

Name: _____ Date: _____

High School Nutrition and Personal Fitness

Personal Risk Behaviors

Directions: Using the table provided, address each behavior as it pertains to your current lifestyle. This assessment is for personal use only; the information will not be shared with others. Please answer as honestly as possible to get an accurate overview of the number of behaviors that may be a potential hazard to your overall health and wellness.

RISK BEHAVIOR	FREQUENCY			
	WEEKLY (multiple times throughout the week)	MONTHLY (multiple times throughout the month)	YEARLY (multiple times throughout the year)	NEVER
Use smokeless tobacco products (ex. chew)				
Use smoking tobacco products (ex. cigarettes)				
Breathe second-hand smoke				
Eat at a fast-food restaurant				
Eat foods high in saturated fat (ex. potato chips)				
Eat a restaurant-prepared meal rather than a home-cooked meal				
Drink beverages high in sugar (ex. soda, energy drinks)				
Snack on processed foods (foods that are prepackaged, ex. candy bars)				
Sit and play video games				
Sit and watch a movie				
Sit and navigate Facebook				
Consume alcohol products (ex. beer, liquor, wine)				
Consume nonprescribed medication				
Ride an ATV without wearing a helmet				
Ride in a car without wearing a seatbelt				
Text while driving				
Participate in a physical activity without wearing the proper safety equipment				
Ride your bike without wearing a helmet				
Do not cross the street at the crosswalk				

Evaluation

Total the checkmarks in each column: WEEKLY = __, MONTHLY = __, YEARLY = __, NEVER = __