



The ABC of Health & Wellbeing

STUDENT Healthcare Questionnaire

Welcome to the Student
It Takes 7 Healthcare Questionnaire!



Have you printed a copy of the
Healthcare Results Sheet?

On the following pages, e.g.,

Attitude: Answer the questions
and give yourself a score using
the guide at the bottom of the
page.

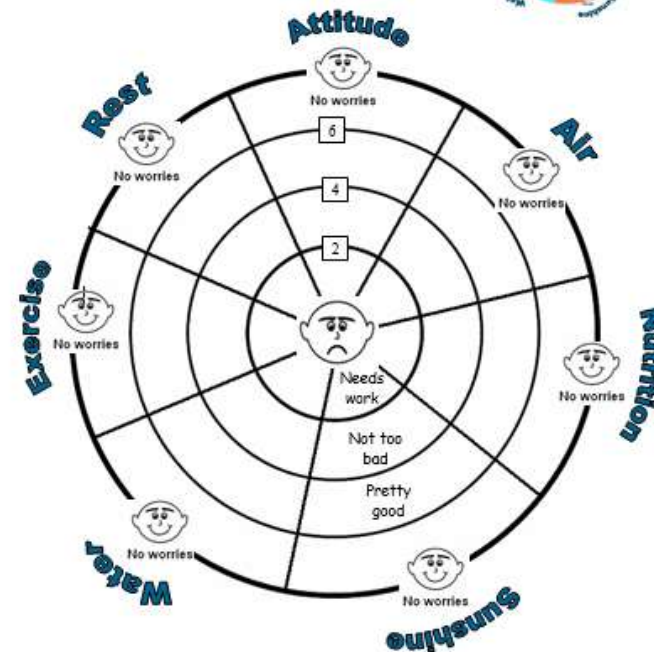
Add up your score and colour in
the number of bars in the slice of
the pie that match your score.



Healthcare Survey Results

Attitude is the ANSWER

Colour in the pie chart to show
your healthcare survey results.



Reflections:

Which healthcare practices are your best at?
Which ones do you need to improve on the most?
What are you going to do about it?

Check out It Takes 7 Health Tips

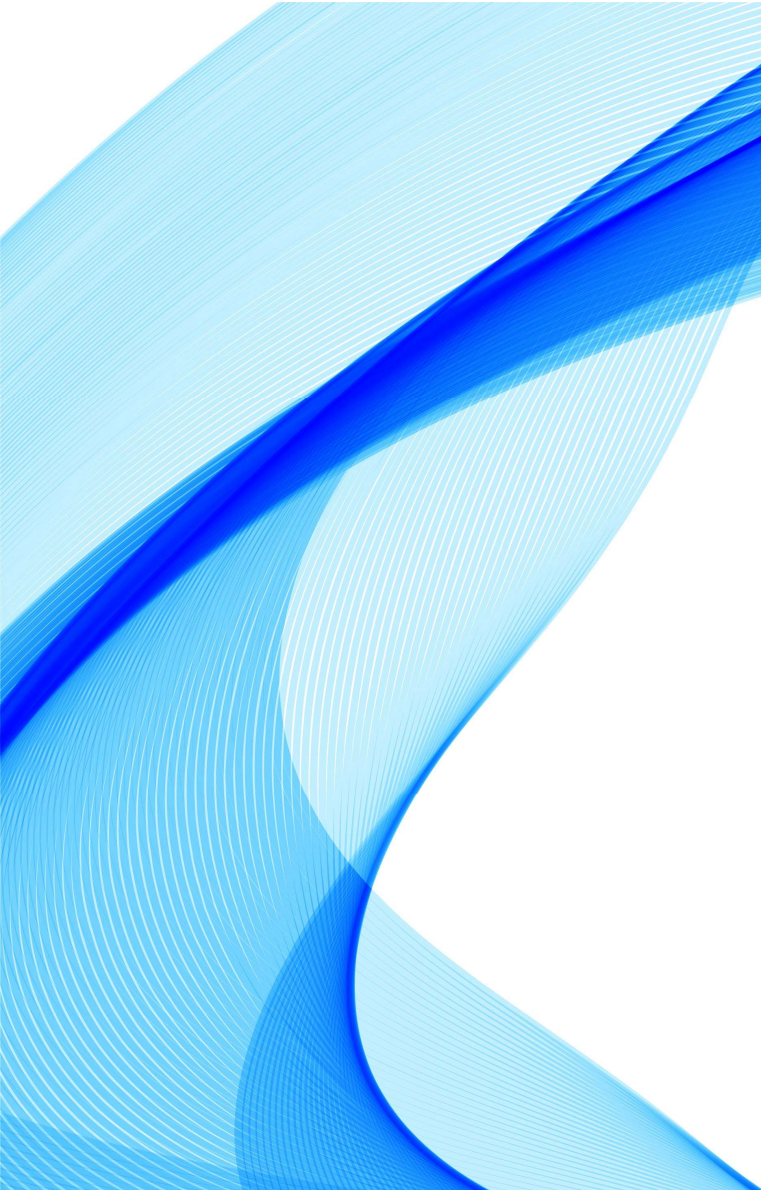




ATTITUDE

1. Do you often feel happy?
2. Do you get on well with your family and friends?
3. Do you find it easy to forgive others?
4. Are you grateful for the good things you have?

Not really = 0 Sometimes = 1 Most of the time = 2



AIR

1. Do you breathe through your nose?
2. Do you breathe to calm your emotions?
3. Do you sit up and stand up straight?
4. Do you go outside and enjoy fresh air daily?

Not really = 0 Sometimes = 1 Most of the time = 2



NUTRITION

1. Do you eat at least 2 fruit and 5 vegetables each day?
2. Do you eat protein with each meal?
(meats, fish, dairy, nuts or legumes)
3. Do you eat only one sweet treat each day?
4. Do you chew your food slowly and with thanks?

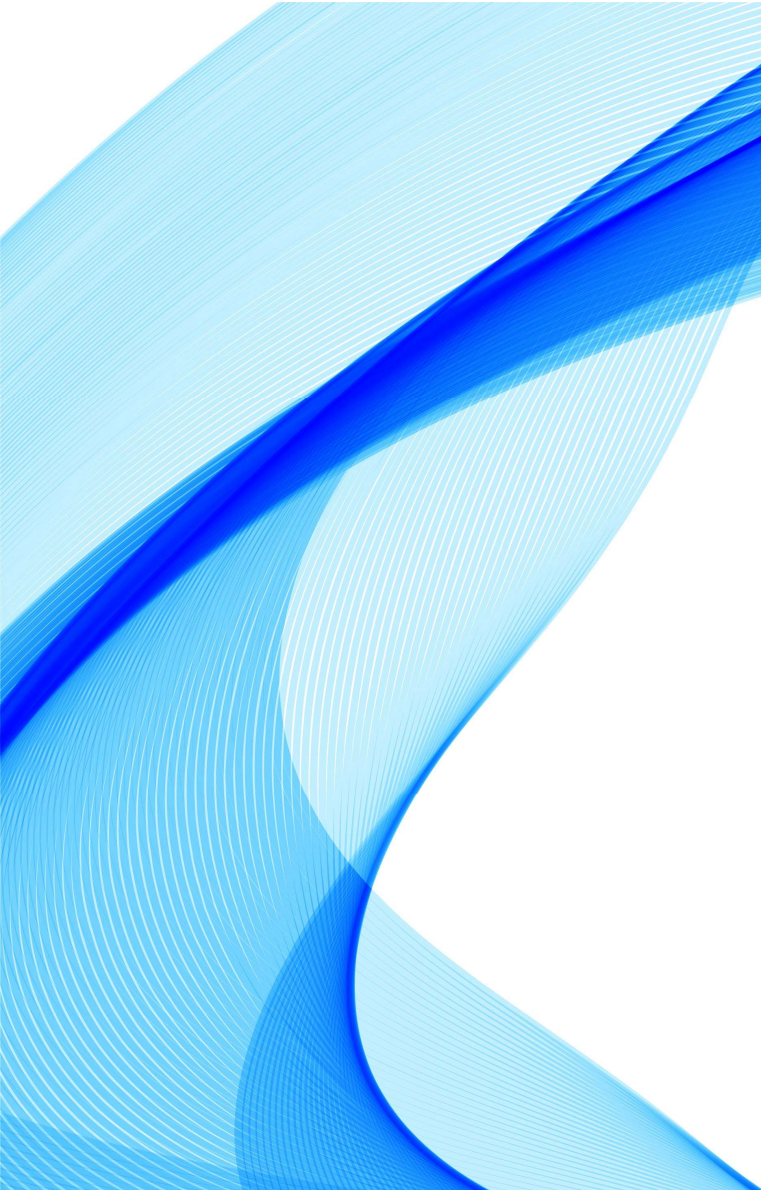
Not really = 0 Sometimes = 1 Most of the time = 2



SUNSHINE

1. In summer do you practice SunSmart rules?
(hat, sunscreen, protective clothing, sunglasses, water)
2. Do you cover up during the middle of the day (10am-3pm)?
3. Do you spend time outdoors during sun safe times?
(early in the morning or late afternoon)
4. In winter do you get enough exposure to the sun?

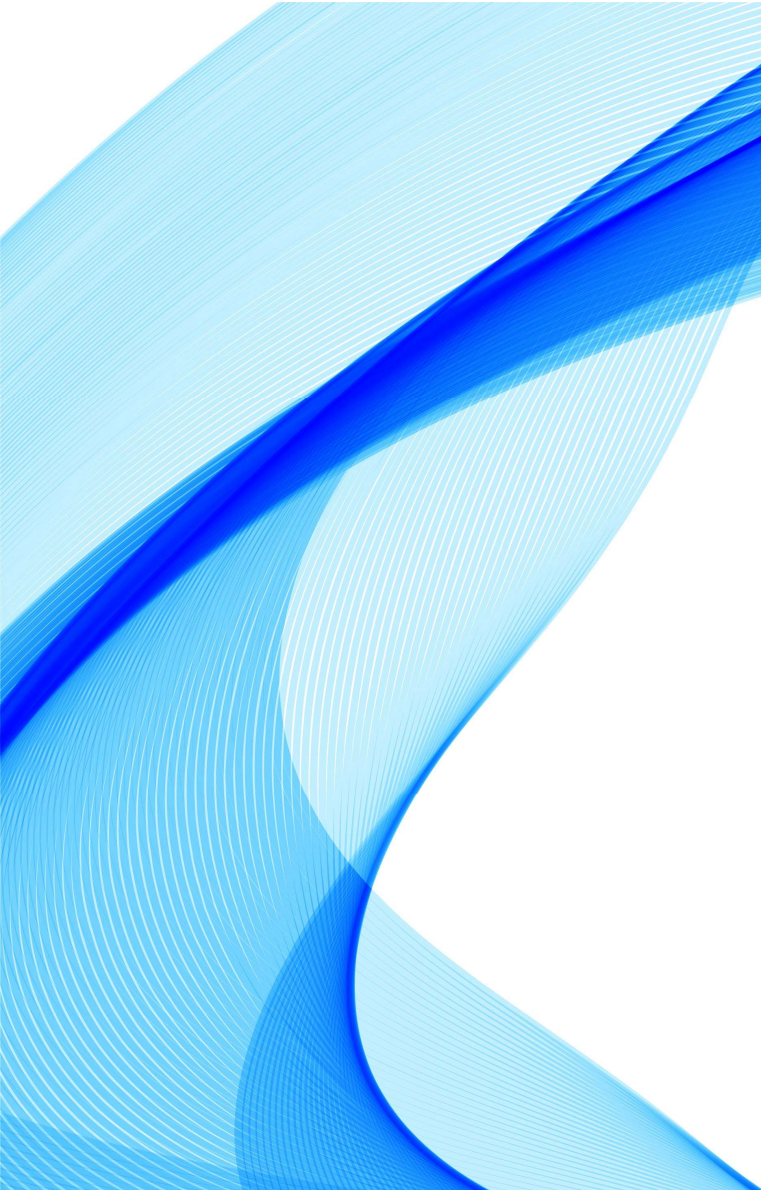
Not really = 0 Sometimes = 1 Most of the time = 2



WATER

1. Do you drink water regularly throughout the day?
2. Do you drink about 6 cups of water daily?
3. Do you drink more water if it is hot or when you are exercising?
4. Do you dilute sweet drinks with water?

Not really = 0 Sometimes = 1 Most of the time = 2



EXERCISE

1. Do you exercise regularly?
2. Do you walk or ride instead of going in a car or public transport?
3. Do you play team sports?
4. On your holidays do you do lots of physical activities?
(hiking, swimming, cycling, paddling, etc)

Not really = 0 Sometimes = 1 Most of the time = 2



REST

1. Do you sleep for around 10 hours each night?
2. Do you engage in activities that help you relax?
(hobbies, swimming, playing with pets, gardening, etc)
3. Is your room quiet and dark?
4. Do you avoid using technology in bed at night?

Not really = 0 Sometimes = 1 Most of the time = 2

Great!

You are now ready to
review your results.

Go back to the website and
do Lesson 3c.



Well done!

