

DEVELOPING HEALTHY LIFESTYLES
A MANUAL FOR THE
EXECUTIVE WELLNESS CENTER'S
HEALTH EDUCATION AND STRESS MANAGEMENT PROGRAM

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PREFACE

A major revolution is taking place in health care, one which involves individuals taking more responsibility for their own health. One of the major reasons cited for the decrease in deaths due to heart disease among Americans during the last twenty years involves this movement toward healthier lifestyles.

Many of our most serious health problems are related to our lifestyle--smoking, improper nutrition and diet habits, insufficient exercise, chronic stress, and abuse of drugs and alcohol. Today, with our incredible advances against infectious diseases, more than ever "the way we die is directly related to the way we live."

This viewpoint was strongly advanced by former Surgeon General Califano, in his report Healthy People, and was recently echoed in a 1984 article in the Annals of Internal Medicine in which Dr. Lee Goldman noted that the movement toward healthier lifestyles has outweighed advances in medical treatment in taming heart disease, the nation's number one killer.

In addition, Dr. David Hamburg, currently head of the Carnegie Foundation and former president of the National Academy of Science's Institute of Medicine said, "We have missed valuable opportunities to reduce our burden of illness by underinvesting in programs for disease prevention and health promotion. Over the last decade, it has become increasingly clear that cardiovascular disease, cancer, stroke and accidents--which together account for

U
nearly 75% of the deaths annually--are intimately linked to a variety of health damaging behaviors ranging from smoking to drunk driving to sedentary lifestyles."

Because of the striking connections which research has shown connecting lifestyle and disease, health care professionals are finding it important to become partners in health with their patients, and place an increased emphasis on what we as individuals can do to prevent disease by improving our lifestyles.

This manual, in conjunction with the health evaluation dialogue, and the health and lifestyle questionnaire which you have previously completed, are intended to facilitate the development of a wellness plan tailored to you personally. This plan can facilitate and enhance your efforts toward developing an even healthier lifestyle and the sense of personal well-being and satisfaction that comes from that.

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INTRODUCTION

INDIVIDUAL RESPONSIBILITY: WHAT YOU CAN DO

This manual is concerned with those aspects of your health over which you have control. It involves what you can influence in enhancing your own well-being, and in preventing disease.

There are some misconceptions about wellness, and these should be mentioned here:

1. DOES WELLNESS MEAN YOU CAN NEVER HAVE FUN IN LIFE AGAIN?

One of the misconceptions of changing our lifestyle is that it requires extraordinary will-power and effort and it means that every area of our life that formerly was fun can no longer be enjoyed. This is certainly not the case. In fact, it should be pointed out that no permanent change will ever occur unless there is some sense of enjoyment and satisfaction that comes from the process of change. We will be talking about taking little steps, proceeding gradually, and as changes occur and you begin to feel better and healthier, there will be an increase rather than a decrease in personal satisfaction and enjoyment of living.

2. ARE THERE LIMITS TO INDIVIDUAL RESPONSIBILITY AND HEALTH?

Absolutely! One of the primary roles of a co-partnership with your physician, is to know when you are sick, and to look for help in that process. Developing a healthy lifestyle improves your body's capacity to prevent illness, but when you are ill, it is very important to use the resources of the medical community.

How to Use This Manual

You have previously taken a health/lifestyle summary questionnaire. This manual is divided into three parts, and is based on the results of that questionnaire. The first part deals with self-assessment and goal setting and looks at those areas in your lifestyle where you may wish to make change. In this part we look at prioritizing the goals, overview the possible areas where change can be made, and discuss the topics of motivation, belief in one's ability, and willingness to commit to change.

In the second part, we look in more detail at "risk factor" areas and specific change strategies which can be utilized in each of the seven possible areas of concern, as well as look at information relevant to research findings relating lifestyle and health in each of those areas.

The third part provides references and additional reading for those who wish more detailed information.

The health evaluation dialogue provides an overview summary of Part 1: Assessment; and basic information on Self-Instructions and General Change Information; and a brief introduction to Part 2: the risk factor areas. Actual intervention in a change area, in general, involves a twelve-session program.

This manual is intended as a supplementary guide. The exercises described within should first be done with a professional consultant. Some of the exercises may require additional information and clarification, others may touch on sensitive, personal areas that a consultant can be helpful in dealing with. Subsequently, the instructions can be useful to refresh your memory when practicing the change strategies.

PART ONE

SELF-ASSESSMENT: EVALUATION AND GOAL SETTING

The final part of your health/lifestyle summary asked you which areas you evaluated were of some concern to you, whether you intended to make changes in those areas, and if you did intend to make changes, what your goals were.

In this section of the manual we are going to look in more detail at the issue of goal setting.

Often, one of the most difficult things for us as individuals to do is to be very precise in developing what our health care goals are. This precision is quite important, however, because it allows us to then evaluate whether or not we have been successful in meeting our goals.

Another difficulty we sometimes have in goal setting is trying to do too much or to do everything at once. Therefore, the issue of prioritizing becomes quite important.

Your score on the subcomponent of the health/lifestyle questionnaire, which was based on the Stanford University test of heart attack and stroke risk, was _____. This puts you in Zone _____. On the next page is an interpretation score. (This comes from John Farquhar, The American Way of Life Need Not Be Hazardous to Your Health, New York: W.W. Norton, 1978.)

Interpretation

Maximum points = 24

ZONE	SCORE	
F	21-24	The probability of having a premature heart attack or stroke is about four to five times the U.S. average. Action is urgent. Try to drop four points within a month and three more points within six months.
E	17-20	Incidence of heart attack or stroke is about twice the U.S. average. Action is urgent. Try to drop four points within six months and continue reduction.
D	13-16	The U.S. average is 14. This is an uncomfortable and readily avoidable zone. Careful planning can result in a five- to six-point reduction within a year.
C	9-12	The likelihood of having a heart attack or stroke is about one-half the U.S. average. This is a zone rather easily achieved by most people within a year if they are now in Zone D or E. Careful planning can result in a four- to six-point reduction within a year.
B	5-8	Incidence of heart attack or stroke about one-quarter of the U.S. average. This goal is achievable by many but often takes one or two years to reach.
A	0-4	Incidence of heart attack or stroke rates very low, averaging less than one-tenth the rate in the U.S. 35-65 age group. This goal requires diligent effort, considerable family support, and often takes three to four years to reach. Individuals in this range should be proud and gratified (and will often find themselves acting as models and teachers for the many who have not achieved this very low risk zone.)

Below are listed seven possible areas where you may wish to make change. Please prioritize on a 1 to 7 scale (1 being the area you most wish to look at as an area of possible self-change, 2 being the area of second-most concern, etc.). Those areas where you feel everything is fine and wish no change, put NA for not applicable.

----- Smoking
----- Body Weight
----- Nutritional Habits
----- Drinking Patterns
----- Exercise and Physical Activity
----- Stress
----- Social Support

As an example and model of goal setting, let's take that area which is most an area of concern and use the following sheet as a model for goal setting. In behavioral terms, a goal needs to have three parts: a) the specific behavior, b) to what extent, and c) under what conditions.

SELF-CHANGE SUMMARY SHEET

RISK FACTOR: _____

Risk Factor Subscore: _____

Date: _____

GENERAL AREA OF CONCERN: _____

BASELINE ASSESSMENT SUMMARY (Date: _____): _____

GOALS AT END OF 12 WEEKS: _____

GENERAL AREA OF CONCERN: _____

BASELINE ASSESSMENT SUMMARY (Date: _____): _____

GOALS AT END OF 12 WEEKS: _____

MOTIVATION, BELIEF IN ONE'S ABILITY, AND WILLINGNESS TO COMMIT

The area of motivation is one that's often overlooked when we talk about self-change. Yet it is critical if we are to succeed in our efforts to change. There are two areas that require attention here. The first area has to do with not only the reasons we want to change, but also what we get out of not changing, and what we might do to sabotage or impede our efforts to change. Please fill out the following questionnaire called "Motivation: A Personal Assessment," which deals with those issues.

MOTIVATION: A PERSONAL ASSESSMENT

What is the present condition? What happens if no change is made?

What positive benefits and advantages can be gained by changing? What are the incentives to succeed?

What are the difficult times that you see ahead if you do decide to change? What excuses might you make to sabotage your own efforts? (e.g., it doesn't feel natural to change. I can't change. It's too hard. I have no willpower, etc.)

What if you succeed? (problems) _____

Self-Efficacy

A second area is what do we really feel are our chances of success--our belief in our own efficacy. Regarding your first area of concern, questions which you need to honestly ask yourself are: Have you ever tried to make changes in this area before? What are things that have helped you, and what are things that have made it more difficult? Below, please circle that number which you believe most represents your feelings about your ability to make changes in this area.

1. I know I will succeed.
2. I am almost positive that I will succeed.
3. I am pretty sure I will succeed.
4. I have some doubts about my ability to succeed, but probably will.
5. I don't think I will succeed.
6. I'm almost positive I won't succeed.
7. I know I won't succeed.

Let me note that there are strategies that we will be discussing at the end of the first part and throughout the second part of the manual that can help increase the probability of success. Therefore, just because you have had difficulties in the past with some certain areas, or there have been relapses, does not preclude your chances for success. Let's look specifically at the area of commitment and willingness to change in terms of cognitions and images that may be helpful and facilitative to that change.

ENHANCING MOTIVATION

I would like you to list images of power, determination and success in your life where you have set a goal for yourself, have stuck to it, and have been successful.

- 1) _____
- 2) _____
- 3) _____

Next, I would like us to develop some positive statements regarding change strategies giving yourself permission to make these changes, such as the following:

- * I am willing to give myself permission to act in new ways that will be healthy and life-enhancing for me.
- * I am willing to explore whatever potentially negative thought patterns or habit patterns I have or sacred beliefs that I really never critically evaluated.
- * I am willing to use self-management techniques such as the ones described in this manual in my efforts to develop a healthier mode of living.
- * I am willing to pay attention to my reactions--emotional, mental, and behavioral and to use specific focusing techniques to become aware of the subtle and specific feedback my body gives me.

Images and thoughts that we use can help facilitate or can impede our efforts to make change. Below is a chart from Dr. Farquhar's book showing thoughts that impede or promote a willingness to begin change in several of the different risk factor areas.

Please note any thoughts or images that you may use to enhance and promote your willingness to change. (cf. decision making, part 2.8)

Please note again, in more detail, ways you may sabotage your self-change efforts (as we discussed in the motivation section).

THOUGHTS THAT IMPEDE OR PROMOTE A WILLINGNESS TO BEGIN CHANGE

Risk Factor Area-----Examples of Positive & Negative Self-Talk

Exercise	Negative:	I don't have the time to exercise. I am afraid I'd look silly.
	Positive:	A walk around the block before dinner would be relaxing.

Smoking	Negative:	I'm afraid I'd gain weight if I stopped smoking. I've smoked too long to give it up now.
	Positive:	I can learn new techniques to quit smoking that have been effective in helping other people break the habit.

Body Weight	Negative:	Overweight runs in the family. I can't buck heredity.
	Positive:	Small permanent changes in eating and exercise habits make a large difference in weight loss. I will be patient in waiting for the results.

Food Pattern	Negative:	I like junk food. The cholesterol theory is controversial; who knows what to believe these days.
	Positive:	Food preferences are acquired. I can lower my intake of saturated fat, cholesterol, sugar and salt and still eat foods I enjoy.

Stress Management	Negative:	There's nothing I can do about the stresses I face every day. I am high-strung and can't change that.
	Positive:	I want to learn how to control my responses to stress; my life would be more pleasant and productive if I didn't lose so much energy responding ineffectively to stress.

**AN EXERCISE TO DEVELOP INCREASED AWARENESS
OF POTENTIAL RESISTANCE TO CHANGE**

If there is an area where we want to change, but are having difficulty, the following exercise can be helpful in pinpointing some of the reasons for that difficulty. This exercise should be done first with a professional consultant. The steps of the exercise are described in abbreviated form here, as a subsequent reminder.

1. Become aware of that part of your "self" that may not want you to change.
2. Assume that that part has a positive, helpful intent, and try to become aware of what that intent is.
3. Ask if it would be willing to look for other ways to reach the same positive goal which it is currently serving, but without some of the negative consequences. Acknowledge that you can't force it to change.
4. As if: A creative fiction. Specify the conditions under which change might be possible.
5. Hold a concluding, respectful dialogue between the "different parts."

PART II

Introduction

Cardiovascular disease is still, by far, the most common cause of death in the United States. The American Heart Association noted that an average 4,100 Americans suffer heart attacks every day and predicted that about 550,000 of the 1.5 million Americans who have heart attacks this year will die.

The following section deals with what individuals can do to reduce the risk of heart attack. Some have also extended these to "immunizing" oneself against other future illnesses. These risk factors include:

1. Currently at or near one's prescribed weight.
2. No smoking.
3. Appropriate nutritional habits including daily healthy breakfast.
4. Moderate or no use of alcohol.
5. Seven to eight hours of sleep daily.
6. Regular physical activity.
7. Reduction and management of excessive stress.
8. Reducing high blood pressure.
9. Modification of the anger and hostility and time urgency component of Type A behavior.
10. Ability to express one's feelings in a calm, yet assertive way.
11. A social support system.

GENERAL CHANGE INFORMATION

The next three pages will give you some charts and forms which can be used in your self-change project. These forms can be used with any of the different areas of concern that you want to work on. The first form, The Self-Management Contract, is a way to put in writing what your goal is and how you plan to accomplish that goal. The place for a signature and a witness is really just a way to reaffirm your commitment to the change process.

This form can be used as a way to set out your course of action, the ways you plan to accomplish your goal and the way you plan to reward yourself for that accomplishment. Any of these courses of action, of course, can be elaborated upon. And at the end there should be an evaluation of how well the goal was or wasn't met.

SELF-MANAGEMENT CONTRACT

Dates of Contract: from _____ to _____

I _____ agree to _____

(note specific goals)

I plan to accomplish this by _____
(note specific strategies, skills,

and change plans that you intend to use for your course of

action)

If I keep this contract, I shall be rewarded with _____

(Signature) _____ (Date) _____

(Witness) _____ (Date) _____

SELF-OBSERVATION FORM

One of the most important aspects of any change strategy is the awareness, of a) precisely what it is you wish to change and b) learning specifically what you can about the way your behavior is affected by and effects the world around you. One way of doing this is the process of self-observation, which includes the following:

1. Choose an area of concern (the behavior).
2. Decide what you mean by that area in some precise way, so that you'll be able to observe and count when it occurs--in other words, how do we recognize this behavior? Think about the intensity of the behavior; the onset and termination of the behavior.
3. Label the behavior.
4. Note what happens right before the behavior (the antecedents), i.e. who was present, what was (were) the location(s), what time did it occur?
5. Note what happens right after the behavior (the consequences).

SELF-OBSERVATION FORM

Name _____ Date _____

BEHAVIOR RECORDED _____

BEFORE	AFTER	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Where?	How did								PER
Who was	situation								TIME
present?	change as								SLOT
Doing what?	a result?								

7-9

9-11

11-1

1-3

3-5

5-7

7-9

9-11

11-7

TOTAL PER DAY

2.1 BODY WEIGHT

Most people attain their "normal" adult weight in their mid 20's. If you had what was considered a normal weight and if you are more than 20% above what you weighed then, you're probably obese. To feel your best, aim at no more than 10% above that weight. Below is a chart for men and women from the Metropolitan Life Insurance Company describing weight tables by height and size of frame, for people age 25 to 29, in shoes and wearing 5 lbs. of indoor clothing for men, 3 lbs. for women.

Height and Weight Standards

MEN

<u>HEIGHT</u>	<u>SMALL</u>	<u>MEDIUM</u>	<u>LARGE</u>
5'2"	128-134	131-141	138-150
5'3"	130-136	133-143	140-153
5'4"	132-138	135-145	142-156
5'5"	134-140	137-148	144-160
5'6"	136-142	139-151	146-164
5'7"	138-145	142-154	149-168
5'8"	140-148	145-157	152-172
5'9"	142-151	148-160	155-176
5'10"	144-154	151-163	158-180
5'11"	146-157	154-166	161-184
6'0"	149-160	157-170	164-188
6'1"	152-164	160-174	168-192
6'2"	155-168	164-178	172-197
6'3"	158-172	167-182	176-202
6'4"	162-176	171-187	181-207

WOMEN

<u>HEIGHT</u>	<u>SMALL</u>	<u>MEDIUM</u>	<u>LARGE</u>
4'10"	102-111	109-121	118-131
4'11"	103-113	111-123	120-134
5'0"	104-115	113-126	122-137
5'1"	106-118	115-129	125-140
5'2"	108-121	118-132	128-143
5'3"	111-124	121-135	131-147
5'4"	114-127	124-138	134-151
5'5"	117-130	127-141	137-155
5'6"	120-133	130-144	140-159
5'7"	123-136	133-147	143-163
5'8"	126-139	136-150	146-167
5'9"	129-142	139-153	149-170
5'10"	132-145	142-156	152-173
5'11"	135-148	145-159	155-176
6'0"	138-151	148-162	158-179

Courtesy of Metropolitan Life Insurance Company

Another way to figure your correct weight was described by Dr. Rubinn Anders, Clinical Director of the Gerontology Research Center of the National Institute on Aging. For a rough approximation of your best weight:

1. Divide your height in inches by 66.
2. Multiply the result by itself.
3. Multiply that result by your age, plus 100.
4. That final number, in pounds, is approximately the weight that's in the middle of your "safe" range. If you are within 15 pounds of this number, your weight probably isn't affecting your health, unless you have a weight-related condition like hypertension and diabetes.

If weight reduction is a goal, you'll need to specify the number of pounds you wish to lose, and also the means by which you wish to do it (i.e. changing eating behavior, nutritional changes, exercise, etc.). Those are discussed each in their individual sections.

A federally convened, 14-member National Institute of Health panel warned that obesity is a "killer" in the same sense as smoking. They noted that an estimated 30 million Americans are so overweight that they put themselves at a significantly higher risk for a range of life-threatening conditions including high blood pressure, heart disease, diabetes and cancer. Dr. Jules Hirsch, Professor at Rockefeller University in New York, Chairman of the Committee, said: "Obesity is a disease and carries an increased risk of mortality. It deserves to be treated and

considered just as seriously as any other illness." Obesity was defined as being 20% above the desirable weight, set by life insurance tables. Even 5 to 10 lbs. of extra weight "puts one at risk" the Committee said--especially if the person is suffering from high blood pressure or diabetes, or if there is a family history of these diseases.

2.2 SMOKING

There is quite strong evidence that smoking is associated with cardiovascular risk, cancer and a host of other health-related problems. As Dr. Lee Goldman, who published the study in the December issue of the Annals of Internal Medicine, 1984, said: "Quitting cigarettes probably accounts for more than half of the dramatic decline over the last two decades in the risk of dying from coronary artery disease." Two handbooks are attached if this is the area of change which you would like to work on. The first is a short test called "Why do you smoke?", which looks at 6 reasons:

1. Stimulation
2. Handling
3. Accentuation of pleasure: pleasurable relaxation
4. Reduction of negative feelings or crutch
5. Craving and psychological addiction
6. Habit

Take this self-scoring test, and then look at the manual "Clearing the Air" - a guide to quitting smoking, published by the U.S. Department of Health and Human Services, The National Cancer Institute.

Further, the handbook notes, "there is no one magic way for everybody to quit smoking. But there are great many effective ways. If at first you don't succeed, quit and quit again!"

Sources of information on quitting include: The American Cancer Society, 777 3rd Avenue, New York, NY 10017; The American Heart Association, 7320 Greenville Avenue, Dallas, TX 75231; The Office of Cancer Communications, National Cancer Institute, National Institutes of Health, Bethesda, MD 20205.

3. DIET, NUTRITION AND CHOLESTEROL

Cholesterol. As a way of explanation, there is now considered both good, low-density cholesterol (LDP) and bad, high-density cholesterol (HDL). Further, high density protein has been divided into several types, one which occurs with drinking alcohol and is not necessarily good (HDL2) and one which occurs from exercise such as running (HDL3).

A panel of experts convened by the National Institutes of Health recently came out with strong new warnings about the need to lower high cholesterol levels in the blood. The experts said that blood cholesterol levels between 220 and 260 milligrams for average, middle-aged Americans are much too high. Adults in their 20's, the panel said, should strive for cholesterol levels lower than 180 mgs., and lower than 200 mgs. for Americans 30 years or older. Patients over 30 with levels higher than 240, should take aggressive measures to lower those levels. Some of these include:

1. Eat less red meat.
2. Learn to love low-fat dairy products.
3. Know your cheeses. Hard cheese is very high in saturated fat.
4. Cut back in the obvious ways: less butter on your bread, less oil on your pan and avoid animal fats.
5. Consume no more than 2 to 4 egg yolks a week.
6. Don't douse your salads with fatty, gooey, oily dressings.

The Annals of Internal Medicine, 1984 study said that between 1968 and 1976 lower cholesterol levels accounted for an estimated 30% of the decrease in death due to coronary artery disease, probably saving 190,000 lives.

4. DRINKING PATTERNS

Coffee

There have been two associational studies looking at coffee and cholesterol level. One occurred in the New England Journal of Medicine in 1983 and was a Norwegian study that showed a correlation between coffee drinking and heart disease. The second study, led by Paul T. Williams, at Stanford University showed an association between coffee drinking and cholesterol measures. The team concluded that, "Coffee drinking of two to three cups a day or more really is associated with increased risk of heart disease."

Alcohol Consumption

Generally drinking two drinks a day is considered maximum (from Elliott, G. Is It Worth Dying For?)

Others have suggested that one should not drink more than 2 ounces of alcohol a day (and others have suggested not more than 5 drinks a week).

5. EXERCISE AND PHYSICAL ACTIVITY

There are basically three different reasons for physical exercise:

1. Flexibility.
2. Strength.
3. Cardiovascular effect.

Byproducts of these can include: weight loss, a greater sense of well-being, an enhanced sense of self-esteem and competence.

In terms of achieving a cardiovascular effect (sometimes called a training effect) you need to exercise at least three times a week, 30 minutes a session, hard enough to push your pulse rate to a level that in time strengthens your heart and lungs.

The half hour should involve a warm-up session, then strenuous activity for about 20 minutes, followed by several minutes for a cooldown session.

As a general rule of thumb, when you start breathing through your mouth, it means you've reached about 60% of your capacity, which is a good level of activity. (A more precise way to determine strenuous exercise is by first determining the rate of heartbeats you are striving for is to do the following formula:

Subtract your age from 220 (the theoretical maximum heartbeat) and that will give you your anticipated maximum heart rate potential. Then, your exercise heart rate should be within 65% to 85% of that figure).

Make sure that you don't overdo it, and continue to the point of nausea, dizziness or extreme fatigue.

The goal of exercise is to make it a regular habit so it is useful to look for ways to build it into your routine, i.e. walking stairs, vigorous work in the garden, bicycling to the market, or walking briskly to and from work.

Start gently during the initial weeks, working on building yourself up each session to a feeling of mild strain. Concentrate on improving your own performance rather than surpassing that of others.

Those who are over 60, over 45 and unaccustomed to vigorous exercise, heavy smokers (more than 20 cigarettes per day), considerably overweight, and/or with longstanding health problems such as high blood pressure, heart, lung, kidney disease or diabetes, or obviously in poor physical condition, should make sure they consult their physician before beginning an exercise program.

If you feel pain or injuries, cut back on training intensity, frequency time. Make sure you're doing your stretching and cooling down and warming up adequately.

Make sure you establish slow, realistic goals.

It also can be helpful to check your weight, heart rate at rest/exercise/post-exercise to keep records of your training.

If there is a question of decreased motivation or boredom, it may be useful to set up positive reinforcement for exercising, i.e. clothes, doing something that you'd like for yourself, if the goals are attained.

Excuses like, "I need help getting started, I don't know if I'm able to do it, it's inconvenient, I have other responsibilities, I don't have the time," as well as laziness, old habits, feeling progress is too slow, decreased motivation and boredom, are all specific barrier issues that need to be looked at under the motivation and self-management contract section.

2.6 STRESS

Stress has become one of the most overpopularized, overwritten, least understood terms in our health vocabulary today. Simply put, stress is an excitation or arousal of the body and the brain. This can come from real or imagined events or consequences. Stress can be good or it can be bad. For example, in early research in this century a Yale, an inverted, U-shaped curve was developed showing the relationship between stress and productivity. Too much stress and one's productivity is low, and too little stress or boredom and one's productivity is low. There is an optimum level of arousal for each individual.

What we are trying to avoid is chronic, uninterrupted, dysfunctional stress.

This can lead to many of the physical symptoms discussed in the health questionnaire as well as psychological problems such as depression, anxiety, stress-dependence and a whole host of potential secondary problems.

Further, some argue that stress is related to many of the other risk factors discussed earlier in this second part. Many people eat, drink, and/or smoke in response to stress as a way of reducing tension, thereby causing additional problems for themselves.

When one is feeling stress, certain hormones are released that increase our blood pressure, heart rate and alertness. Further, stressed individuals have blood that clots more readily and faster than relaxed individuals.

Further, a relationship between Type A behavior, (which involves anger, irritation, impatience, aggravation, a sense of time urgency) and coronary artery disease has been shown. The following two pages list stress warning signs, as well as potential stress sources.

7. WARNING SIGNS ABOUT STRESS

Warning signs that stress may become a problem:

1. General irritability, hyper-excitation or depression.
2. Impulsive behavior, emotional instability.
3. Inability to concentrate.
4. Feelings of unreality, weakness or dizziness.
5. Fatigue.
6. Floating anxiety.
7. Emotional tension and alertness.
8. Tendency to be easily startled by small sounds.
9. High-pitched nervous laughter.
10. Stuttering and other speech difficulties.
11. Inability to relax.
12. Sexual dysfunction.
13. Loss of enjoyment of life, apathy.
14. Nightmares.
15. Loss of, or excessive appetite.
16. Increased alcohol or drug addiction.
17. Accident proneness.
18. Trouble sleeping or waking up tired and grouchy.
19. Noticing little things increasingly irritating you.
20. Finding yourself worrying more and more.
21. Feeling increasingly trapped.
22. Complaining more and more.
23. Snapping at those you love.
24. Suffering physical symptoms such as: pounding of the heart, dryness of the throat and mouth, trembling, nervous ticks, grinding of teeth, sweating, frequent need to urinate, digestive problems (nausea or stomach pain), migraine headaches, muscular aches, cold, clammy hands, high blood pressure, hives, pacing or restlessness, increased sweating, frowning, wrinkling forehead.
25. Increasingly withdrawn.
26. Yelling more and more.
27. Jumping from task to task without getting much done.
28. Overscheduling.
29. Frequent illness.
30. Cynicism and sarcasm.
31. Low productivity.
32. Absenteeism.
33. Impatience with others.
34. Irritability.
35. Increased anger with minimal provocation.
36. Feeling aggravation increased by more hassles.

Many of these were taken from The Stress of Life, by Hans Selye, M.D., 1956/1976 McGraw-Hill Books.

STRESS SOURCES

Pressure to succeed, success itself, conflict with children or mate, unrealistic expectations, too many people to please, too little sleep, money worries, lack of self-confidence, a conflict in values, lack of goals, conflict with business associates, being passed over, feeling overprogrammed, feeling that you have to have all the answers, feeling not enough self-discipline, feeling unable to express emotions ("I don't want to have a heart attack to convince other people I'm hurting and that they need to stop giving me so much responsibility.").

Other executive stress considerations:

1. Doing too many good works.
2. Unclear criteria for judging performance.
3. Too much or too little work. Public speaking anxiety.
4. Conflict in time management; events unfolding too quickly to adjust and respond properly.
5. Dealing with authorities (higher-ups in the management structure).
6. Dealing with supervising, delegating and working with management teams.
7. Issues and values and personal goals as related to mid-life crises and transitions.
8. Automoton feeling; feeling trapped and ill-suited for job; lack of sense of value in work; increasingly specialized and fragmented.
9. Disruptive competition among upper management.
10. Being undermined by colleagues.
11. Being trapped in a frustrated job.
12. Feeling high visibility yet isolated and more independent. Not allowed to share worries or anything that might make you appear weak or inadequate.
13. Insecurity of position. Feeling the decisions that you make are so important that one mistake may lose you your job.

EXAMPLES OF EXECUTIVE STRESS GOALS

Learning to handle anger better.

Learning to accept structured situations, being more receptive.

Be less influenced by other people.

Not be so much in control.

Have more self-discipline.

Proper eating activities - i.e. not in response to stress.

Procrastinate less, not be so passive, be more assertive.

Learn how to deal better with people who try to manipulate me.

To listen and trust myself more.

I'm a classic Type A. But I want to learn how to turn it on and off.

Dealing with difficulties with employees.

When to be assertive, when not to be.

Working on giving positive feedback.

Yielding without feeling passive.

Dealing with uncertainty.

Not have to have so much of a facade of self-esteem.

Not worrying so much about how I look in a situation.

Learning to acknowledge that I can only do so much effectively.

STRESS MANAGEMENT STRATEGIES

Certainly better eating habits and exercise can contribute to the management of stress. In addition, there are a variety of self-control strategies for the management of excessive stress. One of the important things is to try to match the strategy that will work best for you, depending upon the type of uncomfortable stress that you experience.

Basically, if you have stress in your body, exercise or some type of relaxation strategy that involves physical activity would be most suited for you. An example of such a strategy is called progressive relaxation. In **PROGRESSIVE RELAXATION**, one tenses certain muscle parts and then relaxes them, noticing very closely what it feels like when one tenses and the contrast when one relaxes. This allows us to see that we can make ourselves tense by tensing a muscle just as we can learn to relax each muscle group.

One way of doing this is to first relax all the muscle groups, including hands and forearms, upper arms, forehead, eyes, mouth, jaws, tongue, throat, shoulders, neck, back and pelvis, buttocks, thighs, lower legs, feet, abdomen, chest. After going through each of these muscle groups, it's possible to return to those where you feel more tension and to work specifically on them.

If there are a lot of anxious thoughts, worries, anxiety-provoking dialogues that you're having with yourself, one of the most effective strategies is an **ATTENTIONAL FOCUSING** one. Here

one focuses attention on a specific thought or sound. Herbert Benson, the author of The Relaxation Response, has suggested that people pick something from their childhood background that may have significance for them. Otherwise, the thought or sound can be any one that you make up that is neutral or positive. The following instructions for cognitive focusing may be helpful:

Cognitive Focus

1. Sit comfortably, probably in a chair, with your hands in your lap and your legs in a comfortable position, and with your eyes closed.
2. Breathe through your nose, letting the air come to you; don't draw it in; exhale slowly and completely, and as your exhale, say either the number 1, or your phrase, or some other syllable.
3. Keep your mind on your breath and the numbers and do not say them absentmindedly or mechanically.
4. If your attention wanders, let the thoughts rise and vanish; do not become involved with them, merely watch them, relax, let go and continue to focus on your breathing and counting and saying your phrase.
5. At the end gradually and gently open your eyes and sit quietly for a few minutes.

Breath Focusing

This follows the same as the above except rather than focusing on saying a number or sentence, one continues to focus on breathing. Breathing in a way that will enhance relaxation should not be high up in the chest, but rather from the abdomen. The best way to practice this is to put your hand on your abdomen

and actually as you breathe in let your stomach bellow forth. Don't try to control it or hold it tight, rather just let it go forward, and let the air come in as much as it will. Then let the air go out in a slow, easy manner.

IMAGERY

Imagery can also be used as a stress management strategy, particularly for those who have anxiety-provoking images. This works better for those that have images than either saying a sentence or a body relaxation. There are several different images that may be used:

1. An image of yourself looking and feeling relaxed and comfortable (self modeling).
2. An image of a calm, relaxing place in which you feel comfortable and at peace (the ocean, the mountains, etc.). Imagine that situation as precisely and carefully as you can (smelles, details, time of day, etc.).

COMBINATION STRATEGIES: IMAGES AND SELF STATEMENTS

Self statements include instructions to oneself such as: "I can handle this situation, I am in control, let yourself relax, don't take this so seriously," and at the same time imagining yourself acting competently and just like you would like to act (as a type of rehearsal for the situation).

Other stress management strategies include trying to change the environment, looking at attitudes or beliefs that will help you view an environment or situation differently (Meyer Friedman says, "Does it have five years' significance, or would you be embarrassed to pray for it?" as a criteria for determining whether something is significant). Glenn Elliott says, "1.

Don't sweat the small stuff; and 2. It's all small stuff."

Are there any actions that you can take in order to deal with the situation or change the situation? This includes both active methods of changing the situation, as well as how to adapt or accept the situation.

In terms of developing coping strategies, one might recall life experiences that strengthened you and taught you and shown you your ability to cope or manage in difficult, high-stress situations.

And, of course, one should try to define as carefully as possible what the problem is, i.e. a behavioral problem such as hurriedness, aggressiveness or tension; and emotional problems such as impatience, anger, fear, anxiety or frustration; or cognitive problems, such as worry, difficulty concentrating, etc.

Strategies for Altering Type A Behavior

Dr. Meyer Friedman in his Type A coronary prevention project, makes a calendar for individuals in which he asks them on a given day to do one of the following things:

1. Ask member of family of their day's activities.
2. Leave watch off.
3. Walk more slowly.
4. Verbalize affection to spouse or children.
5. Eat more slowly.
6. Practice smiling.

He also suggested that individuals learn to control their obsessional time-directed life by becoming more aware of it and changing established patterns of behavior. Practice waiting.

In terms of **TIME MANAGEMENT**, ask why time is really dominating what you do. "Try to understand that most of your work and social life require quality results, whether they're products or relationships, more than they do immediate action."

"Learn to manage your time effectively. Try not to make unnecessary appointments and unachievable deadlines. Learn to say no. Remember that you only have so much time; if you fail to protect it, no one else will."

Dealing with Competitive and Aggressive, Angry Feelings

1. Try to become more aware of your own behavior and its impact on other people.
2. If you tend to be hostile, admit it, remain aware of it and try to minimize it.
3. Try to show more appreciation for services others perform for you.
4. Become aware that often the Type A person blames others for not fulfilling their own idealistic expectations.

Preparation for Change Strategies

As we discussed earlier, it is important to be willing to practice these strategies and make such statements as follows:

1. I am willing to use self-management techniques such as deep breathing to relax muscle groups and the whole body.
2. I am willing to regularly use deep breathing and other focusing techniques to become more aware of the subtle and specific feedback my body gives me, etc.

ONE DAY IN THE LIFE OF MR. A AND MR. B

Shows the difference between stressed, ineffective and relaxed, effective responses (taken from Farquhar, J. The American Way of Life May Not Be Hazardous to Your Health).

Potential Stresses	(Stressed, ineffective responses)	(Relaxed, effective responses)
<p>1 7:00 a.m. Alarm clock did not go off. Overslept.</p>	<p style="text-align: center;">Action</p> <p>Rushed through shaving, dressing. Left without breakfast.</p> <p style="text-align: center;">Thoughts</p> <p>I can't be late. This is going to foul up my whole day.</p> <p style="text-align: center;">Results</p> <p>Left home in a hurried state.</p>	<p style="text-align: center;">Action</p> <p>Called colleague to say he would be 30 minutes late. Got ready for work and ate breakfast as usual.</p> <p style="text-align: center;">Thoughts</p> <p>This is not a problem. I can manage to make up the 30 minutes later on.</p> <p style="text-align: center;">Results</p> <p>Left home in a relaxed state.</p>
<p>2 8:00 a.m. Traffic jam caused by slow driver in fast lane.</p>	<p style="text-align: center;">Action</p> <p>Honked horn, gripped steering wheel hard; tried to pass and later tried to speed.</p> <p style="text-align: center;">Thoughts</p> <p>Why can't that jerk move into the slow lane? This infuriates me.</p> <p style="text-align: center;">Results</p> <p>Blood pressure and heart rate rose. Arrived at work hurried and harried.</p>	<p style="text-align: center;">Action</p> <p>Waited for traffic jam to end. Relaxed and listened to the radio while waiting; later drove at his normal rate.</p> <p style="text-align: center;">Thoughts</p> <p>I'm not going to let this upset me since there is nothing I can do about it.</p> <p style="text-align: center;">Results</p> <p>Remained calm and relaxed. Arrived at work fresh and alert.</p>

3 10:00 a.m.

Angry
associate
blew up
over a
staffing
problem.

Action

Was officially polite
but non-verbal behavior
signaled impatience
and anger.

Action

Relaxed while lis-
tening attentively
and mentally
rehearsed how to
handle this
encounter. Remained
calm in demeanor.

Thoughts

This guy is a prima
donna. I can't toler-
ate outbursts like
these, I'll never
get my work done.

Thoughts

Beneath all his
anger he does have a
point. I can take
care of this problem
before it gets more
serious.

Results

Associate stormed
out unsatisfied. Mr. A
was too aggravated to
take care of important
business on his agenda.

Results

Associate's temper
was calmed. He
thanked Mr. B for
hearing him out.
Mr. B was glad that
he was able to take
care of the
problem.

4 12:00 noon

Behind
Schedule

Action

Ate lunch in office while
working. Could not find
needed materials in files.
Made telephone calls but
parties were out.

Action

Went for a 20-minute
walk in park. Ate
lunch in park.

Thoughts

I'll never get out from
under all this work.
I'm going to plow through
this if I have to work
work through dinner.

Thoughts

A break in routine
refreshes me. I work
better when I allow
myself intervals to
relax.

Results

Made mistakes in work
because of exasperation.

Results

Returned refreshed.
Proceeded with work
rapidly and with
fresh insight.

5 11:00 p.m.
Bedtime

Action

Couldn't get to sleep. Had insomnia for two hours.

Thoughts

Why don't I accomplish more? I am a disappointment to myself and my family.

Results

Awoke exhausted and depressed.

Action

Fell asleep rapidly.

Thoughts

This has been a good day. I'm glad I was able to head off several potential problems.

Results

Awoke refreshed and happy.

2.7 SOCIAL SUPPORT/EMOTIONAL EXPRESSIVENESS

As can be seen from the preceding section, a great deal of individual stress is caused by interpersonal relationships.

Paradoxically, however, research has shown that those people who have a deep and well-grounded support system of individuals with whom they can confide and discuss things, have less chance of heart attack. Therefore, the issue of developing and maintaining a social support system is quite important: e.g. joining groups or clubs that provide a non-competitive way for you to interact with others.

Closely related to this issue of social support are the ability to form and maintain intimate relationships. This includes communication styles (and skills) and expression of emotion. For many people, the expression of emotion involves vulnerability which makes us reluctant to do so. Yet research has shown that cancer patients often are those who are unable to express their feelings and emotions in an assertive, forthright way; and that many heart attack victims are those that express hostility and anger too much and too frequently.

What is necessary is the practice of firm, fair and relaxed statements of one's needs and feelings. This includes the ability to: a) Listen to the other person, b) Be able to paraphrase what the other person has said, c) Be able to make "I" statements about what your own feelings are. It includes the ability to tolerate differences, to hear criticism without becoming excessively defensive, to accept one's limits and vulnerabilities without always seeking perfection, and to be able to share and give of one's self to another.

2.8 CONTROL

Glenn Elliott noted that many people turn to alcohol or drugs in order to give themselves a sense of control, even though that sense of control is an illusory one. Ray Navaco has noted that often people are angry because anger gives them a feeling of control, but again an illusory one. This feeling of control is an important one for each of us to have, and the question becomes what are the best ways in which we can develop it? Many of the topics that we discussed in this manual deal with areas of developing increased personal control. Stress, in fact, has been defined by Elliott as a person being out of control.

On the next page is a list of different areas of a person's life. All of us feel more in control in some areas at some times in our life and more out of control in other areas. Please list on a 1 to 7 scale how much in control an area feels to you, compared to the other areas. This will give a sense of where you want to place relative emphasis:

	1	2	3	4	5	6	7
Very Much Out of Control		Quite a bit Out of Control	Moderately Out of Control	Somewhat in Control & Somewhat Out of Control	Somewhat in Control	Moderately in Control	Very Much in Control
1. Body and Physical Appearance	1	2	3	4	5	6	7
2. Mind	1	2	3	4	5	6	7
3. Attention/Concentration, Thoughts, Imagery, Affect	1	2	3	4	5	6	7
4. Sense of Self	1	2	3	4	5	6	7
5. Professional (Career)	1	2	3	4	5	6	7
6. Intimacy	1	2	3	4	5	6	7
___with significant other							
___with children							
___with friends							
7. Political/Economic/Social Sphere	1	2	3	4	5	6	7
8. Religious/Spiritual/Existential Sphere	1	2	3	4	5	6	7

There are basically two ways in which we can maintain a sense of control in our lives. One is an active, assertive way in which we try to change or alter events. Since, however, we cannot control all events, the other way in which we can maintain a sense of control is by yielding, accepting and adapting to what is. One of our tasks is to make sure that when we use an active sense of control, we aren't trying to control things that are really out of our control; and similarly, when we use a letting go or yielding mode, we are actually being too passive in a situation where we could exert some more active forms of control. (This four quadrant model is summarized in the Appendix.)

Closely related to this is the issue of priorities. What is really important that we put energy into and try to control and make happen within our life? One way to do this is by asking the 5-year question that Meyer Friedman suggested, another way is by writing our obituary. Basically the obituary is what we would like to have said about us when our life is done. By writing that, we begin to put into focus what is really important for us. Please take the next few lines and write an obituary for yourself.

If we can keep the perspective of what we really want in our life, we can then try to develop a style of living which most effectively helps us reach our goals. This, of course, would be

true control of our lives. Below are strategies for both the active type of control and the accepting type of control which may be helpful for us. Before discussing those, however, I would like you to look at the issue of decision making. For, really, we have to choose which strategy is most effective for us as well as to choose what priorities among all that are available in life we want to value.

DECISION MAKING

1. Images of wisdom and good decisions in your life. Please think for a few minutes and write here some of the images that you have of times when you have made good decisions in your life when you really felt wise and on the right path.

Once we've made a decision, it's important that we follow through and act on it. As in the Zen poem, "When you walk, walk, when you sit, sit, and above all don't wobble."

We also need to make sure that we know how to set goals but are not caught by them. This is really the area of setting priorities.

We need to listen to and remind ourselves about our goals in life, what is our game plan? And to ask ourselves, "Who's rules are we following...how often, and why?"

ACTIVE, ASSERTIVE TYPES OF CONTROL

1. Notice what you can control, and make decisions, act on it, even in the midst of uncertainty.

2. Almost all decisions are made without enough information. Don't be afraid, as discussed in In Search of Excellence, to "ready, fire, aim." It may cause less anxiety or arousing feelings to make a mistake than continued indecisiveness.
3. Don't let life just happen to you--don't let things pile up; if there's tension or difficult situations in your life, take active steps to deal with them. Control those things you can control and act on them.
4. Turn stress into an active motivator--use the energy and physiological motivation in a clear-sighted, positive direction toward your goals.
5. Have an image of excellence, adventure, determination and excitement toward what you are pursuing.
6. Develop images of conflict resolution, where you have chosen among competing alternatives; have been in negotiating situations and have resolved the conflict in a win-win situation.

YIELDING, LETTING GO, ACCEPTING TYPES OF CONTROL

1. Develop images trusting yourself at a very deep and fundamental level and believing in yourself.
2. Develop an image of self-love for who you are, just as you are, without trying to accomplish or do anything.
3. Develop an image of self-acceptance for who you are just as you are.
4. Be gentle and respectful of your body and your mind, being aware of and sensitive to its cues.
5. Let life happen to you: take time for softness and relaxation.

6. Not everything in life is under your personal control. Notice if you consistently go after the impossible, demanding perfection and unrealistic expectations of yourself, and if you do, insure that you take soft time for yourself, make yourself a daily priority with stress breaks, not always a focus on the external demand.

PART THREE

ADDITIONAL REFERENCES

1. Farquhar, John. The American Way of Life Need Not Be Hazardous To Your Health. New York: W. W. Norton, 1978.
2. Eliot, Robert S. and Breo, Dennis L. "Is it Worth Dying For?" Bantam Books: New York, 1984.
3. Pelletier, Kenneth R. Healthy People and Unhealthy Places: Stress and Fitness at Work. New York: Delacourt Press, Lawrence, 1984.
4. Benson, H. Beyond the Relaxation Response. New York: Simon and Schuster, 1984.
5. Freedman, M. Meyer, and Rosenman, R. Type A Behavior and Your Heart. New York. Knopf, 1974.
6. Cousins, N. The Healing Heart: Anecdotes to Panic and Helplessness. New York. 1983.
7. Selye Hans. Stress Without Distress. Philadelphia: Lippencott, 1974.

**TABLE TWO:
A FOUR-QUADRANT MODEL
OF SELF-CONTROL**

QUADRANT ONE	QUADRANT TWO
ACTIVE CONTROL POSITIVE ASSERTIVE	LETTING-GO CONTROL POSITIVE YIELDING ACCEPTING
QUADRANT THREE	QUADRANT FOUR
OVER-ACTIVE OVER-CONTROLLING	OVERLY PASSIVE DEPENDENT, DIFFUSE

TABLE ONE: MULTILEVELS AS CONTENT AND CONTEXT

		CONTEXT						
		BODY	MIND	EGO	PROFESSIONAL	INTIMACY	POLITICAL	RELIGIOUS
CONTENT	BODY INTERNAL: PHYSIOLOGICAL CUES SENSATIONS REFLEXES EXTERNAL: OVERT BEHAVIOR							
	MIND PERCEPTION ATTENTION COGNITIONS IMAGERY AFFECT							
	EGO (SELF) (IDENTIFICATION)							
	PROFESSIONAL (CAREER)							
	INTIMACY WITH LONG TERM SIGNIFICANT OTHER WITH FAMILY WITH CHILDREN WITH MALE AND FEMALE FRIENDS WITH OTHERS							
	POLITICAL, ECONOMIC, SOCIAL							
	RELIGIOUS, SPIRITUAL EXISTENTIAL							



ADDITIONAL REFERENCES

1. Farquhar, John. The American Way of Life Need Not Be Hazardous To Your Health. New York: W. W. Norton, 1978.
2. Eliot, Robert S. and Breo, Dennis L. "Is it Worth Dying For?" Bantam Books: New York, 1984.
3. Pelletier, Kenneth R. Healthy People and Unhealthy Places: Stress and Fitness at Work. New York: Delacourt Press, Lawrence, 1984.
4. Benson, H. Beyond the Relaxation Response. New York: Simon and Schuster, 1984.
5. Freedman, M. Meyer, and Rosenman, R. Type A Behavior and Your Heart. New York. Knopf, 1974.
6. Cousins, N. The Healing Heart: Anecdotes to Panic and Helplessness. New York, 1983.
7. Selye Hans. Stress Without Distress. Philadelphia: Lippencott, 1974.



**Executive
Wellness
Center**

Name _____

HEALTH/LIFESTYLE QUESTIONNAIRE

This two-part questionnaire is a most important step in the development of your health/wellness profile.

Please answer each question as carefully and accurately as you can. If you don't know the answer to a question (i.e. cholesterol level, blood pressure) please skip it, and we'll fill it in at the health evaluation session. Please return this questionnaire at least a week prior to your health evaluation session. Thank you for your cooperation.

PART I: ASSESSMENT

1. SMOKING BEHAVIOR

1.1 Are you currently a regular cigarette smoker?

___yes. If yes, how old were you when you started smoking regularly? _____ years old (go to 1.2)

___no, but I used to. (How long has it been since you last smoked? ___weeks, ___months, ___years. How many cigarettes were you smoking when you quit? ___ (go to 2)

___no, never (go to 2)

1.2 How many cigarettes on the average do you smoke each day? (circle one)

0	1	2	3	4
None	1-9	10-24	25-34	34 or more

2. BODY WEIGHT

2.1 What is your current weight? _____

2.2 What did you weigh in your mid twenties? _____

2.3 I believe my current weight is: (circle one)

0	Ideal	3	20-29 lbs. excess
1	Up to 9 lbs. excess	4	30 or more excess
2	10-19 lbs. excess		

3. SALT/BLOOD PRESSURE

3.1 Blood pressure score: ____/____

Circle upper reading:

0	1	2	3	4
less than 110	100-129	130-139	140-149	150 over

3.2 Salt Intake:

I use the following amount of salt in my diet (circle one).

- 0 No added salt; no convenience foods
- 1 No use of salt at table; spare use of high salt foods
- 2 Salt in cooking, some salt at table
- 3 Frequent salt at table
- 4 Frequent use of salty foods

4. DIET/NUTRITION AND CHOLESTEROL

4.1 Cholesterol level (circle one)

0	1	2	3	4
Less than 150	150-169	170-199	200-219	220 or over

4.2 Please note the number of times you eat the following foods in an average week.

- a) _____ eggs
- b) _____ beef
- c) _____ high fat dairy products: cheese, ice cream, whole milk, cottage cheese
- d) _____ butter, lard, bacon, saturated fat

Please add a,b,c, and d together = Total _____ and circle below the number that most closely approximates the total:

- 0 Almost total vegetarian; rare egg yolk
- 1 2 meatless days a week, no whole milk products, lean meat only
- 2 Up to 12 times a week (mostly lean meat and non-fat milk only)
- 3 Up to 24 times a week
- 4 Over 24 times a week

4.3 On an average week please note how many times you eat the following foods:

- a) ___ Lowfat skim milk, lowfat cheese, yogurt
- b) ___ Vegetables, vegetable oils, soft margarine or safflower, sunflower, peanut or corn oils

- c) ___ Wholegrain breads and cereals
 d) ___ Fresh fruits, vegetables and salads

4.3a Please add a,b,c, and d together and put Total Score for the above: _____

4.4 Additional Dietary Questions:

- a) How often do you snack between meals?

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

Please put down the approximate number of times per day _____.

- b) How many times per week do you eat a "good" breakfast? (circle one)

0 1 2 3 4 5 6 7

- c) How often do you eat at least one good hot meal per week? (circle from 0 to at least seven times a week)

0 1 2 3 4 5 6 7

- d) How many times per week do you eat sugar or sugar heavy foods? _____ per week

4.5 Beverage Consumption Patterns

- 4.5a How many cups or cans of caffeinated drinks (coffee, tea or cola) do you have per day? _____

- 4.5b Please note how often you drink some kind of alcoholic beverage (i.e. beer, wine, hard liquor):

___ daily or almost every day
 ___ 3 or 4 times a week
 ___ once or twice a week
 ___ once or twice a month
 ___ less than once a month
 ___ never (if never please go on to 5)

- 4.5c During the past week how many of each of the following kinds of alcoholic drinks did you have (insert number for each kind of drink; if last week wasn't typical, pick a usual week.)

___ bottles or cans of beer, ale
 ___ glasses of wine, sherry, port
 ___ ounces (shots) of liquor, whiskey, gin, vodka, rum, tequila, including mixed drinks and cocktails
 ___ ounces (glasses) of after dinner liquors/cordials

5. EXERCISE: PHYSICAL ACTIVITY

5.1 In a given week, on the average, how many times do you exercise? 0 1 2 3 4 5 6 7

5.2 When you do exercise, what types do you do most often and for how long at a time? Please circle the appropriate response in a, b and/or c.

- a) Very hard exercise: jogging (5+ miles/hour), bicycling (12+ miles/hour), singles tennis, other racket sports, swimming, aerobic dance, other (please specify)_____
- average times/week
- average length/session
- b) How often do you do hard activities such as fast walking (4-1/2 miles/hour) biking (10 miles/hour), doubles tennis, water skiing, dancing (disco, square, folk), floor scrubbing (by hand) hoeing the garden, other (please specify):_____
- average times/week
- average length/session
- c) Moderate exercise (walking 3-1/2 miles/hour), bicycling (8 miles/hour), calisthenic exercises, volleyball, ping pong, golf, raking the lawn, mowing the lawn, sweeping, mopping other (please specify):_____
- average times/week
- average length/session

5.3 Please summarize your exercise patterns by circling the most appropriate number below:

- 0 Vigorous exercise (four or more times per week, 20 minutes each) or brisk walking five times a week, 20 minutes each.
- 1 Vigorous exercise three times a week, 20 minutes each or brisk walking three times a week, 30 minutes each.
- 2 Vigorous exercise one to two times a week or brisk walking two times a week, 30 minutes each or normal walking four and one-half to six miles daily.
- 3 Occasional exercise normal walking two and one-half to four and one-half miles daily.
- 4 Below average, exercise rarely normal walking less than two and one-half miles daily.

6. STRESS

6.1 Generalized Major Stressor

What was the most recent major event in your life which was stressful? (If none check ___). _____

When did this occur? _____ How much stress did it cause you?

- ()None ()Mild ()Moderate ()Severe ()Extreme
1 2 3 3 5

Please list any other major events in your life in the past two months which have been stressful. (If none, check ___) _____

6.2 Self-Rating: Please circle a number below:

- 0 I am rarely tense or anxious or I do some type of relaxation on a daily basis.
1 I am calmer than average, I feel tense about three times a week.
2 I feel tense or anxious about two to three times a day, have frequent anger or hurried feelings.
3 I am quite tense, usually rushed and occasionally take a tranquilizer.
4 I take a tranquilizer five times a week or more.

6.3 Please note if you are bothered by any of the following potentially stress-related problems (put down numbers ranging from 1 to 5 as follows):

- 1 2 3 4 5
Never Rarely Sometimes Often Very Often

- tension or migraine headaches ---- back pains
---- pain in neck or shoulders ---- difficulty concen-
---- insomnia ---- trating on what I'm
---- unable to turn off my thoughts doing because of
---- at night or weekends worrying about other
---- nervous indigestion things
---- people at home/work arouse my ---- difficulty finding
---- tension enough time to relax
---- I have difficulty managing my ---- when I find time it's
---- time effectively hard for me to relax
---- I often feel a sense of hurried- ---- my workday has too
---- ness and time urgency many deadlines

7. SOCIAL SUPPORT/EMOTIONAL EXPRESSIVENESS

Please respond to each of the questions below based on the following five-point scale:

1	2	3	4	5
Never	Rarely	Sometimes	Often	Very Often

- 7.1 I give and receive affection regularly.
- 7.2 I have at least one none-nuclear family relative within 50 miles on whom I can rely.
- 7.3 I regularly attend club or social activities.
- 7.4 I have a network of friends and acquaintances.
- 7.5 I have one or more friends to confide in about personal matters.
- 7.6 I am been able to speak openly about my feelings when angry or worried.
- 7.7 I have regular conversations with the people I live with about domestic problems, i.e. chores, money and daily living expenses.
- 7.8 I do something fun at least once per week.

Please go to PART II (next page).

PART I of the UCI Health/Lifestyle Questionnaire includes as a subcomponent the test of heart attack and stroke risk developed by Dr. John Farquhar at Stanford University. It is adapted from his book The American Way of Life Need Not Be Hazardous to Your Health, New York: W.W. Norton, and it is used by permission of the publisher and author. Additional material was adapted from Dr. Meyer Friedman's work on Type A behavior; Dr. Lyle Miller's work at Boston University; Dr. Holmes and Rahe's Social Readjustment Rating Scale; and Dr. R. Lazarus' work on daily hassles and behavioral medicine.

PART II: INTENTION TO CHANGE AND GOAL SETTING

In the following part, please note whether there are any areas (assessed in PART I) in which you would like or intend to make changes. In those areas in which you have some slight to very strong intention to change, (i.e. in which you circle 2, 3, 4, or 5 below), please put down as specific a goal as possible. (A specific example of a goal is given for each area, followed by other general topics that may be a concern, and if they are, for which you can list a specific goal.)

1	2	3	4	5
No	Slight	Moderate	Strong	Very Strong
Intention	Intention	Intention	Intention	Intention

1. I plan to quit or cut down smoking. 1 2 3 4 5

1.1 Goal: (please specify in # of cigarettes) from _____ to _____

2. I plan to change my weight. 1 2 3 4 5

2.1 Goal: (please specify in # of pounds) from _____ to _____

3. I plan to change my nutrition habits this year. 1 2 3 4 5

3.1 Goal: (please specify, i.e. reduce red meat from 5 to 2 times a week, etc.)

- ___ Decrease salt intake:
- ___ Decrease saturated fat and cholesterol intake:
- ___ Decrease snacking behavior:
- ___ Improved breakfasts:
- ___ Less red meat:
- ___ Reduced sugar:
- ___ Other: (please specify) _____

4. I plan to improve my drinking patterns. 1 2 3 4 5

4.1 Goal: (please specify, i.e. no more than two cups of coffee per day)

- ___ less caffeinated beverages
- ___ less alcohol
- ___ etc. _____

5. I plan to increase my physical activity. 1 2 3 4 5

5.1 Goal: (please specify type of activity, # of times, and intensity per week): _____

6. I plan to learn, practice some type of relaxation in order to develop more peace of mind. 1 2 3 4 5

6.1 Goal: (please specify stress management goal, i.e. take quiet time for myself at least once a day, etc.) Other possible examples include better time management, reduce the amount of angry irritation, reduce a sense of time urgency, develop an enjoyable hobby, etc.

7. I plan to develop a larger and/or more indepth social support system. 1 2 3 4 5

7.1 Goal: (please specify, i.e. make sure I spend time with a friend at least one more time a month, join a social club, etc.)

This ends the health/lifestyle questionnaire. Please feel free to comment below, and then return it to the UCI Medical Faculty Group's Executive Wellness Center. Again, thank you for your cooperation.

Comments on this questionnaire: Check all that apply.

---- Interesting	---- Thought Provoking
---- Useful	---- Not detailed enough
---- Boring	---- Educational
---- Too long	---- Trivial
	---- Other comments

Other Comments: _____

Please do not write on the space below.

SCORING

Risk Factor Scores

1. Smoking (from 1.2) _____	
2. Weight (from 2.3) _____	
3. Salt (from 3.2) _____	Blood Pressure (3.1) _____
4. Diet (from 4.2) _____	Cholesterol (4.1) _____ HDL(____)
5. Exercise (from 5.3) _____	
6. Stress (from 6.3) _____	
Total _____	
+/- points _____	
Total Score _____	
Zone _____	

6.1 Refined Stress Test including Type A, anger/hostility score, stress physical symptoms, mental skills.

7. Social Support



Executive Wellness Center

HEALTH/LIFESTYLE SESSION FEEDBACK

In order to continually improve the quality of our service, we would appreciate if you could take a minute to fill out the following brief feedback form, and return it to the front reception desk.

Please circle your answer to the following questions based on a scale of 1 to 5:

1	2	3	4	5
Outstanding	Very Good	Okay	Poor	Terrible

1. Was the relationship between lifestyle and health (including the risk factors of smoking, body weight, nutrition habits, exercise, stress and tension, Type A behavior) presented to you clearly? 1 2 3 4 5

2. If appropriate, were specific goals clearly and carefully discussed in an understandable way in terms of your lifestyle, and what might be done to improve it? 1 2 3 4 5

3. Were the charts and forms you received for assessing and self-observing your potential stress areas of self-change and monitoring progress clearly explained? 1 2 3 4 5

4. Was the information on stress management and self-control techniques presented to you in a way that clearly illustrated their relevance to your potential areas of self-change? 1 2 3 4 5

5. Were any questions you asked or concerns you had answered clearly and thoroughly to your satisfaction? 1 2 3 4 5

6. Overall, how would you rate the health/lifestyle dialogue session? 1 2 3 4 5

7. Overall, how would you describe the person conducting the session:

Punctual:	1	2	3	4	5
Conscientious:	1	2	3	4	5
Attentive:	1	2	3	4	5
Caring:	1	2	3	4	5
Well Organized:	1	2	3	4	5
Communication Skills:	1	2	3	4	5
Knowledgeable:	1	2	3	4	5

Thank you for your consideration in filling out this form. Your feedback is much appreciated.

Name (optional) _____