

MY HEALTHY ACTIVE LIVING JOURNAL

Teacher's Guide



HIGH SCHOOL

CYCLE 1

NAME: _____ **GROUP:** _____



**Commission scolaire
English-Montréal**

**English Montreal
School Board**

WELCOME TO YOUR HEALTHY ACTIVE LIVING JOURNAL

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- Audrey Guillemette, Physical Education and Health Teacher, John F. Kennedy High School.
- Jeff Kosow, Physical Education and Health Teacher, Westmount High School.
- Joe Marchildon, Physical Education and Health Teacher, Riverdale High School.
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- Lynn Rizzuto, Physical Education and Health Teacher, Queen of Angels Academy.
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INTRODUCTION

We have produced this document to meet the needs of teachers looking for a way to teach and evaluate the 3rd Physical Education Competency, “Adopts a healthy, active lifestyle.”

The main objective of the Healthy Active Living Journal is to enable the student to develop an action plan for the year that will encourage them to change or improve upon their health. Resources are included to help the student keep track of fitness and lifestyle information. It is important for students to have the tools necessary to assess the impact of their actions on their own health. They are more likely to adopt a healthy, active lifestyle if they are aware of the factors that impact them in a positive or negative way.

This resource also focuses on reflection activities to allow learners to create their own meaning from the various learning experiences. This resource is based on the following assumptions:

- Engagement is increased when the content is relevant to the student.
- Giving students choices fosters success.
- As assessment is an integral part of learning, student self-assessment is fundamental.

It is *essential* that this resource be used in coordination with the “Physical Education and Health program” in order to maximize all learning situations. All three competencies in Physical Education and Health are interrelated, with the third competency “To adopt a healthy active lifestyle” based on the first two; “To perform movement skills in different physical activity settings,” and “To interact with others in different physical activity settings.” The underlying assumption is that as students improve both their movement skills and their ability to interact with others, they will become more and more physically active and therefore will improve their level of personal health. In order to maximize motivation, it is important that the third competency not be taught in isolation from the other two Physical Education and Health competencies.

Modifying behaviour will be the most difficult challenge you will face, but it is the most important factor in the success of your program! Student behaviour will change when they become aware of the positive impact of increased physical activity on their health. This should improve their motivation to adopt a healthy, active lifestyle!

The Learning and Evaluation Situation (LES)

One of the guiding philosophies of the QEP is *evaluation for learning*. To this end, LES's are to be used by the teachers to guide and evaluate all learning. An LES is a series of complex tasks promoting both learning and assessment. It is within this situation that a competency is developed. The characteristics of an LES include:

- Learners using different resources such as activating prior knowledge, working with others, selecting strategies, etc.
- Encouraging students to make the connection between prior knowledge and the learning they are acquiring and to encourage the transfer of knowledge to other situations.
- Open-endedness, there is no right answer and there can be more than one solution.

This LES (Learning and Evaluation Situation) addresses the following issues:

- Part One: **Fitness:**
 - Cardiovascular endurance
 - Muscular strength
 - Muscular endurance
 - Body mass index
 - Flexibility
- Part Two: **Healthy Lifestyle Habits:**
 - Regular physical activity
 - Nutrition
 - Sleep habits
 - Stress management
 - Detrimental lifestyle habits
 - Personal hygiene

The LES Overview

This situation will be spread out over the two years of the cycle. Given the time constraints of PEH, it is expected that students will do the bulk of the work on their own. Throughout the year, teachers will have to include learning activities that focus on the health competency in their Physical Education classes.

The same **Healthy Active Living Journal** is used for both years of Cycle 1 in the following way:

[1] **Part One; Fitness:** Students begin the journal in their 1st year and submit it to their teacher when requested. Throughout the year they reflect upon their development. They complete the journal by the end of their second year.

In this section, the students complete a pre-assessment and a number of fitness tests in which they can compare their results with Canadian standards and assess their fitness level. They make a plan to improve the targeted weaknesses, put their plan into practice and record the results. Finally there is a personal post assessment to evaluate progress.

[2] **Part Two; Lifestyle habits:** Students choose one lifestyle habit to improve or maintain in their 1st year and submit evidence of progress in the form of a **Log** to their teacher when requested. Throughout the year they reflect upon their development. In the second year students choose a different lifestyle habit and repeat the process. At the end of the cycle students must complete a “**Final Reflection**”.

In this section, the students examine their lifestyle habits, make a plan to improve one of them each year and put their plan into action at school, at home and in the community. They record, interpret and reflect on their results.

At the end of the year, the teacher encourages the students to identify opportunities for the transfer of learning and to adopt the means of improving the integration of healthy lifestyle habits in their daily life.

CHALLENGE

During each year of the cycle, the students:

- Examine their lifestyle habits (Regular physical activity, Nutrition, Sleep habits, Stress management, Detrimental lifestyle habits, Personal hygiene)
- Choose a lifestyle habit and improve (or maintain) it by applying their plan
- Become aware of their level of physical fitness by comparing their results on the fitness tests with national standards
- Choose to improve (or maintain) their level of physical fitness by applying their plan
- Record the results of the application of both plans of action

EVALUATION

The students are evaluated on the following:

- Their fitness level
- Their integration of healthy lifestyle habits
- Their development and application of a plan
- Their ability to evaluate their ongoing progress
- Their ability to identify desirable improvements or elements worth keeping

Observable aspects that could be included for evaluation:

- Based on the survey, compiles observable aspects for his/her lifestyle habits.
- Chooses a lifestyle habit to improve.
- Sets realistic goals.
- Records examples of the improvement or maintenance of his/her level of physical activity.
- Records examples of the improvement or maintenance of the chosen lifestyle habit.
- Identifies desirable improvements or elements worth keeping.
- Exercises critical judgment and gives his/her opinion.
- Maintains or improves his/her fitness level.

YEARLY PLAN

HEALTHY ACTIVE

LIVING JOURNAL



WELCOME: *YEARLY PLAN* HEALTHY ACTIVE LIVING JOURNAL *Teacher's Guide*

WELCOME!

This document will help you teach COMPETENCY 3, “*Adopts a Healthy Active Lifestyle*”. We strongly encourage you to read the section dedicated to *Physical Education and Health* from the *Quebec Education program*. In the following chart you will find a suggested *Yearly Plan*, based on a teacher that teaches a group two (1 h. 15 min.) classes per nine day cycle. Therefore student have Physical Education and Health classes 4 times per month. We have included in this teacher’s guide, some example of student’s responses to their log and we have also included answers to the various questions related to the units.

YEARLY PLAN:

Below is a monthly plan, which includes the key features of COMPETENCY 3: *ADOPTS A HEALTHY, ACTIVE LIFESTYLE*, PAGE; 443 of the *QUEBEC EDUCATION PROGRAM*.

We recommend that you complete all 3 logs.

SEPTEMBER / OCTOBER:

Survey “My lifestyle self-evaluation”.

- *EVALUATES OWN PROCESSES AND LIFESTYLE HABITS*
- *ANALYSES THE IMPACT OF CERTAIN PERSONAL LIFESTYLE HABITS ON OWN HEALTH AND WELL-BEING.*

Initial log # 1: 2 week.

- *EVALUATES OWN PROCESSES AND LIFESTYLE HABITS*

Questions and self-assessment.

Identify goals, consults resources, questions (self-assessment and questions): the students will have to search for the answers on the net; references are necessary (web sites). The student will also reflect on the log.

- *ANALYSES THE IMPACT OF CERTAIN PERSONAL LIFESTYLE HABITS ON OWN HEALTH AND WELL-BEING.*
- *EVALUATES OWN PROCESSES AND LIFESTYLE HABITS*
- *DEVELOPS A PLAN DESIGNED TO CHANGE SOME PERSONAL LIFESTYLE HABITS*

NOVEMBER / DECEMBER: The teacher will check completed logs and correct them.

JANUARY / FEBRUARY:

Log # 2: 2 weeks.

- EVALUATES OWN PROCESSES AND LIFESTYLE HABITS
- *DEVELOPS A PLAN DESIGNED TO CHANGE SOME PERSONAL LIFESTYLE HABITS*

Questions and self-assessment.

Identify goals, consults resources, questions (self-assessment and questions): the students will have to search for the answers on the net; references are necessary (web sites). The student will also reflect on the log.

- *ANALYSES THE IMPACT OF CERTAIN PERSONAL LIFESTYLE HABITS ON OWN HEALTH AND WELL-BEING.*
- *EVALUATES OWN PROCESSES AND LIFESTYLE HABITS*
- *DEVELOPS A PLAN DESIGNED TO CHANGE SOME PERSONAL LIFESTYLE HABITS*

Graph

Students will have to create a graph to representation their log.

MARCH: The teacher will check completed logs and correct them.

APRIL / MAY:

Log # 3: 2 weeks.

- EVALUATES OWN PROCESSES AND LIFESTYLE HABITS
- *DEVELOPS A PLAN DESIGNED TO CHANGE SOME PERSONAL LIFESTYLE HABITS*
- *CARRIES OUT THE PLAN*

Final reflection, self-assess on all the logs, carries out the plan.

- *ANALYSES THE IMPACT OF CERTAIN PERSONAL LIFESTYLE HABITS ON OWN HEALTH AND WELL-BEING.*
- *EVALUATES OWN PROCESSES AND LIFESTYLE HABITS*

MAY / JUNE: The teacher will check completed logs and correct them.

CALENDAR



MONTH:

MONTH:

Use these calendars with your students:

- *Write the due date for when each log is due.*
- *Write important sports related dates.*
- *In school sport activities.*
- *You can also ask students to write when they have physical education, so that they don't forget their clothes.*

MONTH:

MONTH:						

MONTH:						

MONTH:						

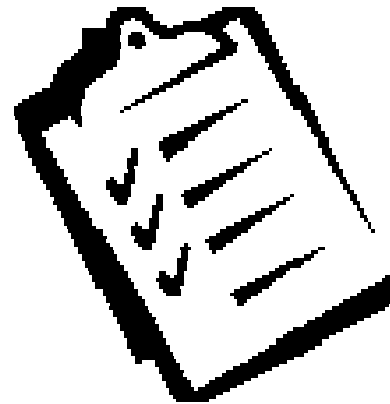
MONTH:						

MONTH:						

MONTH:						

HEALTHY ACTIVE

LIVING EVALUATION



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Student's Name: _____

HEALTHY ACTIVE LIVING EVALUATION

Competency 3 – “Adopting a Healthy, Active Lifestyle

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

HEALTHY ACTIVE LIVING JOURNAL EVALUATION

Competency 3 – “Adopting a Healthy, Active Lifestyle

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

Class:	OBSERVABLE ASPECTS	PHYSICAL FITNESS					LIFESTYLE HABITS				GRADE
Date:		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		
Student names											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

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

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

Through the 16 step process over the cycle 1 period their physical education and health fitness journal will accompany them.

The format of the journal is as follows:

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

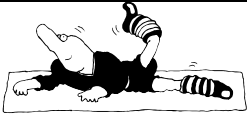
For each step, the students will be required to complete a task. Web-based resources will be provided where applicable, but they may also do some research of their own. For many steps, there is a designated space for their Personal Information/Answers/Reflections.

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

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Step	Task	Resources	Personal Information/Answers/Reflections	
1	Hurdle Races: Evaluate your understanding (6 questions on-line)	http://www.bam.gov/sub_physicalactivity/physicalactivity_iheard.html TEACHER REFERENCE ONLY	How do you feel your personal level of awareness was after you went through “The Hurdle Race”? (1 paragraph reflection required). <i>The hurdle races are a series of true and false questions that allow students to test their knowledge of fitness concepts.</i>	
2	Living healthy on-line quiz: (18 questions) <ul style="list-style-type: none"> Put initials & province on the leader board 	http://www.phac-aspc.gc.ca/pau-uap/paguide/quiz/question1.html	Total points: <i>Living healthy on-line quiz</i>	
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 <p><i>See Physical Activity lab: Part 1 & Physical Activity lab: Part 2 (following this chart)</i></p> <p><i>Physical Activity guides (print version) can be ordered on-line for free http://www.phac-aspc.gc.ca/guide/oyc-ovc_e.html or contact: Publications Health Canada, Ottawa , Ontario K1A 0K9 Tel.: 613-954-5995 Fax: 613-941-5366</i></p>			
4	View Animated Tip #6: <ul style="list-style-type: none"> 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:	Recommendation (# times/week)
			Endurance	4 to 7 days a week
			Flexibility	4 to 7 days a week
			Strength	2 to 4 days a week

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.onthefirstmove.ualberta.ca/index.aspx?page=8	<p align="center">TEACHER REFERENCE ONLY</p> <p align="center">Benefits</p> <ul style="list-style-type: none"> • Meet new friends • Promote healthy growth and development • Improve physical self-esteem • Achieve a healthy weight • Build strong bones and strengthen muscles • Maintain flexibility • Promote good posture and balance • Improve fitness • Strengthen the heart • Increase relaxation 		<p align="center">Health Risks</p> <ul style="list-style-type: none"> • Premature death • Heart disease • Obesity • High blood pressure • Adult on set diabetes • Osteoporosis • Stroke • Depression • Colon Cancer
6	List your personal preference of activities & list a minimum of 2 in each category	http://www.bam.gov/sub_physicalactivity/physicalactivity_misfit.asp (6 question test that generates a list) (gives definitions of endurance, flexibility, strength) Physical Activity Lab 1 (below re: reference section)	<p align="center">Endurance</p> <ul style="list-style-type: none"> • Walk more – to school, to the mall, to the park, to your friend's house • Walk, run or bike instead of getting a drive with mom or dad • Take the dog for a walk • Run, jump, skateboard, snow-board, ski, skate or toboggan • Play sports • Go skating, swimming, bike riding or bowling • Rake the leaves, shovel snow or carry the groceries • Take a class like yoga, hip hop, aerobics or gymnastics • Check out some activities at the community centre • Be active with your friends • Put on some music and move • Stretch your muscles every day • Try something new like wall climbing or dance classes 	<p align="center">Flexibility</p>	<p align="center">Strength</p>

Step	Task	Resources	Personal Information/Answers/Reflections
7	<p>Motivation: Find a quote that you can focus on & will keep you on track.</p>	<p>http://www.topendsports.com/psychology/quotes-motivate.htm</p> <p style="text-align: center;">TEACHER REFERENCE ONLY</p>	<p>Selected quote: From selected references</p> <p><i>You win some, you lose some, and some get rained out, but you gotta suit up for them all.</i> - J. Askenberg</p> <p><i>You've got to take the initiative and play your game. In a decisive set, confidence is the difference.</i> - Chris Evert</p> <p><i>"There are no shortcuts to any place worth going."</i> - Beverly Sills</p> <p><i>"If you don't have confidence, you'll always find a way not to win."</i> - Carl Lewis</p> <p>Reference consulted: http://www.topendsports.com/psychology/quotes-motivate.htm</p>
<p>See Sample Labs following the Appendices. You may want to use 42 large, laminated Fitness Circuit charts. They are great for fitness & stations. www.thompsonbooks.com/health</p>			
8	<p>Create a Calendar/Plan of action for the determined phase (ex. month)</p> <p>SHORT TERM GOALS</p>	<ul style="list-style-type: none"> Use the following link (as one resource) and Appendix F 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. <p>Title it "Plan-of-Action"</p> <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>	<p>Students will print out their plans. directly from the computer and/or appendix E & attach it to their journal. They will be referring to it frequently. They must Title it "Plan-of-Action".</p>
9	<ul style="list-style-type: none"> Carry out your personal plan-of-action 		<p>(This can take 4 to 5 weeks)</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”. <p><i>Student will create a final plan. (Students can create a chart, etc, on their own). They should include type of activity, duration of activity, frequency, type of activity (flexibility, strength, endurance). They must attach their plan, titled “Final Plan-of-Action”.</i></p>
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 <p><i>Students will repeat all of the fitness tests that were carried out during step 3 Students must fill out the columns “compiling data” & “personal post-assessment cycle 1- year 2” in the FITNESS EVALUATION</i></p>
16	<ul style="list-style-type: none"> • Complete the “Fitness Evaluation” Rubric PAGE: 15-16-17 THERE IS A SAMPLE FOR ONE STUDENT AND THERE IS AS WELL A CLASS VERSION <p><i>Students must complete the “Fitness Evaluation” Rubric PAGE: 4-5 IN THE STUDENT VERSION <u>Teacher will complete Evaluation Rubric</u></i></p>

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Appendix A

<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
			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	

TEACHER REFERENCE ONLY

*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

Appendix B

<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				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				

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Name: _____ HR: _____ Date: _____

Appendix C – Checklist # 1

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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

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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 (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)

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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							

TEACHER
REFERENCE
ONLY

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)

**TEACHER
REFERENCE
ONLY**

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)

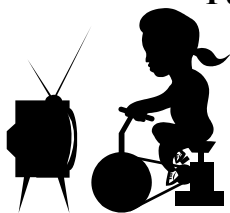
NAME: _____ HR: _____ MONTH: _____

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							
Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00AM TO 12:00PM							
12:00PM TO 6:00PM							
6:00PM TO 12:00AM							
TEACHER REFERENCE ONLY							
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 <i>60 minutes</i>	Moderate Effort <i>30-60 minutes</i>	Vigorous Effort <i>20-30 minutes</i>	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
<p style="text-align: center;"><i>How does it feel?</i> <i>How warm am I? What is my breathing like?</i></p>				
<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
<p style="text-align: center;">Range needed to stay healthy</p>				

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:

<ol style="list-style-type: none"> 1. Walking 2. Golfing (without a ride-on cart) 3. Yard and garden work 4. Propelling a wheelchair ("wheeling") 5. Cycling 	<ol style="list-style-type: none"> 6. Skating 7. Continuous swimming 8. Tennis 9. Dancing 
---	---


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:

<ol style="list-style-type: none"> 1. Gardening 2. Mopping the floor 3. Yard work 4. Vacuuming 5. Stretching exercises 6. T'ai Chi 	<ol style="list-style-type: none"> 7. Golf 8. Bowling 9. Yoga 10. Curling 11. Dance 
--	--

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:

<ol style="list-style-type: none"> 1. Heavy yard work, such as cutting and piling wood 2. Raking and carrying leaves 3. Lifting and carrying groceries 4. Climbing stairs 	<ol style="list-style-type: none"> 5. Wearing a backpack carrying school books 6. Weight/strength-training routines 7. Exercises like abdominal curls and push-ups 
---	--

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)

**TEACHER
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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	= _____

TEACHER
REFERENCE
ONLY



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 = <input style="width: 50px;" type="text"/> x 0.85 = _____ beats/min	Lower limit = Maximum heart rate X 0.7 = <input style="width: 50px;" type="text"/> x 0.7 = _____ beats/min
Target-zone heart rate = _____ to _____ beats/min lower limit upper limit	

You will need to measure a 1.0 kilometer distance or go to your local track. Walk or jog (depending on your fitness level) this distance as fast as you can without stopping. Immediately upon finishing, make note of the time it took to complete the 1.0 kilometer course and quickly measure your **exercise heart rate**.

Results

Record the results below.

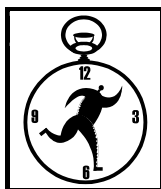
Time to walk/jog 1 kilometer: _____ minutes

Heart rate at completion of walk/jog: _____ 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 at 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-km 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.

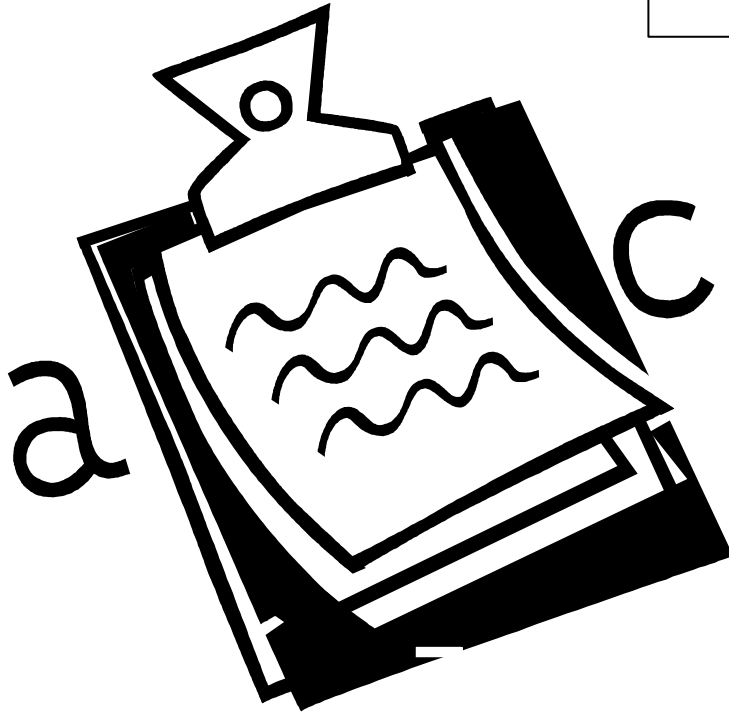
At the end of the 1-km walk/activity, if your heart rate was **below your target zone** and you have no medical problems, you need to repeat the above procedures, jogging slowly rather than walking. By trial and error and making adjustments each time, it should not take you long to determine the speed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

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

**TEACHER
REFERENCE
ONLY**

SURVEY

*This survey takes
approximately 30
minutes to
complete.*



Name: _____

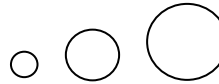
DATE: _____

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.

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

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.

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.

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 don 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 was each of these questions about? How can these questions be grouped into themes?

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

If a student scores a perfect score. It is important that they still choose a “Lifestyle” to work on. There are always improvements that can be made.

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

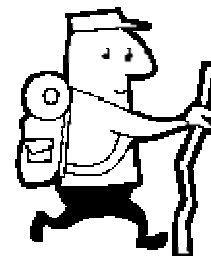
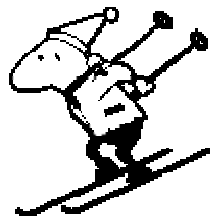
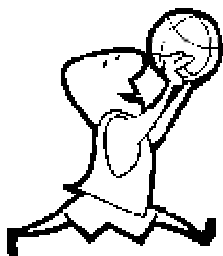
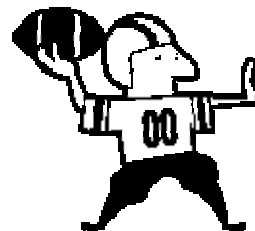
2- Choose **one** Lifestyle Habit from the list above that you would like to work on to “Adopt a Healthy, Active Lifestyle”.

--

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

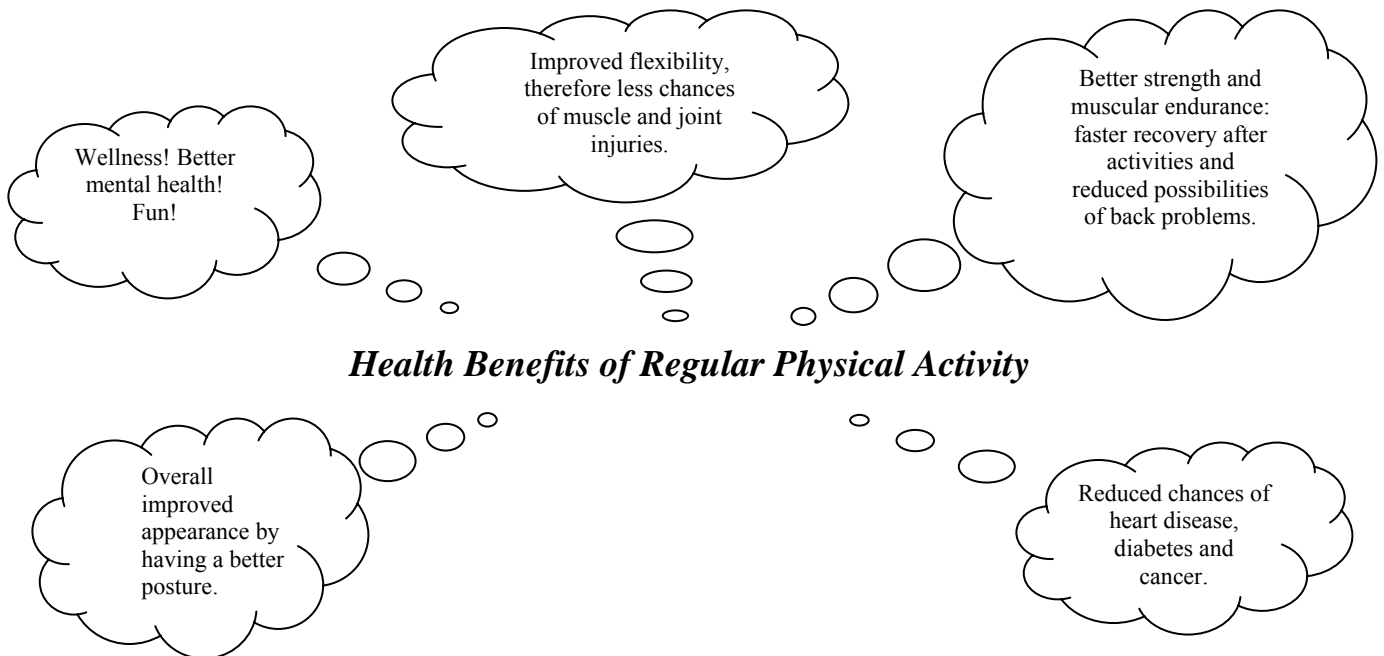
*EXERCISE:
YOU DON'T HAVE TIME NOT TO!*



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 <div style="float: right; border: 1px solid black; padding: 2px 10px;">208</div> Maximum heart rate = 220 - <u>12</u> = beats/min.		
Target-zone heart rate: Upper limit = Maximum heart rate X 0.85 = <div style="border: 1px solid black; padding: 2px 10px;">208</div> x 0.85 = <u>177</u> beats/min.	Target-zone heart rate: Lower limit = Maximum heart rate X 0.7 = <div style="border: 1px solid black; padding: 2px 10px;">208</div> x 0.7 = <u>146</u> beats/min.	
Target-zone heart rate=	<u>146</u> beats/min. Lower limit	To <u>177</u> beats/min. Upper limit



FOR MORE INFORMATION ON PHYSICAL ACTIVITY VISIT THESE WEB SITES:

- <http://www.fitness.gov/fitness.htm>
- <http://win.niddk.nih.gov/publications/active.htm>
- <http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/young.htm>
- <http://www.shapeup.org/atmstd/support/maintain/basics.htm>
- http://www.nhlbi.nih.gov/health/public/heart/obesity/phy_active.htm
- <http://www.fitnessforlife.org/HighSchool/student/>

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

If it weren't for the fact that the TV set and the refrigerator are so far apart, some of us wouldn't get any exercise at all.
 ~Joey Adams

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 _____ *John* _____ (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:
To increase my daily physical activity to 45 minutes

SIGNATURE: _____ *John* _____

DAY/ DATE	ACTIVITY	LENGTH OF ACTIVITY in minutes	* INTENSITY 1 - 2 - 3	DESCRIPTION OF THE ACTIVITY AND LOCATION
Mon. Oct 15th	Soccer	60 minutes	2	Outside at the park
Tues. Oct 16th	Ice Hockey	90 minutes	3	Interscholastic game
Wed. Oct 17th	Walking	25 minutes	1	2km walk at the park
Thurs. Oct 18th	Basketball, Pilates	60 min. and 20min.	3 and 2	P.E. class, DVD home
Fri.				
Sat.				
Sun.				
Mon.				
Tues.				
Wed.				
Thurs.				

TEACHER REFERENCE ONLY

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

NAME: John

Parents signature: _____

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), and 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) Oct. 15th 2007 TO Oct. 30th 2007

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

Yes I do, because I participate in health enhancing physical activities at least 3 times a week,

REFERENCE(S): *www.hc-sc.gc.ca, Health Canada.*

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

Yes, I can reduce my TV watching by 1 hour and replace it with physical activity.

**TEACHER
REFERENCE
ONLY**

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

Exercise provides an outlet from everyday sources of stress. I've improved my self-esteem by playing soccer.

REFERENCE(S): *www.wellbridge.com*

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

My digestive system has improved since I've become more active.

REFERENCE(S): *www.studenthealth.oregonstate.edu*

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

I've made new friends playing on the basketball team.

REFERENCE(S): *www.walsall.gov.uk*

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

To increase my daily physical activity to 45 minutes.

Yes

No

Explain:

I've joined the school soccer team. We had 3 practices a week of 2 hours and trained every other day (moderate to high intensity)

7- Now create a goal for your next log:

I would like to increase my daily physical activity to 60 minutes of moderate intensity.

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ONLY**

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.

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 John (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:

To increase my daily physical activity to 60 minutes at moderate intensity.

Signature: John **Parents signature:** _____

DAY/ DATE	ACTIVITY	LENGTH OF ACTIVITY in minutes	* INTENSITY 1 - 2 - 3	DESCRIPTION OF THE ACTIVITY AND LOCATION
Mon. Jan. 12th	Soccer	30 min.	2	In my yard
Tues. Jan 13	Soccer	60 minutes	3	At the park
Wed. Jan 14	Soccer	120 minutes	3	Game at school
Thurs. Jan 15	Soccer	120 minutes	2	Practice at school
Fri. Jan 16	Badminton	60 minutes	1	Phys. Ed.
Sat. Jan 17	Walking	60 minutes	1	Home
Sun. Jan 18	Nothing	0	-	-
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				

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*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

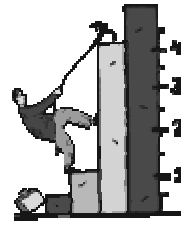
CREATION OF A GRAPH: PHYSICAL ACTIVITY LOG # 2

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



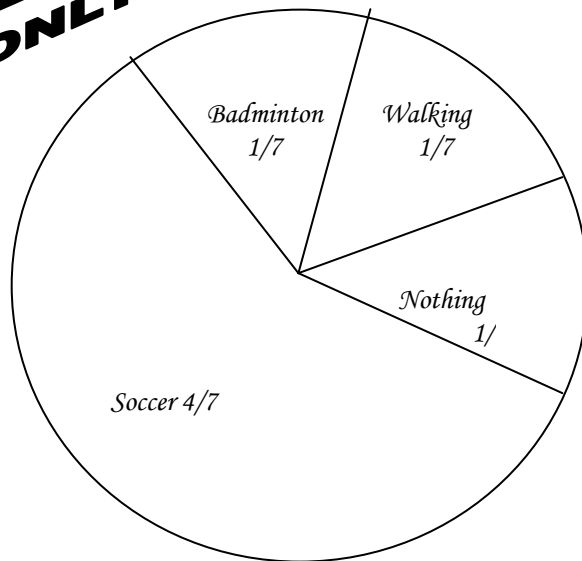
Bar graph



Pie chart

MY GRAPH:

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Legend:

- 4 / 7 days Soccer
- 1 / 7 Walking
- 1 / 7 Badminton
- 1 / 7 Nothing

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

I made my graph using activities and how many times a week I did them. I would like to replace my nothing day with a new activity.

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), and 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) Jan 15 TO Jan 30th

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

Yes I do, because I participate in health enhancing physical activities at least 3 times a week,

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

My intensity level goes from a 1 to a 3 depending on the activity, but on average my intensity level can be a 2.2.

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

To increase my daily physical activity to 60 minutes at moderate intensity.

Yes :

No:

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Explain:

I had one day a week where I did no activity thus not successfully completing my goal.

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

To increase my daily physical activity to 60 minutes at moderate intensity.

Lack of activity destroys the good condition of every human being, while movement and methodical physical exercise save it and preserve it.
~Plato

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: *John*

Parents 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), and 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.

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

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

8- 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.

9- 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>

NUTRITION LOG # 1

NAME: _____

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

I _____ *John* _____ (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: *John* _____ **Parents signature:** _____

Day / Date	Breakfast	Snack	Lunch	Snack	Supper	Snack
1 <i>Sun. Oct 15th</i>	<i>Pop tarts Chocolate milk</i>	<i>Jamaican patty</i>	<i>Pepperoni pizza Chocolate bar</i>	<i>Oreo cookies</i>	<i>Hamburger, Fries Coke Ice cream</i>	<i>Gatorade</i>
2						
3						
4						
5						
6						

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

**TEACHER
REFERENCE
ONLY**

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), and 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 good nutritional habits?

YES:

NO:

2- Name the 4 food groups? Go to Health Canada www.hc.gc.ca/fn-an/food-guide, go to *Choosing Foods*, and click on *Food and Nutrition*.

1 *Fruits and Vegetables*

2 *Grain Products*

3 *Milk and Alternatives*

4 *Meat and Alternatives*

3- List 10 examples for each food group.

Food group # 1: <i>Fruits and Vegetables</i>	Food group # 2: <i>Grain Products</i>	Food group # 3: <i>Milk and Alternatives</i>	Food group # 4: <i>Meat and Alternatives</i>
- <i>Kiwis</i>	- <i>Bagel</i>	- <i>Yogurt</i>	- <i>Pork chops</i>
- <i>Tomatoes</i>	- <i>Oatmeal</i>	- <i>Soy milk</i>	- <i>Eggs</i>
- <i>Orange Juice</i>	- <i>Pasta</i>	- <i>Cheese</i>	- <i>Peanut butter</i>
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

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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.	4-8 yrs.	9-13 yrs.	14-18 yrs.	19-50 yrs.	51+ yrs.
Fruits and Vegetables	4	5	6	F 7/M 8	F 7-8/M 8-10	F 7/M 7
Grain Products	3	4	6	F 6/M 7	F 6-7/M 8	F 6/M 8
Milk and Alternatives	2	2	3-4	F 3-4/M 3-4	2	3
Meat and Alternatives	1	1	1-2	F 2/M 3	F 2/M 3	F 2/M 3

I _____ *John* _____ (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.

Signature: *John* _____

Parents signature: _____

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 min. Daily Servings.	
						Yes	No
Sun. Jan. 10th	✓✓✓✓✓	✓✓✓✓✓	✓✓✓	✓✓✓✓	✓✓✓✓	✓	
Mon. Jan 11th	✓✓✓✓	✓✓✓✓✓	✓✓	✓✓✓	✓✓✓✓✓		✓
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							

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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), and 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.



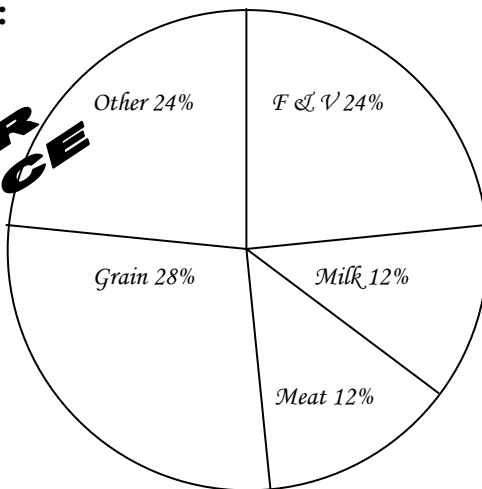
MY PIE CHART:

Legend:

(25 servings per day)

- 6 Fruits and Vegetables, 6/25, 24%
- 7 Grain Products and Cereals, 7/25, 28%
- 3 Milk and Alt., 3/25, 12%
- 3 Meat and Alt., 3/25, 12%
- 6 Other, 6/25, 24%

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



**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), and 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: *Eating well* then click *Blast Off with Breakfast*. List four benefits of eating breakfast.

Breakfast helps improve life's essential nutrients.

Breakfast is linked to having a healthy body weight.

Children who eat breakfast perform better in school.

People who eat breakfast have healthier lifestyle behaviours.

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

Cereal is convenient. Cereals are made from a variety of grains. Ready to eat cereals supply nutrients essential for healthy growth and development. Eating cereal for breakfast is a great way to increase fiber in the diet. Cereal taste great.



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

Name of cereal	Fiber 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 http://www.hc-sc.gc.ca/index_e.html. 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.

Eat a least one dark green vegetable and one orange vegetable each day.

Drink skim, 1% or 2% milk each day. Drink fortified soy beverage if you do not drink milk.

Select lean meat and alternatives prepared with little or no added fat or salt.

Eat at least two Food Guide Servings of fish each week.

Satisfy your thirst with water. Select lower fat milk alternatives.

Limit foods and beverages high in calories, fat, and sugar or salt.

Make at least half of your grain products whole grain each day.

Include a small amount of unsaturated fat each day.

Reference: http://www.hc-sc.gc.ca/index_e.html

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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>		TEACHER REFERENCE ONLY	
<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

No

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

The student should look back over his/her logs and after reflection state why he/she thinks they were successful.

3- Since changing my eating habits , I feel:

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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:

Maybe the students plan did not work at all, or only partially work. Here the student should state why they think their plan was not a total success. Answers may include: Their schedule may have kept them on the run, and this "forced" to eat "fast foods".

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

Yes

No

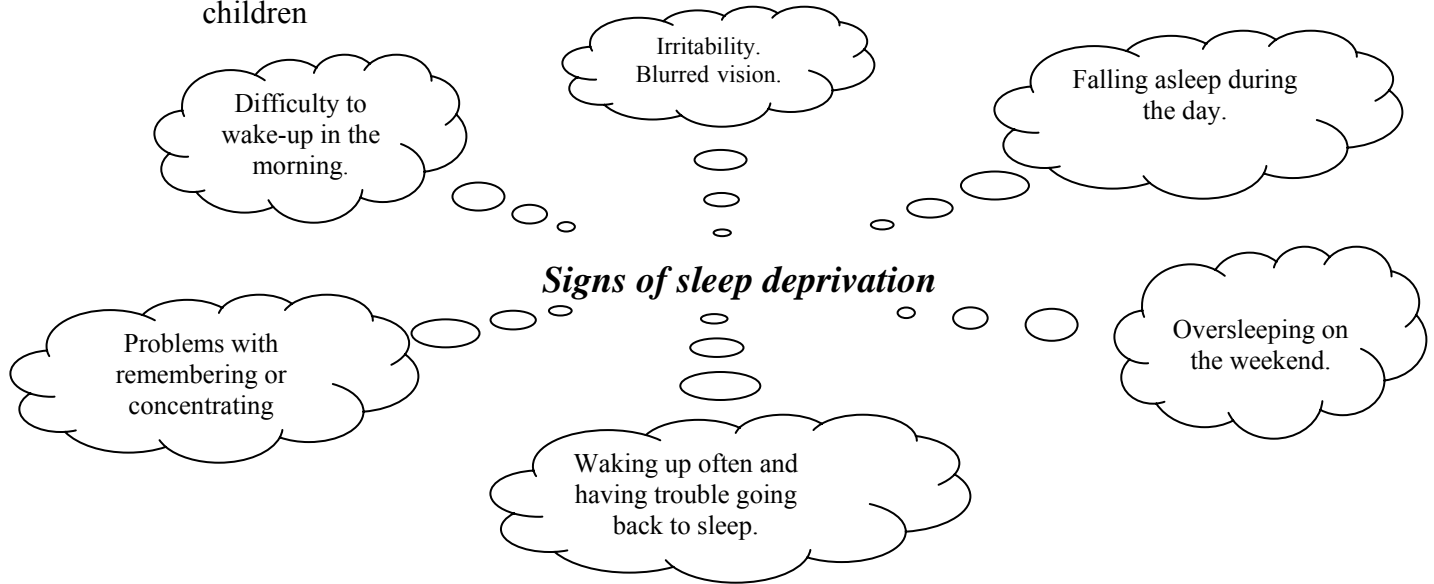
This is what I will do to maintain my new lifestyle throughout the summer and into the future:

SLEEP

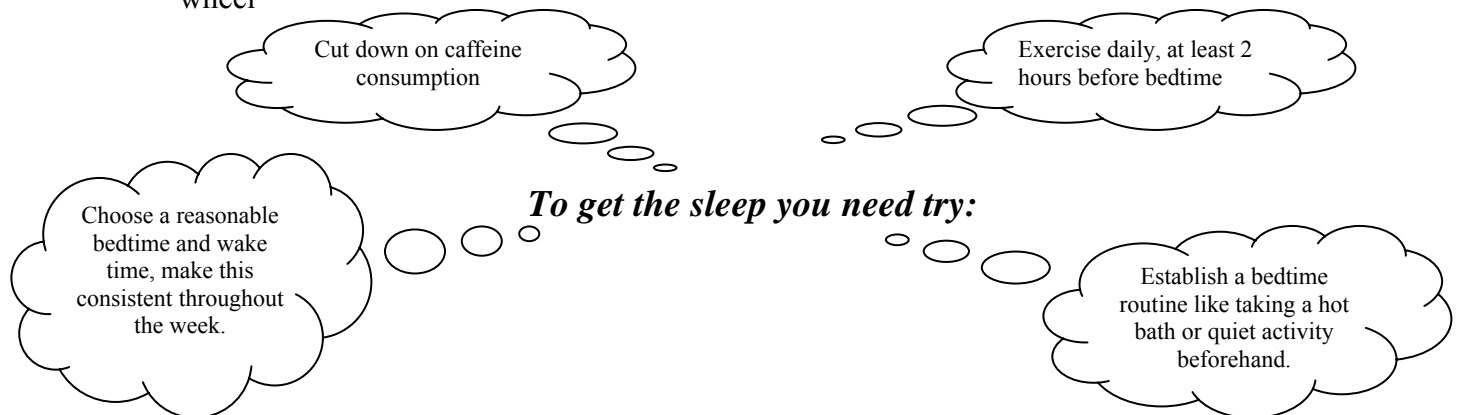


FACTS ABOUT TEENAGERS AND SLEEP

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

MY DAILY SLEEP GOAL # 1:

Signature: John

Parents signature:

DAY /DATE	1- Bedtime	2- Wake- up time	3- Number of hours of sleep	4- How I feel when I go to bed.	5- How I feel when I wake up.
Sunday	22hoo	7hoo	9	<i>Not tired, lots on my mind</i>	<i>Rested and ready to go</i>
Monday	24h00	7h00	7	<i>Stressed and tired</i>	<i>A little tired</i>
Tuesday	2hoo	8h00	6	<i>Tired</i>	<i>Don't want to go to school today; too tired.</i>
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

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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), and 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:

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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?

If the student has consulted some web sites he/she should be able to match their up

experience with the general population. Some possible answers may be: needs to get up

early in the morning even though they can't go to bed earlier; noise in the house;

room is not conducive to sleep (too warm, too much light); can't sleep because of

stress; eating just before going to bed; drinking too much caffeine...

5- When you sleep what happens to your body?

The student can answer that our brain, as well other parts of our body (bones, skin,

muscles...) grow more during sleep. Sleep is also a critical factor in reaching sexual maturation.

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

Not getting enough sleep over a period of time can lead to a sleep disorder known as

Sleep deprivation. People with this disorder can experience trouble concentrating,

Studying, and working. It can also lead to depression.

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

Routine is probably one of the best things we can develop to get a good night's sleep:

Try to get to bed at about the same time everyday. Other things to try include:

Have a cool dark room, quiet in and around your bedroom, don't eat just before going

to bed, don't drink caffeine drinks, take a hot shower or bath, read a book, ..

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

There are five stages in a sleep cycle. These stages are commonly known as STAGES 1-2-3-4 and REM

(rapid eye movement). Stage 1 and 2 are stages of light sleep where eye movement, heart and breathing rates slow down, and body temperature decreases. Stages 3-4 are deep sleep where it is harder to wake a person up.

Finally, the REM stage is where breathing and heart rate increase and we dream the most. One cycle last about 100 minutes, so we experience about 5 cycles a night.

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

A young teenager should get 9-11 hours of sleep per night. Teens experience rapid

growth spurts and sleep is critical to their reaching maximal potential.

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

To fall asleep much more easily. It is important to avoid activities such as TV, computer, video games and telephone

1 hour before going to bed. Therefore, quiet calm activities such as reading a book before going to bed can be helpful.



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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 _____ John _____ (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: *John*

Parents signature: _____

DAY /DATE	1- Bedtime	2- Wake- up time	3- Number of 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					

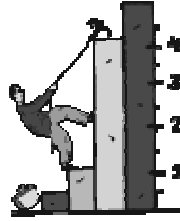
CREATION OF A GRAPH: DAILY SLEEP LOG # 2

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), and 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 not getting enough sleep:

The student will reflect, then write down the reasons why he or she did not get enough sleep.

Answers could include whatever is pertinent to the student's lifestyle: staying up late playing

Video games, out with friends, can't fall asleep because of personal problems at school...

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

Based on why the student did not get enough sleep, he/she will formulate plans to change their lifestyle in order to get more hours of sleep (9-11 hours)

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.

8- What is INSOMNIA? Have you ever experience it?

Insomnia is when someone experiences poor quality of sleep; this can be when having difficulty falling asleep,

Difficulty sleeping a full nigh and waking up too early in the morning.

9- What is a BIOLOGICAL CLOCK?

It's like an internal clock that regulates the pattern of when we should be awake and when we should go to

bed. This "clock" found in our brain is regulated depending on the exposure to light or to darkness.

10-What is NARCOLEPSY?

Narcolepsy is a neurological disorder caused by the brain's failure to regulate sleep-wake cycles. Narcolepsy is

characterized by sudden daytime sleepiness or sleep attacks, relaxed muscles, waking up during a night's sleep.

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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, until I have successfully implemented my goal into my daily life.

MY DAILY SLEEP GOAL # 3:

Signature: *John*

Parents 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:

The student should look back over his/her logs and after a period of reflection state

Why he or she thinks that they were successful.

--

--

3- Since changing my sleeping habits , I feel:

Again, looking back over all the logs. The student will summarize the changes that have

been noted in the way that their plan to get more sleep has changed the way they feel both physically and emotionally.

--

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:

The student should state why they think their plan was not a success. Answers can include:

I deliver the news paper early in the morning, so I need to get up early; I have trouble

Sleeping at night because: too many things racing through my mind/too noisy in my room or house; I drink too many caffeinated drinks, etc.

--

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:

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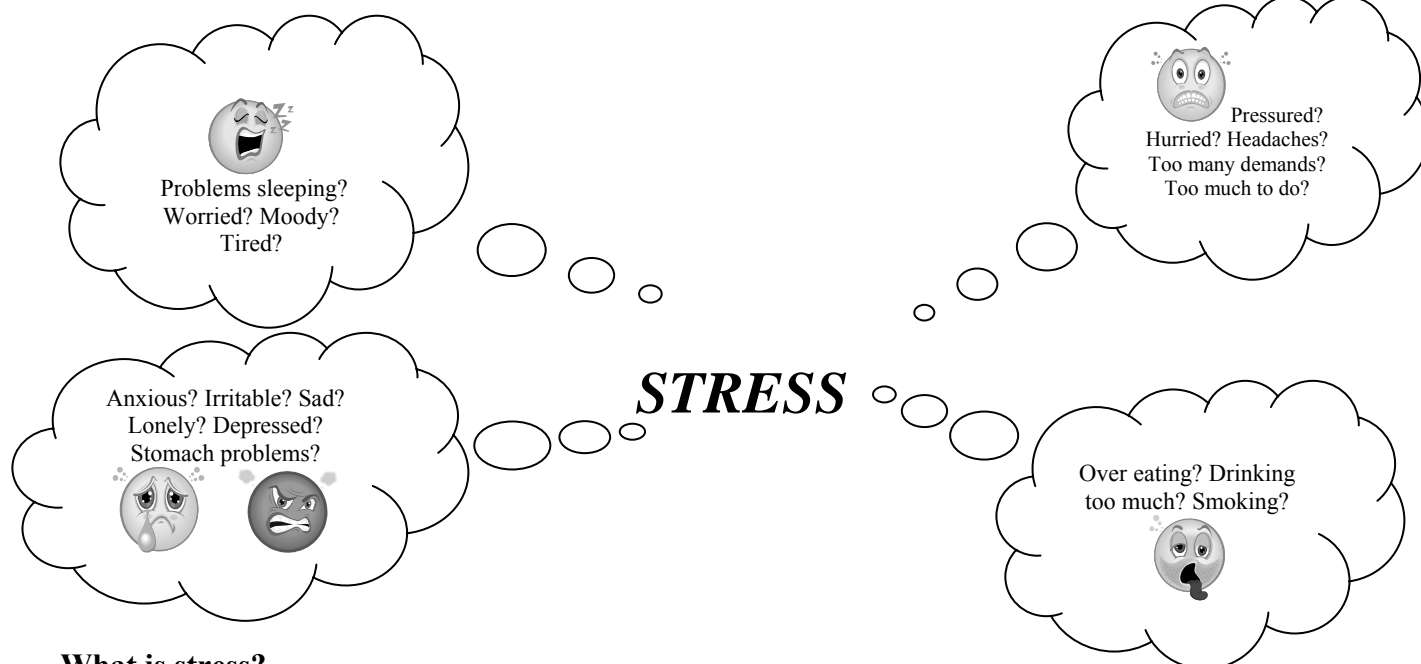
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STRESS



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.”*

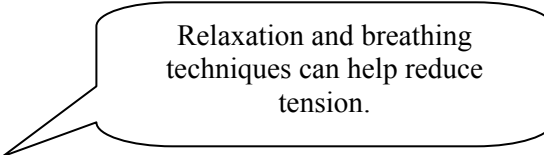
stress. (2007). In *Britannica Student Encyclopedia*. Retrieved April 16, 2007, from Encyclopædia Britannica Online: <http://www.britannica.com/ebi/article-9277928>

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.



Relaxation and breathing techniques can help reduce tension.

- 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, until I have successfully implemented my goal into my daily life.

MY DAILY STRESS MANAGEMENT GOAL # 1:

Signature: *John*

Parents 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), and 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 deal in a different way, what could you have done differently?

8- What is your definition of 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>

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

Look at the table "Important Facts About Stress"

10- According to you, what is distress?

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.

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

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

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.

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: *John* **Parents signature:** _____

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

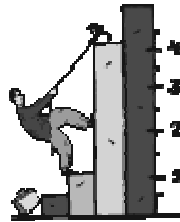
CREATION OF A GRAPH: DAILY STRESS MANAGEMENT LOG # 2

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), and 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?

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

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, until I have successfully implemented my goal into my daily life.

MY DAILY STRESS MANAGEMENT GOAL # 3:

Signature: *John*

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

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:

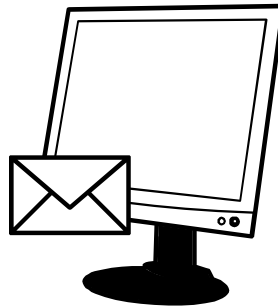
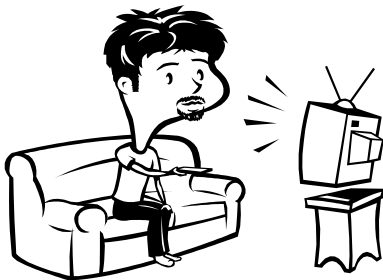
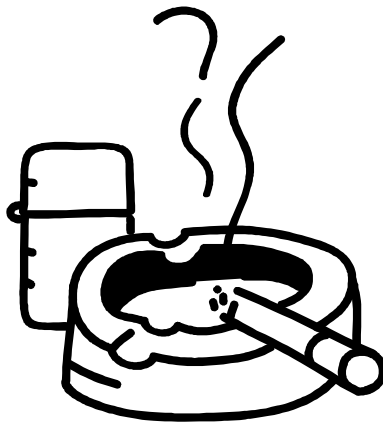
Yes <input type="checkbox"/>	No <input type="checkbox"/>
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This is what I will do to maintain my new lifestyle throughout the summer:

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 integrated my goal into my daily life.

DETRIMENTAL LIFESTYLE GOAL # 1:

Signature: *John*

Parents 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	✓✓✓✓✓	✓✓✓				
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

**TEACHER
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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 _____

**TEACHER
REFERENCE
ONLY**

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

The student would write down their plan to reduce their use of detrimental lifestyle substances. Plans could include giving up all together the substance, or to limit their use to a certain number of hours or avoid places that might encourage them to use these substances.

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?

The student would list the substances where they have placed the most check marks.

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

Following a period of reflection, the student could list reasons such as;

peer pressure, stress, fatigue, relationship

Problems, force of habit and even addiction, etc...

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

The student should reflect on their current lifestyle. What influences are likely to have an effect on their choice to smoke or not.

What could they do to reduce, eliminate or deal with the social pressures that would affect their choices.

7- Approximately how many milligrams of caffeine are found in the following products:	
340 ml Coffee: <u>276mg</u> mg	340 ml ICE TEA: <u>70mg</u> mg
1 bar (50g.) chocolate: <u>36mg</u> mg	1 tablet of cold medication: <u>30mg</u> mg
340 ml Pepsi: <u>38mg</u> mg	250 ml (a scoop) of coffee ice cream: <u>40mg</u> mg

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

Most physicians agree that a maximum of 100mg of caffeine per day is a safe level.

9- 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?

After a little research, hopefully the student would reply that the occasional energy snack is not going to compromise his or her health, but that long term use will develop a tolerance to caffeine (a can of Red Bull contains 80mg of caffeine)and the user would consume more and more of these products to get the caffeine buzz they are after and at the same time ingest a high number of calories.

10- 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?

From the research on the internet, they should realize immediately the negative effects on many vital organs in the body, including: the brain, heart, lungs, skin, etc...

11- 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:
<i>Poor judgment</i>	<i>Affects your brain (including loss of memory)</i>
<i>Loss of balance, Dizziness</i>	<i>Affects your heart and circulation</i>
<i>Slurred speech, Impulsive behaviour</i>	<i>Damages your liver and stomach</i>
<i>Vomiting</i>	<i>Poor social relationships</i>
<i>Loss of consciousness</i>	<i>Lost of friends</i>

**TEACHER
REFERENCE
ONLY**

12- 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?

Each student would have to examine closely how much time they are devoting to using the devices and how it is taking away time they could use for other endeavors, such as time with family, homework, reading, etc. Next, they would formulate an action plan that would allow them to get the balance in their life that they are seeking.

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 integrated my goal into my daily life.

DETRIMENTAL LIFESTYLE GOAL # 2:

Signature: *John*

Parents 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						
Friday						
Saturday						
Sunday						
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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), and 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:

**TEACHER
REFERENCE
ONLY**

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

5- What is **Nicotine**?

The main active ingredient in tobacco, considered to be an addictive drug, can; irritate lung tissue, constrict blood vessels, increase blood pressure and heart rate.

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

Smoking causes biochemical changes in our body which prematurely ages our skin, a

regular smoker is likely to develop wrinkles and have yellowish, leathery facial skin.

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

Lung, mouth, tongue, gum and throat cancer.

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

Stains and discolors teeth, bad breath, forms of cancer.

9- What are some negative effects of energy drinks?

High levels of caffeine, sugar, and calories. Causes dehydration, anxiety and irritability. High cost.

10- What is caffeine?

A stimulating drug found in coffee, tea, cola beverages.

11- Caffeine can: (list 3 negative effects)

Stimulate central nervous system. Disrupts sleep patterns. Cause mood swings. It can be addictive.

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

13- What are some sedentary activities? Name 4.

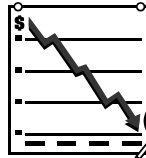
Watching TV, playing videogames.

**TEACHER
REFERENCE
ONLY**

CREATION OF A GRAPH: DETRIMENTAL LIFESTYLE LOG # 2

NAME: _____ DATE: _____

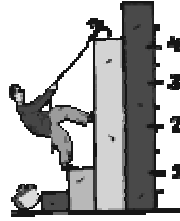
In the space below you will create a chart or graph that will represent your log. You can use a bar graph, line graph or pie chart. You will decide on which aspect of your graph you would like to represent and explain. Don't forget to use color and include a LEGEND.



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: *John*

Parents 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						
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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), and 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:

**TEACHER
REFERENCE
ONLY**

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

*Reduces time spent with friends and family, reduces time available for other pursuits,
encourages sedentary lifestyle.*

5- What is alcohol?

*An intoxicating by-product of fermentation causes by yeast acting on sugars and malt. The
most commonly used drug.*

6- How does alcohol affect your body?

*Difficulty walking, reflexes impaired, slowed reaction times, slurred speech, blurred vision,
impaired memory, judgment problems, irritates digestion system, etc...*

FINAL REFLECTION: DETRIMENTAL LIFESTYLE

NAME: _____

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

Student will write in the space here, their goal and they will check yes or no below.

Yes

No

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

Student should reflect, analyze, then list what he or she did that helped them achieve their goal.

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

Student should reflect on how they feel physical and emotionally since undergoing this process. Do they feel better / worse? Do they have more friends /fewer friends / different friends? Do they have more energy? Has their attitude changed?

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

**TEACHER
REFERENCE
ONLY**

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:

Here the student should reflect on some of the roadblocks that they encountered and how these obstructions eventually prevented their attaining their goal. Things like peer pressure, dependency or addiction to certain substances, problems at home, relationship problems, stress, etc...

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.drpbbody.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: *John* **Parents 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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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?

Is to be clean, to shower regular, brush my teeth, take care of my hair...

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

To remove dead skins cells and other particles that might accumulate on our skin. It is also to remove excess oil. To smell good.

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

Shampoo, soap, deodorant, razor...

--

**TEACHER
REFERENCE
ONLY**

8- Name 4 negative aspects of not being hygienic?

Smell, people don't want to get near you... Itchy, skin problems...

9- What are hair follicles?

"A hair follicle is part of the skin that grows hair by packing old cells together. Attached to the follicle is a density of sebaceous gland, a tiny sebum-producing gland found everywhere except on the palms, lips and soles of the feet. The thicker hair, the more sebaceous glands are found."

Reference: http://en.wikipedia.org/wiki/Hair_follicle

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

Yes, sebaceous glands that make sebum, which moisturizes the hair and skin.

**TEACHER
REFERENCE
ONLY**

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

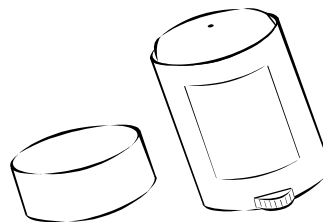
Clean them regularly, get a hair cut regularly, brush hair.

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

To protect feet against various foot diseases that can be caught in various public places, especially pool, public washrooms and showers....

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

Air out your shoes if needed, change shoes if you have more than one pair, you can also use various types of foot deodorants, change your socks...





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: *John*

Parents 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?

**TEACHER
REFERENCE
ONLY**

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?

To keep skin glowing, soft and hydrated naturally.

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

Keep pores clear and keep skin clean and hydrated.

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

"Dandruff - flakes of dead skin - can be noticeable in a person's hair and on clothing. No one really knows what cause dandruff, although recent studies seem to show that it may be caused by a type of fungus." You can use special shampoos found at the local pharmacy

Reference: http://kidshealth.org/teen/your_body/take_care/hair_care.html

8- What causes us to have “zits”?

“Acne is caused by oil glands and an accumulation of oil, dead skin cells, and bacteria, which leads to your inflammation in pores. Oil glands become stimulated when hormones become active during puberty, which is why people are likely to get acne in their teens. Because the tendency to develop acne is partly genetic, if other people in family had (or have) acne, you may be more likely to develop it too.”

Reference: http://kidshealth.org/teen/your_body/skin_stuff/prevent_acne.html

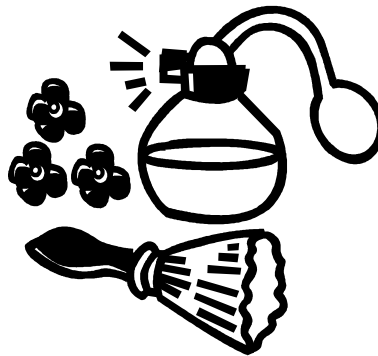
9- What can you do to avoid “zits”?

Clean your face in the morning and before going to bed. Clean your face after you exercise, avoid using oily make-up...

10- What can make acne worse?

Using inappropriate skin care products, over exposure to heat and sun, hair care products on preexisting acne (hair sprays and gel)...

**TEACHER
REFERENCE
ONLY**



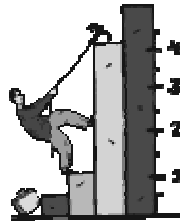
CREATION OF A GRAPH: PERSONAL HYGIENE LOG # 2

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: _____

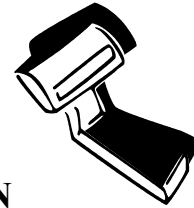
Log in the table below your personal hygiene actions. Make sure to check off the correct box and log how many times each day you have done this actions. If there are two checks in a box this means that you have done this action twice in a day. You must log for 2 weeks, 14 days in total.

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: John **Parents 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.
1							
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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:

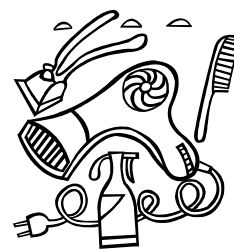
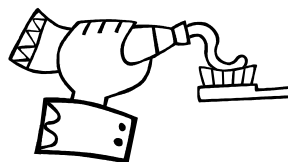
Yes:

No:

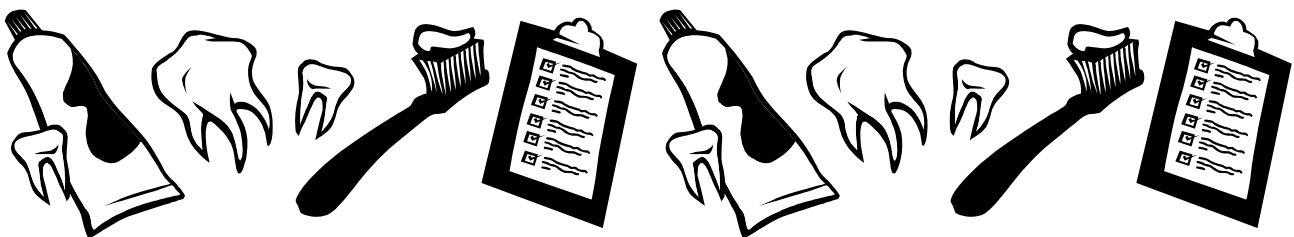
1- If my answer is YES, these are the 2 main reasons for which my plan has worked:

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:

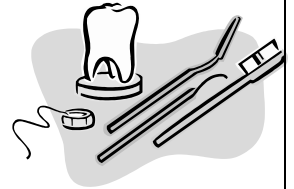


DENTAL HYGIENE



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.



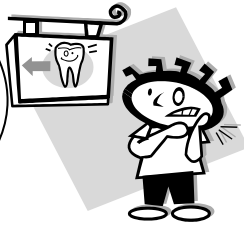
FOR MORE INFORMATION ON DENTAL HYGIENE VISIT THESE WEB SITES:

- <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: *John*

Parents signature: _____

DATE	Morning	Afternoon (lunch)	Night (Before going to bed)	Other	Flossing Today?
1					
2					
3					
4					
5					
6					
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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:

To take care of my oral health, such as taking care of my teeth...

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

1 to 2 times

4- Did you visit your dentist this year?

5- What is the main cause of cavities?

Lack of fluoride, lack of flossing...sugar...

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

Yes, a mouth piece similar to the professional athletes that we see on TV.

**TEACHER
REFERENCE
ONLY**

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

Coffee, soft drinks, smoking...

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

Garlic, onions, smoking...

**TEACHER
REFERENCE
ONLY**

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

Removes extra bacteria you can't get with your toothbrush.

10- Flossing is important. List 3 reasons why.

To remove plaque and tartar, to remove excess food that is stuck in between your teeth, to prevent bad breath, to keep your gums healthy...

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

Chipped teeth, extra sensitivity to hot, cold, acid...

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

After each meal, when you feel like it. Brush for a minimum of 2 minutes.

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 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 # 2:

Signature: *John*

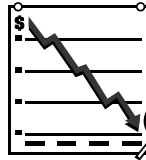
Parents signature: _____

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

CREATION OF A GRAPH: DENTAL HYGIENE LOG # 2

NAME: _____ DATE: _____

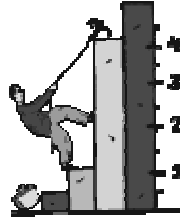
In the space below you will create a chart or graph that will represent your log. You can use a bar graph, line graph or pie chart. You will decide on which aspect of your graph you would like to represent and explain. Don't forget to use color and include a LEGEND



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:

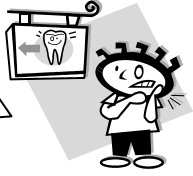
2- If my answer is YES, these are the 2 main reasons for which my plan has worked:

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: *John*

Parents 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:
