

**FATIGUE ASSESSMENT SCALE**

Please indicate how true each statement has been for you during the past 7 days	Not at all	A little bit	Some what	Quite a lot	Very much
I feel fatigued					
I feel weak all over					
I feel listless (washed out)					
I feel tired					
I have trouble finishing things because I am tired					
I have trouble starting things because I am tired					
I have energy					
I trouble walking					
I am able to do my usual activities					
I need to sleep during the day					
I feel lightheaded (dizzy)					
I get headaches					
I have been short of breath					
I have pain in my chest					
I am too tired to eat					
I am interested in sex					
I am motivated to do my usual activities					
I need help doing my usual activities					
I am frustrated by being too tired to do the things I want to do					
I have to limit my social activities because I am tired					

Looking at the above 20 questions, how much would you say these additional concerns affect your quality of life? Circle one number.

**Not at all**  **Very much so**  
**0    1    2    3    4    5    6    7    8    9    10**

## Worksheet #2

### The Burns Anxiety Inventory

*Instructions:*

The following is a list of symptoms that people sometimes have. Put a check in the space to the right that best describes how much that symptom or problem has bothered you during the past week. If you would like a weekly record of your progress, record your answers on the separate "Answer Sheet" instead of filling in the spaces on the right.

0 = Not At All	2 = Moderately
1 = Somewhat	3 = A Lot

	Symptom List	0	1	2	3
	<b>Category I: Anxious Feelings</b>				
1.	Anxiety, nervousness, worry or fear.				
2.	Feeling that things around you are strange, unreal or foggy.				
3.	Feeling detached from all or part of your body.				
4.	Sudden unexpected panic spells.				
5.	Apprehension or a sense of impending doom.				
6.	Feeling tense, stressed, "uptight", or on edge.				
	<b>Category II: Anxious Thoughts</b>				
7.	Difficulty concentrating.				
8.	Racing thoughts or having your mind jump from one thing to the next.				
9.	Frightening fantasies or daydreams.				
10.	Feeling that you're on the verge of losing control.				
11.	Fears of cracking up or going crazy.				
12.	Fears of fainting or passing out.				
13.	Fears of physical illnesses or heart attacks or dying.				
14.	Concerns about looking foolish or inadequate in front of others.				
15.	Fears of being alone, isolated, or abandoned.				
16.	Fears of criticism or disapproval.				
17.	Fears that something terrible is about to happen.				

<b>Category III: Physical Symptoms</b>				
18.	Skipping or racing or pounding of the heart (sometimes called "palpitations").			
19.	Pain, pressure, or tightness in the chest.			
20.	Tingling or numbness in the toes or fingers.			
21.	Butterflies or discomfort in the stomach.			
22.	Constipation or diarrhoea.			
23.	Restlessness or jumpiness.			
24.	Tight, tense muscles.			
25.	Sweating not brought on by heat.			
26.	A lump in the throat.			
27.	Trembling or shaking.			
28.	Rubbery or "jelly" legs.			
29.	Feeling dizzy, light-headed, or off balance.			
30.	Choking or smothering sensations or difficulty breathing.			
31.	Headaches or pains in the neck or back.			
32.	Hot flashes or cold chills.			
33.	Feeling tired, weak, or easily exhausted.			
<b>TOTAL</b>				

Add up your total score for the 33 symptoms and record it here: \_\_\_\_\_.  
 Check your score against the *Scoring Key for the Burns Anxiety Inventory* below.

<b>Scoring Key for the Burns Anxiety Inventory</b>	
<b>Total Score</b>	<b>Degree of Anxiety</b>
0 - 4	Minimal or No Anxiety
5 - 10	Borderline Anxiety
11 - 20	Mild Anxiety
21 - 30	Moderate Anxiety
31 - 50	Severe Anxiety
51 - 99	Extreme Anxiety or Panic
If your anxiety score is above <b>Mild Anxiety</b> , you should take action to protect yourself.	

**PHYSICAL ACTIVITY AND YOUR HEALTH**

1. People of all ages need to be active to be healthy. How many Canadians are not active enough to achieve health benefits?
  - a. All
  - b. One-third
  - c. None
  
2. Benefits of regular physical activity include better health, improved fitness and weight control, better posture and balance, better self-esteem, stronger muscles and bones, more energy and greater relaxation and reduced stress, continued independent living in later life.
  - a. True
  - b. False
  
3. Physical inactivity is as dangerous to your health as smoking.
  - a. True
  - b. False
  
4. People who are inactive face a greater risk of premature death, heart disease, obesity, high blood pressure, adult onset diabetes, osteoporosis, stroke, depression, and colon cancer.
  - a. True
  - b. False
  
5. How much physical activity do experts say people should do to stay healthy?
  - a. 10 minutes
  - b. 60 minutes of vigorous activity once a week
  - c. 30 minutes twice a week
  - d. accumulate 60 minutes of light activity a day
  
6. You have to join a gym to become physically active.
  - a. True
  - b. False
  
7. If you're not active for at least 30 minutes at a time, you will not gain health benefits.
  - a. True
  - b. False
  
8. To stay healthy, people should choose a variety and range of activities to build endurance, improve strength and maintain flexibility.
  - a. True
  - b. False

Worksheet #3, continued

9. Walking is one of the best ways to improve health through physical activity for a majority of people.
  - a. True
  - b. False
  
10. Becoming more active is very save for most people.
  - a. True
  - b. False
  
11. Two-thirds of Canada's children and youth are not active enough for healthy growth and development.
  - a. True
  - b. False
  
12. To protect your health, physical activity needs to be as routine as wearing a seat belt or brushing your teeth.
  - a. True
  - b. False
  
13. It costs a lot of money to build physical activity into your daily life.
  - a. True
  - b. False
  
14. Physical inactivity results in unnecessary costs to Canada's healthcare system – over \$700 million per year for heart disease alone.
  - a. True
  - b. False
  
15. Many people are inactive because they think regular physical activity takes too much time.
  - a. True
  - b. False
  
16. People with disabilities can be physically active and participate in a wide range of activities.
  - a. True
  - b. False
  
17. Active living is...
  - a. having a busy social life
  - b. a way of life in which physical activity is valued and integrated into daily living
  - c. a community health program
  - d. a community sports program
  
18. Physical activity is an investment in your health and quality of life. It pays real dividends as you get older.
  - a. True
  - b. False

Health & Lifestyles Management  
**WORKSHEET #4**

**WHERE DO YOU STAND?**

Where do you personally stand? Check the statements below that best describe your current physical activity program.

- I am not currently active. I have not done any activity for a long time and I have no intention of becoming active in the near future.
- I am not currently active. I have not been active over the past twelve months but I intend to be so in the near future.
- I was active at times during the last twelve months. I am no longer active but I intend to resume physical activity in the future.
- I have recently become active after a period of irregular or no activity during the past twelve months. I intend to stay active.
- I have been regularly active for the past twelve months. I am currently active and intend to stay active.

## LIFE CHANGE INDEX

How do you fare? Try this abbreviated version of the Life Change Index. Among the following events, circle those you have experienced in the past year or expect to experience in the near future.

EVENT	Impact #	Frequency	Frequency x impact #
Death of a spouse	100		
Divorce	73		
Death of a close family member	63		
Marriage	50		
Gain of a new family member	39		
Change in financial status	38		
Change to a different line of work	36		
Mortgage over \$80,000	31		
Trouble with boss	23		
Change in sleeping habits	16		
<b>TOTALS</b>			

### Adding up your score

If an event has occurred or is expected to occur more than once, multiply the impact number by the frequency of the event. Then add up your scores.

The full version of the Life Change Index contains 43 stressful events. Individuals scoring 300 or more on the full version have an 80% likelihood of illness in the near future. For those who score between 150 and 299, the likelihood decreases to 50%. Below 150, the likelihood of illness is rated at 30%.

### **PHYSICAL ACTIVITY TRUE OR FALSE**

Test your knowledge of physical activity by determining whether the following statements are true or false.

1. Cardiovascular fitness decreases by 1% a year after the age of 25.	True	False
2. Physically active people have poorer memory and reaction times.	True	False
3. Muscle strength can increase up to 200% in older adults, gains that are hard to find in younger people.	True	False
4. Fear of injury is an insurmountable obstacle to physical activity in older adults.	True	False
5. Balance, ability and confidence can be boosted through physical activity.	True	False
6. Physical activity lowers blood pressure.	True	False
7. Exercise of moderate intensity several times a week will protect against heart disease.	True	False
8. More older women die of heart disease than men.	True	False
9. It is too late for sedentary adults who have joint stiffness to do anything about it.	True	False
10. Older adults who plan to do more physical activity through walking should consult their physician.	True	False