Are you wondering how you are doing in regard to your overall health and well-being? This is the first of a series of self-assessment activities that are included in this text. Your Personal Health Portfolio, the final product of all activities, will be a collection of documents that explore your strengths and challenges. It will represent a snapshot of your health and self-reflections throughout the course.

This first portfolio activity is centered on an adaptation of a well-studied assessment tool (the Rand Corporation’s Short Form 36) that will help you take a general look at components of your physical and mental health.

Read each question carefully and circle the point value corresponding to your answer.

**PHYSICAL FUNCTIONING**
The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>0</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td>0</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>3. Lifting or carrying groceries</td>
<td>0</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>4. Climbing several flights of stairs</td>
<td>0</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>5. Climbing one flight of stairs</td>
<td>0</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>6. Bending, kneeling, or stooping</td>
<td>0</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>7. Walking more than a mile</td>
<td>0</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>8. Walking several blocks</td>
<td>0</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>9. Walking one block</td>
<td>0</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

**LIMITATIONS DUE TO PHYSICAL HEALTH**
During the past month, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cut down the amount of time you spent on work or other activities</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>2. Accomplished less than you would like</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>3. Were limited in the kind of work or other activities you did</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>4. Had difficulty performing work or other activities (e.g., it took extra effort)</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

**LIMITATIONS DUE TO EMOTIONAL PROBLEMS**
During the past month, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cut down the amount of time you spent on work or other activities</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>2. Accomplished less than you would like</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>3. Didn’t do work or other activities as carefully as usual</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>
ENERGY/FATIGUE
These questions are about how you feel and how things have been going for you during the past month. For each question, give the one answer that comes closest to the way you have been feeling. How much of the time during the past month . . .

1. Did you feel full of pep?  
   All of the time 100  Most of the time 80  A good bit of the time 60  Some of the time 40  A little of the time 20  None of the time 0
2. Did you have a lot of energy?  
   All of the time 100  Most of the time 80  A good bit of the time 60  Some of the time 40  A little of the time 20  None of the time 0
3. Did you feel worn out?  
   None of the time 0  A little of the time 20  A good bit of the time 40  Some of the time 60  Most of the time 80  All of the time 100
4. Did you feel tired?  
   None of the time 0  A little of the time 20  A good bit of the time 40  Some of the time 60  Most of the time 80  All of the time 100

EMOTIONAL WELL-BEING
These questions are about how you feel and how things have been going for you during the past month. For each question, give the one answer that comes closest to the way you have been feeling. How much of the time during the past month . . .

1. Have you been a very nervous person?  
   None of the time 0  A little of the time 20  A good bit of the time 40  Some of the time 60  Most of the time 80  All of the time 100
2. Have you felt so down in the dumps that nothing could cheer you up?  
   None of the time 0  A little of the time 20  A good bit of the time 40  Some of the time 60  Most of the time 80  All of the time 100
3. Have you felt calm and peaceful?  
   All of the time 100  Most of the time 80  A good bit of the time 60  Some of the time 40  A little of the time 20  None of the time 0
4. Have you felt downhearted and blue?  
   None of the time 0  A little of the time 20  A good bit of the time 40  Some of the time 60  Most of the time 80  All of the time 100
5. Have you been a happy person?  
   All of the time 100  Most of the time 80  A good bit of the time 60  Some of the time 40  A little of the time 20  None of the time 0

SOCIAL FUNCTIONING
1. During the past month, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Circle one number.)
   Not at all 100  Slightly 75  Moderately 50  Quite a bit 25  Extremely 0
2. During the past month, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Circle one number.)
   All of the time 0  Most of the time 25  Some of the time 50  A little of the time 75  None of the time 100

PAIN
1. How much bodily pain have you had during the past month? (Circle one number.)
   None 100  Very mild 80  Mild 60  Moderate 40  Severe 20  Very severe 0
2. During the past month, how much did pain interfere with your normal work (including both work outside the home and housework)? (Circle one number.)
   Not at all 100  A little bit 75  Moderately 50  Quite a bit 25  Extremely 0

GENERAL HEALTH
1. In general, you would say your health is
   Excellent 100  Very good 75  Good 50  Fair 25  Poor 0
How TRUE or FALSE is each of the following statements for you?

<table>
<thead>
<tr>
<th></th>
<th>Definitely true</th>
<th>Mostly true</th>
<th>Don't know</th>
<th>Mostly false</th>
<th>Definitely false</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. I seem to get sick a little easier than other people.</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>3. I am as healthy as anybody I know.</td>
<td>100</td>
<td>75</td>
<td>50</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>4. I expect my health to get worse.</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>5. My health is excellent.</td>
<td>100</td>
<td>75</td>
<td>50</td>
<td>25</td>
<td>0</td>
</tr>
</tbody>
</table>

**SCORING**

Add up your scores from each section and divide by the number of questions in the section to obtain an average score. The highest possible score in each section is 100.

**PHYSICAL FUNCTIONING**

\[
\frac{1 + 2 + 3 + 4 + 5 + 6 + 7 + 8 + 9}{9} = \text{raw score} \div 9 = \text{average}
\]

**LIMITATIONS DUE TO PHYSICAL HEALTH**

\[
\frac{1 + 2 + 3 + 4}{4} = \text{raw score} \div 4 = \text{average}
\]

**LIMITATIONS DUE TO EMOTIONAL PROBLEMS**

\[
\frac{1 + 2 + 3}{3} = \text{raw score} \div 3 = \text{average}
\]

**ENERGY/FATIGUE**

\[
\frac{1 + 2 + 3 + 4}{4} = \text{raw score} \div 4 = \text{average}
\]

**EMOTIONAL WELL-BEING**

\[
\frac{1 + 2 + 3 + 4 + 5}{5} = \text{raw score} \div 5 = \text{average}
\]

**SOCIAL FUNCTIONING**

\[
\frac{1 + 2}{2} = \text{raw score} \div 2 = \text{average}
\]

**PAIN**

\[
\frac{1 + 2}{2} = \text{raw score} \div 2 = \text{average}
\]

**GENERAL HEALTH**

\[
\frac{1 + 2 + 3 + 4 + 5}{5} = \text{raw score} \div 5 = \text{average}
\]
Your scores can be interpreted in the following manner. Mark an X where your score falls on the continuum for each section. Recognize that the behaviors exist on a continuum with low scores indicating areas of concern and higher scores indicating healthier behaviors/feelings.

PHYSICAL FUNCTIONING

0 Very limited activity

Vigorous activity 100

LIMITATIONS DUE TO PHYSICAL HEALTH

0 Problems with work or daily activities due to poor physical health

Few or no problems with work or other daily activities due to physical health

LIMITATIONS DUE TO EMOTIONAL PROBLEMS

0 Emotional problems cause problems with work or daily activities

Few or no problems with work or daily activities due to emotional problems

ENERGY/FATIGUE

0 Tired and worn out

Energetic 100

EMOTIONAL WELL-BEING

0 Depressed and nervous

In good spirits and peaceful

SOCIAL FUNCTIONING

0 Interference with normal social activities

Participation in social activities without interference

PAIN

0 Severe and limiting physical pain

No pain or limitations due to pain

GENERAL HEALTH

0 Poor health; likely to worsen

Excellent overall health

Source: Adapted from the 36-Item Short Form Health Survey developed from the Medical Outcomes Study. Copyright © the RAND Corporation. RAND's permission to reproduce the survey is not an endorsement of the products, services, or other uses in which the survey appears or is applied.
CRITICAL THINKING QUESTIONS

1. Look over your total scores. In what areas do you have high scores—reflecting healthier behaviors and feeling? In what areas do you have lower scores—reflecting possible areas of concern?

2. In areas of higher scores, what helps you maintain healthy behaviors? Consider your personal knowledge about what it means to be healthy and your attitudes and beliefs. Then consider factors in your environment that support healthy patterns—consider how you are supported by friends and family, your school community and living situation, institutions to which you belong, and local or national policies.

3. In areas of lower scores, what are some of the barriers that make improvement difficult for you? As with your strengths, consider each level in the ecological model of health.

4. Finally, consider if there are areas in which you would like to make changes. What would these changes look like? How ready are you to make changes? What steps would you take to start the change process? If you are ready, complete a behavior change contract (see next activity).

This general quality of life assessment is a starting point for exploring your health. In areas where your scores are at the lower or higher end of the continuum, you may already have a sense of what factors contribute to your concerns or strengths. As you continue through each chapter, you will be asked to complete portfolio activities that will help you explore in greater detail factors that influence your general health and well-being. Keep this portfolio activity in mind. Come back and revisit it throughout the term. See if you think differently about various factors in your life as you learn more.
Behavior I want to change: ________________________________________________________________
My goal: ____________________________________________________________________________
____________________________________________________________________________________

Remember that your goal should be SMART: specific, measurable, attainable, realistic, and time-bound.
I will achieve my goal by __________________________.  

Along the way, I will create a series of smaller, incremental goals to help me reach my overall goal:

Incremental goal 1: ___________________________________________  Target date: _____________________
Incremental goal 2: ___________________________________________  Target date: _____________________
Incremental goal 3: ___________________________________________  Target date: _____________________

Benefits associated with this behavior change:
• ____________________________________________________________________________________________________
• ____________________________________________________________________________________________________
• ____________________________________________________________________________________________________

Barriers I expect to encounter:
• ____________________________________________________________________________________________________
• ____________________________________________________________________________________________________
• ____________________________________________________________________________________________________

Strategies for overcoming these barriers:
• ____________________________________________________________________________________________________
• ____________________________________________________________________________________________________
• ____________________________________________________________________________________________________

Signature: ___________________________  Date: __________________________
Witness signature: ___________________________  Date: __________________________

1. How important is this change to you?
   not very important  ___________________________  very important

2. How confident are you that you can make this change?
   not confident  ___________________________  very confident
A family health tree is a diagram of your family’s health history over several generations. As such, it can provide important clues to the genes you have inherited from your parents, grandparents, and ancestors. Constructing a family health tree has three broad steps: (1) mapping the family structure, (2) recording family information, and (3) finding family relationships. Refer to the model provided in Figure 1.7 as you construct your own family health tree. You can use the template provided on the next page, or create one online at www.hhs.gov/familyhistory (which can be printed).

1. Begin with yourself and your immediate family. Then add your cousins, your aunts and uncles, your grandparents, and as many other relatives as you can. The more generations and individuals you include, the more useful your tree will be.

2. When placing children beneath their parents, begin with the oldest on the left. Connect adopted or foster children to their parents with a dotted line to indicate that no biological relationship exists.

3. If a person is deceased, draw an X in the square and write his or her date of death (or age at death) and the cause of death. If a woman has had a miscarriage or stillbirth, indicate that with an X in the square of the deceased child. Because some genetic conditions are more common in certain ethnic groups, include the ethnicity of each person in the oldest generation you include.

4. Now add as much health-related information as you know for each person. Include major diseases or health conditions, such as diabetes, osteoporosis, cancer, heart disease, and so on, and person’s age when diagnosed. Also include surgeries, allergies, mental health problems, and any genetic or chromosomal disorders, such as Down syndrome.

5. Once you have gathered all the information, analyze your family health tree by completing the Critical Thinking Questions. You may want to take your family health tree to your physician or a genetic counselor for a professional opinion on your health risks. He or she may recommend that you modify certain lifestyle behaviors (such as diet or exercise) or have particular screening tests (such as an early test for cancer). You may want to have your physician keep a copy of your family health tree in your medical file for future reference. You may also want to share what you have found out, as well as your physician’s recommendations, with your siblings and other family members.

CRITICAL THINKING QUESTIONS

1. What are your family’s strengths? Consider such things as longevity, fitness, mental well-being, etc.

2. What are the patterns of disease or illness in your family? Are there certain diseases that appear frequently? Does the pattern suggest a possible genetic link? What lifestyle factors may have contributed to illness in your family? How might the environments in which your relatives lived have contributed to illness?
Resilience is described as the ability to regain equilibrium or recover when faced with adversity. Individuals who are resilient are often more self-confident, recognizing their strengths and abilities. For those people whose resilience is low, failures and setbacks are a drain on their energy and motivation, and they are more prone to depression and other mental disorders. Resilience is also important in dealing with stress. Resilient people have the perseverance to deal with stressors in positive ways and rebound more quickly after stressful events.

Take some time and complete the Resilience Scale to gain a better understanding of your ability to respond during times of adversity. Circle the number to the right of each statement that best reflects your feelings. If you are neutral or undecided on a particular item, select 4.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I make plans, I follow through with them.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>2. I usually manage one way or another.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>3. I am able to depend on myself more than anyone else.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>4. Keeping interested in things is important to me.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>5. I can be on my own if I have to.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>6. I feel proud that I have accomplished things in life.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>7. I usually take things in stride.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>8. I am friends with myself.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>9. I feel that I can handle many things at a time.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>10. I am determined.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>11. I seldom wonder what the point of it all is.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>12. I take things one day at a time.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>13. I can get through difficult times because I’ve experienced difficulty before.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>14. I have self-discipline.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>15. I keep interested in things.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>16. I can usually find something to laugh about.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>17. My belief in myself gets me through hard times.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>18. In an emergency, I’m someone people can generally rely on.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>19. I can usually look at a situation in a number of ways.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>20. Sometimes I make myself do things whether I want to or not.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>21. My life has meaning.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>22. I do not dwell on things that I can’t do anything about.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>23. When I’m in a difficult situation, I can usually find my way out of it.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>24. I have enough energy to do what I have to do.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
<tr>
<td>25. It’s okay if there are people who don’t like me.</td>
<td>1 2 3 4</td>
<td>5 6 7</td>
</tr>
</tbody>
</table>
SCORING

Add up your numbers for each question. Your score will be between 25 and 175.

Score: _________

125 or below: Your score indicates low resilience. You may be going through some hard times right now and lack confidence about your ability to get through them. Although your score is on the low end, that doesn’t mean you don’t have any resilience. If you work to strengthen it, you will make a positive change in your life.

The first critical step in taking the scale is self-awareness. You can then assess how you might want to build on strengths and work on areas of weakness.

146 or more: Your score indicates moderately high/high levels of resilience. You are optimistic and see your life as having purpose. Although you have had your share of rough times, you are confident that you can handle future obstacles. You have many characteristics of resilience, but you may not be satisfied with all areas of your life. You can move forward with your life, but without enthusiasm. Work to strengthen your resilience and you will have an easier time dealing with the ups and downs of life.

126–145: Your score indicates moderately low/moderate resilience. You have many characteristics of resilience, but you may not be satisfied with all areas of your life. You can move forward with your life, but without enthusiasm. Work to strengthen your resilience and you will have an easier time dealing with the ups and downs of life.

CRITICAL THINKING QUESTIONS

1. Analyze your score. Was it higher or lower than you expected? What areas of strength or weakness do you see?

2. It has been suggested that when you face adversity and find a way to recover you actually gain confidence for the next time you face a very difficult situation. Think back to your own adolescence. Was it easy? Or did you face issues related to building friendships, becoming comfortable with your body, or participating in sexual activity? How have your past experiences contributed to your resilience today?

3. What people or circumstances have influenced your resilience? Consider your parents, other family members, and friends and the community in which you were raised. Describe your social support network and other factors that might contribute to your bouncing back (being resilient) when facing adversity.

One important aspect of well-being is your perceived meaning in life. Do you believe you have a meaningful life? Are you interested in personal growth and developing your own values?

Researchers believe that there is a relationship between finding meaning in life and a person’s well-being. As you search to uncover the meaning in your life, the first step in the process is increasing your self-awareness about your sense of meaning and purpose.

There are two subscales in the questionnaire. The first, Presence of Meaning, measures how meaningful people perceive their life to be. The second, Search for Meaning, measures how actively people are seeking to discover or augment the level of meaningfulness they experience in life.

### PRESENCE OF MEANING

<table>
<thead>
<tr>
<th>Question</th>
<th>Absolutely untrue</th>
<th>Can’t say true or false</th>
<th>Absolutely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I understand my life’s meaning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. My life has a clear sense of purpose.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I have a good sense of what makes my life meaningful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. I have discovered a satisfying life purpose.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. My life has no clear purpose.</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

### SEARCH FOR MEANING

<table>
<thead>
<tr>
<th>Question</th>
<th>Absolutely untrue</th>
<th>Can’t say true or false</th>
<th>Absolutely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am looking for something that makes my life feel meaningful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. I am always looking to find my life’s purpose.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I am always searching for something that makes my life feel significant.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. I am seeking a purpose or mission for my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. I am searching for meaning in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### SCORING

Add up your numbers for each section. Scores will range from 5 to 35.

Presence of Meaning score: __________

Search for Meaning score: __________

If you scored above 24 on Presence and also above 24 on Search, you feel your life has a valued meaning and purpose, yet you are still openly exploring that meaning or purpose. You likely are satisfied with your life, are somewhat optimistic, experience feelings of love frequently, and rarely feel depressed. You are probably somewhat active in spiritual activities, and you tend not to value pursuing sensory stimulation as much as others. You are generally certain of, and occasionally forceful regarding, your views and supportive of having an overall structure in society and life. People who know you would probably describe you as conscientious, thoughtful, easy to get along with, somewhat open to new experiences, and generally easygoing and emotionally stable.

If you scored above 24 on Presence and below 24 on Search, you feel your life has a valued meaning and purpose, and you are not actively exploring that meaning or seeking meaning in your life. One might say that you are satisfied that you’ve grasped what makes your life meaningful, why you’re here, and what you want to do with your life. You probably are satisfied with your life, are optimistic, and have healthy self-esteem. You frequently experience feelings of love and joy and rarely feel afraid, angry, ashamed, or sad. You probably hold traditional values. You are usually certain of, and often forceful regarding, your views and likely support structure and rules for society and living. You are probably active in and committed to spiritual pursuits. People who know you would probably describe you as conscientious, organized, friendly, easy to get along with, and socially outgoing.
If you scored **below** 24 on Presence and **above** 24 on Search, you probably do not feel your life has a valued meaning and purpose, and you are actively searching for something or someone that will give your life meaning or purpose. You are probably not always satisfied with your life. You may not experience emotions like love and joy that often. You may occasionally, or even often, feel anxious, nervous, or sad and depressed. You are probably questioning the role of spirituality in your life, and you may be working hard to figure out whether there is a God, what life on Earth is really about, and which, if any, religion is right for you. People who know you would probably describe you as liking to play things by ear or “go with the flow” when it comes to plans, occasionally worried, and not particularly socially active.

If you scored **below** 24 on Presence and also **below** 24 on Search, you probably do not feel your life has a valued meaning and purpose and are not actively exploring that meaning or seeking meaning in your life. You may not always be satisfied with your life, or yourself, and you might not be particularly optimistic about the future. You may not experience emotions like love and joy that often. You may occasionally, or even often, feel anxious, nervous, or sad and depressed. You probably do not hold traditional values and may be more likely to value stimulating, exciting experiences, although you are not necessarily open-minded about everything. People who know you would probably describe you as sometimes disorganized, occasionally nervous or tense, and not particularly socially active or especially warm toward everyone.


**CRITICAL THINKING QUESTIONS**

1. Analyze your scores for each scale. Were they higher or lower than you expected? What areas of strength do you see? Where is there room for growth?

2. Think about the environmental factors in your life, like your friends, family, school, and community. How do they affect your pursuit of meaning in life?

3. After having taken this assessment and considered the results, do you want to be able to find more meaning in your life? If so, what are some actions you can take to begin this process?
Part 1 Sleep Diary
A sleep diary can help identify habits that interfere with quality sleep. The diary can also be a source of valuable information if you need to consult a medical professional about sleep. Use the sleep diary on the following page to track your sleep for seven days. You may want to keep it close to your bed so that you will remember to fill it out before you go to sleep and when you awake.

Part 2 Do You Have Symptoms of a Sleep Disorder?
Ask yourself the following questions:
• Do you have trouble falling asleep three nights a week or more?
• Do you wake up frequently during the night?
• Do you wake up too early and find it difficult to get back to sleep?
• Do you wake up unrefreshed?
• Do you snore loudly?
• Are you aware of gasping for breath or not breathing while you are sleeping, or has anyone ever told you that you do this?
• Do you feel sleepy during the day or doze off watching TV, reading, driving, or engaging in daily activities, even though you get eight hours of sleep a night?
• Do you have nightmares?
• Do you feel unpleasant, tingling, creeping sensations in your legs while trying to sleep?

If you answer yes to any of these questions, it is possible that you are suffering from a sleep disorder. The first step to take is to make sure you have good sleep habits and practices, as described in Chapter 4. If you are doing everything you can to ensure a good night's sleep, consult your physician. He or she may refer you to a sleep disorder specialist.


CRITICAL THINKING QUESTIONS
1. Analyze your sleep over the week. What was the average number of hours you slept for the five weekday nights? What was the average number of hours you slept on the weekend? Discuss the factors (individual and environmental) that affected the duration or quality of your sleep. For example, perhaps you slept worse on the days you drank Pepsi after dinner, or perhaps you slept worse on the weekend because your neighbors had a noisy party. Conversely, perhaps you slept well because you didn’t play video games before going to sleep or because your partner goes to sleep and wakes up at the same time you do.

2. In Part 2, did you answer yes to any of the questions? If so, do you think you need to see your doctor about your sleep quality?

3. Overall, do you think you are meeting your sleep needs? Why or why not? If you are not meeting your sleep needs, what are some things you can do to change this?
<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
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<td>Date:</td>
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**Daytime Activities & Pre-Sleep Ritual**

(Fill in each night before going to bed)

- **Exercise**
  - What did you do?
  - When? Total time?

- **Naps**
  - When? Where?
  - How long?

- **Alcohol & Caffeine**
  - Types, amount and when

- **Feelings**
  - Happiness, sadness, stress, anxiety; major cause

- **Food & Drink**
  - (Dinner/snacks)
  - What and when?

- **Medications or Sleep Aids**
  - Types, amount and when

- **Bedtime Routine**
  - Meditation/Relaxation?
  - How long?

**Bed Time**

**Sleeping & Getting Back to Sleep**

(Fill in each morning)

- **Wake-up Time**

- **Sleep Breaks**
  - Did you get up during the night? If so, what did you do?

- **Quality of Sleep & Other Comments**

- **Total Sleep Hours**


---

For this activity, you will use the USDA’s online MyPlate SuperTracker, located at www.supertracker.usda.gov. First, complete the free registration in order to use the site. Once you have your profile set up, you can use the “Food Tracker” tool to evaluate the quality of your diet.

**Part 1**

Complete the food log below, recording all the food you eat and drink in one full day. Make sure to include everything you drink—water, soft drinks (even diet), coffee, alcohol, and so on. List the foods you eat and drink and the serving size (1/2 apple, 2 cups of pasta, 24 oz. Diet Mountain Dew, etc.).

Day/Date: ________________

<table>
<thead>
<tr>
<th>Food/Drink item</th>
<th>Serving size/Amount</th>
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**Part 2**

Now enter the information from your food log in the “Food Tracker” section of the MyPlate SuperTracker (go to www.supertracker.usda.gov, complete the free registration, and click on “Food Tracker”). Also, use “My Top 5 Goals” as part of your portfolio report. Your report should identify diet areas that you meet and areas in which improvement is needed. You can also click on “My Reports” to view trends in your diet over time. Use these reports as part of your portfolio to see where you are meeting your goals and to identify diet areas that need improvement.

---

**CRITICAL THINKING QUESTIONS**

1. Analyze how well your food intake for the day matches up to your MyPlate recommendations. Did you meet your recommendations for milk, meat and beans, vegetables, fruits, and grains?

2. Now analyze your food intake in terms of calories, fat, fiber, sugar, sodium, and cholesterol (click on “Nutrient Intake Report” to get your average intake of nutrients). How did you do in nutrient intake? What nutrients did you get enough of? What nutrients do you need more of?

3. Based on your analysis in the first two questions, do you think you need to make any dietary changes? Why or why not? If you do need to make changes, what specific dietary modifications do you need to make and how can you realistically achieve them? Consider both behavioral and environmental strategies.

4. Consider how the ecological model of health and wellness (pages 3–4) relates to your own life. Describe the specific behavioral and environmental factors that make it easier or more difficult for you to reach your goals of eating healthfully.

You may want to analyze your diet for a few more days—or even longer—to get a better idea of how well your diet is meeting your nutritional needs. Make a note of your login for MyPlate SuperTracker as you will be using the site again for the Personal Health Portfolio activity in Chapter 6.
For this activity, you will use the USDA's online MyPlate SuperTracker, located at www.supertracker.usda.gov. You will need to complete the free registration in order to use the site, or log in with the user name and password you created in the Chapter 5 Portfolio activity. The physical activity tracker provides an online assessment tool that will help you evaluate your daily physical activity.

**Part 1**

Complete the activity log below, noting all your activity over a period of 24 hours, including time spent sleeping, watching TV, and so on.

Day/Date: ____________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
</tr>
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</table>

**Part 2**

Now enter the information from your activity log in the “Physical Activity Tracker” section of MyPlate SuperTracker [go to www.supertracker.usda.gov, complete the free registration (if you have not already done so), and click on the “Physical Activity Tracker”]. Search for and select the activities you recorded in your log, enter a duration for each, and check off the days on which you did each activity. Click the “Add” button. When you finish entering your activities, review your physical activity profile for the week on the right side of the screen. You can also click on “MyReports” at the top of the page to see if your weekly physical activities measure up to the Physical Activity Guidelines for Americans.
CRITICAL THINKING QUESTIONS

1. What is your weekly total for moderate intensity equivalent (MIE) minutes? Note that every minute of vigorous exercise counts as two minutes of moderate activity. Light activity and activity of less than 10 minutes in duration do not count as MIE minutes. Did you meet your weekly total for muscle-strengthening days?

2. As mentioned in Chapter 6, walking is an excellent lifestyle physical activity for health. Walking to public transportation, like the bus or the subway, can be an easy way to accumulate the weekly recommended amount of physical activity. How do you get to and from campus (and around your campus itself) and to your job if you have one? What factors affect how much you are or aren’t able to incorporate walking into your daily activity? For example, perhaps you are taking this class online and thus don’t have to leave the house to attend class. Or perhaps your part-time job as a dog walker means you walk for two hours five days a week.

3. If you did not meet the Physical Activity Guidelines for Americans, what are some things you can do to increase your daily physical activity?

4. Think about your neighborhood or community. Does it facilitate physical activity, or does it present barriers to physical activity? For example, can you and your neighbors walk to the local grocery store? Is there a park nearby where you can walk or play sports? If your community does not encourage physical activities, what needs to change?
You can estimate your daily energy needs by (1) determining your basal metabolic rate (BMR) and (2) determining your energy expenditure above BMR from physical activity. Combining the two numbers gives you an estimate of your total energy requirement. This will require fine-tuning based on your body composition, metabolism, and activity and is intended as a start.

1. First, estimate your BMR, the minimum energy required to maintain your body’s functions at rest. Begin by converting your weight in pounds to weight in kilograms. Then multiply by the BMR factor, which is estimated at 1.0 calorie/kg/hour for men and 0.9 for women. Then multiply by 24 hours to get your daily energy needs from BMR.

   • Let’s look at Gary, a 30-year-old, 180-pound man.
     \[
     \frac{180\text{ lb}}{2.2\text{ lb/kg}} = 82\text{ kg}
     \]
     \[
     82\text{ kg} \times 1\text{ calorie/kg/hour} = 82\text{ calories/hour}
     \]
     \[
     82\text{ calories/hour} \times 24\text{ hours/day} = 1,968\text{ calories/day}
     \]
   Gary’s BMR—the energy he uses every day just to stay alive—is 1,968 calories.

   • Now let’s look at Lisa, a 24-year-old, 115-pound woman.
     \[
     \frac{115\text{ lb}}{2.2\text{ lb/kg}} = 52\text{ kg}
     \]
     \[
     52\text{ kg} \times 0.9\text{ calorie/kg/hour} = 47\text{ calories/hour}
     \]
     \[
     47\text{ calories/hour} \times 24\text{ hours/day} = 1,128\text{ calories/day}
     \]
   Lisa’s BMR is 1,128 calories per day.

2. Next, estimate your voluntary muscle activity level. The following table gives approximations according to the amount of muscular work you typically perform in a day. To select the category appropriate for you, think in terms of muscle use, not just activity.

<table>
<thead>
<tr>
<th>Lifestyle</th>
<th>BMR factor</th>
</tr>
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<tbody>
<tr>
<td>Sedentary (mostly sitting)</td>
<td>0.4–0.5</td>
</tr>
<tr>
<td>Lightly active (such as a student)</td>
<td>0.55–0.65</td>
</tr>
<tr>
<td>Moderately active (such as a nurse)</td>
<td>0.65–0.7</td>
</tr>
<tr>
<td>Highly active (such as a bicycle messenger or an athlete)</td>
<td>0.75–1</td>
</tr>
</tbody>
</table>

   A certain amount of honest guesswork is necessary. If you have a sedentary job but walk or bicycle to work every day, you could change your classification to lightly active (or even higher, depending on distance). If you have a moderately active job but spend all your leisure time on the couch, consider downgrading your classification to lightly active. Competitive athletes in training may actually need to increase the factor above 1.

   • Let’s assume that Gary works in an office. He does walk around to talk to coworkers, go to the cafeteria for lunch, make photocopies, and do other everyday activities. We’ll assess his lifestyle as sedentary but on the high side of activity for that category, say 0.5. To estimate Gary’s energy expenditure above BMR, we multiply his BMR by this factor:
     \[
     1,968\text{ calories/day} \times 0.50 = 984\text{ calories/day}
     \]

   • Let’s assume that Lisa works as a stock clerk in a computer store. She spends a lot of time walking around and sometimes lifts fairly heavy merchandise. She doesn’t own a car and rides her bike several miles to and from work each day and also for many errands, so she’s at the high side of moderately active, say 0.7. To estimate Lisa’s energy expenditure above BMR, we multiply her BMR by this factor:
     \[
     1,128\text{ calories/day} \times 0.70 = 790\text{ calories/day}
     \]

Note that although Lisa is much more active than Gary, she uses less energy because of her lower body weight.

   • Now calculate your own estimated energy expenditure from physical activity.
     \[
     \text{_____ calories/day} \times \text{BMR factor _____} = \text{_____ calories/day}
     \]
3. To find your total daily energy needs, add your BMR and your estimated energy expenditure.

- For Gary, this is
  1,968 calories/day + 984 calories/day = 2,952 calories/day

- For Lisa, it is
  1,128 calories/day + 790 calories/day = 1,918 calories/day

Because several estimates are used in this method, total daily energy needs should be expressed as a 100-calorie range roughly centered on the final calculated value, which would be about 2,900–3,000 calories/day for Gary and about 1,870–1,970 calories/day for Lisa.

Now calculate your total daily energy needs.

\[
\text{BMR calories/day} \quad ___ \\
\text{physical activity calories/day} \quad ___ \\
\text{total calories/day} \quad ___
\]

Finally, compare your daily energy needs with your daily calorie intake. You may want to refer to question 2 from the Chapter 7 Portfolio activity, where you recorded your calorie intake for one day.

Your daily energy needs: _____________

Your daily calorie intake: _____________

Remember, if you want to lose weight, you need to take in less energy than you use up. You can shift the balance by increasing your activity level or decreasing your food intake. Moderate changes in both intake and activity level are the safest way to lose weight.

CRITICAL THINKING QUESTIONS

1. How do your calorie needs and calorie intake match up? Are you balancing your needs with your intake, or is one higher than the other? Do you need to make any changes to your calorie intake and/or your energy expenditure?

2. What factors influence how well you are able to balance your food intake and energy expenditure? Consider your taste in food and its cost and convenience. Also consider the factors that influence your ability to get daily physical activity, such as your available leisure time, your community’s walkability and safety, availability of recreation areas, affordability of the campus gym or local gyms, etc.
The goal of this activity is to help you think about your self-esteem and body image. Consider the following statements and then circle the response indicating how strongly you agree or disagree with each of them.

1. On the whole I am satisfied with myself.  
2. I have a number of good qualities.  
3. I am able to do things as well as most other people.  
4. I have done things I am proud of.  
5. I wish I had more respect for myself.  
6. I feel more in control when I restrict the food I eat.  
7. I consistently compare myself to others.  
8. I make sure to exercise if I have eaten too much.  
9. I would agree to cosmetic surgery if it were free.  
10. I am anxious about how people perceive or judge me.  
11. I eat to make myself feel better when I am sad, upset, or lonely.  
12. I often skip meals to lose weight.

CRITICAL THINKING QUESTIONS

Consider your responses and answer the following questions.

1. Statements 1 through 5 relate to self-esteem. How do you think you do in regard to your self-esteem? What areas do you feel are your strengths? How are you supported in maintaining high self-esteem? Are you supported by family, friends, academics, sports, or other institutions?

2. In areas of lower self-esteem, what are some of the factors that make it difficult or contribute to feelings of self-doubt? Are there areas that you could strengthen or change? Are there ways that family, friends, or community could help you?
3. Statements 6 through 12 relate to body image. Your responses here are probably linked to your responses to the self-esteem statements. What areas appear to be your strengths? What factors support them?

4. Are there areas of concern for you in your body image responses? How might factors in your environment be contributing to these concerns? Is there anything you would like to change or could change in your environment to reduce the impact of these factors?

Note: This activity is not intended to diagnose eating disorders. The intent is to help you think about the factors discussed in the chapter and apply them to your life.
Drinking alcohol is not necessarily bad for you. What does matter is how much you drink and how it affects your life. This Portfolio activity will help you explore the place of alcohol in your life.

**Part 1 Track Your Consumption**

Recall as best you can your alcohol consumption during the past week (do not include today).

<table>
<thead>
<tr>
<th>Date</th>
<th>Situation (people, place) or trigger (incident, feelings)</th>
<th>Type of drink(s)</th>
<th>Amount</th>
<th>Consequence (what happened?)</th>
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Now track your alcohol consumption for the next week, starting with today.

<table>
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<tr>
<th>Date</th>
<th>Situation (people, place) or trigger (incident, feelings)</th>
<th>Type of drink(s)</th>
<th>Amount</th>
<th>Consequence (what happened?)</th>
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**Part 2 Assess Your Consumption**

Using the drink sizes from Figure 9.1 in your text or from www.rethinkingdrinking.niaaa.nih.gov, answer the following questions:

1. On any one day in the past two weeks, have you ever had
   - Men: more than 4 drinks? Yes ____ No ____
   - Women: more than 3 drinks? Yes ____ No ____
Your Health Today: Choices in a Changing Society

2. On average, how many days a week did you drink alcohol?
   _____ Days

3. On average, how many drinks did you have over the past two weeks?
   _____ Drinks

Source: Rethinking Drinking, National Institute on Alcohol Abuse and Alcoholism, 2009, NIH Publication No. 09-3770.

CRITICAL THINKING QUESTIONS

1. If you consume alcohol, are you a low-risk drinker or an at-risk drinker? Recall that low-risk drinking means no more than 14 drinks per week and no more than 4 drinks on any one day for men. For women, it means no more than 7 drinks per week and no more than 3 drinks on any one day. Drinks above these levels are considered at risk.

2. What were the situations and triggers that affected your decision to drink or not drink on various days? For example, if you ended up drinking more on one day than you had intended to, what led you to overindulge? If you did not drink at all during the two weeks, were you ever tempted to, or does your environment make the decision not to drink an easy one?

3. What are some reasons why you may want to make a change in your alcohol consumption? What are some of the barriers to making this change? How will you overcome these barriers?

4. What policies are in place at your campus to prevent or control excessive drinking? Are these policies effective?
If you wonder whether you are becoming dependent on a drug, complete the following assessment. These questions refer to your use of drugs other than alcohol. Circle the letters of the answers which best describe your use of the drug(s) you use most. Even if none of the answers seems exactly right, pick the one(s) that come closest to being true. If a question does not apply to you, leave it blank.

1. How often do you use drugs?
   (0) a. never
   (2) b. once or twice a year
   (3) c. once or twice a month
   (4) d. every weekend
   (5) e. several times a week
   (6) f. every day
   (7) g. several times a day

2. When did you last use drugs?
   (0) a. never used drugs
   (2) b. not for over a year
   (3) c. between 6 months and 1 year ago
   (4) d. several weeks ago
   (5) e. last week
   (6) f. yesterday
   (7) g. today

3. I usually start to use drugs because:
   (Circle all that are true for you.)
   (1) a. I like the feeling
   (2) b. to be like my friends
   (3) c. to feel like an adult
   (4) d. I feel nervous, tense, full of worries or problems
   (5) e. I feel sad, lonely, sorry for myself

4. How do you get your drugs?
   (Circle all that are true for you.)
   (1) a. use at parties
   (2) b. get from friends
   (3) c. get from parents
   (4) d. buy my own
   (5) e. other (please explain)

5. When did you first use drugs?
   (0) a. never
   (1) b. recently
   (2) c. after age 15
   (3) d. at ages 14 or 15
   (4) e. between ages 10 and 13
   (5) f. before age 10

6. What time of day do you use drugs?
   (Circle all that apply to you.)
   (1) a. at night
   (2) b. afternoons
   (3) c. before or during school or work
   (4) d. in the morning or when I first wake
   (5) e. I often get up in my sleep to use drugs

7. Why did you first use drugs?
   (Circle all that apply to you.)
   (1) a. curiosity
   (2) b. parents or relatives offered
   (3) c. friends encouraged me
   (4) d. to feel more like an adult
   (5) e. to get high

8. Who do you use drugs with?
   (Circle all that are true for you.)
   (1) a. parents or relatives
   (2) b. brothers or sisters
   (3) c. friends own age
   (4) d. older friends
   (5) e. alone

9. What effects have you had from drugs?
   (Circle all that apply to you.)
   (1) a. got high
   (2) b. got wasted
   (3) c. became ill
   (4) d. passed out
   (5) e. overdosed
   (6) f. freaked out
   (7) g. used a lot and next day didn’t remember

10. What effect has using drugs had on your life?
    (Circle all that apply.)
    (0) a. none
    (2) b. has interfered with talking to someone
    (3) c. has prevented me from having a good time
    (4) d. has interfered with my schoolwork
    (5) e. have lost friends because of drug use
    (6) f. has gotten me into trouble at home
    (7) g. was in a fight or destroyed property
    (8) h. has resulted in an accident, an injury, arrest, or being punished at school for using drugs
11. How do you feel about your use of drugs? 
   (Circle all that apply.)
   (0) a. no problem at all
   (0) b. I can control it and set limits on myself
   (3) c. I can control myself, but my friends easily influence me
   (4) d. I often feel bad about my drug use
   (5) e. I need help to control myself
   (6) f. I have had professional help to control my drug use

12. How do others see you in relation to your drug use? 
   (Circle all that apply to you.)
   (0) a. I can’t say or no problem with drug use
   (2) b. when I use drugs, I tend to neglect my family or friends
   (3) c. my family or friends advise me to control or cut down on my drug use
   (4) d. my family or friends tell me to get help for my drug use
   (5) e. my family or friends have already gone for help for my drug use


---

**SCORING**

Add up the point values of your responses. For questions where you circled multiple answers, add the highest point value of your answers.

Score: ______

The higher your score, the more serious your level of drug involvement is. Plot your score on the continuum below.

0 No dependence                       Severe dependence 69

---

**CRITICAL THINKING QUESTIONS**

1. Reflect on your score. What do your responses indicate about your drug use?

2. Is there anything in your environment that makes it easy or difficult to control or limit your drug use?

3. In what direction are you moving on the continuum—toward increased dependence, toward decreased dependence, or holding steady? Do you need to make any changes to your substance use? If so, what?
Chapter 11
Are You a Good Communicator?

Personal Health Portfolio

Good communication is vital to keeping your relationships healthy. However, bad communication habits—like avoiding discussing difficult subjects—are easy to fall into. This assessment will help you determine how well you are communicating with your partner. If you aren’t currently in an intimate relationship, take this assessment with a close friendship in mind. Communication is important in all relationships—intimate or not.

Read each question and choose the response that reflects how you think or respond the majority of the time. Think about what you actually do or believe as opposed to what you “know” you should do or believe.

1. Do you believe that disagreements or arguments are
   a. harmful and negative for a relationship or
   b. helpful and positive for a relationship
2. Do you believe that your partner should
   a. know what you are thinking and feeling or
   b. hear what you are thinking and feeling
3. Do you
   a. drop hints about your concerns in the relationship or
   b. get right to the point when discussing a concern in the relationship
4. Do you tell your partner
   a. what you don’t like about him or her and your relationship or
   b. what you like about him or her and your relationship
5. Do you
   a. withdraw from a conflict or conversation with your partner or
   b. stay around until there is a resolution of the conflict or conversation
6. Do you
   a. hint at what you want or don’t want from your partner or
   b. state clearly what you want and don’t want
7. Do you
   a. interrupt your partner’s conversation or
   b. wait until your partner has finished stating his or her thoughts and ideas
8. Do you
   a. blame your partner or others for your relationship problems or
   b. acknowledge and accept your part in your relationship problems
9. Were your parents
   a. poor communicators or
   b. good communicators


Turn over the page to score your responses and view feedback for each question.
SCORING

The answer “b” to all questions indicates more effective communication. The more “b’s” you have, the better you’re doing. The “a’s” indicate an opportunity to improve. Here is why “b” is the better answer for each question:

1. Intimacy and conflict go hand in hand. If you want real intimacy with your mate, then there will be real conflict. People just don’t agree on everything at all times. How you handle the resulting disagreements is more important than whether or not you have them. The most successful couples work through their disagreements and conflicts together and develop a stronger relationship as a result of that teamwork.

2. No one is a mind reader, and it is really impossible for your partner to know what you are thinking and feeling no matter how long you have known each other. It is important that you agree to say what is important and to talk until you both agree that you understand.

3. Dropping hints wastes your time and your partner’s time, and it usually leads to misunderstanding and disappointment. Get right to the point so your partner won’t have to guess what your concerns are in the relationship. State how you feel by using “I” statements instead of “you” statements.

4. Concentrating on what you like about your mate and your relationship will lead to a more positive relationship. If you concentrate on the things you don’t like, it’s easy to overlook the good things. Negativity breeds negativity, which then makes communication and problem solving more difficult. Use positive elements of the relationship as a foundation upon which to learn and grow.

5. Communication requires two people. Issues will remain unsettled unless you and your partner agree to communicate. We recommend that you agree to communicate with the guidelines of understanding, kindness, honesty, and respect as ground rules. These guidelines will serve to reduce tension and remind you both that you are on the same team. As a couple, agree to your own discussion rules, which can include such things as time-outs for cooling off or thinking.

6. Most of us don’t pick up on hints, so don’t expect your partner to guess what you do or don’t want. Make clear and direct statements. Follow the guidelines of understanding, kindness, honesty, and respect. These guidelines make it easier to state your desires in a positive way and are more likely to be understood and well received.

7. Successful communication requires good listening. No one wants to be interrupted while speaking. We all want our feelings and thoughts to be heard, valued, and understood. Listen for understanding. Rephrase what you have heard your partner say, and then ask if this is correct. Save your side of the discussion until you have validated your partner’s feelings. Validating your partner’s feelings and thoughts is the key to success.

8. Blame fuels the fire of disagreement. Most of the time we believe that our position is acceptable and tend to blame the other person for any misunderstanding rather than seeing our own flaws in communicating. Analyze your part in fueling a problem, and avoid blaming others. Be responsible for your role in the relationship.

9. We tend to learn by example. If your parents were poor communicators, more than likely you have learned and now act out some ineffective ways of communicating. These habits may seem quite comfortable to you even if they are not working. It is up to you to learn new positive ways to communicate. Be persistent and practice until they become habit.

CRITICAL THINKING QUESTIONS

1. How did you do on the assessment? Discuss your strengths and any areas for improvement.

2. Think more about your parents’ communication. Why did you respond the way you did to question 9? How did they handle conflict? Do you see yourself following any of their habits, good or bad?
As you learned in Chapter 12, many contraception options are available to you. This activity will help you determine which contraceptive method best fits your needs. You may also want to discuss your options and decisions with your primary care physician, especially since many methods require a prescription.

### Part 1  Your Partner’s and Your Preferences

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am sure I do not want children at this time.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>My partner and I are in a monogamous relationship with no concerns about sexually transmitted diseases.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I want a method that I can control myself.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>My partner or I am good at remembering to take medication daily.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>My partner or I am willing to visit a physician or clinic to get birth control.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>My partner or I like sexual spontaneity and don’t want to have to worry about contraception right before sex.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Using birth control is not acceptable within my moral and/or religious belief system.</td>
<td></td>
</tr>
</tbody>
</table>

### Part 2  Your Sexual Behavior

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I sometimes have sex after using alcohol or drugs.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I sometimes hook up with people I don’t know well.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I am in a relatively new relationship or have more than one partner.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I have not discussed with my partner his/her prior sexual history or history of sexually transmitted diseases.</td>
<td></td>
</tr>
</tbody>
</table>

### Part 3  Risk Factors

<table>
<thead>
<tr>
<th>Do any of the following apply to you (if you are a female) or your partner (if you are a male)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Over age 35 and a smoker</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Liver disease, blood clots, breast cancer</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Personal history of migraine headaches</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Family history of blood clots, stroke, heart attack</td>
<td></td>
</tr>
</tbody>
</table>
Interpretation

Part 1

Question 1. Yes responses: If you do not want children at any time in the future, permanent sterilization may be the best option. However, if your goal is to delay children for several years, you may want a reliable reversible contraceptive, such as an IUD or birth control pills.

Question 2. Yes responses: You do not need to use condoms or other barrier methods to provide STD protection. Hormonal methods are an option for you.

Question 3. Yes responses: If you are male, the male condom and vasectomy will allow you to take full responsibility for contraception. If you are female, tubal ligation, hormonal contraception, and barrier methods (excluding the male condom) will all allow you to take full responsibility for contraception.

Question 4. Yes responses: Birth control pills would be an effective option for you since they need to be taken daily. The vaginal ring and the transdermal patch, which must be changed every month, are other options.

Question 5. No responses: Contraceptive methods that can be purchased over the counter include male and female condoms and the contraceptive sponge.

Question 6. Yes responses: You may benefit from hormonal contraception such as an IUD or a contraceptive implant that does not require any action at the time of sex. However, if you are at risk for STDs, you will still need to use a barrier method like a condom, even if you would prefer not to.

Question 7. Yes responses: Your options are fertility awareness–based methods if you are sexually active or abstinence. Withdrawal may be another option, but keep in mind that many do not consider this to be a real contraceptive method.

Part 2

If you answered yes to the majority of questions in this section, condom use is an important part of your contraceptive needs. Hooking up and alcohol and drug use all increase the risk for sexually transmitted diseases. However, these behaviors also make it less likely that you will actually use a condom or other barrier method at the time of intercourse, so it is also recommended that women use a reliable contraceptive to prevent pregnancy that does not require action at the time of intercourse (like birth control pills or the vaginal ring).

Part 3

These factors increase the risk of side effects from hormonal contraceptives. If you answered yes to any of these questions, you and your partner may want to consider a barrier contraceptive or permanent contraception, depending on your future plans.

See the Consumer Clipboard box on page 262 for an overview of specific contraceptive methods.

CRITICAL THINKING QUESTIONS

1. Based on your responses, what type of contraception would be best for you? Are you using this method currently? Why or why not?

2. What factors in your environment influence your sexual decision making and contraception use? Consider your partner pattern and your social network.

3. Is there anything you would like to change in this area of your life? If so, consider making a behavior change plan and decide what your first steps would be.
Vaccination, screening, and good hygiene habits are all ways to prevent the spread of infectious disease. Complete the following activity to see how well you are keeping yourself and others from contracting an infectious disease.

**Part 1 Immunizations**

Collect your immunization records. If you do not have a copy of your records, start by asking your parents or guardians. If they do not have records, check with your doctor. Your state health department may also have a program to track childhood vaccines. Record your immunizations in the table below.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of vaccination</th>
<th>Date</th>
<th>Location (doctor's office and doctor name, health clinic, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, diphtheria, pertussis (TdaP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal, polysaccharide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part 2 STD Risk**

1. Are you sexually active?
   ☐ Yes ☐ No

2. If yes, have you ever been tested for sexually transmitted diseases?
   ☐ Yes ☐ No ☐ N/A

3. Have you had a new partner since you were last tested?
   ☐ Yes ☐ No ☐ N/A

**Part 3 Basic Hygiene Practices**

1. Do you wash your hands with soap and warm water regularly before preparing food or eating, after using the toilet, and prior to touching your face?
   ☐ Most of the time ☐ Sometimes ☐ Rarely

2. Do you shower after exercise?
   ☐ Most of the time ☐ Sometimes ☐ Rarely

3. Do you share personal items (clothes, towels, etc.) with others?
   ☐ Often ☐ Sometimes ☐ Rarely
CRITICAL THINKING QUESTIONS

1. Compare your vaccine record to the immunization recommendations in Figure 13.5. Are you current on all your vaccination recommendations? If not, which ones do you need to get?

2. Find two sites in your community where you can go to obtain vaccinations. List the name, address, and phone number of each.

3. Based on your responses to Part 2 and based on the recommendations discussed in the section on STDs in Chapter 13, do you need to get tested for STDs?

4. Find two sites in your community where you can get tested for STDs. List the name, address, and phone number of each.

5. Do you have health insurance that covers vaccinations and/or STD testing? If so, do the facilities you listed in questions 2 and 4 accept your insurance? How much do uninsured patients have to pay out-of-pocket for vaccinations and STD testing at the facilities you listed in questions 2 and 4?

6. Based on your responses to Part 3, evaluate your basic hygiene habits. Is there anything in your environment or community that makes it easier or harder to practice good habits? Where is there room for improvement?
Your behaviors, blood pressure, cholesterol levels, and family history are factors that determine your risk for cardiovascular disease. Complete this assessment of the seven components of ideal cardiovascular health to find out what your risk is in each of these areas.

**Part 1 Your Lifestyle**

1. Do you avoid tobacco smoking, or if you have smoked, did you quit at least a year ago?  
   - Yes  
   - No

2. Do you exercise at least 150 minutes at moderate intensity or 75 minutes at vigorous intensity each week?  
   - Yes  
   - No

3. Are you at a healthy body weight (as defined by a BMI between 18.5 and 24.9)?  
   - Yes  
   - No

4. How healthy is your diet?  
   a. Are you in energy balance (not gaining or losing weight, unless appropriate based on BMI)?  
      - Yes  
      - No
   b. Do you eat at least four to five servings of fruits and vegetables a day?  
      - Yes  
      - No
   c. Do you eat at least two 3.5 oz servings of fish a week?  
      - Yes  
      - No
   d. Do you eat at least three 1 oz servings of fiber-rich whole grains per day?  
      - Yes  
      - No
   e. Is your sodium intake less than 1,500 mg per day?  
      - Yes  
      - No
   f. Do you limit sugar-sweetened beverages to less than 450 calories per week?  
      - Yes  
      - No
   g. Do you eat least four servings of nuts, legumes, and seeds per week?  
      - Yes  
      - No
   h. Do you limit servings of processed meats to two or fewer servings per week?  
      - Yes  
      - No
   i. Do you limit saturated fat to less than 7 percent of total energy intake?  
      - Yes  
      - No

**SCORING**

Add up your number of “yes” answers and “no” answers. Congratulations for your “yes” answers! These are areas where you have developed strong patterns to promote cardiovascular health. Pay attention to your “no” answers. These are areas you should address now to promote general cardiovascular health.

____ “Yes” responses  
____ “No” responses

**Part 2 Clinical Parameters**

If you do not have this information on hand, you may be able to obtain it by visiting your student health center or your primary care physician. A blood test will be necessary to determine your cholesterol levels.

1. Is your blood pressure < 120/80 mm Hg?  
   - Yes  
   - No  
   - Don’t know

2. Is your total cholesterol < 200 mg/dl?  
   - Yes  
   - No  
   - Don’t know

3. Is your HDL cholesterol > 60 mg/dl?  
   - Yes  
   - No  
   - Don’t know

4. Is your fasting blood glucose (sugar) < 100 mg/dl?  
   - Yes  
   - No  
   - Don’t know
**SCORING**

Add up your number of “yes” answers and “no” answers. Congratulations again for any “yes” answers! These additional parameters promote cardiovascular health. “No” answers in this section mean you may have developed risk factors for cardiovascular disease already. It is even more important for you adopt and maintain the heart-healthy behaviors listed in Part 1. You may also want to seek help from a health professional to explore other options that will help reduce your risk. If you didn’t know the responses to these questions, have your blood pressure checked the next time you visit a physician (and write down the numbers) and ask for a blood test to determine your cholesterol levels.

_____ “Yes” responses

_____ “No” responses

**Part 3 Your Noncontrollable Factors**

1. Do any of your first-degree relatives (mother, father, sister, brother, child) have a history of heart disease or stroke? Yes No

2. Do any of your first-degree relatives have a history of diabetes? Yes No

3. Do any of your first-degree relatives have a history of high blood pressure? Yes No

4. Do any of your first-degree relatives have a history of high cholesterol? Yes No

Any “yes” answers are red flags for your own health. If you haven’t already, talk with your primary care physician about your family history. Health issues in family members can suggest a genetic predisposition to cardiovascular disease or risk factors. In addition, it can suggest patterns of behavior within your family of origin that increase risk.

**CRITICAL THINKING QUESTIONS**

1. Reflect on your responses to Part 1. What good lifestyle habits do you have? Where is there room for improvement? Are there ways you could incorporate change into your usual routines?

2. What are your unique characteristics that make it easy or difficult to practice heart-healthy behaviors? Consider such factors as acquired food tastes, cooking skills, money, physical attributes, or tobacco addiction.

3. What characteristics of your environment may be contributing to your behaviors? Consider your access to foods or exercise facilities, family and peer behaviors, campus policies, and other characteristics.

4. How might your family have influenced your own behavior patterns? Think about activity levels and food consumption patterns within your family. Think about where they live and what role their environment plays in their lives. Think about their occupations and hobbies—how do they impact your family members’ lifestyle and habits?

5. Overall, how would you rate your cardiovascular health? Why?

6. Consider the relationship between risk factors for cardiovascular health and other chronic diseases. Do you see any risk factors for diabetes or lung disease in the assessment you just completed?
Chapter 15
Assessing Your Risk Factors for Cancer

The more risk factors you have for a particular cancer, the greater the likelihood that you will develop that cancer. In the lists below for six common cancers—lung, colon, breast, prostate, cervical, and melanoma—check any risk factors and protective factors that apply to you. The more risk factors you check, the more important it is that you adopt healthy lifestyle behaviors and have regular screening tests. The final section lists general protective factors against cancer. There is no score.

### Lung cancer risk factors
- Age greater than 40 (median age at diagnosis: 71)
- Family history of lung cancer
- Smoking cigarettes
- Smoking cigars
- Exposure to environmental tobacco smoke
- Exposure to air pollution
- Exposure to workplace chemicals
- Fewer than three servings of vegetables per day
- Fewer than three servings of fruit per day

### Colon cancer risk factors
- Age greater than 50 (median age at diagnosis: 71)
- Family history of colon cancer
- Overweight
- More than one serving of red meat per day
- Fewer than three servings of vegetables per day
- More than one alcoholic drink per day
- Less than 30 minutes of physical activity per day
- Having inflammatory bowel disease for 10 years or more

Lower risk associated with:
- Taking a multivitamin with folate every day
- Taking birth control pills for at least 5 years
- Taking postmenopausal hormones for at least 5 years
- Taking aspirin regularly for more than 15 years
- Having regular screening tests

### Breast cancer risk factors
- Age greater than 40 (median age at diagnosis: 61)
- Female sex
- Family history of breast cancer
- Jewish ethnicity, especially Ashkenazi descent
- Overweight
- Fewer than three servings of vegetables per day
- More than two alcoholic drinks per day
- Having had hyperplasia (benign breast disease)

(Breast cancer, continued)
Longer exposure to estrogen:
- Early age at menarche
- Older age at birth of first child
- Older age at menopause
- Fewer than two children
- Breastfeeding for less than one year combined for all pregnancies
- Currently taking birth control pills
- Taking postmenopausal hormones for 5 years or more

### Prostate cancer risk factors
- Age greater than 55 (median age at diagnosis: 68)
- Family history of prostate cancer
- Five or more servings per day of foods containing animal fat
- Having had a vasectomy
- African American ethnicity

Lower risk associated with:
- Asian ethnicity
- At least one serving per day of tomato-based food

### Cervical cancer risk factors
- Older age (median age at diagnosis: 48)
- Smoking cigarettes
- Having had sex at an early age
- Having had many sexual partners
- Having had an STD, especially HPV
- Having given birth to two or more children

Lower risk associated with:
- HPV vaccination
- Using a condom or diaphragm on every occasion of sexual intercourse
- Having regular Pap tests
Melanoma risk factors

- Older age (median age at diagnosis: 59)
- Family history of melanoma
- Light-colored hair and eyes
- Having had severe, repeated sunburns in childhood
- Exposure to ultraviolet radiation
- Taking immunosuppressive drugs (for example, after organ transplant)

Lower risk associated with:

- Protecting the skin from the sun
- Regular self-examination of the skin

General protective factors

- Maintaining a healthy weight
- Living a physically active lifestyle
- Consuming a balanced diet with at least five servings of fruit and vegetables a day
- Limiting alcohol consumption (no more than two drinks a day for men and one for women)
- Avoiding tobacco
- Having health insurance


CRITICAL THINKING QUESTIONS

1. For which cancers do you have protective factors?

2. For which cancers do you have risk factors?

3. What factors can you change to lower your cancer risk? Consider your environment and your individual behaviors.
Violence is a serious health problem on many college and university campuses. Many students who survive violent encounters are left with permanent physical and emotional scars. The purpose of this activity is to help you assess how well you protect yourself from becoming a victim of violence. Consider the following statements and decide whether each one is always, sometimes, or never true for you.

<table>
<thead>
<tr>
<th>General safety considerations</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am aware of my surroundings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I tell someone where I’m going whenever I leave home.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’m careful about giving personal information or my daily schedule to people I don’t know.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I vary my daily routine and walking patterns.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I walk at night, I walk with others.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Auto safety</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I look in the backseat before I get in my car.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I look around before parking, stopping, or getting into or out of my car.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I keep my car doors locked at all times.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a plan of action in case my car breaks down.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I scan ahead of me and behind me, with my mirrors, for potential dangers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I avoid dangerous, high-risk places whenever possible.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If hit from behind, I drive to the nearest police station or well-lit, populated area, motioning for the person who hit me to follow.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I notice anyone loitering near my car, I go straight to a safe place and call the police.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I never hitchhike.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATM safety</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I avoid using ATMs at night.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I try to take someone with me when I use an ATM.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I look for suspicious people or activity before entering or driving into an ATM area.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not write my personal identification number on any paper I carry with me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take all my ATM and credit card receipts with me to avoid leaving behind personal information.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A-38  Your Health Today: Choices in a Changing Society

### Violence, rape, and homicide

<table>
<thead>
<tr>
<th>Option</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I carefully limit my alcohol intake at parties.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not drink alcohol on a first date.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I refuse to be with anyone who seems violent.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not allow anyone to strike me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t stay around anyone who has a gun and is drinking alcohol or using other drugs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I break off any relationship that is verbally or physically abusive.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Ramps and parking lots

<table>
<thead>
<tr>
<th>Option</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I park in well-lit areas.</td>
<td></td>
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<tr>
<td>I avoid walking down ramps in parking lots if there are other options.</td>
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<tr>
<td>I keep my arms as free as possible when walking to my car.</td>
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<tr>
<td>I check the backseat of my car before getting in.</td>
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</tbody>
</table>

### Public transportation

<table>
<thead>
<tr>
<th>Option</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>While waiting for transportation, I am aware of my immediate surroundings.</td>
<td></td>
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<tr>
<td>While waiting for transportation, I place myself so that I am protected from behind.</td>
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<tr>
<td>I hold items under my arm so that they will be difficult to grab.</td>
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<tr>
<td>While riding on buses or trains, I look aware and alert.</td>
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</tbody>
</table>

### SCORING

Give yourself 3 points for each “Always” answer, 2 points for each “Sometimes,” and 0 points for each “Never.”

Score: __________

- **90–99**  You are probably safe as long as you continue to follow these precautions.
- **80–89**  You may need to reexamine some of your habits and make changes to improve your safety.
- **79 or less**  You may need to make significant changes in your habits to improve your safety.


### CRITICAL THINKING QUESTIONS

1. Based on your responses to the questions, what is your risk level? Where are there areas for improvement? What are key changes that you can make to lower your risk in these areas?

2. What is your overall perception of the safety of your college campus? What are a few ways your campus and overall community can improve on safety?
Having health insurance means that you are more likely to seek preventive care, get prompt treatment for an injury or acute illness, and successfully manage chronic conditions like diabetes. Knowing what your coverage does and doesn’t include will help you to understand your health care options. This activity is designed to help you explore how your insurance plan works. You may need to talk to your parents, look online at your plan information, or even call your insurance company to answer the questions. This is critical knowledge for you to have at all times!

Hopefully, you have health insurance—if not, identify an insurance plan available on a health exchange (visit www.healthcare.gov) and complete the activity using that information.

**Insurance Basics**

1. What is your insurance coverage (name of company and plan)? Are you covered individually, through school, through an employer, or on your parent’s plan? What are the criteria for your coverage—that is, does your coverage end when you are no longer a student, when you reach a certain age, or if your employment ends?

2. How much is the insurance premium (the amount you pay monthly or that your parents pay to have you on their plan)? Is there a deductible—an amount you must pay out of pocket before the insurance begins to pay any part of the costs? What is the annual out-of-pocket maximum (total amount you could be required by pay in a given year)?

3. What type of plan do you have? For example, is it a health maintenance organization, exclusive provider organization, preferred provider organization, or point-of-service plan?

4. Identify local providers that are covered by your plan: a physician or clinic, an emergency room, and a hospital. List the locations and phone numbers for each. If your plan differentiates between different tiers or classes of providers, indicate whether the providers you identify are “preferred” or “in-network” to you plan or would be considered a higher-cost tier. If your campus has a health clinic, does it take your insurance? If you have a student insurance plan, can you go to other providers?

**Cost and Coverage**

Health insurance balances cost of a policy with the protection or services it offers. In addition to a premium (monthly payment), you will have to pay an additional charge for services you receive. The amount you pay may vary by location of service (clinic visit, ER visit, hospital stay) and type of service (preventive visit, emergency care, mental health, physical therapy). Determine what your cost would be under your current plan for the following types of services. Sometimes this is a set fee (such as $20 copayment) or a percent of visit cost (such as 20 percent of visit charge).

1. You are feeling well and want to have a preventive care exam to see if there are things you should be doing differently. How much do you pay if you have a preventive exam (annual, well check-up)?

2. You have a sore throat and a fever. You want to go to the doctor to see if you have strep throat. How much will you pay for a clinic visit to diagnose your symptoms?
3. The doctor orders a strep test. What do you pay for diagnostic tests?

4. The strep test is positive and you need antibiotics. The doctor orders penicillin. How much do you pay for prescription medications?

5. On summer break, you sprain your ankle and go to the emergency room. How much do you pay for an ER visit?

6. You get a referral to physical therapy for your ankle sprain: Is it covered by your insurance, and again, what do you pay? Is there a limit on the number of visits?

7. You have been having back pain for a few months and are thinking of going to a chiropractor. Does your insurance cover health care from a chiropractor? If so, are there limits to the coverage—a limit on the number of visits or a requirement for a physician referral?

8. Your health provider thinks you have appendicitis and wants to send you to the hospital. Does your insurance cover hospital expenses? If so, at what cost? Do you need to go to a certain hospital, and does the stay require pre-authorization?

9. You have a fabulous summer break and when you return in the fall, you start to feel depressed. You want to see a counselor. How much do you pay for mental health counseling? Compare the plan's policy for mental health benefits and physical health benefits. Do you notice any differences? If so, list two counselors (or clinics) in your area who would be covered by your plan.

CRITICAL THINKING QUESTIONS

1. How would you rate your insurance—is it good, bad, so-so? Consider its cost to you or your parents and the coverage it provides you for that cost.

2. What aspects of your insurance plan work well for you and your lifestyle and current health concerns? What aspects could limit your ability to get the care you need when you need it? What would you change about your plan if you could?

3. What did you learn from this activity? Were you surprised by any of the costs, limitations, or requirements of your insurance plan?
Do you have a lifestyle that promotes the health of the environment, or are you contributing to pollution and waste? Answer the following statements by indicating whether each one is true for you regularly, sometimes, or never.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Regularly</th>
<th>Sometimes</th>
<th>Never</th>
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</thead>
<tbody>
<tr>
<td>1. I keep my car in good operating condition and get oil or fluid leaks fixed immediately.</td>
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<tr>
<td>2. I use mass transit, walk, or bike instead of using my car.</td>
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<tr>
<td>3. I don’t allow people to smoke in my home, and I make sure my home is well ventilated.</td>
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<td>4. I store and dispose of household cleaners, solvents, and pesticides properly.</td>
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<tr>
<td>5. I recycle plastic, glass, aluminum cans, newspapers, and paper products.</td>
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<tr>
<td>6. I turn off lights when leaving a room.</td>
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<tr>
<td>7. I buy products with the least amount of packaging.</td>
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<tr>
<td>8. I take my own cloth shopping bag to the grocery store instead of using the store’s paper or plastic bags.</td>
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<tr>
<td>9. I use rechargeable batteries and recycle the batteries after their useful life period is over.</td>
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<tr>
<td>10. I use cloth dish towels and washable sponges rather than paper products.</td>
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<tr>
<td>11. I avoid turning on my car air conditioner.</td>
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<td>12. I water my lawn and/or outdoor plants early in the morning or in the evening.</td>
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<tr>
<td>13. I wear a sweater at home when it’s cold rather than raise the thermostat.</td>
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<tr>
<td>14. I do not let tap water run continuously when I shave and/or brush my teeth.</td>
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<td>15. I use compact fluorescent bulbs in lamps and lighting fixtures.</td>
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<tr>
<td>16. I try to produce as little garbage as possible.</td>
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<tr>
<td>17. I participate in community cleanup days.</td>
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<tr>
<td>18. I read labels on household products and buy the least toxic ones available.</td>
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<tr>
<td>19. I run the washing machine and the dishwasher only with full loads.</td>
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<tr>
<td>20. I write to my local and state elected officials to support environmentally friendly legislation.</td>
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</tbody>
</table>
SCORING
Give yourself 2 points for each activity you do regularly, 1 point for each activity you do sometimes, and 0 points for each activity you never do.

Score: __________

Interpretation
<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>35–40</td>
<td>Very environmentally friendly. You are helping to heal the planet. Keep up the great work.</td>
</tr>
<tr>
<td>30–34</td>
<td>Above average. Your lifestyle contributes to a healthy environment.</td>
</tr>
<tr>
<td>25–29</td>
<td>Average. You are on the right track, but you can do more.</td>
</tr>
<tr>
<td>20–24</td>
<td>Below average. Look for ways to improve your record.</td>
</tr>
<tr>
<td>Under 20</td>
<td>Environmentally unfriendly. There are many changes you can make to develop a more environmentally friendly lifestyle.</td>
</tr>
</tbody>
</table>

CRITICAL THINKING QUESTIONS

1. Based on your responses and your score, are you living an environmentally friendly lifestyle? Why or why not?

2. Review the responses to which you answered sometimes or never. What are some specific changes you can make in these areas? Which are easiest and hardest to accomplish, and why?

3. How environmentally friendly is your campus? Consider such things as the availability of recycling receptacles, the source(s) of energy, the types of plants used in landscaping, and the food served in dining halls and campus restaurants. What are two things your college or university could do to promote campus sustainability? Sustainability refers to responsibly using and replenishing the earth’s natural resources.