

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.

