



# WELLNESS WORKSHEET I

## Evaluate Your Lifestyle

All of us want optimal health. But many of us do not know how to achieve it. Taking this quiz, adapted from one created by the U.S. Public Health Service, is a good place to start. The behaviors covered in the test are recommended for most Americans. (Some of them may not apply to people with certain diseases or disabilities or to pregnant women, who may require special advice from their physicians.) After you take the quiz, add up your score for each section.

	Almost always	Sometimes	Never
<b>Tobacco Use</b>			
If you never use tobacco, enter a score of 10 for this section and go to the next section.			
1. I avoid using tobacco.	2	1	0
2. I smoke only low-tar-and-nicotine cigarettes <i>or</i> I smoke a pipe or cigars <i>or</i> I use spit tobacco.	2	1	0
Tobacco Score:			

<b>Alcohol and Other Drugs</b>			
1. I avoid alcohol <i>or</i> I drink no more than 1 (women) or 2 (men) drinks a day.	4	1	0
2. I avoid using alcohol or other drugs as a way of handling stressful situations or problems in my life.	2	1	0
3. I am careful not to drink alcohol when taking medications, such as for colds or allergies, or when pregnant.	2	1	0
4. I read and follow the label directions when using prescribed and over-the-counter drugs.	2	1	0
Alcohol and Other Drugs Score:			

<b>Nutrition</b>			
1. I eat a variety of foods each day, including seven or more servings of fruits and vegetables, depending on my calorie intake.	3	1	0
2. I limit the amount of total fat and saturated and trans fat in my diet.	3	1	0
3. I avoid skipping meals.	2	1	0
4. I limit the amount of salt and sugar I eat.	2	1	0
Nutrition Score:			

<b>Exercise/Fitness</b>			
1. I engage in moderate exercise for 20–60 minutes, 3–5 times a week.	4	1	0
2. I maintain a healthy weight, avoiding being overweight or underweight.	2	1	0
3. I do exercises to develop muscular strength and endurance at least twice a week.	2	1	0
4. I spend some of my leisure time participating in physical activities such as gardening, bowling, golf, or baseball.	2	1	0
Exercise/Fitness Score:			

(over)

WELLNESS WORKSHEET I — continued

**Emotional Health**

	Almost always	Sometimes	Never
1. I enjoy being a student, and I have a job or do other work that I like.	2	1	0
2. I find it easy to relax and express my feelings freely.	2	1	0
3. I manage stress well.	2	1	0
4. I have close friends, relatives, or others I can talk to about personal matters and call on for help.	2	1	0
5. I participate in group activities (such as church and community organizations) or hobbies that I enjoy.	2	1	0

Emotional Health Score: \_\_\_\_\_

**Safety**

1. I wear a safety belt while riding in a car.	2	1	0
2. I avoid driving while under the influence of alcohol or other drugs.	2	1	0
3. I obey traffic rules and the speed limit when driving.	2	1	0
4. I read and follow instructions on the labels of potentially harmful products or substances, such as household cleaners, poisons, and electrical appliances.	2	1	0
5. I avoid smoking in bed.	2	1	0

Safety Score: \_\_\_\_\_

**Disease Prevention**

1. I know the warning signs of cancer, diabetes, heart attack, and stroke.	2	1	0
2. I avoid overexposure to the sun and use sunscreens.	2	1	0
3. I get recommended medical screening tests (such as blood pressure checks and Pap tests), immunization, and booster shots.	2	1	0
4. I practice monthly breast/testicle self-exams.	2	1	0
5. I am not sexually active <i>or</i> I have sex with only one mutually faithful, uninfected partner <i>or</i> I always engage in safer sex (using condoms) <i>and</i> I do not share needles to inject drugs.	2	1	0

Disease Prevention Score: \_\_\_\_\_

**What Your Scores Mean**

**Scores of 9 and 10**—Excellent! Your answers show that you are aware of the importance of this area to wellness. More important, you are putting your knowledge to work for you by practicing good health habits. As long as you continue to do so, this area should not pose a serious health risk.

**Scores of 6–8**—Your health practices in this area are good, but there is room for improvement.

**Scores of 3–5**—Your health risks are showing!

**Scores of 0–2**—Your answers show that you may be taking serious and unnecessary risks with your health.



## WELLNESS WORKSHEET 2

### Wellness Profile

Fill in your strengths for each of the dimensions of wellness described below. Examples of strengths are listed with each dimension.

**Physical wellness:** To maintain overall physical health and engage in appropriate physical activity (e.g., stamina, strength, flexibility, healthy body composition).

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**Emotional wellness:** To have a positive self-concept, deal constructively with your feelings, and develop positive qualities (e.g., optimism, trust, self-confidence, determination, persistence, dedication).

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**Intellectual wellness:** To pursue and retain knowledge, think critically about issues, make sound decisions, identify problems, and find solutions (e.g., common sense, creativity, curiosity).

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**Spiritual wellness:** To develop a set of beliefs, principles, or values that give meaning or purpose to your life; to develop faith in something beyond yourself (e.g., religious faith, service to others).

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**Interpersonal/social wellness:** To develop and maintain meaningful relationships with a network of friends and family members and to contribute to the community (e.g., friendly, good-natured, compassionate, supportive, good listener).

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**Environmental wellness:** To protect yourself from environmental hazards, and to minimize the negative impact of your behavior on the environment (e.g., carpools, recycling).

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WELLNESS WORKSHEET 2 — continued

Next, choose what you believe are your five most important strengths, and record them under “Core Wellness Strengths.”

**Core Wellness Strengths**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

Finally, mark on the continuums below where you think you fall for each dimension.

Low Level of Wellness	Physical, Psychological, Emotional Symptoms	Change and Growth	High Level of Wellness
←----- Physical wellness -----→			
←----- Emotional wellness -----→			
←----- Intellectual wellness -----→			
←----- Spiritual wellness -----→			
←----- Interpersonal/social wellness -----→			
←----- Environmental wellness -----→			



## WELLNESS WORKSHEET 3

### Stages of Change

The stages of change model of behavior change includes six well-defined stages that people move through as they work to change a target behavior. It is important to determine what stage you are in now so that you can choose appropriate techniques for progressing through the cycle of change.

Target behavior/problem: \_\_\_\_\_

Goal of behavior change: \_\_\_\_\_

Examples of target behaviors include smoking, eating candy bars every afternoon, and never wearing a safety belt; the goal of your behavior change program might be quitting smoking, eating only one candy bar per week, or wearing a safety belt every time you are a driver or passenger in a car.

#### Part I. Assess Your Stage

To determine your stage, check true or false for each of the following statements:

- | True  | False |  |
|-------|-------|--|
| _____ | _____ | 1. I changed my target behavior more than 6 months ago.  |
| _____ | _____ | 2. I changed my target behavior within the past 6 months.  |
| _____ | _____ | 3. I intend to take action in the next month and have already made a few small changes in my behavior. |
| _____ | _____ | 4. I intend to take action on my target behavior in the next 6 months.                                 |

Find the stage that corresponds to your responses:

False for all four statements = Precontemplation

True for statement 4, false for statements 1–3 = Contemplation

True for statements 3 and 4, false for statements 1 and 2 = Preparation

True for statement 2, false for statement 1 = Action

True for statement 1 = Maintenance

#### Part II. Strategies for Change

To help you move forward in the cycle of change, try the techniques and strategies listed below for your stage. (You may find it helpful to work through the strategies for all the stages.) Put a check next to any strategy that you complete.

##### Precontemplation

- \_\_\_\_\_ Investigate your target behavior—make a list of the ways it affects you now and how it may affect you in the future:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(over)

WELLNESS WORKSHEET 3 — continued

\_\_\_\_\_ Become aware of the mental defenses you use to resist change; examples of defenses include denying the consequences of your target behavior and rationalizing your reasons for not changing. List some of the key mental defense mechanisms that you use to resist change:

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\_\_\_\_\_ Enlist friends and family members to help you learn more about your target behavior and the defenses that block your progress. List the people you have spoken with, and briefly describe what they told you about the defense mechanisms you use:

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\_\_\_\_\_ Identify and list community resources that can help you change your target behavior—for example, a stop-smoking program or a stress-management workshop:

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**Contemplation**

\_\_\_\_\_ Engage your emotions through strategies such as imagining your life without changing, watching movies related to your target behavior, and becoming more aware of the current effects of your target behavior (for example, blow cigarette smoke or spit tobacco juice into a white handkerchief, have someone videotape you while you are drunk or hung over, or make a pile of the amount of candy or junk food you eat in a month). List the strategies you tried:

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\_\_\_\_\_ Keep a journal of your target behavior to establish a baseline. Examine the behaviors that lead up to and follow your target behavior (see Wellness Worksheet 4).

\_\_\_\_\_ Complete a cost-benefit analysis of your target behavior:

Pros of current behavior:

Cons of current behavior:

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Pros of changing:

Cons of changing:

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WELLNESS WORKSHEET 3 — continued

\_\_\_\_\_ Create a new self-image: Describe yourself and your life after you change your target behavior:

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\_\_\_\_\_ Enlist the help of friends and family members to support your efforts and help you identify the causes and consequences of your target behavior. List the people you've spoken with, and briefly describe what they told you about your target behavior:

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**Preparation**

\_\_\_\_\_ Make change a priority in your life; plan to commit the necessary time and effort to change.

\_\_\_\_\_ Create a specific plan for change, and complete a contract (see Wellness Worksheet 5).

\_\_\_\_\_ Tell the people in your life about the change you'll be making, and enlist their help. List the people you've spoken with and how they will help in your program for change:

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**Action**

See Chapter 1 in your text for a detailed discussion of strategies for the action stage of change.

\_\_\_\_\_ Use a journal to monitor your behavior.

\_\_\_\_\_ Substitute healthier responses for your problem behavior. Complete Wellness Worksheet 4 to help you identify ways to break the chain of events that leads to your target behavior.

\_\_\_\_\_ Manage your stress level, and don't let yourself get overwhelmed. (See Chapter 2 in your text for a detailed discussion of stress-management techniques.) List three strategies you'll use to help manage stress during your behavior change program:

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### WELLNESS WORKSHEET 3 — continued

- \_\_\_\_\_ Practice positive, realistic self-talk (see Chapter 3 in your text).
- \_\_\_\_\_ Make changes in your environment that will discourage your target behavior and encourage healthier choices. Identify cues that trigger your target behavior and develop strategies for avoiding them or making different choices (complete Wellness Worksheet 4).
- \_\_\_\_\_ Give yourself the rewards you named in your contract (Wellness Worksheet 5) as well as plenty of self-praise.
- \_\_\_\_\_ Involve the people around you. Find a buddy to work with you on change and/or find a role model who has already made the change you are working toward and who can provide both inspiration and practical advice.  
Buddy: \_\_\_\_\_  
Role model: \_\_\_\_\_
- \_\_\_\_\_ Keep a positive attitude about yourself and the change you are attempting. Don't get discouraged—the action stage typically lasts for at least several months.

#### **Maintenance**

Continue with all the positive strategies you used in the action stage.

- \_\_\_\_\_ Continue to monitor your behavior with a journal.
- \_\_\_\_\_ Continue to manage your environment.
- \_\_\_\_\_ Continue to practice realistic self-talk.
- \_\_\_\_\_ Guard against slips, but don't let a slip set you back. Be prepared for complications.
- \_\_\_\_\_ Help someone else make the change that you have just made. (Person to help: \_\_\_\_\_.)

#### **Termination**

If you complete the previous five stages and are no longer tempted to lapse back to your target behavior, you are in the termination stage. You have a new self-image, positive feelings of self-efficacy, and a healthier lifestyle.

For more on the stages of change model and many additional practical strategies, see the text *Changing for Good* by James Prochaska, John Norcross, and Carlo DiClemente (Avon Books).





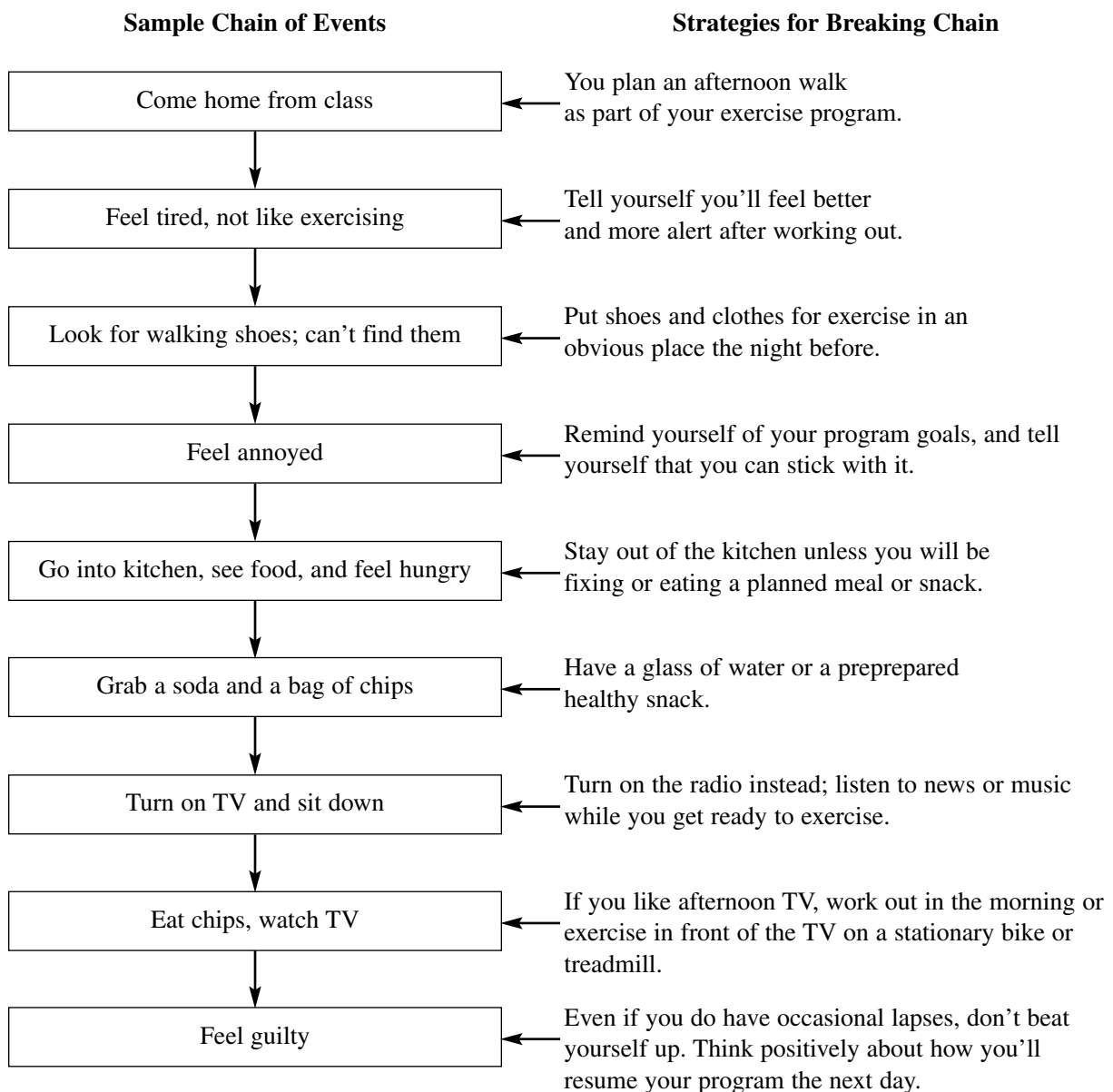
## WELLNESS WORKSHEET 4

### Breaking Behavior Chains

Select a wellness-related behavior you think you might like to change. Examples are smoking cigarettes, eating candy bars every night, and not wearing a safety belt.

Target behavior \_\_\_\_\_

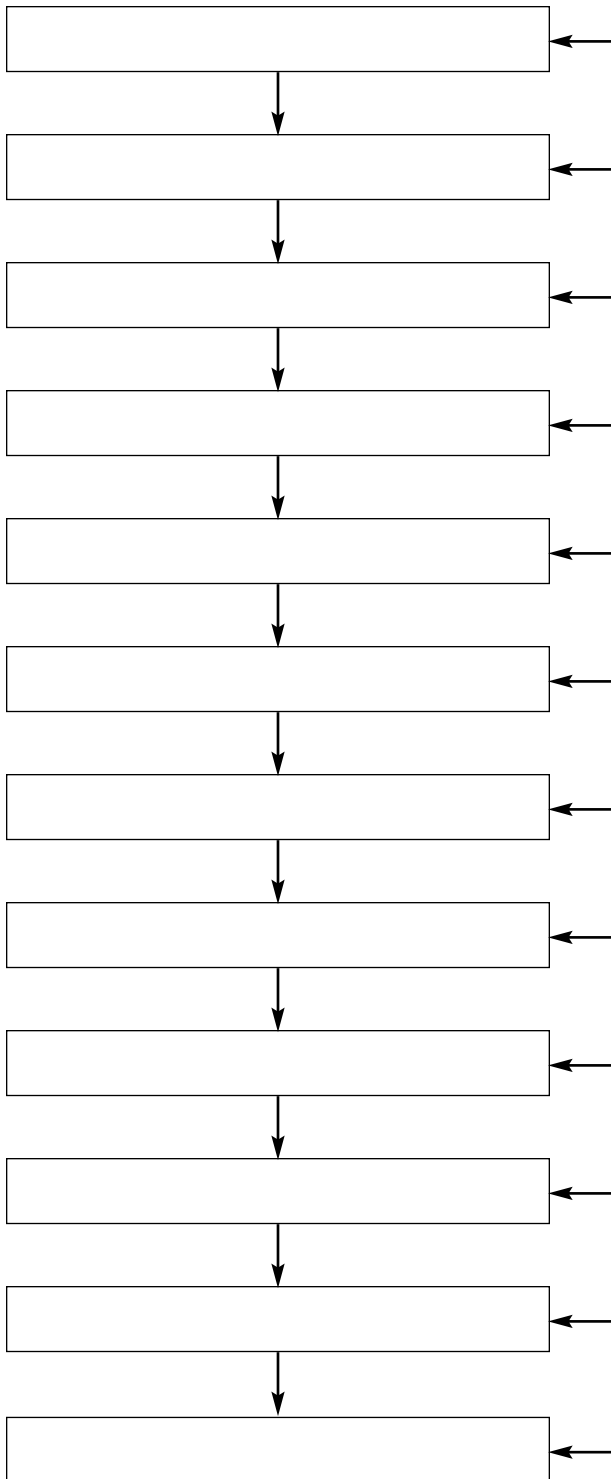
Use your health journal to collect information about your target behavior—what leads up to it and what follows it. By tracing this chain of events, you'll be able to identify points in the chain where you can make a change. The partial behavior chain below shows a sequence of events for a person who wants to add exercise to a daily routine—but who winds up snacking and watching TV instead. By examining the chain carefully, you can identify ways to break it at every step. After you review this sample, go through the same process for a typical chain of events involving your target behavior; use the blank behavior chain on the next page.



(over)

**Chain of Events**

**Strategies for Breaking Chain**





## WELLNESS WORKSHEET 5

### Behavior Change Contract

Once you have chosen a behavior you wish to change and have identified ways to change it (see Wellness Worksheet 4), your next step is to sign a behavior change contract. Your contract should show your commitment to changing your behavior and include details of your program. Use the contract shown below, or devise one that more closely fits your goals and your program.

(1) I \_\_\_\_\_ agree to \_\_\_\_\_  
(name) (specify behavior you want to change)

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(2) I will begin on \_\_\_\_\_ and plan to reach my goal of \_\_\_\_\_  
(start date) (specify final goal)

by \_\_\_\_\_.  
(final target date)

(3) In order to reach my final goal, I have devised the following schedule of minigoals. For each step in my program, I will give myself the reward listed.

<small>(minigoal 1)</small>	<small>(target date)</small>	<small>(reward)</small>
<small>(minigoal 2)</small>	<small>(target date)</small>	<small>(reward)</small>
<small>(minigoal 3)</small>	<small>(target date)</small>	<small>(reward)</small>

My overall reward for reaching my final goal will be \_\_\_\_\_

(4) I have gathered and analyzed data on my target behavior and have identified the following strategies for changing my behavior: \_\_\_\_\_

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(5) I will use the following tools to monitor my progress toward reaching my final goal:  
(list any charts, graphs, or journals you plan to use)

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I sign this contract as an indication of my personal commitment to reach my goal.

\_\_\_\_\_ (your signature) \_\_\_\_\_ (date)

I have recruited a helper who will witness my contract and \_\_\_\_\_

\_\_\_\_\_ (list any way in which your helper will participate in your program)

\_\_\_\_\_ (witness's signature) \_\_\_\_\_ (date)

*(over)*

WELLNESS WORKSHEET 5 — continued

Describe any special strategies you will use to help change your behavior.

Create a plan below for any type of chart, graph, or journal you will use to monitor your progress.



## WELLNESS WORKSHEET 6

### Levenson Multidimensional Locus of Control Scales

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For each of the following statements, indicate the extent to which you agree or disagree by writing in the appropriate number.

- 3 = strongly disagree
- 2 = disagree somewhat
- 1 = slightly disagree
- +1 = slightly agree
- +2 = agree somewhat
- +3 = strongly agree

- \_\_\_\_\_ 1. Whether or not I get to be a leader depends mostly on my ability.
- \_\_\_\_\_ 2. To a great extent my life is controlled by accidental happenings.
- \_\_\_\_\_ 3. I feel like what happens in my life is mostly determined by powerful people.
- \_\_\_\_\_ 4. Whether or not I get into a car accident depends mostly on how good a driver I am.
- \_\_\_\_\_ 5. When I make plans, I am almost certain to make them work.
- \_\_\_\_\_ 6. Often there is no chance of protecting my personal interests from bad luck.
- \_\_\_\_\_ 7. When I get what I want, it's usually because I'm lucky.
- \_\_\_\_\_ 8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.
- \_\_\_\_\_ 9. How many friends I have depends on how nice a person I am.
- \_\_\_\_\_ 10. I have often found that what is going to happen will happen.
- \_\_\_\_\_ 11. My life is chiefly controlled by powerful others.
- \_\_\_\_\_ 12. Whether or not I get into a car accident is mostly a matter of luck.
- \_\_\_\_\_ 13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.
- \_\_\_\_\_ 14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.
- \_\_\_\_\_ 15. Getting what I want requires pleasing those people above me.
- \_\_\_\_\_ 16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.
- \_\_\_\_\_ 17. If important people were to decide they didn't like me, I probably wouldn't make many friends.
- \_\_\_\_\_ 18. I can pretty much determine what will happen in my life.
- \_\_\_\_\_ 19. I am usually able to protect my personal interests.
- \_\_\_\_\_ 20. Whether or not I get into a car accident depends mostly on the other driver.
- \_\_\_\_\_ 21. When I get what I want, it's usually because I worked hard for it.
- \_\_\_\_\_ 22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.
- \_\_\_\_\_ 23. My life is determined by my own actions.
- \_\_\_\_\_ 24. It's chiefly a matter of fate whether or not I have a few friends or many friends.

(over)

## WELLNESS WORKSHEET 6 — continued

### Scoring

Total your responses for the items listed for each of the three parts of the scale; add +24 to each of your three totals.

Internal Locus of Control: Total your responses for items 1, 4, 5, 9, 18, 19, 21, and 23; then add +24.

Score: \_\_\_\_\_

Powerful Others: Total your responses for items 3, 8, 11, 13, 15, 17, 20, and 22; then add +24.

Score: \_\_\_\_\_

Chance: Total your responses for items 2, 6, 7, 10, 12, 14, 16, and 24; then add +24.

Score: \_\_\_\_\_

Your scores should be between 0 and 48. A high rating on the Internal Locus of Control scale indicates that you have a strong internal locus of control. An internal locus of control can be helpful for successful behavior change.

High ratings on either the Powerful Others scale or the Chance scale indicate a strong external locus of control. If you rate high on the Powerful Others scale, you typically believe that your fate is controlled by other people; if you rate high on the Chance scale, you believe your fate is controlled by chance.



## WELLNESS WORKSHEET 7

### Occupational Wellness

To the six dimensions of wellness described in your text, some researchers add a seventh: occupational wellness. If you consider the total amount of time you will spend in the workplace over your lifetime, you can see how important occupational wellness is to your sense of well-being. Occupational wellness means that through your work, you gain personal satisfaction, find enrichment and meaning, build useful skills, and contribute to your community. It requires successful time management, stress reduction, and communication and negotiation. The following questions can help you discover more about what occupational wellness means to you and how to achieve it.

### Values

In each of the following categories, put a check next to any item that is true for your job or life now and a plus sign in front of any item that you would like to develop more.

*Career values:* In my occupation, I do (✓); I would like to (+):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Create beauty      | <input type="checkbox"/> Help people     | <input type="checkbox"/> Organize things        |
| <input type="checkbox"/> Create ideas       | <input type="checkbox"/> Improve society | <input type="checkbox"/> Perform physical tasks |
| <input type="checkbox"/> Experience variety | <input type="checkbox"/> Make things     | <input type="checkbox"/> Take responsibility    |
| <input type="checkbox"/> Follow directions  | <input type="checkbox"/> Manage people   |   |

*Result values:* I have (✓); I'd like to have more (+):

- |   |                                       |                                    |
|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Adventure              | <input type="checkbox"/> Independence | <input type="checkbox"/> Power     |
| <input type="checkbox"/> Beautiful surroundings | <input type="checkbox"/> Leisure time | <input type="checkbox"/> Prestige  |
| <input type="checkbox"/> Comfort                | <input type="checkbox"/> Money        | <input type="checkbox"/> Security  |
| <input type="checkbox"/> Fun                    | <input type="checkbox"/> Possessions  | <input type="checkbox"/> Structure |
| <input type="checkbox"/> Happiness              |                                       |                                    |

*Personal qualities:* I am (✓); I'd like to be more (+):

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Accepting     | <input type="checkbox"/> Cooperative  | <input type="checkbox"/> Honest/fair |
| <input type="checkbox"/> Affectionate  | <input type="checkbox"/> Courteous    | <input type="checkbox"/> Intelligent |
| <input type="checkbox"/> Ambitious     | <input type="checkbox"/> Creative     | <input type="checkbox"/> Joyful      |
| <input type="checkbox"/> Balanced      | <input type="checkbox"/> Decisive     | <input type="checkbox"/> Kind        |
| <input type="checkbox"/> Brave         | <input type="checkbox"/> Disciplined  | <input type="checkbox"/> Loving      |
| <input type="checkbox"/> Calm          | <input type="checkbox"/> Efficient    | <input type="checkbox"/> Loyal       |
| <input type="checkbox"/> Caring        | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Mature      |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Famous       | <input type="checkbox"/> Neat        |
| <input type="checkbox"/> Competitive   | <input type="checkbox"/> Friendly     | <input type="checkbox"/> Needed      |
| <input type="checkbox"/> Confident     | <input type="checkbox"/> Good-looking | <input type="checkbox"/> Optimistic  |
| <input type="checkbox"/> Conscientious | <input type="checkbox"/> Healthy      | <input type="checkbox"/> Peaceful    |

(over)

## WELLNESS WORKSHEET 7 — continued

___ Poised	___ Strong	___ Verbal
___ Prompt	___ Successful	___ Warm
___ Self-accepting	___ Trusting	___ Wise
___ Sensitive	___ Understanding	

### Skills

For each of the following occupation-related qualities, rate your current status (1–5): 1 indicates that your skills are limited in an area and 5 indicates a significant personal strength. Also place a plus sign (+) next to the qualities that you'd like to develop further. Circle the names of any skills that you think are or will be important in your working life.

- \_\_\_ *Logical intelligence:* Think, observe, plan, analyze, evaluate, understand, solve problems; put ideas and information together to deal with complex operations; plan and organize work; keep track of verbal and numerical information in an orderly way; make decisions using common sense based on practical experience.
- \_\_\_ *Intuitive intelligence:* Imagine, compare, see things holistically, decide based on best guesses and intuitive common sense rather than rules or measurements; use words, numbers, or symbols creatively; develop new ideas, new processes, new combinations.
- \_\_\_ *Verbal ability:* Use words to read, research, write, listen, record, discuss, direct, instruct, communicate, motivate.
- \_\_\_ *Numerical ability:* Use numbers and symbols to measure, figure, calculate, estimate, keep books, budget, analyze.
- \_\_\_ *Exactness with detail:* Follow directions exactly; make decisions based on set rules or measurements; attend to small details in proofreading words, numbers, symbols, and/or diagrams or in examining lines and shapes of products.
- \_\_\_ *Facility with multidimensional form:* Understand, visualize, relate two- or three-dimensional lines or shapes, spaces, shading—sometimes in color.
- \_\_\_ *Facility in businesslike contact with people:* Manage, supervise, organize, motivate, entertain, train, serve, negotiate with, cooperate with people.
- \_\_\_ *Ability to influence people:* Persuade/inspire others to think or behave in certain ways; teach, exchange, interpret ideas/facts/feelings; help others solve personal problems.
- \_\_\_ *Finger/hand agility:* Use fingers/hands to make, repair, process, test, assemble, operate various products/machines/tools using special techniques, sometimes very complex.
- \_\_\_ *Whole body agility:* Use the whole body to handle, carry, lift, move, balance, or coordinate itself or physical objects.

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### **Values and Skills: A Summary**

Write a brief summary of the items you've marked in the previous two sections. What do you value, and what are your current and target skills? What does this say about the type of occupation you should have in order to achieve occupational wellness?

### **Past and Current Jobs**

Briefly describe your current occupation and any past jobs. Rate them according to some of the major characteristics of occupational wellness, including satisfaction, meaning, and consistency with your key values and skills/strengths.

### **Goals**

What lifestyle would you like to have? Describe your ideals in areas such as home, clothing, food, family, friends, associates, transportation, pets, gadgets, activities and hobbies, and travel:

*(over)*

## WELLNESS WORKSHEET 7 — continued

If you could instantly have the job of your dreams, what would it be? If your goal were to please yourself and your family, what would it be? If your goal were to improve the world, what would it be?

### **Moving Forward**

Look back over all your lists and pick an area for improvement or development. What specific steps, large or small, can you take to improve this area of your life to boost your current or future occupational wellness? If necessary, see a counselor to talk over problem areas or values conflicts.

Area to improve: \_\_\_\_\_

Steps to take:



## WELLNESS WORKSHEET 8

### Create a Family Health Portrait

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The Surgeon General's Family History Initiative encourages all American families to learn more about their family history. Knowing your family health history is a powerful guide to understanding risk for disease. However, keep in mind that a family history of a particular illness may increase risk, but it almost never guarantees that other family members will develop the illness.

To get the most accurate health history information, it is important to talk directly with your relatives. Explain to them that their health information can help improve prevention and screening of diseases for all family members.

Start by asking your relatives about any health conditions they have had—including history of chronic illnesses, such as heart disease; pregnancy complications, such as miscarriage; and any developmental disabilities. (You may want to refer to Wellness Worksheet 45 for a list of conditions and diseases.) Get as much specific information as possible. It is most useful if you can list the formal name of any medical condition that has affected you or your relatives. You can get help finding information about health conditions that have affected you and your family members—living or deceased—by asking relatives or health care professionals for information or by getting copies of medical records. If you are planning to have children, you and your partner should each create a family health portrait and show it to your health care professional.

The Family Health Portrait chart on the next three pages will help you collect and organize your family information. (The chart is also available in a downloadable interactive format from the Department of Health and Human Services at [www.hss.gov/familyhistory](http://www.hss.gov/familyhistory).) No form can reflect every version of the American family, so use this chart as a starting point and adapt it to your family's needs. First, complete the personal information, including the number of relatives you have in each category and whether you have any of the six conditions listed. Then complete the family information, including any health conditions your family members have, their age at diagnosis, and, if they are deceased, the age at which they died. Because some conditions are more common in people with certain ethnic ancestries, you may also want to record your relatives' ancestry or country of origin under their names.

Once you complete the Family Health Portrait, take it to your health care professional so that he or she can better individualize your health care. Be sure to make a copy for your records and update it as circumstances change or you learn more about your family's health history.

(over)

**PERSONAL INFORMATION**

**Name:** (Last) \_\_\_\_\_

(First) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Are you an identical twin?** Yes \_\_\_ No \_\_\_

Record the number of family members you have in the box below. These are the family members who are most relevant to your health history.

Record whether you have any of the 6 conditions listed below. These diseases are tracked because they are common and we have very good information about how to avoid them.

In the spaces labeled “Other,” enter other diseases or conditions you have.

Once you complete this tool, you can enter the information online at <http://www.surgeongeneral.gov/familyhistory/>

NUMBER OF FAMILY MEMBERS <i>Related by blood, living or deceased</i>	
GRANDPARENTS:	4 _____
MOTHER:	1 _____
FATHER:	1 _____
AUNTS:	_____
UNCLES:	_____
SISTERS:	_____
BROTHERS:	_____
DAUGHTERS:	_____
SONS:	_____
HALF SISTERS:	_____
HALF BROTHERS:	_____

Do you have any of these health conditions?	YES/NO	AGE AT DIAGNOSIS
HEART DISEASE		
STROKE		
DIABETES		
COLON CANCER		
BREAST CANCER		
OVARIAN CANCER		
OTHER		

**Family Information**

List below your blood relatives and the illnesses they may have suffered, even if you do not know the medical name. Refer back to the box, “Number of Family Members” so you don’t forget anyone. Fill in as much information as you can. Be sure to report diseases such as heart disease, stroke, diabetes, or cancer (especially colon, breast, or ovarian cancers) that have occurred in your family.

FAMILY (BLOOD RELATED ONLY)	RELATIVE'S NAME	RELATIONSHIP TO YOU	TWIN? (Y/N)	HEALTH CONDITION	AGE AT DIAGNOSIS	LIVING? (Y/N)	AGE AT DEATH	
<b>IMMEDIATE</b> <i>(brothers, sisters, parents, children)</i>								
<b>MOTHER'S</b> <i>(her father, her mother, her sisters, her brothers)</i>								

(over)

WELLNESS WORKSHEET 8 — continued

FAMILY (BLOOD RELATED ONLY)	RELATIVE'S NAME	RELATIONSHIP TO YOU	TWIN? (Y/N)	HEALTH CONDITION	AGE AT DIAGNOSIS	LIVING? (Y/N)	AGE AT DEATH
<b>MOTHER'S CONTINUED</b>							
<b>FATHER'S</b> <i>(his father, his mother, his sisters, his brothers)</i>							

SOURCE: Department of Health and Human Services. 2007. The Surgeon General's Family History Initiative: My Family Health Portrait (<http://www.hhs.gov/familyhistory>; retrieved November 19, 2008).



## WELLNESS WORKSHEET 9

### Wellness on the World Wide Web

---

The World Wide Web can be an important source of up-to-date wellness information. In the first part of this worksheet, you'll practice navigating around a Web site; in the second part, you'll use a search engine to find information on a particular topic.

#### Part I. Explore a Web Site

Choose one of the sites listed below, and enter the address (uniform resource locator, or URL) into the Address box of your Web browser.

Centers for Disease Control and Prevention: <http://www.cdc.gov>

FirstGov for Consumers: Health: <http://www.consumer.gov/health.htm>

Healthfinder: <http://www.healthfinder.gov>

National Institutes of Health: <http://www.nih.gov>

National Library of Medicine MedlinePlus: <http://medlineplus.gov>

Site chosen (URL): \_\_\_\_\_

The home page of the site should have a menu of the information available at the site. Choose two items to explore. Click on each one in turn, and briefly describe what you find.

1. Menu item: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Menu item: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the Web site you've chosen for the following other features and circle "yes" or "no":

Yes	No	Does the Web site have links to other sites? About how extensive is the list of links? Is it organized in an easy-to-use fashion?
-----	----	---

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

WELLNESS WORKSHEET 9 — continued

Yes    No    Does the site have an index, a contents page, or search capability? If so, is it easy to use?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes    No    Does the site give a “last modified” date? If so, note it below. Are there any other indications of currency, such as an “in the news,” “what’s new,” or “late-breaking information” section?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes    No    Is there a mission statement or an “about us” section that tells more about the sponsor(s) of the site? Are there any indications of potential bias? How would you rate the overall reliability of the site?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes    No    Is there an e-mail address for a contact person or department? If so, note it below:  
\_\_\_\_\_

Choose one topic and follow a series of links to the most specific level. For example, at the Healthfinder site, you can click in turn on Health A–Z, “N,” Nutrition, and the Dietary Guidelines for Americans 2005.

Topic: \_\_\_\_\_

Brief description of the most specific level of information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you still on a page affiliated with the site you started with? Does the first part of your current URL match that of the home page of the original site?

Current URL: \_\_\_\_\_

If not, can you determine what organization or agency sponsors or maintains the current site?  
\_\_\_\_\_

Finally, what are your overall impressions of the site? Did it provide helpful, reliable information? Was it easy and enjoyable to use? What improvements would you recommend for the site?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Part II. Search the World Wide Web**

Choose a specific topic to investigate—for example, skin cancer prevention, bulimia, home HIV or hepatitis tests, or binge drinking by college students. Use the search engine that accompanies your browser or one of the search engines or directories listed below:

All the Web:	<a href="http://www.alltheweb.com">http://www.alltheweb.com</a>	Google:	<a href="http://www.google.com">http://www.google.com</a>
AltaVista:	<a href="http://www.altavista.com">http://www.altavista.com</a>	Hotbot:	<a href="http://www.hotbot.com">http://www.hotbot.com</a>
Ask:	<a href="http://www.ask.com">http://www.ask.com</a>	Lycos:	<a href="http://www.lycos.com">http://www.lycos.com</a>
Dogpile:	<a href="http://www.dogpile.com">http://www.dogpile.com</a>	Yahoo!:	<a href="http://www.yahoo.com">http://www.yahoo.com</a>

To use the search engine, you may need to enter key words or navigate through a series of increasingly specific directories; some search engines offer both key word and directory searches. The search engine will return a list of sites (with hyperlinks) that match your search parameters, often with a brief description of each site.

When you are searching, it's best to make your searches as specific as possible. Searching for key words like "fitness" or "cancer" will yield millions of matches. You are better off searching with more specific phrases—"in-line skating" or "breast cancer treatments," for example. If the search engine has a help section, take a look at it. Different search engines have different rules for how best to enter key words. For example, you may need to enclose phrases in quotation marks or put plus or minus signs in front of words to obtain an appropriate result.

Search engine in use: \_\_\_\_\_

Topic chosen: \_\_\_\_\_

Once you've completed your search, choose two of the sites to investigate. Write a brief description of each one; include your evaluation of the site's reliability, currency, and usefulness.

1. URL: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description of site: \_\_\_\_\_

\_\_\_\_\_

Does the site seem reliable? Why or why not? \_\_\_\_\_

\_\_\_\_\_

Does the site seem current? Why or why not? \_\_\_\_\_

\_\_\_\_\_

Is the site easy to use and helpful? Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(over)

WELLNESS WORKSHEET 9 — continued

2. URL: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description of site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the site seem reliable? Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the site seem current? Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the site easy to use and helpful? Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You'll find additional Internet activities in later Wellness Worksheets.



## WELLNESS WORKSHEET 10

### Identify Your Stress Level and Your Key Stressors

Many symptoms of excess stress are easy to self-diagnose. To help determine how much stress you experience on a daily basis, answer the following questions.

How many of the symptoms of excess stress in the list below do you experience frequently? \_\_\_\_\_

**Yes    No**

- |     |     |  |
|-----|-----|--|
| ___ | ___ | 1. Are you easily startled or irritated?   |
| ___ | ___ | 2. Are you increasingly forgetful?   |
| ___ | ___ | 3. Do you have trouble falling or staying sleep?                                 |
| ___ | ___ | 4. Do you continually worry about events in your future?                         |
| ___ | ___ | 5. Do you feel as if you are constantly under pressure to produce?               |
| ___ | ___ | 6. Do you frequently use tobacco, alcohol, or other drugs to help you relax?     |
| ___ | ___ | 7. Do you often feel as if you have less energy than you need to finish the day? |
| ___ | ___ | 8. Do you have recurrent stomachaches or headaches?                              |
| ___ | ___ | 9. Is it difficult for you to find satisfaction in simple life pleasures?        |
| ___ | ___ | 10. Are you often disappointed in yourself and others?                           |
| ___ | ___ | 11. Are you overly concerned with being liked or accepted by others?             |
| ___ | ___ | 12. Have you lost interest in intimacy or sex?                                   |
| ___ | ___ | 13. Are you concerned that you do not have enough money?                         |

Experiencing some of the stress-related symptoms or answering “yes” to a few questions is normal. However, if you experience a large number of stress symptoms or you answered “yes” to a majority of the questions, you are likely experiencing a high level of stress. Take time out to develop effective stress-management techniques. Many coping strategies that can aid you in dealing with your college stressors are described in Chapter 2 of your text. Additionally, your school’s counseling center can provide valuable support.

#### Symptoms of Excess Stress

##### Physical Symptoms

Dry mouth  
Excessive perspiration  
Frequent illnesses  
Gastrointestinal problems  
Grinding of teeth  
Headaches  
High blood pressure  
Pounding heart  
Stiff neck or aching lower back

##### Emotional Symptoms

Anger  
Anxiety or edginess  
Depression  
Fatigue  
Hypervigilance  
Impulsiveness  
Inability to concentrate  
Irritability  
Trouble remembering things

##### Behavioral Symptoms

Crying  
Disrupted eating habits  
Disrupted sleeping habits  
Harsh treatment of others  
Increased use of tobacco, alcohol, or other drugs  
Problems communicating  
Sexual problems  
Social isolation

#### Weekly Stress Log

Now that you are familiar with the signals of stress, complete the weekly stress log on the next page to map patterns in your stress levels and identify sources of stress. Enter a score for each hour of each day according to the ratings listed below the log.

(over)

WELLNESS WORKSHEET 10 — continued

	A.M.							P.M.												Average	
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12		
Monday																					
Tuesday																					
Wednesday																					
Thursday																					
Friday																					
Saturday																					
Sunday																					
Average																					

**Ratings**

- 1 = No anxiety; general feeling of well-being
- 2 = Mild anxiety; no interference with activity
- 3 = Moderate anxiety; specific signal(s) of stress present
- 4 = High anxiety; interference with activity
- 5 = Very high anxiety and panic reactions; general inability to engage in activity

To identify daily or weekly patterns in your stress level, average your stress rating for each hour and each day. For example, if your scores for 6:00 A.M. are 3, 3, 4, 3, and 4, with blanks for Saturday and Sunday, your 6:00 A.M. rating would be  $17 \div 5$ , or 3.4 (moderate to high anxiety). Finally, calculate an average weekly stress score by averaging your daily average stress scores. Your weekly average will give you a sense of your overall level of stress.

**Identifying Sources of Stress**

*External stressors:* List several people, places, or events that caused you a significant amount of discomfort this week. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Internal stressors:* List any recurring thoughts or worries that produced feelings of discomfort this week.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## WELLNESS WORKSHEET 11

### Major Life Events and Stress

To get a feel for the possible health impact of the various recent events or changes in your life, think back over the past year and circle the points listed for each of the events that you experienced during that time.

Health	Home and Family
An injury or illness that: kept you in bed a week or more, or sent you to the hospital was less serious than that	Major change in living conditions Change in residence: move within the same town or city move to a different town, city, or state
Major dental work	Change in family get-togethers
Major change in eating habits	Major change in health or behavior of family member
Major change in sleeping habits	Marriage
Major change in your usual type or amount of recreation	Pregnancy Miscarriage or abortion Gain of a new family member: birth of a child adoption of a child a relative moving in with you
Work	Spouse beginning or ending work Child leaving home: to attend college due to marriage for other reasons Change in arguments with spouse In-law problems Change in marital status of your parents: divorce remarriage Separation from spouse: due to work due to marital problems Divorce Birth of grandchild Death of spouse Death of other family member: child brother or sister parent
Change to a new type of work	
Change in your work hours or conditions	
Change in your responsibilities at work: more responsibilities fewer responsibilities promotion demotion transfer	
Troubles at work: with your boss with coworkers with persons under your supervision other work troubles	
Major business adjustment	
Retirement	
Loss of job: laid off from work fired from work	
Correspondence course to help you in your work	

(over)

WELLNESS WORKSHEET II — continued

**Personal and Social**

**Financial**

Change in personal habits	26	Major change in finances:	
Beginning or ending school or college	38	increased income	38
Change of school or college	35	decreased income	60
Change of political beliefs	24	investment or credit difficulties	56
Change in religious beliefs	29	Loss or damage of personal property	43
Change in social activities	27	Moderate purchase	20
Vacation trip	24	Major purchase	37
New, close, personal relationship	37	Foreclosure on a mortgage or loan	58
Engagement to marry	45		
Girlfriend or boyfriend problems	39		
Sexual difficulties	44		
“Falling out” of a close personal relationship	47		
An accident	48		
Minor violation of the law	20		
Being held in jail	75		
Death of a close friend	70		
Major decision about your immediate future	51		
Major personal achievement	36		

**Total score:** \_\_\_\_\_

**Scoring**

Add up your points. A total score of anywhere from about 250 to 500 or so would be considered a moderate amount of stress. If you score higher than that, you may face an increased risk of illness; if you score lower than that, consider yourself fortunate.



## WELLNESS WORKSHEET 12

### Daily Hassles and Stress

---

For each of the following experiences, indicate to what degree it has been a part of your life *over the past month* by writing in the appropriate number.

- 1 = not at all part of my life
- 2 = only slightly part of my life
- 3 = distinctly part of my life
- 4 = very much part of my life

- \_\_\_ 1. Disliking your daily activities
- \_\_\_ 2. Lack of privacy
- \_\_\_ 3. Disliking your work
- \_\_\_ 4. Ethnic or racial conflict
- \_\_\_ 5. Conflicts with in-laws or boyfriend's/girlfriend's family
- \_\_\_ 6. Being let down or disappointed by friends
- \_\_\_ 7. Conflict with supervisor(s) at work
- \_\_\_ 8. Social rejection
- \_\_\_ 9. Too many things to do at once
- \_\_\_ 10. Being taken for granted
- \_\_\_ 11. Financial conflicts with family members
- \_\_\_ 12. Having your trust betrayed by a friend
- \_\_\_ 13. Separation from people you care about
- \_\_\_ 14. Having your contributions overlooked
- \_\_\_ 15. Struggling to meet your own standards of performance and accomplishment
- \_\_\_ 16. Being taken advantage of
- \_\_\_ 17. Not enough leisure time
- \_\_\_ 18. Financial conflicts with friends or fellow workers
- \_\_\_ 19. Struggling to meet other people's standards of performance and accomplishment
- \_\_\_ 20. Having your actions misunderstood by others
- \_\_\_ 21. Cash-flow difficulties
- \_\_\_ 22. A lot of responsibilities
- \_\_\_ 23. Dissatisfaction with work
- \_\_\_ 24. Decisions about intimate relationship(s)
- \_\_\_ 25. Not enough time to meet your obligations
- \_\_\_ 26. Dissatisfaction with your mathematical ability

(over)

## WELLNESS WORKSHEET 12 — continued

- \_\_\_ 27. Financial burdens
- \_\_\_ 28. Lower evaluation of your work than you think you deserve
- \_\_\_ 29. Experiencing high levels of noise
- \_\_\_ 30. Adjustments to living with unrelated person(s) (e.g., roommate)
- \_\_\_ 31. Lower evaluation of your work than you hoped for
- \_\_\_ 32. Conflicts with family member(s)
- \_\_\_ 33. Finding your work too demanding
- \_\_\_ 34. Conflicts with friend(s)
- \_\_\_ 35. Hard effort to get ahead
- \_\_\_ 36. Trying to secure loan(s)
- \_\_\_ 37. Getting “ripped off” or cheated in the purchase of goods
- \_\_\_ 38. Dissatisfaction with your ability at written expression
- \_\_\_ 39. Unwanted interruptions of your work
- \_\_\_ 40. Social isolation
- \_\_\_ 41. Being ignored
- \_\_\_ 42. Dissatisfaction with your physical appearance
- \_\_\_ 43. Unsatisfactory housing conditions
- \_\_\_ 44. Finding work uninteresting
- \_\_\_ 45. Failing to get money you expected
- \_\_\_ 46. Gossip about someone you care about
- \_\_\_ 47. Dissatisfaction with your physical fitness
- \_\_\_ 48. Gossip about yourself
- \_\_\_ 49. Difficulty dealing with modern technology (e.g., computers)
- \_\_\_ 50. Car problems
- \_\_\_ 51. Hard work to look after and maintain home

### Scoring

Add up your responses and find your total below.

≥ 136	Very high stress
116–135	High stress
76–115	Average stress
56–75	Low stress
51–55	Very low stress





## WELLNESS WORKSHEET 13

### Time Stress Questionnaire

The following list describes time-related difficulties people sometimes experience. Please indicate how often each is a difficulty for you, using the numbers shown:

- 0      **Seldom or never a difficulty for me**
- 1      **Sometimes a difficulty for me**
- 2      **Frequently a difficulty for me**
- \_\_\_\_\_ My time is directed by factors beyond my control
- \_\_\_\_\_ Interruptions
- \_\_\_\_\_ Chronic overload—more to do than time available
- \_\_\_\_\_ Occasional overload
- \_\_\_\_\_ Chronic underload—too little to do in time available
- \_\_\_\_\_ Occasional underload
- \_\_\_\_\_ Alternating periods of overload and underload
- \_\_\_\_\_ Disorganization of my time
- \_\_\_\_\_ Procrastination
- \_\_\_\_\_ Separating home, school, and work
- \_\_\_\_\_ Transition from work or school to home
- \_\_\_\_\_ Finding time for regular exercise
- \_\_\_\_\_ Finding time for daily periods of relaxation
- \_\_\_\_\_ Finding time for friendships
- \_\_\_\_\_ Finding time for family
- \_\_\_\_\_ Finding time for vacations
- \_\_\_\_\_ Easily bored
- \_\_\_\_\_ Saying “yes” when I later wish I had said “no”
- \_\_\_\_\_ Feeling overwhelmed by large tasks over an extended period of time
- \_\_\_\_\_ Avoiding important tasks by frittering away time on less important ones
- \_\_\_\_\_ Feeling compelled to assume responsibilities in groups
- \_\_\_\_\_ Unable to delegate because no one to delegate to
- \_\_\_\_\_ My perfectionism creates delays
- \_\_\_\_\_ I tend to leave tasks unfinished
- \_\_\_\_\_ I have difficulty living with unfinished tasks
- \_\_\_\_\_ Too many projects going at one time

(over)

WELLNESS WORKSHEET 13 — continued

- \_\_\_\_\_ Getting into time binds by trying to please others too often
- \_\_\_\_\_ I tend to hurry even when it's not necessary
- \_\_\_\_\_ Lose concentration while thinking about other things I have to do
- \_\_\_\_\_ Not enough time alone
- \_\_\_\_\_ Feel compelled to be punctual
- \_\_\_\_\_ Pressure related to deadlines

**Scoring**

Add your scores and find your rating below.

- 0–9            Low difficulty with time-related stressors
- 10–19        Moderate difficulty with time-related stressors
- 20 or more   High difficulty with time-related stressors

Now go back and underline the five most significant time-related stressors for you. Identify two concrete strategies you can take to help relieve each of these key stressors.

Stressor 1: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Stressor 2: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Stressor 3: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Stressor 4: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Stressor 5: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_



## WELLNESS WORKSHEET 14

### Relaxation Techniques: Progressive Muscle Relaxation and Imagery

Relaxation techniques can counteract the effects of chronic stress and can be used in stressful situations to help bring the body back to normal levels of functioning. Choose one of the two relaxation techniques described here. Practice it every day until it becomes natural to you, and then use it whenever you feel the need. If, after you've given it a good try, one technique doesn't seem to work well, try the other (see Chapter 2 in your text for descriptions of additional techniques).

#### General Instructions

Both of the following techniques use scripts that you (or a friend or family member with a soothing voice) can record. Playing the tape back will help you learn the technique. It is best to record your tape in a quiet room, reading the script slowly and carefully. Use a warm and encouraging voice and include pauses between each sentence and paragraph of the script. Your final tape should be about 15–20 minutes long.

When you are ready to use your tape, remember that these techniques will work best if you are in a comfortable position (sitting or lying down) in a place where you won't be disturbed. Dim the light and loosen any tight clothing so you can breathe deeply and relax completely.

#### Script for Progressive Muscle Relaxation

Take a slow, deep breath . . . and relax. Relax. . . . Let your worries and thoughts drift away. Breathe slowly in . . . and out. . . . Relax.

Gently begin to pay attention to your *left foot*. . . . Feel your *left foot*. . . . Slowly tighten all the muscles in your *left foot* . . . and hold it . . . and relax them. Feel the tension melting away. . . . Feel your *foot* relaxed, and heavy, and warm. . . .

Breathe deeply in . . . and relax. . . .

Now begin to pay attention to your *right foot*. . . . Feel it. . . . Slowly tighten all the muscles in your *right foot* . . . and hold it . . . and relax them. Feel the tension melting away. . . . Feel your *foot* relaxed, and heavy, and warm. . . .

Breathe deeply in . . . and relax. . . .

*(Continue following the pattern above, substituting different areas of your body for the italicized terms: left calf, right calf, left thigh, right thigh, hips and buttocks, stomach, chest, back, left arm and hand, right arm and hand, neck and shoulders, throat, jaw, eyes, forehead.)*

Slowly scan your whole body, and if you feel any tension, relax . . . and let it go. . . . Now your whole body is relaxed . . . and at ease . . . and at peace. . . . Enjoy your quiet breathing. . . . Breathe in . . . and hold it . . . and breathe out. . . . Now your muscles are relaxed. . . . Your whole body is relaxed . . . and calm . . . and at peace. . . .

Enjoy this calm, peaceful sensation of deep relaxation . . . as you breathe in . . . and out . . . and in . . . and out. . . . Feel how soft and relaxed your muscles are. . . . Enjoy this calm sensation. . . . This is what it feels like when your body is relaxed . . . and at peace. . . . Whenever you feel tense, you can return to this refreshing, calm state of relaxation. . . .

Breathe deeply . . . and relax. . . . Your body feels refreshed and energized. . . . Take one more deep breath in . . . and relax. . . . You feel refreshed and ready . . . ready to bring this relaxed, energized feeling back with you into your everyday life. . . .

One more deep breath and you're ready. . . . Open your eyes gently, and stretch. . . . Take a deep breath.

(over)

### Script for Imagery

Relax. . . . Close your eyes. . . . Let your worries and thoughts drift away. You are breathing slowly in . . . and out. . . . Relax. . . . You are going to use your ability to visualize . . . to daydream . . . to make pictures in your mind's eye. . . . Let your worries and thoughts drift away. . . . Your imaging will be clearest when your mind is free of thoughts and worries and concerns. . . . If distracting thoughts or doubts about this process come into your mind, let them float away like small clouds in a blue sky. . . .

Relax. . . . You are breathing slowly in . . . and out. . . . Relax. . . . Imagine yourself someplace that you love . . . or where you'd like to be . . . somewhere outdoors that feels quiet and personal . . . a calm place, a quiet beach, or a wood, or a valley. . . . Take a deep breath, imagine the beautiful clear air . . . and the warmth of sunlight . . . and a cool breeze. . . .

Imagine yourself sitting down . . . and breathing deeply in . . . and out . . . so calm . . . and so peaceful. . . . Perhaps you can hear birds . . . or waves lapping on the sand . . . or a river running nearby. . . . Perhaps you can smell the flowers. . . . Take another deep breath . . . and relax.

Look around you. . . . What do you see? This beautiful place . . . the calm weather . . . trees, perhaps . . . their leaves moving in the breeze . . . or the waves gently breaking . . . a few small clouds . . . a flight of geese high overhead . . . the deep blue of the sky . . . the rich browns and wonderful fresh greens of the earth. . . .

Imagine closing your eyes and just listening . . . feeling the peacefulness . . . the restfulness of the place. . . . You can imagine yourself lying down in a comfortable position . . . and letting go of your worries and tensions . . . and relaxing. . . . Imagine the warmth of the sun . . . and the cool breeze playing on your face . . . as you relax . . . and breathe quietly in . . . and out. . . .

Listen to the quiet sounds around you. . . . Feel the sun on your skin, warming you, soothing away all tensions and cares. . . . Feel the breeze playing on your skin. . . . This place is so restful, so full of peace. . . . Let the faint smells and sounds of this marvelous place gently relax you. . . .

And breathe in . . . and out. . . . You can hear water in the distance. . . . The weather is just perfect . . . as you relax . . . and breathe in . . . and out. . . . Your mind is still. . . . If you have any last thoughts or worries, watch them float away like small clouds in a calm, blue sky. . . . You are at peace. . . . You are completely at peace. . . .

Relax and enjoy the sunlight and the breeze. . . . Relax. . . . Breathe gently and deeply . . . and relax. . . . Your body is rested and at peace. . . . You are drawing strength and energy from the sunlight. . . . As you breathe in, the energy fills you. . . . Your lungs are filled with oxygen . . . nourishing and healing energy . . . and peace. . . . Your body feels refreshed and energized. . . .

Take one more deep breath in . . . and relax. . . . You feel refreshed and ready . . . ready to bring this relaxed, energized feeling back with you into your everyday life. . . . One more deep breath . . . and you're ready. . . . Open your eyes gently, and stretch. . . . Take a deep breath. . . .

### Your Responses

Describe the technique you tried and how you felt before and after:



## WELLNESS WORKSHEET 15

### Stress-Management Techniques

#### Part I. Lifestyle Stress Management

For each of the areas listed in the table below, describe your current lifestyle as it relates to stress management. For example, do you have enough social support? How are your exercise and nutrition habits? Is time management a problem for you? For each area, list two ways that you could change your current habits to help you manage your stress. Sample strategies might include calling a friend before a challenging class, taking a short walk before lunch, and buying and using a date book to track your time.

	Current lifestyle	Lifestyle change #1	Lifestyle change #2
Social support system			
Exercise habits			
Nutrition habits			
Time-management techniques			
Self-talk patterns			
Sleep habits			

(over)

**Part II. Relaxation Techniques**

Choose two relaxation techniques described in Chapter 2 (progressive relaxation, visualization, deep breathing, meditation, yoga, taijiquan, music therapy). If a taped recording is available for progressive relaxation or visualization, these techniques can be performed by your entire class as a group.

List the techniques you tried.

1. \_\_\_\_\_
2. \_\_\_\_\_

How did you feel before you tried these techniques?

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What did you think, or how did you feel, as you performed each of the techniques you tried?

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you feel after you tried these techniques?

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## WELLNESS WORKSHEET 16

### Social Support

#### Part I. Assessing Your Level of Social Support

To determine whether your social network measures up, check whether each of the following statements is true or false for you.

**True    False**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. If I needed an emergency loan of \$100, there is someone I could get it from.                                |
| _____ | _____ | 2. There is someone who takes pride in my accomplishments.  |
| _____ | _____ | 3. I often meet or talk with family or friends.   |
| _____ | _____ | 4. Most people I know think highly of me.   |
| _____ | _____ | 5. If I needed an early morning ride to the airport, there's no one I would feel comfortable asking to take me. |
| _____ | _____ | 6. I feel there is no one with whom I can share my most private worries and fears.                              |
| _____ | _____ | 7. Most of my friends are more successful making changes in their lives than I am.                              |
| _____ | _____ | 8. I would have a hard time finding someone to go with me on a day trip to the beach or country.                |

#### Scoring

Add up the number of true answers to questions 1–4 and the number of false answers to questions 5–8. If your score is 4 or more, you should have enough support to protect your health. If your score is 3 or less, refer to your textbook for suggestions on how to build up your social network.

#### Part II. Social Support Profile

Learn more about your network of social support by completing a social support profile. For each type of support listed below, check or list the people who most often provide that type of support for you. Put an asterisk in the box if that person reciprocates by coming to you for the same type of support.

<b>TYPE OF SUPPORT</b>	<b>Emotional</b> Someone you can trust with your most intimate thoughts and fears	<b>Social</b> Someone with whom you can hang out and share life experiences	<b>Informational</b> Someone you can ask for advice on major decisions	<b>Practical</b> Someone who will help you out in a pinch
Partner				
Relative				
Friend				
Neighbor				
Coworker or boss				
Therapist or clergy				

(over)

**INTERNET ACTIVITY**

The Internet can be a valuable resource for building up your social support network. Think about your hobbies and areas of interest. With the Internet, you can get in touch with organizations and people who share your interests. For example, from Yahoo!'s recreation and sports listings (<http://dir.yahoo.com/recreation/sports>), snowboarders can learn about equipment and technique as well as venues and events. If you are interested in human rights, Amnesty International's home page (<http://www.amnesty.org>) can put you in touch with a local chapter of the organization. Whatever your interests, odds are that you can find applicable Web pages, bulletin boards, chat rooms, and other Internet resources.

Choose a topic, and use a search engine to locate online resources. Describe what you find: What sites are available? What sorts of information can you obtain? Are there opportunities for you to interact online with people who share your area of interest? Did you find any organizations or groups operating in your area?

Area of interest: \_\_\_\_\_

Resources located:





## WELLNESS WORKSHEET 17

### Sleep

---

#### How Sleepy Are You?

To determine how drowsy you are during waking hours, record how likely you are to doze off in each of the following situations, using this scale:

0 = would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

\_\_\_ Sitting and reading

\_\_\_ Watching television

\_\_\_ Sitting passively in a public place (such as a theater or a meeting where you're not directly involved)

\_\_\_ Being a passenger in a car for an hour

\_\_\_ Lying down in the afternoon

\_\_\_ Sitting and talking to someone

\_\_\_ Sitting quietly after a lunch without alcohol

\_\_\_ Sitting behind the wheel of a car while stopped for a few minutes in traffic

\_\_\_ TOTAL

#### Scoring:

11–16 You may not get enough sleep, or the quality of your sleep may be poor.

17 or more You may have a serious sleep disorder and may benefit from consulting a professional.

#### Strategies for Better Sleep

The following strategies can help you get a better night's sleep; check off any that you try:

\_\_\_ Go to bed at the same time every night (time: \_\_\_\_\_), and get up at the same time every morning (time: \_\_\_\_\_).

\_\_\_ Exercise daily, but not too close to bedtime.

\_\_\_ Don't use tobacco.

\_\_\_ Don't use caffeine in the late afternoon or evening.

\_\_\_ Don't drink alcohol after dinner.

\_\_\_ Eat a light snack before bedtime.

\_\_\_ Write out a list of worries or a to-do list for the following day; then allow your mind to tune out such worries and distractions.

\_\_\_ Don't eat, read, study, or watch television in bed.

\_\_\_ Relax before bedtime with a book, music, or some relaxation exercises; give yourself time to wind down from your day's activities.

\_\_\_ If you don't fall asleep in 15–20 minutes, get out of bed and do something monotonous until you feel sleepy. Do the same if you wake up and can't fall asleep again.

(over)

WELLNESS WORKSHEET 17 — continued

**Sleep Log**

To help track your sleep behavior, keep a log similar to the following for several weeks. Look for patterns or lifestyle behaviors, such as caffeine use, that may interfere with sleep.

Date \_\_\_\_\_  
Time you first turned out the lights last night: \_\_\_\_\_  
How long it took you to fall asleep: \_\_\_\_\_  
Number of times you awakened during the night: \_\_\_\_\_  
Time you woke up for the last time this morning: \_\_\_\_\_  
Total number of hours you slept last night: \_\_\_\_\_  
How well did you sleep last night? (circle)  
Terrible night    1    2    3    4    5    Great night  
How rested did you feel this morning? (circle)  
Not at all rested    1    2    3    4    5    Very well rested  
How would you rate your overall mood and functioning during the day? (circle)  
Poor    1    2    3    4    5    Very good

**Additional notes**

Caffeine use: \_\_\_\_\_  
Tobacco use: \_\_\_\_\_  
Alcohol use: \_\_\_\_\_  
Exercise: \_\_\_\_\_  
Sleeping medications: \_\_\_\_\_  
Naps: \_\_\_\_\_  
Stress level: \_\_\_\_\_  
Other: \_\_\_\_\_

**INTERNET ACTIVITY**

Adequate sleep is critical for stress management and overall wellness, but it is something that many college students fail to obtain. Visit one or more of the following sites or do a search to identify five strategies for getting an adequate amount of sleep. If lack of sleep or insomnia is a particular problem for you, consider completing the detailed sleep diary available at the Web site for the National Sleep Foundation.

- American Academy of Sleep Medicine: <http://www.aasmnet.org>
- National Institutes of Health: National Center for Sleep Disorders Research: <http://www.nhlbi.nih.gov/about/ncsdr/index.htm>
- National Sleep Foundation: <http://www.sleepfoundation.org>
- SleepNet: <http://www.sleepnet.com>
- SleepQuest: <http://www.sleepquest.com>

Site visited (URL):

Strategies for adequate sleep (list five):

QUIZ SOURCE: Johns, M. W. 1991. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale. *Sleep* 14(6): 540–545. Copyright © 1991 American Academy of Sleep Medicine. Reproduced with permission of American Academy of Sleep Medicine via Copyright Clearance Center. SLEEP LOG SOURCE: Sobel, D. S., and R. Ornstein. 1996. *The Healthy Mind, Healthy Body Handbook*. Los Altos, Calif.: DRx. Reprinted by permission.



## WELLNESS WORKSHEET 18

### Confide in Yourself Through Writing

---

Writing about emotional upheavals in our lives can improve physical and mental health. Although the scientific research surrounding the value of expressive writing is still in the early phases, there are some approaches to writing that have been found to be helpful. Keep in mind that there are probably a thousand ways to write that may be beneficial to you. Think of these as rough guidelines rather than truth. Indeed, in your own writing, experiment on your own and see what works best.

#### Getting Ready to Write

Find a time and place where you won't be disturbed. Ideally, pick a time at the end of your workday or before you go to bed. Promise yourself that you will write for a minimum of 15 minutes a day for at least 3 or 4 consecutive days. Once you begin writing, write continuously. Don't worry about spelling or grammar. If you run out of things to write about, just repeat what you have already written. You can write longhand or you can type on a computer. (Start on the reverse of this page, if that works for you.) If you are unable to write, you can also talk into a tape recorder. You can write about the same thing on all 3–4 days of writing or you can write about something different each day. It is entirely up to you.

#### What to Write About

- Something that you are thinking or worrying about too much.
- Something that you are dreaming about.
- Something that you feel is affecting your life in an unhealthy way.
- Something that you have been avoiding for days, weeks, or years.

Write about your deepest emotions and thoughts about the most upsetting experience in your life. Really let go and explore your feelings and thoughts about it. In your writing, you might tie this experience to your childhood, your relationship with your parents, people you have loved or love now, or even your career. How is this experience related to who you would like to become, who you have been in the past, or who you are now?

Many people have not had a single traumatic experience, but all of us have had major conflicts or stressors in our lives and you can write about them as well. You can write about the same issue every day or a series of different issues. Whatever you choose to write about, however, it is critical that you really let go and explore your very deepest emotions and thoughts.

*Warning:* Many people report that after writing, they sometimes feel somewhat sad or depressed. Like seeing a sad movie, this typically goes away in a couple of hours. If you find that you are getting extremely upset about a writing topic, simply stop writing or change topics.

#### What to Do With Your Writing Samples

The writing is for you and for you only. The purpose is for you to be completely honest with yourself. When writing, secretly plan to throw away your writing when you are finished. Whether you keep it or save it is really up to you. Some people keep their samples and edit them. That is, they gradually change their writing from day to day. Others simply keep them and return to them over and over again to see how they have changed. Other ideas: Burn them, erase them, shred them, flush them, tear them into little pieces and toss them into the ocean or let the wind take them away.

(over)

**Start Your Journal**



## WELLNESS WORKSHEET 19

### Problem Solving

---

Do you frequently increase your stress level by stewing over problems, small and large? You can generate an action plan in just a few minutes by going through a formal process of problem solving.

State the problem in one or two sentences:

Identify the key causes of the problem:

List three possible solutions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List the consequences, good and bad, of each solution:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

(over)

WELLNESS WORKSHEET 19 — continued

Choose the solution that you think will work best for you:

Make a list of what you will need to do to carry out your decision. Designate a time for doing each item on your list.

After you have tried your solution, evaluate it. Was it entirely successful? What will you try differently next time?



## WELLNESS WORKSHEET 20

### Maslow's Characteristics of a Self-Actualized Person

---

In the spaces given below, describe yourself in relation to each of Maslow's characteristics of a self-actualized person. How closely does the description fit you? Where would you like to make changes?

1. **Clear perception of reality and comfortable relations with it.** The self-actualized person judges others accurately and is capable of tolerating uncertainty and ambiguity.
  
2. **Acceptance of self and others.** Self-actualizers accept themselves as they are and are not defensive. They have little guilt, shame, or anxiety.
  
3. **Natural and spontaneous.** Self-actualizers are spontaneous in both thought and behavior.
  
4. **Focus on problems rather than self.** Self-actualizers focus on problems outside themselves; they are concerned with basic issues and eternal questions.
  
5. **Need privacy; tend to be detached.** Although self-actualizers enjoy others, they do not mind solitude and sometimes seek it.
  
6. **Autonomous.** Self-actualizers are relatively independent of their culture and environment, but they do not go against convention just for the sake of being different.
  
7. **Continued freshness of appreciation.** Self-actualizers are capable of fresh, spontaneous, and nonstereotyped appreciation of objects, events, and people. They appreciate the basic pleasures of life.

(over)

WELLNESS WORKSHEET 20 — continued

8. **Mystic experience.** Self-actualizers have had peak experiences or experiences in which they have attained transcendence.
  
9. **Social interest.** Self-actualizers have feelings of identification, sympathy, and affection for others.
  
10. **Interpersonal relations.** Self-actualizers do on occasion get angry, but they do not bear long-lasting grudges. Their relationships with others are few but are deep and meaningful.
  
11. **Democratic character structure.** Self-actualizers show respect for all people regardless of race, creed, income level, and so on.
  
12. **Discrimination between means and ends.** Self-actualizers are strongly ethical with definite moral standards. They do not confuse means with ends; they relate to ends rather than means.
  
13. **Sense of humor.** Self-actualizers have a sense of humor that is both philosophical and nonhostile.
  
14. **Creativeness.** Self-actualizers are original and inventive, expressive, perceptive, and spontaneous in everyday life. They are able to see things in new ways.
  
15. **Nonconformity.** Self-actualizers fit into society, but they are independent of it and do not blindly comply with all its demands. They are open to new experiences.





## WELLNESS WORKSHEET 21 — continued

3. List the social ideals, customs, and institutions that you value—for example, education, equality, freedom of speech, tolerance for diverse opinions.
  
  
  
  
  
  
  
  
  
  
4. How well does your current lifestyle reflect your values? List two behaviors or recent incidents in which you acted in accordance with your values. List two behaviors or incidents in which you acted in ways that conflict with your values.

### **Your Accomplishments and Struggles**

1. What has happened in your life that you are particularly proud of? Write about your key accomplishments, including your psychological triumphs—for example, times when things went even better than you expected, when you came through trials and tribulations even better off, when you felt powerful and glorious, when you maintained a wonderful friendship.
  
  
  
  
  
  
  
  
  
  
2. How have these successes shaped your life? How have they affected the way you think of yourself and your capabilities? How have they affected your goals and the things you strive for?

*(over)*

## WELLNESS WORKSHEET 21 — continued

3. What difficult events or periods have you gone through? Write about any significant psychological insults and injuries you've sustained—for example, your losses, disappointments, traumas, or quieter periods of despair, hopelessness, or loneliness.
4. How have you survived these traumas? How did you strengthen and heal yourself? What are their lasting effects on you?

### **Your Emotional World**

1. How did your family express the following when you were a child: love and affection, pride (in accomplishments), interest in one another, anger, sadness, and fear?
2. What is your own philosophy about expressing these feelings?

### **Who You Want to Become**

1. Describe the person you want to become. Write a mission statement for your own life. What is the purpose of your life? What is its meaning? What are you trying to accomplish? What is your larger struggle?

*(over)*

WELLNESS WORKSHEET 21 — continued

2. What significant goals have you yet to realize? These can be creating something or having a particular experience.
  
  
  
  
  
  
  
  
  
  
3. What can you do to help reach these goals and become the person you want to become? What would you most like to change about yourself?
  
  
  
  
  
  
  
  
  
  
4. What do you want your life to be like in 5 years? In 10 years?
  
  
  
  
  
  
  
  
  
  
5. Write your own epitaph and obituary. How do you want people to think of your life and to remember you? What legacy would you like to leave when you die?



## WELLNESS WORKSHEET 22

### Developing Spiritual Wellness

---

To develop spiritual wellness, it is important to take time out to think about what gives meaning and purpose to your life and what actions you can take to support the spiritual dimension of your life.

#### **Look Inward**

This week, spend some quiet time alone with your thoughts and feelings. Slow the pace of your day, remove your watch, turn your phone or pager off, and focus on your immediate experience. Try one of the following activities or develop another that is meaningful to you and that contributes to your sense of spiritual well-being.

- *Spend time in nature:* Experience continuity with the natural world by spending solitary time in a natural setting. Watch the sky (day or night), a sunrise, or a sunset; listen to waves on a shore or wind in the trees; feel the breeze on your face or raindrops on your skin; smell the grass, brush, trees, or flowers. Open all your senses to the beauty of nature.
- *Experience art, architecture, or music:* Spend time with a work of art or architecture or a piece of music. Choose one that will awaken your senses, engage your emotions, and challenge your understanding. Take a break and then repeat the experience to see how your responses change the second time.
- *Express your creativity:* Set aside time for a favorite activity, one that allows you to express your creative side. Sing, draw, paint, play a musical instrument, sculpt, build, dance, cook, garden—choose an activity in which you will be so engaged that you will lose track of time. Watch for feelings of joy and exhilaration.
- *Engage in a personal spiritual practice:* Pray, meditate, do yoga, chant. Choose a spiritual practice that is familiar to you or try one that is new. Tune out the outside world and turn your attention inward, focusing on the experience.

In the space below, describe the personal spiritual activity you tried and how it made you feel—both during the activity and after.

(over)

### **Reach Out**

Spiritual wellness can be a bond among people and can promote values such as as altruism, forgiveness, and compassion. Try one of the following spiritual activities that involve reaching out to others.

- *Share writings that inspire you:* Find two writings that inspire, guide, and comfort you—passages from sacred works, poems, quotations from literature, songs. Share them with someone else by reading them aloud and explaining what they mean to you.
- *Practice kindness:* Spend a day practicing small acts of personal kindness for people you know as well as for strangers. Compliment a friend, send a card, let someone go ahead of you in line, pick up litter, do someone else's chores, help someone with packages, say please and thank you, smile.
- *Perform community service:* Foster a sense of community by becoming a volunteer. Find a local nonprofit group and offer your time and talent. Mentor a youth, work at a food bank, support a literacy project, help build low-cost housing, visit seniors in a nursing home. You can also work on national or international issues by writing letters to your elected representatives and other officials.

In the space below, describe the spiritual activity you performed and how it made you feel—both during the activity and after. Include details about the writings you chose or the acts of kindness or community service you performed.

### **Keep a Journal**

One strategy for continuing on the path toward spiritual wellness is to keep a journal. Use a journal to record your thoughts, feelings, and experiences; to jot down quotes that engage you; to sketch pictures and write poetry about what is meaningful to you. Begin your spirituality journal today.



## WELLNESS WORKSHEET 23

### The General Well-Being Scale

---

For each question, choose the answer that best describes how you have felt and how things have been going for you *during the past month*.

1. How have you been feeling in general?

- 5 \_\_\_\_ In excellent spirits
- 4 \_\_\_\_ In very good spirits
- 3 \_\_\_\_ In good spirits mostly
- 2 \_\_\_\_ I've been up and down in spirits a lot
- 1 \_\_\_\_ In low spirits mostly
- 0 \_\_\_\_ In very low spirits

2. Have you been bothered by nervousness or your "nerves"?

- 0 \_\_\_\_ Extremely so—to the point where I could not work or take care of things
- 1 \_\_\_\_ Very much so
- 2 \_\_\_\_ Quite a bit
- 3 \_\_\_\_ Some—enough to bother me
- 4 \_\_\_\_ A little
- 5 \_\_\_\_ Not at all

3. Have you been in firm control of your behavior, thoughts, emotions, or feelings?

- 5 \_\_\_\_ Yes, definitely so
- 4 \_\_\_\_ Yes, for the most part
- 3 \_\_\_\_ Generally so
- 2 \_\_\_\_ Not too well
- 1 \_\_\_\_ No, and I am somewhat disturbed
- 0 \_\_\_\_ No, and I am very disturbed

4. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?

- 0 \_\_\_\_ Extremely so—to the point I have just about given up
- 1 \_\_\_\_ Very much so
- 2 \_\_\_\_ Quite a bit
- 3 \_\_\_\_ Some—enough to bother me
- 4 \_\_\_\_ A little bit
- 5 \_\_\_\_ Not at all

(over)

WELLNESS WORKSHEET 23 — continued

5. Have you been under or felt you were under any strain, stress, or pressure?

- 0 \_\_\_\_ Yes—almost more than I could bear
- 1 \_\_\_\_ Yes—quite a bit of pressure
- 2 \_\_\_\_ Yes—some, more than usual
- 3 \_\_\_\_ Yes—some, but about usual
- 4 \_\_\_\_ Yes—a little
- 5 \_\_\_\_ Not at all

6. How happy, satisfied, or pleased have you been with your personal life?

- 5 \_\_\_\_ Extremely happy—couldn't have been more satisfied or pleased
- 4 \_\_\_\_ Very happy
- 3 \_\_\_\_ Fairly happy
- 2 \_\_\_\_ Satisfied—pleased
- 1 \_\_\_\_ Somewhat dissatisfied
- 0 \_\_\_\_ Very dissatisfied

7. Have you had reason to wonder if you were losing your mind or losing control over the way you act, talk, think, feel, or of your memory?

- 5 \_\_\_\_ Not at all
- 4 \_\_\_\_ Only a little
- 3 \_\_\_\_ Some, but not enough to be concerned
- 2 \_\_\_\_ Some, and I've been a little concerned
- 1 \_\_\_\_ Some, and I am quite concerned
- 0 \_\_\_\_ Much, and I'm very concerned

8. Have you been anxious, worried, or upset?

- 0 \_\_\_\_ Extremely so—to the point of being sick, or almost sick
- 1 \_\_\_\_ Very much so
- 2 \_\_\_\_ Quite a bit
- 3 \_\_\_\_ Some—enough to bother me
- 4 \_\_\_\_ A little bit
- 5 \_\_\_\_ Not at all

9. Have you been waking up fresh and rested?

- 5 \_\_\_\_ Every day
- 4 \_\_\_\_ Most every day
- 3 \_\_\_\_ Fairly often
- 2 \_\_\_\_ Less than half the time
- 1 \_\_\_\_ Rarely
- 0 \_\_\_\_ None of the time

(over)



WELLNESS WORKSHEET 23 — continued

10. Have you been bothered by any illness, bodily disorder, pain, or fears about your health?

- 0 \_\_\_\_ All the time
- 1 \_\_\_\_ Most of the time
- 2 \_\_\_\_ A good bit of the time
- 3 \_\_\_\_ Some of the time
- 4 \_\_\_\_ A little of the time
- 5 \_\_\_\_ None of the time

11. Has your daily life been full of things that are interesting to you?

- 5 \_\_\_\_ All the time
- 4 \_\_\_\_ Most of the time
- 3 \_\_\_\_ A good bit of the time
- 2 \_\_\_\_ Some of the time
- 1 \_\_\_\_ A little of the time
- 0 \_\_\_\_ None of the time

12. Have you felt downhearted and blue?

- 0 \_\_\_\_ All the time
- 1 \_\_\_\_ Most of the time
- 2 \_\_\_\_ A good bit of the time
- 3 \_\_\_\_ Some of the time
- 4 \_\_\_\_ A little of the time
- 5 \_\_\_\_ None of the time

13. Have you been feeling emotionally stable and sure of yourself?

- 5 \_\_\_\_ All the time
- 4 \_\_\_\_ Most of the time
- 3 \_\_\_\_ A good bit of the time
- 2 \_\_\_\_ Some of the time
- 1 \_\_\_\_ A little of the time
- 0 \_\_\_\_ None of the time

(over)

WELLNESS WORKSHEET 23 — continued

14. Have you felt tired, worn out, used-up, or exhausted?

- 0 \_\_\_\_\_ All the time
- 1 \_\_\_\_\_ Most of the time
- 2 \_\_\_\_\_ A good bit of the time
- 3 \_\_\_\_\_ Some of the time
- 4 \_\_\_\_\_ A little of the time
- 5 \_\_\_\_\_ None of the time

Circle the number that seems closest to how you have felt generally *during the past month*.

15. How concerned or worried about your health have you been?

<b>Not concerned at all</b>	10	8	6	4	2	0	<b>Very concerned</b>
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16. How relaxed or tense have you been?

<b>Very relaxed</b>	10	8	6	4	2	0	<b>Very tense</b>
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17. How much energy, pep, and vitality have you felt?

<b>No energy at all, listless</b>	0	2	4	6	8	10	<b>Very energetic, dynamic</b>
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18. How depressed or cheerful have you been?

<b>Very depressed</b>	0	2	4	6	8	10	<b>Very cheerful</b>
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**Scoring**

Add up all the points for the answers you have chosen, and find your score below.

- 81–110      Positive well-being
- 76–80      Low positive
- 71–75      Marginal
- 56–70      Stress problem
- 41–55      Distress
- 26–40      Serious
- 0–25      Severe



## WELLNESS WORKSHEET 24

### Self-Esteem Inventory

---

Read each of the following statements; check the “like me” column if it describes how you usually feel and the “unlike me” column if it does not describe how you usually feel.

**Like me**    **Unlike me**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. I spend a lot of time daydreaming.                           |
| _____ | _____ | 2. I’m pretty sure of myself.                                   |
| _____ | _____ | 3. I often wish I were someone else.                            |
| _____ | _____ | 4. I’m easy to like.  |
| _____ | _____ | 5. My family and I have a lot of fun together.                  |
| _____ | _____ | 6. I never worry about anything.                                |
| _____ | _____ | 7. I find it very hard to talk in front of a group.             |
| _____ | _____ | 8. I wish I were younger.                                       |
| _____ | _____ | 9. There are lots of things about myself I’d change if I could. |
| _____ | _____ | 10. I can make up my mind without too much trouble.             |
| _____ | _____ | 11. I’m a lot of fun to be with.                                |
| _____ | _____ | 12. I get upset easily at home.                                 |
| _____ | _____ | 13. I always do the right thing.                                |
| _____ | _____ | 14. I’m proud of my work.                                       |
| _____ | _____ | 15. Someone always has to tell me what to do.                   |
| _____ | _____ | 16. It takes me a long time to get used to anything new.        |
| _____ | _____ | 17. I’m often sorry for the things I do.                        |
| _____ | _____ | 18. I’m popular with people my own age.                         |
| _____ | _____ | 19. My family usually considers my feelings.                    |
| _____ | _____ | 20. I’m never happy.  |
| _____ | _____ | 21. I’m doing the best work that I can.                         |

(over)

WELLNESS WORKSHEET 24 — continued

**Like me**    **Unlike me**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 22. I give in very easily.                                |
| _____ | _____ | 23. I can usually take care of myself.                    |
| _____ | _____ | 24. I'm pretty happy.                                     |
| _____ | _____ | 25. I would rather associate with people younger than me. |
| _____ | _____ | 26. My family expects too much of me.                     |
| _____ | _____ | 27. I like everyone I know.                               |
| _____ | _____ | 28. I like to be called on when I am in a group.          |
| _____ | _____ | 29. I understand myself.                                  |
| _____ | _____ | 30. It's pretty tough to be me.                           |
| _____ | _____ | 31. Things are all mixed up in my life.                   |
| _____ | _____ | 32. People usually follow my ideas.                       |
| _____ | _____ | 33. No one pays much attention to me at home.             |
| _____ | _____ | 34. I never get scolded.                                  |
| _____ | _____ | 35. I'm not doing as well at work as I'd like to.         |
| _____ | _____ | 36. I can make up my mind and stick to it.                |
| _____ | _____ | 37. I really don't like being a man/woman.                |
| _____ | _____ | 38. I have a low opinion of myself.                       |
| _____ | _____ | 39. I don't like to be with other people.                 |
| _____ | _____ | 40. There are many times when I'd like to leave home.     |
| _____ | _____ | 41. I'm never shy.  |
| _____ | _____ | 42. I often feel upset.                                   |
| _____ | _____ | 43. I often feel ashamed of myself.                       |
| _____ | _____ | 44. I'm not as nice-looking as most people.               |
| _____ | _____ | 45. If I have something to say, I usually say it.         |

(over)

WELLNESS WORKSHEET 24 — continued

**Like me    Unlike me**

- \_\_\_\_\_    \_\_\_\_\_    46. People pick on me very often.
- \_\_\_\_\_    \_\_\_\_\_    47. My family understands me.
- \_\_\_\_\_    \_\_\_\_\_    48. I always tell the truth.
- \_\_\_\_\_    \_\_\_\_\_    49. My employer or supervisor makes me feel I'm not good enough.
- \_\_\_\_\_    \_\_\_\_\_    50. I don't care what happens to me.
- \_\_\_\_\_    \_\_\_\_\_    51. I'm a failure.
- \_\_\_\_\_    \_\_\_\_\_    52. I get upset easily when I am scolded.
- \_\_\_\_\_    \_\_\_\_\_    53. Most people are better liked than I am.
- \_\_\_\_\_    \_\_\_\_\_    54. I usually feel as if my family is pushing me.
- \_\_\_\_\_    \_\_\_\_\_    55. I always know what to say to people.
- \_\_\_\_\_    \_\_\_\_\_    56. I often get discouraged.
- \_\_\_\_\_    \_\_\_\_\_    57. Things usually don't bother me.
- \_\_\_\_\_    \_\_\_\_\_    58. I can't be depended on.

**Scoring**

The test has a built-in "lie scale" to help determine if you are trying too hard to appear to have high self-esteem. If you answered "like me" to three or more of the following items, retake the test with an eye toward being more realistic in your responses: 1, 6, 13, 20, 27, 34, 41, 48.

To calculate your score, add up the number of times your responses match those given below. To determine how your level of self-esteem compares to that of others, find the value closest to your score in the appropriate column of the table.

**Like me:** Items 2, 4, 5, 10, 11, 14, 18, 19, 21, 23, 24, 28, 29, 32, 36, 45, 47, 55, 57

**Unlike me:** Items 3, 7, 8, 9, 12, 15, 16, 17, 22, 25, 26, 30, 31, 33, 35, 37, 38, 39, 40, 42, 43, 44, 46, 49, 50, 51, 52, 53, 54, 56, 58

<b>Men</b>	<b>Women</b>	
33	32	Significantly below average
36	35	Somewhat below average
40	39	Average
44	43	Somewhat above average
47	46	Significantly above average

(over)

**INTERNET ACTIVITY**

Use the Internet to find out more about how to cope with challenges to emotional and psychological wellness; examples include achieving healthy self-esteem, developing an adult identity, dealing with anger or loneliness, maintaining honest and assertive communication, and developing realistic self-talk. Choose one such challenge that is important in your life, and find strategies for successful coping or further development. Use one of the sites listed below or do a search.

American Psychological Association HelpCenter: <http://apahelpcenter.org>

Go Ask Alice: <http://www.goaskalice.columbia.edu>

Student Counseling Virtual Pamphlet Collection: <http://counseling.uchicago.edu/resources/virtualpamphlets>

Topic chosen: \_\_\_\_\_

Site(s) visited: \_\_\_\_\_

Coping strategies identified (list at least three):



## WELLNESS WORKSHEET 25

### How Assertive Are You?

---

For each statement, indicate how characteristic or descriptive it is for you by writing in the appropriate number.

- +3 = very characteristic of me, extremely descriptive
- +2 = rather characteristic of me, quite descriptive
- +1 = somewhat characteristic of me, slightly descriptive
- 1 = somewhat uncharacteristic of me, slightly nondescriptive
- 2 = rather uncharacteristic of me, quite nondescriptive
- 3 = very uncharacteristic of me, extremely nondescriptive

- \_\_\_\_\_ 1. Most people seem to be more aggressive and assertive than I am.
- \_\_\_\_\_ 2. I have hesitated to make or accept dates because of shyness.
- \_\_\_\_\_ 3. When the food served at a restaurant is not done to my satisfaction, I complain about it to the waiter or waitress.
- \_\_\_\_\_ 4. I am careful to avoid hurting other people's feelings, even when I feel that I have been injured.
- \_\_\_\_\_ 5. If a salesman has gone to considerable trouble to show me merchandise that is not quite suitable, I have a difficult time saying no.
- \_\_\_\_\_ 6. When I am asked to do something, I insist upon knowing why.
- \_\_\_\_\_ 7. There are times when I look for a good, vigorous argument.
- \_\_\_\_\_ 8. I strive to get ahead as well as most people in my position.
- \_\_\_\_\_ 9. To be honest, people often take advantage of me.
- \_\_\_\_\_ 10. I enjoy starting conversations with new acquaintances and strangers.
- \_\_\_\_\_ 11. I often don't know what to say to attractive persons of the opposite sex.
- \_\_\_\_\_ 12. I hesitate to make phone calls to business establishments and institutions.
- \_\_\_\_\_ 13. I would rather apply for a job or for admission to a college by writing letters than by going through with personal interviews.
- \_\_\_\_\_ 14. I find it embarrassing to return merchandise.
- \_\_\_\_\_ 15. If a close and respected relative were annoying me, I would smother my feelings rather than express my annoyance.
- \_\_\_\_\_ 16. I have avoided asking questions for fear of sounding stupid.
- \_\_\_\_\_ 17. During an argument I am sometimes afraid that I will get so upset that I will shake all over.
- \_\_\_\_\_ 18. If a famed and respected lecturer makes a statement that I think is incorrect, I will have the audience hear my point of view as well.
- \_\_\_\_\_ 19. I avoid arguing over prices with clerks and salespeople.

(over)

WELLNESS WORKSHEET 25 — continued

- \_\_\_\_\_ 20. When I have done something important or worthwhile, I manage to let others know about it.
- \_\_\_\_\_ 21. I am open and frank about my feelings.
- \_\_\_\_\_ 22. If someone has been spreading false and bad stories about me, I see that person as soon as possible to have a talk about it.
- \_\_\_\_\_ 23. I often have a hard time saying no.
- \_\_\_\_\_ 24. I tend to bottle up my emotions rather than make a scene.
- \_\_\_\_\_ 25. I complain about poor service in a restaurant or elsewhere.
- \_\_\_\_\_ 26. When I am given a compliment, I sometimes just don't know what to say.
- \_\_\_\_\_ 27. If a couple near me in a theater or at a lecture were conversing rather loudly, I would ask them to be quiet or to take their conversation elsewhere.
- \_\_\_\_\_ 28. Anyone attempting to push ahead of me in a line is in for a good battle.
- \_\_\_\_\_ 29. I am quick to express an opinion.
- \_\_\_\_\_ 30. There are times when I just can't say anything.

**Scoring**

Some of the items in this test are reverse scored, so you need to change the sign of your answer. For the items listed below, if you answered with a negative number, change the sign from a minus to a plus; if you answered with a positive number, change the sign from a plus to a minus.

1	5	12	15	19	26
2	9	13	16	23	30
4	11	14	17	24	

Next, total your scores, and find your rating on the table below. (You may find it easier to add up your positive and negative scores separately and then subtract the total of your negative scores from the total of your positive scores.)

-29	Significantly below average
-15	Somewhat below average
0	Average
+15	Somewhat above average
+29	Significantly above average





## WELLNESS WORKSHEET 26

### How Comfortable Are You in Social Situations?

---

The statements below are things you may have thought to yourself at some time before, during, or after a social interaction with someone you would like to get to know. Decide how frequently you might have been thinking a similar thought, and enter the appropriate number from the scale below. Please answer as honestly as possible.

- 1 = hardly ever had the thought
- 2 = rarely had the thought
- 3 = sometimes had the thought
- 4 = often had the thought
- 5 = very often had the thought

- \_\_\_\_\_ 1. When I can't think of anything to say, I can feel myself getting very anxious.
- \_\_\_\_\_ 2. I can usually talk to women/men pretty well.
- \_\_\_\_\_ 3. I hope I don't make a fool of myself.
- \_\_\_\_\_ 4. I'm beginning to feel more at ease.
- \_\_\_\_\_ 5. I'm really afraid of what she'll/he'll think of me.
- \_\_\_\_\_ 6. No worries, no fears, no anxieties.
- \_\_\_\_\_ 7. I'm scared to death.
- \_\_\_\_\_ 8. She/He probably won't be interested in me.
- \_\_\_\_\_ 9. Maybe I can put her/him at ease by starting things going.
- \_\_\_\_\_ 10. Instead of worrying, I can figure out how best to get to know her/him.
- \_\_\_\_\_ 11. I'm not too comfortable meeting women/men, so things are bound to go wrong.
- \_\_\_\_\_ 12. What the heck, the worst that can happen is that she/he won't go for me.
- \_\_\_\_\_ 13. She/He may want to talk to me as much as I want to talk to her/him.
- \_\_\_\_\_ 14. This will be a good opportunity.
- \_\_\_\_\_ 15. If I blow this conversation, I'll really lose my confidence.
- \_\_\_\_\_ 16. What I say will probably sound stupid.
- \_\_\_\_\_ 17. What do I have to lose? It's worth a try.
- \_\_\_\_\_ 18. This is an awkward situation, but I can handle it.
- \_\_\_\_\_ 19. Wow—I don't want to do this.
- \_\_\_\_\_ 20. It would crush me if she/he didn't respond to me.
- \_\_\_\_\_ 21. I've just got to make a good impression on her/him, or I'll feel terrible.
- \_\_\_\_\_ 22. You're such an inhibited idiot.
- \_\_\_\_\_ 23. I'll probably bomb out anyway.

(over)

WELLNESS WORKSHEET 26 — continued

- \_\_\_\_\_ 24. I can handle anything.
- \_\_\_\_\_ 25. Even if things don't go well, it's no catastrophe.
- \_\_\_\_\_ 26. I feel awkward and dumb; she's/he's bound to notice.
- \_\_\_\_\_ 27. We probably have a lot in common.
- \_\_\_\_\_ 28. Maybe we'll hit it off real well.
- \_\_\_\_\_ 29. I wish I could leave and avoid the whole situation.
- \_\_\_\_\_ 30. Ah! Throw caution to the wind.

**Scoring**

For the Positive Thoughts scale, add up your responses to the following questions:

- 2            4            6            9            10            12            13            14
- 17           18           24           25           27           28           30

For the Negative Thoughts scale, add up your responses to the following questions:

- 1            3            5            7            8            11            15            16
- 19           20           21           22           23           26           29

Find your scores on the table below. A high score on the Positive Thoughts scale indicates a high degree of comfort in social situations and a low degree of social anxiety. A high score on the Negative Thoughts scale indicates a high degree of social anxiety. For tips on overcoming social anxiety, refer to the Behavior Change Strategy in Chapter 3 of your text.

**Positive Thoughts**

**Negative Thoughts**

Positive Thoughts		Negative Thoughts		
Men	Women	Men	Women	
40	45	34	31	Significantly below average
43	48	39	34	Somewhat below average
47	52	44	38	Average
51	56	49	42	Somewhat above average
54	59	54	45	Significantly above average

SOURCE: Glass, C. R., et al. 1982. Cognitive assessment of social anxiety: Development and validation of a self-statement questionnaire. *Cognitive Therapy and Research* 6:37-55. Copyright © by Plenum Publishing Corporation. With kind permission of Springer Science and Business Media.



## WELLNESS WORKSHEET 27

### Recognizing Signs of Depression and Bipolar Disorder

---

You should get evaluated by a professional if you've had five or more of the following symptoms for more than 2 weeks or if any of these symptoms cause such a big change that you can't keep up your usual routine.

#### When You're Depressed:

- You feel sad or cry a lot, and it doesn't go away.
- You feel guilty for no reason; you feel you're no good; you've lost your confidence.
- Life seems meaningless, or you think nothing good is ever going to happen again.
- You have a negative attitude a lot of the time, or it seems as if you have no feelings.
- You don't feel like doing a lot of the things you used to like—music, sports, being with friends, going out, and so on—and you want to be left alone most of the time.
- It's hard to make up your mind. You forget lots of things, and it's hard to concentrate.
- You get irritated often. Little things make you lose your temper; you overreact.
- Your sleep pattern changes. You start sleeping a lot more or you have trouble falling asleep at night; or you wake up really early most mornings and can't get back to sleep.
- Your eating pattern changes. You've lost your appetite or you eat a lot more.
- You feel restless and tired most of the time.
- You think about death or feel as if you're dying or have thoughts about committing suicide.

#### When You're Manic:

- You feel high as a kite . . . like you're "on top of the world."
- You get unrealistic ideas about the great things you can do . . . things that you really can't do.
- Thoughts go racing through your head, you jump from one subject to another, and you talk a lot.
- You're a nonstop party, constantly running around.
- You do too many wild or risky things—with driving, with spending money, with sex, and so on.
- You're so "up" that you don't need much sleep.
- You're rebellious or irritable and can't get along at home or school or with your friends.

If you are concerned about depression in yourself or a friend, or if you are thinking about hurting or killing yourself, talk to someone about it and get help immediately. There are many sources of help: a good friend; an academic or resident adviser; the staff at the student health or counseling center; a professor, coach, or adviser; a local suicide or emergency hotline (get the phone number from the operator or directory) or the 911 operator; or a hospital emergency room.

(over)

**INTERNET ACTIVITY**

Use the Internet to learn more about depression—its causes, symptoms, risks, and treatment. Visit one of the following sites or do a search to locate a different depression-related site.

American Psychiatric Association: <http://www.psych.org>

American Psychological Association: <http://www.apa.org>

Depression and Bipolar Support Alliance: <http://www.dbsalliance.org>

Depression Screening: <http://www.depressionscreening.org>

National Institute of Mental Health: <http://www.nimh.nih.gov>

Visit at least one site; describe the resources and information available about depression.

URL: \_\_\_\_\_

Description of site/information available:

What was the most surprising fact about depression that you learned from the site?



## WELLNESS WORKSHEET 28

### Recognizing Anxiety Disorders and Coping with Fears

#### Part I. Are You Overly Anxious?

This self-test was developed to help screen for common anxiety disorders. Answer “yes” or “no” for each question based on your experiences *during the past month*.

**Yes      No**

#### Panic disorder

- \_\_\_\_\_    \_\_\_\_\_ 1. Did you experience a sudden unexplained attack of intense fear, anxiety, or panic for no apparent reason? (If “yes,” continue with questions a–c; if “no,” go to question 2.)
- \_\_\_\_\_    \_\_\_\_\_ a. Were you afraid you might have more of these attacks?
- \_\_\_\_\_    \_\_\_\_\_ b. Were you worried that these attacks could mean you were losing control, having a heart attack, or “going crazy”?
- \_\_\_\_\_    \_\_\_\_\_ c. Did these attacks cause changes or avoidance patterns in your behavior?
- \_\_\_\_\_    \_\_\_\_\_ 2. Have you been afraid of not being able to get help or not being able to escape in certain situations, such as being on a bridge, in a crowded store, or in similar situations?
- \_\_\_\_\_    \_\_\_\_\_ 3. Have you been afraid or unable to travel alone?

#### Generalized anxiety disorder

- \_\_\_\_\_    \_\_\_\_\_ 4. Have you persistently worried about several different things, such as work, school, family, and money?
- \_\_\_\_\_    \_\_\_\_\_ 5. Did you find it difficult to control your worrying?
- \_\_\_\_\_    \_\_\_\_\_ 6. Did persistent worrying or nervousness cause problems with your work or your dealings with people?

#### Obsessive-compulsive disorder

- \_\_\_\_\_    \_\_\_\_\_ 7. Did you have persistent, senseless thoughts you could not get out of your head, such as thoughts of death, illnesses, aggression, sexual urges, contamination, or others?
- \_\_\_\_\_    \_\_\_\_\_ 8. Did you spend more time than necessary doing things over and over again, such as washing your hands, checking things, or counting things?
- \_\_\_\_\_    \_\_\_\_\_ 9. Did you spend more than one hour a day involved in your senseless thoughts or your needless checking, washing, or counting?

#### Social phobia

- \_\_\_\_\_    \_\_\_\_\_ 10. Were you afraid to do things in front of people, such as public speaking, eating, performing, or teaching?
- \_\_\_\_\_    \_\_\_\_\_ 11. Did you avoid or feel very uncomfortable in situations involving people, such as parties, weddings, dating, dances, and other social events?

#### Post-traumatic stress disorder

- \_\_\_\_\_    \_\_\_\_\_ 1. Have you ever had an extremely frightening, traumatic, or horrible experience—such as being the victim of a violent crime, being seriously injured in a car crash, being sexually assaulted, seeing someone seriously injured or killed, or being the victim of a natural disaster? (If “yes,” continue with questions a–e.)
- \_\_\_\_\_    \_\_\_\_\_ a. Did you relive the experience through recurrent dreams, preoccupations, or flashbacks?
- \_\_\_\_\_    \_\_\_\_\_ b. Did you seem less interested in important things, not “with it,” or unable to experience or express emotions?
- \_\_\_\_\_    \_\_\_\_\_ c. Did you have problems sleeping, concentrating, or keeping your temper?
- \_\_\_\_\_    \_\_\_\_\_ d. Did you avoid anything that reminded you of the original horrible event?
- \_\_\_\_\_    \_\_\_\_\_ e. Did you have some of the preceding problems for more than one month?

Consider seeking professional assistance if your daily functioning is impaired or if you are significantly troubled by any of the areas in which you answered “yes.”

(over)

**Part II. Self-Help for Fears**

Everyone has fears. They may not be serious enough to meet the diagnostic criteria for an anxiety disorder, but if they interfere with the quality of your life, you should do something about them. Try the following self-help strategies for some of your common fears and worries.

1. Confront your problem by taking an objective look at yourself and your rationalizations. Are you really incapable of doing college-level work, or are you actually terrified by tests? Are you really not interested in a law career, or do you actually fear speaking in front of others? Are you really too tired to go to the party, or do you actually fear meeting new people?

Rationalization

More objective assessment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Identify and critique your fearful ideas and negative self-talk: Are other people really so interested in you that they observe your every move, just waiting for you to embarrass yourself? Does each exam constitute an assessment of you as a human being?

Fearful self-talk

More realistic self-talk

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Rehearse and prepare for feared events: Set goals for study, for performing in front of others, or for meeting others, and then reward yourself for achieving your targets. Copy the behaviors of people who have learned to cope with anxiety and practice them.

Goal: \_\_\_\_\_ Strategy: \_\_\_\_\_ Reward: \_\_\_\_\_

Goal: \_\_\_\_\_ Strategy: \_\_\_\_\_ Reward: \_\_\_\_\_

Goal: \_\_\_\_\_ Strategy: \_\_\_\_\_ Reward: \_\_\_\_\_

4. Develop relaxation strategies and practice them, especially before tests and performances (see Chapter 2). Use coping skills such as positive self-statements (“I feel calm,” or “I know I will pass”).

Relaxation technique(s): \_\_\_\_\_

Positive self-statements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Keep trying and get assistance, if needed. Fears are easier to avoid than to overcome, and success is not always swift. Don’t expect to go from fear to fearlessness overnight. And if you find that your fears are interfering with your daily functioning, seek professional assistance.

SOURCES: Part I adapted with permission from Freedom From Fear. 1998. *Anxiety Disorders Screening Day Questionnaire*. New York: Freedom From Fear. Freedom From Fear is a national nonprofit mental illness advocacy organization. The organization’s mission is to impact, in a positive way, the lives of all those affected by anxiety, depressive, and other related disorders through advocacy, education, research, and community support; Part II adapted from Schwartz, S. 2000. *Abnormal Psychology: A Discovery Approach*. The McGraw-Hill Companies, Inc. Reprinted with permission of Steven Schwartz, Vice-Chancellor, Macquarie University, Sydney, Australia.



## WELLNESS WORKSHEET 29

### How Capable Are You of Being Intimate?

Determine how closely each statement describes your feelings. Circle the number in the appropriate column.

	<b>Strongly disagree</b>	<b>Mildly disagree</b>	<b>Agree and disagree equally</b>	<b>Mildly agree</b>	<b>Strongly agree</b>
1. I like to share my feelings with others.	1	2	3	4	5
2. I like to feel close to other people.	1	2	3	4	5
3. I like to listen to other people talk about their feelings.	1	2	3	4	5
4. I am concerned with rejection in my expression of feelings to others.	5	4	3	2	1
5. I'm concerned with being dominated in a close relationship with another.	5	4	3	2	1
6. I'm often anxious about my own acceptance in a close relationship.	5	4	3	2	1
7. I'm concerned that I trust other people too much.	5	4	3	2	1
8. Expression of emotion makes me feel close to another person.	1	2	3	4	5
9. I do not want to express feelings that would hurt another person.	5	4	3	2	1
10. I am overly critical of people in a close relationship.	5	4	3	2	1
11. I want to feel close to people to whom I am attracted.	1	2	3	4	5
12. I tend to reveal my deepest feelings to other people.	1	2	3	4	5
13. I'm afraid to talk about my sexual feelings with a person in whom I'm very interested.	5	4	3	2	1
14. I want to be close to a person who is attracted to me.	1	2	3	4	5
15. I would not become too close because it involves conflict.	5	4	3	2	1
16. I seek out close relationships with people to whom I am attracted.	1	2	3	4	5

(over)

WELLNESS WORKSHEET 29 — continued

	<b>Strongly disagree</b>	<b>Mildly disagree</b>	<b>Agree and disagree equally</b>	<b>Mildly agree</b>	<b>Strongly agree</b>
17. When people become close, they tend not to listen to each other.	5	4	3	2	1
18. Intimate relationships bring me great satisfaction.	1	2	3	4	5
19. I search for close intimate relationships.	1	2	3	4	5
20. It is important to me to form close relationships.	1	2	3	4	5
21. I do not need to share my feelings and thoughts with others.	5	4	3	2	1
22. When I become very close to another, I am likely to see things that are hard for me to accept.	5	4	3	2	1
23. I tend to accept most things about people with whom I share a close relationship.	1	2	3	4	5
24. I defend my personal space so others do not come too close.	5	4	3	2	1
25. I tend to distrust people who are concerned with closeness and intimacy.	5	4	3	2	1
26. I have concerns about losing my individuality in close relationships.	5	4	3	2	1
27. I have concerns about giving up control if I enter into a really intimate relationship.	5	4	3	2	1
28. Being honest and open with another person makes me feel closer to that person.	1	2	3	4	5
29. If I were another person, I would be interested in getting to know me.	1	2	3	4	5
30. I only become close to people with whom I share common interests.	5	4	3	2	1
31. Revealing secrets about my sex life makes me feel close to others.	1	2	3	4	5
32. Generally, I can feel just as close to someone of the same sex as someone of the other sex.	1	2	3	4	5
33. When another person is physically attracted to me, I usually want to become more intimate.	1	2	3	4	5
34. I have difficulty being intimate with more than one person.	5	4	3	2	1

(over)



WELLNESS WORKSHEET 29 — continued

	<b>Strongly disagree</b>	<b>Mildly disagree</b>	<b>Agree and disagree equally</b>	<b>Mildly agree</b>	<b>Strongly agree</b>
35. Being open and intimate with another person usually makes me feel good.	1	2	3	4	5
36. I usually can see another person's point of view.	1	2	3	4	5
37. I want to be sure that I am in good control of myself before I attempt to become intimate with another person.	5	4	3	2	1
38. I resist intimacy.	5	4	3	2	1
39. Stories of interpersonal relationships tend to affect me.	1	2	3	4	5
40. Undressing with members of a group increases my feelings of intimacy.	5	4	3	2	1
41. I try to trust and be close to others.	1	2	3	4	5
42. I think that people who want to become intimate have hidden reasons for wanting closeness.	5	4	3	2	1
43. When I become intimate with another person, the possibility of my being manipulated is increased.	5	4	3	2	1
44. I am generally a secretive person.	5	4	3	2	1
45. I feel that sex and intimacy are the same, and one cannot exist without the other.	5	4	3	2	1
46. I can only be intimate in a physical relationship.	5	4	3	2	1
47. The demands placed on me by those with whom I have intimate relationships often inhibit my own satisfaction.	5	4	3	2	1
48. I would compromise to maintain an intimate relationship.	1	2	3	4	5
49. When I am physically attracted to another, I usually want to become intimate with the person.	1	2	3	4	5
50. I understand and accept that intimacy leads to bad feelings as well as good feelings.	1	2	3	4	5

(over)

## WELLNESS WORKSHEET 29 — continued

### Scoring

To calculate your total score, add up the items you circled. Find the score on the table below that is closest to your total score.

150	Significantly below average
161	Somewhat below average
172	Average
183	Somewhat above average
194	Significantly above average



## WELLNESS WORKSHEET 30

### How Compatible Are You and Your Prospective Partner?

Both you and your partner should take the quiz below and then compare your answers. This quiz is not meant to be a valid scientific measure of your compatibility; it was put together to get you thinking about situations that can be difficult and cause stress in a relationship. It's perfectly OK to have some disagreement—provided you're able to compromise or, at least, agree to disagree. Suggestions for each of the issues mentioned follow the quiz.

1. How many of the 10 items on this list do you have in common with your prospective mate: religion, career, same hometown or neighborhood, friends, education level, income level, cultural pastimes, sports/recreation activities, travel, physical attraction?
2. Would you prefer a relationship that is
  - a. male-dominated?
  - b. female-dominated?
  - c. a partnership?
3. What banking arrangement sounds best after marriage?
  - a. separate accounts
  - b. joint account
  - c. joint account but some cash for each of you to spend as you please with no accounting
4. If you share an account, whose responsibility should it be to balance the checkbook and pay bills?
  - a. the man in the family
  - b. the woman in the family
  - c. whoever is better at math and details
5. If you inherited \$10,000, would you prefer it to be
  - a. saved toward a major purchase?
  - b. spent on something you could enjoy together, such as a vacation?
  - c. spent on luxury items you could enjoy individually, such as a fur coat or golf clubs?
6. Where do you think you should spend major holidays?
  - a. with his family
  - b. with her family
  - c. alternating with his and her family
7. How frequently do you want to see your in-laws if they live in the same town?
  - a. only on special occasions and holidays
  - b. twice a month
  - c. at least once a week
8. How frequently do you enjoy talking with your parents?
  - a. every day
  - b. once a week
  - c. once a month or less
9. If you both have careers, what will be your priority?
  - a. marriage before career
  - b. marriage equally important to career
  - c. career before marriage; my spouse is going to have to be understanding
10. If you are offered a career promotion with a hefty raise making your income much more than your spouse's but involving a move out of state, would you
  - a. expect your mate to be agreeable to relocation?
  - b. try a commuter marriage, seeing each other only on weekends or occasionally?
  - c. say no rather than move; money isn't everything?
11. If your new spouse sets aside one evening a week to go out with a friend or friends of his or her same sex, would you feel
  - a. jealous of the time away from you?
  - b. happy that he or she has friends?
  - c. This should not go on; let your feelings be known.
12. If you've had a bad day at the office and come home feeling moody, would you prefer that your mate
  - a. back off, get out of the way?
  - b. act sympathetic, be a good listener?
  - c. discuss the events that led to your mood, perhaps offering some alternative suggestions for dealing with the people or problems that made you unhappy?

(over)

WELLNESS WORKSHEET 30 — continued

13. If your mate does something that makes you extremely angry, are you most likely to
  - a. forgive and forget it?
  - b. hurl insults?
  - c. mention you are angry at an appropriate time, preferably when the anger is first felt, and explain why without making derogatory accusations?
14. If you can't stand his or her friends and he or she can't stand yours, how will you deal with this after marriage? (You may choose more than one.)
  - a. Cultivate new friends that you both can enjoy.
  - b. See your friends by yourself; let him or her do the same.
  - c. Phase out the friends you knew before marriage; expect your partner to do the same.
15. If you and your spouse-to-be practice different religions, would you expect to
  - a. convert before marriage?
  - b. have him or her convert before marriage?
  - c. take turns attending each other's place of worship?
  - d. observe religious days separately?
  - e. not worry about it; religion is not an issue in your relationship?
16. When do you want to start a family?
  - a. as soon as possible
  - b. after you have spent a few years enjoying your relationship as a couple
  - c. as soon as careers are firmly established
  - d. never
17. What is your attitude about housework? (You may check more than one.)
  - a. It is unmasculine for a man to do it. A woman should do all of it even if she chooses to have a career.
  - b. It is fine for a man to help, but only with certain tasks, such as mowing the lawn or taking out the trash.
  - c. If a woman works outside the home, cleaning should be shared.
  - d. Even if a woman does not work outside the home, cleaning should be shared.
18. Before marriage, you go out as a couple several times a week. A few months after marriage, you realize that you are going out a lot less. You would consider this
  - a. OK. The pace was exhausting.
  - b. Dull. You worry that you are being taken for granted.
  - c. Not OK. You and your mate should make plans for some evenings out or evenings at home with friends.
19. You need to buy a new suit. Your spouse wants to come along. Would you see this as a sign of
  - a. interest in spending time with you?
  - b. crowding your relationship?
  - c. watch-dogging your taste or pocketbook?
20. How would you prefer to spend your annual vacation? (Choose as many as apply.)
  - a. on a trip by yourself
  - b. on a trip with your mate
  - c. on a trip with your mate and another couple
  - d. visiting your relatives or in-laws at their homes
  - e. at a beach relaxing
  - f. engaged in an active sport such as skiing, tennis camp, or hiking/camping
  - g. traveling to another city for sightseeing/shopping
  - h. at home catching up on repairs, appointments, books, visits with friends
  - i. I would rather take a vacation less frequently than once a year and spend this money on rent or mortgage, enabling us to live in a more convenient or prestigious neighborhood.
21. If you were hunting for a place to live, would you prefer being in
  - a. the country?
  - b. the suburbs?
  - c. the city?
22. If your spouse-to-be had many loves before he or she met you, would you prefer that he or she
  - a. keep the details to himself or herself?
  - b. tell you everything?
  - c. answer truthfully but only the questions you ask, such as what broke up each relationship?
23. If your new spouse is in a romantic mood and you are not, how would you be most likely to respond?
  - a. Communicate your mood; suggest another time.
  - b. Pretend you are feeling romantic.
  - c. Invent an excuse rather than communicate your mood.

(over)

## WELLNESS WORKSHEET 30 — continued

Once you and your prospective partner have completed the questionnaire, compare your answers with the following commentary in mind.

1. The more you have in common, the more of your life you can share and enjoy together.
2. Research and experiences of many couples have shown that the equal relationship is most successful.
- 3 and 4. There is not one right answer. Decide what works best for you and creates the least tension in your relationship.
5. You need to understand your priorities and be able to communicate them to your partner. Without this, you can find yourself in great financial conflict and tension.
6. Be able to compromise on this one.
- 7 and 8. Let your spouse know that he or she comes first before parents and in-laws regardless of how often relatives will be seen.
9. Talk about career and marriage priorities. Can you accept your spouse's choice if he or she considers time spent on work more important right now than time spent with you?
10. There is not one right answer. Decide what works best for you and creates the least tension in your relationship.
11. It's healthy to have friends. You can't realistically expect your mate to spend 24 hours around the clock with you. If you or your mate go off for a time with friends, it wouldn't be too mushy to kiss, hug, or otherwise reassure your mate by words or actions that he or she is still first in your life.
12. There are times when each answer would be best. Be sensitive to your mate's mood. If you are the one in the bad mood, don't expect your mate to read your mind as to whether you need space, sympathy, or discussion. Clue him or her in.
13. Answer C is best. You must learn how to express anger constructively.
14. Be careful here. If you make his or her old friends feel left out or unimportant, they could work on your prospective mate to break up your relationship.
15. If you have major differences on this one, you may want to consider terminating the relationship instead of committing to marriage.
16. It's impossible to have half a child. Compromise won't work on this one, so it is best to speak your mind before marriage.
17. The most successful marriages are the ones in which men and women do not limit themselves in the traditional masculine-feminine roles. The sharing of responsibility heightens a sense of trust, caring, and cooperation.
18. Sometimes the pace during dating is frantic. It is nice to calm down but not nice to settle down to the point that each of you is taking the other for granted. Marriage requires continual work if you are going to keep adventure and interest in the relationship.
19. Whether you see it as interest, crowding, or distrust, communicate your feelings to your mate. If you'd rather shop alone, let that be known too.
20. Agree on your needs in advance of the annual vacation, or what should be a time of relaxation away from the daily grind will turn into a source of tension and arguments. There is nothing wrong with separate vacations if one of you wants to fish on the lake and the other enjoys sightseeing.
21. If you are set on a particular style of living and not willing to change it after marriage, speak up before you say, "I do."

(over)

WELLNESS WORKSHEET 30 — continued

22. In general, it is not a good idea to go into great detail about past relationships because they are not totally relevant to your current one. However, trust and honesty are very important. If your partner asks a question, answer honestly but think very carefully. If you are the one doing the questioning, ask yourself, “Do I really want to hear this?”
23. There are times in your relationship when you may not want to go along with your spouse’s romantic feelings, but it is generally best to communicate in a nice way without making him or her feel rejected or unloved because you simply are not in the mood. Do suggest another time.



## WELLNESS WORKSHEET 3 I

### Love Maps

#### Part I. Love Maps Questionnaire

Emotionally intelligent couples have richly detailed “love maps”—they know about each other’s history, major goals and beliefs, and day-to-day struggles. To assess the quality of your current love maps, answer each of the following questions with “true” or “false.”

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. I can name my partner’s best friends.</li> <li>2. I can tell you what stresses my partner is currently facing.</li> <li>3. I know the names of some of the people who have been irritating my partner lately.</li> <li>4. I can tell you some of my partner’s life dreams.</li> <li>5. I am very familiar with my partner’s religious beliefs and ideas.</li> <li>6. I can tell you about my partner’s basic philosophy of life.</li> <li>7. I can list the relatives my partner likes the least.</li> <li>8. I know my partner’s favorite music.</li> <li>9. I can list my partner’s three favorite movies.</li> <li>10. My partner is familiar with my current stresses.</li> <li>11. I know the three most special times in my partner’s life.</li> <li>12. I can tell you the most stressful thing that happened to my partner as a child.</li> <li>13. I can list my partner’s major aspirations and hopes in life.</li> <li>14. I know my partner’s major current worries.</li> </ol> | <ol style="list-style-type: none"> <li>15. My partner knows who my friends are.</li> <li>16. I know what my partner would want to do if he or she suddenly won the lottery.</li> <li>17. I can tell you in detail my first impressions of my partner.</li> <li>18. Periodically, I ask my partner about his or her world right now.</li> <li>19. I feel that my partner knows me pretty well.</li> <li>20. My partner is familiar with my hopes and aspirations.</li> </ol> |
|---|---|

**Scoring:** Give yourself one point for each “true” answer.

**10 or above:** This is an area of strength in your relationship. You have a fairly detailed map of your partner’s everyday life, hopes, fears, and dreams. If you maintain this level of knowledge and understanding of each other, you’ll be well equipped to handle any problem areas that crop up in your relationship.

**Below 10:** Your relationship could stand some improvement in this area. By taking the time to learn more about your partner now, you’ll find your relationship becomes stronger.

#### Part II. Make Your Own Love Maps

If your current love map is inadequate or out of date, interview your partner to learn more about what is going on in his or her life. Just ask questions—don’t judge or offer advice. Your goal is to listen and learn.

##### The cast of characters in my partner’s life

Friends:

Potential friends:

Rivals, competitors, “enemies”:

(over)

**Recent important events in my partner's life**

**Upcoming events** (What is my partner looking forward to? Dreading?)

**My partner's current stresses**

**My partner's current worries**

**My partner's hopes and aspirations** (For self? For others?)





## WELLNESS WORKSHEET 32

### Sternberg's Triangular Love Scale

Read each of the following statements, filling in the blank spaces with the name of one person you love or care for deeply. Rate your agreement with each statement according to the following scale, and enter the appropriate number between 1 and 9.

1	2	3	4	5	6	7	8	9
Not at all				Moderately				Extremely

- \_\_\_\_\_ 1. I am actively supportive of \_\_\_\_\_'s well-being.
- \_\_\_\_\_ 2. I have a warm relationship with \_\_\_\_\_.
- \_\_\_\_\_ 3. I am able to count on \_\_\_\_\_ in times of need.
- \_\_\_\_\_ 4. \_\_\_\_\_ is able to count on me in times of need.
- \_\_\_\_\_ 5. I am willing to share myself and my possessions with \_\_\_\_\_.
- \_\_\_\_\_ 6. I receive considerable emotional support from \_\_\_\_\_.
- \_\_\_\_\_ 7. I give considerable emotional support to \_\_\_\_\_.
- \_\_\_\_\_ 8. I communicate well with \_\_\_\_\_.
- \_\_\_\_\_ 9. I value \_\_\_\_\_ greatly in my life.
- \_\_\_\_\_ 10. I feel close to \_\_\_\_\_.
- \_\_\_\_\_ 11. I have a comfortable relationship with \_\_\_\_\_.
- \_\_\_\_\_ 12. I feel that I really understand \_\_\_\_\_.
- \_\_\_\_\_ 13. I feel that \_\_\_\_\_ really understands me.
- \_\_\_\_\_ 14. I feel that I can really trust \_\_\_\_\_.
- \_\_\_\_\_ 15. I share deeply personal information about myself with \_\_\_\_\_.
- \_\_\_\_\_ 16. Just seeing \_\_\_\_\_ excites me.
- \_\_\_\_\_ 17. I find myself thinking about \_\_\_\_\_ frequently during the day.
- \_\_\_\_\_ 18. My relationship with \_\_\_\_\_ is very romantic.
- \_\_\_\_\_ 19. I find \_\_\_\_\_ to be very personally attractive.
- \_\_\_\_\_ 20. I idealize \_\_\_\_\_.
- \_\_\_\_\_ 21. I cannot imagine another person making me as happy as \_\_\_\_\_ does.
- \_\_\_\_\_ 22. I would rather be with \_\_\_\_\_ than with anyone else.
- \_\_\_\_\_ 23. There is nothing more important to me than my relationship with \_\_\_\_\_.
- \_\_\_\_\_ 24. I especially like physical contact with \_\_\_\_\_.
- \_\_\_\_\_ 25. There is something almost "magical" about my relationship with \_\_\_\_\_.
- \_\_\_\_\_ 26. I adore \_\_\_\_\_.

(over)

WELLNESS WORKSHEET 32 — continued

- \_\_\_\_\_ 27. I cannot imagine life without \_\_\_\_\_.
- \_\_\_\_\_ 28. My relationship with \_\_\_\_\_ is passionate.
- \_\_\_\_\_ 29. When I see romantic movies and read romantic books, I think of \_\_\_\_\_.
- \_\_\_\_\_ 30. I fantasize about \_\_\_\_\_.
- \_\_\_\_\_ 31. I know that I care about \_\_\_\_\_.
- \_\_\_\_\_ 32. I am committed to maintaining my relationship with \_\_\_\_\_.
- \_\_\_\_\_ 33. Because of my commitment to \_\_\_\_\_, I would not let other people come between us.
- \_\_\_\_\_ 34. I have confidence in the stability of my relationship with \_\_\_\_\_.
- \_\_\_\_\_ 35. I could not let anything get in the way of my commitment to \_\_\_\_\_.
- \_\_\_\_\_ 36. I expect my love for \_\_\_\_\_ to last for the rest of my life.
- \_\_\_\_\_ 37. I will always feel a strong responsibility for \_\_\_\_\_.
- \_\_\_\_\_ 38. I view my commitment to \_\_\_\_\_ as a solid one.
- \_\_\_\_\_ 39. I cannot imagine ending my relationship with \_\_\_\_\_.
- \_\_\_\_\_ 40. I am certain of my love for \_\_\_\_\_.
- \_\_\_\_\_ 41. I view my relationship with \_\_\_\_\_ as permanent.
- \_\_\_\_\_ 42. I view my relationship with \_\_\_\_\_ as a good decision.
- \_\_\_\_\_ 43. I feel a sense of responsibility toward \_\_\_\_\_.
- \_\_\_\_\_ 44. I plan to continue my relationship with \_\_\_\_\_.
- \_\_\_\_\_ 45. Even when \_\_\_\_\_ is hard to deal with, I remain committed to our relationship.

**Scoring**

Psychologist Robert Sternberg sees love as being composed of three components: intimacy, passion, and commitment. The first 15 items in the scale reflect intimacy, the second 15 measure passion, and the final 15 reflect commitment. Add up your scores for each group of 15 items. Find the scores closest to your three totals in the appropriate column below to determine the degree to which you experience each of these three components of love.

<b>Intimacy</b> (Items 1–15)	<b>Passion</b> (Items 16–30)	<b>Commitment</b> (Items 31–45)	
93	73	85	Significantly below average
102	85	96	Somewhat below average
111	98	108	Average
120	110	120	Somewhat above average
129	123	131	Significantly above average

According to Sternberg, high scores in all three components would indicate consummate love. However, uneven or low scores do not necessarily mean that a relationship is not strong: All relationships have ups and downs, and the nature of a relationship may change over time.



## WELLNESS WORKSHEET 33

### What's Your Gender Communications Quotient?

How much do you know about how men and women communicate with one another? The 20 items in this questionnaire are based on research conducted in classrooms, private homes, businesses, offices, hospitals—the places where people commonly work and socialize. The answers are at the end of this quiz.

	<b>True</b>	<b>False</b>
1. Men talk more than women.	_____	_____
2. Men are more likely to interrupt women than they are to interrupt other men.	_____	_____
3. There are approximately ten times as many sexual terms for males as females in the English language.	_____	_____
4. During conversations, women spend more time gazing at their partner than men do.	_____	_____
5. Nonverbal messages carry more weight than verbal messages.	_____	_____
6. Female managers communicate with more emotional openness and drama than male managers.	_____	_____
7. Men not only control the content of conversations, but they also work harder in keeping conversations going.	_____	_____
8. When people hear generic words such as “mankind” and “he,” they respond inclusively, indicating that the terms apply to both sexes.	_____	_____
9. Women are more likely to touch others than men are.	_____	_____
10. In classroom communications, male students receive more reprimands and criticism than female students.	_____	_____
11. Women are more likely than men to disclose information on intimate personal concerns.	_____	_____
12. Female speakers are more animated in their conversational style than are male speakers.	_____	_____
13. Women use less personal space than men.	_____	_____
14. When a male speaks, he is listened to more carefully than a female speaker, even when she makes the identical presentation.	_____	_____
15. In general, women speak in a more tentative style than do men.	_____	_____

(over)

WELLNESS WORKSHEET 33 — continued

	<b>True</b>	<b>False</b>
16. Women are more likely to answer questions that are not addressed to them.	_____	_____
17. There is widespread sex segregation in schools, and it hinders effective classroom communication.	_____	_____
18. Female managers are seen by both male and female subordinates as better communicators than male managers.	_____	_____
19. In classroom communications, teachers are more likely to give verbal praise to females than to male students.	_____	_____
20. In general, men smile more often than women.	_____	_____

Answers: 1. T; 2. T; 3. F; 4. T; 5. T; 6–9. F; 10–15. T; 16. F; 17. T; 18. T; 19. F; 20. F



## WELLNESS WORKSHEET 34

### Rate Your Family's Strengths

This Family Strengths Inventory was developed by researchers who studied the strengths of over 3000 families. To assess your family (either the family you grew up in or the family you have formed as an adult), circle the number that best reflects how your family rates on each strength. A number 1 represents the lowest rating and a number 5 represents the highest.

	<b>Low</b>					<b>High</b>
1. Spending time together and doing things with each other	1	2	3	4	5	
2. Commitment to each other	1	2	3	4	5	
3. Good communication (talking with each other often, listening well, sharing feelings with each other)	1	2	3	4	5	
4. Dealing with crises in a positive manner	1	2	3	4	5	
5. Expressing appreciation to each other	1	2	3	4	5	
6. Spiritual wellness	1	2	3	4	5	
7. Closeness of relationship between spouses	1	2	3	4	5	
8. Closeness of relationship between parents and children	1	2	3	4	5	
9. Happiness of relationship between spouses	1	2	3	4	5	
10. Happiness of relationship between parents and children	1	2	3	4	5	
11. Extent to which spouses make each other feel good about themselves (self-confident, worthy, competent, and happy)	1	2	3	4	5	
12. Extent to which parents help children feel good about themselves	1	2	3	4	5	

**Scoring** Add the numbers you have circled. A score below 39 indicates below-average family strengths. Scores between 39 and 52 are in the average range. Scores above 53 indicate a strong family. Low scores on individual items identify areas that families can profitably spend time on. High scores are worthy of celebration but shouldn't lead to complacency. Like gardens, families need loving care to remain strong.

What do you think is your family's major strength? What do you like best about your family?

(over)

What about your family would you most like to change?

**INTERNET ACTIVITY**

Think about some of the characteristics of your family—your current family or the family you grew up in. Are there two parents? Do both parents work? What is the total family income? If there are young children, who acts as caregiver? If married, how old were the partners at the time of their marriage? Has either partner been divorced? What is the educational attainment of family members? Were all family members born in the United States? Does the family own a home? Choose two such characteristics and determine how your family compares to the rest of the U.S. population by visiting the U.S. Census Bureau Web site (<http://www.census.gov>). You can do a search at the Census Bureau Web site, but you may find it easier to begin by clicking on Subjects A to Z and viewing the alphabetical menu of topics. (Topics include children, education, family, foreign born, home ownership, households, income, living arrangements, and marital status.)

Family characteristic #1: \_\_\_\_\_

How your family compares to the U.S. population:

Family characteristic #2: \_\_\_\_\_

How your family compares to the U.S. population:

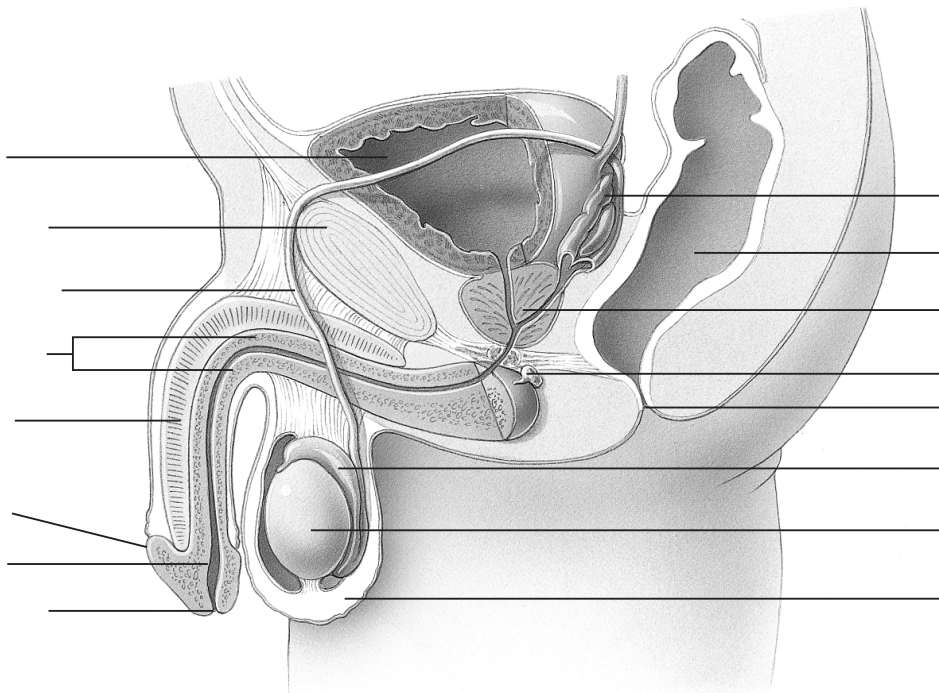
Name \_\_\_\_\_ Section \_\_\_\_\_ Date \_\_\_\_\_



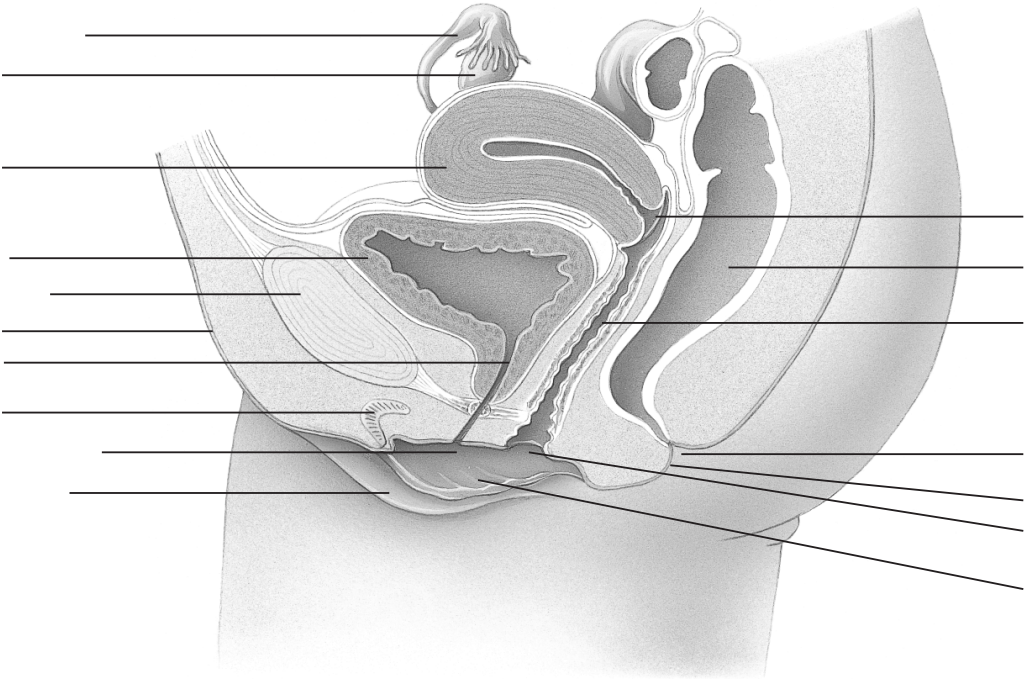
## WELLNESS WORKSHEET 35

### Male and Female Reproductive Systems

Label the parts of the male and female reproductive systems.



(over)







## WELLNESS WORKSHEET 36

### Test Your Sexual Knowledge and Attitudes

---

#### Part I. Your Sexual Knowledge

When 2000 Americans were asked a series of questions about sexuality by the Kinsey Institute, only 45% of the respondents answered more than half the questions correctly. See how you do on this sample of true-or-false questions.

- |  | <b>T or F</b> |
|--|---------------|
| 1. The average American first has sexual intercourse at about 16 or 17 years of age.                                 | _____         |
| 2. About 6 to 8 out of every 10 American women have masturbated.   | _____         |
| 3. Most women have orgasms from penile thrusting alone.  | _____         |
| 4. All men like large female breasts.  | _____         |
| 5. People usually lose interest in sexual activities after age 60.   | _____         |
| 6. Masturbation is physically harmful.   | _____         |
| 7. The average length of a man's erect penis is 5 to 7 inches.   | _____         |
| 8. Impotence usually cannot be treated successfully.   | _____         |
| 9. Petroleum jelly, Vaseline Intensive Care, and baby oil are not good lubricants to use with a diaphragm or condom. | _____         |
| 10. Most women prefer a sexual partner who has a large penis.  | _____         |
| 11. A woman cannot get pregnant if she has sex during her menstrual period.  | _____         |
| 12. A woman cannot get pregnant if the man withdraws his penis before ejaculating.                                   | _____         |

Answers: 1. T; 2. T; 3. F; 4. F; 5. F; 6. F; 7. T; 8. F; 9. T; 10. F; 11. F; 12. F

How well did you score? If you're not satisfied with your level of knowledge, consider checking your local library or bookstore for reputable self-help books about sexual functioning.

*(over)*

WELLNESS WORKSHEET 36 — continued

**Part II. Your Sexual Attitudes**

For each statement, circle the response that most closely reflects your position.

	<b>Agree</b>	<b>Not sure</b>	<b>Disagree</b>
1. Sex education encourages young people to have sex.	1	2	3
2. Homosexuality is a healthy, normal expression of sexuality.	3	2	1
3. Members of the other sex will think more highly of you if you remain mysterious.	1	2	3
4. It's better to wait until marriage to have sex.	1	2	3
5. Abortion should be a personal, private choice for a woman.	3	2	1
6. It's natural for men to have more sexual freedom than women.	1	2	3
7. Condoms should not be made available to teenagers.	1	2	3
8. Access to pornography should not be restricted for adults.	3	2	1
9. A woman who is raped usually does something to provoke it.	1	2	3
10. Contraception is the woman's responsibility.	1	2	3
11. Feminism has had a positive influence on society.	3	2	1
12. Masturbation is a healthy expression of sexuality.	3	2	1
13. I have many friends of the other sex.	3	2	1
14. Prostitution should be legalized.	3	2	1
15. Women use sex for love, men use love for sex.	1	2	3
16. Our society is too sexually permissive.	1	2	3
17. The man should be the undisputed head of the household.	1	2	3
18. Having sex just for pleasure is OK.	3	2	1

**Scoring**

Add up the numbers you circled to obtain your overall score. Find your score and rating below.

- 1–18      Traditional attitude about sexuality
- 19–36     Ambivalent or mixed attitude about sexuality
- 37–54     Open, progressive attitude about sexuality



## WELLNESS WORKSHEET 37

### Gender Roles

---

In the spaces provided below, list 10 characteristics and behaviors that you associate with being male and female in our society.

#### Male

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

#### Female

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Circle the numbers of 10 characteristics from the 20 that you feel best apply to yourself.

Did you choose any characteristics from your list for the other sex? If so, how many? \_\_\_\_\_

If you found most of the characteristics you chose for yourself were from your list for your own sex, are there any characteristics from the other list you wish you did have? Do you feel our society's definitions of gender roles are preventing you from behaving or developing in the ways you'd most like to?

(over)

WELLNESS WORKSHEET 37 — continued

If the characteristics you chose for yourself were a mix of both lists, what do you think your description of yourself indicates about the prevailing ideas about male and female characteristics you described for our society? How valid are they?



## WELLNESS WORKSHEET 38

### Sexual Decision Making and Your Personal Life Plan

---

To learn more about your values and goals for the future, answer the following questions.

1. What are your religious, moral, and/or personal values regarding relationships and sex? When do you think it is right to start having sexual relationships—under what circumstances and with whom? Where do you think your ideas come from? Do you feel comfortable describing your values to others?
2. Would you like to be involved in a long-term relationship someday? If so, when? If you are currently involved in such a relationship, is it something that you always imagined you would have?
3. Do you want to have children? If so, when and how many? How would you feel if you found out you couldn't have children?
4. What are your major priorities and goals at this time? How would a sexual relationship fit in with these priorities and goals? Would it help you achieve your goals, detract from your efforts, or have no real effect?

(over)





## WELLNESS WORKSHEET 39

### Facts About Contraception

To help you choose the best method of contraception for you and your partner, you must first be familiar with the different methods. Fill in the boxes below with the advantages and disadvantages of each method, along with how well each one protects against pregnancy and STDs. Use your text if necessary.

Method	Advantages	Disadvantages	Effectiveness/ STD protection
Oral contraceptives			
Contraceptive skin patch			
Vaginal contraceptive ring			
Contraceptive implants			
Injectable contraceptives			
Emergency contraception			
IUD			
Male condom			
Female condom			

(over)

WELLNESS WORKSHEET 39 — continued

<b>Method</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Effectiveness/ STD protection</b>
Diaphragm with spermicide			
Lea's Shield			
FemCap			
Contraceptive sponge			
Vaginal spermicides			
Abstinence			
FAM			
Withdrawal			
Male sterilization			
Female sterilization			





## WELLNESS WORKSHEET 40

### Which Contraceptive Method Is Right for You and Your Partner?

If you are sexually active, you need to use the contraceptive method that will work best for you. A number of factors may be involved in your decision. The following questions will help you sort out these factors and choose an appropriate method. Answer yes (Y) or no (N) for each statement as it applies to you and, if appropriate, your partner.

**Y or N**

- \_\_\_\_\_ 1. I like sexual spontaneity and don't want to be bothered with contraception at the time of sexual intercourse.
- \_\_\_\_\_ 2. I need a contraceptive immediately.
- \_\_\_\_\_ 3. It is very important that I do not become pregnant now.
- \_\_\_\_\_ 4. I want a contraceptive method that will protect me and my partner against STDs.
- \_\_\_\_\_ 5. I prefer a contraceptive method that requires the cooperation and involvement of both partners.
- \_\_\_\_\_ 6. I have sexual intercourse frequently.
- \_\_\_\_\_ 7. I have sexual intercourse infrequently.
- \_\_\_\_\_ 8. I am forgetful or have a variable daily routine.
- \_\_\_\_\_ 9. I have more than one sexual partner.
- \_\_\_\_\_ 10. I have heavy periods with cramps.
- \_\_\_\_\_ 11. I prefer a method that requires little or no action or bother on my part.
- \_\_\_\_\_ 12. I am a nursing mother.\*
- \_\_\_\_\_ 13. I want the option of conceiving immediately after discontinuing contraception.
- \_\_\_\_\_ 14. I want a contraceptive method with few or no side effects.

If you answered “yes” to the numbers of statements listed on the left, the method on the right might be a good choice for you:

- |                              |  |
|------------------------------|--|
| 1, 3, 6, 10, 11, 12          | Oral contraceptives                        |
| 1, 3, 6, 8, 10, 11           | Contraceptive patch, vaginal ring          |
| 1, 3, 6, 8, 10, 11, 12       | Contraceptive injections                   |
| 1, 3, 6, 8, 11, 12, 13       | IUD  |
| 2, 4, 5, 7, 8, 9, 12, 13, 14 | Condoms (male and female)                  |
| 5, 7, 12, 13, 14             | Diaphragm with spermicide and cervical cap |
| 2, 5, 7, 8, 12, 13, 14       | Vaginal spermicides and sponge             |
| 5, 7, 13, 14                 | FAM and withdraw                           |

\*Progestin-only hormonal contraceptives (the minipill and Depo-Provera injections) are safe for use by nursing mothers; contraceptives that include estrogen are usually *not* recommended.

Your answers may indicate that more than one method would be appropriate for you. To help narrow your choices, circle the numbers of the statements that are *most* important for you. Before you make a final choice, talk with your partner(s) and your physician. Consider your own lifestyle and preferences as well as characteristics of each method (effectiveness, side effects, costs, and so on). For maximum protection against pregnancy and STDs, you might want to consider combining two methods.

(over)

**INTERNET ACTIVITY**

To help in your decision about contraception, research one of the methods that the quiz indicated would be appropriate for you and your partner. Alternatively, research a method that is currently under study or has only recently been approved. Visit one or more of the following sites, or do a search. (If you want further guidance in choosing a method, take the interactive contraception questionnaire located at the Web site for the Association of Reproductive Health Professionals: <http://www.arhp.org>.)

Ann Rose's Ultimate Birth Control Links Page: <http://www.ultimatebirthcontrol.com>

Family Health International: <http://www.fhi.org>

Managing Contraception: <http://www.managingcontraception.com>

Planned Parenthood Federation of America: <http://www.plannedparenthood.org>

Reproductive Health Online: <http://www.reproline.jhu.edu>

Contraceptive method to investigate: \_\_\_\_\_

Site visited (URL): \_\_\_\_\_

What new information about the method did you find?

Has what you've learned made you more or less likely to choose this method? Why?

What other useful information or materials does the site provide?



## WELLNESS WORKSHEET 41

### Facts About Methods of Abortion

Familiarize yourself with the different methods of abortion by completing the chart below. Refer to your text-book if necessary.

<b>Method</b>	<b>Description of procedure</b>	<b>Potential side effects</b>	<b>Time in pregnancy when used</b>
Suction curettage			
Manual vacuum aspiration			
Dilation and evacuation			
Labor induction			

(over)

WELLNESS WORKSHEET 41 — continued

<b>Method</b>	<b>Description of procedure</b>	<b>Potential side effects</b>	<b>Time in pregnancy when used</b>
Medical abortion			



## WELLNESS WORKSHEET 42

### Your Position on the Legality and Morality of Abortion

To help define your own position on abortion, answer the following series of questions.

- |   | <b>Agree</b> | <b>Disagree</b> |
|---|--------------|-----------------|
| 1. The fertilized egg is a human being from the moment of conception.   | _____        | _____           |
| 2. The rights of the fetus at any stage take precedence over any decision a woman might want to make regarding her pregnancy.   | _____        | _____           |
| 3. The rights of the fetus depend upon its gestational age: further along in the pregnancy, the fetus has more rights.  | _____        | _____           |
| 4. Each individual woman should have final say over decisions regarding her health and body; politicians should not be allowed to decide.   | _____        | _____           |
| 5. In cases of teenagers seeking an abortion, parental consent should be required.  | _____        | _____           |
| 6. In cases of married women seeking an abortion, spousal consent should be required.   | _____        | _____           |
| 7. In cases of late abortion, tests should be done to determine the viability of the fetus.   | _____        | _____           |
| 8. The federal government should provide public funding for abortion to ensure equal access to abortion for all women.  | _____        | _____           |
| 9. The federal government should not allow states to pass their own abortion laws; there should be uniform laws for the entire country.   | _____        | _____           |
| 10. Does a woman's right to choose whether or not to have an abortion depend upon the circumstances surrounding conception or the situation of the mother? In which of the following situations, if any, would you support a woman's right to choose to have an abortion (check where appropriate)? |              |                 |
| ___ An abortion is necessary to maintain the woman's life or health.  |              |                 |
| ___ The pregnancy is a result of rape or incest.  |              |                 |
| ___ A serious birth defect has been detected in the fetus.  |              |                 |
| ___ The pregnancy is a result of the failure of a contraceptive method or device.   |              |                 |
| ___ The pregnancy occurred when no contraceptive method was in use.   |              |                 |
| ___ A single mother, pregnant for the fifth time, wants an abortion because she feels she cannot support another child.   |              |                 |
| ___ A pregnant 15-year-old high school student feels having a child would be too great a disruption in her life and keep her from reaching her goals for the future.  |              |                 |
| ___ A pregnant 19-year-old college student does not want to interrupt her education.  |              |                 |
| ___ The father of the child has stated he will provide no support and is not interested in helping raise the child.   |              |                 |
| ___ Parents of two boys wish to terminate the mother's pregnancy because the fetus is male rather than female.  |              |                 |

(over)

WELLNESS WORKSHEET 42 — continued

On the basis of your answers to the questions on the previous page, write out your position on abortion. Should it be legal or illegal? Are there certain circumstances in which it should or should not be allowed? What sorts of rules should govern when it can be performed?

**INTERNET ACTIVITY**

To further develop your own position on abortion, review the materials at Web sites sponsored by a pro-life and a pro-choice group; use the sites listed in your text or do a search. Explore each site and note down here any arguments or points that you haven't previously considered.

URL of pro-life group sponsored site: \_\_\_\_\_

New arguments:

URL of pro-choice group sponsored site: \_\_\_\_\_

New arguments:



## WELLNESS WORKSHEET 43

### Assessing Your Readiness to Become a Parent

Many factors have to be taken into account when you are considering parenthood. The following are some questions you should ask yourself and some issues you should consider when making this decision. Some issues are relevant to both men and women; others apply only to women. There are no “right” answers—you must decide for yourself what your answers reveal about your aptitude for parenthood.

Yes    No

#### Physical Health

- \_\_\_ \_\_\_ 1. Are you in reasonably good health?
- \_\_\_ \_\_\_ 2. Do you have any behaviors or conditions that could be of special concern?
- |  |   |
|--|---|
| ___ Obesity                                      | ___ Anemia  |
| ___ Smoking                                      | ___ Diabetes                                      |
| ___ Alcohol and drug use                         | ___ Sexually transmitted diseases                 |
| ___ Hypertension                                 | ___ Epilepsy                                      |
| ___ Previous problems with pregnancy or delivery | ___ Prenatal exposure to diethylstilbestrol (DES) |
|  | ___ Asthma  |
- \_\_\_ \_\_\_ 3. Are you under 20 or over 35 years of age?
- \_\_\_ \_\_\_ 4. Do you or your partner have a family history of a genetic problem that a baby might inherit?
- |                         |                           |
|-------------------------|---------------------------|
| ___ Hemophilia          | ___ Phenylketonuria (PKU) |
| ___ Sickle-cell disease | ___ Cystic fibrosis       |
| ___ Down syndrome       | ___ Thalassemia           |
| ___ Tay-Sachs disease   | ___ Other                 |

#### Financial Circumstances

- \_\_\_ \_\_\_ 1. Will your health insurance cover the costs of pregnancy, prenatal tests, delivery, and medical attention for the mother and baby before and after the birth?
- \_\_\_ \_\_\_ 2. Can you afford the supplies for the baby: diapers, bedding, crib, stroller, car seat, clothing, food, and medical supplies?
- \_\_\_ \_\_\_ 3. Will one parent leave his or her job to care for the baby?
- \_\_\_ \_\_\_ 4. If so, can the decrease in family income be worked into the family budget?
- \_\_\_ \_\_\_ 5. If both parents will continue to work, has affordable child care been set up?
- \_\_\_ \_\_\_ 6. The annual cost of raising a single child to age 17 is \$11,000–\$22,000 per year. Can you save and/or provide the necessary money?

#### Education, Career, and Child Care Plans

- \_\_\_ \_\_\_ 1. Have you completed as much of your education as you want?
- \_\_\_ \_\_\_ 2. Have you sufficiently established yourself in a career, if that is important to you?
- \_\_\_ \_\_\_ 3. Have you investigated parental leave and company-sponsored child care?
- \_\_\_ \_\_\_ 4. Do both parents agree on child care arrangements?

(over)

WELLNESS WORKSHEET 43 — continued

Yes No

**Lifestyle and Social Support**

- \_\_\_ \_\_\_ 1. Would you be willing to give up the freedom to do what you want to do when you want to do it?
- \_\_\_ \_\_\_ 2. Would you be willing to restrict your social life, to lose leisure time and privacy?
- \_\_\_ \_\_\_ 3. Would you and your partner be prepared to spend more time at home? Would you have enough time to spend with a child?
- \_\_\_ \_\_\_ 4. Are you prepared to be a single parent if your partner leaves or dies?
- \_\_\_ \_\_\_ 5. Do you have a network of family and friends who will help you with the baby? Are there community resources you can call on for additional assistance?

**Readiness**

- \_\_\_ \_\_\_ 1. Are you prepared to have a helpless being completely dependent on you 24 hours a day?
- \_\_\_ \_\_\_ 2. Do you like children? Have you enough experiences with babies, toddlers, and teenagers?
- \_\_\_ \_\_\_ 3. Do you think time spent with children is time well spent?
- \_\_\_ \_\_\_ 4. Do you communicate easily with others?
- \_\_\_ \_\_\_ 5. Do you have enough love to give a child? Can you express affection easily?
- \_\_\_ \_\_\_ 6. Do you feel good enough about yourself to respect and nurture others?
- \_\_\_ \_\_\_ 7. Do you have safe ways of handling anger, frustration, and impatience?
- \_\_\_ \_\_\_ 8. Would you be willing to devote a great part of your life, at least 18 years, to being responsible for a child?

**Relationship with Partner**

- \_\_\_ \_\_\_ 1. Does your partner want to have a child? Is he or she willing to ask these same questions of himself or herself?
- \_\_\_ \_\_\_ 2. Have you adequately discussed your reasons for wanting a child?
- \_\_\_ \_\_\_ 3. Does either of you have philosophical objections to adding to the world's population?
- \_\_\_ \_\_\_ 4. Have you and your partner discussed each other's feelings about religion, work, family, and child raising? Are your feelings compatible and conducive to good parenting?
- \_\_\_ \_\_\_ 5. Would both you and your partner contribute in raising the child?
- \_\_\_ \_\_\_ 6. Is your relationship stable? Could you provide a child with a really good home environment?
- \_\_\_ \_\_\_ 7. After having a child, would your partner and you be able to separate if you should have unsolvable problems? Or would you feel obligated to remain together for the sake of the child?





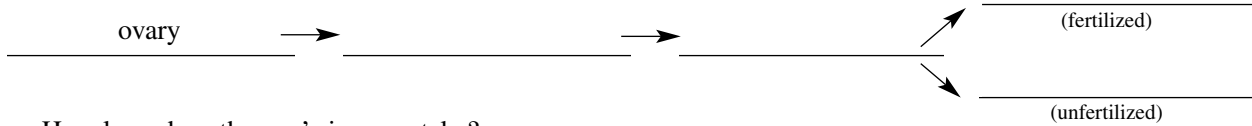
## WELLNESS WORKSHEET 44

### Facts About Pregnancy and Childbirth

Review your knowledge of pregnancy and childbirth by answering the questions below. Refer to your text-book if necessary.

#### Conception

1. Trace the journey of the egg in a woman's body:



How long does the egg's journey take? \_\_\_\_\_

2. Trace the journey of sperm cells from ejaculation to conception:



How does a sperm cell penetrate an egg? \_\_\_\_\_

3. List three possible reasons for infertility in women.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

List two possible reasons for infertility in men.

- a. \_\_\_\_\_
- b. \_\_\_\_\_

4. List and define four treatments for infertility.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

#### Pregnancy

1. List three early signs and symptoms of pregnancy.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

(over)

WELLNESS WORKSHEET 44 — continued

2. List specific changes that occur in the following during pregnancy.

- uterus \_\_\_\_\_
- breasts \_\_\_\_\_
- muscles and ligaments \_\_\_\_\_
- pelvic joints \_\_\_\_\_
- circulatory system \_\_\_\_\_
- kidneys \_\_\_\_\_
- body weight \_\_\_\_\_
- emotions \_\_\_\_\_

3. What are Braxton Hicks contractions? When do they occur and why?

\_\_\_\_\_

\_\_\_\_\_

4. List three characteristics of the fetus during each trimester. What systems have developed?

How large is the fetus?

first trimester	second trimester	third trimester
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List six important components of good prenatal care.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

**Childbirth**

What occurs during each of the three stages of labor? How long does each stage last?

first stage: \_\_\_\_\_

\_\_\_\_\_

second stage: \_\_\_\_\_

\_\_\_\_\_

third stage: \_\_\_\_\_

\_\_\_\_\_



## WELLNESS WORKSHEET 45

### Creating a Detailed Family Health History and Tree

Knowing that a specific disease runs in your family allows you to watch closely for the early warning signs and get appropriate screening tests. It can also help you target important health habits to adopt. As described in Wellness Worksheet 8, you can put together a simple family health tree by compiling key facts on your primary relatives: siblings, parents, aunts and uncles, and grandparents. If possible, have your primary relatives fill out a family health history record like the one below.

#### Family Health History Form

Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Blood and Rh type: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please note any serious or chronic diseases you have experienced, with special attention to the following:

- |  |  |
|--|--|
| _____ Alcoholism   | _____ Mental retardation (Down syndrome, fragile X syndrome, etc.) |
| _____ Allergies  | _____ Migraine headaches   |
| _____ Arthritis  | _____ Miscarriages or neonatal deaths                              |
| _____ Asthma   | _____ Multiple sclerosis   |
| _____ Blood diseases (hemophilia, sickle-cell disease, thalassemia, hemochromatosis)     | _____ Muscular dystrophy   |
| _____ Cancer (breast, bowel, colon, ovarian, skin, stomach, etc.)                        | _____ Myasthenia gravis  |
| _____ Cystic fibrosis  | _____ Obesity  |
| _____ Diabetes   | _____ Phenylketonuria (PKU)  |
| _____ Epilepsy   | _____ Recurrent or severe infections                               |
| _____ Hearing impairment   | _____ Respiratory disease (emphysema, chronic bronchitis)          |
| _____ Heart defects or disease   | _____ Rh disease   |
| _____ High blood cholesterol levels  | _____ Skin disorders   |
| _____ Huntington's disease   | _____ Tay-Sachs disease  |
| _____ Hypertension (high blood pressure)   | _____ Thyroid disorders  |
| _____ Learning disabilities (dyslexia, attention-deficit/hyperactivity disorder, autism) | _____ Tuberculosis   |
| _____ Liver disease  | _____ Visual disorders (dyslexia, glaucoma, retinitis pigmentosa)  |
| _____ Lupus  | _____ Other (please list):   |
| _____ Mental illness (bipolar disorder, schizophrenia)                                   |  |

(over)

WELLNESS WORKSHEET 45 — continued

List any of your lifestyle behaviors that may have health-related consequences (including tobacco use, dietary and exercise habits, and alcohol use):

Please note names of your relatives below, along with indications of any illnesses, such as those listed on the previous page, that affected them. If they are deceased, list age and cause. Also make note of their lifestyle habits such as smoking.

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brothers and sisters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children of brothers and sisters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you don't have enough information on past generations, you can get clues by requesting death certificates from state health departments or medical records from relatives' physicians or hospitals where they died. Once you've collected the information you want, plug it into a tree format. (An online version of a family health tree is available at <http://familyhistory.hhs.gov>.)

Name \_\_\_\_\_ Section \_\_\_\_\_ Date \_\_\_\_\_



## **WELLNESS WORKSHEET 46**

### Developing a Birth Plan

---

What type of birth experience would you and your partner prefer? Think about your preferences in each of the following areas. In addition to considering these questions on your own and with your partner, you would also need to discuss them with your physician or midwife.

1. Who will be present at the birth? The father? Friends? Children or other relatives?
  
2. What type of room would you like to be in for the birth?
  
3. What type of environment—music, lighting, furniture, and so on—would you prefer?
  
4. Who would you like to have “catch” the baby when he or she is born? Who will cut the umbilical cord?
  
5. Will the baby be fed by breast or bottle?

(over)

WELLNESS WORKSHEET 46 — continued

6. What types of routine medical tests and treatments may be performed? (These are questions that should be discussed with your physician or midwife.)

- Can the mother eat or drink during labor?
  
  
  
  
  
  
  
  
  
  
- Can the mother take a shower or bath during labor? Walk around?
  
  
  
  
  
  
  
  
  
  
- Under what circumstances would drugs be used to induce or augment labor?
  
  
  
  
  
  
  
  
  
  
- Is electronic fetal monitoring used?
  
  
  
  
  
  
  
  
  
  
- Under what circumstances would an episiotomy be performed?
  
  
  
  
  
  
  
  
  
  
- Under what circumstances would forceps or vacuum extraction be used?
  
  
  
  
  
  
  
  
  
  
- What types of medications are typically used during labor and delivery?
  
  
  
  
  
  
  
  
  
  
- Under what circumstances would a cesarean section be performed?
  
  
  
  
  
  
  
  
  
  
- Can the baby spend the night in the mother's room rather than in the nursery?