



# Health Promotion Workbook



<b>NAME:</b>		<b>DATE:</b>	
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## **YOUR HEALTH PROMOTION**

Your Health Promotion requires You, Your Knowledge and Skills, and Positive Key Influencers in Your Life.

### **PART 1: YOU**

Your future goals: How would you like your life to improve and be different in the future?

It is often important to think about future goals when thinking about making changes in health habits.

#### **Your Goals regarding Your Physical and Emotional Health**

- 1.
- 2.

#### **Your Goals regarding Your Activities**

- 1.
- 2.

#### **Your Goals regarding Your Relationships and Social Life**

- 1.
- 2.

#### **Your Goals regarding Your Financial Situations and/or Other Parts of Your Life**

- 1.
- 2.

## PART 2: YOUR HEALTH HABITS

### Your General Health Rating

Excellent       Good       Fair       Poor

### Your Healthy Nutrition and Diet Rating

Excellent       Good       Fair       Poor

Weight change in last six months

- no change in weight
- gained more than 10 pounds
- lost more than 10 pounds
- don't know

### Your Level of Exercise

Excellent       Good       Fair       Poor

Days per week you participated in vigorous activity

- none
- seldom
- 1-2 days per week
- 3-5 days per week
- 6-7 days per week

Minutes of exercise per day

- not applicable
- less than 15 minutes
- 15-30 minutes
- more than 30 minutes

### Your Tobacco Use

Tobacco used in last six months

- no
- yes

If yes, which ones?

- cigarettes
- chewing tobacco
- pipe

Average cigarettes smoked per day in the last six months

- not applicable
- 1-9
- 10-19
- 20-29
- 30+

## Your Alcohol Use

Drinking days per week

- 1-2 days per week
- 3-4 days per week
- 5-6 days per week
- 7 days per week

Drinks per day

- 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- 7 or more

Binge drinking within last month  
(*four or more drinks/occasion for women; four or more drinks/occasion for men*)

- none
- 1-2 binges
- 3-5 binges
- 6-7 binges
- 8 or more

On days that you do not drink do you feel anxious, have greater difficulty sleeping than usual, feel your heart racing, have heart palpitations, or have the shakes or hand tremors?

- No
- Yes

## Your Medication Use

Prescription medications used currently?

Over-the-counter medications you take?

Do you take medication as prescribed?

- Yes
- No

## Your Other Substance Use

- Yes
- No

**Drug(s) of Choice**

## Your Health Ambitions

Are there any of these health issues with which you would like some help?

- No
  - Yes
- If yes, which ones?
- Nutrition
  - Exercise
  - Tobacco use
  - Alcohol
  - Medications
  - Illegal drugs
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_

**It is helpful to think of the amount of substance used and the consequences. Even the use of small amounts may negatively impact health and performance. In fact, intoxication can lead to impaired judgment and risky behaviors.**

**Some health conditions can be made worse by the use of substances. Some examples include:**

\_\_\_ High blood pressure    \_\_\_ Stomach problems    \_\_\_ Heat disease    \_\_\_ Diabetes  
\_\_\_ Cancer    \_\_\_ Depression    \_\_\_ Anxiety    \_\_\_ Other:

**The use of some medications can be a problem if used with alcohol or other substances. It may be important to discuss medications regularly with your physician.**

## Review Educational Materials and Tools

**How do your screening and assessment results compare to your health ambitions? How does this apply to you?**



## **PART 4: YOUR REASONS TO QUIT OR CUT DOWN**

Think about the best reasons for you to quit or cut down.

The reasons will be different for different people.

The following list identifies some reasons people decide to quit or cut down.

Put an X in the box next to the reasons that you want to quit or cut down. Perhaps you can think of other reasons that are not on this list.

- To improve my physical health
- To improve my emotional health
- To improve my nutrition
- To feel better
- To sleep better
- To maintain independence
- To save money
- To be happier
- To reduce the possibility that I will be injured, such as in a car crash
- To make better friendships
- To have better personal and social relationships
- To have better family relationships
- To participate more in positive community activities
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### **Your Three Most Important Reasons to Quit or Cut Down:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Think about your consequences for continuing to use substances.

Think about how your life might improve if you decide to change by quitting or cutting down. What improvements do you anticipate?

Physical health: \_\_\_\_\_

Mental health: \_\_\_\_\_

Family: \_\_\_\_\_

Other relationships: \_\_\_\_\_

Activities: \_\_\_\_\_

Other: \_\_\_\_\_

## **PART 5: YOUR PLAN**

Knowledge you possess for positive change to improve your life

Skills you possess for positive change to improve your life

Influences that can help you bring about positive change and improve your life

Warning signs, events, and situations that might trigger risk, problems and/or relapse

Strategies to cope and address risk factors and/or relapse triggers

Supportive people you can contact or call upon

The steps you will take to maintain gains

Other important influencers of your success

Additional considerations / personal notes

## **PART 6: YOUR HEALTH PROMOTION SUMMARY**

Changing your behavior can be a difficult challenge.

The following pointers may help you stick with your new healthy behavior plan and maintain success, especially during the first few weeks when it is most difficult.

Remember that you are changing a habit, and that it can be hard work.

It becomes easier with time.

- ❑ Remember your goals
- ❑ Read this workbook frequently
- ❑ Every time you are tempted to use substances and are able to resist, congratulate yourself because you are breaking an old habit
- ❑ Whenever you feel very uncomfortable, tell yourself that the feeling will pass
- ❑ At the end of each week, think about how many days you have been abstained or cut down substance use
- ❑ Some people have difficult or challenging days during which they slip. If that happens to you, **DON'T GIVE UP**. Just start again the next day.
- ❑ You should always feel welcome to call your primary care provider for assistance or in case of an emergency.

<b>IMPORTANT CONTACT / RESOURCE</b>	<b>CONTACT INFORMATION</b>

**THANKS FOR TRYING THIS HEALTH PROMOTION PROGRAM!**