


# Health Careers

# Student Manual

## Table of Contents

<b>SESSION 2</b>	<b>HEALTH STYLES</b>
Lesson Objectives .....	page 3
“You Hear It All The Time” Handout.....	page 4
“How Is Your Health” Handout.....	page 5
	
<b>SESSION 3</b>	<b>HEALTH RISKS AND PERSONAL RESPONSIBILITY</b>
Lesson Objectives .....	page 8
“Behavior Self-Management” Handout .....	page 9
“Progress Chart” Handout .....	page 10
<b>SESSION 4</b>	<b>ASSESSMENT</b>
Lesson Objectives .....	page 11
“How Healthy Are You?” Handout .....	page 12
“1995 NC Middle School Risk Behavior Survey Results” Reference .....	page 13
“Risk and Consequences Worksheet” Handout .....	page 17
“Teen Health History Part 1” Handout .....	page 18
“Family Genogram” Handout .....	page 20
“Homework Assignment” Handout.....	page 21
<b>SESSION 5</b>	<b>ASSESSMENT (CONT'D)</b>
Lesson Objectives .....	page 22
“Danny’s Ride” Handout .....	page 23
“TREE of Injury” Handout .....	page 24
“Teen Health History Part 2” Handout .....	page 25
“Body Mass Index” Handout .....	page 29
“Height Factor” Handout.....	page 30
<b>SESSION 6</b>	<b>GROWTH AND DEVELOPMENT</b>
Lesson Objectives .....	page 31
<b>SESSION 7</b>	<b>SELF-ESTEEM &amp; PSYCHO-SOCIAL HEALTH</b>
Lesson Objectives .....	page 33
“Maslow’s Hierarchy of Needs” Handout .....	page 34
“I” Statements Handout .....	page 35
“Listening Skills” Handout.....	page 37
“Coping With Losses” Handout .....	page 39
“Teen Health History Part 3” Handout .....	page 41
“Eco-Map” Handout .....	page 44
“Stress Management Techniques” Handout .....	page 45
“Health Connection Finish Line” Handout.....	page 46

# Table of Contents (cont'd)

<b>SESSION 8</b>	<b>CONFLICT RESOLUTION: DEALING WITH ANGER</b>
Lesson Objectives .....	page 47
Case Examples Handout.....	page 48
“Questions For You” Handout.....	page 49
“3 Principal Levels Of Conflict” Handout.....	page 50
“4 Basic Outcomes Of Conflict” Handout.....	page 51
<b>SESSION 9</b>	<b>DATING RELATIONSHIPS</b>
Lesson Objectives .....	page 52
“Mutual Respect” Handout.....	page 53
“Honest Communication” Handout .....	page 54
“Some Myths To Think About” Handout .....	page 55
“Assault” Handout.....	page 56
“Examples Of Positive Behavior” Handout .....	page 57
“Examples Of Negative Behavior” Handout.....	page 58
<b>SESSION 10</b>	<b>RELATIONSHIPS, SUBSTANCE ABUSE AND DEPRESSION</b>
Lesson Objectives .....	page 59
“Alcohol and Drug Use Scale” Handout.....	page 60
“Depression Rating Scale” Handout .....	page 61
<b>SESSION 11</b>	<b>ADDICTION</b>
Lesson Objectives .....	page 62
“Alcoholism: Assessment and Resources” Handout.....	page 63
“Thinking Ahead To Next Week” Handout.....	page 64
<b>SESSION 12</b>	<b>STERIODS AND SUBSTANCE ABUSE TREATMENT</b>
Lesson Objectives .....	page 65
“Steroids” Handout .....	page 66
<b>SESSION 14</b>	<b>PERSONAL FITNESS ASSESSMENT</b>
Lesson Objectives .....	page 67

# Health Styles

**Presenter's Name:** David White, Ph. D.

**Content Area:** Preparatory

**Session Number:** 2

## **"Healthful Living" Objectives Met:**

### Preparatory:

- 1.1: Define and compare the terms: health wellness, happiness, fitness and vitality.
- 1.2: Define each dimension of health.
- 1.3 Estimate a person's health status on each dimension of health.
- 2.1 Describe the major determinants of health.
- 2.2 Justify "individual choice" as the health determinant that has the most influence on Americans.
- 2.3 Explain why all people are at least partly interdependent in regard to health.

## **Materials/Resources Needed:**

Handouts: "You Hear It All Time"  
"Dimensions of Health Inventory"

## **“You Hear It All the Time”**

**Directions:** Determine if the following statements reflect traditional (T), preventative (P), or wellness (W) health lifestyles.

- \_\_\_ 1. Seatbelts? No thanks, I'll just take my chances. The doctors can always patch you up.”
- \_\_\_ 2. “I pace myself and try to balance fun and responsibility
- \_\_\_ 3. “You can avoid death or serious injury in an accident by wearing seat belts.”
- \_\_\_ 4. “If you don't slow down, you're liable to ‘crack up’.”
- \_\_\_ 5. “Not everyone has problems from smoking, and if you do you're so old when it happens that it won't make much difference.”
- \_\_\_ 6. “I'm going to ‘burn the candle at both ends’, as long as I can. My body will let me know when it can't hack it anymore.”
- \_\_\_ 7. “All this running and sweating is for fanatics. If I start to get fat, I'll just go on a diet.”
- \_\_\_ 8. “Nobody's died of junk food that I know of. I'll worry about eating right when the time comes.
- \_\_\_ 9. “I want to plan to have children at a time in my life when I can give the best possible family situation and start in life.”
- \_\_\_ 10. “Why worry about contraception? If a pregnancy occurs, they can always get an abortion.”
- \_\_\_ 11. “If you don't ‘take care’ of your relationships, you'll end up busting them up.”
- \_\_\_ 12. “I try to avoid junk food because of the high calories, salt, and additives.

## HOW IS YOUR HEALTH? A Self Survey

### Physical Health

- |     |   |   |   |
|-----|---|---|---|
| 1.  | Do you exercise or play a sport for at least 30 minutes 3 or more times a week? | Y | N |
| 2.  | Are you the appropriate weight for someone your height and gender?              | Y | N |
| 3.  | Are you satisfied with your current level of energy?                            | Y | N |
| 4.  | Do you get 7-9 hours of sleep most nights?                                      | Y | N |
| 5.  | Do you practice good dental hygiene?  | Y | N |
| 6.  | Do you use sunscreens regularly and limit sun exposure?                         | Y | N |
| 7.  | Do you have basic first aid skills?   | Y | N |
| 8.  | Do you try fad weight loss diets?   | Y | N |
| 9.  | Do you minimize your intake of sweets and high-fat foods?                       | Y | N |
| 10. | Do you eat at least 5 servings of fruits and vegetables per day?                | Y | N |
| 11. | Do you drink enough fluids so that your urine is a pale yellow color?           | Y | N |

NUMBER IN EACH COLUMN

\_\_\_

\_\_\_

### Social Health

- |    |  |   |   |
|----|--|---|---|
| 1. | Do you have one or more persons with whom you can discuss personal concerns, problems, or worries? | Y | N |
| 2. | Do you enjoy a variety of activities?  | Y | N |
| 3. | Do you have several friends that you enjoy spending time with?                                     | Y | N |
| 4. | Do you have a "best friend?"   | Y | N |
| 5. | Do you have trouble asking for help from adults?   | Y | N |
| 6. | Are you satisfied with your balance between work/school and leisure time?                          | Y | N |
| 7. | Are you satisfied with your romantic life?   | Y | N |

NUMBER IN EACH COLUMN

\_\_\_

\_\_\_

### Mental Health

- |    |   |   |   |
|----|---|---|---|
| 1. | Are you interested in, do you keep up to date on social and political issues?   | Y | N |
| 2. | Do you engage in creative and stimulating activities as much as you would like? | Y | N |
| 3. | Are you bored in your classes at school?  | Y | N |
| 4. | Does school seem "just too hard" for you?                                       | Y | N |

NUMBER IN EACH COLUMN

\_\_\_

\_\_\_



## **HOW IS YOUR HEALTH? A Self Survey**

- 1. What area (dimension of health) do you consider to be your “healthiest”?**
- 2. Why did you choose that area/dimension as your “healthiest”?**
- 3. What are three things you could do to maintain this area/dimension as your “healthiest”?**
  - 1.**
  - 2.**
  - 3.**
- 4. What area/dimension of health do you consider to be in need of improvement?**
- 5. Why did you choose that area/dimension as one in need of improvement?**
- 6. What are three things you could do to improve your health in this area/dimension?**
  - 1.**
  - 2.**
  - 3.**

# Health Risks and Personal Responsibility

**Presenter's Name:** David White  
**Content Area:** Preparatory and Self-Protection  
**Session Number:** 3

## **“Healthful Living” Objectives Met:**

### Preparatory:

- 3.1 Identify who has control of the major health risks for the U.S. population as a whole, for persons at different life cycle stages, for pregnant women and their fetuses, and for high school age persons and young adults.
- 3.2 Identify the most important factors to consider when making a decision involving risk (e.g., needs, goals, values, standards, obligations, costs, probabilities, alterations).
- 3.3 Recognize the roles of control and chance in health risk situations.
- 4.1 Distinguish between the roles of health as an instrumental value and as a terminal value.
- 4.2 Predict effects on one's quality of life resulting from changes in health status.

### Self-Protection:

- 7.1 Describe the major components of an effective behavior self-management plan.

## **Materials/Resources Needed:**

Handouts: Behavior Self-Management Plan

## **My Behavior Self-Management Project**

1. Set a realistic goal for yourself.

My Goal:

2. Describe how you intend to accomplish that goal.

My Intention:

3. List the possible blocks that might keep you from accomplishing your goal.  
(BLOCKS)

4. List ways of dealing with the things that might block you from accomplishing your goal.  
(REMOVING BLOCKS)

## Progress Chart for \_\_\_\_\_

- keep a record of what you do for two weeks
- Be sure to fill in the date in each block below

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

# ASSESSMENT

**Presenter's Name:** Carol Cox  
**Content Area:** Preparatory and Self-Protection  
**Session Number:** 4

## **“Healthful Living” Objectives Met:**

### Preparatory

- 1.4 Assess own health status according to results of a variety of measures of physical, social, emotional, and mental health.

### Self-Protection

- 1.1 Identify standards against which the consequences of the most serious health risk behaviors of adolescents can be measured.
- 1.2 Apply a variety of standards to selected serious health risks for adolescents.
- 2.1 Recognize common sources of influence on health risk perceptions.
- 2.2 For selected health risks, provide examples of how perception of risk can be altered in various, diverse circumstances.
- 2.3 Characterize own perceptions of a major health risk.
- 3.1 Name the major health risks for own age group.
- 3.2 Rank own health risks according to own standards.

## **Materials/Resources Needed:**

### Handouts for Notebook:

Health Continuum  
NC 1995 Youth Health Risk Behavior Survey (6-8 grades)  
Risk and Consequences Worksheet  
Sample Genogram Sheet

### Handouts for Homework:

Health History pages 1,2 & 3  
“Risk Experience” paragraph & ranking assignment

### Handouts for Classroom

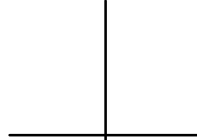
Envelopes with negative health risk behaviors  
Envelopes with positive health behaviors

## How Healthy Are You

Because the status of one's health is constantly changing, health can be placed on a continuum. At any moment, health may be somewhere between optimal health and poor health.

*Where do you "ride" on the Continuum of Health?*

**Optimal Health**



**Absence of symptoms**



**Poor Health**

# **North Carolina Middle School Risk-Behavior: 1995 Youth Risk-Behavior Survey Results**

published by the Division of Innovation and Development Services  
Accountability Services Area

North Carolina Department of Public Instruction  
1996

participants were 2,227 students  
(grades 6-8)

**Intentional and Unintentional Injury:** Of North Carolina 6<sup>th</sup> - 8<sup>th</sup> graders,

10.8% reported having never or rarely worn a seat belt when riding in a car.

75.6% reported having never or rarely worn a helmet when riding a bicycle.

41.5% reported having never or rarely worn a helmet when rollerblading or riding a skateboard.

23.5% reported having ridden in a car by someone who had been drinking alcohol.

18.8% reported having carried a gun.

43.9% reported having carried any other type of weapon, such as a knife or club.

66.4% reported having been in a physical fight.

5.5% reported having been in a physical fight in which they were hurt and had to be treated by a doctor or nurse.

26.9% reported having thoughts about killing themselves.

15.5% reported having ever made a plan to kill themselves.

10.6% reported having tried to kill themselves.

**Tobacco Use:** Of North Carolina 6<sup>th</sup> - 8<sup>th</sup> graders,

53.4% reported having tried cigarette smoking.

16.8% reported having smoked a whole cigarette for the first time before age 11.

22.8% reported having smoked cigarettes in one or more of the past 30 days.

12.5% reported having smoked two or more cigarettes per day on the days they smoked.

3.8% reported having usually gotten their own cigarettes by buying them in a store during the past 30 days.

8.7% reported having not been asked to show proof of age when they bought cigarettes in a store during the past 30 days.

22.2% reported having ever used chewing tobacco or snuff.

**Alcohol and Other Drug Use:** Of North Carolina 6<sup>th</sup> - 8<sup>th</sup> graders,

58.5% reported having had a drink of alcohol for other than religious reasons.

33.5% reported having their first drink of alcohol before the age of 11.

16.5% reported having used marijuana.

3.6% reported having used marijuana for the first time before the age of 11.

3.1% reported having used any form of cocaine.

1.4% reported having tried any form of cocaine for the first time before the age of 11.

1.8% reported having used the crack or freebase forms of cocaine.

18.9% reported having sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high.

2.8% reported having used steroids.

1.2% reported having used a needle to inject any illegal drug into their body.

**HIV/AIDS Prevention Education:** Of North Carolina 6<sup>th</sup> - 8<sup>th</sup> graders,

79.4% reported having been taught about AIDS or HIV infection in school.

61% reported having talked about AIDS or HIV infection with their parents or other adults in their family.

**Dietary Behaviors and Physical Activity:** Of North Carolina 6<sup>th</sup> - 8<sup>th</sup> graders,

23.8% described themselves as slightly or very overweight.

40.4% reported having tried to lose weight.

34.5% reported having dieted to lose weight or to keep from gaining weight.

59.4% reported having exercised to lose weight or to keep from gaining weight.

6.8% reported having vomited or taken laxatives to lose weight or to keep from gaining weight.

6.8% reported having taken diet pills to lose weight or to keep from gaining weight.

67.7% reported having eaten French fries or potato chips one or more time yesterday.

56.7% reported having eaten green salad, or raw or cooked vegetables one or more times yesterday.

58.8% reported having eaten hamburgers, hot dogs, bacon, or barbecue one or more times yesterday.

77.4% reported having eaten candy, cookies, doughnuts, pie or cake one or more times yesterday.

82.6% reported having exercised on 3 or more of the past 7 days.

84.4% reported having attended physical education (PE) class one or more days in an average school week.

55.7% reported having played on any sports teams run by their school or by other organizations outside their school.

43.7% reported that they do other organized physical activity besides sports teams, such as dance, gymnastics, or swimming.

**Weapons on School Property:** Of North Carolina 6<sup>th</sup> - 8<sup>th</sup> graders,

3% reported having carried a gun on school property during school hours.

14.1% reported having carried any other weapon (such as a knife or club) on school property during school hours.

10.1% reported having been threatened or injured with a weapon such as a gun, knife, or club on school property.

**Miscellaneous:** Of North Carolina 6<sup>th</sup> - 8<sup>th</sup> graders,

53.6% reported that they live with both natural parents most or all of the time.

25.2% reported that they believe they are one of the best in their class.

## RISK AND CONSEQUENCES WORKSHEET

RISK	REASON FOR TAKING RISK	POSSIBLE CONSEQUENCES	PRECAUTIONS TO REDUCE CONSEQUENCES	OTHERS WHO MIGHT BE AFFECTED
SWIMMING				
TRYING OUT FOR A TEAM				
SMOKING CIGARETTES				
TELLING A FRIEND YOU ARE WORRIED ABOUT HIS/HER ALCOHOL USE				

**Part 1 Teen Health History - Self-Administered**

This information is CONFIDENTIAL. The purpose is to help you and your nurse learn about your health status. We request that you fill out the form completely (there will be three Parts over three weeks). You may skip any question that you do not want to answer. A nurse instructor will review the history and a confidential interview with a nurse will be arranged.

---

Name \_\_\_\_\_ Date \_\_\_\_\_  
          First                  Middle                  Last

DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Grade \_\_\_ Name you like to be called: \_\_\_\_\_  
          mo day year

Address \_\_\_\_\_  
                  Street/Box                  Town                  State                  Zip

Phone Number (\_\_\_\_) \_\_\_\_\_ Another Number (\_\_\_\_) \_\_\_\_\_

HomeRoom Teacher \_\_\_\_\_ Rm # \_\_\_ When are you in homeroom \_\_\_

---

**HOME INFORMATION**

Who do you live with? (Check all that apply)

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Both natural parents | <input type="checkbox"/> Stepmother  | <input type="checkbox"/> Brother(s)/ages _____  |
| <input type="checkbox"/> Mother               | <input type="checkbox"/> Stepfather  | <input type="checkbox"/> Sister(s)/ages _____   |
| <input type="checkbox"/> Father               | <input type="checkbox"/> Guardian(s) | <input type="checkbox"/> Other (Describe) _____ |
| <input type="checkbox"/> Adoptive family      | <input type="checkbox"/> Alone       | _____   |

Describe the setting where you live (location, type residence, rooms etc.)

**HEALTH INFORMATION**

Do you have a physician? Yes No Unsure Name \_\_\_\_\_

When was the last time you saw a medical doctor and why? \_\_\_\_\_

---

Do you have a Dentist Yes No Unsure Name \_\_\_\_\_

When was the last time you saw a Dentist and why? \_\_\_\_\_

Do you have an eye Doctor? Yes No Unsure Name \_\_\_\_\_

Do you wear glasses or contacts? Yes No When was last eye examination? \_\_\_\_\_

Do you have any other health care providers you see? Yes No (If yes, why?) \_\_\_\_\_

How do you rate your health status? Check the area on the scale that best describes your health.

---

Excellent	Very Good	Good	Fair	Poor
-----------	-----------	------	------	------

---

You may need assistance from a parent to complete some of this information

1. Are you allergic to any substances (Circle any that apply)

food      bee stings      medications      animals      other

2. Are you taking any medications now?      Yes      No

If yes, provide name of medicine and reason \_\_\_\_\_

3. Do you have any chronic health conditions?      Yes      No      Unsure

If yes, please describe \_\_\_\_\_

4. Do you miss many days of school because of sickness?      Yes      No

5. Date of your last tetanus Td booster) \_\_\_\_\_      Unknown

6. Have you had the Hepatitis B Vaccine?      Yes      No      Unsure

7. Have you ever broken any bones? Yes      No      If Yes, please describe \_\_\_\_\_

8. Have you ever been a patient in a hospital?      Yes      No      If Yes, please describe \_\_\_\_\_

9. Do your parents, grandparents, aunts, uncles, or siblings have any health problems?      Yes      No

Describe who and what \_\_\_\_\_

10. Family Genetic Tree or **Genogram** to be completed on following page.

# The Family Genogram of \_\_\_\_\_

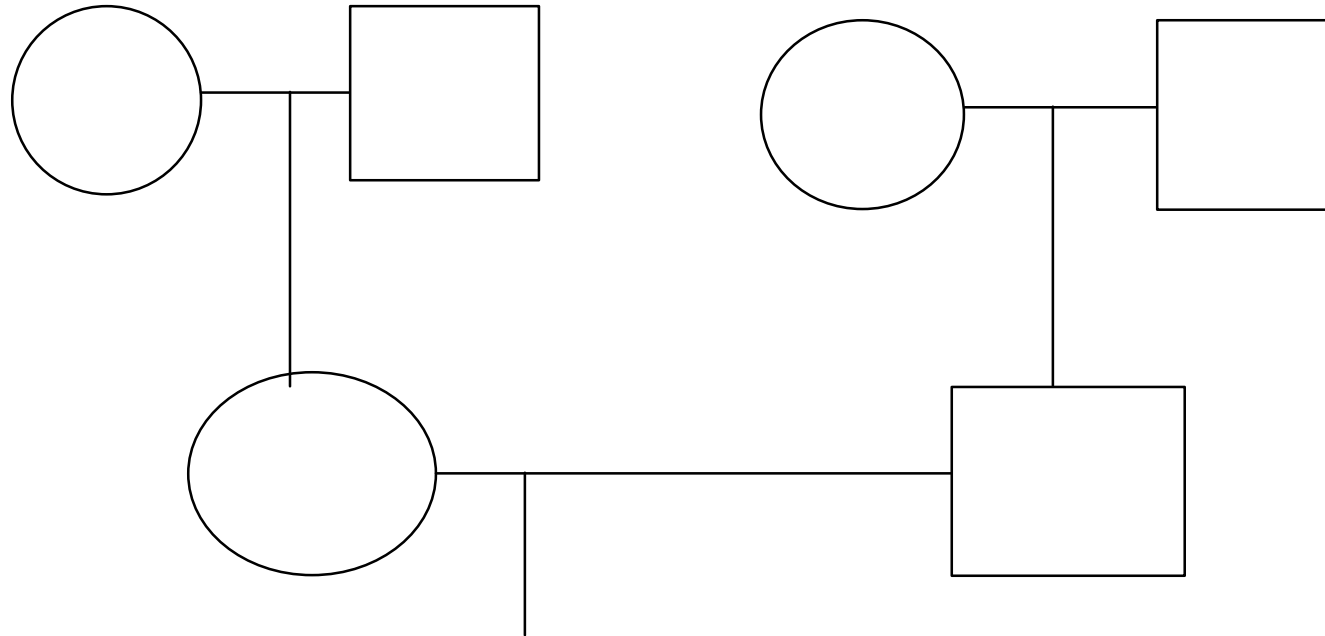
○ Female

□ Male

— Married

- - - Unwed

≡ Divorce



**Put in:**  
**Ages**  
**Names**  
**Siblings**  
**Illnesses**  
**Other**

## TeleHealth Session 4 Homework Assignment

NAME \_\_\_\_\_ DATE Assigned \_\_\_\_\_ DATE Due \_\_\_\_\_

### This is a confidential assignment for student and instructor

Look at the list of risk behaviors and rank them from 1 to 9 (9 being the highest risk) according to how you perceive your individual susceptibility to the risks.

#### High Risk Behaviors of Adolescents

- \_\_\_\_\_ Involvement in violent acts
- \_\_\_\_\_ Consuming excessive fat, calories, sodium, insufficient fiber and a variety of foods
- \_\_\_\_\_ Using tobacco
- \_\_\_\_\_ Engaging in sexual intercourse which could lead to pregnancy and disease
- \_\_\_\_\_ Insufficient exercise
- \_\_\_\_\_ Attempting suicide
- \_\_\_\_\_ Driving while under the influence of alcohol and other drugs, traveling as a passenger with a driver who is under the influence, driving too fast, not using passenger restraints
- \_\_\_\_\_ Injecting drugs
- \_\_\_\_\_ Engaging in water-related recreation without appropriate flotation devices or supervision, or without skill in swimming and staying afloat, or while using alcohol or other drugs

.....  
.....

Write a brief paragraph that describes a reason(s) you took a particular risk and the negative consequences you experienced as a result of this behavior. Describe precautions you could have taken and people who were affected.

# ASSESSMENT

**Presenter's Name:** Carol Cox  
**Content Area:** Self-Protection  
**Session Number:** 5

## **“Healthful Living” Objectives Met:**

### Self-Protection

- 4.1 Identify the major health risk behaviors of own age group.
- 4.2 Project potential short and long-term consequences (in all dimensions of health) of own age group's health risk behaviors.
- 4.3 Hypothesize chains of specific behaviors, in a variety of situations, that could result in either positive or negative health consequences.
- 5.1 Identify the most critical events and times in and before pregnancy for the prevention of birth defects.
- 5.2 Describe the causes, importance, and prevention of low birth weight.
- 5.3 Propose alternative methods of accessing appropriate health care for young pregnant women, taking into account various economic, transportation, and service availability difficulties.
- 5.4 Utilize the principle of a decision/behavior chain to evaluate specific pregnancy related behaviors.
- 6.1 Identify the types of behaviors that are suitable for self-management.
- 6.2 Outline the factors to be considered when selecting a health risk behavior to be actively managed.

## **Materials/Resources Needed:**

Handouts for Notebook:

Danny's Ride  
TRE(E) of Injury  
When Do Birth Defects Occur?  
Healthy Beginnings

Handouts for Homework:

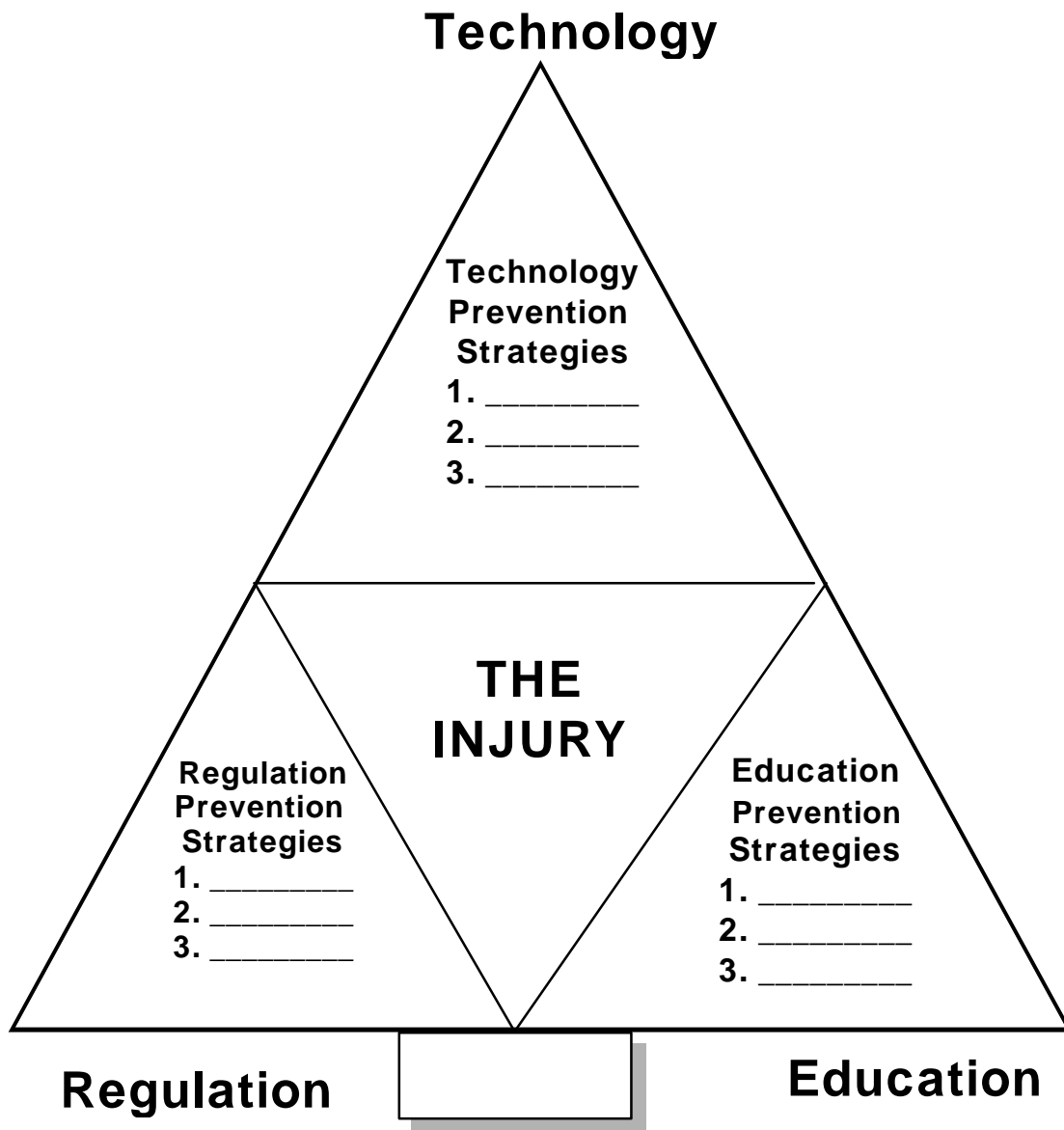
TRE(E) of Injury Assignment  
Health History Part 2

## Danny's Ride

Danny called Joe and sounded very angry. It must have been something Susan said ; maybe she had finally broken up with him. Danny was restless. He had taken the keys to his brothers old car, took some beer out of the refrigerator, and wanted Joe to go for a ride with him. He picked Joe up and said his mother had been yelling at him about staying out late the night before. Didn't she know he was upset about breaking up with Susan. Danny said he just couldn't take any more. They drove around for a while - see if they'd run into any girls from school. Instead they ran into Rudy who joined them. They sped off and headed out of town drinking beer and yelling out the windows. They were going 70 mph when the road took a sharp turn. There was no warning sign. Danny lost control of the car and it rolled off the road and flipped over into a ditch. None of the boys was wearing a seat belt; the car had no air bags. Rudy was crushed by the car as it rolled over; he was killed. Danny's spinal cord was injured and he ended up losing use of both his legs. Joe was hospitalized for two weeks and was left with deep scars on his face.



Factors that Contributed to Injury			
Person injured or Person Who Inflicted Injury	Product Involved	Physical Environment	Social and Economic Factors



**The TRE(E) of Injury Prevention**

## Teen Health History

Part 2 Page 1

### Past Health - Infant, Toddler, Preschool & School Age Years

1. When my mother was pregnant with me she had health concerns:  
(check all that apply)

nausea                       fainting                       high blood pressure  
 swollen feet                       headaches                       urinary frequency  
 insomnia                       dizziness                       food cravings  
 none of these                       other (describe) \_\_\_\_\_

2. My mother was \_\_\_ years of age when I was born.
3. My father was \_\_\_ years of age when I was born.
4. I was a \_\_\_ premature baby or \_\_\_ full term baby.
5. My birth was on a \_\_\_\_\_ (day of week) at \_\_\_\_\_ (time of day)
6. I was born at: \_\_\_\_\_ Hospital, or \_\_\_ home, or \_\_\_ Other  
(describe) \_\_\_\_\_
7. My mothers labor lasted for \_\_\_\_\_ hours.
8. My delivery was : \_\_\_ Normal Vaginal Delivery                      \_\_\_ Cesarean Section - if  
C-S describe reason \_\_\_\_\_
9. My birth weight was \_\_\_\_\_ pounds, and \_\_\_\_\_ ounces. I was \_\_\_ in. long.
10. My parents comments about my birth \_\_\_\_\_
11. I was \_\_\_ breast fed, \_\_\_ bottle fed, \_\_\_ both.
12. As a baby my health was: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor  
Describe why you selected the response \_\_\_\_\_



12. Developmental Milestones.... I was age ..... when I had my **first** ....

___ smile	___ tooth	___ word (it was _____)
___ baby food	___ cup	___ table food ( it was _____)
___ crawl	___ cruise	___ song ( it was _____)
___ walk alone	___ tricycle	___ toy ( it was _____)
___ walk up stairs		___ game ( it was _____)
___ bathroom by self		___ permanent tooth
___ friend (name) _____		___ teacher (name) _____

13. What I remember most about my first day at school...

14. What I remember most about being 6 years old is ...

15. What I remember most about being 10 years old is...

16. The changes of puberty I noticed most were...

**Current Health**

Do you have any questions or concerns about any of the following?  
(Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Height/Weight         | <input type="checkbox"/> Diarrhea        | <input type="checkbox"/> Constipation                  |
| <input type="checkbox"/> Blood pressure        | <input type="checkbox"/> Skin            | <input type="checkbox"/> Acne                          |
| <input type="checkbox"/> Head/Headaches        | <input type="checkbox"/> Arm/leg pain    | <input type="checkbox"/> Dizziness/passing out         |
| <input type="checkbox"/> Eyes/vision           | <input type="checkbox"/> Joint pain      | <input type="checkbox"/> Diet/food/appetite            |
| <input type="checkbox"/> Ears/hearing          | <input type="checkbox"/> Mouth/teeth     | <input type="checkbox"/> Swallowing                    |
| <input type="checkbox"/> Nose/frequent colds   | <input type="checkbox"/> Stomach pain    | <input type="checkbox"/> Eating disorders              |
| <input type="checkbox"/> Neck/back             | <input type="checkbox"/> Tiredness       | <input type="checkbox"/> Trouble sleeping              |
| <input type="checkbox"/> Chest/breathing/cough | <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Frequent or painful urination |
| <input type="checkbox"/> Heart/circulation     | <input type="checkbox"/> Muscles/bones   | <input type="checkbox"/> Bowels/constipation           |
| <input type="checkbox"/> Menstruation          | <input type="checkbox"/> Other _____     |  |

Anthropometrics

- 13. My current weight is \_\_\_\_\_ lb. which is in the \_\_\_\_\_ %
- 14. My current height is \_\_\_\_\_ ft. \_\_\_\_\_ in., which is in the \_\_\_\_\_ %
- 15. My Body Mass Index (BMI) is \_\_\_\_\_ Which is in the \_\_\_\_\_ %

BMI calculation: This is used to calculate your range of body weight by comparing your BMI with other teens of the same age and sex.

My BMI Score and Percentile
My Height Factor HF = _____
My weight = _____
My BMI = HF ___ X Wt ___ = ___
My BMI is in the _____ % ranking

16. My Vision Screening:

Near Vision		Far Vision	
Left Eye	Right Eye	Left Eye	Right Eye
20/____	20/____	20/____	20/____
____ with ____ without lenses		____ with ____ without lenses	

17. My Blood Pressure is \_\_\_\_\_/\_\_\_\_\_ Pulse is \_\_\_\_\_ bpm

18. I have \_\_\_\_\_ teeth \_\_\_\_\_ fillings \_\_\_\_\_ cavities  
 I brush my teeth \_\_\_\_\_ times a day. I floss my teeth \_\_\_\_\_.

## BODY MASS INDEX (BMI)

The Body Mass Index (BMI) is defined as one's body weight in kilograms divided by the square of one's height in meters ( $BMI = \text{kg}/\text{m}^2$ ). This mathematical formula is based on body weight and height which is then compared to age-based and sex-specific corresponding percentile rankings. These standards were derived from the research by Must, et al on obesity and BMI. Since many still do not use this metric system, we are going to use pounds and inches in our calculation and multiply by a conversion factor to give us the correct units.

To calculate a person's BMI we only need to know two things: 1) weight in pounds (lbs.) and 2) height factor (HF) the conversion factor which corresponds to one's height in feet and inches.

Let's use this worksheet to calculate BMI and interpret the findings.

**EXAMPLE 1.** 15 ½ year old male, weight - 169 lbs., height = 5'7 ½  
**BMI = Weight x HF**

**STEP 1.** Calculate BMI

a. Find the corresponding Height Factor (HF) for our example in the HF Table below

b.  $HF = \frac{\text{Weight (lbs)}}{\text{kg}/\text{m}^2} \times \text{HF (kg}/\text{m}^2\text{lb)} = \underline{\hspace{2cm}}$

### HEIGHT FACTORS (HF)

Height	HF	Height	HF	Height	HF	Height	HF
4'4	.260	4'11"	.202	5'6"	.161	6'1"	.132
¼	.258	¼	.200	¼	.160	¼	.131
½	.255	½	.199	½	.159	½	.130
¾	.253	¾	.197	¾	.158	¾	.129
4'5"	.250	5'0"	.195	5'7"	.157	6'2"	.128
¼	.248	¼	.194	¼	.155	¼	.128
½	.246	½	.192	½	.154	½	.127
¾	.243	¾	.191	¾	.153	¾	.126
4'6"	.241	5'1"	.189	5'8"	.152	6'3"	.125
¼	.239	¼	.188	¼	.151	¼	.124
½	.237	½	.186	½	.150	½	.123
¾	.235	¾	.184	¾	.149	¾	.123
4'7"	.232	5'2"	.183	5'9"	.148	6'4"	.122
¼	.230	¼	.181	¼	.147	¼	.121
½	.228	½	.180	½	.146	½	.120
¾	.226	¾	.179	¾	.145	¾	.119
4'8"	.224	5'3"	.177	5'10"	.143	6'5"	.119
¼	.222	¼	.176	¼	.142	¼	.118
½	.220	½	.174	½	.141	½	.117
¾	.218	¾	.173	¾	.140	¾	.116
4'9"	.216	5'4"	.172	5'11"	.139	6'6"	.116
¼	.215	¼	.170	¼	.138	¼	.115
½	.212	½	.169	½	.138	½	.114
¾	.211	¾	.168	¾	.137	¾	.113
4'10"	.209	5'5"	.166	6'0"	.136	6'7"	.113
¼	.207	¼	.165	¼	.135	¼	
½	.205	½	.164	½	.134	½	
¾	.204	¾	.163	¾	.133	¾	

# Growth and Development

**Presenter's Name:** Carol Cox  
**Content Area:** Stress Management  
**Session Number:** 6

## **“Healthful Living” Objectives Met:**

### Stress Management

- 1.1 Analyze potentially stressful situations to determine the degree of control an individual has over own behaviors.
- 1.2 Clarify the degree of control she/he has over own behaviors in actual life situations.
- 2.1 Provide an example of each of the following types of potentially negative, distorted thinking:
  - selective perception
  - over-generalization
  - personalization
  - self-labeling
  - unexamined self-expectations
  - polarized thinking
  - catastrophizing
  - emotional reasoning
  - helplessness
- 2.2 Convert a series of negative self-messages to positive ones.
- 2.3 Develop a behavior change plan that includes rehearsal as a means to promote frequency of replacement of negative thoughts with positive ones.
- 3.1 Relate universal values to specific behaviors.
- 3.2 Identify practical methods that can be used to judge consistency between behaviors and values.
- 3.3 Project stress consequences of actions which
  - (a) confirm, and (b) deny own values.

## **Materials/Resources Needed:**

Handouts for Notebook:

Puberty Pictures

Feelings Chart

Handouts for Homework:

Health History (Part #3) Friends, Family & Community



# Self Esteem & Psycho-Social Health

Presenter's Name: Carol Cox  
Content Area: Stress Management  
Session Number: 7

“Healthful Living” Objectives Met:

## Stress Management

- 1.1 Analyze potentially stressful situations to determine the degree of control an individual has over own behaviors.
- 1.2 Clarify the degree of control she/he has over own behaviors in actual life situations.
- 2.1 Provide an example of each of the following types of potentially negative, distorted thinking:
  - selective perception
  - over-generalization
  - personalization
  - self-labeling
  - unexamined self-expectations
  - polarized thinking
  - catastrophizing
  - emotional reasoning
  - helplessness
- 2.2 Convert a series of negative self-messages to positive ones.
- 2.3 Develop a behavior change plan that includes rehearsal as a means to promote frequency of replacement of negative thoughts with positive.
- 3.1 Relate universal values to specific behaviors.
- 3.2 Identify practical methods that can be used to judge consistency between behaviors and values.
- 3.3 Project stress consequences of actions which  
(a) confirm, and (b) deny own values.

## **Materials/Resources Needed:**

Maslow's Hierarchy of Needs  
“ I “ Statements Worksheet  
Listening Skills Worksheet  
Coping with Losses  
Stress Management Techniques  
Health Behavior Information Survey  
The Finish Line

# Maslow's Hierarchy of Needs

## **Self-fulfillment**

Self Control, Helpful to  
Others, Chooses Own Goals,  
Forms Lasting Relationships,  
Sense of Purpose in Life

## **Esteem Needs**

Self-respect, Sense of Achievement,  
Attention, Recognition, Dignity,  
Positive self-concept, Self-confidence

## **Belongingness and Love Needs**

Love, Affection, Belonging to Family, Friends,  
Group, Community

## **Safety Needs**

security, Protection, Order, Predictability, Freedom from fear

## **Biological Needs**

Food, Water, Air, Shelter, Sleep, and other biological requirements

## “I” Statements

**Directions:** An “I” statement is a statement of your feelings that does NOT blame or judge the other person. The statement begins with “I feel....,” “I want....,” “I’m upset because....,”

**Change the “You” statements below into “I” statements.**

<b>“You” Statements</b>	<b>“I” Statements</b>
You never call me when I ask you to!	I wish we could talk on the phone more often.
Will you turn down your stereo? I can’t hear myself think!	
Will you clean your room? I’ve asked you to do it five times.	
You are so annoying when you tease me!	
Will you stop interrupting me?	
You’re such a loud mouth!	
You can’t play basketball, you stink. Go play on another team.	
It’s your fault I got into trouble! Why did you have to tell on me?	
You never listen when I give you directions!	
You always ignore me when your other friends are around!	
You never let me do anything!	
Why don’t you do your own homework and stop copying mine?	
You are so moody sometimes!	
You never told us the assignment was due today! That’s not fair!	



### Listening Skills

Method	Definition	What to Do or Say	Observed ( <b>Ö</b> )
Body Language	Movements of the body that show the other person you are interested	<ul style="list-style-type: none"> <li>· Let the expression on your face reflect what the person is saying</li> <li>· Look at the person when he or she is speaking. Make eye contact.</li> <li>· Nod your head to show you understand.</li> </ul>	<p>_____</p> <p>_____</p> <p>_____</p>
Encouraging Words	Short phrases that let the person know you hear what he or she is saying and would like to hear more	<ul style="list-style-type: none"> <li>· Use phrases that come naturally to you and show you're involved. "I see." "Really?" "That's great." "I know what you mean." "That's awful." "What happened then?" "Tell me more." "Uh huh." "Right."</li> </ul>	<p>_____</p>
Getting the message straight	Ways to make sure you understand without judgment what is being said; ways to help the other person be open about feelings	<ul style="list-style-type: none"> <li>· Restate the other person's ideas in your own words: "Do you mean...?"</li> <li>· Give an example: "Was it sort of like when...?"</li> <li>· Ask for more information: "Tell me about..."</li> <li>· Listen for the feelings behind what the speaker is saying and restate them. "I guess that made you feel..."</li> </ul>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



## Coping with Losses

	Denial	Anger	Bargaining	Depression	Acceptance
Death of a loved one	1	2	3	4	5
Changing schools	6	7	8	9	10
Moving to a new neighborhood	11	12	13	14	15
Parents divorce or separate	16	17	18	19	20
Break-up of a romance	21	22	23	24	25
Death of a pet	26	27	28	29	30
Be rejected by a close friend or group of friends	31	32	33	34	35







30. If there is a difference between # 28 and # 29 describe how this might be changed

---

- |  |     |    |
|--|-----|----|
| 31. Do you feel you have some friends you can count on?                              | YES | NO |
| 32. Have you ever felt really sad or depressed more than three days in a row?        | YES | NO |
| 33. Have you ever thought of suicide as a solution to your problems?                 | YES | NO |
| 34. Have you ever gotten into any trouble because of your anger/temper?              | YES | NO |
| 35. Have you been in a pushing/shoving fight in the last two years?                  | YES | NO |
| 36. Have you ever threatened or been threatened with a knife/gun/or<br>other weapon? | YES | NO |
| 37. Have you ever been physically or sexually abused?                                | YES | NO |
| 38. Have you been involved in any violence in the past twelve months?                | YES | NO |
| <b>If Yes</b> Were you injured? _____ How badly _____                                |     |    |
| Was the other person injured? _____  |     |    |
| How did the fight start? _____   |     |    |
| 39. Have you injured yourself, property or others while angry?                       | YES | NO |
| 40. What do you do when you feel angry? _____  |     |    |

Anger is a normal emotion - it is O.K to have feelings. Look at the feeling chart and identify feelings you have had. There is a place to add a feeling you do not see.

**Community:**

There are a lot of different people and places in my life. This Eco-Map Diagram shows how many of them there are, and the type of relationship I have with each one.



## Stress Management Techniques

### Muscle Group Tension-Relaxation

Make a fist and pull elbows tightly into side

Wrinkle brow; squint eyes; wrinkle nose;  
place teeth together and force a smile

Pull chin to chest

Take a deep breath and push shoulder blades towards each other

Pull in stomach and squeeze tight and hold

Push feet down on floor and hold

Push feet down on floor and hold

Perform each for 5 seconds and then relax

### Relaxation in a Special Place

Close your eyes

Take several deep breaths

Think of a particular place you enjoy  
(a room, beach, woods)

Recall a pleasant feeling you have there  
(music, sand in your toes, a breeze)

Perhaps there are several colors you see  
or a special person who is comfortable to be with

Think of comforting words they share

Slowly move away, take a deep breath,  
and open your eyes slowly

Benefits:

lower blood pressure and decrease anxiety

# The Health Connection Finish Line

Goals for \_\_\_\_\_

**Goal**

**Date**

1. I will learn to \_\_\_\_\_ by \_\_\_\_\_

2. I will change \_\_\_\_\_ by \_\_\_\_\_

3. I plan to \_\_\_\_\_ by \_\_\_\_\_

4. I will \_\_\_\_\_ by \_\_\_\_\_

5. I will \_\_\_\_\_ by \_\_\_\_\_

# CONFLICT RESOLUTION; DEALING WITH ANGER

**Presenter's Name:** Linner Ward Griffin

**Content Area:** Relationships

**Session Number:** 8

## **"Healthful Living" Objectives Met:**

### Relationships:

- 1:1 Name and describe health-related problems that stem from relationships between people and explain their consequences.
- 1:2 Summarize the types of relationships associated with important health related outcomes.
- 3:1 Deduce typical conflict resolving methods.
- 3:2 Select a preferred conflict resolving style (one that would feel comfortable and offer success.)
- 3:3 Formulate a set of "rules" (a sequential list of actions necessary to implement the strategy) to follow in resolving conflicts.
- 3:4 Describe principles of negotiation.
- 3:5 In a role-play situation, implement a conflict resolution strategy of own choosing.

## **Materials/Resources Needed:**

- Handouts: "Gracie and Janice"  
"Questions for You!!!"  
"Three Principal Levels of Conflict"  
"Four Basic Outcomes of Conflict"

November, 1996:

- Gracie, 15 yr. old BF 9<sup>th</sup> grader, is having problems in her Family Living class.
- B+ student, the only college prep student in the class; is considered studious and responsible; no record of problems or violence in school.
- just beginning to date; not sexually active.
- Gracie's mother (divorced) is employed as an office mgr. at a physicians office, sees father 2/mo.
- Gracie has been continually berated by one student in the class (name calling, whispering, group laughter, dropped item, etc.) since she gave a class report before Thanksgiving during which she spoke of her disapproval of unwed teens keeping their babies and stated a preference for adoption.

December, 1996:

- Janice, 16 yr. old classmate, is mother to a 1.5 yr. old son, whom she is raising on AFDC.
- Boy's father does not pay support and is not Janice's current boyfriend.
- Janice's mother, an unemployed mother of 5, voiced her displeasure to a neighbor about Gracie's support.
- School knows of the tension, has taken no action.
- Stories around school suggest Janice and her mother have a history of fighting/brawling.
- Gracie is intimidated by Janice's behavior.
- Yesterday, Janice "called out" Gracie for "dissing her". She threatened her and wants to fight Gracie.

Questions for you!!!

1. Assume you are Gracie, what would you be concerned about? What would you do?
2. Assume you are Janice, what would you do?
3. What family concerns are evident here for both girls?
4. What are the school's concerns?

## THREE PRINCIPAL LEVELS OF CONFLICT

- Value Conflict
  1. True value conflicts are particularly difficult to resolve.
  2. A useful strategy may be to agree to disagree and work around differences.
  3. Many apparent value conflict actually may be rooted in semantics or meanings of terms. Open discussion aimed at clarification can help resolve differences.
  
- Emotional Conflict
  1. This type of conflict generates physiologic responses (heart rate increases, increased blood sugar, blood flow to extremities increases) not conducive to rational problem-solving.
  2. Emotional conflicts are best addressed by slowing down, focusing on issues and emphasizing mutual respect.
  
- Need Conflict
  1. Most successful resolution because there is more than one way to meet needs.
  2. Requires problem-solving skills.

## FOUR BASIC OUTCOMES OF CONFLICT

- Passivity and domination
- Avoidance
- Compromise
- Collaborative Problem-solving

# Dating Relationships

Presenter's Name: Mr. Campbell  
Content Area: Dating Relationships  
Session: 9

## **“Healthful Living” Objectives Met:**

### Relationships:

- 4:1 Critique a list of dating principles, indicating and justifying own agreement or disagreement with each one.
- 4:2 Prepare a personal list of dating principles that would always be fair and caring to both participants.
- 4:3 Describe specific behaviors that would (a) confirm, or (b) deny caring and fair principles of dating relationships.
- 6:2 Define “assault” and recognize the right that all people have to contact police about any type of assault.

## **Materials/Resources Needed:**

- Overhead Slides:
- “Mutual Respect”
  - “Honest Communication”
  - “Group Exercise: Positive Behavior”
  - “Group Exercise: Negative Behavior”
  - “Some Myths to Think About”
  - “Assault: What is it? What Can I do?”

# **MUTUAL RESPECT**

- **Appreciating Others**
- **Dependability**
- **Planning**
- **Asking Permission**
- **Controlling Anger**
- **Introducing Others**
- **Saying Thank-you**
- **Good Grooming**
- **Complimenting**

# **HONEST COMMUNICATION**

- **Listening to Content**
- **Listening for Feelings**
- **Showing Empathy**
- **Negotiating**
- **Compromising**
- **Expressing Mutual Affection**

# **SOME MYTHS TO THINK ABOUT**

- **Males are in charge**
- **Females never pay**
- **If you don't have a car, you can't date**
- **It doesn't matter what parents think**
- **Couples always go out alone**
- **Kissing and Touching MUST happen**
- **Flirting with others is OK**
- **Coming home late is no problem**

# **ASSAULT**

**An unlawful attempt (or offer) to do bodily harm to another.**

**How many kinds of Assault are there?**

- Physical**
- Sexual**
- Verbal**

**WHAT DO YOU DO??**

# **EXAMPLES OF POSITIVE BEHAVIOR**

**Each group should give one example of a statement or behavior that shows a positive response:**

## **Group One:**

- Controlling Anger**
- Complimenting**

## **Group Two:**

- Introducing Others**
- Showing Empathy**

## **Group Three:**

- Dependability**
- Negotiating**

## **Group Four:**

- Asking Permission**
- Listening**

# **EXAMPLES OF NEGATIVE BEHAVIOR**

**Each group should give one example of a statement or behavior that shows a negative response.**

## **Group One:**

- Asking Permission**
- Listening**

## **Group Two:**

- Negotiating**
- Dependability**

## **Group Three:**

- Showing Empathy**
- Introducing Others**
- Controlling Anger**

# Relationships, Substance Abuse and Depression

Presenter's Name: Glenn E. Rohrer  
Content Area: Relationships, Substance Abuse and Depression  
Session Number: 10

## "Healthful Living" Objectives Met:

- 1:1 Describe the nature of the experience of transient depression.
- 1:2 Identify potential harmful effects of depression.
- 1:3 Summarize the drug/depression cycle.
- 1:4 Assess the effectiveness of various activities as means of combating transient depression.
- 1:5 Describe the conditions under which one should seek help for depression.
- 1:6 Identify sources of help for dealing with depression.
- 6:1 Summarize sources of, and means of accessing, crisis help for such problems as depression and substance abuse.
- 2:1 Identify the major skills and practices essential to a successful helping relationship.
- 2:2 Explain the meaning of "acceptance" of self and others, and provide examples of accepting and nonaccepting behaviors. Differentiate between accepting a person and a accepting a person's behavior.
- 2:3 Explain characteristics of a trusting relationship.
- 2:4 Model the skill of emphatic listening.
- 2:5 Describe the characteristics of a situation in which confrontation is a useful helping skill.

## Materials/Resources Needed:

Handouts: "Alcohol and Drug Use Scale"  
"Depression Rating Scale"

## Alcohol and Drug Use Scale

1. \_\_\_ Do you ever feel bad or guilty about your drinking or drug use?
2. \_\_\_ Has your family or friends worried or complained about your drinking or drug use?
3. \_\_\_ Have you ever failed to do what is expected of you because of your drinking or drug use?
4. \_\_\_ Have you ever said or done embarrassing things while drinking or using drugs?
5. \_\_\_ Have you ever gotten in trouble because of drinking or using drugs?
6. \_\_\_ Have you ever gotten into a physical fight while drinking or using drugs?
7. \_\_\_ Do you ever think that you are drinking or using drugs too often and that you should cut down on your use?
8. \_\_\_ Do you ever drink or use drugs before noon?
9. \_\_\_ Does it take more alcohol or drugs to get you high now than it did in the past?
10. \_\_\_ Has your drinking or drug use damaged a friendship or close relationship?

**SCORE-EVERY YES ANSWER GETS ONE POINT. THREE OR MORE YES ANSWERS INDICATES THE PERSON SHOULD TALK TO SOMEONE ABOUT THESE PROBLEMS.**

## Depression Rating Scale

1. \_\_\_\_ Do you feel sad, hopeless, gloomy and worthless much of the time?
2. \_\_\_\_ Have you lost interest in the things you like to do such as hobbies, social activities and recreation activities?
3. \_\_\_\_ Have you lost weight (like 10 pounds) recently without going on a diet or trying to lose weight?
4. \_\_\_\_ Do you feel tired or exhausted, like you don't have enough energy?
5. \_\_\_\_ Do you have trouble sleeping, either going to sleep, or waking up early in the morning and not being able to go back to sleep?
6. \_\_\_\_ Do you feel guilty a lot, feeling like you are a bad person or that everything that goes wrong is your fault?
7. \_\_\_\_ Do you feel like you have slowed down, like your thoughts come to you slower or you talk slower than you used to or that you just move slower than you used to?
8. \_\_\_\_ Have you lost your appetite or do you eat a lot less than you used to?
9. \_\_\_\_ Do you have trouble thinking or concentrating on things like your school work?
10. \_\_\_\_ Do you often think about death or that life isn't worth living?

**SCORE – EVERY YES ANSWER GETS ONE POINT. THREE OR MORE YES ANSWERS INDICATES THE PERSON SHOULD TALK TO SOMEONE ABOUT THESE FEELINGS.**

# Addiction

**Presenter's Name:** David White  
**Content Area:** Substance Abuse  
**Session Number** 11

**“Healthful Living “ Objectives Met:**

Substance Abuse:

- 2.1 Dramatize a direct and indirect social harm resulting from individual substance abuse.
- 2.2 Illustrate direct harm to oneself resulting in substance abuse by others.

**Materials/Resources Needed:**

Handout: “Alcoholism: Assessment and Resources”

## Alcoholism: Assessment and Resources

**Directions:** The following is an assessment instrument used to identify problem drinkers. Think of someone you know that you think might have a drinking problem. With that person in mind, answer the following questions. (Let's keep that person anonymous.)

- \_\_\_ 1. Does the person feel they are a normal drinker. (No = 2 pts.)
- \_\_\_ 2. Does the person's family ever worry or complain about their drinking (Yes = 1 pt.)
- \_\_\_ 3. Does the person ever feel bad about their drinking (Yes = 1 pt.)
- \_\_\_ 4. Do friends or relatives think this person is a normal drinker (No = 2 pts.)
- \_\_\_ 5. Is the person always able to stop drinking when they want to (No = 2 pts.)
- \_\_\_ 6. Has the person ever attended an Alcoholics Anonymous? (Yes = 5 pts.)
- \_\_\_ 7. Has drinking ever created a problem with this person and a girlfriend or boyfriend (or husband or wife)? (Yes = 2 pts.)
- \_\_\_ 8. Has the person ever gotten into trouble at work because of drinking? (Yes = 2)
- \_\_\_ 9. Has the person ever neglected obligations, his/her family, school and/or his/her work because of drinking? (Yes = 2)
- \_\_\_ 10. Has the person ever gone to anyone for help about his/her drinking? (Yes = 5)
- \_\_\_ 11. Has the person ever been in a hospital because of his/her drinking? (Yes = 5)
- \_\_\_ 12. Has the person ever been arrested, even for a few hours, because of behavior associated with drinking? (Yes = 2)
- \_\_\_ 13. Has the person ever been arrested for drunk driving or driving after drinking. (Yes = 2)

\_\_\_ **TOTAL POINTS**

**SCORING:** Add -up the points for each item. A score of three points or less is considered **nonalcoholic**, four points is **suggestive** of alcoholism, a score of five points or more indicates **alcoholism**.

---

## Thinking Ahead to Next Week...

### Do a little research then answer the following questions:

What resources are available in your community for the following groups:

1. Alcoholics: \_\_\_\_\_ (agency name)  
\_\_\_\_\_ (service[s] provided)  
\_\_\_\_\_ (phone)

2. Drug Abusers: \_\_\_\_\_ (agency name)  
\_\_\_\_\_ (service[s] provided)  
\_\_\_\_\_ (phone)

3. Children of Alcoholics \_\_\_\_\_ (agency name)  
\_\_\_\_\_ (service[s] provided)  
\_\_\_\_\_ (phone)

# Steroids and Substance Abuse Treatment

**Presenter's Name:** David White  
**Content Area:** Substance Abuse  
**Session Number** 12

**“Healthful Living “Objectives Met:**

Substance Abuse:

- 3.1 Identify a direct or indirect social harm resulting from individual substance abuse.
- 3.2 Identify a direct harm to oneself resulting from substance abuse by others.
- 4.1 Name and describe local services available to high school students for the treatment of substance abuse problems
- 4.2 Identify barriers to use of substance abuse treatment services and suggest means of overcoming them.
- 5.1-2 Explain at least two behavior change strategies for the treatment of substance abuse problems.

**Materials/Resources Needed:**

Handout: “Steroids”

# STEROIDS

**Directions:** During the presentation by Jeff Connors, please pay attention carefully while completing items 1 and 2.

1. Identify at least 3 key points of Mr. Connors presentation on Steroid Abuse.
2. Identify at least two questions that you have about steroid use and/or Mr. Connor's presentation.

## Before Next Week...

**DIRECTIONS:** In the space provide below, please complete the following questions.

You have been asked to lead a group in developing a plan to prevent steroid abuse at your school.

1. Who would you want to be in the group (at least 5 people) and why would you pick them?
2. Briefly describe your "Steroid Abuse Prevention Plan." (HINT: The plan could include education [for students, teachers, coaches, administrators, etc.] school policies, support services, etc.)

# Personal Fitness Assessment

Presenter's Name: Matt Mahar, PhD  
Content Area: Physical Fitness  
Session Number: 14

## **“Healthful Living” Objectives Met:**

### Physical Fitness

- 5.1 Using a health-related fitness assessment, evaluate fitness level
- 5.2 Explain the positive benefits of exercise to the circulatory and respiratory systems
- 5.4 Explain the benefit of flexibility
- 5.5 Using FIT Principle (proper FREQUENCY of a training program, progressive INTENSITY of strength development, and the appropriate amount of TIME for each session), identify the principles of cardiovascular and strength development

## **Materials/Resources Needed:**

FITNESSGRAM Assessment of each student to be conducted at least 2 weeks prior to the session.