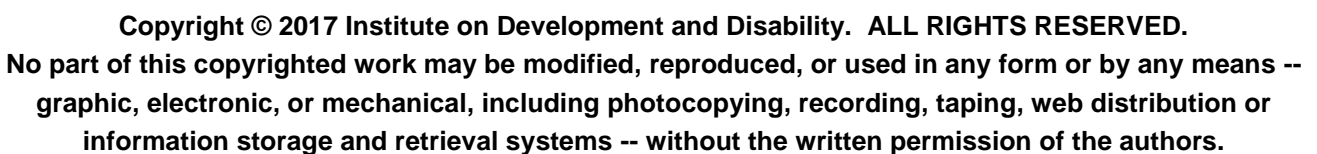


Healthy Lifestyles: Your Health, Your Choice



Healthy Lifestyles for Young Adults

What is it?

This workshop is designed for people of all abilities. It contains a lot of ideas that come directly from people who have taken this workshop and shared their ideas. This workshop will help individuals develop the confidence and skills to stay on a journey towards a healthy and happy lifestyle.

So, what is a healthy lifestyle? It is living your own unique life, staying active, having a job that you like, spending time with your family and friends, doing what you want to do, and having fun with others. These are just a few of the ideas that people have shared with us. There are many ways to live a healthy lifestyle. What is most important is that it is your way and it helps give you meaning and happiness in life.

Why have these workshops?

We face many stresses and challenges in our lives because of today's fast-paced way of living.

We get sick and have ups and downs, and we may have unique and different health concerns.

We need to know who we are and how to take care of ourselves. For example, when we get sick, could it be because we're not eating well or not getting enough sleep?

We all have numerous strengths that can help us when we are sick.

However, when we are unable to use these strengths, we may need the support of others.

We need to know our own strengths and obtain other's support to help us be healthier.

We will look at your strengths and abilities as well as areas you may need help with.

How will we learn about being healthy?

Over several sessions we will explore the areas of a healthy lifestyle: physical, social, emotional, work/hobbies, and spiritual, and learn from each other about making healthy choices within each of these areas.

We will have the opportunity to learn more about ourselves and connect with others, as well as examine the behavior changes we would want to make to be healthier.

In our final session we will use what we've learned about ourselves and create personal health and wellness goals. We will choose our three most important goals and make a plan on how to achieve these goals. Everyone will be asked to think about:

What needs to happen first? What supports do I need? What kind of environment will help me be successful? When we finish, each person will have a written plan for their three goals.

Independent & Healthy Lifestyles Wheel



Physical Health

- Get regular exercise
- Get regular doctor and dental check-ups
- Eat healthy foods

Independence:

- Be willing to try new things
- Learn what skills you have/need
- Find out who can help you
- Stretch yourself



Emotional Health:

- Know what stresses you
- Express your feelings
- Be good to yourself



Health through Meaningful Activities:

- Do work that you enjoy
- Get involved in: hobbies, reading, clubs, volunteering



Living Your True Self:

- Know your values
- Live your values
- Be who you are

Social Health:

- Make close friendships
- Have friends to go out with
- Visit with family or someone special



Independent & Healthy Lifestyles Wheel

Emotional Health:

Draw:

Physical Health:

Draw:



Health through Meaningful Activities:

Draw:

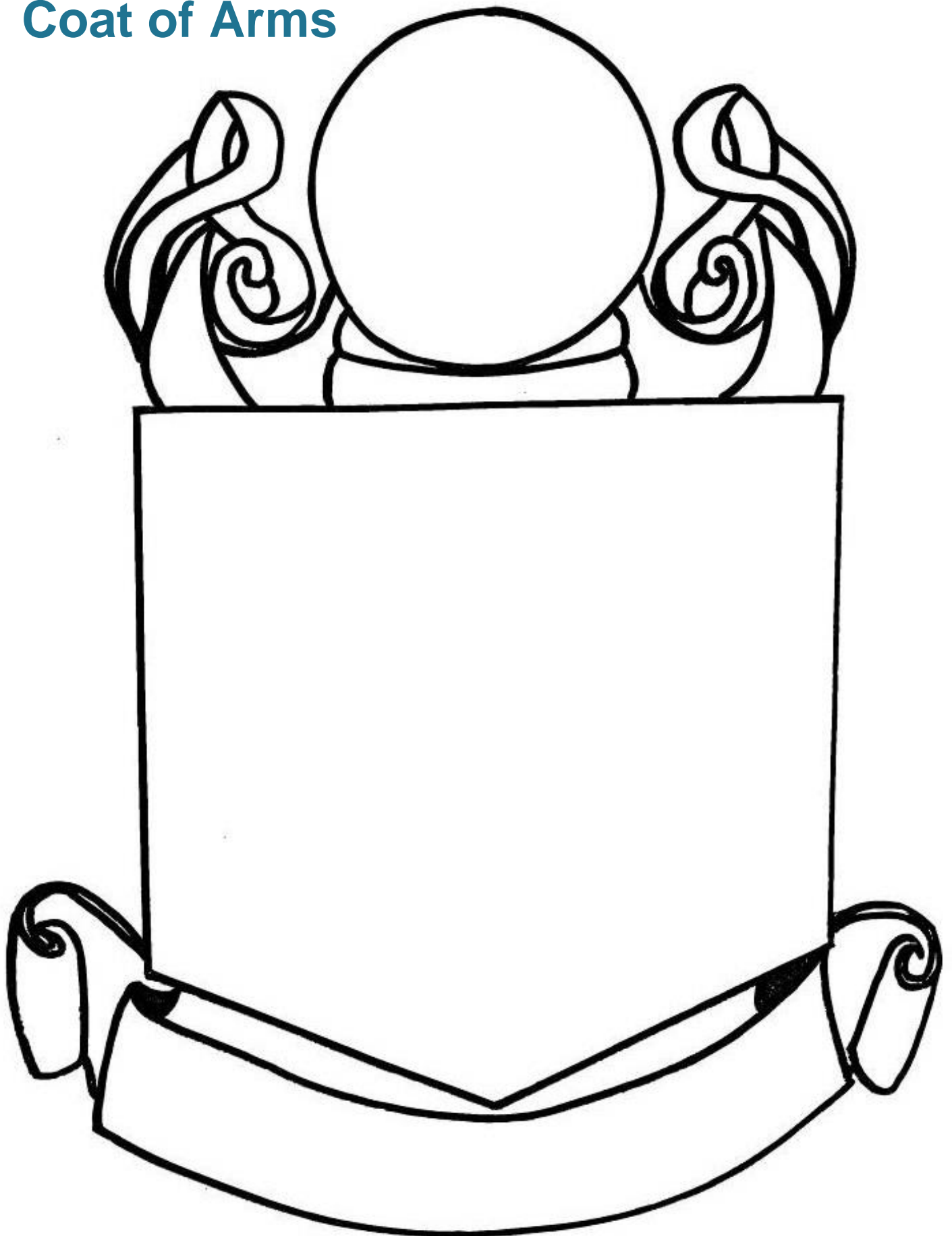
Social Health:

Draw:

Living Your True Self:

Draw:

Coat of Arms



“Who Am I” Survey

Instructions: This survey asks you to choose words that best describe you. For each number place one **X** by the description that fits you. Then count the number of x's in each column. Some choices will be harder than others. Just do your best.

| | | | |
|------------------------------------|--|--|---|
| 1. Energy level... | <input type="checkbox"/> changes, goes up and down | <input type="checkbox"/> is usually high or usually low | <input type="checkbox"/> is steady |
| 2. To my friends I am..... | <input type="checkbox"/> fun to be around, life of the party | <input type="checkbox"/> good at talking but not at listening | <input type="checkbox"/> loyal |
| 3. When there is silence I..... | <input type="checkbox"/> do not like it very much | <input type="checkbox"/> need to initiate conversation | <input type="checkbox"/> appreciates silence |
| 4. My usual hunger level... | <input type="checkbox"/> can vary from being very interested to no interest in food | <input type="checkbox"/> I need regular meals | <input type="checkbox"/> is usually low, but if I am moody I like to eat |
| 5. Making decisions I do them... | <input type="checkbox"/> intuitive and fast | <input type="checkbox"/> focused and with a goal in mind | <input type="checkbox"/> need lots of information |
| 6. My ideal temperature... | <input type="checkbox"/> I don't like cold, I am comfortable in warm and hot weather | <input type="checkbox"/> I don't like heat, I like the winter and cold weather | <input type="checkbox"/> I like mild temperatures. I don't like very hot or cold extremes |
| 7. If I am doing a project I am... | <input type="checkbox"/> creative | <input type="checkbox"/> organized | <input type="checkbox"/> spontaneous |
| 8. I find schedules... | <input type="checkbox"/> flexible and adaptable | <input type="checkbox"/> orderly and help keep organized | <input type="checkbox"/> can balance between work and play |
| 9. My regular sleep pattern is... | <input type="checkbox"/> light sleeper | <input type="checkbox"/> usually sleep well | <input type="checkbox"/> deep sleep, and slow to wake up |

Totals P1

Green P1_____

Red P1_____

Blue P1_____

Handout #5b

| | | | |
|--|--|---|--|
| 10. I am sensitive to... | <input type="checkbox"/> noise | <input type="checkbox"/> bright light | <input type="checkbox"/> strong smells |
| 11. My usual moods... | <input type="checkbox"/> change easily | <input type="checkbox"/> quick-tempered | <input type="checkbox"/> slow to anger |
| 12. My reaction to stress is... | <input type="checkbox"/> anxious, fearful | <input type="checkbox"/> get angry | <input type="checkbox"/> mostly calm |
| 13. My spending habits... | <input type="checkbox"/> I like to buy on the spot | <input type="checkbox"/> I plan before I spend | <input type="checkbox"/> I like to save |
| 14. Word that best describes me... | <input type="checkbox"/> lively | <input type="checkbox"/> intense | <input type="checkbox"/> easy going |
| 15. When I talk to people I... | <input type="checkbox"/> talk to all kinds of people | <input type="checkbox"/> talk to people like myself | <input type="checkbox"/> can be shy and it takes me extra time to make friends, but am forever loyal |
| 16. Friends and family say I should... | <input type="checkbox"/> settle down | <input type="checkbox"/> be more accepting | <input type="checkbox"/> be more outgoing |
| Totals P2 | Green P2_____ | Red P2_____ | Blue P2_____ |
| Totals P1 | +Pg1 _____ | +Pg1 _____ | +Pg1 _____ |
| Final Score | =Total _____ | =Total_____ | =Total_____ |

*Count the number of x's in each column. Add the total of page 1 and page 2 together to get your final score and wait for instructions.

“Who Am I” Survey Results:

Common Healthy State Characteristics of the Three Types

People who have the highest number in the green row

- The quick idea, creative people

People in the green group at their best are light, imaginative, joyful, sensitive, creative, and quick-minded.

When balanced, these people may have lots of energy, but tire easily. They are often very funny and charming. In conversation they may interrupt, but you don't care because they are so much fun to be with.

People who have the highest number in the red row

- The take charge/take action people

People in the red group at their best have the courage to get things done. They tend to be big-picture thinkers, clear-headed, successful, and joyous.

When balance, people in this group like competition, have a sharp mind, and know what they want. They tend to be decisive, efficient, organized, and like to be leaders.

People who have the highest number in the blue row

- The wise, calm, giving people

People in the blue group at their best are strong, steady, wise, and earthy. When balanced, these people are caring and calm. They are capable of storing energy and can stay with activities for a long time.

When balanced, these people tend to be deliberate and able to hold onto friends and money. They are often forgiving, straightforward, and loyal to their friends.

Values that Guide My Life

Instructions: Circle the values that are important to you. Put a star next to your top three. There is space at the bottom for you to add other values.



Advocating for myself



Being close to friends



Religion



Being close to family



Setting and reaching new goals



Being independent



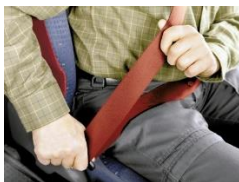
Having a good job



Being on time



Doing good deeds



Keeping myself safe



Being adventurous



Staying healthy

Others: _____

Things I Want to Remember

Instructions: Think about what you just visualized. Write or draw answers to the questions below.

1. When I pictured my healthiest self I looked and felt like:

2. These are the things I was doing to stay healthy:

3. What changes did I see myself making? How did I get there?



Characteristics of Meaningful Activity

- Is something we have an interest in
- Makes us feel good
- Gives us pleasure
- Gives us a sense of accomplishment
- Makes us feel like we did something
- Makes us feel productive
- Makes a difference to ourselves or others
- Connects us to others
- May be different for each person
- Gives us identity
- Gives order and routine to our lives
- Other ideas:





Message

Check the healthy habit that is most important to you or write in your own healthy habit.

- ☐ Meaningful activities give my life a sense of purpose, balance, and routine.



- ☐ Meaningful activities add fun to my life.



- ☐ Meaningful activities connect me with other people.



Other:

One meaningful activity I can do today:



Meaningful Activity

Feeling Good About Me

1. Three things other people say I do well.

a)

b)

c)

2. Three things I like about me.

a)

b)

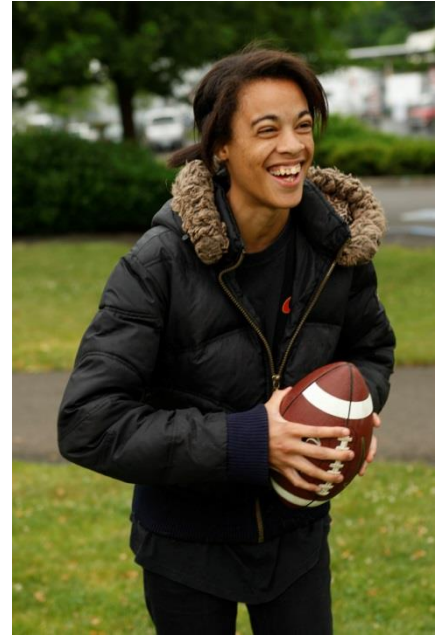
c)

3. Three things about me that will help me reach my goals.

a)

b)

c)



Feeling Good About How I Look

1. Three things that other people have told me they like about the way I look.

a)

b)

c)



2. Three things I like about the way I look.

a)

b)

c)

3. Three things I can do to improve my appearance/personal hygiene.

a)

b)

c)

Emotional Health - What it Means

Emotional health is the way you feel about yourself. When you are healthy in an emotional way, you are able to take good care of yourself and others.

Directions: Read the statements below and then circle all the answers that best represent the statement.

Being emotionally healthy means:

1. Positive self-esteem – You like who you are.
 - a. Negative self-talk
 - b. Good thoughts about yourself
 - c. Putting yourself down
2. Strengths we see in ourselves and others.
 - a. Make fun of or tease ourselves or others
 - b. Positive self-talk
3. Harmful and less productive ways to deal with your emotions.
 - a. Yelling
 - b. Using drugs and alcohol
 - c. Go for a walk
4. Healthy activities to strengthen your emotional health.
 - a. Smoking
 - b. Yoga
 - c. Write in a journal



Handout #12b

Being emotionally healthy means:

1. Good stress management skills.
 - a. Be accomodating and flexible
 - b. Good time management
 - c. Ignore problems
2. Safe ways to express your emotions.
 - a. Quiet time
 - b. Talk to a friend
 - c. Physically hurt yourself or others
3. Ways to not isolate yourself.
 - a. Help others
 - b. Sit at the computer or watch TV
 - c. Talk with a friend when you feel lonely
4. Good relaxing techniques.
 - a. Write a gratitude list
 - b. Deep breathing exercises
 - c. Worry about the problem



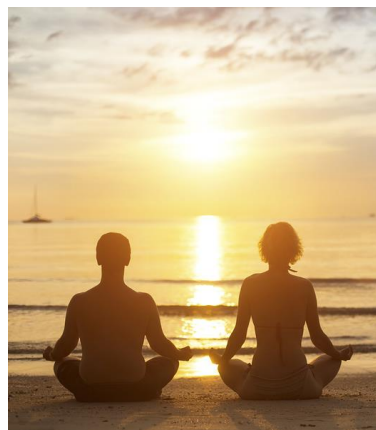
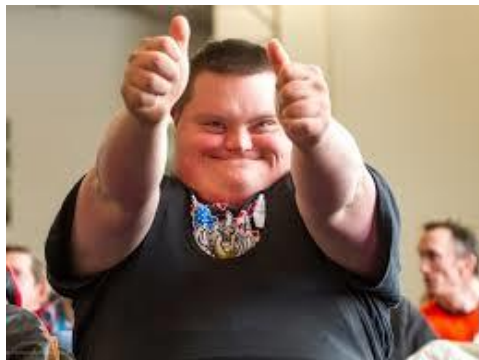
Message

Check the healthy habit that is most important to you or write in your own healthy habit.

- ☐ Know how you react to stress and have healthy ways to respond to stress.
- ☐ Know your own feelings and be comfortable with them.
- ☐ Accept who you are and nurture yourself.

Other:

One thing I can do today to improve my emotional health:



Emotional Health

Making Friends Checklist

| | Can Do Already | Need Practice | Do with Assistance | Want to Learn | Plan to Start | Not Now | Accomplished |
|---|-------------------|------------------|-----------------------|------------------|------------------|------------|--------------|
| Leisure Time Skills | | | | | | | |
| Invite someone to go for a walk | | | | | | | |
| Join the Scouts, YMCA/YWCA, 4-H Club | | | | | | | |
| Join a recreation center, fitness/health club | | | | | | | |
| Attend a camp | | | | | | | |
| Attend school functions (plays, dances, concerts, sports) | | | | | | | |
| Attend a religious faith-based service/activity | | | | | | | |
| Participate in a sport | | | | | | | |
| Take a class to learn a new hobby | | | | | | | |
| Volunteer for a community organization | | | | | | | |
| Take an educational class | | | | | | | |
| Introduce yourself to a new person | | | | | | | |
| Invite a friend over | | | | | | | |
| Plan a party | | | | | | | |

Message

Check the healthy habit that is most important to you or write in your own healthy habit.

- ☐ I have friends I like to do outings/activities with.
- ☐ Make close relationships.
- ☐ Use good communication with friends, family, and others.



Other:







One thing I can do today to improve my social health:

Social Health

How Does Your PLATE Look?



The Surgeon General's Report on Nutrition and Health links what we eat to our health. The USDA's Food Guidance System teaches us to make wise food choices. Does the way that you eat promote good health? Check the box next to each statement that tells about the way you usually eat.

- ☐ I eat whole grain breads, cereals, rice, or pasta daily. 
- ☐ I eat two cups of fruit daily. 
- ☐ I eat two to three cups of raw or cooked vegetables daily. 
- ☐ I drink or eat fat-free or low-fat dairy or soy products daily. 
- ☐ I trim the fat off meat and take the skin off of chicken & turkey. 
- ☐ I eat beans or legumes at least two or three times each week. 
- ☐ Most food and snacks that I eat are not fried or fatty. 



How Does Your PLATE Look? (Continued)

- ☐ I add very little fat (butter, margarine, oil, or salad dressing) to my foods.



- ☐ Most desserts and snacks that I eat are not sweet and sugary.



- ☐ Most of what I drink is water or is low in sugar.



- ☐ I drink at least two to three glasses of water a day.



- ☐ I rarely cook with salt or add it at the table.





How Does Your **PLATE** Look? (Results)

Please add up the number of statements you've checked and compare that number with the **scores** listed below:

9-13: Great job! Eating right is one of the best things you can do to ensure good health.

5-8: You make some very good choices. Keep trying! Small changes in food habits can make a big difference.

0-4: Those first steps toward good eating are often the hardest to take. Making healthy choices gets easier every day. **You can do it!**

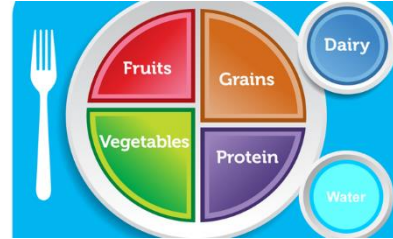
Tip Eating the colors of the rainbow each day will give you a good variety of nutrition and make planning meals fun!



Message

Check the healthy habit that is most important to you or write in your own healthy habit.

- ☐ I eat balanced meals throughout the day getting the right amount of fruit, vegetables, protein, and 6 to 8 glasses of water each day.



- ☐ Healthy eating helps my body work and look its best.



- ☐ Healthy eating is even more important if I take medication.



Other:

One thing I can do today to eat healthfully:



Healthy Eating

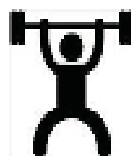
Staying Healthy Skills

Practice these good
health habits



Quit Smoking

Within 12 hours of your last cigarette, your body begins to repair the damage to your heart and lungs.



Exercise

Young adults should do at least 60 minutes of exercise a day.

I SAY
NO

Do not abuse alcohol or drugs
Abuse of alcohol and other drugs can harm you, your family, and others. Help is available if you need it.



Take care of your teeth

Avoid decay and gum disease through regular brushing and flossing and visit your dentist regularly.



Cover your mouth

When you sneeze or cough.
This will stop the spread of germs to others.



Get enough sleep

Everyone is different, but you should aim for 6-8 hours of sleep each night to feel well rested.



Practice good hygiene

Showering regularly and washing your hands often are both important to good health.



Identify and prevent risky behaviors

Wear sunscreen, put on your seat belt, practice safer sex, get regular check-ups, and keep immunizations up to date.



Get along with others

Being kind to people will improve your social health.

Benefits of Staying Active

1. Increases your **heart** health



2. Increases your **lung** health



3. Increases your **muscle** strength and tone



4. Increases and maintains **bone** strength and health



5. Lowers your level of **depression** and improves mood



6. Decreases your **PMS** symptoms (for women)



7. Allows you greater control of your **weight**



Message

Check the healthy habit that is most important to you or write in your own healthy habit.

- ☐ My heart, lungs, and muscles need regular exercise for living a healthy life.
- ☐ Exercise can help to decrease stress by relaxing my mind.
- ☐ Staying active can help me keep a healthy weight and decrease my chances for diabetes and other health problems.



Other:

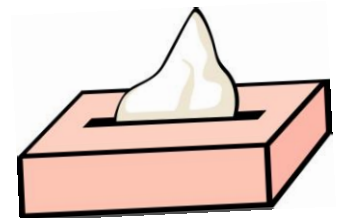
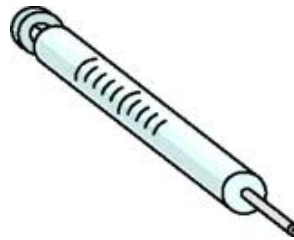
One thing I can do today to stay active:



Staying Active

Signs That You Might Be Sick...

- Fever
- A headache that will not go away
- Dizziness and fainting frequently
- Increased weakness and feeling tired
- Large change in appetite
- Changes in your skin
- Eye pain
- Sore throat
- Hoarseness that does not go away
- Swollen glands
-
- Colds and coughs/flu
- Earaches
- Allergies
- Asthma
- Diarrhea
- Increased seizures
- Joint pain/arthritis, neck pain, back pain
- Decreased movement in joints
- Stomach pain
- Constipation
- General itching or pain
- Chest pain
- Changes in heart rhythm
- Nausea, vomiting, dehydration
- Breast lumps
- Uncontrolled bleeding
- Pain with urination or periods



Taking Charge of My Health Checklist

Handout #22a

| | Can Do Already | Need Practice | Do with Assistance | Want to Learn | Plan to Start | Doesn't Apply to Me | Accomplished |
|--|-------------------|------------------|-----------------------|------------------|------------------|------------------------|--------------|
| Health Care Skills | | | | | | | |
| Understand your health | | | | | | | |
| Learn how to read a thermometer | | | | | | | |
| Know height, weight, birthdate | | | | | | | |
| Know about your medical records, diagnosis information, etc. and where to access these | | | | | | | |
| Know if you are allergic or sensitive to any food, medications, etc. | | | | | | | |
| Know location of health emergency telephone numbers | | | | | | | |
| Call the doctor's office to make an appointment | | | | | | | |
| Prepare questions for doctors, nurses, therapists | | | | | | | |
| Follow-up on any referrals for tests, check-ups, or labs | | | | | | | |

Taking Charge of My Health Checklist (cont.)

| | Can Do Already | Need Practice | Do with Assistance | Want to Learn | Plan to Start | Doesn't Apply to Me | Accomplished |
|--|-------------------|------------------|-----------------------|------------------|------------------|------------------------|--------------|
| Health Care Skills cont. | | | | | | | |
| Arrange for your ride to medical appointments | | | | | | | |
| Keep a calendar of doctor, dentist, specialists, and/or therapist appointments | | | | | | | |
| Call the doctor to tell him/her about unusual changes in your health | | | | | | | |
| Get sex education materials/birth control if sexually active | | | | | | | |
| Learn about sexually transmitted illnesses (STIs) and prevention | | | | | | | |
| Discuss with your doctor before starting a family | | | | | | | |
| Discuss drugs and alcohol with family, doctor, or a trusted adult | | | | | | | |

Taking Charge of My Health Checklist (cont.)

| | Can Do Already | Need Practice | Do with Assistance | Want to Learn | Plan to Start | Doesn't Apply to Me | Accomplished |
|---|-------------------|------------------|-----------------------|------------------|------------------|------------------------|--------------|
| Medications and Supplies | | | | | | | |
| Know what medications you are taking and what they are for | | | | | | | |
| Get a prescription refilled | | | | | | | |
| Know the side effects of each medication you are taking and what to do if you are having a bad reaction | | | | | | | |
| Take medications correctly | | | | | | | |
| Know what you are not allowed to eat/drink when taking certain medications | | | | | | | |
| Reorder medications before they run out | | | | | | | |
| Use and take care of medical equipment and supplies | | | | | | | |

Taking Charge of My Health Checklist (cont.)

| | Can Do Already | Need Practice | Do with Assistance | Want to Learn | Plan to Start | Doesn't Apply to Me | Accomplished |
|---|-------------------|------------------|-----------------------|------------------|------------------|---------------------------|--------------|
| Call the suppliers when there is a problem with the equipment | | | | | | | |
| Order medical supplies before they run out | | | | | | | |
| Arrange payment for medical equipment and supplies | | | | | | | |
| Insurance | | | | | | | |
| Apply for health insurance if you lose current coverage | | | | | | | |
| Know what your health insurance covers | | | | | | | |
| Get and/or use SSI or Medicaid coverage if you are qualified | | | | | | | |
| Get and/or use Oregon Health Plan if you are qualified | | | | | | | |

Adapted from a checklist developed by the Youth in Transition Project (1984-1987)

University of Washington Division of Adolescent Medicine and based on a model

developed by the Children's Rehabilitation Center at the University of Virginia.

Working With Your Doctor

(Circle your answer)

Does your doctor.....

1. listen to your concerns?

Yes

No

2. explain things to you in a way that is easy to understand?

Yes

No

3. explain risks of medications and/or procedures?

Yes

No

4. make you feel comfortable to work with them?

Yes

No

5. know your family history?

Yes

No

6. take your insurance plan?

Yes

No

7. an accessible office?

Yes

No



Working With Your Doctor (cont.)

Become a partner with your doctor. Research shows that people who speak up, share information, ask questions, and participate in their treatment have better care and healthier lifestyles.



Things to remember:

- Always tell your doctor your major concerns at your visit.
- Always ask questions about any treatment or drug prescription
- If you do not understand, ask your doctor to repeat or bring someone else in to help explain things.
- Once you agree on a treatment, follow through with what you and your doctor have agreed to.
- If you have a reaction to a treatment that is different than expected, call your doctor.
- Ask your doctor what they consider an emergency and where to go for an emergency.
- See your doctor as a partner and someone whom you like.

Message

Check the healthy habit that is most important to you or write in your own healthy habit.

- ☐ I know when I am getting sick and take care of myself.



- ☐ I use healthy habits to keep myself from getting sick; eat well, exercise regularly, avoid smoking, and have regular medical and dental check-ups.



- ☐ I have a doctor, nurse and dentist whom I like.



Other:

One thing I can do today to maintain good health:

Preventing Illness

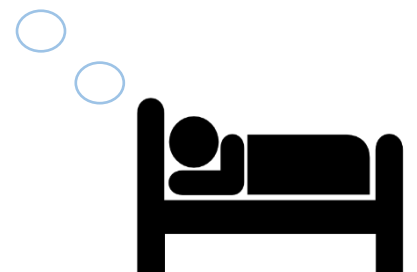
Dream Page

Instructions: Write or draw some of your “big picture” dreams.

Example: I want to lose weight.

Write:

Draw:



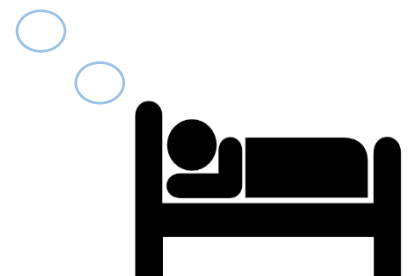
Dream Page

Instructions: Write or draw some of your “big picture” dreams.

Example: I want to lose weight.

Write:

Draw:



Creating a Plan: Goal #1

Handout #26a

Instructions: Write your goal in the top step of the staircase. Think about what steps to take to reach your goal and the resources and supports you will need. Place these in the staircase in the order you need to complete your goals.



MY GOAL:

Step 4:

Resources & Supports:



Step 3:

Resources & Supports:

Step 2:

Resources & Supports:

Step 1:

Resources & Supports:

Creating a Plan: Goal #2

Handout #26b

Instructions: Write your goal in the top step of the staircase. Think about what steps to take to reach your goal and the resources and supports you will need. Place these in the staircase in the order you need to complete your goals.



MY GOAL:



Step 4:

Resources & Supports:

Step 3:

Resources & Supports:



Step 2:

Resources & Supports:

Step 1:



Resources & Supports:

Creating a Plan: Goal #3

Handout #26c

Instructions: Write your goal in the top step of the staircase. Think about what steps to take to reach your goal and the resources and supports you will need. Place these in the staircase in the order you need to complete your goals.



| | |
|--|-----------------------|
| MY GOAL: | |
|  Step 4: | Resources & Supports: |
| Step 3: | Resources & Supports: |
|  Step 2: | Resources & Supports: |
| Step 1: | Resources & Supports: |