



Healthy Living Plan B Cover Sheet

Graduation Transitions

All students are required to develop and maintain a personal health plan in addition to daily physical activity. Your **Healthy Living Plan** should include an assessment of your current nutrition and activity choices as well as a plan for managing your stress.

After updating or completing your Healthy Living Plan, hand it in to the Career Centre on or before the due date.

Due Date: Monday, September 18th, 2017



I do not have my **Active Health 10 Personal Trainer Project** from P.E. 10, so I have completed and attached **Plan B**.

First and Last Names: _____

print clearly

Date: _____



Healthy Living Plan B Graduation Transitions

Student Name: _____ Student #: _____

Step 1 – Healthy Eating

Develop a nutrition plan that is based on sound nutrition habits. Refer to the principles of **Canada’s Food Guide** found at the following web site:

<https://www.canada.ca/en/health-canada/services/food-nutrition/canada-food-guide/get-your-copy/eating-well-2007.html>

For your age and gender, how many servings of each of the following food groups should you be consuming each day?

- Vegetables and Fruits _____
- Grain Products _____
- Milk and Alternatives _____
- Meat and Alternatives _____

Create a sample healthy meal plan for one day, including snacks.

Breakfast		Lunch		Dinner	
Food	Quantity & Food Group	Food	Quantity & Food Group	Food	Quantity & Food Group
Snacks:					

Do you consume the minimum suggested amounts for each food group? If not, why? Identify weaknesses in your diet. How can you improve your eating habits?

Step 2 – Fitness & Exercise

The benefits of an active lifestyle are well-proven. You can significantly improve your overall health and well-being by incorporating exercise into your life. Some ways that exercise can have a positive impact on your life include:

- Strengthen cardiovascular and respiratory systems
- Keep bones and muscles strong
- Help manage weight
- Help prevent or manage diabetes
- Ease depression
- Manage pain and stress
- Reduce risks of certain types of cancer
- Help sleep better

What physical activities do you currently engage in? List your top 5 activities and one positive and negative aspect of each activity.

Activity	Positive Aspects	Negative Aspects
Example Snowboarding	Great exercise, fresh air, beautiful environment, social	Seasonal, expensive, risk of injury, transportation to the mountain

You are required to complete 150 minutes of physical activity each week. How would you rate your progress at this time? What are your plans for including physical activity in your life after graduation and as you grow older?

Step 3 – Personal Stress Strategy

Stress can take many different forms and is a factor in everyone’s life. Some stress can be ‘good’ and some can be ‘bad’. For example, you may feel stressed before a race or exam. This kind of stress is ‘good’ as it may stimulate you to perform at your best. On the other hand, if you signed up for too many AP courses in grade 12 and are fighting with your family, you may be suffering from ‘bad’ stress. It is important to recognize the types and causes of stress in your life, and take measures to reduce or manage ‘bad’ stress.

Complete the “Stress Scale for Youth” found on the next page, then consider some ways of recognizing and managing stress.

What are the three most stressful factors in *your* life over the 12 months?

- 1. _____
- 2. _____
- 3. _____

What signs and symptoms do you exhibit when under stress?

Signs: things that you do when you are stressed

Symptoms: a change in the mental or physical condition of a person

Signs (actions)	Symptoms (what happens to my body)

When you encounter stress in your life, what techniques do you use to relieve or manage it in a positive way?

List some of the positive health decisions you have made in your high school years. Also, explain what motivated you to make these decisions.

STRESS SCALE FOR YOUTH

STRESS	EVENT VALUE
DEATH OF SPOUSE, PARENT, BOYFRIEND/GIRLFRIEND	100
DIVORCE (of yourself or your parents)	65
PUBERTY	65
PREGNANCY (or causing pregnancy)	65
MARITAL SEPARATION OR BREAKUP WITH BOYFRIEND/GIRLFRIEND	60
JAIL TERM OR PROBATION	60
DEATH OF OTHER FAMILY MEMBER (other than spouse, parent or boyfriend/girlfriend)	60
BROKEN ENGAGEMENT	55
ENGAGEMENT	50
SERIOUS PERSONAL INJURY OR ILLNESS	45
MARRIAGE	45
ENTERING COLLEGE OR BEGINNING NEXT LEVEL OF SCHOOL (starting junior high or high school)	45
CHANGE IN INDEPENDENCE OR RESPONSIBILITY	45
ANY DRUG AND/OR ALCOHOL USE	45
FIRED AT WORK OR EXPELLED FROM SCHOOL	45
CHANGE IN ALCOHOL OR DRUG USE	45
RECONCILIATION WITH MATE, FAMILY OR BOYFRIEND/GIRLFRIEND (getting back together)	40
TROUBLE AT SCHOOL	40
SERIOUS HEALTH	40

PROBLEM OF A FAMILY MEMBER	
WORKING WHILE ATTENDING SCHOOL	35
WORKING MORE THAN 40 HOURS PER WEEK	35
CHANGING COURSE OF STUDY	35
CHANGE IN FREQUENCY OF DATING	35
SEXUAL ADJUSTMENT PROBLEMS (confusion of sexual identity)	35
GAIN OF NEW FAMILY MEMBER (new baby born or parent remarries or adopts)	35
CHANGE IN WORK RESPONSIBILITIES	35
CHANGE IN FINANCIAL STATE	30
DEATH OF A CLOSE FRIEND (not a family member)	30
CHANGE TO A DIFFERENT KIND OF WORK	30
CHANGE IN NUMBER OF ARGUMENTS WITH MATE, FAMILY OR FRIENDS	30
SLEEP LESS THAN 8 HOURS PER NIGHT	25
TROUBLE WITH IN-LAWS OR BOYFRIEND'S OR GIRLFRIEND'S FAMILY	25
OUTSTANDING PERSONAL ACHIEVEMENT (awards, grades, etc.)	25
MATE OR PARENTS START OR STOP WORKING	20
BEGIN OR END SCHOOL	20
CHANGE IN LIVING	20

CONDITIONS (visitors in the home, remodeling house, change in roommates)	
CHANGE IN PERSONAL HABITS (start or stop a habit like smoking or dieting)	20
CHRONIC ALLERGIES	20
TROUBLE WITH THE BOSS	20
CHANGE IN WORK HOURS	15
CHANGE IN RESIDENCE	15
CHANGE TO A NEW SCHOOL (other than graduation)	10
PRESENTLY IN PRE-MENSTRUAL PERIOD	15
CHANGE IN RELIGIOUS ACTIVITY	15
GOING IN DEBT (you or your family)	10
CHANGE IN FREQUENCY OF FAMILY GATHERINGS	10
VACATION	10
PRESENTLY IN WINTER HOLIDAY SEASON	10
MINOR VIOLATION OF THE LAW	5

TOTAL SCORE _____

If you have experienced total stress within the last twelve months of 250 or greater, even with normal stress tolerance, you may be **OVERSTRESSED**. Persons with Low Stress Tolerance may be **OVERSTRESSED** at levels as low as 150.

Refer to www.teachhealth.com for an interpretation of your score and stress management strategies.