

UNIT 8 - BLOOD / LYMPHATIC / CARDIOVASCULAR SYSTEMS

ACTIVITY - Your Disease Prevention Efforts

NAME _____ PERIOD _____

Answer all of the questions relating to your health maintenance and disease prevention behavior with the responses:

- 1) Most of the time = 4 pts.
- 2) Some of the Time = 2 pts.
- 3) Never = 0 pts.

1. I keep my immunization records up to date.
2. I have periodic medical and dental checkups.
3. I eat a balanced diet daily.
4. I get at least 8 hours of sleep a night.
5. I do not smoke.
6. I exercise vigorously at least three times a week
7. I avoid using towels that others have used.
8. I take a few minutes each day to relax
9. I avoid using other people's combs and brushes.
10. I stay at home at least the first day a symptom of illness appears.
11. I listen and respond to my body's messages that it is tired or that something may be wrong.
12. I wash my hands before every meal.
13. I shower or bathe regularly.
14. I do not share eating utensils or glasses with other people.
15. I cover my mouth when I cough or sneeze.
16. I avoid walking barefooted in locker rooms and shower rooms

SCORING: Give yourself 4 points for each most of the time response, 2 points for each some of the time response, and 0 points for each never response.

YOUR DISEASE PREVENTION AND HEALTH MAINTENANCE SCORE:

- 35 - 60 points = Your disease prevention efforts are very good.
- 15 - 34 points = You practice some prevention but could do more.
- 0 - 14 points = Watch Out! You are allowing yourself to be susceptible to disease.