



## It Takes 7 Personal Health Quiz

Read the following questions and using the scale below, rate yourself honestly for each healthcare practice. Tally your results and shade the section on the It Takes 7 pie chart on the following page.

**SCALE: Yes = +1    No = -1    Unsure or in between = 0**

<b>Attitude</b>	Are your emotions well balanced? Are your motivation levels high? Do you get on well with family and friends? Work associates? Do you manage conflict situations effectively? Do you enjoy your own company? Are you often happy or content? Do you read inspirational stories regularly?	
<b>Air</b>	Do you avoid habitual shallow breathing? Do you regularly breathe deeply using your diaphragm? Do you use breathing to calm your emotions? Is your posture generally upright with chest expanded? Do you open windows/doors to let fresh air in the room? Do you live in a smoke-free home? Do you have potted plants in your house? Do you go outside and enjoy fresh air daily?	
<b>Nutrition</b>	Do you eat 3 meals each day? Do you eat at least 2 fruit and 5 vegetables each day? Do you eat protein with each meal? (meats, fish, dairy, nuts or legumes) Do you avoid fatty foods? Do you regularly avoid drinking tea, coffee, alcohol or caffeinated drinks (including Coke or Pepsi) more than twice each day? Do you avoid eating more than one to two small serves of sweets or sweet drinks each day? Do you eat your meals in a relaxed, composed manner? Are you regularly grateful for the food you eat?	
<b>Sunshine</b>	In the Summer do you regularly practice SunSmart rules? (hat, sunscreen, protective clothing, sunglasses, water) Do reapply sunscreen when in the sun for lengthy periods? Do you cover up during maximum sun times (10am -3pm)? Do you spend time outdoors during the safe sun times? (Early in the morning or late afternoon) In the winter do you get adequate exposure to sunlight? Do you understand the role of Vitamin D in the body? Do you make efforts to seek sunshine to enhance your mood? Do you know exposure to the sun is important for gut health?	
<b>Water</b>	Do you drink water regularly throughout the day? Do you drink 1½ - 2 litres of water daily? Do you drink filtered or rainwater? Do you increase your intake of water when in heated or air-conditioned rooms? Do you drink more water when exercising? Do you dilute your fruit juices or sugary drinks? Do you avoid drinking more than 2 caffeinated drinks a day? Do you regularly carry a water bottle?	

<b>Exercise</b>	<p>Do you exercise regularly?</p> <p>Is being active a part of your daily routine?</p> <p>Do you walk or ride instead of taking the car or public transport?</p> <p>Do you engage in team sport activities?</p> <p>On your holidays do you seek out physical recreational activities? (hiking, swimming, cycling, etc)</p> <p>Do you have a gym membership or exercise regularly with a friend?</p> <p>Do you enjoy physical exercise?</p> <p>Do you set exercise goals and stick to them?</p>	
<b>Rest</b>	<p>Do you sleep deeply?</p> <p>Do get a minimum of 6-8 hrs sleep a night or 10 hrs if you are a teenager or elderly?</p> <p>Do you rarely/never use drugs or alcohol to help you sleep?</p> <p>Do you engage in other activities to help you relax?</p> <p>Do you power-nap, meditate or pray to unwind during the day?</p> <p>Do you avoid using technology late at night?</p> <p>Do you take annual vacations?</p> <p>Do you consciously relax your body when uptight?</p>	

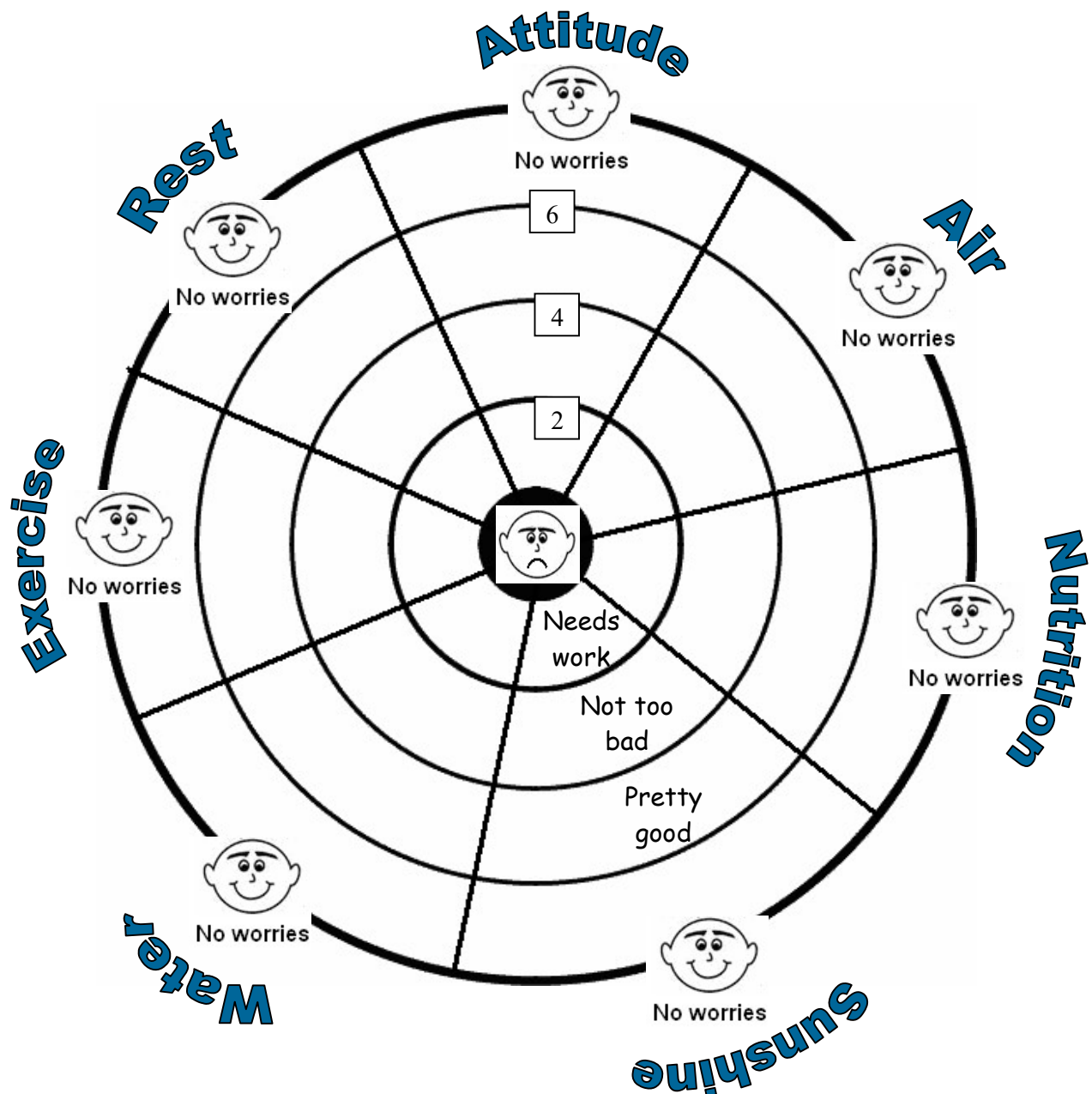




## Personal Healthcare Quiz Results

### Attitude is the ANSWER

Colour in the pie chart to show your healthcare quiz 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 Facts & Tips