

Nutrition Label Analysis –Worksheet

Use the worksheet shown below in order to evaluate food products. First assess the quality of the ingredients in the product by looking at the Ingredient List, then assess the balance of nutrients by looking at the Nutrition Facts Panel.

Ingredient List	Yes	No	Comments
Added Sugar			
Added Fat			
Other Additives?			

What is the quality level of the ingredients?

Nutrition Facts Panel	High	Low	Comments
Calories			
Fat			
Saturated Fat			
Trans Fat			
Cholesterol			
Sodium			
Carbohydrates			
Fiber			
Sugar			
Protein			

How balanced is this product?

How healthy is this product overall?

Current Commitments and Priorities

List commitments from your personal life, your professional life and your social life. Look at your list and decide what's really important to you, and what isn't. Circle those things that are most important. These things take first priority. The commitments that don't get circled can take a back seat when necessary.

Personal Life

Professional Life

Social Life

Prevention Plan Checklist

Use these checklists to track your doctor visits, screenings and vaccinations so that you stay up to date. Remember that these are basic recommendations and you should consult your physician regarding your personal situation and relevant needs.

Checklist for Women

Visits / Screenings / Vaccinations	Beginning at	Frequency	Dates / Results		
Visits					
Annual PCP	Birth	1x / year			
Dentist	Birth	2x / year			
Eye Doctor	Depends	1x / year			
Gynecologist	18 or when sexually active	1x / 1 – 3 years			
Screenings					
Blood Pressure	Birth	1x / year			
Breast Cancer: Breast Exams	Adolescence	1x / year			
Breast Cancer: Mammogram	40	1x / 1 – 2 years			
Cholesterol	20	1x / 5 years			
Colon Cancer: Fecal Occult Blood Test	50	1x / year			
Colon Cancer: Sigmoidoscopy	50	1x / 5 – 10 years			
Diabetes / Blood Glucose	45	1x / 3 years			
Hearing	50	1x / year			
Osteoporosis	Depends	Depends			
PAP Smear	18 or when sexually active	1x / year (20 – 30) 1x / 1 – 3 years (30+)			
Skin Cancer	Adolescence	1x / year			
Vaccinations					
Tetanus-diphtheria	Childhood	1x / 10 years			
Pneumococcal	65	1 time			
Flu Shot	65	1x / year			

Checklist for Men

Visits / Screenings / Vaccinations	Beginning at	Frequency	Dates / Results		
Visits					
Annual PCP	Birth	1x / year			
Dentist	Birth	2x / year			
Eye Doctor	Depends	1x / year			
Screenings					
Blood Pressure	Birth	1x / year			
Cholesterol	20	1x / 5 years			
Colon Cancer: Fecal Occult Blood Test	50	1x / year			
Colon Cancer: Sigmoidoscopy	50	1x / 5 – 10 years			
Diabetes / Blood Glucose	45	1x / 3 years			
Hearing	50	1x / year			
Osteoporosis	50	Depends			
Prostate Cancer	50	Depends			
Skin Cancer	Adolescence	1x / year			
Vaccinations					
Tetanus-diphtheria	Childhood	1x / 10 years			
Pneumococcal	65	1 time			
Flu Shot	65	1x / year			

Technology Usage Survey

For one week, log the number of minutes you spend using the various listed technologies. At the end of the week, tally up your totals and assess which technologies you can afford to use less. Set a usage goal and reallocate newfound time to outdoor or other activities.

Technology Type	Usage per Day in Minutes							Necessary? (Y/N)	Usage Goal
	1	2	3	4	5	6	7		
Live TV									
Playback TV / DVR / TiVo									
DVD or VCR									
Console Games									
Television Total:									
Any Web									
Email									
IM									
Any Software / Application									
Computer Video									
Computer Total:									
Mobile Talk									
Mobile Text / Messaging									
Mobile Web									
Mobile Video									
Mobile Other									
Mobile Total:									
Other Video (E.g., in stores)									
In-Cinema Movie									
GPS Navigation									
Other Total:									
MEDIA TOTAL:									

Budgeting Template

This is a sample worksheet for creating and maintaining a budget. This gives you examples of various categories of expenses and a format with which to work with. Customize your budget to accurately reflect your personal expenses. The amounts under the “Budget” column should add up to be equal to or less than your Total Expense Budget.

	Actual	Budget	Daily Expenses					Total
			Jan-1	Jan-2	Jan-3	Jan-4	...	
MONTHLY INCOME	\$4,000							
MAJOR MONTHLY EXPENSES								
Mortgage / Rent	\$1,000							
Phone Bill	\$100							
Utility Bill	\$100							
Student Loans	\$100							
Car Payment	\$250							
Savings	\$500							
Total Expenses	\$2,050							
Total Expense Budget	\$1,950							
EXPENSES								
Food and Beverages		\$500					...	
Groceries			\$80				...	\$320
Eating/Dining Out/				\$15		\$10	...	\$80
Drinks			\$5		\$15		...	\$150
Total								\$550
Entertainment		\$100						
Movies					\$20		...	\$40
Park Admissions						\$10	...	\$30
Total								\$70
Vacation		\$1,000						
Airfare					\$450		...	\$450
Hotel						\$500	...	\$500
Total								\$950
Total Spent			\$85	\$15	\$485	\$520		\$1,570.00
Total Budget								\$1,950.00
REMAINING BALANCE (+/-)							...	\$380.00

