WORKSHEET

I Want to Quit!

Your responses below will help you make a plan to quit smoking that works for you.

Three reasons why I smoke:

1. _____
2. _____
3. _____

Three reasons why I want to quit smoking:

1. _____
2. _____
3. _____

Three behaviors or activities I will need to change to quit:

1. _____
2. _____
3. _____

The method(s) I plan to use to quit:

_____ "Cold turkey" (quitting on my own without medical or group support)
_____ Participating in a smoking cessation program
_____ Contacting a telephone quitline
_____ Using nicotine replacement therapy
_____ Using drugs prescribed by my doctor to assist me in quitting
_____ Other (list here) _____

Three friends or family members who will encourage me and hold me accountable as I quit smoking:

1. _____
2. _____
3. _____

Three steps I need to take (locate a nearby smoking cessation program, remove ashtrays from my home and car, etc.) before quitting and when I will do them:

1. _____ by _____(date)
2. _____ by _____(date)
3. _____ by _____(date)

The date I am going to become a nonsmoker:

_____

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Is Alcohol Affecting My Life?

- Have you ever felt a strong need to consume alcohol? ☐ yes ☐ no
- Do you drink alone more often now than you once did? ☐ yes ☐ no
- Have others criticized your drinking habits or said you have a problem? ☐ yes ☐ no
- Have you ever had difficulty stopping an episode of drinking once you start? ☐ yes ☐ no
- Have you experienced negative consequences because of your drinking? ☐ yes ☐ no
- Have you ever hurt yourself or someone else while you were drunk? ☐ yes ☐ no
- Have you ever had nausea, sweating, shakiness, headaches, or anxiety after an episode of heavy drinking? ☐ yes ☐ no
- Do you need to drink more than you used to in order to get drunk? ☐ yes ☐ no

If you answered yes to two or more of these questions, you may be at risk of alcohol abuse. You can talk to your doctor confidentially and ask for information about appropriate treatment services.

(Cohen 2000; Komaroff 2005)

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Health Testing

Are you up-to-date on routine testing? If you have a family history of a condition or are at particular risk, you may need more frequent monitoring.

Test	How Often?	I'm Up-to-Date	Needs Attention
Blood pressure	Every 2 years (more often for those with identified high blood pressure)		
Lipid profile (fasting)	Every 5 years for adults over age 20		
Blood glucose	Every 3 years after age 45		
Thyroid function	Every 5 years after age 35		
Fecal occult blood test	Annually after age 50		
Colonoscopy	Every 3 to 5 years after age 50; digital rectal exam: same interval		
Bone density X-ray	Once for menopausal women or as advised per risk factors		
Skin cancer	Annually after age 40		
Visual acuity	Annually after age 65		
Hearing exam	As indicated		
Glaucoma	Every 2 years after age 50 for whites and 40 for African Americans; annually after age 65		
Dental exam	Every six months		
Men: PSA/rectal exam	Annually after age 50		
Women: Pap/pelvic exam	Annually until three consecutive normal results are obtained; after that at physician's discretion		
Clinical breast exam	Annually starting at age 40 (can be less frequent after 70)		
Mammography	Annually starting at age 40 (unless indicated earlier)		

(Creagan and Wendel 2003; Margolis 2002; Reader's Digest 2001)

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WORKSHEET

Checklist for a Safe Home

Put a check mark (✗) in front of each safety measure you have incorporated into your life.

Falls	
	Remove cords, and other obstacles from walking paths.
	Use only nonslip throw rugs or purchase nonslip pads to go under rugs without backing.
	Use night lights or other lighting near stairways.
	Apply nonslip adhesives on the floor of your bathtubs and showers. If needed, install grab bars to help you when bathing, showering, or using the toilet.
Fire	
	Check for frayed or damaged electrical cords. If your electrical system has not been checked within five years, schedule an appointment with an electrician.
	Have your furnace and any other gas appliances checked at least every two years.
	Install a smoke alarm in each bedroom and on every level of your home. Check and change batteries every six months.
	Place an accessible, working fire extinguisher on every level of your home.
	Develop and practice a fire escape plan with every member of the family.
	Never put combustible objects near a space heater, and never leave a heater unattended.
Toxins	
	Put a carbon monoxide detector on each level of your home and change batteries if needed.
	If your home might have either lead-based paint or lead pipes, contact a professional.
	If you haven't already done so, get a radon test kit and use it in your home.
Protective Equipment	
	Use your seat belt every time you drive or ride in a motor vehicle.
	Use a helmet when biking, skating, or doing other activities in which you could injure your head.
	Use protective eyewear whenever it is warranted.
Food Safety	
	Take an inventory of your cupboards and refrigerator. Throw away expired or spoiled food.
	Use a meat thermometer.

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WORKSHEET

Tracking My Diet for a Week

Record everything you eat and the serving sizes for a week. Total your servings in each of the recommended food groups. Compare your choices with the recommendations described in the previous pages.

Day	Morning	Midday	Evening	Total Servings
Sunday				_____ Fruits _____ Vegetables _____ Grains _____ Dairy _____ Meat/eggs/legumes
Monday				_____ Fruits _____ Vegetables _____ Grains _____ Dairy _____ Meat/eggs/legumes
Tuesday				_____ Fruits _____ Vegetables _____ Grains _____ Dairy _____ Meat/eggs/legumes
Wednesday				_____ Fruits _____ Vegetables _____ Grains _____ Dairy _____ Meat/eggs/legumes
Thursday				_____ Fruits _____ Vegetables _____ Grains _____ Dairy _____ Meat/eggs/legumes
Friday				_____ Fruits _____ Vegetables _____ Grains _____ Dairy _____ Meat/eggs/legumes
Saturday				_____ Fruits _____ Vegetables _____ Grains _____ Dairy _____ Meat/eggs/legumes

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Tracking My Diet for a Week *continued*

Over the week did I eat excess fat? Sugar? Sodium?

Did I get enough fiber?

Did I get enough water and other liquids?

What changes do I want to make for a healthier diet?

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WORKSHEET

Eating Habits I Want to Change

Do your eating habits work against you? For example, do you eat when you're not really hungry or are there particular foods that trigger overeating or undereating? Think of a healthier alternative. (*Example*: What: eat unhealthy snacks; When: after dinner; Why: boredom; Alternative: take a walk.)

What?	When?	Why?	Alternative?

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WORKSHEET

My Physical Activity and Exercise Plan

Example:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Cardiorespiratory exercise *Recommended: 3–5 times per week for 20–60 minutes*		30 min. elliptical trainer	45 min. stair climber	20 min. jog	45 min. stair climber	30 min. elliptical trainer	75 min. walk
Strength training *Recommended: 2–3 times a week for 20–30 minutes*		25 min. workout				25 min. workout	
Daily physical activity *Recommended: As much as you can*	45 min. gardening			2 hours golf	45 min. tennis		

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My Physical Activity and Exercise Plan *continued*

Weekly Physical Activity and Exercise Log

Track your physical activity and exercise for one week.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Cardiorespiratory exercise							
Strength training							
Daily physical activity							

How well am I meeting my physical activity goals?

What changes do I want to make?

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WORKSHEET

Thoughts about Aging and Retirement

Make a list of all the things you've heard about aging and retirement from television, movies, books and other print media, and conversation. They can be positive or negative.

Now look at your list and cross out everything that doesn't sound like you. Circle anything that applies to you or that you worry about. These are the predictors of your future self.

If there's anything circled that you do not like, actively work to change it. Write one personal change you'd like to make and the steps you will take to make that change.

Change:

Steps I'll take:

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WORKSHEET

How Do I Stimulate My Mind?

Name three things you do every day that stimulate your mind.

1. _____

2. _____

3. _____

What are three mentally challenging activities you do less often but enjoy?

1. _____

2. _____

3. _____

Name three mentally stimulating activities you look forward to trying when you have more time.

1. _____

2. _____

3. _____

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WORKSHEET

Improving My Mental Fitness

What changes do I want to make to improve/maintain my mental fitness?

Change	Steps I Will Take	Progress

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WORKSHEET

What Will My Insurance Cover?

- Does the care I'm considering need preapproval by my insurance company or health plan? ☐ yes ☐ no
- Do I need a referral from my primary care provider? ☐ yes ☐ no
- Is there a copayment? ☐ yes ☐ no
- Is there a deductible? ☐ yes ☐ no

- What services, tests, or other costs will be covered?

- How many visits are covered and over what period of time?

- What additional costs (laboratory tests, equipment and supplies, etc.) will be covered?

- Do I need to see a health care provider from a network? If so, where can I get a list of those providers?

- Do I have any coverage for out-of-network providers? What are the out-of-pocket costs?

- What dollar or calendar limits are there?

(Center for Spirituality and Healing, University of Minnesota 2006)

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WORKSHEET

Making a Health Care Decision

Do you have a health care decision to make? It could be anything: exercising more, quitting smoking, taking a drug to lower your cholesterol, or weighing options for treating a particular disease. Use this worksheet to record what you know about the situation and to evaluate your options.

My decision to:

The benefits:

The risks:

Evidence:

Cost or insurance issues:

Access issues:

Obstacles:

Does it feel right?

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WORKSHEET

Rating the Health Care System

Consider each of the following characteristics. Rate (✗) how important you consider each characteristic and how well the health care system in your community fulfills that characteristic.

	Not Important	Somewhat Important	Very Important	Is the System Adequately Meeting These Needs?
Accessible to all	●		●	☐ yes ☐ no
Fair	●		●	☐ yes ☐ no
Safe, high quality-care	●		●	☐ yes ☐ no
Personalized	●		●	☐ yes ☐ no
Affordable	●		●	☐ yes ☐ no
Rewards personal responsibility	●		●	☐ yes ☐ no
Understandable	●		●	☐ yes ☐ no

How can I influence change in the areas in which I have identified needs?

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WORKSHEET

How Do I Want to Use Nontraditional Therapies?

	I Have Tried It	What Worked?	What Didn't Work?	I Would Like to Try It for . . .
Chiropractic care				
Tai chi				
Meditation				
Yoga				
Herbal therapies				
Acupuncture				
Other				

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How Do I Want to Use Nontraditional Therapies? *continued*

What questions do I have about nontraditional therapies?

How will I get my questions answered?

What steps do I want to take to integrate nontraditional therapies into my wellness plan?

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WORKSHEET

Action Plan for Maintaining Your Health

Are you moving in the right direction to achieve your goals? To help you think about the changes you might want to make, mark (✗) the following on the scale between *No Change Needed* to *Needs Immediate Attention.*

MAINTAINING YOUR HEALTH	No Change Needed	Needs Immediate Attention
Chapter 5 – Staying Healthy		
Losing excess weight	●	●
Getting enough sleep	●	●
Reducing stress in my life	●	●
Quitting smoking	●	●
Reducing my alcohol consumption	●	●
Addressing drug abuse / addictive behavior	●	●
Getting up-to-date on screening and testing	●	●
Getting immunizations	●	●
Preventing injuries	●	●
Chapter 6 – Eating for Life		
Eating a healthy diet	●	●
Getting the right vitamins and minerals	●	●
Chapter 7 – Keeping Strong, Fit, and Active		
Learning about physical activity	●	●
Exercising regularly	●	●
Chapter 8 – Maintaining Mental Fitness		
Doing activities to keep my mind sharp	●	●
Following keys to mental fitness	●	●
Making positive changes	●	●
Chapter 9 – Creating Your Health Care Team		
Finding a health care provider	●	●
Communicating with my health care provider	●	●
Making informed health care decisions	●	●
Preparing an advance directive	●	●
Chapter 10 – Finding Nontraditional Paths to Health		
Exploring complementary, alternative, or integrative therapies	●	●

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Action Plan for Maintaining Your Health *continued*

What are my retirement goals for maintaining my health? Write your goals here and on "My Retirement Map" on pages 10 and 11.

What barriers do I need to overcome to achieve my goals?

What am I going to do to achieve my goals? Use the action steps worksheet on the next page to write down the steps and track your progress.

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Action Steps Worksheet – Goal #1

Steps I Am Going to Take	Target Completion Date	My Progress	Notes
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	

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Action Steps Worksheet – Goal #2

Steps I Am Going to Take	Target Completion Date	My Progress	Notes
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	
		started ☐ complete!	

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