



Handouts for Lesson 1¹

“WHAT’S MY RISK?”

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Getting to Know You

FIND SOMEONE IN THE GROUP:

◆ Whose favorite color is blue: _____

◆ Who has been to California: _____

◆ Who has a dog: _____

◆ Who sings in a choir: _____

◆ Who likes to fix things: _____

◆ Who works out at a gym: _____

◆ Who likes to cook: _____

◆ Who enjoys dancing:

◆ Who likes broccoli:

◆ Who has more than 2 children:

Identifying Risk Factors

- ◆ **Someone I know who has had coronary heart disease (CHD), a heart attack, or high blood cholesterol:**

- ◆ **Characteristics of this person that might have increased their risk for their condition are:**

1.

2.

3.

4.

5.

6.

7.

- ◆ **Circle the characteristics that are **CONTROLLABLE** (that the person could change)**

Risk Factors for Coronary Heart Disease

**High Blood Cholesterol
(Hypercholesterolemia)**

**High Blood Pressure
(Hypertension)**

Smoking

Lack of Exercise

Male Gender

Stress

Obesity

Older Age

**Family History
(Genetics)**

Healthstyle

All of us want good health, but many of us do not know how to be as healthy as possible. Health experts now describe *lifestyle* as one of the most important factors affecting health. In fact, it is estimated that as many as 7 of the 10 leading causes of death could be reduced through common-sense changes in lifestyle. That's what *HEALTHSTYLE* is all about.

Its purpose is simply to tell you how well you are doing to stay healthy. The behaviors included in *HEALTHSTYLES are recommended* for most adult Americans. Some of them may not apply to persons with certain chronic disease or handicaps, or to pregnant women. Such persons may require special instructions from their physicians.

Cigarette Smoking If you never smoke, enter a score of ten for this section and go to next section on Alcohol and drugs.	Almost Always	Sometimes	Almost Never
1. I avoid smoking cigarettes.	2	1	0
2. I smoke only low tar and nicotine cigarettes or I smoke a pipe or cigars.	1	1	0
Smoking Score			
	Almost Always	Sometimes	Almost Never
Alcohol and Drugs			
1. I avoid drinking alcoholic beverages or I drink no more than 1 or 2 drinks a day.	4	1	0
2. I avoid using alcohol or other drugs (especially illegal drugs) as a way of handling stressful situations or problems.	2	1	0
3. I am careful not to drink alcohol when taking certain medicines (for example, medicine for sleeping, pain, colds, and 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 & Drugs Score			
	Almost Always	Sometimes	Almost Never
Eating Habits			
1. I eat a variety of foods each day, such as fruits and vegetables, whole grain breads, Cereals, lean meats, dairy products, dry peas, beans, nuts and seeds.	4	1	0
2. I limit the amount of fat, saturated fat, and cholesterol I eat (including fat on meats, eggs, butter, cream, shortenings, and organ meats such as liver).	2	1	0
3. I limit the amount of salt I eat by cooking with only small amounts, not adding salt at the table, and avoiding salty snacks.	2	1	0
4. I avoid eating too much sugar (especially frequent snacks of sticky candy or soft drinks).	2	1	0
Eating Habits Score			

Exercise/Fitness	Almost Always	Sometimes	Almost Never
1. I maintain a healthy weight, avoiding overweight and underweight.	3	1	0
2. I do vigorous exercises for 15-30 minutes at least 3 times a week (examples include running, swimming, brisk walking).	3	1	0
3. I do exercises that enhance my muscle tone for 15-30 minutes at least 3 times a week (examples include weight lifting and calisthenics).	2	1	0
4. I use part of my leisure time participating in individual, family, or team activities that increase my level of fitness (such as gardening, bowling, golf, and baseball).	2	1	0
Exercise/Fitness Score			
Stress Control	Almost Always	Sometimes	Almost Never
1. I have a job or do other work that I enjoy.	2	1	0
2. I find it easy to relax and express my feelings freely.	2	1	0
3. I recognize early, and prepare for, events or situations likely to be stressful for me.	2	1	0
4. I have close friends, relatives, or others whom I can talk to about personal matters and Call n for help when needed.	2	1	0
5. I participate in group activities (such as worship services and other community activities) and/or I have hobbies that I enjoy.	2	1	0
Stress Control Score			
Safety	Almost Always	Sometimes	Almost Never
1. I wear a seat belt while riding in a car.	2	1	0
2. I avoid driving while under the influence of alcohol and other drugs.	2	1	0
3. I obey traffic rules and the speed limit when driving.	2	1	0
4. I am careful when using potentially harmful products or substances (such as household cleaners, poisons, and electrical devices).	2	1	0
5. I avoid smoking in bed.	2	1	0
Safety Score			

What your Scores Mean to You (By Section)

SCORES OF 9 AND 10 - Excellent. Your answers show that you are aware of the importance of this area to your health. 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. It's likely that you are setting an example for the rest of your family and friends to follow. Since you got a very high score on this part of the questionnaire, you may want to consider other areas where your scores indicate room for improvement.

SCORES OF 6 TO 8 - Your health practices in this area are good, but there is room for improvement. Look again at the items you answered with a "Sometimes" or "Almost Never." What changes can you make to improve your score? Even a small change can help you achieve better health.

SCORES OF 3 TO 5 - Your health risks are showing. Would you like more information about the risks you are facing, and about why it is important for you to change these behaviors? Perhaps you need help in deciding how to successfully make the changes you desire. In either case, help with eating habits, exercise and fitness, and stress control is available through the Cholesterol Control program. For help with other areas, contact other resources in your community.

SCORES OF 0 TO 2 - Obviously, you were concerned enough about your health to fill out *HEALTHSTYLE*, but your answers show that you may be taking serious and unnecessary risks with your health. Perhaps you are not aware of the risks and what to do about them. You can easily get the information and help you need to improve, if you wish. The rest is up to you.

Adapted from *Healthstyle Test*, U.S. Department of Health and Human Services Public health Service, DHHS Publications No. (PHS) 81-5-155.

Goal for the Week

**Make an appointment
with your doctor to have
your BLOOD CHOLESTEROL
and BLOOD PRESSURE
levels checked if you
have not done so in
the last year.**



My Commitment to Change

I, _____, am willing to change my behaviors that I learn may be increasing my risk for coronary heart disease. To learn more about risk factors and for practical tips on how to apply the recommended changes in my life, I will attend all of the *Cholesterol Control* sessions.

I will teach others about what I learn in *Cholesterol Control*, since taking the role of teacher can increase my own knowledge and commitment to change.

I will make changes in my personal controllable risk factors as recommended in the program.

I will call the Extension office, a friend, or someone else if I need encouragement as I make changes in my life.

SignatureDate

Witness signatureDate

Tip of the Week

**Be aware of any risk factors
that you may have,
and work on changing
those behaviors
to increase your
heart health.**

