



Well & Wise

Individual Lifestyle Assessment

You are free to live your life in the style you choose. You can eat what you want, drink what you like, live where you want to live, work wherever they'll hire you. After all, the pursuit of happiness is the American way. However, although your lifestyle choices may not affect anyone else, you may consciously or unconsciously be taking serious risks with your own life.

Many life-threatening diseases -- including heart disease, diabetes, emphysema, stroke, and certain forms of cancer -- are linked to lifestyle factors. In other words, these illnesses are partly caused by poor eating habits, tobacco use, a lack of physical activity, and so on.

You play a large role in reducing your risk of developing these diseases. If you really want to keep tabs on your health, start by taking stock of your lifestyle.

Answer the following questions to find out how "well & wise" you are.

Go to <http://www.surveymonkey.com/s/WellandWise> for the on-line version.

Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
Age Group	<input type="checkbox"/> Under 21	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41- 50	<input type="checkbox"/> 51-60	<input type="checkbox"/> Over 60

Physical Activity	
I exercise for at least 30 minutes three times a week.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the need to exercise.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am active and don't sit much during the day.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthy Eating	
I usually eat three nutritious meals daily.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I avoid eating too much fat.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I drink less than 2 sodas a week.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I make an effort to eat enough high fiber foods.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I eat 5 servings of fruits and vegetables most days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I eat breakfast most days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I eat healthy snacks when available (for example, pretzels, cereals, yogurt, skim milk, fresh fruit, 100% juice, raisins or other dried fruit).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am about the right weight.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Health	
I know what my blood pressure is.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I routinely do things to reduce my level of mental stress.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I know what my cholesterol level is.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Smoking/Alcohol/Drugs	
I am a non-smoker.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daily, I drink less than 2 beverages that contain alcohol.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I very seldom use tranquilizers and similar drugs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environment	
My home environment is calm, peaceful and relaxing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I enjoy my community environment by utilizing nearby parks and walk/bike trails.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have easy access to healthy foods.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	
I usually get 7 to 8 hours of sleep most nights.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I get regular preventive screenings by my physician.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I usually consult medical self-care books or on-line site when I'm sick.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I wear seatbelts 90% of the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I feel financially stable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am satisfied with my current state of health.	<input type="checkbox"/> Yes <input type="checkbox"/> No
What your score means	
<p>Total the number you checked in the Yes column.</p> <p>Scores of 19-25- Outstanding! Your answers show that you are <i>well and wise</i>. More importantly, you are putting your knowledge to work for you by practicing good health habits. It's likely that you are setting an example for your family and friends to follow. Keep it up!</p> <p>Scores of 12-18- Your health practices in this area are good, but there is room for improvement. Look again at the items where you answered no. What changes could you make to improve? Even a small change in behavior can often help you achieve better health.</p> <p>Scores of 5-11- Your health risks are showing! Would you like more information about the risks you are facing and why it is important for you to change these behaviors? Perhaps you need help in deciding how to make the changes you desire. Schedule an appointment with your physician, health coach or a personal training. (The internet has wonderful resources as well.)</p> <p>Scores below 5- 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. Schedule an appointment with your physician immediately.</p>	<p>_____ Yes</p>
Newsletter	
<p>Please provide your email address if you would like to receive our monthly newsletter that features local, state and national matters related to physical activity and healthy eating.</p> <p>_____</p>	

Thank you!