Lifestyle Assessment Inventory

NAME ___________________________ DATE ___________________________

The purpose of this lifestyle assessment inventory is to increase your awareness of areas in your life that increase your risk of disease, injury, and possibly premature death. A key point to remember is that you have control over each of the lifestyle areas discussed.

Awareness is the first step in making change. After identifying the areas that require modification, you will be able to use the behavior modification techniques presented in Chapter 10 to bring about positive lifestyle changes.

DIRECTIONS

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

A. PHYSICAL FITNESS

_____ I exercise for a minimum of 20 to 30 minutes at least 3 days per week.

_____ I play sports routinely (2 to 3 times per week).

_____ I walk for 15 to 30 minutes (3 to 7 days per 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 appears.

C. 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.

D. CAR SAFETY

_____ I have not had an auto accident in the past 4 years.

_____ I always use a seat belt when I drive.

_____ I rarely drive above the speed limit.

E. 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.

F. RELATIONSHIPS

_____ I have a happy and satisfying relationship with my spouse or boy/girl friend.

_____ I have a lot of close friends.

_____ I get a great deal of love and support from my family.

(continued on next page)
G. DIET

I generally eat three balanced meals per day.
I rarely overeat.
I rarely eat large quantities of fatty foods and sweets.

H. ALCOHOL USE

I consume fewer than two drinks per day.
I never get intoxicated.
I never drink and drive.

I. TOBACCO USE

I never smoke (cigarettes, pipe, cigars, etc.).
I am not exposed to second-hand smoke on a regular basis.
I do not use smokeless tobacco.

J. DRUG USE

I never use illicit drugs.
I never abuse legal drugs such as diet or sleeping pills.

K. SEXUAL PRACTICES

I always practice safe sex (e.g., always using condoms or being involved in a monogamous relationship).

SCORING

1. **Individual areas:** If there are any unchecked areas in categories A through K, you can improve those aspects of your lifestyle.

2. **Overall lifestyle:** Add up your total number of checks. Scoring can be interpreted as follows:
   - 23–29 Very healthy lifestyle
   - 17–22 Average healthy lifestyle
   - ≤16 Unhealthy lifestyle (needs improvement)