

Your Lifestyle Profile

To encourage people to take better care of themselves, the Department of National Health and Welfare includes health information with monthly old-age security and family allowance checks. About 11 million copies of the Lifestyle Profile reached some 17 million Canadians.

Circle or check the coloured signs that apply to you (+ indicates more than; - indicates less than).

Exercise

Amount of physical effort expended during the work-day: mostly

Heavy physical, walking, housework Desk work

Participation in physical activities—(skiing, golf, swimming, etc.) (lawn mowing, gardening, etc.)?

Daily Weekly Seldom

Participation in a vigorous exercise program?

3 times weekly Weekly Seldom

Average miles walked or jogged per day?

1+ -1 None

Flights of stairs climbed per day?

10+ -10

Nutrition

Are you overweight?

No 5 to 19 lbs. 20+ lbs.

Do you eat a wide variety of foods—something from each of the following five food groups: (1) meat, fish, poultry, dried legumes, eggs or nuts; (2) milk or milk products; (3) bread or cereals; (4) fruits; (5) vegetables?

Each day 3 times weekly

Alcohol

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

0 to 7 8 to 15 16+

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

0 to 7 8 to 15 16+

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

0 to 7 8 to 15 16+

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

0 to 7 8 to 15 16+

Drugs

Do you take drugs illegally?

No Yes

Do you consume alcoholic beverages together with certain drugs (tranquilizers, barbiturates, antihistamines or illegal drugs)?

No Yes

Do you use pain-killers improperly or excessively?

No Yes

Tobacco

Cigarettes smoked per day?

None -10 10+

Cigars smoked per day?

None -5 5+

Pipe tobacco pouches per week?

None -2 2+

Personal Health

Do you experience periods of depression?

Seldom Occasionally Frequently

Does anxiety interfere with your daily activities?

No Occasionally Frequently

Do you get enough satisfying sleep?

Yes No

Are you aware of the causes and dangers of VD?

Yes No

Breast self-examination? (If not applicable, do not score.)

Monthly Occasionally

Road and Water Safety

Mileage per year as driver or passenger?

-10,000 10,000+

Do you often exceed the speed limit?

No by 10 mph+ by 20 mph+

Do you wear a seatbelt?

Always Occasionally Never

Do you drive a motorcycle, moped or snowmobile?

No Yes

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

Yes No

Do you ever drive under the influence of alcohol?

Never Occasionally

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

Never Occasionally

Are you aware of water safety rules?

Yes No

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

Yes No

General

Average time watching TV per day (in hours)?

0 to 1 1 to 4 4+

Are you familiar with first-aid procedures?

Yes No

Do you ever smoke in bed?

No Occasionally Yes

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

Yes Occasionally No

Scoring: 1 point per ●; 3 per ▼; 5 per ● 34-45 Excellent. 46-55 Good. 56-65 Risky. 66- Hazardous.