

## FORM 1.1 FANTASTIC Lifestyle Checklist

*Instructions:* Unless otherwise specified, place an 'X' beside the box that best describes your behavior or situation in the past month. Explanations of questions and scoring are provided on the third page.

Family Friends	I have someone to talk to about things that are important to me	almost never		seldom		some of the time		fairly often		almost always	
	I give and receive affection	almost never		seldom		some of the time		fairly often		almost always	
Activity	I am vigorously active for at least 30 min per day (e.g., running, cycling, etc.)	less than once a week		1-2 times/week		3 times/week		4 times/week		5 or more times/week	
	I am moderately active (gardening, climbing stairs, walking, house-work)	less than once a week		1-2 times/week		3 times/week		4 times/week		5 or more times/week	
Nutrition	I eat a balanced diet (see explanation, third page)	almost never		seldom		some of the time		fairly often		almost always	
	I often eat excess: (1) sugar, or (2) salt, or (3) animal fats, or (4) junk foods	four of these		three of these		two of these		one of these		none of these	
	I am within ____ kg of my healthy weight	not within 8 kg (20 lb)		8 kg (20 lb)		6 kg (15 lb)		4 kg (10 lb)		2 kg (5 lb)	
Tobacco Toxics	I smoke tobacco	more than 10 times/week		1-10 times/week		none in the past 6 months		none in the past year		none in the past 5 years	
	I use drugs such as marijuana, cocaine	sometimes								never	
	I overuse pre-scribed drugs or over the counter drugs	almost daily		fairly often		only occasionally		almost never		never	
	I drink caffeine-containing coffee, tea, or cola	more than 10 times/week		7-10/day		3-6/day		1-2/day		never	

*(continued)*

(continued)

Alcohol	My average alcohol intake per week is _____ (see explanation, third page)	more than 20 drinks		13-20 drinks		11-12 drinks		8-10 drinks		0-7 drinks	
	I drink more than four drinks on occasion	almost daily		fairly often		only occasionally		almost never		never	
	I drive after drinking	sometimes								never	
Sleep Seatbelts Stress Safe sex	I sleep well and feel rested	almost never		seldom		some of the time		fairly often		almost always	
	I use seatbelts	never		seldom		some of the time		most of the time		always	
	I am able to cope with the stresses in my life	almost never		seldom		some of the time		fairly often		almost always	
	I relax and enjoy leisure time	almost never		seldom		some of the time		fairly often		almost always	
	I practice safe sex (see explanation, third page)	almost never		seldom		some of the time		fairly often		always	
Type of behavior	I seem to be in a hurry	almost always		fairly often		some of the time		seldom		almost never	
	I feel angry or hostile	almost always		fairly often		some of the time		seldom		almost never	
Insight	I am a positive or optimistic thinker	almost never		seldom		some of the time		fairly often		almost always	
	I feel tense or uptight	almost always		fairly often		some of the time		seldom		almost never	
	I feel sad or depressed	almost always		fairly often		some of the time		seldom		almost never	
Career	I am satisfied with my job or role	almost never		seldom		some of the time		fairly often		almost always	

- Step 1 Total the Xs in each column → ☐ ☐ ☐ ☐ ☐
- Step 2 Multiply the totals by the numbers indicated (write answers in box below) → 0    ×1    ×2    ×3    ×4
- Step 3 Add your scores across bottom for your grand total → ☐ ☐ ☐ ☐ ☐

## A Balanced Diet

According to Canada's Food Guide to Healthy Eating (for people four years and over):

*Different People Need Different Amounts of Food*

The amount of food you need every day from the four food groups and other foods depends on your age, body size, activity level, whether you are male or female, and if you are pregnant or breast feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, while male teenagers can select the higher number. Most other people can choose servings somewhere in between.

Grain products	Vegetables and fruit	Milk products	Meat and alternatives	Other foods
Choose whole-grain and enriched products more often.	Choose dark green and orange vegetables more often.	Choose lower fat milk products more often	Choose leaner meats, poultry and fish, as well as dried peas, beans, and lentils more often.	Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these are higher in fat or calories, so use these foods in moderation.
Recommended number of servings per day:				
5-12	5-10	Children 4-9 yrs: 2-3 Youth 10-16 yrs: 3-4 Adults: 2-4 Pregnant and breast-feeding women: 3-4	2-3	

## Alcohol Intake

1 drink equals:

		Canadian	Metric	U.S.
1 bottle of beer	5% alcohol	12 oz.	340.8 ml	10 oz.
1 glass of wine	12% alcohol	5 oz.	142 ml	4.5 oz.
1 shot of spirits	40% alcohol	1.5 oz.	42.6 ml	1.25 oz.

## Safe Sex

Refers to the use of methods of preventing infection or conception.

What does the score mean?				
85-100 Excellent	70-84 Very good	55-69 Good	35-54 Fair	0-34 Needs improvement

*Note:* A low total score does not mean that you have failed. There is always the chance to change your lifestyle—starting now. Look at the areas where you scored a 0 or 1 and decide which areas you want to work on first.

## Tips

1. Don't try to change all the areas at once. This will be too overwhelming for you.
2. Writing down your proposed changes and your overall goal will help you to succeed.
3. Make changes in small steps toward the overall goal.
4. Enlist the help of a friend to make similar changes or to support you in your attempts.
5. Congratulate yourself for achieving each step. Give yourself appropriate rewards.
6. Ask your physical activity professional, family physician, nurse, or health department for more information on any of these areas.

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