

# HEALTHY HABITS

10TH-12TH GRADES

## 1. Select how often you do the following healthy habits?

I eat healthy, balanced meals.

Never	Rarely	Sometimes	Mostly	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I go to the doctor, dentist, or health clinic.

Never	Rarely	Sometimes	Mostly	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I brush my teeth, shower, and use deodorant every day.

Never	Rarely	Sometimes	Mostly	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I stay away from junk food.

Never	Rarely	Sometimes	Mostly	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I get enough sleep (8-9 hours a night).

Never	Rarely	Sometimes	Mostly	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I sit down for a nightly dinner with people who care about me.

Never	Rarely	Sometimes	Mostly	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 2. List the number of times in the last 3 days . . .

you have eaten junk food or drank soda.

0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

you have taken caffeinated products. (i.e. coffee, coke, no- doze, red bulls, speed)

0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. What types of healthy foods do you like to eat? Describe a healthy, balanced meal you like to make for yourself.

## 4. What do you like to do for exercise and how often do you do it?

## 5. Describe any specific health or body concerns. (i.e. acne, diabetes or weight) How do you feel about them and how do you deal with them?

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6. What are some questions about sex that youth your age talk about?

7. Considering the health effects of drug and alcohol use, what are your boundaries?

8. Thinking about your long-term health, how would you want to improve your healthy habits today?

Taking good care of your health includes: eating healthy, balanced meals; • getting regular exercise; • sleeping enough; • taking good care of your body; • avoiding unsafe behaviors and activities; • and going to the doctor and dentist regularly.

9. Overall, I have optimal healthy habits.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Further Reflections