

Health Habit

Quiz

- Indicate by circling or checking only the signs that apply to you.
- Count 1 point for each ● 3 points for each ▲ 5 points for each ●
- The plus (+) and minus (-) signs next to some numbers indicate more than (+) and less than (-)

Exercise

Amount of physical effort expended during the workday: mostly

- Heavy physical, ▲ Desk work
Walking, housework

Participation in physical activities — (skiing, walking, hunting, boating, fishing, cleaning fish, etc.)

- Daily ▲ Weekly ● Seldom

Participation in a vigorous exercise program?

- 3 times Weekly ▲ Weekly ● Seldom

Average miles walked or jogged per day?

- 1+ ▲ -1 ● None

Nutrition

Are you satisfied with your weight?

- No ▲ 5 to 19 lbs. ● 20+ lbs.

Do you eat a wide variety of foods — something from each of the following five food groups: (1) meat, fish, birds, beans, eggs, or nuts; (2) milk or milk products; (3) bread or cereals; (4) fruits or berries.

- Each day ▲ 3 times Weekly

Alcohol

Average no. of bottles (12 oz.) of beer per week?

- 0 to 7 ▲ 8 to 15 ● 16+

Average no. hard liquor (1½ oz.) drinks per week?

- 0 to 7 ▲ 8 to 15 ● 16+

Average no. of glasses (5 oz.) of wine or cider per week?

- 0 to 7 ▲ 8 to 15 ● 16+

Total no. drinks per week, including beer, liquor, and wine?

- 0 to 7 ▲ 8 to 15 ● 16+

Drugs

Do you take drugs illegally; (speed, cocaine, heroine, PCP)?

- No ● Yes

Do you drink alcohol and take certain drugs? (tranquilizers, barbiturates, antihistamines or illegal drugs)?

- No ● Yes

Do you use pain-killers improperly or excessively?

- No ● Yes

Tobacco

Cans of snuff or leaves of tobacco per week?

- None ▲ -2 ● 2+

Cigars smoked per day?

- None ▲ -5 ● 5+

Pipe tobacco pouches per week?

- None ▲ -2 ● 2+

Column Subtotal

Personal Health

Do you experience periods of depression (cabin fever)?

- Seldom ▲ Occasionally ● Frequently

Do you get so anxious sometimes that you can't do your regular activities (housework, fishing, sewing, work, etc.)?

- No ▲ Occasionally ● Frequently

Do you get enough satisfying sleep?

- Yes ▲ No

Are you aware of the causes and dangers of VD?

- Yes ▲ No

Do you do breast self-exam?

- Monthly ▲ Occasionally

Do you get help in times of depression or anxiety from a counselor, priest, or friend?

- Yes ▲ No

Do you have regular dental checkups?

- Yes ▲ No

Do you know the seven warning signs of cancer?

- Yes ▲ No

Do you have yearly physical exams?

- Yes ▲ No

Do you have regular pap smears?

- Yes ▲ No

Road, Water and Air Safety

Mileage per month as driver or passenger (boat, snowmobile or plane)?

- 0-50 miles ▲ 50 miles +

Do you often exceed the speed limit?

- No ▲ by 10 mph + ● by 20 mph +

Do you wear a seatbelt?

- Always ▲ Occasionally ● Never

Do you drive a motorcycle, moped or snowmobile?

- No ▲ Yes

If yes to the above, do you always wear a regulation safety helmet?

- Yes ● No

Do you ever drive or fly under the influence of alcohol?

- Never ● Occasionally

Do you ever drive or fly when your ability may be affected by drugs?

- Never ● Occasionally

Are you aware of water safety rules?

- Yes ▲ No

If you participate in water sports or boating, do you wear a life jacket? (If not applicable, do not score).

- Yes ▲ No

General

Average time watching TV per day (in hours)?

- 0 to 1 ▲ 1 to 4 ● 4+

Are you familiar with first-aid procedures?

- Yes ▲ No

Do you ever smoke in bed?

- No ▲ Occasionally ● Yes

Do you always make use of clothing and equipment provided for your safety at work? (If not applicable, do not score)

- Yes ▲ Occasionally ● No

Column Subtotal

Total Score

Sum of two subtotals

