**Fantastic Lifestyle Checklist**

**INSTRUCTIONS**: Unless otherwise specified, place an ‘X’ beside the box which best describes your behaviour

 Or situation **in the past month.** Explanations of questions and scoring are provided on the next page

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |
| **ACTIVITY** | I am vigorously active for atleast 30 minutes per daye.g., running, cycling, etc | less than once/week |  | 1-2 times/week |  | 3 times/week |  | 4 times/wk |  | 5 or more times/wk |  |
| I am moderately active (gardening, climbing stairs, walking, housework) | less than once/week |  | 1-2 times/week |  | 3 times/week |  | 4 times/wk |  | 5 or more times/wk |  |
| **NUTRITION** | I eat a balance diet(see explanation) | almost never |  | seldom |  | some of the time |  | fairly often |  | almost always |  |
| I often eat excess 1) sugar, or2) 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 within \_\_\_\_\_ kg of the weight that I think is healthy. | not within 8 kg |  | 8 kg (20 lbs) |  | 6 kg (15 lbs) |  | 4 kg (10 lbs) |  | 2 kg (5 lbs) |  |
| **TOBACCO****TOXICS** | I smoke tobacco | more than 10times/week |  | 1 – 10 times/week |  | none in the past 6 months |  | none in the past year |  | none in the past 5 years |  |
| I use drugs such asmarijuana, cocaine | sometimes |  |  |  |  |  |  |  | never |  |
| I overuse prescribed or ‘overthe counter’ drugs | almost daily |  | fairly often |  | only occasionally |  | almost never |  | never |  |
| I drink caffeine-containing coffee, tea, energy drinks or cola | more than 10/day |  | 7-10/day |  | 3-6/day |  | 1-2/day |  | never |  |
| **ALCOHOL** | My average alcohol intakeper 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 drinkson an occasion | almost daily |  | fairly often |  | only occasionally |  | almost never |  | never |  |
| I drive after drinking | sometimes |  |  |  |  |  |  |  | never |  |
| **SLEEP****SEATBELT****STRESS****SAFE SEX** | I sleep well and feel rested | almost never |  | seldom |  | some of the time |  | fairly often |  | almost always |  |
| I use seatbelts | never |  | seldom |  | some of the time |  | most of the time |  | always |  |
| I am able to cope with the stresses in my life | almost never |  | seldom |  | some of the time |  | fairly often |  | almost always |  |
| I relax and enjoy leisureTime | 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 |  | always |  |
| **TYPE OF****BEHAV-IOUR** | 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 byThe numbers indicated(write your answer inthe box below) | → |  0 |  | X1 |  | X2 |  | X3 |  | X4 |
| **STEP 3** | Add your scores acrossThe bottom for your |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Grand total | → |  0 |  |  |  |  |  |  |  |  | = |  |

Adapted with permission from the “Fantastic Lifestyle Assessment” © 1985 Dr. Douglas Wilson, Department of Family Medicine, McMaster University, Hamilton, Ontario. Canada L8N 3Z5

**▼ 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.S.

 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?** |
| → | 85-100EXCELLENT | 70-84VERY GOOD | 55-69GOOD | 35-54FAIR | 0-34NEEDSIMPROVEMENT |
| **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:**1. Don’t try to change all the areas at once. This will be too overwhelming for you.
2. Writing down your proposed changes and your overall goal will help you to succeed.
3. Make changes in small steps towards the overall goal.
4. Enlist the help of a friend to make similar changes and/or to support you in your attempts.
5. Congratulate yourself for achieving each step. Give yourself appropriate rewards.
6. Ask your physical activity professional, family physician, nurse or health department for more information on any of these areas.
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