

F•A•N•T•A•S•T•I•C LIFESTYLE CHECKLIST

INSTRUCTIONS:

Unless otherwise specified, place a ✓ beside the box which best describes your behavior or situation in the past month.

*See back for instructions

F AMILY RIENDS	I have someone to talk to about things that are important to me	almost always		fairly often		some of the time		seldom		almost never	
	I give and I receive affection	almost always		fairly often		some of the time		seldom		almost never	
A CTIVITY	I am physically active (gardening, climbing stairs, walking, housework)	almost always		fairly often		some of the time		seldom		almost never	
	I actively exercise for at least 20 min. eg. running, cycling, fast walk	5 or more times/week		4 times/week		3 times/week		1-2 times/week		less than once/week	
N UTRITION	I eat a balanced diet (See over)	almost always		fairly often		some of the time		seldom		almost never	
	I often eat excess sugar or salt or animal fats or junk foods	none of these		one of these		two of these		three of these		four of these	
	I am within ____ lbs. of my ideal weight	5 lbs (2 kg)		10 lbs (4 kg)		15 lbs (6 kg)		20 lbs (8 kg)		not within 20 lbs	
T OBACCO TOXICS	I smoke tobacco	never smoked		quit over 5 yrs. ago		quit over a year ago		quit in past year		currently smoke	
	I usually smoke ____ cigarettes per day	none		5 or less		6-20		21-40		more than 40	
	I use drugs such as marijuana, cocaine	never		almost never		only occasionally		fairly often		almost daily	
	I overuse prescribed or "over the counter" drugs	never		almost never		only occasionally		fairly often		almost daily	
	I drink caffeine-containing coffee, tea, or cola	never		1-2/day		3-6/day		7-10/day		more than 10/day	
A LCOHOL	*My average alcohol intake per week is (See over)	0-7 drinks		8-10 drinks		11-13 drinks		14-20 drinks		more than 20 drinks	
	I drink more than four drinks on an occasion	never		almost never		only occasionally		fairly often		almost daily	
	I drive after drinking	never		almost never		only occasionally		once a month		often	
S LEEP EATBELTS TRESS	I sleep well and feel rested	almost always		fairly often		some of the time		seldom		almost never	
	I use seatbelts	always		most of the time		some of the time		seldom		never	
	I am able to cope with the stresses in my life	almost always		fairly often		some of the time		seldom		almost never	
	I relax and enjoy leisure time	almost always		fairly often		some of the time		seldom		almost never	
T YPE OF PERSON ALITY	I seem to be in a hurry	almost never		seldom		some of the time		fairly often		almost always	
	I feel angry or hostile	almost never		seldom		some of the time		fairly often		almost always	
I NSIGHT	I am a positive or optimistic thinker	almost always		fairly often		some of the time		seldom		almost never	
	I feel tense or uptight	almost never		seldom		some of the time		fairly often		almost always	
	I feel sad or depressed	almost never		seldom		some of the time		fairly often		almost always	
C AREER	I am satisfied with my job or role	almost always		fairly often		some of the time		seldom		never	

STEP 1 Total the ✓s in each column

STEP 2 Multiply the totals by the numbers indicated (Write in box below)

X4

X3

X2

X1.04

0

STEP 3 Add your scores across the bottom for your grand total

+

+

+

=

%

GRAND TOTAL

Name _____ Age _____ Sex ☐ M ☐ F