



Name _____ Date _____
Instructor _____ Section _____

Lifestyle Assessment Inventory

The purpose of this lifestyle assessment inventory is to help you identify areas in your life that increase your risk of disease, injury, and possibly premature death. Awareness is the first step in making change.

Put a check by each statement that applies to you. You may select more than one choice per category.

Physical Health

A. Physical Fitness

- I exercise for a minimum of 20 to 30 minutes at least 3 days per week.
- I walk for 15 to 30 minutes 3 to 7 days per week.
- I get lifestyle or occupational physical activity most days of the week.

B. Body Fat

- There is no place on my body where I can pinch more than 1 inch of fat.
- I am satisfied with the way my body looks.

C. Car Safety

- I always use a seat belt when I drive.
- I rarely drive above the speed limit.
- I do not drink and drive, and I do not ride in a car with someone who has been drinking.

D. Sleep

- I always get 7 to 9 hours of sleep.
- I do not have trouble going to sleep.
- I generally do not wake up during the night.

E. Diet

- I generally eat balanced meals and a variety of food.
- I eat fruits and vegetables daily.
- I rarely overeat.
- I rarely eat large quantities of fatty foods and sweets.

F. Alcohol Use

- I consume fewer than two drinks per day.
- I never get intoxicated.
- I do not binge drink.

G. Tobacco and Drug Use

- I never smoke (cigarettes, pipe, cigars, etc.) or use smokeless tobacco.
- I use prescription medications only for their intended purpose.
- I do not use illegal drugs.

H. Sexual Practices

- I always practice safe sex (e.g., always using condoms or being involved in a monogamous relationship).
- I am not sexually active.

Social Health

- I have a happy and satisfying relationship with my spouse or boyfriend/girlfriend.
- I have good relationships with my close friends.
- I get a great deal of love and support from my family.
- I work to have good communication skills.
- I am able to express my feelings and emotions to people close to me.

Emotional Health

A. Stress Level

- I find it easy to relax.
- I rarely feel tense or anxious.
- I am able to cope with daily stresses without undue emotional stress.
- I have not experienced a major stressful life event in the past year.

B. Mental Health

- I do not suffer from depressive or anxiety disorders.
- I do not have an eating disorder.

Intellectual Health

- I attend class regularly.
- I keep informed about current events.
- I seek opportunities to learn new things.
- I have an open mind about ideas that might be different from mine.

Environmental Health

- I am not exposed to second-hand smoke on a regular basis.
- I use sunscreen regularly or limit my sun exposure.
- I carpool or use physical activity for transportation when possible.
- I recycle regularly.
- I limit my exposure to harmful environmental contaminants.

Spiritual Health

- I have a sense of meaning and purpose in my life.
- I am satisfied with my level of spirituality.
- I work to develop my spiritual health.

LABORATORY 1.1 (continued)

Evaluating Your Responses

1. What area of wellness is your strongest area? What do you do to maintain healthy behaviors for that wellness component?
2. What area of wellness is your weakest area? What behaviors can you change to improve that area?
3. Write a long-term goal for improving one wellness behavior you seriously want to change this semester. Write a short-term SMART goal that will help you reach your long-term goal.

Long-term goal:

Short-term SMART goal:

To submit the completed lab, save the form to your computer and email it to your instructor or upload it to their digital dropbox as directed.