

How Healthy is Your Lifestyle?



Instructions: For each health indicator, check the box in the column that best describes you. Write the number shown next to the checked box in the Score column to the right.

| Health Indicators | Column A | Column B | Column C | Score |
|---|--|--|--|-------|
| 1. Body Weight Your body mass index (BMI) value (see BMI chart) | <input type="checkbox"/> ⁰ BMI 30+ | <input type="checkbox"/> ⁴ BMI 25-29.9 | <input type="checkbox"/> ⁸ BMI <25 | |
| 2. Physical activity. Number of days you get 30+ min of moderately-vigorous physical activity? | <input type="checkbox"/> ⁰ No regular physical activity | <input type="checkbox"/> ⁵ 2-3 days per week | <input type="checkbox"/> ¹⁰ 4-7 days per week | |
| 3. Smoking status. Indicate your present status. | <input type="checkbox"/> ⁰ Currently smoke | <input type="checkbox"/> ⁵ Ex-smoker or frequent 2 nd hand smoke, or pipe | <input type="checkbox"/> ⁸ Nonsmoker | |
| 4. Diet – red meat intake. How often do you eat red meat? | <input type="checkbox"/> ⁰ Every week | <input type="checkbox"/> ⁴ 1-3 times/month | <input type="checkbox"/> ⁸ Never | |
| 5. Whole grains. Number of servings/day (1 serving = 1 slice whole wheat bread, ½ C brown rice or oatmeal, 2/3 C dry cereal)? | <input type="checkbox"/> ⁰ < 1/day | <input type="checkbox"/> ⁴ 1-2servings/day | <input type="checkbox"/> ⁸ 3+ serving/day | |
| 6. Fruits & vegetables. Number of servings/ day (1 serving = 1 med. fruit, 1 C fresh, ½ C cooked, 6 oz juice)? | <input type="checkbox"/> ⁰ 0-2 serving/day | <input type="checkbox"/> ⁵ 3-4 serving/day | <input type="checkbox"/> ⁸ 5-9+ serving/day | |
| 7. Nuts/Seeds. Number of servings/ week (1 serving = 1oz. nuts or seeds, 2 T nut butter)? | <input type="checkbox"/> ⁰ 0-2 serving/week | <input type="checkbox"/> ⁵ 3-4 serving/week | <input type="checkbox"/> ⁸ 5+ serving/week | |
| 8. Happiness. All in all, how happy are you? | <input type="checkbox"/> ⁰ Not too happy, often feel sad | <input type="checkbox"/> ⁵ Pretty happy | <input type="checkbox"/> ⁸ Very happy and satisfied | |
| 9. Sleep. How often do you get at least 7-8 hours of sleep daily? | <input type="checkbox"/> ⁰ Seldom, less than 3 days/week | <input type="checkbox"/> ⁴ Occasionally, 3-4 days/week | <input type="checkbox"/> ⁶ Most of the time, 5-7 days/week | |
| 10. Social support. How many of these criteria do you meet? 1. Married or have a significant other. 2. Make frequent contact with family/friends. 3. Regularly participate in a faith group or a social club. | <input type="checkbox"/> ⁰ Meet 0-1 of these social criteria | <input type="checkbox"/> ⁵ Meet 2 of these social criteria | <input type="checkbox"/> ⁸ Meet all three of these social criteria | |
| 11. Blood pressure. What is your blood pressure number? | <input type="checkbox"/> ⁰ 140/90+ | <input type="checkbox"/> ⁵ 120/80 to 139/89 | <input type="checkbox"/> ¹⁰ Under 120/80 | |
| 12. Blood cholesterol. What is your blood cholesterol number? | <input type="checkbox"/> ⁰ Total Chol 240+ LDL 160+ | <input type="checkbox"/> ⁵ T. Chol 200-239 LDL 159-130 | <input type="checkbox"/> ¹⁰ T. Chol <200 LDL <130 | |

Evaluation: Mark your lifestyle score as 'X' on the line below. **Your Lifestyle Score** (sum of above) _____
The higher your score, the healthier your lifestyle! A score of 80-100 is ideal.

