

FANTASTIC LIFESTYLE CHECKLIST

Pace an 'X' beside the box which best describes your behaviour over the last couple of weeks. Explanations of questions and scoring are provided on the next page.

| | 1 | <u> </u> | | 1 | <u> </u> | 1 |
|-------------------|---------------------------------------------------------------------------------------------|--------------------------------|--------------------------|---------------------------------|-----------------------------|-----------------------------------|
| FAMILY FRIENDS | I have someone to talk to about things that are important to me | almost never | seldom | some of the time | fairly often | almost always |
| | I give and receive affection | almost never | seldom | some of the time | fairly often | almost always |
| | I am vigorously active for at least 30 minutes per day e.g., running, cycling, etc | less than once/week | 1-2 times/ week | 3 times/ week | 4 times/ week | 5 or more times/ week |
| ACTIVITY | I am moderately active (gardening, climbing stairs, walking, housework) | less than once/week | 1-2 times/ week | 3 times/ week | 4 times/ week | 5 or more times/ week |
| | l eat a balanced diet (see explanation) | almost never | seldom | some of the time | fairly often | almost always |
| NUTRITION | I often eat excess 1) sugar, or 2) salt, or 3) animal fats, or 4) junk food | four of these | three of these | two of these | one of these | none of these |
| | I am withinkg of my healthy weight | not within 8 kg | 8 kg (20 lbs) | 6 kg (15 lbs) | 4 kg (10 lbs) | 2 kg (5 lbs) |
| | I smoke tobacco | more than 10 times/ week | 1 – 10 times/ week | none in the past 6 months | none in the past year | none in the past 5 years |
| TOBACCO | I use drugs such as marijuana, cocaine | sometimes | | | | never |
| TOXICS | I overuse prescribed or 'over the counter' drugs | almost daily | fairly often | only occasionally | almost never | never |
| | I drink caffeine- containing coffee, tea or cola | more than 10/day | 7-10/ day | 3-6/day | 1-2/day | never |



| ALCOHOL | My average alcohol intake per week is (see explanation) | more than 20 drinks | | 13-20 drinks | | 11-12 drinks | | 8-10 drinks | | 0-7 drinks | | |
|----------------------|-----------------------------------------------------------------------------------|------------------------|---|-----------------|--------|----------------------|--------|---------------------|--------|------------------|--------|---|
| | I drink more than four drinks on an occasion | almost daily | | fairly often | | only occasionally | | almost never | | never | | |
| | I drive after drinking | sometimes | | | | | | | | never | | |
| | I sleep well and feel rested | almost never | | seldom | | some of the time | | fairly often | | almost always | | |
| SLEEP | l use seatbelts | never | | seldom | | some of the time | | most of the time | | always | | |
| SEATBELT STRESS | I am able to cope with the stresses in my life | almost never | | seldom | | some of the time | | fairly often | | almost always | | |
| SAFE SEX | I relax and enjoy leisure time | almost never | | seldom | | some of the time | | fairly often | | almost always | | |
| | I practice safe sex (see explanation) | almost never | | seldom | | some of the time | | fairly often | | almost always | | |
| TYPE OF BEHAVIOUR | I seem to be in a hurry | almost always | | fairly often | | some of the time | | seldom | | almost never | | |
| | I feel angry or hostile | almost always | | fairly often | | some of the time | | seldom | | almost never | | |
| INSIGHT | I am a positive or optimistic thinker | almost never | | seldom | | some of the time | | fairly often | | almost always | | |
| | I feel tense or uptight | almost always | | fairly often | | some of the time | | seldom | | almost never | | |
| | I feel sad or depressed | almost always | | fairly often | | some of the time | | seldom | | almost never | | |
| CAREER | I am satisfied with my job or role | almost never | | seldom | | some of the time | | fairly often | | almost always | | - |
| STEP 1 | Total the X's in each column | | | | | | | | | | | |
| STEP 2 | Multiply the totals by The numbers indicated (write your answer in the box below) | | 0 | | x 1 | | x 2 | | x 3 | | × 4 | |
| STEP 3 | Add your scores across The bottom for your | | | | | | | | | | | |
| | Grand total | | 0 | | | | | | | | | = |



▼ A BALANCED DIET

According to Canada's Food Guide, different people need different amounts of food. The amount of food you need every day from the 4 food groups and other foods depends on your age, body size, activity level, whether you are male or female and if your are pregnant or breast feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, and male teenagers can select the higher number. Most other people can choose servings somewhere in between. The ranges below are for adult men and women from 19 to 50+.

| Grain Products | Vegetables & Fruit | Milk Products | Meat & Alternatives | Other Foods | | | |
|-----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Choose whole grain and enriched products more often | Choose dark green and orange vegetables more often | Choose lower fat milk products more often | Choose learner meats, poultry and fish, as well as dried peas, beans and lentils more often | Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these are higher in fat or calories, so use these foods in moderation. | | | |
| Recommended number of servings per day | | | | | | | |
| 6 - 8 | 7 - 10 | 2 - 3 | 2 - 3 | | | | |



▼ ALCOHOL INTAKE

| 1 drink equals: | | Canadian | Metric | <u>U.S.</u> |
|------------------|-------------|----------|----------|-------------|
| 1 bottle of beer | 5% alcohol | 12 oz. | 340.8 ml | 10 oz. |
| 1 glass wine | 12% alcohol | 5 oz. | 142 ml | 4.5 oz. |
| 1 shot spirits | 40% alcohol | 1.5 oz. | 42.6 ml | 1.25 oz. |

▼ SAFE SEX

Refers to the use of methods of preventing infection or conception

| WHAT DOES THE SCORE MEAN? | | | | | | | | |
|---------------------------|---------------------|--------------------|---------------|---------------|------------------------------|--|--|--|
| → | 85-100 EXCELLENT | 70-84 VERY GOOD | 55-69 GOOD | 35-54 FAIR | 0-34 NEEDS IMPROVEMENT | | | |

NOTE: A low total score does not mean that you have failed. There is always the chance to change your lifestyle - starting now. Look at the areas where you scored a 0 or 1 and decide which areas you want to work on first.

TIPS:

- Don't try to change all the areas at once. This will be too overwhelming for you.
- Writing down your proposed changes and your overall goal will help you to succeed.
- Make changes in small steps towards the overall goal.
- Enlist the help of a friend to make similar changes and/or to support you in your attempts.
- Congratulate yourself for achieving each step. Give yourself appropriate rewards.
- Ask your physical activity professional (CSEP-Professional Fitness and Lifestyle Consultant), family physician, nurse or health department for more information on any of these areas.