

Activity

Health Inventory

Health and Wellness

This checklist can help you assess how well you take responsibility for your own healthcare. Read the following statements. Then, check the appropriate box next to each statement.

- | always | some-
times | never | |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you eat a balanced diet? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you get regular exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you sleep at least 8 hours every night? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you wear your seat belt when riding in a vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you wear safety equipment when playing a sport? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you avoid behavior that will get you into trouble? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you get regular medical checkups? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you get regular dental checkups? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you brush and floss your teeth every day? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you avoid using tobacco, alcohol, and illegal drugs? |

SCORE YOURSELF

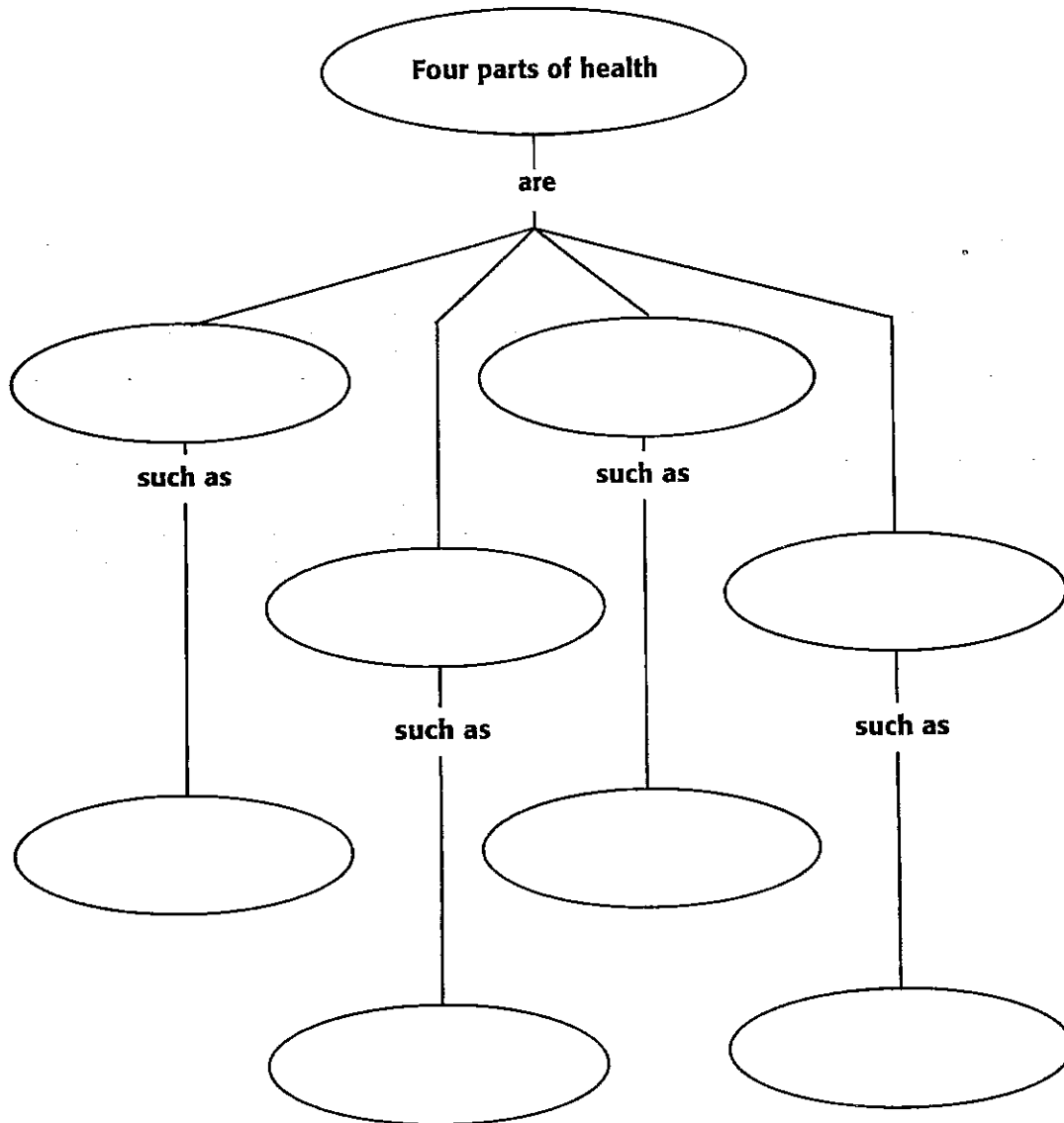
Give yourself 4 points for each *always* answer, 2 points for each *sometimes* answer, and 0 points for each *never* answer. Write your score here: _____.

- 40 points: Excellent—You're already doing a great job of practicing preventive healthcare.
- 30 to 39 points: Very good—You need to make just a few changes to take better care of your health.
- 20 to 29 points: Good—You're on the right track, but you need to make several lifestyle changes.
- 10 to 19 points: Fair—You need to take steps now to help prevent unnecessary illness and accidents.
- 0 to 9 points: Yikes!—Luckily, it's not too late to make the changes you need to enjoy better health.

Concept Mapping

Lesson: Wellness and Your Health

Use the following terms to complete the concept map below: *physical health, mental health, solving problems effectively, emotional health, dealing with sadness, social health, getting enough sleep, and explaining your true feelings.*



Activity

Health Behavior Contract

Health and Wellness

My Goals: I, _____, will accomplish one or more of the following goals:

I will improve at least one area of my physical health, such as diet or exercise.

I will perform some service to improve the environment in my community.

I will use safety equipment as a preventive healthcare measure.

Other:

My Reasons: By improving my physical health, my wellness level will increase. By making my environment a healthier place to live, I will improve my health as well as the health of other people in my community. I will prevent myself from being injured by using the proper safety equipment.

Other:

My Values: Personal values that will help me meet my goals are

My Plan: The actions I will take to meet my goals are

Evaluation: I will use my Health Journal to keep a log of actions I took to fulfill this contract. After 1 month, I will evaluate my goals. I will adjust my plan if my goals are not being met. If my goals are being met, I will consider setting additional goals.

Signed _____

Date _____