

Parent Pep Talk Youth Wellness Surveys & Goal Plans

Moderate Physical Activity & Sports Wellness Behavior Survey

Directions: This survey will assess your moderate intensity aerobic physical activity behaviors. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers.

1. What **moderate intensity physical activities** did you participate in during the last 12 months? Those types of activities, sports or chores, that increase your breathing and heart rate, but not so much as to make you unable to talk while doing them. (Check all that apply):
 - a. Fast walking
 - b. Slow bicycling
 - c. Slow rollerblading or skating
 - d. Slow skateboarding
 - e. Slow dancing
 - f. Playing volleyball
 - g. Throwing a ball
 - h. Shooting baskets
 - i. Water aerobics
 - j. Swimming
 - k. Slow jogging
 - l. Surfing
 - m. Baseball or softball
 - n. Golfing
 - o. Others (list): _____
 - p. None

2. One most days of the week, do you engage in **moderate physical activity** for at least 30 minutes a day?
 - a. Yes
 - b. No

Moderate Physical Activity & Sports Goal Plan

To look and feel physically fit and active pledge to continue to avoid alcohol, tobacco and drug use, and complete the following goal plan to increase your moderate physical activity during the next week.

1. What **moderate intensity physical activities** will you do? (Check all you will do next week)
 - a. Fast walking
 - b. Slow bicycling
 - c. Slow rollerblading or skating
 - d. Slow skateboarding
 - e. Slow dancing
 - f. Playing volleyball
 - g. Throwing a ball
 - h. Shooting baskets
 - i. Water aerobics
 - j. Swimming
 - k. Slow jogging
 - l. Surfing
 - m. Baseball or softball
 - n. Golfing
 - o. Others (list): _____
 - p. None right now
2. On how many days? _____ days this week (1-7 days)
3. Which days this week? (Check off each) SU M T W TH F SA
4. How long each day? _____ (10-60 minutes each time)
5. Where? _____ (Specific location)
6. With whom? _____ (For example, a friend, family member, alone)

Youth's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Good job! You've taken the first and most important step toward improving your wellness. Post your plan where you will see it each day (e.g., wall, mirror or desk) as a reminder of the goals you've set to achieve this week. Improving yourself is a life-long

process. It takes committing to small changes. You must be willing to keep working toward improving yourself. Focus on and celebrate the small gains you make each day, week and month. You can do it! Keep trying. Never quit!

Vigorous Physical Activity & Sports Wellness Behavior Survey

Directions: This survey will assess your vigorous intensity physical activity behaviors. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers.

1. What **vigorous or high intensity physical activities** did you participate in during the last 12 months? Those types of activities, sports or chores that make the heart beat and breathing fast, and makes it difficult to talk while doing them. (Check all that apply):
 - a. Running or fast jogging
 - b. Fast bicycling
 - c. Fast rollerblading
 - d. Fast skateboarding
 - e. Fast dancing
 - f. Singles tennis
 - g. Jumping rope
 - h. Basketball
 - i. Soccer
 - j. Touch/flag football
 - k. Swimming laps
 - l. Cheerleading
 - m. Gymnastics
 - n. Martial arts
 - o. Aerobics classes
 - p. Others (list): _____
 - q. None

2. Do you engage in **vigorous physical activity** for at least 30 minutes a day on 3 or more days a week?
 - a. Yes
 - b. No

Vigorous Physical Activity & Sports Goal Plan

To look and feel physically fit and athletic pledge to continue to avoid alcohol, tobacco and drug use, and complete the following goal plan to increase your vigorous aerobic physical activity during the next week.

1. What **vigorous intensity physical activities** will you do? (Check all you will do next week)

- a. Running or fast jogging
- b. Fast bicycling
- c. Fast rollerblading
- d. Fast skateboarding
- e. Fast dancing
- f. Singles tennis
- g. Jumping rope
- h. Basketball
- i. Soccer
- j. Touch/flag football
- k. Swimming laps
- l. Cheerleading
- m. Gymnastics
- n. Martial arts
- o. Aerobics classes
- p. Others (list):

q. None right now

2. On how many days? _____ days this week (1-7 days)

3. Which days this week? (Check off each) SU M T W TH F SA

4. How long each day? _____ (10-60 minutes each time)

5. Where? _____ (Specific location)

6. With whom? _____ (For example, a friend, family member, alone)

Youth's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Good job! You've taken the first and most important step toward improving your physical fitness. Post your plan where you will see it each day (e.g., wall, mirror or desk) as a reminder of the goals you've set to achieve this week. Improving yourself is a life-long process. It takes committing to small changes. You must be willing to keep working toward improving yourself. Focus on and celebrate the small gains you make each day, week and month. You can do it. Keep trying. Never quit!

Healthy Eating & Nutrition Wellness Behavior Survey

Directions: This survey will assess your healthy eating habits. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers.

1. On most days of the week, do you eat 5 or more servings of **fruits and vegetables** (i.e., one serving = 1 piece of fruit, or 1 cup of fresh or frozen fruit or vegetable)?
 - a. Yes
 - b. No

2. Does your daily diet consist mostly of healthy foods such as **whole grain carbohydrates** like whole wheat or multi-grain breads, cereals and pasta, **low fat dairy** foods like skim, non-fat or 1% milk, cheese and yogurt, and **low fat protein** foods like fish, lean chicken, beans and peas?
 - a. Yes
 - b. No

3. How similar are you to the type of person your age that regularly eats healthy foods?
 - a. Very similar
 - b. Somewhat similar
 - c. A little similar
 - d. Not at all similar

Healthy Eating & Nutrition Goal Plan

To look and feel healthy and strong pledge to continue to avoid alcohol, tobacco and drug use, and complete the following goal plan to increase the number and types of healthy foods you eat each day during the next week.

1. What **fruits** will you eat? (Check all you will eat next week)

- a. Grapes
- b. Bananas
- c. Oranges
- d. Apples
- e. Peaches
- f. Plums
- g. Pears
- h. Cherries
- i. Watermelons
- j. Strawberries
- k. Blueberries
- l. Dates
- m. Figs
- n. Pineapples
- o. Others (list): _____
- p. None right now

2. What **vegetables** will you eat? (Check all you will eat next week)

- a. Asparagus
- b. Beans
- c. Peppers
- d. Broccoli
- e. Cabbage
- f. Carrots
- g. Cauliflower
- h. Celery
- i. Collards
- j. Corn
- k. Cucumber
- l. Eggplant
- m. Lettuce
- n. Spinach
- o. Okra
- p. Onions

- q. Peas
- r. Potatoes
- s. Squash
- t. Tomatoes
- u. Others (list): _____
- v. None right now

3. What **other healthy foods** will you eat? (Check all you will eat next week)

- a. Whole wheat or multi-grain breads
- b. Whole wheat or multi-grain cereals
- c. Whole wheat or multi-grain pasta
- d. Whole wheat or multi-grain rice
- e. Skim, non-fat or 1% milk
- f. Skim, non-fat or 1% cheese
- g. Skim, non-fat or 1% yogurt
- h. Lean fish
- i. Lean (non-fried) chicken
- j. Lean (non-fried) turkey
- k. Beans or peas
- l. Others (list): _____
- m. None right now

4. How many servings? _____ servings a day/week

5. On how many days? _____ days this week (1-7 days)

6. Where? _____ (Specific location)

7. With whom? _____ (For example, a friend, family member, alone)

Youth's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Good job! You've taken the first and most important step toward improving your health and fitness. Post your plan where you will see it each day (e.g., wall, mirror or desk) as a reminder of the goals you've set to achieve this week. Improving yourself is a life-long process. It takes committing to small changes. You must be willing to keep working toward improving yourself. Focus on and celebrate the small gains you make each day, week and month. You can do it. Keep trying. Never quit!

Monitoring Calorie Intake & Weight Wellness Behavior Survey

Directions: This survey will assess your calorie monitoring habits. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers.

1. What **calorie intake monitoring strategies** did you use during the last week?
 - a. Choose lower calorie foods over those with more calories
 - b. Drank water instead of sugary drinks
 - c. Limited eating fast foods, sugary drinks or sweets
 - d. Ate smaller serving sizes
 - e. Avoided skipping meals
 - f. Selected nutrient-dense snacks, like fruits, vegetables, and low fat protein foods
 - g. Adjusted your calorie intake to match your activity level
 - h. Limited your TV/computer/video viewing time
 - i. Ate more slowly
 - j. Regularly monitored your body weight
 - k. Avoided unhealthy eating behaviors, like "dieting," fasting, vomiting and using laxatives
 - l. Kept physically active
 - m. Others (list): _____
 - n. None

2. On most days of the week, do you eat a **healthy breakfast** (i.e., breakfast with fruits and vegetables, whole grains, low fat dairy, or low fat protein)?
 - a. Yes
 - b. No

Monitoring Calorie Intake & Weight Goal Plan

To look and feel fit and healthy pledge to continue to avoid alcohol, tobacco and drug use, and complete the following goal plan to increase the number of calorie monitoring strategies you practice every day during the next week.

1. What **calorie intake monitoring strategies** will you use? (Check all you will use next week)
 - a. Choose lower calorie foods over those with more calories
 - b. Drink water instead of sugary drinks
 - c. Limit eating fast foods, sugary drinks or sweets
 - d. Eat smaller serving sizes
 - e. Avoid skipping meals
 - f. Select nutrient-dense snacks, like fruits, vegetables, and low fat protein foods
 - g. Adjust your calorie intake to match your activity level
 - h. Limit your TV/computer/video viewing time
 - i. Eat more slowly
 - j. Regularly monitor your body weight
 - k. Avoid unhealthy eating behaviors, like "dieting," fasting, vomiting and using laxatives
 - l. Keep physically active
 - m. Others (list): _____
 - n. None right now
 - o. I'd like to eat a healthy breakfast

2. On how many days? _____ days this week (1-7 days)

3. Which days this week? (Check off each) SU M T W TH F SA

4. Where? _____ (Specific location)

5. With whom? _____ (For example, a friend, family member, alone)

Youth's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Good Job! You've taken the first and most important step toward improving your health and fitness. Post your plan where you will see it each day (e.g., wall, mirror or desk) as a reminder of the goals you've set to achieve this week. Improving yourself is a life-long

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Controlling Stress Wellness Behavior Survey

Directions: This survey will assess your stress control behaviors. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers.

1. One most days of the week, do you practice **deep breathing, meditation, prayer** or similar **mental or spiritual activities**?
 - a. Yes
 - b. No

2. On most days of the week, do you put yourself in a **quiet environment** without distractions, or listening to **quiet or soothing music**?
 - a. Yes
 - b. No

3. On most days of the week, do you cope with stress by **accepting things you can't change, looking at challenges as opportunities, or learning to forgive and let go**?
 - a. Yes
 - b. No

4. On most days of the week, do you **communicate with friends or family** that are supportive of you living a fit and healthy lifestyle?
 - a. Yes
 - b. No

5. On most days of the week, do you **get 8 or more hours of sleep** a night?
 - a. Yes
 - b. No

6. On most days of the week, do you **engage in physical activity**?
 - a. Yes
 - b. No

7. On most days of the week, do you **eat healthy foods and not skip meals**?
 - a. Yes
 - b. No

Controlling Stress Goal Plan

To look and feel relaxed, calm and stress free pledge to continue to avoid alcohol, tobacco and drug use, and complete the following goal plan to increase the number of stress control strategies you practice every day during the next week.

1. What **stress control strategies** will you use? (Check all you will use next week)
 - a. Practice deep breathing, meditation, prayer or similar mental or spiritual activities
 - b. Place yourself in a quiet environment without distractions, or listening to quiet or soothing music
 - c. Manage stress by accepting things you can't change, looking at challenges as opportunities, or learning to forgive and let go
 - d. Communicate with friends or family that are supportive of you living a fit and healthy lifestyle
 - e. Get 8 or more hours of sleep a night
 - f. Engage in regular physical activity
 - g. Eat healthy foods and do not skip meals
 - h. Others (list): _____
 - i. None right now
2. On how many days? _____ days this week (1-7 days)
3. Which days this week? (Check off each) SU M T W TH F SA
4. How long each day? _____ (10-60 minutes each time)
5. Where? _____ (Specific location)
6. With whom? _____ (For example, a friend, family member, alone)

Youth's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Good job! You've taken the first and most important step toward improving your lifestyle and positive self-image. Post your plan where you will see it each day (e.g., wall, mirror or desk) as a reminder of the goals you've set to achieve this week. Improving yourself is a life-long process. It takes committing to small changes. You must be willing to keep working toward improving yourself. Focus on and celebrate the small gains you make each day, week and month. You can do it. Keep trying. Never quit!

Planning for School Success Wellness Behavior Survey

Directions: This survey will assess behaviors that lead to school success. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers.

8. During most weeks, do you complete all of your homework assignments?
 - c. Yes
 - d. No

9. Do you set a specific time to study on most days to create a consistent weekly study routine?
 - a. Yes
 - b. No

10. Do you study in a quiet place where you can focus, that is free from distractions (e.g., TV, cell phone, people)?
 - a. Yes
 - b. No

11. Do you set a goal before each study session (e.g., memorize key terms, complete a daily assignment)?
 - a. Yes
 - b. No

12. Do you set academic goals (e.g., get better grades in a specific course, increase school attendance during the semester)?
 - a. Yes
 - b. No

13. Do you take and keep good notes during each class?
 - a. Yes
 - b. No

14. Do you review your notes most weekends and before starting each assignment to help you remember subject matter and complete your assignments correctly?
 - a. Yes
 - b. No

15. Do you get eight or more hours of sleep most school nights so you are well rested and can think clearly at school?
 - a. Yes
 - b. No

16. Do you avoid cramming all your studying into one session, as well as putting off your studying to the last minute?
- a. Yes
 - b. No

Planning for School Success Goal Plan

To look and feel successful, smart and motivated pledge to continue to avoid alcohol, tobacco and drug use, and complete the following goal plan to increase the number of study strategies you practice every day during the next week.

7. What **good study strategies** will you use? (Check all you will use next week)
- j. Complete all of your homework assignments
 - k. Set a specific time to study to create a consistent weekly study routine
 - l. Study in a quiet place where you can focus, that is free from distractions (e.g., TV, cell phone, people)
 - m. Set a goal before each study session (e.g., memorize key terms, complete a daily assignment)
 - n. Set academic goals (e.g., get better grades in a specific course, increase school attendance during the semester)
 - o. Take and keep good notes during each class
 - p. Review your notes on weekends and before starting each assignment
 - q. Get eight or more hours of sleep most school nights
 - r. Avoid cramming studying into one session, or putting off your studying
 - s. Others (list): _____
 - t. None right now
8. On how many days? _____ days this week (1-7 days)
9. Which days this week? (Check off each) SU M T W TH F SA
10. How long each day? _____ (Minutes each time)
11. Where? _____ (Specific location)
12. With whom? _____ (For example, a friend, family member, alone)

Youth's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Good job! You've taken the first and most important step toward improving your lifestyle and positive self-image. Post your plan where you will see it each day (e.g., wall, mirror or desk) as a reminder of the goals you've set to achieve this week. Improving yourself is a life-long process. It takes committing to small changes. You must be willing to keep working toward improving yourself. Focus on and celebrate the small gains you make each day, week and month. You can do it. Keep trying. Never quit!