a 400-meter track, traffic cones should be placed every 80 meters (87.5 yards) on the inside edge of lane 1. In either case, there should be a total of 5 cones placed on the track.*
3. *Cover as much distance as possible in 12 minutes. The number of traffic cones passed during the 12 minutes is then recorded. There are 5 cones per lap completed. Credit is given only for cones passed. If using a 440-yard track, multiply the number of cones passed by .05 to obtain* distance in *miles. If using a 400-meter track, multiply the number of cones passed by .0497 to obtain distance in miles (i.e., on a 440-yard track, John passes 38 cones in 12 minutes; 38 multiplied by .05 = 1.9 miles).*
4. *Upon completion, record the number of cones passed. A mandatory cool-down period, involving walking slowly for about 5 minutes immediately after the run, should be performed to prevent venous pooling (i.e., pooling of blood in the veins of the lower extremities, which reduces the return of blood to the heart and potentially can cause cardiac arrhythmias).*

Another simple test for assessing cardiorespiratory endurance is the Step Test. The Step Test is easy to conduct, does not require expensive equipment, and is safe to be performed by most individuals, regardless of their fitness levels. (NOTE: Individuals who have high blood pressure—i.e., >140/90 mm HG—orthopedic, respiratory, or cardiac problems should not perform the Step Test.)

To perform the Step Test, do the following:

1. *Use a 12-inch bench or step.*

–NOTES–

Ratings for the 1.5-Mile Run for Women (Time)							
	AGE						
Percentile	20-29	30-39	40-49	50-59	60-69	70-79	Rating
99	9:29	9:51	10:09	11:22	11:58	11:58	
95	10:28	11:00	11:32	12:52	14:05	14:34	Superior
90	11:10	11:33	11:58	13:24	14:53	16:21	
85	11:33	11:58	12:51	14:16	15:35	17:00	
80	11:58	12:25	13:22	14:34	16:21	17:38	Excellent
75	12:25	12:53	13:32	15:11	16:46	18:14	
70	12:53	13:23	13:58	15:35	17:21	18:37	
65	12:53	13:47	14:32	15:58	17:38	18:38	
60	13:24	14:04	14:44	16:21	18:12	19:38	Good
55	13:49	14:23	15:13	16:46	18:38	19:44	
50	14:07	14:34	15:24	17:13	18:52	20:11	
45	14:34	15:14	15:57	17:38	19:25	20:56	
40	14:50	15:38	16:21	18:07	20:06	21:34	Fair
35	15:14	15:38	16:46	18:37	20:46	22:20	
30	15:52	16:38	17:22	18:59	21:20	22:38	
25	16:26	16:46	17:58	19:44	22:14	23:10	
20	16:46	17:38	18:38	20:32	22:44	23:46	Poor
15	17:49	18:37	19.32	21:31	23:32	25:20	
10	18:37	19:43	20:47	22:43	24:46	26.51	
5	20:31	21:31	22:22	24:42	26:19	29.51	
1	23:58	24:57	25:49	28:39	30:13	36.12	Very Poor

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

2. *Warm-up with some modest walking or jogging, and perform some simple lower-body static stretches.*
3. *Step up and down on the bench at a cadence of 96 beats per minute—this can be established by using a metronome or a tape recording of a metronome—for 3 minutes. The cadence is "up-up-down-down" or "right-left-right-left." When stepping up on the bench, it is imperative that you straighten your legs fully so that a proper assessment of cardiorespiratory endurance is taken. (NOTE: It is perfectly acceptable and recommended to switch lead-off legs during the test to prevent unnecessary muscular fatigue in the legs—from "right-left-right-left" to "left-right-left-right.")*

–NOTES–

Ratings for the 1.5-Mile Run for Men (Time)							
	AGE						
Percentile	20-29	30-39	40-49	50-59	60-69	70-79	Rating
99	8:22	8:49	9:02	9:31	10:09	10:27	
95	9:10	9:31	9:47	10:27	11:20	12:25	Superior
90	9:34	9:52	10:09	11:09	12:10	13:25	
85	9:52	10:14	10:44	11:45	12:53	13:57	
80	10:08	10:38	11:09	12:08	13:25	14:52	Excellent
75	10:34	10:59	11:32	12:37	13:58	15:38	
70	10:49	11:09	11:52	12:53	14:33	16:22	
65	11:09	11:34	11:58	13:25	14:55	16:46	
60	11:27	11:49	12:25	13:53	15:20	17:37	Good
55	11:34	11:58	12:53	13:58	15:53	18:05	
50	11:58	12:25	13:05	14:33	16:19	18:39	
45	12:11	12:44	13:25	14:35	16:46	19:19	
40	12:29	12:53	13:50	15:14	17:19	19:43	Fair
35	12:53	13:25	14:10	15:53	17:49	20:28	
30	13:08	13:48	14:33	16:16	18:39	21:28	
25	13:25	14:10	15:00	16:46	19:10	22:22	
20	13:58	14:33	15:32	17:30	20:13	23:55	Poor
15	14:33	15:14	16:09	18:22	21:34	25:49	
10	15:14	15:56	17:04	19:24	23:27	27:55	
5	16:46	17:30	18:39	21:40	25:58	30:34	
1	20:55	20:55	22:22	27:08	31:59	33:30	Very Poor

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

4. *After 3 minutes of stepping, stop, sit down on the bench, and find the pulse rate (this can be taken either at the carotid artery in the neck, or at the radial artery in the wrist). After 5 seconds of sitting, count the pulse rate for 60 seconds.*
5. *Record the pulse rate as beats per minute.*
6. *Cool-down by walking for a few minutes to return the heart rate back to normal and prevent pooling of blood in the lower extremities.*
7. *Look at the ratings for the 3-Minute Step Test to see how you rate. If you could not finish the test because of fatigue, you probably have very poor cardiorespiratory endurance.*

–NOTES–

Ratings for the 12-Minute Run for Women (Distance in Miles)

	AGE						
Percentile	20-29	30-39	40-49	50-59	60-69	70-79	Rating
99	1.83	1.77	1.73	1.59	1.53	1.53	
95	1.69	1.63	1.57	1.46	1.36	1.33	Superior
90	1.61	1.57	1.53	1.46	1.31	1.23	
85	1.57	1.53	1.46	1.35	1.27	1.20	
80	1.53	1.49	1.42	1.33	1.23	1.17	Excellent
75	1.49	1.45	1.40	1.30	1.21	1.15	
70	1.45	1.41	1.37	1.27	1.18	1.13	
65	1.45	1.39	1.33	1.25	1.17	1.13	
60	1.41	1.37	1.32	1.23	1.15	1.10	Good
55	1.38	1.34	1.29	1.21	1.13	1.09	
50	1.36	1.33	1.28	1.19	1.12	1.08	
45	1.33	1.29	1.25	1.17	1.10	1.05	
40	1.32	1.27	1.23	1.15	1.08	1.03	Fair
35	1.29	1.25	1.21	1.13	1.06	1.01	
30	1.26	1.22	1.18	1.12	1.04	1.00	
25	1.23	1.21	1.16	1.09	1.01	0.99	
20	1.21	1.17	1.13	1.07	1.00	0.98	Poor
15	1.17	1.13	1.10	1.03	0.98	0.94	
10	1.13	1.09	1.06	1.00	0.95	0.91	
5	1.07	1.30	1.01	0.95	0.92	0.86	
1	0.97	0.95	0.93	0.88	0.86	0.78	Very Poor

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

Ratings for the 3-Minute Step Test

	Women	Men
Excellent	<97	<71
Good	97-127	71-102
Average	128-142	103-117
Poor	143-171	118-147
Very Poor	>172	>148

Numbers represent heart rate reported as beats per minute.

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission

–NOTES–

Ratings for the 12-Minute Run for Men (Distance in Miles)							
	AGE						
Percentile	20-29	30-39	40-49	50-59	60-69	70-79	Rating
99	2.02	1.94	1.90	1.82	1.74	1.69	
95	1.88	1.82	1.79	1.69	1.60	1.49	Superior
90	1.81	1.77	1.73	1.61	1.51	1.41	
85	1.77	1.72	1.66	1.55	1.45	1.37	
80	1.73	1.67	1.61	1.52	1.41	1.32	Excellent
75	1.68	1.63	1.58	1.47	1.37	1.27	
70	1.65	1.61	1.54	1.45	1.33	1.23	
65	1.61	1.57	1.53	1.41	1.31	1.21	
60	1.58	1.55	1.49	1.38	1.29	1.17	Good
55	1.57	1.53	1.45	1.37	1.26	1.15	
50	1.53	1.49	1.44	1.33	1.23	1.13	
45	1.51	1.46	1.41	1.33	1.21	1.11	
40	1.49	1.45	1.38	1.29	1.19	1.09	Fair
35	1.45	1.41	1.36	1.26	1.17	1.07	
30	1.43	1.38	1.33	1.24	1.13	1.04	
25	1.41	1.36	1.31	1.21	1.11	1.01	
20	1.37	1.33	1.28	1.18	1.08	0.97	Poor
15	1.33	1.29	1.24	1.14	1.03	0.93	
10	1.29	1.25	1.20	1.10	0.99	0.89	
5	1.21	1.18	1.13	1.03	0.93	0.85	
1	1.05	1.05	1.01	0.90	0.83	0.81	Very Poor

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

1.5 Mile Run Test	Time	13.14	Rating	Good
12-Minute Test	Distance	1.42	Rating	Good
Step Test	Pulse Rate	140	Rating	Average

Did you score the same rating on each assessment? ◉ Yes or ○ No.

Why or why not? I did them on different days, im pretty consisitent

What steps are you going to take to improve or maintain your cardiorespiratory endurance (CRE)? work out daily

–NOTES–

ACTIVITY 4.4: ASSESSING YOUR BODY MASS INDEX (BMI)

What is your height (in feet and inches)? 5'2

What is your weight (in pounds)? 106

What is your Body Mass Index (BMI)? 19.5

What is your classification (e.g., Healthy Weight, Overweight, Obese)? healthy weight

Do you think your BMI is indicative of your risk for disease? ○ Yes or ◉ No. Explain. Im healthy weight

What you you like for your BMI to be? 19

Determining the Body Mass Index (BMI)

The BMI is excellent for predicting disease risk. To calculate your BMI, simply look at the chart below and find your height in the left-hand column. Then, go across the row and find the number that corresponds best with your weight, with shoes off. Next, follow up that column to the very top to find your BMI and rating.

BMI	Under Weight <18.5	Healthy Weight 18.5-24.9						Overweight 25-29.9					Obese >29.9 High Disease Risk					
	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height	Weight in Pounds																	
4'10"	86	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11"	89	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5'0"	92	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5'1"	95	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2"	98	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3"	102	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4"	105	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5"	108	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6"	112	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216

Determining the Body Mass Index (BMI) (Cont'd)																		
BMI	Under Weight <18.5	Healthy Weight 18.5-24.9						Overweight 25-29.9					Obese >29.9 High Disease Risk					
	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height	Weight in Pounds																	
5'7"	115	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8"	118	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9"	122	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10"	126	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11"	129	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6'0"	132	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'1"	136	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2"	141	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6'3"	144	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
6'4"	151	160	168	176	185	193	202	210	218	227	235	244	252	261	269	277	286	294
6'5"	151	160	168	176	185	193	202	210	218	227	235	244	252	261	269	277	286	294

–NOTES–

ACTIVITY 4.5: ASSESSING YOUR BODY COMPOSITION WITH SKINFOLD MEASUREMENTS

You must use a properly trained individual to measure your skinfolds. If you do not have access to someone who is properly trained, please locate someone or speak to your instructor about what to do.

Assessing body fat percentage through skinfolds correlates well with the more-advanced method of hydrostatic weighing (i.e., a process wherein a person's body is submerged in water and weighed to determine exact body volume, based on the principle of mass displacement. It is accurate, but very time-consuming, and used mainly for research purposes). Skinfold measurements assume that individuals store fat subcutaneously proportional to total body fat. If the proper techniques are used, skinfolds can be within 3.5 percent of accuracy as compared to hydrostatic weighing.[6] It is best to remember skinfolds are an estimate of body fat percentage, and a margin of error is always involved.

To measure body composition accurately using skinfolds, an individual would need to work with a person who is properly trained; then they would follow these steps:

1. *Measure the right side of the body, and use the appropriate sex-based sites.*

WOMEN

Triceps—vertical fold midway between the shoulder and elbow.
Suprailiac—a diagonal fold above the iliac crest (i.e., hip bone).
Thigh—a vertical fold taken midway from the iliac crest (i.e., hip bone) and the patella (i.e., kneecap).

MEN

Chest—a diagonal fold taken midway from the nipple and armpit.
Abdomen—a vertical fold taken approximately 1 inch from the navel.
Thigh—a vertical fold taken midway from the iliac crest (i.e., hip bone) and the patella (i.e., kneecap).

2. *Pinch the skinfold using the thumb and the forefinger, and place the caliper perpendicular to the skinfold, about 1/4-inch below the fingers.*
3. *Measure at least twice, or until you get numbers that agree.*
4. *Sum the 3 skinfolds, and look at the figures on the followig pages to ascertain your estimated percent body fat.*
5. *Determine your rating for body composition by using the charts on the following pages.*

Body Fat Percentage Estimates for Women

Sum of 3 Skinfolds	<22	23-27	28-32	33-37	38-42	43-47	48-52	53-57	>58
23-25	9.7	9.9	10.2	10.4	10.7	10.9	11.2	11.4	11.7
26-28	11.0	11.2	11.5	11.7	12.0	12.3	12.5	12.7	13.0
29-31	12.3	12.5	12.8	13.0	13.3	13.5	13.8	14.0	14.3
32-34	13.6	13.8	14.0	14.3	14.5	14.8	15.0	15.3	15.5
35-37	14.8	15.0	15.3	15.5	15.8	16.0	16.3	16.5	16.8
38-40	16.0	16.3	16.5	16.7	17.0	17.2	17.5	17.7	18.0
41-43	17.2	17.4	17.7	17.9	18.2	18.4	18.7	18.9	19.2
44-46	18.3	18.6	18.8	19.1	19.3	19.6	19.8	20.1	20.3
47-49	19.5	19.7	20.0	20.2	20.5	20.7	21.0	21.2	21.5
50-52	20.6	20.8	21.1	21.3	21.6	21.8	22.1	22.3	22.6
53-55	21.7	21.9	22.1	22.4	22.6	22.9	23.1	23.4	23.6
56-58	22.7	23.0	23.2	23.4	23.7	23.9	24.2	24.4	24.7
59-61	23.7	24.0	24.2	24.5	24.7	25.0	25.2	25.5	25.7
62-64	24.7	25.0	25.2	25.5	25.7	26.0	26.2	26.4	26.7
65-67	25.7	25.9	26.2	26.4	26.7	26.9	27.2	27.4	27.7
68-70	26.6	26.9	27.1	27.4	27.6	27.9	28.1	28.4	28.6
71-73	27.5	27.8	28.0	28.3	28.5	28.8	29.0	29.3	29.5
74-76	28.4	28.7	28.9	29.2	29.4	29.7	29.9	30.2	30.4
77-79	29.3	29.5	29.8	30.0	30.3	30.5	30.8	31.0	31.3
80-82	30.1	30.4	30.6	30.9	31.1	31.4	31.6	31.9	32.1
83-85	30.9	31.2	31.4	31.7	31.9	32.2	32.4	32.7	32.9
86-88	31.7	32.0	32.2	32.5	32.7	32.9	33.2	33.4	33.7
89-91	32.5	32.7	33.0	33.2	33.5	33.7	33.9	34.2	34.4
91-94	33.2	33.4	33.7	33.9	34.2	34.4	34.7	34.9	35.2
95-97	33.9	34.1	34.4	34.6	34.9	35.1	35.4	35.6	35.9
98-100	34.6	34.8	35.1	35.3	35.5	35.8	36.0	36.3	36.5
101-103	35.2	35.4	35.7	35.9	36.2	36.4	36.7	36.9	37.2
104-106	35.8	36.1	36.3	36.6	36.8	37.1	37.3	37.5	37.8
107-109	36.4	36.7	36.9	37.1	37.4	37.6	37.9	38.1	38.4
110-112	37.0	37.2	37.5	37.7	38.0	38.2	38.5	38.7	38.9
113-115	37.5	37.8	38.0	38.2	38.5	38.7	39.0	39.2	39.5
116-118	38.0	38.3	38.5	38.8	39.0	39.3	39.5	39.7	40.0
119-121	38.5	38.7	39.0	39.2	39.5	39.7	40.0	40.2	40.5
122-124	39.0	39.2	39.4	39.7	39.9	40.2	40.4	40.7	40.9
125-127	39.4	39.6	39.9	40.1	40.4	40.6	40.9	41.1	41.4

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

Body Fat Percentage Estimates for Men (52 and Under)

Sum of 3 Skinfolds	< 20	20-22	23-25	26-28	29-31	32-34	35-37	38-40	41-43	44-46	47-49	50-52
11-13	1.9	2.3	2.6	3.0	3.3	3.7	4.0	4.3	4.7	5.0	5.4	5.7
14-16	2.9	3.3	3.6	3.9	4.3	4.6	5.0	5.3	5.7	6.0	6.4	6.7
17-19	3.9	4.2	4.6	4.9	5.3	5.6	6.0	6.3	6.7	7.0	7.4	7.7
20-22	4.8	5.2	5.5	5.9	6.2	6.6	6.7	7.3	7.6	8.0	8.3	8.7
23-25	5.8	6.2	6.5	6.8	7.2	7.5	7.9	8.2	8.6	8.9	9.3	9.6
26-28	6.8	7.1	7.5	7.8	8.1	8.5	8.8	9.2	9.5	9.9	10.2	10.6
29-31	7.7	8.0	8.4	8.7	9.1	9.4	9.8	10.1	10.5	10.8	11.2	11.5
32-34	8.6	9.0	9.3	9.7	10.0	10.4	10.7	11.1	11.4	11.8	12.1	12.4
35-37	9.5	9.9	10.2	10.6	10.9	11.3	11.6	12.0	12.3	12.7	13.0	13.4
38-40	10.5	10.8	11.2	11.5	11.8	12.2	12.5	12.9	13.2	13.6	13.9	14.3
41-43	11.4	11.7	12.1	12.4	12.7	13.1	13.4	13.8	14.1	14.5	14.8	15.2
44-46	12.2	12.6	12.9	13.3	13.6	14.0	14.3	14.7	15.0	15.4	15.7	16.1
47-49	13.1	13.5	13.8	14.2	14.5	14.9	15.2	15.5	15.9	16.2	16.6	16.9
50-52	14.0	14.3	14.7	15.0	15.4	15.7	16.1	16.4	16.8	17.1	17.5	17.8
53-55	14.8	15.2	15.5	15.9	16.2	16.6	16.9	17.3	17.6	18.0	18.3	18.7
56-58	15.7	16.0	16.4	16.7	17.1	17.4	17.8	18.1	18.5	18.8	19.2	19.5
59-61	16.5	16.9	17.2	17.6	17.9	18.3	18.6	19.0	19.3	19.7	20.0	20.4
62-64	17.4	17.7	18.1	18.4	18.8	19.1	19.4	19.8	20.1	20.5	20.8	21.2
65-67	18.2	18.5	18.9	19.2	19.6	19.9	20.3	20.6	21.0	21.3	21.7	22.0
68-70	19.0	19.3	19.7	20.0	20.4	20.7	21.1	21.4	21.8	22.1	22.5	22.8
71-73	19.8	20.1	20.5	20.8	21.2	21.5	21.9	22.2	22.6	22.9	23.3	23.6
74-76	20.6	20.9	21.3	21.6	22.0	22.3	22.7	23.0	23.4	23.7	24.1	24.4
77-79	21.4	21.7	22.1	22.4	22.8	23.1	23.4	23.8	24.1	24.5	24.8	25.2
80-82	22.1	22.5	22.8	23.2	23.5	23.9	24.2	24.6	24.9	25.3	25.6	26.0
83-85	22.9	23.2	23.6	23.9	24.3	24.6	25.0	25.3	25.7	26.0	26.4	26.7
86-88	23.6	24.0	24.3	24.7	25.0	25.4	25.7	26.1	26.4	26.8	27.1	27.5
89-91	24.4	24.7	25.1	25.4	25.8	26.1	26.5	26.8	27.2	27.5	27.9	28.2
92-94	25.1	25.5	25.8	26.2	26.5	26.9	27.2	27.5	27.9	28.2	28.6	28.9
95-97	25.8	26.2	26.5	26.9	27.2	27.6	27.9	28.3	28.6	29.0	29.3	29.7
98-100	26.6	26.9	27.3	27.6	27.9	28.3	28.6	29.0	29.3	29.7	30.0	30.4
101-103	27.3	27.6	28.0	28.3	28.6	29.0	29.3	29.7	30.0	30.4	30.7	31.1
104-106	27.9	28.3	28.6	29.0	29.3	29.7	30.0	30.4	30.7	31.1	31.4	31.8
107-109	28.6	29.0	29.3	29.7	30.0	30.4	30.7	31.1	31.4	31.8	32.1	32.4
110-112	29.3	29.6	30.0	30.3	30.7	31.0	31.4	31.7	32.1	32.4	32.8	33.1

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

–NOTES–

Ratings for Body Composition for Women

AGE					
Percentile	**20-29**	**30-39**	**40-49**	**50-59**	**Rating**
99	09.8	11.0	12.6	14.6	**Very Lean***
95	13.6	14.0	15.6	17.2	
90	14.8	15.6	17.2	19.4	**Excellent**
85	15.8	16.6	18.6	20.9	
80	16.5	17.4	19.8	22.5	
75	17.3	18.2	20.8	23.8	**Good**
70	18.0	19.1	21.9	25.1	
65	18.7	20.0	22.8	26.0	
60	19.4	20.8	23.8	27.0	
55	20.1	21.7	24.8	27.9	**Fair**
50	21.0	22.6	25.6	28.8	
45	21.9	23.5	26.5	29.7	
40	22.7	24.6	27.6	30.4	
35	23.6	25.6	28.5	31.4	**Poor**
30	24.5	26.7	29.6	32.5	
25	25.9	27.7	30.7	33.4	
20	27.1	29.1	31.9	34.5	
15	28.9	30.9	33.5	35.6	**Very Poor**
10	31.4	33.0	35.4	36.7	

**No less than 10-13% is recommended for women, 3% for men.*
Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

–NOTES–

Ratings for Body Composition for Men

AGE					
Percentile	**20-29**	**30-39**	**40-49**	**50-59**	**Rating**
99	04.2	07.0	09.2	10.9	**Very Lean***
95	06.3	09.9	12.8	14.4	
90	07.9	11.9	14.9	16.7	**Excellent**
85	09.2	13.3	16.3	18.0	
80	10.5	14.5	17.4	19.1	
75	11.5	15.5	18.4	19.9	**Good**
70	12.7	16.5	19.1	20.7	
65	13.9	17.4	19.9	21.3	
60	14.8	18.2	20.6	22.1	
55	15.8	19.0	21.3	22.7	**Fair**
50	16.6	19.7	21.9	23.2	
45	17.4	20.4	22.6	23.9	
40	18.6	21.3	23.4	24.6	
35	19.6	22.1	24.1	25.3	**Poor**
30	20.6	23.0	24.8	26.0	
25	21.9	23.9	25.7	26.8	
20	23.1	24.9	26.6	27.8	
15	24.6	26.2	27.7	28.9	**Very Poor**
10	26.3	27.6	29.2	30.3	

**No less than 10-13% is recommended for women, 3% for men.*
Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

Complete the following data:

Women			Men		
Triceps	8	mm	Chest	-	mm
Suprailiac	11	mm	Abdomen	-	mm
Thigh	16	mm	Thigh	-	mm

Percent Body Fat = 14.8 % Rating (e.g., Lean, Good) Excellent

page left blank purposely

–NOTES–

ACTIVITY 4.6: ASSESSING YOUR WAIST-TO-HIP RATIO HEALTH RISK

The Waist-to-Hip Ratio is important because of the link between excessive abdominal fat and the "increased risk of hypertension . . . coronary artery disease, and premature death compared with individuals who are equally fat, but have more of their fat on the extremities."[5] Determining the Waist-to-Hip Ratio is simple. All that is necessary is a tape measure. An individual measures the circumferences of both the waist and hips.

Waist-to-Hip Ratio Health Risk

	Women	Men
High Health Risk	>.85	>1.0
Moderate Health Risk	.80-.85	.90-1.0
Low Health Risk	<.80	<.90

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

Waist 24 (in inches) divided by Hip 24.4 (in inches) = .4 Waist-to-Hip Ratio.

What is your Waist-to-Hip Ratio? .4

What is your Health Risk? Low Health Risk

What steps are you going to take to maintain or improve your waist-to-hip ratio? Keep a healthy slim body

page left blank purposely

–NOTES–

ACTIVITY 4.7: ASSESSING YOUR FLEXIBILITY WITH THE SIT-AND-REACH WALL TEST

The Sit-and-Reach Wall Test is a self-administered test that can accommodate a large number of individuals because of its simplicity. All that is needed is a person and a wall.

To perform the Sit-and-Reach Wall Test, do the following:

1. *Warm-up by walking or jogging for a few minutes.*
2. *Perform some static stretching (e.g., modified hurdler's stretch). (NOTE: Avoid ballistic stretching because of the increased risk of injury.)*
3. *Remove shoes.*
4. *Face the wall and sit down.*
5. *Place the feet flat against the wall, no more than 8 inches apart.*
6. *Point the toes upward toward the ceiling.*
7. *Reach forward, exhaling and keeping the legs straight, and try to touch the wall with either the fingertips, the knuckles, or the palms of the hands.*
8. *Keep the hands together and reach as far as possible.*
9. *Hold the touch for at least 3 seconds, being sure to maintain contact with the wall.*
10. *Perform 3 trials, and record the best effort.*
11. *Look at the ratings provided in the figure below to see how you rate.*

Ratings for the Sit-and-Reach Wall Test

Excellent	Can palm the wall.
Good	Knuckles can touch the wall.
Average	Fingertips can touch the wall.
Poor	Cannot touch the wall.

Can you touch the wall? ◉ Yes or ○ No

If yes, did you touch the wall with your fingertips, knuckles, or palms? Knuckles

–NOTES–

What is your rating for flexibility? Good

Are you pleased with your flexibility rating? I used to be able to tou

What specifically are you going to do to improve or maintain your flexibility?

Do yoga again, I have been MAJORLY slacking :(

–NOTES–

ACTIVITY 4.8: ASSESSING YOUR MUSCULAR ENDURANCE WITH THE SIT-UP TEST

One of the most widely used tests for measuring muscular endurance is the Sit-up Test. It is an easy and simple test in that a person simply performs as many sit-ups as possible in 1 minute. The key to getting accurate results, however, lies in the fact that the sit-ups must be performed in accordance with the prescribed protocol.

To perform the Sit-up Test, do the following:

1. *Secure a mat or padded area for the test.*
2. *Lie down on the test area in a supine position (on your back).*
3. *Bend the knees and place the heels flat on the floor, with the hands cupped behind the ears.*
4. *Have a partner hold the feet down firmly.*
5. *Perform as many correct sit-ups as possible in 1 minute.*
6. *To perform a sit-up correctly, in the "up" position, one should touch the elbows to the knees, and then return until the shoulder blades touch the floor.*
7. *The score is the total number of correct sit-ups performed in 1 minute (any resting should be done in the "up" position.*
8. *Breathing should be as normal as possible, making sure not to hold one's breath during the test.*
9. *The neck should remain in the neutral position.*
10. *Do NOT pull on the head or the neck.*
11. *Check your ratings on the following pages.*

–NOTES–

Ratings for the One-Minute Sit-Up Test (Women)							
	Age						
Percentile	<20	20-29	30-39	40-49	50-59	60+	Rating
99	56.0+	52.0+	43.0+	39.0+	31.0+	29.0+	Superior
95	55.0	51.0	42.0	38.0	30.0	28.0	
90	54.0	49.0	40.0	34.0	29.0	26.0	
85	49.0	45.0	38.0	32.0	25.0	20.0	
80	46.0	44.0	35.0	29.0	24.0	17.0	Excellent
75	40.0	42.0	33.0	28.0	22.0	15.0	
70	38.0	41.0	32.0	27.0	22.0	12.0	
65	37.0	39.0	30.0	25.0	21.0	12.0	
60	36.0	38.0	29.0	24.0	20.0	11.0	Good
55	35.0	37.0	28.0	23.0	19.0	10.0	
50	34.0	35.0	27.0	23.0	17.0	8.0	
45	34.0	34.0	26.0	21.0	16.0	8.0	
40	32.0	32.0	25.0	20.0	14.0	6.0	Fair
35	30.0	31.0	24.0	19.0	12.0	5.0	
30	29.0	30.0	22.0	17.0	12.0	4.0	
25	29.0	28.0	21.0	16.0	11.0	4.0	Poor
20	28.0	24.0	20.0	14.0	10.0	3.0	
15	27.0	23.0	18.0	13.0	7.0	2.0	
10	25.0	21.0	15.0	10.0	6.0	1.0	Very Poor
5	25.0	18.0	11.0	7.0	5.0	0.0	
1	<25.0	<18.0	<11.0	>7.0	>5.0	0.0	

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

–NOTES–

Ratings for the One-Minute Sit-Up Test (Men)							
	Age						
Percentile	<20	20-29	30-39	40-49	50-59	60+	Rating
99	63.0+	56.0+	52.0+	48.0+	44.0+	40.0+	Superior
95	62.0	55.0	51.0	47.0	43.0	39.0	
90	55.0	52.0	48.0	43.0	39.0	35.0	
85	53.0	49.0	45.0	40.0	36.0	31.0	
80	51.0	47.0	43.0	39.0	35.0	30.0	Excellent
75	50.0	46.0	42.0	37.0	33.0	28.0	
70	48.0	45.0	41.0	36.0	31.0	26.0	
65	48.0	44.0	40.0	35.0	30.0	24.0	
60	47.0	42.0	39.0	34.0	28.0	22.0	Good
55	46.0	41.0	37.0	32.0	27.0	21.0	
50	45.0	40.0	36.0	31.0	26.0	20.0	
45	42.0	39.0	36.0	30.0	25.0	19.0	
40	41.0	38.0	35.0	29.0	24.0	19.0	Fair
35	39.0	37.0	33.0	28.0	22.0	18.0	
30	38.0	35.0	32.0	27.0	21.0	17.0	
25	37.0	35.0	31.0	26.0	20.0	16.0	Poor
20	36.0	33.0	30.0	24.0	19.0	15.0	
15	34.0	32.0	28.0	22.0	17.0	13.0	
10	33.0	30.0	26.0	22.0	15.0	10.0	Very Poor
5	27.0	27.0	23.0	17.0	12.0	7.0	
1	<27.0	<27.0	<23.0	>17.0	>12.0	>7.0	

Source: The Physical Fitness Specialist Manual, The Cooper Institute, Dallas, Texas. Reprinted with permission.

How many sit-ups did you perform in one minute? 38

What is your rating for muscular endurance? Excellent

Are you pleased with your current rating for muscular endurance? Yes

What are you going to do to improve or maintain your current level of muscular endurance? Keep doing ab workouts, i love them

page left blank purposely

–NOTES–

ACTIVITY 5.1: ESTIMATING YOUR BASAL METABOLIC RATE (BMR) AND DAILY CALORIC EXPENDITURE

As discussed in Chapter 5 of *Wellness for Life*, the basal metabolic rate is very important in weight management. Knowing the amount of calories your body needs on a daily basis just to survive will help you to better construct you own personal diet. However, you also burn calories during your daily activities, so you need to determine your daily caloric expenditure by using an appropriate activity factor.

Follow the following steps to estimate your basal metabolic rate and your daily caloric expenditure.

1. Determine your height in inches (wearing no shoes)
   61.75 inches

2. Determine your weight in pounds (wearing no shoes)
   105.5 pounds

3. Determine your basal metabolic rate (BMR) by filling in and solving the formula below:

   BMR Formula for Women

   BMR = 655 + (4.35 x weight in pounds) + (4.7 x height in inches) – (4.7 x age in years)

   BMR = 655 + (4.35 x 105.5) + (4.7 x 61.75) - (4.7 x 18)

   BMR = 655 + (458.925) + (290.225) - (84.6)

   BMR = 1319.55 kcals per day

–NOTES–

BMR Formula for Men

BMR = 66 + (6.23 x weight in pounds) + (12.7 x height in inches) – (6.9 x age in years)

BMR = 66 + (6.23 x 105.5) + (12.7 x 61.75) - (6.9 x -)

BMR = 66 + (-) + (-) - (-)

BMR = - kcals per day

4. Estimate your daily caloric expenditure by using the Harris-Benedict Formula.
   You must multiply your BMR by the appropriate activity factor as follows:
   - If you are sedentary (little or no exercise)
     Daily Caloric Expenditure = BMR x 1.2
   - If you are lightly active (light exercise 1-2 days per week)
     Daily Caloric Expenditure = BMR x 1.375
   - If you are moderately active (moderate exercise 3-5 days per week)
     Daily Caloric Expenditure = BMR x 1.55
   - If you are very active (hard exercise 6-7 days a week)
     Daily Caloric Expenditure = BMR x 1.725
   - If you are extra active (very hard exercise and physical job or extra training)
     Daily Caloric Expenditure = BMR x 1.9

Your activity level is (click on one):

Sedentary (1.2)
Lightly Active (1.375)
Moderately Active (1.55)
Very Active (1.725)
Extra Active (1.9)

Your BMR is 1319.55 kcals per day

Estimated Daily Caloric Expenditure = BMR x activity factor

Estimated Daily Caloric Expenditure = 1319.55 x 1.3

Estimated Daily Caloric Expenditure = 1715.415 kcals per day

–NOTES–

ACTIVITY 6.1: WHAT KIND OF DRINKER ARE YOU?

Directions: Answer each question with a simple Yes or No.

○yes ⊙no	1. Do you think about drinking often?
○yes ⊙no	2. Do you drink more now than you used to?
⊙yes ○no	3. Do you sometimes gulp your drinks?
○yes ⊙no	4. Do you often take a drink to help you relax?
○yes ⊙no	5. Do you drink often when you are alone?
⊙yes ○no	6. Do you sometimes forget what happened while you were drinking?
○yes ⊙no	7. Do you keep a bottle hidden somewhere—at home or at work—for a quick pick-me-up?
○yes ⊙no	8. Do you need a drink to have fun?
○yes ⊙no	9. Do you ever just start drinking without really thinking about it?
○yes ⊙ no	10. Do you drink in the morning to relieve a hangover?

If you answered yes to four or more of these questions, you may be one of the 10 million Americans with a drinking problem.

Do you potentially have a drinking problem? ○Yes or ⊙No

If your drinking becomes excessive or interferes with your daily life, please seek help from a trained professional.

Source: National Institute on Alcohol Abuse and Alcoholism.

page left blank purposely

ACTIVITY 6.2: SELF-QUIZ ON HIV/AIDS

–NOTES–

Read each state below and mark it as either true of false.

1. Acquired immunodeficiency syndrome (AIDS) is the last stage of infection caused by the human immunodeficiency virus (HIV). ☑TRUE or ☐FALSE
2. HIV is a chronic infectious disease that is spread primarily via unprotected sexual behavior or the sharing of hypodermic needles. ☑TRUE or ☐FALSE
3. There is an available cure for AIDS. ☐TRUE or ☑FALSE
4. Abstinence is the only 100 percent effective way to prevent HIV infection via sexual activity. ☑TRUE or ☐FALSE
5. Condoms are 100 percent effective in protecting one against HIV infection. ☐TRUE or ☑FALSE
6. If one is sexually active, latex condoms provide the best protection against HIV infection. ☑TRUE or ☐FALSE
7. One can become HIV-infected by donating blood. ☐TRUE or ☑FALSE
8. One can tell by looking at another if he or she is HIV positive. ☐TRUE or ☑FALSE
9. The only means of accurately determining whether someone is HIV positive is through an HIV antibody test. ☑TRUE or ☐FALSE
10. HIV can completely destroy the immune system. ☑TRUE or ☐FALSE
11. HIV may live in the body for 10 years or longer before AIDS symptoms develop. ☑TRUE or ☐FALSE
12. All persons infected with HIV have AIDS. ☐TRUE or ☑FALSE

Check your answers on the next page. How many questions did you answer correctly? 12

Source: Adapted from Test Your Survival Smarts: Self-Quiz on Drugs and AIDS by the National Institute on Drug Abuse from the U.S. Department of Health and Human Services.

–NOTES–

ANSWERS TO THE SELF-QUIZ ON HIV/AIDS

1. TRUE: AIDS is the term used to define the manifestation of opportunistic disease and cancers that occur as a result of HIV infection.
2. TRUE: HIV infection primarily occurs because of high-risk behavior.
3. FALSE: No cure for AIDS is currently available.
4. TRUE: Abstinence is the only 100 percent effective way to prevent HIV infection via sexual activity. One, however, still can be infected by sharing hypodermic needles.
5. FALSE: Condoms, if used correctly, do provide some useful protection from HIV infection, but they are not 100 percent effective.
6. TRUE: Condoms must be used correctly to provide effective protection.
7. FALSE: HIV cannot be transmitted through donating blood because sterile needles are used only once, and then they are discarded.
8. FALSE: AIDS can take years to develop and symptoms to become visible in a person. Thus, all individuals should always protect themselves by using a condom, if they choose to be sexually active.
9. TRUE: Only an HIV antibody test can confirm is someone is HIV positive.
10. TRUE: HIV multiplies, attacks, and destroys white blood cells—the cells responsible for fighting off infections and diseases in the body.
11. TRUE: Years can go by before HIV develops into AIDS.
12. FALSE: HIV-positive individuals do not always have AIDS.

–NOTES–

ACTIVITY 6.3: WHY DO YOU SMOKE?

Answer every question as it pertains to you. Click on the appropriate response such as Always, Frequently, Occasionally, Seldom, or Never. Be sure to answer every question and do not skip a question. After you have answered every question, calculate your score for each of the smoking categories. You can interpret your score by looking at the *What Does Your Score Mean?* section.

	Always	Frequently	Occasionally	Seldom	Never
A) I smoke cigarettes to keep myself from slowing down.	○ 5	○ 4	○ 3	○ 2	◉ 1
B) Handling a cigarette is part of the enjoyment of smoking it.	○ 5	○ 4	○ 3	○ 2	◉ 1
C) Smoking cigarettes is pleasant and relaxing.	○ 5	○ 4	○ 3	○ 2	◉ 1
D) I light up a cigarette when I feel angry about something.	○ 5	○ 4	○ 3	○ 2	◉ 1
E) When I have run out of cigarettes I find it almost unbearable until I can get them.	○ 5	○ 4	○ 3	○ 2	◉ 1
F) I smoke cigarettes automatically without even being aware of it.	○ 5	○ 4	○ 3	○ 2	◉ 1
G) I smoke cigarettes to stimulate me, to perk myself up.	○ 5	○ 4	○ 3	○ 2	◉ 1
H) Part of the enjoyment of smoking a cigarette comes from the steps I take to light up.	○ 5	○ 4	○ 3	○ 2	◉ 1
I) I find cigarettes pleasurable.	○ 5	○ 4	○ 3	○ 2	◉ 1
J) When I feel uncomfortable or upset about something, I light up a cigarette.	○ 5	○ 4	○ 3	○ 2	◉ 1
K) I am very much aware of the fact when I am not smoking a cigarette.	○ 5	○ 4	○ 3	○ 2	◉ 1
L) I light up a cigarette without realizing I still have one burning in the ashtray.	○ 5	○ 4	○ 3	○ 2	◉ 1
M) I smoke cigarettes to give me a "lift."	○ 5	○ 4	○ 3	○ 2	◉ 1
N) When I smoke a cigarette, part of the enjoyment is watching the smoke as I exhale it.	○ 5	○ 4	○ 3	○ 2	◉ 1
O) I want a cigarette most when I am comfortable and relaxed.	○ 5	○ 4	○ 3	○ 2	◉ 1
P) When I feel "blue" or want to take my mind off cares and worries, I smoke cigarettes.	○ 5	○ 4	○ 3	○ 2	◉ 1
Q) I get a real gnawing hunger for a cigarette when I have not smoked for a while.	○ 5	○ 4	○ 3	○ 2	◉ 1
R) I have found a cigarette in my mouth and did not remember putting it there.	○ 5	○ 4	○ 3	○ 2	◉ 1

–NOTES–

Determining your score.

1. Enter the number you have selected in the spaces below, putting the number you have selected to Question A over line A, to Question B over line B, etc.
2. Add the three 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.

Totals

1	+ 1	+ 1	=	3
A	G	M		Stimulation
1	+ 1	+ 1	=	3
B	H	N		Handling
1	+ 1	+ 1	=	3
C	I	O		Pleasurable Relaxation
1	+ 1	+ 1	=	3
D	J	P		Crutch: Tension Release
1	+ 1	+ 1	=	3
E	K	Q		Craving: Psychological Addiction
1	+ 1	+ 1	=	3
F	L	R		Habit

Interpretation of Your Score

Scores of 11 or above indicate that this factor is an important source of satisfaction for the smoker. Scores of 7 or less are low and probably indicate that this factor does not apply to you.

Scores in between are marginal.

WHAT DOES YOUR SCORE MEAN?

–NOTES–

Scores can vary from 3 to 15 in each category. A score of 11 or above in any category indicates that this factor motivates you to smoke or triggers your need to smoke. The following information will help you understand your reasons for smoking and your triggers—you should discuss this information with your health care practitioner.

Stimulation
If you score high in this factor category, it means that you are a smoker who is stimulated by the cigarette — you feel that it helps wake you, organize your thoughts, and keep you going. If you try to give up smoking, you may want a safe substitute:a brisk walk or moderate exercise, for example, whenever you feel the urge to smoke.

Handling
Handling things can be satisfying, but there are many ways to keep your hands busy without lighting up or playing with a cigarette. Why not toy with a pen or pencil or try doodling.

Pleasure Relaxation
It is not always easy to find out if you use cigarettes to feel good. About two-thirds of smokers score high or fairly high on accentuation of pleasure, and about half of those also score as high or higher on reduction of negative feelings. Those who do get pleasure out of smoking often find that an honest consideration of the harmful effects of their habit is enough to help them quit. They substitute eating, drinking, social and physical activities — within bounds and find they do not miss cigarettes.

Crutch: Tension Release
Many smokers use cigarettes as a crutch in moments of stress or discomfort. But the heavy smoker, the person who tries to handle severe personal problems by smoking many times a day, is apt to discover that cigarettes do not help him deal with his problems effectively.

Craving: Psychological Addiction
Quitting smoking is difficult for the person who is psychologically addicted. For him, the craving for the next cigarette begins to build up the moment he puts one out, so tapering off is not likely to work. He must go "cold turkey." It may be helpful for him to smoke more than usual for a day or two, and then stop smoking completely until the craving is gone. Giving up cigarettes may be so difficult and cause so much discomfort

–NOTES–

that, once he does quit, he will find it easy to resist the temptation to go back to smoking. Otherwise, he knows that he will have to go through the same agony again. For the addicted smoker, seeing a doctor might provide extra motivation to stop. The doctor also may recommend nicotine gum or prescribe a smoking cessation medication to help the smoker break the habit.

Habit

This kind of smoker is no longer getting much satisfaction from cigarettes. He lights them frequently without even realizing he is doing so. He may find it easy to quit and stay quit if he can break the habit patterns has built up. Cutting down gradually may be quite effective if there is a change in the way the cigarettes are smoked or the conditions under which they are smoked. The key to success is becoming aware of each cigarette you smoke. This can be done by asking yourself, "Do I really want this cigarette." You may be surprised at how many you do not want.

Answer the following questions:

1. Do you currently smoke? ○ YES or ◉ NO
   (If NO, you need to answer nothing further.)

2. Did you score an 11 or higher in any category? ○ YES or ○ NO

3. If YES, which ones:
   _____
   _____

4. What strategies can you undertake to help you reduce the amount you smoke or to quit entirely?
   _____
   _____
   _____
   _____