

MY HEALTHY ACTIVE LIVING JOURNAL

HIGH SCHOOL

CYCLE 1

NAME: _____ **GROUP:** _____



**Commission scolaire
English-Montréal**

**English Montreal
School Board**

Acknowledgments

Secondary Health Journal Team 2007

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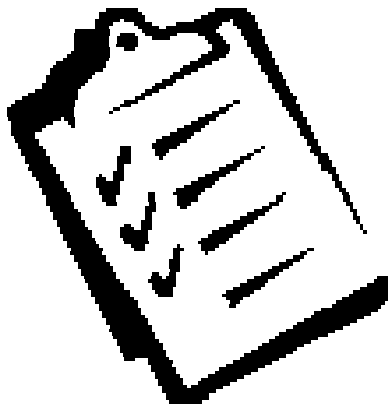
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WELCOME TO YOUR HEALTHY ACTIVE LIVING JOURNAL

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HEALTHY ACTIVE

LIVING EVALUATION



Student's Name: _____

HEALTHY ACTIVE LIVING EVALUATION

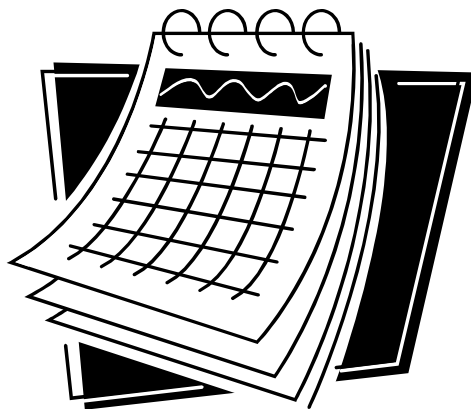
Competency 3 – “Adopting a Healthy, Active Lifestyle”

Rating of observable aspects:	Advanced: ++	Acceptable: +	Minimal: -
--------------------------------------	--------------	---------------	------------

Class:	OBSERVABLE ASPECTS	PHYSICAL FITNESS				LIFESTYLE HABITS				GRADE
		Completed physical fitness testing and recorded all data	Developed an appropriate plan of action	Carried out, analyzed, revised, assessed and finalized the plan of action	Can perform 20-30 min. of moderate to strenuous physical activity	Based upon the survey compiles observable aspects of his/her lifestyle habits	Sets realistic goals	Compiles logs	Completes their reflections	
Date:										
Student's name										

GRADING SCALE	
GRADE	
5	Advanced competency development
4	Thorough competency development
3	Acceptable competency development
2	Partial competency development
1	Minimal competency development

CALENDAR



MONTH:						

MONTH:						

MONTH:						

MONTH:						

MONTH:						

MONTH:						

MONTH:						

MONTH:						

MONTH:						

FITNESS



Healthy Active Living Journal

Cycle 1 – Physical Education & Health

FITNESS JOURNAL



Student's Name : _____ Group: _____



Teacher's Name : _____



Introduction to the Physical Education & Health Cycle 1 Fitness Journal:

Throughout your Physical Education and Health classes, your teacher(s) will guide you through the step-by-step process of completing your personal “Cycle 1 Fitness Journal”. Through the introduction of a variety of activities and web-based resources, you will begin to learn about, analyze, and understand the importance of your personal physical fitness. You will have the opportunity to create, assess, re-assess, and evaluate your plan-of-action. You will have the opportunity to tailor the plan-of-action to suit your specific needs, preferences, and feasibility.

Through your 16 steps over the cycle 1 period your physical education and health will accompany you.

The format of the journal is as follows:

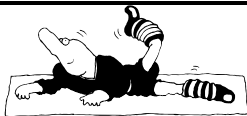
Step	Task	Resources	Personal Information/Answers/Reflections
------	------	-----------	--

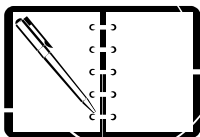
For each **step**, you will be required to complete a **task**. Web-based **resources** will be provided where applicable, but you may also do some research of your own. For many steps, there is a designated space for your **Personal Information/Answers/Reflections**.

This tool is designed to assist you in attaining personal goals and in promoting “Healthy, Active Living”.

Step	Task	Resources	Personal Information/Answers/Reflections	
1	Hurdle Races: Evaluate your understanding (6 questions on-line)	http://www.bam.gov/sub_physicalactivity/physical_activity_iheard.html	How do you feel your personal level of awareness was after you went through “The Hurdle Race”? (1 paragraph reflection required).	
2	Living healthy on-line quiz: (10 questions) • Put initials & province on the leader board	http://www.mayoclinic.com/health/fitness/QZ00057	Total points:	
3	<ul style="list-style-type: none">Familiarize yourself with the 5 “components of fitness”. Brief definitions & website resources are given but further individual research may be necessary.Complete the “pre-assessment” column of the FITNESS EVALUATION sheet (Appendix A). (These are your PERCEPTIONS prior to any fitness testing)You will complete fitness tests for each component of fitness. Under the guidance of the Physical Education and Health teacher you compile your data. (Appendix B)Complete the “personal post-assessment” column of the FITNESS EVALUATION sheet			
4	View Animated Tip #6: • For flash animated version please click on “back to animation index”	http://www.phac-aspc.gc.ca/guide/ath-tah_e.html#tip10	Physical Fitness Component:	<i>Recommendation (# times/week)</i>
			Endurance	
			Flexibility	
			Strength	

Step	Task	Resources	Personal Information/Answers/Reflections		
5	List 5 Benefits of Physical activity & 5 Health Risks of inactivity	http://www.phac-aspc.gc.ca/guide/cg-cg_e.html http://www.realbuzz.com/fitness/motivation_for_fitness/index.php?pmid=170&gmid=160&mode=1&aid=1875 http://www.onthemove.ualberta.ca/index.aspx?page=8	<u>Benefits</u>	<u>Health Risks</u>	
			Reference(s):	Reference(s):	
			1	1	
			2	2	
			3	3	
			4	4	
			5	5	
6	List your <u>personal preference of activities</u> & list a minimum of 2 in each category	http://www.bam.gov/sub_physicalactivity/physicalactivity_misfit.asp (6 question test that generates a list) Physical Activity Lab 1 (below re: reference section)	Endurance	Flexibility	Strength
7	<u>Motivation:</u> Find a quote that you can focus on & will keep you on track.	http://www.topendsports.com/psychology/quotes-motivate.htm	Selected quote:		
			Reference(s):		

Step	Task	Resources	Personal Information/Answers/Reflections
8	Create a Calendar/Plan of action for the determined phase (ex. month) SHORT TERM GOALS	<ul style="list-style-type: none"> Use the following link (as one resource) and Appendix E to assist you in completing your Plan-of-Action. http://www.bam.gov/sub_physicalactivity/physicalactivity_activitycalendar.html Print out your plan directly from the computer & attach it to your journal. You will be referring to it frequently. Title it “Plan-of-Action” <p>(You may select an activity group from categories such as “equipment/no equipment; alone/with friends; indoor/outdoor; nature; music; water; cold; & bonus activities which include non-traditional sports/activities)</p>	
9	<ul style="list-style-type: none"> Carry out your personal plan-of-action 		
10	Follow-up, reassess & reflect Complete Checklist (Appendix C)	Consult your a) “Plan-of-Action” OR b) Personal plan/log	<i>How well did you carry out your plan?</i>
			<i>What problems did you encounter during the phase?</i>
			<i>Was your plan realistic?</i>
			<i>How could you change your plan to make it more realistic/challenging?</i>
11	Repeat step 8 to 10 (make a new, realistic plan for another phase)	http://www.bam.gov/sub_physicalactivity/physicalactivity_activitycalendar.html <ul style="list-style-type: none"> Print out your NEW plan directly from the computer & attach it to your journal. You will be referring to it frequently. Title it “Revised Plan-of-Action”. In addition use Appendix F. 	
12	<ul style="list-style-type: none"> Complete fitness tests for each component of fitness. (This may be done during Physical Education class or as directed by your Physical Education teacher) & compile your data. Fill in the “personal post assessment cycle 1- year 1” column of the FITNESS EVALUATION sheet (Appendix B). 		

Step	Task	Resources	Personal Information/Answers/Reflections
13	<ul style="list-style-type: none"> Follow-up, reassess & reflect <p>Complete Checklist (Appendix D)</p>	<p>Consult your Plan-of-Action OR log/plan</p> 	<p>Use appendix D to complete this step.</p>
14	<ul style="list-style-type: none"> Create a final plan. (You may create a chart of your own). Include type of activity, duration of activity, frequency, type of activity (flexibility, strength, endurance). Attach your final plan. Title it “Final Plan-of-Action”. 		
15	<ul style="list-style-type: none"> Repeat all of the fitness tests that were carried out during step 3 Fill out the columns “compiling data” & “personal post-assessment cycle 1- year 2” in FITNESS EVALUATION 		
16	<ul style="list-style-type: none"> Complete the “Fitness Evaluation” Rubric PAGE: 4-5 		

Appendix A - Fitness Evaluation

<u>PRE-ASSESSMENT RESOURCES</u>	<u>* PRE-ASSESSMENT</u>	<u>COMPONENTS OF FITNESS</u>	<u>ANALYSIS</u>
http://www.brainpop.com/ask/quiz/?refer=/health/respiratorysystem/respiration http://www.brainpop.com/ask/quiz/?refer=/health/cellsandbodybasics/bodyweight http://www.phac-aspc.gc.ca/pau-uap/fitness/questionnaire.html http://www.fitnessforlife.org (\$\$) http://www.fitnessgram.org (\$\$) http://www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/index.html http://www.phac-aspc.gc.ca/pau-uap/paguide/why.html http://www.4woman.gov/faq/exercise.htm http://www.bam.gov/sub_yourbody/yourbody_equation_activity.html http://www.bam.gov/sub_physicalactivity/physicalactivity_important.html	1 3 5	Cardiovascular Endurance	ENDURANCE RUN
		The ability of the Heart, the Circulatory and Respiratory systems to supply fuel, oxygen and blood to the muscles at a steady rate for a considerable sustained physical activity.	LEGER BOUCHER BEEP TEST
	1 3 5	Strength (power)	
		The ability or application of a maximum force from your muscles against an opposite force	VERTICAL JUMP
			STANDING LONG-JUMP
	1 3 5	Flexibility	
		The ability to move joints through an appropriate range of motion	HAND TOUCH
			TRUNK LIFT
			SIT & REACH
	1 3 5	Muscular Endurance	
		The ability of your muscles to repeatedly exert over a period of time.	PUSH UPS
			SIT-UPS
	1 3 5	Body Composition	
		Refers to relative amount of muscle, fat, bone and other vital parts of your body.	BMI
			H/W RATIO
			CALIPERS
<p>*Pre-Assessment values:</p> <p>1 = I am unable to participate in easy physical activity for a 20-minute period</p> <p>3 = I am able to sustain/maintain physical activity for a 20-minute period</p> <p>5 = I am capable of doing highly intensive physical activity for a 20-minute period</p>			

Appendix B – Fitness Evaluation

<u>ANALYSIS</u>		<u>RESOURCES FOR POSSIBLE TESTS</u>	<u>DATA COMPILING</u>	<u>PERSONAL POST ASSESSMENT</u>		
CARDIOVASCULAR ENDURANCE				1	3	5
ENDURANCE RUN	http://www.sportetudiant.com/fre/isoActif/6329.cfm http://www.exrx.net/Testing/YMCATesting.html http://www.exrx.net/Testing/YouthNorms.html#anchor3915412					
LEGER BOUCHER BEEP TEST	http://www.sportetudiant.com/fre/isoActif/6329.cfm					
STRENGTH (power)				1	3	5
VERTICAL JUMP	http://www.sportetudiant.com/fre/isoActif/6329.cfm http://www.exrx.net/Calculators/Sprint.html					
STANDING LONG- JUMP	http://www.sportetudiant.com/fre/isoActif/6329.cfm http://www.exrx.net/Testing/YouthNorms.html#anchor581933					
FLEXIBILITY				1	3	5
HAND TOUCH	<i>TEXT: Fitness For Life p.159(hand touch – zipper)</i> <i>(www.fitnessforlife.org) (\$\$) www.fitnessgram.net (\$\$)</i>					
TRUNK LIFT	<i>TEXT: Fitness For Life p.122 (trunk lift)</i> <i>(www.fitnessforlife.org) (\$\$) www.fitnessgram.net (\$\$)</i>					
SIT & REACH	http://www.exrx.net/Testing/YouthNorms.html#anchor582397					
MUSCULAR ENDURANCE				1	3	5
PUSH UPS	http://www.sportetudiant.com/fre/isoActif/6329.cfm http://www.exrx.net/Testing/YMCATesting.html					
SIT-UPS	http://www.sportetudiant.com/fre/isoActif/6329.cfm http://www.exrx.net/Testing/YMCATesting.html http://www.exrx.net/Testing/YouthNorms.html#anchor581514					
BODY COMPOSITION				1	3	5
BMI	http://www.exrx.net/Testing/YMCATesting.html http://www.exrx.net/Calculators/BMI.html					
H/W RATIO	http://www.exrx.net/Testing/YMCATesting.html					
CALIPERS	http://www.exrx.net/Testing/YMCATesting.html http://www.exrx.net/Calculators/KidsBodyComp.html					
*Pre-Assessment values:	1 = I am unable to participate in easy physical activity for a 20-minute period 3 = I am able to sustain/maintain physical activity for a 20-minute period 5 = I am capable of doing highly intensive physical activity for a 20-minute period					

Name: _____ HR: _____ Date: _____

Appendix C – Checklist # 1

1. Did you achieve all of your goals? Yes ☐ No ☐
2. If you answer “yes” to question 1, why did you achieve your goals? (highlight all that apply)
- a. Realistic goals
 - b. Proper time management
 - c. Tireless effort
 - d. High Motivation
 - e. Other (please explain) _____
3. If you answer “no” to question 1, why did you not achieve your goals? (highlight all that apply)
- a. Unrealistic goals
 - b. Improper time management
 - c. Lack of effort
 - d. Lack of Motivation
 - e. Other (please explain) _____
4. Of the 5 “Components of Fitness”, rank them in order of importance for your personal overall fitness level in the future.

Component of Fitness	Ranking
	1 = most important 5 = least important
Cardiovascular Endurance	
Strength	
Flexibility	
Muscular Endurance	
Body Composition	

5. How could you change your plan to make it even more realistic/challenging? (Use the back of this sheet to respond).

Name: _____ HR: _____ Date _____

Appendix D – Checklist # 2

1. Did you achieve all of your goals? Yes ☐ No ☐
2. If you answer “yes” to question 1, why did you achieve your goals? (highlight all that apply)
- | | |
|---------------------------|---------------------------|
| a. Realistic goals | d. High Motivation |
| b. Proper time management | e. Other (please explain) |
| c. Tireless effort | _____ |
3. If you answer “no” to question 1, why did you not achieve your goals? (highlight all that apply)
- | | |
|-----------------------------|---------------------------|
| a. Unrealistic goals | d. Lack of Motivation |
| b. Improper time management | e. Other (please explain) |
| c. Lack of effort | _____ |
4. Of the 5 “Components of Fitness”, rank them in order of importance for your personal overall fitness level in the future.

Component of Fitness	Ranking 1 = most important 5 = least important
Cardiovascular Endurance	
Strength (power)	
Flexibility	
Muscular Endurance	
Body Composition	

5. How could you change your plan to make it even more realistic/challenging? (Use the back of this sheet to respond).

APPENDIX E

MY PLAN OF ACTION (MONTH)

NAME: _____ HR: _____ Date: _____

My physical fitness weaknesses:	

(Example: flexibility, can't touch my toes)

My physical fitness strengths:	

(Example: strength, can do 100 push-ups)

What are the fitness components I need to improve upon and how?

(Example: cardiovascular, I need to be able to run for a longer time)

APPENDIX E: MY PLAN OF ACTION (MONTH)

NAME: _____ HR: _____ MONTH: _____

Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00AM TO 12:00PM							
12:00PM TO 6:00PM							
6:00PM TO 12:00AM							
Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00AM TO 12:00PM							
12:00PM TO 6:00PM							
6:00PM TO 12:00AM							
Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00AM TO 12:00PM							
12:00PM TO 6:00PM							
6:00PM TO 12:00AM							
Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00AM TO 12:00PM							
12:00PM TO 6:00PM							
6:00PM TO 12:00AM							

EXAMPLES

6:00AM TO 12:00PM			GYM CLASS SOCCER				REST
12:00PM TO 6:00PM		BASKETBALL PRACTICE		GAME - BASKETBALL	GYM CLASS SOCCER		REST
6:00PM TO 12:00AM	2 MILE RUN	YOGA	TENNIS	REST	PLYOMETRICS	WEIGHT TRAINING	REST

APPENDIX F

MY “REVISED PLAN OF ACTION” (MONTH)

NAME: _____ HR: _____ Date: _____

My physical fitness weaknesses:	

(Example: flexibility, can't touch my toes)

My physical fitness strengths:	

(Example: strength, can do 100 push-ups)

What are the fitness components I need to improve upon and how?

(Example: cardiovascular, I need to be able to run for a longer time)

APPENDIX F: MY “REVISED PLAN OF ACTION” (MONTH)

NAME: _____ HR: _____ MONTH: _____


Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00AM TO 12:00PM							
12:00PM TO 6:00PM							
6:00PM TO 12:00AM							
Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00AM TO 12:00PM							
12:00PM TO 6:00PM							
6:00PM TO 12:00AM							
Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00AM TO 12:00PM							
12:00PM TO 6:00PM							
6:00PM TO 12:00AM							
Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00AM TO 12:00PM							
12:00PM TO 6:00PM							
6:00PM TO 12:00AM							

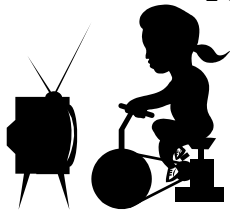
EXAMPLES

6:00AM TO 12:00PM			GYM CLASS SOCCER				REST
12:00PM TO 6:00PM		BASKETBALL PRACTICE		GAME - BASKETBALL	GYM CLASS SOCCER		REST
6:00PM TO 12:00AM	2 MILE RUN	YOGA	TENNIS	REST	PLYOMETRICS	WEIGHT TRAINING	REST

Name: _____ Hr: _____ Date: _____

Physical Activity Lab: Part 1

Benefits of regular activity:	Health risks of inactivity:
<ul style="list-style-type: none"> • Better health • Improved fitness • Better posture and balance • Better self-esteem • Weight control • Stronger muscles and bones • Feeling more energetic • Relaxation and reduced stress • Continued independent living in later life 	<ul style="list-style-type: none"> • Premature death • Heart disease • Obesity • High blood pressure • Adult-onset diabetes • Osteoporosis • Stroke • Depression • Colon cancer



People need to be active to be healthy. Our modern lifestyle and all the conveniences we've become used to have made us sedentary - and that's dangerous for our health. Sitting around in front of the TV or the computer, riding in the car for even a short trip to the store and using elevators instead of stairs or ramps all contribute to our inactivity. Physical inactivity is as dangerous to our health as smoking!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. **Time needed depends on effort - as you progress to moderate activities, you can cut down to 30 minutes, 4 days a week.**

Physical activity doesn't have to be very hard to improve your health. This goal can be reached by **building physical activities into your daily routine.** Just add it up in periods of at least 10 minutes each throughout the day. After three months of regular physical activity, you will notice a difference -people often say getting started is the hardest part.

Time needed depends on effort				
Very Light Effort	Light Effort 60 minutes	Moderate Effort 30-60 minutes	Vigorous Effort 20-30 minutes	Maximum Effort
<ul style="list-style-type: none"> • Strolling • Dusting 	<ul style="list-style-type: none"> • Light walking • Volleyball • Easy gardening • Stretching 	<ul style="list-style-type: none"> • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics 	<ul style="list-style-type: none"> • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing 	<ul style="list-style-type: none"> • Sprinting • Racing
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>How does it feel? How warm am I? What is my breathing like?</p> </div>				
<ul style="list-style-type: none"> • No change from rest state • Normal breathing 	<ul style="list-style-type: none"> • Starting to feel warm • Slight increase in breathing rate 	<ul style="list-style-type: none"> • Warmer • Greater increase in breathing rate 	<ul style="list-style-type: none"> • Quite warm • More out of breath 	<ul style="list-style-type: none"> • Very hot/perspiring heavily • Completely out of breath
Range needed to stay healthy				

Information on this page was obtained from: http://www.phac-aspc.gc.ca/guide/alt_formats/guide/pdf/cg-cg_e.pdf

There are **three types of activities** you need to do to keep your body healthy:

Endurance activities:

Endurance activities help your heart, lungs and circulatory system stay healthy and give you more energy. They range from walking and household chores to organized exercise programs and recreational sports. Examples include:

1. Walking	6. Skating
2. Golfing (without a ride-on cart)	7. Continuous swimming
3. Yard and garden work	8. Tennis
4. Propelling a wheelchair ("wheeling")	9. Dancing
5. Cycling	



Flexibility activities:

Flexibility activities help you to move easily, keeping your muscles relaxed and your joints mobile. Regular flexibility activities can help you to live better, longer, so that your quality of life and independence are maintained as you get older. Flexibility activities include gentle reaching, bending, and stretching of all your muscle groups. Examples include:

1. Gardening	7. Golf
2. Mopping the floor	8. Bowling
3. Yard work	9. Yoga
4. Vacuuming	10. Curling
5. Stretching exercises	11. Dance
6. T'ai Chi	



Strength activities :

Strength activities help your muscles and bones stay strong, improve your posture and help to prevent diseases like osteoporosis. Strength activities are those that make you work your muscles against some kind of resistance, like when you push or pull hard to open a heavy door. Examples include:

1. Heavy yard work, such as cutting and piling wood	5. Wearing a backpack carrying school books
2. Raking and carrying leaves	6. Weight/strength-training routines
3. Lifting and carrying groceries	7. Exercises like abdominal curls and push-ups
4. Climbing stairs	



Take a look and see what activities appeal to you. **Choosing things you like to do is one of the best ways to build regular physical activity into your life.** Do a variety from each group to get the most health benefits.

Name: _____ Hr: _____ Date: _____

Physical Activity Lab: Part 2

Fill in the following chart based on your preferences and feasibility (how practical, possible, and probable). Take into consideration equipment, cost, location needed, and time requirements or constraints. You are not required to use the examples given in the lists on the previous page.

	Endurance Activity	Flexibility Activity	Strength Activity
1			
2			
3			
4			

On average, are you as active as you should be?

- If so, explain how you achieve the recommended amount of physical activity.
- If not, explain what you can realistically do to reach this goal.
- Recommendation is 60 minutes of light effort *or* equivalent, 4 times/week
- Refer to chart entitled “Time needed depends on effort”

Personal reflection: (3-5 sentences)

Name: _____ Hr: _____ Date: _____

Resting Heart Rate Lab



Your **heart rate** can be determined by counting how frequently your heart contracts during a given period and converting this number to the standard measure in **beats/min**. Make sure that you press just firmly enough to feel the **pulse**. If you press too hard, it may interfere with the rhythm.

<u>Resting Heart Rate</u>			
<u>Trial 1</u>	beats/min	<u>Trial 4</u>	beats/min
<u>Trial 2</u>	beats/min	<u>Trial 5</u>	beats/min
<u>Trial 3</u>	beats/min	<u>Average resting HR</u>	beats/min

<u>Rating</u>	<u>Resting Heart rate beats/min</u>
Excellent	< 60
Good	60-69
Fair	70-79
Average	80-89
Poor	> 89

Determination of Your Resting Heart Rate

The **factors** that influence your resting heart rate are: *stress, what you ate, your emotional state, temperature of your surroundings, and previous physical activity*. Wait 30 minutes then take your resting heart rate while sitting. Take it again to make sure it is steady. Your resting heart rate should now be relatively steady, so you count for 10 seconds and multiply by 6.

Highly-trained endurance athletes usually have low resting heart rates. The average person who participates regularly in an aerobic fitness program will notice a decrease in their resting heart rates. Evaluate your score using the chart above.

Highlight your “rating”.



Name: _____ Hr: _____ Date: _____

Exercise Heart Rate Lab

A fairly reliable estimate of your exercise heart rate can be obtained if you measure your heart rate within 8-10 seconds of exercising. Begin counting at zero and count for 10 seconds. **Multiply this number by 6 to convert it to number of beats per minute.** The better shape you are in, the quicker your heart rate will decrease after exercise.

Your teacher has set up several activities that you can choose from (or choose your own at home). Do each activity you choose for at least 5 minutes. Try to maintain a steady intensity or speed. **Record your heart rate for each of the activities you chose.**

Activity	Beats/10 Seconds X 6 = Beats/Minute
	_____ X 6 = _____
	_____ X 6 = _____
	_____ X 6 = _____
	_____ X 6 = _____
	_____ X 6 = _____
	_____ X 6 = _____
Average exercise HR	=



Name: _____ Hr: _____ Date: _____

Target Heart Rate Lab



Purpose: To determine the pace at which you should be walking or jogging to maintain your heart rate in your target zone.

Procedure: You need to first calculate your **target-zone heart rate**

Maximum heart rate: = 220 – your age

Maximum heart rate = 220 - = beats/ beats/min

Target-zone heart rate:

Upper limit = Maximum heart rate X 0.85

= x 0.85 = _____ beats/min

Lower limit = Maximum heart rate X 0.7

= x 0.7 = _____ beats/min

Target-zone heart rate= _____ to _____ beats/min
lower limit upper limit

You will need to measure a 1-kilometer course or use a measured track so that you know exactly what constitutes 1 kilometer. Start by walking as fast as you can, and try to cover the mile without stopping. Record the time it takes, and determine your **heart rate immediately after completing the walk**. You can compare your “exercise heart rates” that were determined in the previous lab as well.

Results

Record the results in the spaces provided below.

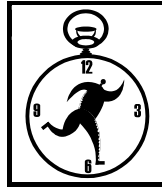
Time to walk 1 kilometer: _____ minutes

Heart rate at completion of walk: _____ beats/min

Compare this heart rate to your target-zone heart rate that you previously calculated. Check the correct rating below:

My heart rate at the end of the kilometer walk/jog was: (check one)

- ☐ *Below* my target zone
☐ *Within* my target zone
☐ *Above* my target zone



Interpretation

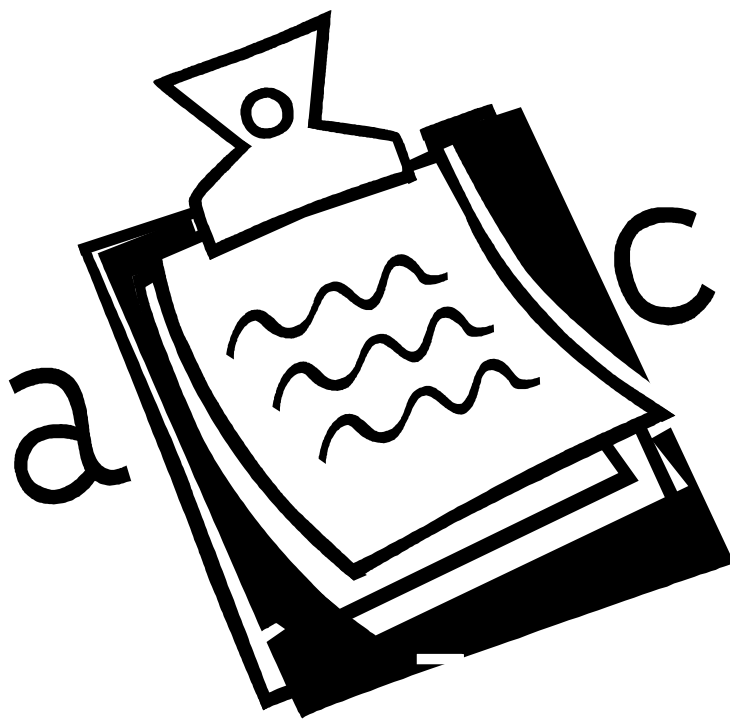
If your heart rate at the end of the walk/activity was **within your target zone**, you know that the pace you were walking is the correct pace for you and that if you decide to include walking in your exercise program, this is the speed at which you need to walk.

If your heart rate was **above your target zone** at the end of the 1-mile walk/activity, you need to walk the same distance again at a slower pace and repeat the above procedures until you find the correct pace to walk at so that your heart rate remains at the desired level.

At the end of the 1-mile walk/activity, if your heart rate was **below your target zone** and you have no medical problems, you need to repeat the above procedures, jogging slowly rather than walking. By trial and error and making adjustments each time, it should not take you long to determine the speed at which you need to jog to achieve and maintain your desired heart rate.

Personal Reflection about your results: (3-5 sentences)

SURVEY



Name: _____

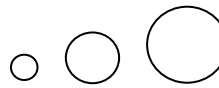
DATE: _____

Circle the answer that represents **you**. Remember to be honest; there is no right or wrong answers. This survey will reflect your lifestyle habits.

MY LIFESTYLE SELF-EVALUATION

1- How many days per week do I engage in physical activity?

- a) 6 to 7 days
- b) 3 to 5 days
- c) Less than 3 days



HEALTH FACT

Physical activity includes exercise and other everyday life movements such as raking leaves, walking the dog, shoveling snow, washing windows, and gardening...

2- How intense is my physical activity?

- a) High intensity (raising heart rate, sweating, breathing hard).
- b) Moderate intensity (light work out, heart rate slightly elevated).
- c) Low intensity (low heart rate, no sweating, movements are limited...).

3- On average, what is the duration of my physical activity?

- a) Greater than 60 minutes.
- b) 30 to 60 minutes.
- c) Less than 30 minutes.

HEALTH CHALLENGE

30 minutes of moderate exercise every day.

4- When choosing a physical activity I...

- a) Consider my level of physical fitness, my interests, and the benefits of the activity.
- b) Consider who I will do the activity with, or just go along with whatever my friends are doing.
- c) I rarely choose a physical activity.

5- I consider the following as physical activity:

- a) Cutting the grass, shoveling snow, washing the floor.
- b) Vacuuming the house, washing dishes, putting out the recycling bin.
- c) Playing video games, watching T.V., surfing the net.

6- About my breakfast:

- a) YES!!! I eat breakfast every morning.
- b) I sometimes eat breakfast.
- c) I never have breakfast.

7- How often do I eat fast food meals?

- a) Rarely or never
- b) Approximately 2-3 times a week
- c) More than 3 times a week

HEALTH CHALLENGE

*Substitute WATER for soft drinks.
They are loaded with sugar and
chemicals.*

8- When I snack, I usually eat:

- a) Fruit, raw nuts, low-fat popcorn, vegetables, yogourt.
- b) Cheese and crackers, bagel and cream cheese, peanut butter.
- c) French fries, chips, soft drinks, chocolate, cookies, candy.

9- When purchasing a food item, I read the labels to identify foods high in salt, hidden sugars and fat.

- a) Frequently
- b) Sometimes
- c) Never

10- I am familiar with the Canadian Nutrition Guide?

- a) Yes
- b) Not sure what it is.
- c) No

HEALTH CHALLENGE

*Eat a minimum of 5 servings of
fruits and vegetables each day.*

11- On average, how many hours do I sleep each night?

- a) 10 or more
- b) 8-10 hours
- c) Less than 8 hours

HEALTH FACT

*Research shows that most
teens sleep 7.4 hours per
night, far short of the 9
hours required to be
healthy.*

12- I worry about the days' events before falling asleep?

- a) Never
- b) Sometimes
- c) Frequently

13- How often do I wake during the night?

- a) Never, I have a good night's sleep.
- b) Maybe once.
- c) More than once.

SLEEPING TIPS

- Keep room cool, dark and quiet
- Go to bed at the same time every night
- Avoid caffeine
- Avoid going to bed on a full stomach

14- After a nights' sleep, I feel...

- a) Refreshed and energetic, well rested.
- b) Drowsy, sluggish, drained.
- c) Fatigued, irritable, exhausted.

15- I do my best to have a sleeping routine. I go to bed and get up at the same time everyday.

- a) Frequently
- b) Sometimes
- c) Never

16- When stressed, I am this kind of person....

- a) I behave in a "cold" manner; take a deep breath and think before acting.
- b) I behave in a "mild" manner; blaming myself and feeling guilty.
- c) I behave in a "hot" hostile way; fuming and blaming others.

17- When I am stressed I have experienced the following physical symptoms:

- a) Shortness of breath, muscle tension, flushed face.
- b) Upset stomach, light headedness, perspiration.
- c) Extreme fatigue, vomiting, depression.

STRESS TIPS

Avoid stressful situations, eat a nutritious diet, get enough sleep every night, practice regular physical activity, know how your body reacts to various situations, don't forget to laugh!

18- When stressed I...

- a) Clear my mind by doing something completely different (exercise, meditation...)
- b) Reach for the cookie jar and the remote.
- c) React in an aggressive, out of control manner.

19- I normally handle conflict by:

- a) Listening and discussing while remaining calm.
- b) Walking away and dealing with it later.
- c) Not accepting other points of view.

20- I deal with stressful situations in the following manner:

- a) Communicate openly with my best friend or family member.
- b) Communicate part of the problem with the school guidance councilor, or friend.
- c) Keep things bottled up and try and work things out on my own.

21- How often do I smoke?

- a) Never
- b) Occasionally (socially)
- c) Everyday

HEALTH FACT

Did you know that every time a person smokes a cigarette, it cost them 20 minutes of their life!

22- I get my energy from:

- a) Keeping fit, sleeping well and eating a balanced diet.
- b) I don't know.
- c) An energy drink or another non prescription drug.

23- I use alcohol or drugs ...

- a) Never
- b) Sometimes (socially)
- c) Often

24- I drink coffee, tea, cola or other caffeinated drinks:

- a) Rarely – 2 drinks or less per week.
- b) Occasionally – 3-5 drinks per week.
- c) Often – more than 7 drinks per week.

HEALTH FACT

Caffeine is the most commonly used drug. It increases and provokes irregular heart beat, dizziness, disturbs sleep, causes headaches, and leads to stomach and bowel discomfort.

25- How many hours a week do I spend using multi-media (cell phones, computers, T.V., mp3, etc.)

- a) Less than 20 hours per week.
- b) Between 20 and 30 hours per week.
- c) More than 30 hours per week.

HEALTH FACT

Did you know, by not flossing, you miss cleaning up to 36% of each tooth.

26- I shower or bathe...

- a) Daily
- b) Every other day
- c) Rarely

27- I brush my teeth:

- a) 2 or more times a day
- b) Once a day
- c) Occasionally

HEALTH CHALLENGE

Floss on a daily basis, you will feel the difference!

28- I wear deodorant or antiperspirant?

- a) Daily
- b) Sometimes
- c) Rarely

HEALTH FACT

Did you know that hand-washing is the easiest, lowest-technology way to prevent the spread of germs!

29- I wash my hands...

- a) Frequently
- b) Occasionally
- c) Rarely

30- Before practicing any physical activity I do the following:

- a) Change my clothes; clean t-shirt, short, socks.
- b) I can possibly bring an extra t-shirt or short.
- c) Nothing, I do not bring a change of clothes.

YOUR LIFESTYLE SELF-EVALUATION SCORE

How many times have you circled each letter?	Multiply by:	
a:	X 5 points	=
b:	X 3 points	=
c:	X 1 point	=
FINAL SCORE		=

150 points: WOW!! PERFECT!! Keep it up!

100-149 points: Excellent! You have very good habits. Try to find solutions to improve in certain areas.

85-99 points: Well done!! You might want to find solutions to improve on certain areas.

60-84 points: Not Bad! You need to change some of your lifestyle habits

Below 60 points: Oh, oh!!! More serious lifestyle changes needed.

ANSWER THE FOLLOWING QUESTIONS:

1- Based on the above survey list the questions where you scored 5 points. What were each of these questions about? How can these questions be grouped into themes?

2- From the survey, select 5 questions that you think you can improve on. Can you explain how you can maintain or do better in these areas?

[illegible]

Evaluation of your survey on Lifestyle Habits

Name: _____

Look at the results of your “Lifestyle Habits” self-evaluation on page 37.

You scored: ____/150. Now, let’s take a closer look at your results:

LIFESTYLE HABITS EVALUATED	MY SCORE FOR EACH LIFESTYLE HABIT IS:
<ul style="list-style-type: none">- Regular physical activity- Questions 1-2-3-4-5	<ul style="list-style-type: none"><input type="radio"/> Perfect score (25 points)<input type="radio"/> Less than 25 points
<ul style="list-style-type: none">- Nutrition- Questions 6-7-8-9-10	<ul style="list-style-type: none"><input type="radio"/> Perfect score (25 points)<input type="radio"/> Less than 25 points
<ul style="list-style-type: none">- Sleep habits- Questions 11-12-13-14-15	<ul style="list-style-type: none"><input type="radio"/> Perfect score (25 points)<input type="radio"/> Less than 25 points
<ul style="list-style-type: none">- Stress management- Questions 16-17-18-19-20	<ul style="list-style-type: none"><input type="radio"/> Perfect score (25 points)<input type="radio"/> Less than 25 points
<ul style="list-style-type: none">- Detrimental lifestyle habits- Questions 21-22-23-24-25	<ul style="list-style-type: none"><input type="radio"/> Perfect score (25 points)<input type="radio"/> Less than 25 points
<ul style="list-style-type: none">- Personal hygiene- Questions 26-27-28-29-30	<ul style="list-style-type: none"><input type="radio"/> Perfect score (25 points)<input type="radio"/> Less than 25 points

1- These are the Lifestyle Habits where I scored less than perfect and therefore need to improve:

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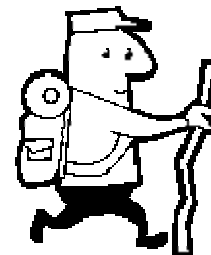
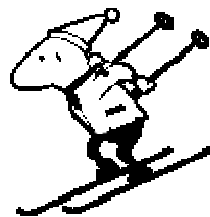
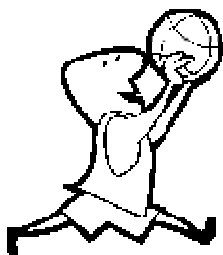
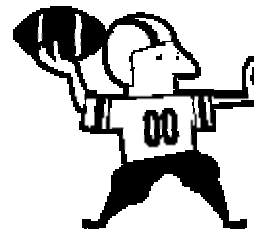
2- Choose **one** Lifestyle Habit from the list above that you would like to work on to “Adopt a Healthy, Active Lifestyle”.

--

3- Go to the table of contents on page 3 and find the corresponding log on the lifestyle habit you would like to work on. Continue your quest to “Adopt a Healthy, Active Lifestyle” – Have fun!

PHYSICAL ACTIVITY

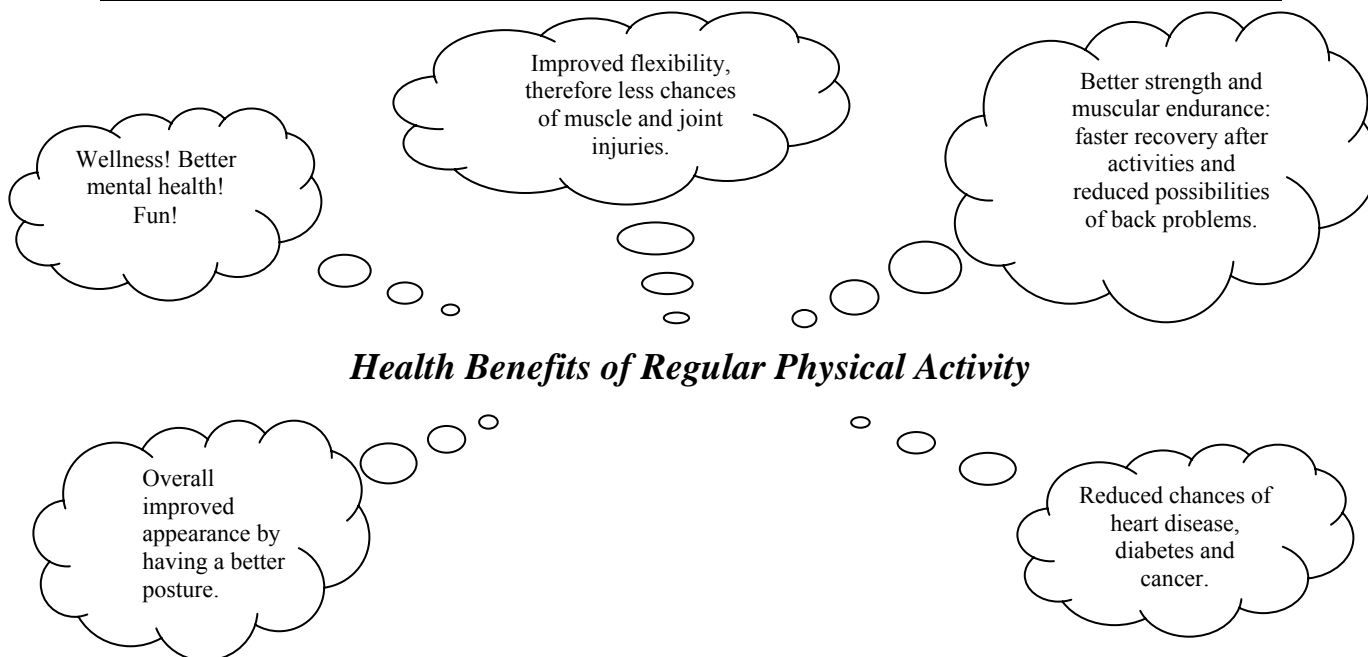
*EXERCISE:
YOU DON'T HAVE TIME NOT TO!*



IMPORTANT FACTS ABOUT PHYSICAL ACTIVITY:

- **Intensity** can be classified as: **low**, **moderate**, or **high**. You will need to know how to take
- your **heart rate** to calculate your intensity level using the formulas below:
-

Maximum heart rate = 220 – your age Maximum heart rate = 220 - ____ = beats/min.		
Target-zone heart rate: <u>Upper limit</u> = Maximum heart rate X 0.85 = <input style="width: 50px; border: 1px solid black;" type="text"/> x 0.85 = ____ beats/min.	Target-zone heart rate: <u>Lower limit</u> = Maximum heart rate X 0.7 = <input style="width: 50px; border: 1px solid black;" type="text"/> x 0.7 = ____ beats/min.	
Target-zone heart rate=	____ beats/min. Lower limit	To ____ beats/min. Upper limit



VISIT THESE WEB SITES ON PHYSICAL ACTIVITY:

- <http://win.niddk.nih.gov/publications/active.htm>
- http://www.nhlbi.nih.gov/health/public/heart/obesity/phy_active.htm
- <http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/young.htm>
- <http://www.fitness.gov/fitness.htm>

The only exercise some people get is jumping to conclusions, running down their friends, side-stepping responsibility, and pushing their luck!
~Author Unknown

PHYSICAL ACTIVITY DAILY ACTIVITY LOG # 1

INSTRUCTIONS:

Fill in the fitness chart below; briefly describe what *activities* you did, the *length* and *intensity* in which you did it, and *where* it took place.

*Intensity can be classified as: **1 = low, 2 = moderate and 3 = high.**

I _____ (name here) agree to implement my DAILY PHYSICAL ACTIVITY plan, until I have successfully implemented my goal into my daily life.

MY DAILY PHYSICAL ACTIVITY GOAL # 1:

SIGNATURE: _____ Parent's: Signature: _____

DAY/ DATE	ACTIVITY	LENGTH OF ACTIVITY in minutes	* INTENSITY 1 – 2 - 3	DESCRIPTION OF THE ACTIVITY AND LOCATION
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				

SELF-ASSESSMENT AND QUESTIONS FOR DAILY PHYSICAL ACTIVITY LOG # 1

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **DAILY PHYSICAL ACTIVITY LOG # 1**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- By interpreting your Activity Log, do you think you are getting enough regular physical activity to be considered '**physically fit**'? Explain.

REFERENCE(S):

2- Is there anything **you can change** in your daily/weekly routine in order to be more physically active? Explain.

3- List two **psychological benefits** you get from regular physical activity and briefly explain how it benefits you.

REFERENCE(S):

4- List two **physiological benefits** you get from regular physical activity and briefly explain how it benefits you.

REFERENCE(S):

5- List two **social benefits** you get from regular physical activity and briefly explain how it benefits you.

REFERENCE(S):

6- Analyzing my **PHYSICAL ACTIVITY LOG #1**, I can see that I have achieved my goal of:

Yes

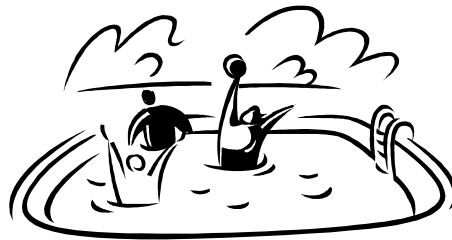
☐

No

☐

Explain:

7- Now create a goal for your **next log**:



If you are above 85% of your target HR, you are risking not getting the maximum benefits of exercise and should consult your PE teacher immediately.

PHYSICAL ACTIVITY DAILY ACTIVITY LOG # 2

INSTRUCTIONS:

Fill in the fitness chart below. Briefly describe what *activities* you did, the *length* and *intensity* in which you did it, and *where* it took place. Calculate your intensity using the formulas.

I _____ (name here) agree to implement my DAILY PHYSICAL ACTIVITY plan, until I have successfully implemented my goal into my daily life.

MY DAILY PHYSICAL ACTIVITY GOAL # 2:

SIGNATURE: _____ Parent's: Signature: _____

DAY/ DATE	ACTIVITY	LENGTH OF ACTIVITY in minutes	* INTENSITY 1 – 2 - 3	DESCRIPTION OF THE ACTIVITY AND LOCATION
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				

***Intensity** can be classified as:

1. Low: Below 65% of your target Heart Rate (HR)
2. Moderate: 65%-75% of your target HR
3. High: 75%-85% of your target HR

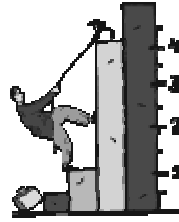
CREATION OF A GRAPH: PHYSICAL ACTIVITY LOG # 2

NAME: _____ DATE: _____

In the space below you will create a chart or graph that will represent your log #2. You can use a bar graph, line graph or pie chart. You will decide on which aspect of your graph you would like to represent and explain. Don't forget to use color and include a **LEGEND**.



Example; Line chart



Bar graph



Pie chart

MY GRAPH:

Explain your graph, what changes would you like to make. Do you see any trends?

SELF-ASSESSMENT AND QUESTIONS FOR PHYSICAL ACTIVITY LOG # 2

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **PHYSICAL ACTIVITY LOG # 2**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE)_____ TO _____

1- By interpreting Fitness Log #2, do you think you are getting enough regular physical activity to be considered '**physically fit**'? Explain.

2- In general, what is your **intensity level** while you are performing your activities?

3- Analyzing my log, I can see that I have achieved my goal of:

Yes :

☐

No:

☐

Explain:

5- Now create a goal for **log # 3**:

PHYSICAL ACTIVITY DAILY ACTIVITY LOG # 3

INSTRUCTIONS:

Fill in the fitness chart below. Briefly describe what *activities* you did, the *length* and *intensity* in which you did it, and *where* it took place. Calculate your intensity using the formulas.

I _____ (name here) agree to implement my DAILY PHYSICAL ACTIVITY plan, until I have successfully implemented my goal into my daily life.

MY DAILY PHYSICAL ACTIVITY GOAL # 3:

SIGNATURE: _____ Parent's: Signature: _____

DAY/ DATE	ACTIVITY	LENGTH OF ACTIVITY in minutes	* INTENSITY 1 – 2 - 3	DESCRIPTION OF THE ACTIVITY AND LOCATION
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				

*Intensity can be classified as:

1. Low: Below 65% of your target Heart Rate (HR)
2. Moderate: 65%-75% of your target HR
3. High: 75%-85% of your target HR

SELF-ASSESSMENT AND QUESTIONS FOR PHYSICAL ACTIVITY LOG # 3

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **PHYSICAL ACTIVITY LOG # 3**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Analyzing this **PHYSICAL ACTIVITY LOG # 3**, I can see that I have achieved my goal of;

YES:

☐

NO:

☐

2- Explain how you have or haven't **obtained your goal** and make any modifications to your 2nd goal or create a new (3rd) goal to work towards.

3- By interpreting Fitness Log #2, do you think you are getting enough regular physical activity to be considered '**physically fit**'? Explain.

4- Has recording your physical activities made you change your view on how active you are/were and how **important exercise is** in your life? Explain.

5- Did logging your activities and doing the research change your perspective on what exercise is or can be?

6- After all you've done, can you now tell me why physical fitness is so important to you?

7- Your best friend tells you there's **no reason** to develop a plan for lifetime physical activity because she gets plenty of activity in school being on the basketball and soccer teams. What would you tell her? Explain your answer.

8- Explain how **you** can develop a **lifetime habit of physical fitness**.



FINAL REFLECTION AND QUESTIONS FOR PHYSICAL ACTIVITY

NAME: _____

1- Analyzing my **PHYSICAL ACTIVITY LOG #3**, I can see that I have achieved my goal of:

Yes

☐

No

☐

2- If my answer is **YES**, these are the main reasons for which my plan has worked:

3- If my answer is **NO**, these are the reasons for which my plan did not work:

4- What lifestyle changes (if any) did you have to make to complete your goal?

5- How do you plan on maintaining this lifestyle change throughout the summer?

6- How do you feel, now that you have achieved your goal? Do you feel any different from the beginning of the school year? Explain.

NUTRITION





IMPORTANT FACTS ON NUTRITION



Grain products, mainly whole grains, are a source of fibre and are typically low in fat. Fibre rich foods can help you feel full.

- Have a look at: Eating well with CANADA'S FOOD GUIDE (first web site below)
- A diet rich in many fruits and vegetables can reduce the risk of many cancers.
- Eating lots of fruits and vegetables may reduce the risk of heart disease.
- It is important to try to eat at least one dark green and one orange vegetable a day.
- Eat vegetables and fruits rather than having juice.
- Try to have 2 cups of milk everyday.
- Select low fat milk products and alternatives.
- Bake your own foods rather than buying commercially prepared goods.
- Read nutrition labels carefully.
- Eat a variety of grain products.
- Look at the ingredient list.
- Choose products that contain whole wheat, multi-grain.
- Look for sodium-reduced foods.
- Select margarines that are low in saturated and trans-fats.
- When preparing foods, make sure to use small amounts of unsaturated fats and use less fat when cooking.
- Eat at least 2 servings of fish a week.
- Select lean meats and alternatives.

Meat and alternatives offer sources of protein, fat and many other important nutrients such as; iron, zinc, magnesium and B vitamins.

Eating lots of vegetables and fruit regularly may lower your risk for heart disease.

Milk and alternatives provide nutrients that are good for your BONES!

FOR MORE INFORMATION ON NUTRITION VISIT THESE WEB SITES:

- www.hc-sc.gc.ca
- www.dieticians.ca
- www.kellogs.ca
- www.breakfastfirst.org
- <http://ezinearticles.com/?The-Health-Benefits-of-Eating-a-Healthy-Breakfast&id=457105>

NUTRITON LOG # 1

NAME: _____

In the chart below record all food and beverage intake. You must log for 2 weeks, 14 days in total.

I _____ (name here) agree to implement this NUTRITION log, for 14 days, I will log all food and beverage intake in order to understand my eating habits.

SIGNATURE: _____ **Parent's: Signature:** _____

Day / Date	Breakfast	Snack	Lunch	Snack	Supper	Snack
1						
2						
3						
4						
5						
6						

Day / Date	Breakfast	Snack	Lunch	Snack	Supper	Snack
7						
8						
9						
10						
11						
13						
14						



SELF-ASSESSMENT AND QUESTIONS FOR NUTRITION LOG # 1

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **NUTRITION LOG # 1**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Based on your results, do you consider that you are someone that follows good nutrition habits?

YES:

NO:

2- Name the 4 food groups? Go to www.hc.gc.ca/fn-an/food-guide.

1

2

3

4

3- List 10 examples for each food group.

Food group # 1:

Food group # 2:

Food group # 3:

Food group # 4:

-

-

-

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-

I _____ (name here) agree to implement the following
NUTRITION plan for my 2nd log, until I have successfully implemented my goal into my daily
 life.

MY NUTRITON GOAL:

SIGNATURE: _____ **Parent's: Signature:** _____

4- Review your Nutrition Log # 1, separate all food and beverage into the four food groups and other.

Fruits and Vegetables	Grain Products	Milk and Alternatives	Meat and Alternatives	Other

5- Did I choose a variety of food from each group? Explain.

6- Having kept track of everything eaten these past two weeks, I would describe my eating habits as:

My eating habits are a significant part of Competency #3: ***"To adopt a healthy, active lifestyle"***.



NUTRITON LOG # 2



Name: _____

For each food group there are different serving sizes. Go to www.hc-sc.gc.ca/fn-an/food-guide. Click on *Choosing foods*. Click each *Food Group* and read about *how many food guide servings do I need?* What is the minimum **number** of servings in each age group category for the different food groups? Fill in the serving size chart below.

Food Groups	2-3 yrs.	4-6 yrs.	7-13 yrs.	14-18 yrs.	19-50 yrs.	51+ yrs.
Fruits and Vegetables						
Grain Products						
Milk and Alternatives						
Meat and Alternatives						

I _____ (name here) agree to implement this NUTRITION log for 14 days, I will log all food and beverage intake, I will check each time I have one serving.

MY NUTRITON GOAL:

SIGNATURE: _____

Complete the log on the following page:





NUTRITION LOG # 2



Name: _____

For two weeks, record all food and beverage intake. Using a check mark indicate the number of servings consumed in each food group. Fill in the chart below for 2 weeks, 14 days in total.

Day / Date	Fruits and Vegetables	Grain Products	Milk and Alternatives	Meat and Alternatives	Other	Did I consume the minimum Daily Servings.	
						Yes	No
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							



SELF-ASSESSMENT AND QUESTIONS FOR NUTRITION LOG # 2

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **NUTRITION LOG # 2**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

1- Based on your results, do you consider that you respect the number of servings for each food group?

YES:

NO:

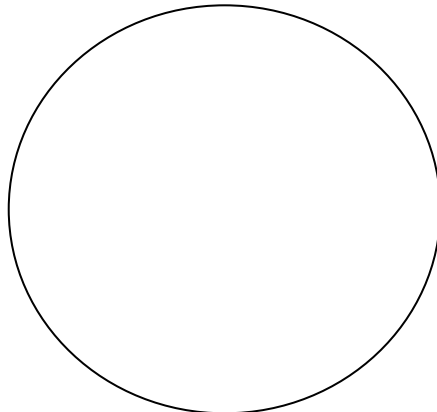
2- Having kept track of everything eaten these past two weeks, I would describe my eating habits as...

3- Choose one day in **Log #2**. Create a pie chart showing what percentage of your total food intake was for: Fruits and Vegetables, Grain Products, Milk and Alternatives, Meat and Alternatives, and Other. Include colors and a legend.

*total the servings for each of the five groups.



MY PIE CHART:



Legend:

4- Analyze your pie chart. What conclusion can you draw from it?



NUTRITION LOG # 3



Name: _____

1- **Breakfast** is the most important meal of the day. Do you agree or disagree? Explain your thinking.

For two weeks, 14 consecutive days, record in the chart below, food and beverage intake at breakfast. Include serving size and be specific.

Ex: -2 slices whole wheat toast with butter and honey.
- 250 ml (1 cup) orange juice.
- 250 ml (1 cup) 2% milk.

I _____ (name here) agree to implement this NUTRITION log for 14 days, I will log all foods and beverage intake at breakfast.

MY NUTRITION GOAL:

SIGNATURE: _____ **Parent's: Signature:** _____

Days / Date	Food and beverage intake at breakfast	Days / Date	Food and beverage intake at breakfast
Sun.		Sun.	
Mon.		Mon.	
Tues.		Tues.	
Wed.		Wed.	
Thurs.		Thurs.	
Fri.		Fri.	
Sat.		Sat.	



SELF-ASSESSMENT AND QUESTIONS FOR NUTRITION LOG # 3

NAME: _____

INSTRUCTION:

Answer the following questions based on your **NUTRITION LOG # 3**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Based on your results, do you consider that you are someone that eats a good breakfast every morning?

YES:

NO:

2- Go to www.kelloggs.ca/canutrition. Click on: *Blast Off with Breakfast*. List **four benefits** of eating breakfast.

3- At www.kelloggs.ca/canutrition read *Cereal for Breakfast*. "Cereal is a great part of a nutritious breakfast". Explain why.



4- Visit your local grocery store. In the Breakfast Cereal aisle, choose **10 different cereals** and note the fibre, sugar, and fat content for each. Fill in the chart below.

Name of cereal	Fibre gr. / serving	Sugar gr. / serving	Fat gr. / serving	Wise Choices	
				Yes	No
1					
2					
3					
4					
5					
6					
7					
8					
10					

5- Based on the chart above, which **two** cereals are the best choices?

6- Based on the chart above, which **two** cereals are the worst choices?

7- Look at your **LOG # 3**. Having kept track of breakfasts eaten these past two weeks, I would describe my eating habits as ...



NUTRITION # 4

“Eating well and being active work together for a healthier you”

Name: _____

Go to www.hc-sc.gc.ca/fn-an/food-guide. Click on *Canada’s Food Guide*. Click on *Maintaining Healthy Habits*. Click on “*Keep Track of Your Eating*”.

1- List five of the twelve wise choices that apply to your eating habits.

2- On this web site, http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html. Click on: “*My Food Guide*”. Click on: “*Start Building My Food Guide*”. On this web page you will answer many questions related to your nutrition. At the end please print your results. Attach the printed page to this package.

3- Plan a 3 day menu. On this web site, http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html. Click on “*Using The Food Guide*”, then click on “*Planning Meals*” next click on “*How to Make a Plan*” and then click on “*Fast and Easy Meal Ideas*”, finally click on “*Plan your meals*”. On this web page read “*Meal Suggestions*” to help you create your meals. Use the chart on the following page to record your 3 day menu.



MY 3 DAY MENU

Name: _____

INSTRUCTIONS:

On this chart include all food and beverage intake, insert snacks where necessary. This menu is for **one person only**. Make sure to include the quantities using appropriate serving size (refer to Canada's Food Guide). Be creative!!!

<u>Meals</u>	<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>
<u>Breakfast</u>			
<u>Lunch</u>			
<u>Supper</u>			



FINAL NUTRITION REFLECTION

NAME: _____

1- Analyzing all of my LOGS that I have completed this year. I have achieved my goal of :

Yes <input type="checkbox"/>	No <input type="checkbox"/>

2- If my answer is YES, these are the main reasons for which my plan has worked:

3- Since changing my eating habits , I feel:

4- If my answer is NO, these are the reasons why my plan did not work (name 2). Do you plan having a new goal for this aspect of your lifestyle, will you try to improve? Explain:

5- I plan to maintain my lifestyle changes throughout the summer and into the future:

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

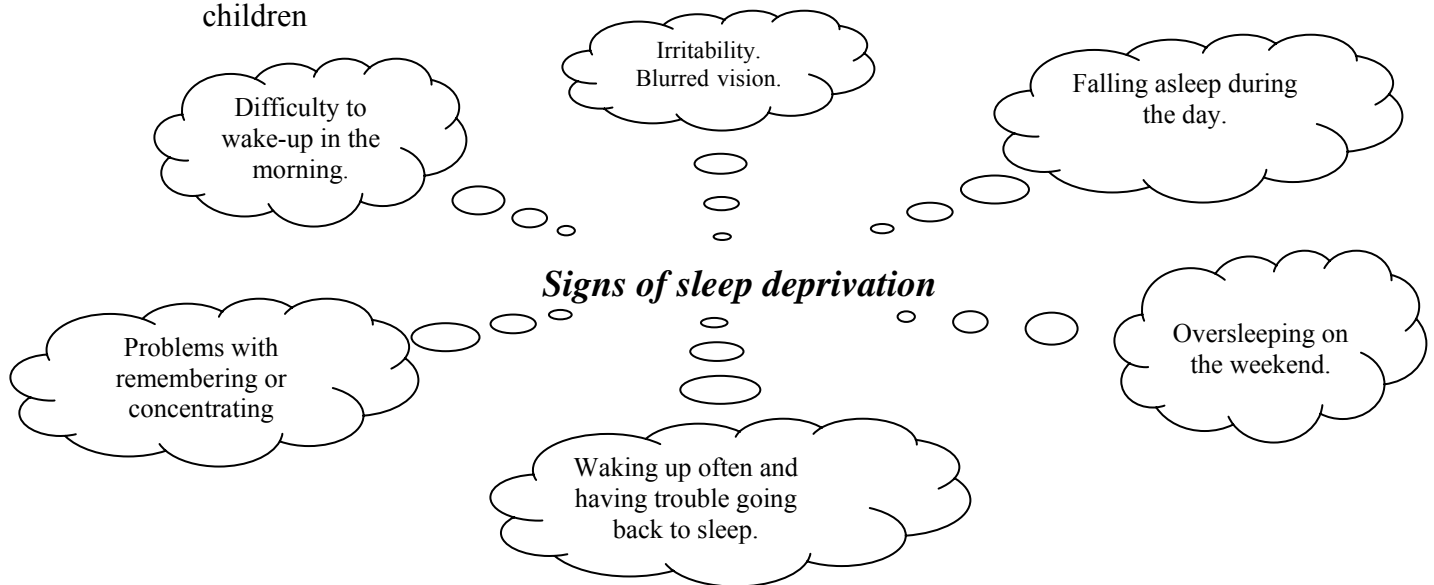
This is what I will do to maintain my new lifestyle throughout the summer and into the future:

SLEEP

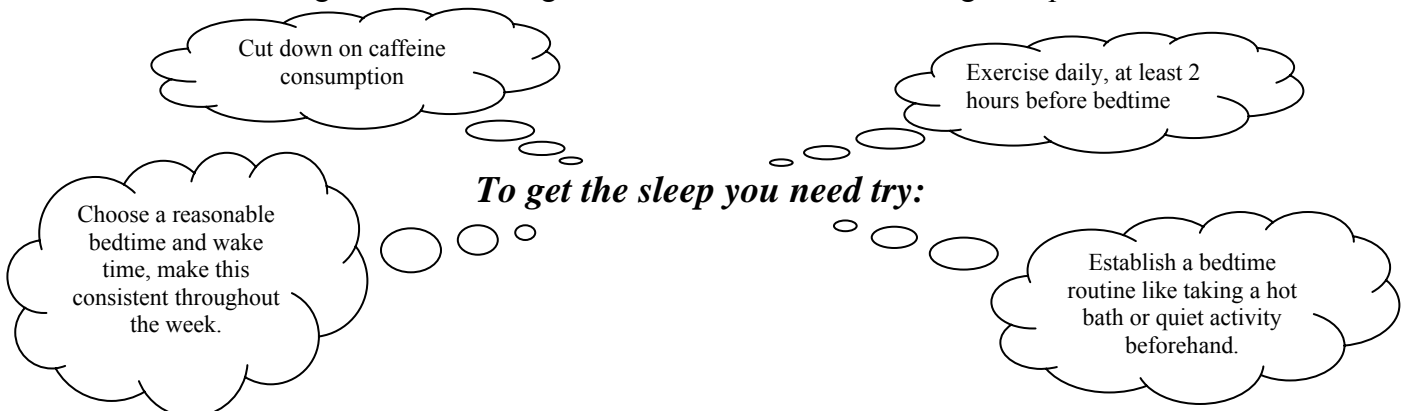


FACTS ABOUT TEENAGERS AND SLEEP

- The average teenager needs 9.5 hours of sleep per night, yet studies show that teenagers generally average only about 7.4 hours of sleep each night.
- During sleep, hormones critical to growth and sexual maturation are released
- Researchers at Stanford University found that teenagers actually need more sleep than their 10 year old siblings, which contradicts parents who give later bed times and curfews to their older children



- Sleep deprivation can be the cause behind extreme moodiness, poor performance in school and depression
- Teens also have a higher risk of having a car accident because of falling asleep behind the wheel.



For more information on sleep check out the following web sites:

- www.kidshealth.org
- www.sleepfoundation.org
- www.sleepforkids.org
- <http://www.idreamofsleep.com/Sleep%20chart%20final.pdf>
- <http://parentingteens.about.com/cs/teensandsleep/a/teenssleepwell.htm>

DAILY SLEEP LOG # 1

Fill in the spaces below the time you go to bed and the time you wake-up. Calculate the number of hours you sleep everyday for 14 days in total. **1- Log your bedtime. 2- Log your wake-up time. 3- Calculate the # hours of sleep per night. 4- How you felt before going to bed. 5- How you felt when you wake-up.**

I _____ (name here) agree to implement my stress plan, until I have successfully integrated my goal into my daily life.

MY DAILY SLEEP GOAL # 1:

SIGNATURE: _____ **Parent's: Signature:** _____

DAY /DATE	1- Bedtime	2- Wake- up time	3- # hours of sleep	4- How I feel when I go to bed.	5- How I feel when I wake up.
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

SELF-ASSESSMENT AND QUESTIONS FOR DAILY SLEEP LOG # 1

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **DAILY SLEEP LOG # 1**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Based on your results, I can see that I am not getting enough sleep:

YES:

NO:

2- If my answer is YES, these are some of the reasons why I am getting enough sleep:

3- If my answer is NO, then this is my plan to increase my hours of quality sleep:

4- It is well documented that teens don't get the number of hours of sleep that they should to remain alert during the day. Have you experienced not sleeping enough? What are some of the reasons why you were not getting the sleep you need?

5- When you sleep what happens to your body?

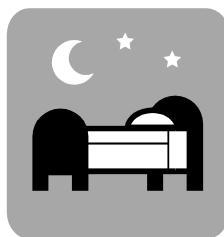
6- What are some of the emotional, psychological and physical problems caused by sleep deprivation?

7- Having trouble falling asleep at night? These are some of the things I can do to get a good night's sleep:

8- Describe what happens to you each night during the different sleep cycles:

9- How many hours of sleep a night should a teenager get? Why?

10- Why should you have a “**winding down**” time before bed?



DAILY SLEEP LOG # 2

Fill in the spaces below the time you go to bed and the time you wake-up. Calculate the number of hours you sleep everyday for 14 days in total. **1- Log your bedtime. 2- Log your wake-up time. 3- Calculate the # hours of sleep per night. 4- How you felt before going to bed. 5- How you felt when you wake-up.**

I _____ (name here) agree to implement my sleep plan, until I have successfully integrated my goal into my daily life.

MY DAILY SLEEP GOAL # 2:

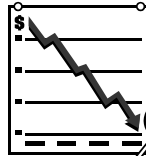
SIGNATURE: _____ Parent's: Signature: _____

DAY /DATE	1- Bedtime	2- Wake- up time	3- # hours of sleep	4- How I feel when I go to bed.	5- How I feel when I wake up.
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

CREATION OF A GRAPH: DAILY SLEEP LOG # 2

NAME: _____ DATE: _____

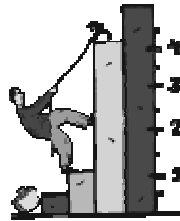
In the space below you will create a chart or graph that will represent your log. You can use a bar graph, line graph or pie chart. You will decide on which aspect of your graph you would like to represent and explain. Don't forget to use color and include a **LEGEND**.



Example; Line chart



Bar graph



Pie chart



MY GRAPH:

Explain your graph, is there any changes that you would like to do. Do you see any trends?

SELF-ASSESSMENT AND QUESTIONS FOR DAILY SLEEP LOG # 2

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **DAILY SLEEP LOG # 1**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Based on your results, I can see that I am not getting enough sleep:

YES:

NO:

2- If my answer is YES, these are some of the reasons why I am getting enough sleep:

3- If my answer is NO, then this is my plan to increase my hours of quality sleep:

4- On average how do you feel when you go to bed?

5- On average how do you feel when you get up?

6- Do you see any improvements? Explain.

7-Can your diet affect your sleep? Explain.

9- What is a BIOLOGICAL CLOCK?

10-What is NARCOLEPSY?



DAILY SLEEP LOG # 3

Name: _____

Fill in the spaces below the different aspects of your sleeping habit. Log everyday for 14 days in total.

I _____ (name here) agree to implement my sleep plan.

MY DAILY SLEEP GOAL # 3:

SIGNATURE: _____ Parent's: Signature: _____

Date / Day	Number of hours of sleep	How many minutes did it take you to fall asleep?	Did you wake-up at night?		How did you feel in the morning? 1- Energetic 2- Ok 3- Sleepy 4- Worn-out	How did you feel in the afternoon? 1- Energetic 2- Ok 3- Sleepy 4- Worn-out	Did you use caffeine or other, to feel more energized?		Did you take a nap today?	
			Yes	No			Yes	No	Yes	No
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										
Sat.										
Sun.										
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										
Sat.										
Sun.										

FINAL REFLECTION

NAME: _____

1- Analyzing all of my LOGS that I have completed this year. I have achieved my goal of :

Yes ☐

No ☐

2- If my answer is YES, these are the main reasons for which my plan has worked:

3- Since changing my sleeping habits , I feel:

4- If my answer is NO, these are the reasons why my plan did not work (name 2). Do you plan having a new goal for this aspect of your lifestyle, will you try to improve? Explain:

5- I plan to maintain my lifestyle changes throughout the summer and into the future:

Yes ☐

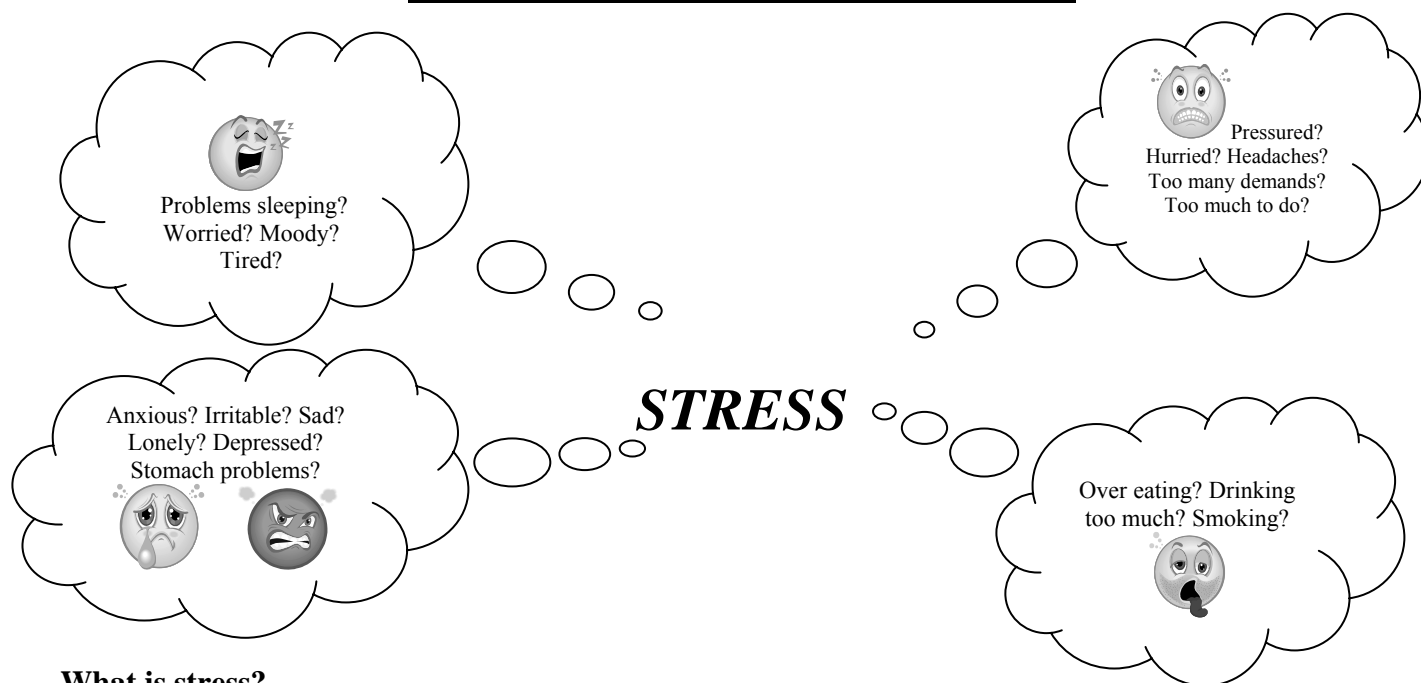
No ☐

This is what I will do to maintain my new lifestyle throughout the summer and into the future:

STRESS



IMPORTANT FACTS ABOUT STRESS:



What is stress?

*“The body's response to a threat or demand arising from a new or changing situation is called **stress**. The emotional and physical experiences of **stress** can be caused by a complex and tense situation. Under **stress**, the body makes rapid physiological changes, called adaptive responses, to deal with threatening situations.”*

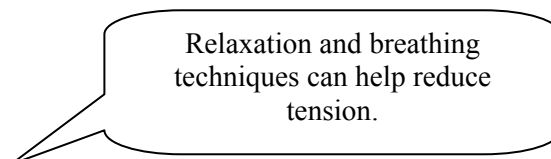
stress. (2007). In *Britannica Student Encyclopedia*. Retrieved April 16, 2007, from Encyclopædia Britannica Online: <http://www.britannica.com/ebi/article-9277928>

Here are some examples of sources of stress also called stressors that cause the body to experience stress:

- | | |
|--|--|
| <ol style="list-style-type: none">1. Arguments with parents.2. Trouble with brother or sister3. Arguments between parents.4. Change in parents' financial status.5. Serious illness or injury of family member.6. Trouble with classmates.7. Trouble with parents. | <ol style="list-style-type: none">8. Moving to another school or city.9. Break up with boy/girl friend.10. Going on a first date11. High expectations placed upon them by parents and teachers.12. Competing in sports.13. Having an after school job.14. Being over-scheduled.15. Family dysfunction such as abuse or alcoholism in the home |
|--|--|

- Too much stress can cause any teenager to go into a physical state of **distress**. This is when their brain's important chemicals go through some imbalance which makes it more difficult to control emotions. In this state of distress, the teenager will begin to feel physical and mental symptoms that can disturb enjoyment of normal life.

- There are neurotransmitters in the brain responsible for sending and receiving messages between cells. There are two types of neurotransmitters; one type is called “happy” messengers, and the other type, the “sad” messengers. The “happy” messenger group is made up of **Serotonin**, **Noradrenalin**, and **Dopamine**:
- **Serotonin** is like a clock. It is responsible for setting waking and sleeping patterns. When someone is stressed this will cause sleeplessness.
- **Noradrenalin** is the one in charge for our energy levels. It is the messenger that makes us feel energized and enthusiastic. When someone is stressed, they will lack energy and they will feel as if they have no energy to do anything.
- **Dopamine** is responsible for pleasure. When stressed it will cause the person not to enjoy things that they used to enjoy.
- When stressed, there can be **emotional** and/or **physical changes**.
- **Emotional** changes can be such as; anxiety, anger, distrust, rejection, fear, frustration, irritability, inclined to forget, lack of motivation, boredom, depression.
- **Physical** changes; light to extreme fatigue, upset stomach, ulcers, rashes, headaches, indigestion, lack of sleep, perspiring, insomnia, heart problems.



- There are many strategies a teenager can use to **cope with stress** these are some important ones; regular sleep schedule, learning to say “no” in order to not be over-schedule, healthy diet, regular exercise, take breaks during stressful activities, manage time effectively, be flexible, think positively, have fun.

FOR MORE INFORMATION ON STRESS VISIT THESE WEB SITES:

- <http://www.stressandanxietyinteenagers.com/>
- http://www.kidshealth.org/teen/your_mind/emotions/stress.html
- <http://www.thehealthcenter.info/teen-stress/causes-of-stress.htm>
- <http://library.advanced.org/13561/english/>

DAILY STRESS MANAGEMENT LOG # 1

Fill in the spaces below whenever you feel stress in one day. **1- Log the time.** **2- The place you were stressed.** **3- What caused you to be stressed** (is your source of stress from; family, friendship, school, sports team, work...), **4- Your stress level:** 1 = slight, 2 = moderate, 3 = strong, 4 = intense. You must log for 2 weeks, 14 days in total.

I _____ (name here) agree to implement my stress plan.

MY DAILY STRESS MANAGEMENT GOAL # 1:

SIGNATURE: _____ **Parent's: Signature:** _____

WEEK #1/Date:	1-Time	2- Place	3- Source of stress	4- Stress Level
Mon.:				
Tues.:				
Wed.:				
Thurs:				
Fri.:				
Sat.:				
Sun:				

WEEK # 2 Date:	1- Time	2- Place	3- Source of stress	4- Stress Level
Mon.:				
Tues.:				
Wed.:				
Thurs.:				
Fri.:				
Sat.:				
Sun.:				

SELF-ASSESSMENT AND QUESTIONS FOR DAILY STRESS MANAGEMENT LOG # 1

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **DAILY STRESS MANAGEMENT LOG # 1**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Based on your results, do you consider that you are someone that is stressed?

YES:

NO:

2- Reflect on your major sources of stress, what are the 3 top sources of stress you have experienced?

3- On average what was your stress level, for any given situation?

4- Are you mostly stressed during the day or in the afternoon or at night?

5- In which location(s) have you experience the most stress? Explain why?

6- Is there anything you can change in your daily routine in order to be less stressed?

7- Are there any situations that you could of deal in a different way, what could you have done differently?

8- What is your definition of stress?

9- According to you, what is a stressor? Give a few examples?

10- According to you, what is distress?

11- “Stress can lead to both emotional and physical changes”, can you explain each and give at least one example.

12- How do you feel physically and emotionally when you are stressed? Are there any signs or changes that you experience?

DAILY STRESS MANAGEMENT LOG # 2

1- Fill your goal for this log on the next page.

2- Fill in the spaces below whenever you feel stress in one day.

1- Log the time. 2- The place you were stressed. 3- What caused you to be stressed (look at the stressors listed on the IMPORTANT FACTS SHEET, is your source of stress from; family, friendship, school, sports team, work...), **4- Your stress level:** 1 = slight, 2 = moderate, 3 = strong, 4 = intense. **5- Your strategy to cope with the stressful situation.**

WEEK #1	1-Time	2- Place	3- Stressor(s)	4- Stress Level	5- Coping strategy
Mon.:					
Tues.:					
Wed.:					
Thurs:					
Fri.:					
Sat.:					
Sun:					

I _____ (name here) agree to implement my stress plan, until I have successfully implemented my goal into my daily life.

MY DAILY STRESS MANAGEMENT GOAL # 2:

SIGNATURE: _____ **Parent's: Signature:** _____

WEEK # 2	1- Time	2- Place	3- Source of stress	4- Stress Level	5- Coping strategy
Mon.:					
Tues.:					
Wed.:					
Thurs.:					
Fri.:					
Sat.:					
Sun.:					

CREATION OF A GRAPH: DAILY STRESS MANAGEMENT LOG # 2

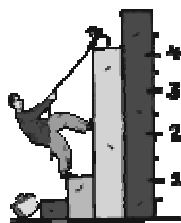
NAME: _____ DATE: _____

In the space below you will create a chart or graph that will represent your log. You can use a bar graph, line graph or pie chart. You will decide on which aspect of your graph you would like to represent and explain. Don't forget to use color and include a **LEGEND**.



Example; Line chart

Bar graph



Pie chart



MY GRAPH:

Explain your graph, is there any changes that you would like to do. Do you see any trends?

SELF-ASSESSMENT AND QUESTIONS FOR DAILY STRESS MANAGEMENT LOG # 2

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **DAILY STRESS MANAGEMENT LOG # 2**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Analyzing this **DAILY STRESS MANAGEMENT LOG # 2**, I can see that I have achieved my goal of;

YES:

NO:

2- If my answer is YES, these are the 2 main reasons for which my plan has worked:

3- If my answer is NO, these are the reasons for which my plan did not work:

4- THIS IS MY NEW GOAL:

5- Based on your results, do you consider that you are someone that is stressed?

YES:

NO:

6- Reflect on your major sources of stress, what are the **3 top sources** of stress you have experienced?

7- On **average** what was your stress level, for any given situation?

9- Are there any situations that you could of deal in a different way, what could you have done differently?

10- Distress can have a negative effect on your overall health, this is why it is important to understand the cause of the stress you are experiencing. In your **DAILY STRESS MANAGEMENT LOG # 2**, have you experienced most of you stress from: physical, emotional or social stressors.

1- Define each stressor

2- Explain which have affected you in your **DAILY STRESS MANAGEMENT LOG # 2**.

11- Name some effective ways to manage stress? Name 3

12- Which methods have you used to cope with stress? Did these coping strategies worked for you?

DAILY STRESS MANAGEMENT LOG # 3

Fill in the spaces below whenever you feel stress in one day. **1- Log the time.** **2- The place you were stressed.** **3- What caused you to be stressed** (look at the stressors listed on the IMPORTANT FACTS SHEET, is your source of stress from; family, friendship, school, sports team, work...), **4- Your stress level:** 1 = slight, 2 = moderate, 3 = strong, 4 = intense. **5- Strategy to cope with stressful situation.** You must log for 2 weeks, 14 days in total.

I _____ (name here) agree to implement my stress plan.

MY DAILY STRESS MANAGEMENT GOAL # 3:

SIGNATURE: _____ Parent's: Signature: _____

WEEK #1	1-Time	2- Place	3- Stressor(s)	4- Stress Level	5- Coping strategy
Mon.:					
Tues.:					
Wed.:					
Thurs:					
Fri.:					
Sat.:					
Sun:					

WEEK # 2	1- Time	2- Place	3- Source of stress	4- Stress Level	5- Coping strategy
Mon.:					
Tues.:					
Wed.:					
Thurs.:					
Fri.:					
Sat.:					
Sun.:					

FINAL STRESS MANAGEMENT REFLECTION

NAME: _____

1- Analyzing all of my LOGS that I have completed this year. I have achieved my goal of :

Yes ☐

No ☐

2- If my answer is YES, these are the areas of stress that I have managed and what I did to manage them:

3- Compare your log results from log # 1 and with your final log results:

4- Since I have managed my stress I now feel...

5- I plan to maintain my lifestyle changes throughout the summer:

Yes ☐

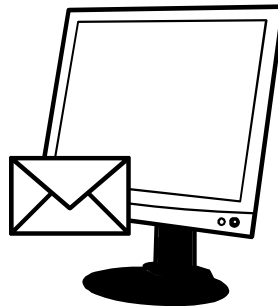
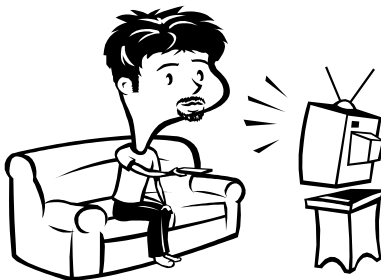
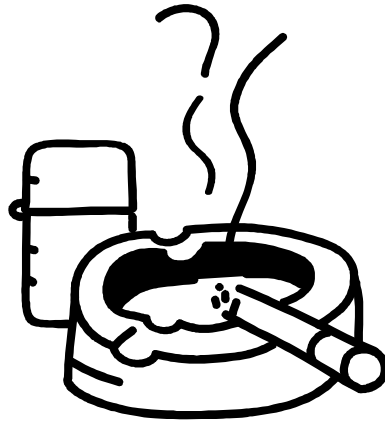
No ☐

This is what I will do to maintain my new lifestyle throughout the summer:

6- If my answer to question #1 is NO, this is why my plan to manage my stress did not work:

7- This is my new goal to improve my stress management:

DETRIMENTAL LIFESTYLE



DETRIMENTAL LIFESTYLE HABITS FACTS

- 85% of smokers start before the age of 19. 33% had their first smoke by the age of 14.
- Nicotine in cigarettes is a powerful, addictive drug that enters your brain within 10 seconds of taking a puff on a cigarette. It alters how your brain works and can be harder to quit than heroin.
- If you smoke you're 20 times more likely to die of lung cancer. You will find your lung capacity decreased, may develop asthma, bronchitis, pneumonia, emphysema (often called "lung rot"), throat and mouth cancer, stomach ulcers, high blood pressure, and heart disease.
- Smoking also causes skin damage (yellow fingers, fingernails, teeth), wrinkles, psoriasis, and makes you smell bad. Cataracts (that can cause blindness) are also 50% higher amongst smokers.
- The occasional energy drink or bar may be a good choice but don't let it become a regular part of your diet. Energy drinks and bars contain excessive sugar, hundreds of calories, and lots of caffeine. Not to mention the excessive price we pay for these items.
- The average age when youth first try alcohol is 11 years for boys and 13 years for girls.
- The 3 leading causes of death for 15 to 24 year-olds are automobile crashes, homicides and suicides – alcohol is a leading factor in all three.
- Alcohol consumption has a direct affect on the central nervous system. It can lead to poor judgment such as unsafe sex or drowning. It can also affect our health, on the short term making us dizzy, throw-up, high blood pressure; and on the long term damage vital organs such as the liver, heart and brain.
- Doctors recommend a daily intake of no more than 100mg of caffeine. A 5oz cup of coffee contains 115mg / 12oz of Ice Tea 70mg / 12oz of Mountain Dew 55mg / 1oz of dark chocolate 20mg / 1 tablet of cold relief medication 30mg
- Teens spend, on average, 60 minutes a day on the telephone, 55 minutes playing video games, and 46 minutes on the internet.
- It has been well documented that multi-media reduces the time spent with family and friends, and interferes with homework and academic performance.

For more information on Detrimental Lifestyle Habits go to these web sites:

- www.kidshealth.org
- www.center4research.org
- www.youngwomenshealth.org
- www.lungusa.org
- www.familydoctor.org
- www.cdc.gov
- <http://www.tvturnoff.org/index.html>

DETRIMENTAL LIFESTYLE HABITS LOG # 1

Place a check mark (✓) in the appropriate box each time you use one of these Detrimental Lifestyle Habits. Take note of the number of cigarettes or chews, number of drinks, number of hours or times. Log for 14 consecutive days.

I _____ (name here) agree to implement my plan, until I have successfully implemented my goal into my daily life.

DETRIMENTAL LIFESTYLE GOAL # 1:

SIGNATURE: _____ **Parent's: Signature:** _____

Day / Date	TOBACCO -cigarettes -chewing tobacco	CAFFEINE -coffee -tea -soft drinks	ENERGY DRINKS & BARS	DRUGS -cold meds -steroids -etc.	ALCOHOL -beer -wine -spirits	MULTI-MEDIA -TV / mp3 -telephone -computers -video games
Sunday						
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SELF-ASSESSMENT AND QUESTIONS FOR DETRIMENTAL LIFESTYLE LOG # 1

NAME: _____

Instructions:

Answer the following questions based on your **DETRIMENTAL LIFESTYLE LOG # 1**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Analyzing this **DETRIMENTAL LIFESTYLE LOG # 1**, I can see that I have achieved my goal of:

YES:

NO:

2- If my answer is YES, these are the 2 main reasons for which my plan has worked:

3- If my answer is NO, these are the reasons for which my plan did not work:

4- Analyzing my Detrimental Lifestyle Habits Log I can see that I am using these substances too often?

5- These are some reasons why I am using these substances:

4- Many teens begin smoking because of curiosity or peer pressure. What would you do to not become addicted to tobacco?

5- Approximately how many milligrams of caffeine are found in the following products:	
340 ml Coffee: _____mg	340 ml Tea: _____mg
1 bar (50g.). chocolate: _____mg	1 tablet of cold medication: _____mg
340 ml Pepsi: _____mg	250 ml (a scoop) of coffee ice cream: _____mg

6- How many milligrams of caffeine per day are considered a safe level?

7- Energy drinks and bars are considered by many to be a good, quick “pick-me-up”. If you were a nutritionist, what would you tell teenagers about these products?

8- Non-prescription drugs are considered by many to be a harmless, recreational activity. What does research say about the long-term effects of these substances on your health?

9- Binge drinking (excessive drinking in a short period of time) can have a serious short- term, as well as long-term effect on your health. Describe how binge drinking can affect your mental and physical capacities:

Short-term effects:	Long term effects:

10- Cell phones, mp3s, internet computer use, video games, and television are all common multi-media devices that we use every day. How would you limit your use of these devices to allow time for personal interaction with friends and family and also have time for your school work?

DETRIMENTAL LIFESTYLE HABITS LOG # 2

Place a check mark (✓) in the appropriate box each time you use one of these Detrimental Lifestyle Habits. Take note of the number of cigarettes or chews, number of drinks, number of hours or times. Log for 14 consecutive days.

I _____ (name here) agree to implement my plan, until I have successfully implemented my goal into my daily life.

DETRIMENTAL LIFESTYLE GOAL # 2:

SIGNATURE: _____ **Parent's: Signature:** _____

Day / Date	TOBACCO -cigarettes -chewing tobacco	CAFFEINE -coffee -tea -soft drinks	ENERGY DRINKS & BARS	DRUGS -cold meds -steroids -etc.	ALCOHOL -beer -wine -spirits	MULTI-MEDIA -TV / mp3 -telephone -computers -video games
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
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Saturday						
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Friday						
Saturday						

SELF-ASSESSMENT AND QUESTIONS FOR DETRIMENTAL LIFESTYLE LOG # 2

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **DETRIMENTAL LIFESTYLE LOG # 2**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Analyzing this **DETRIMENTAL LIFESTYLE LOG # 2**, I can see that I have achieved my goal of:

YES:

NO:

2- If my answer is YES, these are the 2 main reasons for which my plan has worked:

3- If my answer is NO, these are the reasons for which my plan did not work:

4- Analyzing this detrimental lifestyle log, I can see that I am using the following substances too often:

5- What is **Nicotine**?

6- What negative physiological and psychological impact does smoking have on the human organism?

7- What are common forms of cancer that smokers can get?

8- What effects does smoking have on your oral health?

9- What are some negative effects of energy drinks?

10- What is caffeine?

11- Caffeine can: (list 3 negative effects)

12- What does it mean when someone is considered sedentary?

13- What are some sedentary activities? Name 4.

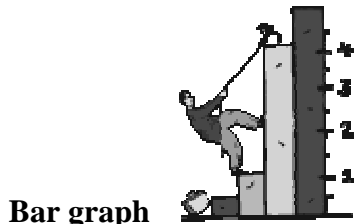
CREATION OF A GRAPH: DETRIMENTAL LIFESTYLE LOG # 2

NAME: _____ DATE: _____

In the space below you will create a chart or graph that will represent your log. You can use a bar graph, line graph or pie chart. You will decide on which aspect of your graph you would like to represent and explain. Don't forget to use color and include a **LEGEND**.



Example; Line chart



Bar graph



Pie chart

MY GRAPH:

Explain your graph, is there any changes that you would like to do. Do you see any trends?

DETRIMENTAL LIFESTYLE HABITS LOG # 3

Place a check mark (✓) in the appropriate box each time you use one of these Detrimental Lifestyle Habits. Take note of the number of cigarettes or chews, number of drinks, number of hours or times. Log for 14 consecutive days.

I _____ (name here) agree to implement my plan, until I have successfully integrated my goal into my daily life.

DETRIMENTAL LIFESTYLE GOAL # 3:

SIGNATURE: _____ **Parent's: Signature:** _____

Day / Date	TOBACCO -cigarettes -chewing tobacco	CAFFEINE -coffee -tea -soft drinks	ENERGY DRINKS & BARS	DRUGS -cold meds -steroids -etc.	ALCOHOL -beer -wine -spirits	MULTI-MEDIA -TV / mp3 -telephone -computers -video games
Sunday						
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SELF-ASSESSMENT AND QUESTIONS FOR DETRIMENTAL LIFESTYLE LOG # 3

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **DETRIMENTAL LIFESTYLE LOG # 3**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Analyzing this **DETRIMENTAL LIFESTYLE LOG # 3**, I can see that I have achieved my goal of:

YES:

NO:

2- If my answer is YES, these are the 2 main reasons for which my plan has worked:

3- If my answer is NO, these are the reasons for which my plan did not work:

4- Excessive use of multi-media can affect your lifestyle, explain:

5- What is alcohol?

6- How does alcohol affect your body?

FINAL REFLECTION: DETRIMENTAL LIFESTYLE

NAME: _____

1- Analyzing all of my LOGS that I have completed this year. I have achieved my goal of :

Yes ☐

No ☐

2- If my answer is YES, these are the areas that I have managed and what I did to manage them:

3- Compare your log results from log # 1 and with your final log results:

4- Since I have completed my log I now feel...

5- I plan to maintain my lifestyle changes throughout the summer:

Yes ☐

No ☐

This is what I will do to maintain my new lifestyle throughout the summer:

6- If my answer to question #1 is NO, this is why my plan did not work:

7- This is my new goal to improve my detrimental lifestyle:

PERSONAL HYGIENE



PERSONAL HYGIENE



- It is important to wash your face after physical activities and as least twice a day.
- Don't forget to wash off makeup before going to bed.
- Don not share makeup especially eye products.
- Do not share tooth brush.
- Do not share deodorant or antiperspirant.
- Keep your hands out of your nose/mouth.
- Cover your mouth when you sneeze and cough. Throw the tissue away after you use it.
- Change tampon.
- Wash your hands before eating, touching your face, after going to the bathroom and after touching anything unsanitary. You may want to keep a small bottle of hand sanitizer with you.
- Shower once a day.
- Clean your hair regularly.
- Clip your toe nails. Straight across to avoid ingrown
- Do not bite your nails or chew on your polish.

By the way, you don't need to wear the latest designer clothing to look good. There are other things you can do which are much more important for your "image".

<http://www.cyh.com/HealthTopics/HealthTopicDetailsKids.aspx?p=335&np=289&id=2146>

PERSONAL HYGIENE WEB SITES:

- <http://www.cyh.com/HealthTopics/HealthTopicDetailsKids.aspx?p=335&np=289&id=2146>
- <http://www.stlouischildrens.org/tabid/88/itemid/430/Teenage-Years--Talking-About-Personal-Hygiene.aspx>
- <http://www.wikihow.com/Be-Hygienic>
- http://www.foodsafetyweblog.com/rubbermaid_foodsafety/hygiene/index.html
- http://www.sharonregional.com/womenslibrary/teens/your_body/caring_for/hygiene101/index.htm
- <http://www.drpboddy.com>
- <http://www.cyh.com/HealthTopics/HealthTopicDetailsKids.aspx?p=335&np=289&id=2146>



PERSONAL HYGIENE LOG # 1



NAME: _____

Log in the table below your personal hygiene actions. Make sure to check off the correct box and log how many times each day you have done this actions. If there are two checks in a box this means that you have done this action twice in a day. You must log for 2 weeks, 14 days in total.

I _____ (name here) agree to implement my stress plan, until I have successfully implemented my goal into my daily life.

MY PERSONAL HYGIENE PLAN # 1:

SIGNATURE: _____ **Parent's: Signature:** _____

Date	Washed my face	Used deodorant / antiperspirant	Washed my hands, after using the washroom and before eating.	Changed my clothes for physical activities.	Take a shower or bath	Brushed my teeth
1						
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14						

SELF-ASSESSMENT AND QUESTIONS FOR PERSONAL HYGIENE LOG # 1

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **PERSONAL HYGIENE LOG # 1**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE)_____ TO _____

1- Based on your results, do you consider that you are someone that has a good hygiene?

YES:

NO:

2- In which 3 areas were you the most successful?

3- Which area(s) have you forgotten the most? Explain why?

4- Is there anything you can change in your daily routine in order to be more hygienic?

5- What is your definition of personal hygiene?

6- According to you, what is the main reason why we should bathe or shower? Explain.

7- According to you, what are some important hygiene products to have?

8- Name 4 negative aspects of not being hygienic?

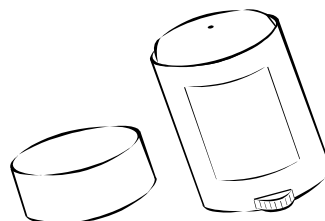
9- What are hair follicles?

10- Do you have sweat glands in your scalp? Explain.

11- Give 3 tips to have healthy and clean hair?

12- Why would you want to wear sandals or flip flops in a public area (pool, outdoors, change room...). Explain.

13- You spend a lot of time on your feet and wearing your shoes, give 2 tips to keep your feet from smelling?





PERSONAL HYGIENE LOG # 2



NAME: _____

Log in the table below your personal hygiene actions. Make sure to check off the correct box and log how many times each day you have done this actions. If there are two checks in a box this means that you have done this action twice in a day. You must log for 2 weeks, 14 days in total.

I _____ (name here), agree to implement my stress plan, until I have successfully implemented my goal into my daily life.

MY PERSONAL HYGIENE PLAN # 2:

SIGNATURE: _____ **Parent's: Signature:** _____

Date	Washed my face	Used deodorant / antiperspirant	Washed my hands, after using the washroom and before eating.	Changed my clothes for physical activities. Changed: Socks, shoes, underwear, clothes.	Take a shower or bath: Washed face, cleaned hair...	Brushed my teeth. In the morning, at night.	Cleaned my ears And / or Clipped my nails.
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SELF-ASSESSMENT AND QUESTIONS FOR PERSONAL HYGIENE LOG # 2

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **PERSONAL HYGIENE LOG # 2**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Based on your results, do you consider that you are someone that has a good hygiene?

YES:

NO:

2- In which 3 areas were you the most successful?

3- Which area(s) have you forgotten the most? Explain why?

4- Is there anything you can change in your daily routine in order to be more hygienic?

5- What are some important benefits of regular exercise on your skin?

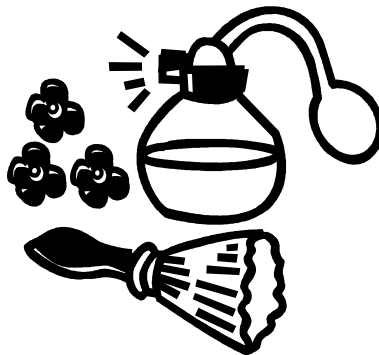
6- Advertising tells us that we need to cleanse, tone and moisturise in order to protect our skin?
Explain the advantages of following this.

7- What is dandruff? Is there anything you can do to get rid of it?

8- What causes us to have “zits”?

9- What can you do to avoid “zits”?

10- What can make acne worse?



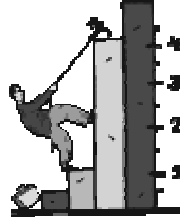
CREATION OF A GRAPH: PERSONAL HYGIENE LOG # 2

NAME: _____ DATE: _____

In the space below you will create a chart or graph that will represent your log. You can use a bar graph, line graph or pie chart. You will decide on which aspect of your graph you would like to represent and explain. Don't forget to use color and include a **LEGEND**



Example; Line chart



Bar graph



Pie chart

MY GRAPH:

Explain your graph, is there any changes that you would like to do. Do you see any trends?

PERSONAL HYGIENE LOG # 3



NAME: _____

Log in the table below your personal hygiene actions. Make sure to check off the correct box and log how many times each day you have done this actions. If there are two checks in a box this means that you have done this action twice in a day. You must log for 2 weeks, 14 days in total.

I _____ (name here) agree to implement my stress plan, until I have successfully implemented my goal into my daily life.

MY PERSONAL HYGIENE PLAN # 3:

SIGNATURE: _____ Parent's Signature: _____

Date	Washed my face	Used deodorant / antiperspirant	Washed my hands, after using the washroom and before eating.	Changed my clothes for physical activities. Changed: Socks, shoes, underwear, clothes.	Take a shower or bath: Washed face, cleaned hair...	Brushed my teeth. In the morning, at night.	Cleaned my ears And / or Clipped my nails.
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YEAR END FINAL EVALUATION

Analyzing all of my PERSONAL HYGIENE LOGS that I have completed this year, I can see that my goal has been achieved successfully:

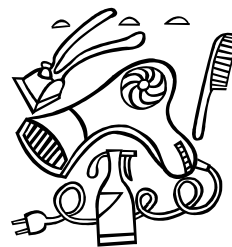
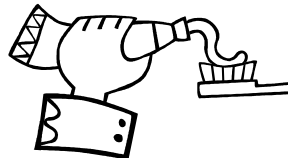
Yes:

No:

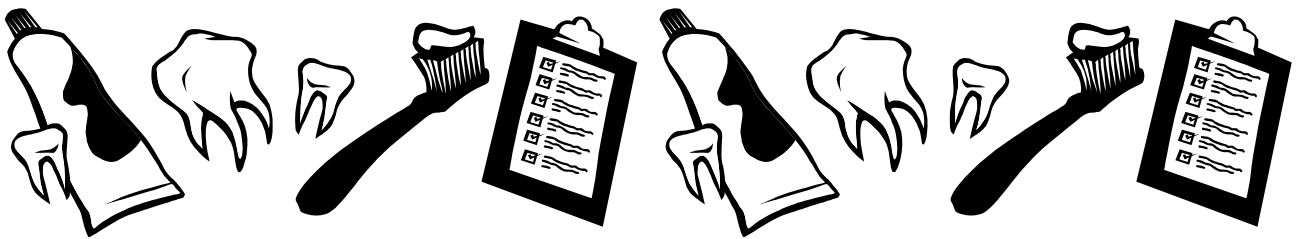
1- If my answer is YES, these are the 2 main reasons for which my plan has worked:

2- Since I have been taking care of my Personal Hygiene, I feel (give 3):

3- If my answer is NO, these are the reasons why my plan did not work (name 2). Do you plan having a new goal for this aspect of your lifestyle, will you try to improve? Explain:

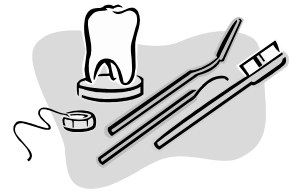


DENTAL HYGIENE



DENTAL HYGIENE IMPORTANT FACTS:

- It is important to brush teeth after each meal.
- If you do not floss you miss cleaning up to 35 % of each tooth.
- Did you know that softer brushes are better? Stiff brushes can damage your gums
- and can even cause bleeding!
- You should get a new tooth brush every 3 or 4 months.
- People who do not floss often have bad breath and cavities.
- Flossing keeps your teeth clean of plaque and bacteria.
- Don't forget to brush your tongue to remove bacteria that causes bad breath.
- Limit the consumption of sugar or starchy foods, especially snacks that are sticky (caramel, jujubes...)
- Don't forget to visit the dentist regularly for professional cleanings and checkups.
- Nutrition plays an important role in having healthy teeth.
- You should brush your teeth for about two or three minutes.
- Wash your hands before using your toothbrush.
- Wash your toothbrush before and after every use.



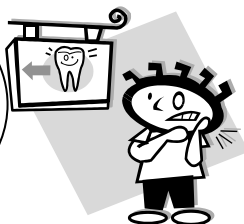
FOR MORE INFORMATION ON DENTAL HYGIENE VISIT THESE WEB SITES:

- <http://www.healthyteeth.org/>
- <http://library.thinkquest.org/25078/hygiene/index.html>
- <http://www.colgate.co.za/dentist/hygiene.shtml>
- http://www.kidshealth.org/kid/stay_healthy/body/teeth.html
- http://www.kidshealth.org/kid/body/teeth_noSW.html
- <http://smilekids.deltadentalca.org/healthyTeeth.html>
- <http://www.wikihow.com/Keep-a-Clean-Toothbrush>
- <http://www.colgate.com/app/ColgateTotal/US/EN/MBHC.cvsp>



DENTAL HYGIENE LOG # 1

Did you know, by
not flossing, you
miss cleaning up to
35 % of each tooth.



Did you know that softer brushes are
better? Stiff brushes can damage your
gums and can even cause bleeding!

NAME: _____

Log in the space below when your brush your teeth and/or floss. Check the correct box if you have brushed your teeth in the morning, at lunch or before going to bed. If there are two checks in a box this means that you have done this action twice in a day. You must log for 2 weeks, 14 days in total.

I _____ (name here) agree to implement my Dental Hygiene plan,
until I have successfully implemented my goal into my daily life.

MY DENTAL HYGIENE GOAL # 1:

SIGNATURE: _____ **Parent's: Signature:** _____

DATE	Morning	Afternoon (lunch)	Night (Before going to bed)	Other	Flossing Today?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

SELF-ASSESSMENT AND QUESTIONS FOR DENTAL HYGIENE LOG # 1

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **DENTAL HYGIENE LOG # 1**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Based on your results, do you consider that you are someone that has a good dental hygiene?

YES:

NO:

1- How many times a day do you think you should brush your teeth and why?

2- What is my definition of DENTAL HYGIENE:

3- How many times a year should you visit your dentist?

4- Did you visit your dentist this year?

5- What is the main cause of cavities?

6- Should you protect your teeth when you participate in contact sports? What should you use?

7- What foods can contribute to a change in color of your teeth? (name 3)

8- What are some foods that can cause bad breath? (name 3)

9- Why would you want to brush and floss everyday?

10- Flossing is important. List 3 reasons why.

11- Did you know that there are many risks involved with oral piercing, list 4 potential side effects?

12- When is the best time to brush your teeth?

13- Manual vs. electric. Is there a difference between these 2 varieties of brushes?

14- Shape and fiber density. Research the possible benefits among the different variety of brushes.

DENTAL HYGIENE LOG # 2

It is important to
brush teeth after
each meal.



You should get a new tooth brush
every 3 or 4 months.

NAME: _____

Log in the space below when you brush your teeth and/or floss. Check the correct box if you have brushed your teeth in the morning, at lunch or before going to bed. If there are two checks in a box this means that you have done this action twice in a day. You must log for 2 weeks, 14 days in total.

I _____ (name here) agree to implement my Dental Hygiene plan, until I have successfully implemented my goal into my daily life.

MY DENTAL HYGIENE GOAL # 2:

SIGNATURE: _____ **Parent's: Signature:** _____

DATE	Morning	Afternoon (lunch)	Night (Before going to bed)	Other times	Flossing Today?	Brushed your tongue?	Did I eat sweets today?
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CREATION OF A GRAPH: DENTAL HYGIENE LOG # 2

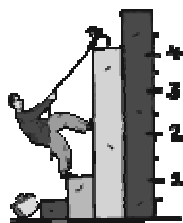
NAME: _____ DATE: _____

In the space below you will create a chart or graph that will represent your log. You can use a bar graph, line graph or pie chart. You will decide on which aspect of your graph you would like to represent and explain. Don't forget to use color and include a **LEGEND**



Example; Line chart

Bar graph



Pie chart



MY GRAPH:

Explain your graph, is there any changes that you would like to do. Do you see any trends?

SELF-ASSESSMENT AND QUESTIONS FOR DENTAL LOG # 2

NAME: _____

INSTRUCTIONS:

Answer the following questions based on your **DENTAL HYGIENE LOG # 2**. For some questions you may use books or web sites to help you find the best answer. Make sure to indicate for any question(s) the web site(s) that you have used. This is how you should write the web site reference: *title of web site, author(s), web address*. For books; *title of book and author(s)*. You should add this reference at the bottom of your answer.

I HAVE RECORDED INFORMATION FROM (DATE) _____ TO _____

1- Analyzing this, **DENTAL HYGIENE LOG # 2** I can see that I have achieved my goal of;

Yes:

No:

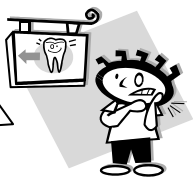
2- If my answer is YES, these are the 2 main reasons for which my plan has worked:

3- If my answer is NO, these are the reasons for which my plan did not work:

4- THIS IS MY NEW GOAL:

DENTAL HYGIENE LOG # 3

People who do not
floss often have
bad breath and
cavities.



Don't forget to visit the dentist
regularly for professional
cleanings and checkups.

NAME: _____

Log in the space below when you brush your teeth and/or floss. Check the correct box if you have brushed your teeth in the morning, at lunch or before going to bed. If there are two checks in a box this means that you have done this action twice in a day. You must log for 2 weeks, 14 days in total.

I _____ (name here) agree to implement my Dental Hygiene plan, until I have successfully implemented my goal into my daily life.

MY DENTAL HYGIENE GOAL # 3:

SIGNATURE: _____

DATE	Morning	Afternoon (lunch)	Night (Before going to bed)	Other times	Flossing Today?	Brushed your tongue?	Did I eat sweets today?	Washed my hands before using tooth brush
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

FINAL DENTAL HYGIENE REFLECTION



NAME: _____

1- Analyzing all of my LOGS that I have completed this year. I have achieved my goal of :

Yes ☐

No ☐

2- If my answer is YES, these are the 2 main reasons for which my plan has worked:

3- Since I have been taking care of my Dental Hygiene, I feel (give 3):

4- If my answer is NO, these are the reasons why my plan did not work (name 2). Do you plan having a new goal for this aspect of your lifestyle, will you try to improve? Explain:

5- I plan to maintain my lifestyle changes throughout the summer:

Yes ☐

No ☐

This is what I will do to maintain my new lifestyle throughout the summer: