

## Brazilian Version of a Lifestyle Questionnaire: Translation and Validation for Young Adults

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### Summary

**Background:** Inappropriate lifestyles have been responsible for the leading causes of mortality. The purpose of the Fantastic Lifestyle Questionnaire is to help physicians involved in health prevention to identify and assess their patients' lifestyles.

**Objective:** To translate and validate the Fantastic Lifestyle Questionnaire for use with young adults.

**Methods:** The process of translation into Portuguese and validation consisted of four steps: 1) translation; 2) correction and semantic adaptation by professional experts (judges); 3) content validation; and 4) a final evaluation by the target population. The statistical analyses used were Cronbach's alpha to measure internal consistency reliability, intra-class correlation coefficient (R) for external consistency, and the Kappa index to test construct validity.

**Results:** Cronbach's alpha coefficient measured the correlation between items and the total was 0.69, which is considered reasonable for an instrument designed to evaluate a latent variable that can only be estimated and not measured. When the items were grouped into domains, it was possible to verify that they all contributed equally to the stability of the questionnaire ( $\alpha=0.60$ ). The external consistency evaluated by intra-class correlation was  $R=0.92$  ( $p=0.2$ ), which demonstrates a high degree of reproducibility; the construct validity of 4 and 3 categories was 75 and 80.7% with Kappa indices of 0.58 and 0.7, respectively, which show an excellent discriminatory classificatory capacity.

**Conclusion:** The Fantastic Lifestyle Questionnaire has an adequate internal and external consistency for evaluating young adult lifestyles, and it can be recommended for primary care and epidemiological studies. *Arq Bras Cardiol* 2008;91(2):92-98

### Introduction

There are many determinants of health, and they can be grouped into five categories<sup>1</sup> encompassing the elements that keep people healthy. The first category is the socioeconomic environment, which includes salary, having a job, social status, education, and social factors in the work place. The second category is the natural physical environment, or that constructed by man, such as climate and housing. The third takes into consideration personal attitudes, i.e., those behaviors that bring benefits or pose risks to human health. The fourth category represents individual capacities such as genetics, physiology, personal competence, sense of control, and the individual's own skills. The last group encompasses health promotion, maintenance, and recovery services<sup>1</sup>.

In the past decades, the effects of individual behavior on health have been well established<sup>2,3</sup>. Although there is positive evidence that lifestyle and physical activity play a role in health, a large percentage of people do not lead healthy lifestyles. The rates of physical inactivity are high,

and degenerative chronic diseases are still the leading causes of death<sup>1</sup>.

Lifestyle is characterized by identifiable behavioral patterns that can have a marked effect on an individual's health, and it is related to several aspects that reflect the attitudes, values, and opportunities in a person's life<sup>4</sup>.

Physical activity and eating patterns are two lifestyle elements that play a significant role in promoting health and preventing diseases<sup>5</sup>. Other lifestyle elements such as avoiding cigarette smoking, having good relationships with family and friends, avoiding alcohol consumption, practicing safe sex, controlling stress, besides maintaining an optimistic and positive outlook on life are also important for promoting good health and well-being<sup>1</sup>.

Generally speaking, instruments that use information provided by individuals (questionnaires, interviews, and diaries) are inexpensive, easy to apply, and can be used to evaluate large numbers of people, making them convenient for epidemiological studies as they yield quick answers for topics that would be time-consuming if evaluated any other way.

The objective of the Fantastic Lifestyle Questionnaire is to measure the main elements that characterize a healthy lifestyle<sup>1</sup>. The questionnaire is an ancillary tool used by primary care physicians to know and assess their patients' lifestyles<sup>5</sup>.

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The instrument consists of a questionnaire with 25 closed-end questions across nine domains of the physical, psychological, and social components of lifestyle. There are several versions of the instrument in English and Spanish suitable for application with students<sup>6,7</sup>, workers<sup>8</sup>, family clinic patients<sup>9</sup>, hypertensive patients<sup>10</sup>, and patients with type-2 diabetes<sup>5</sup>.

However, the appropriate use of a questionnaire requires that it first be translated and evaluated as to its adequacy with the culture of the people to be assessed. It is also necessary to test its psychometric characteristics in order to verify if it has validity allowing conclusions to be drawn from the results<sup>6,11,12</sup>.

The objective of the study was to translate and validate the self-applied Fantastic Lifestyle Questionnaire to assess the lifestyles of young adults.

## Methods

The Fantastic Lifestyle Questionnaire is a generic instrument developed in 1984<sup>8</sup>, by Wilson and Ciliska of the Department of Family Medicine at the McMaster University in Canada, aimed at helping physicians who deal with disease prevention to know and assess their patients' lifestyles.

The form used in this study is the one suggested in 1998 by the Canadian Society for Exercise Physiology and constitutes part of the standardized battery of tests known as the Canadian Physical Activity Fitness & Lifestyle Appraisal. The questionnaire covers a wide range of issues that have a subtle but powerful influence on health. The lifestyle survey supplements the assessment of health-related physical fitness and allows a more comprehensive view of the individual<sup>1</sup>.

The acronym FANTASTIC represents the first letters of the nine domains (in English) in which the 25 questions or items are distributed:

- F= Family and Friends
- A= Activity (Physical activity)
- N= Nutrition
- T= Tobacco & Toxics
- A= Alcohol Intake
- S= Sleep, Seatbelts, Stress, and Safe sex
- T= Type of behavior (Type A or Type B behavior pattern)
- I= Insight
- C= Career (Work, satisfaction with profession)

The Fantastic Lifestyle Questionnaire is a self-administered instrument that addresses the behavior of individuals during the preceding month. Its results allow the determination of the association between lifestyle and health. The instrument has 25 questions across the 9 following domains: 1) family and friends, 2) physical activity, 3) nutrition, 4) tobacco and toxics, 5) alcohol intake, 6) sleep, seat belt, stress, and safe sex, 7) behavior patterns, 8) insight, and 9) career.

The questions are distributed on a Likert scale; 23 of them have multiple-choice questions (five answers) and two are dichotomous. The alternatives are presented in columns in order to facilitate coding; the left-hand column is always the one with the lowest value or that bears the

least relationship with a healthy lifestyle. Questions are coded by points as follows: zero for the first column, 1 for the second, 2 for the third, 3 for the fourth, and 4 for the fifth column. For questions with just two alternative answers, the score is zero for the first column and 4 points for the last column.

The sum of all points yields a total score that classifies individuals in five categories, as follows: "Excellent" (85 to 100 points), "Very good" (70 to 84 points), "Good" (55 to 69 points), "Regular" (35 to 54 points), and "Needing improvement" (0 to 34 points).

It is desirable that individuals completing the questionnaire be classified as "Good." The lower the score, the greater the need for change. Generally speaking, results can be interpreted as follows: "Excellent" indicates that the individual's lifestyle represents an optimal influence for health; "Very good" indicates that the lifestyle represents an adequate influence for health; "Good" indicates that the lifestyle represents many benefits for health; "Regular" indicates that the lifestyle represents some benefit for health, although it also poses risks; "Needing improvement" indicates that the individual's lifestyle poses many risk factors.

## Translation

The questionnaire was translated by the authors and subjected to review by four specialists, all of them knowledgeable in the area and fluent in the English language, who were in charge of evaluating the translation and cross-cultural adaptation of the terms into Portuguese. To check for clarity, the translated questionnaire was applied to 18 subjects who were asked to point out if the question was not clear or if they had difficulties identifying a response option.

Attachment we shows the final version of the questionnaire after the inclusion of suggestions by the specialists and assessment for clarity and the original questionnaire.

## Validation

The sample was non-probabilistic and consisted of 62 young adults of both genders, recruited among graduate and postgraduate students at the *Universidade Federal de Santa Catarina*, who voluntarily agreed to participate.

## Data collection

To check for the instrument's stability, two data collections were conducted with a one-week interval.

The internal consistency of the questionnaire was calculated using the item-total correlation and Cronbach's alpha. Intra-class correlations (R) among items, among domains, and the overall score were used to evaluate reproducibility. The construct validity of the instrument was also examined as to its capacity of reclassification between two applications, concordance rate, and Kappa index (a coefficient of agreement for nominal scales).

This study was approved by the Human Research Ethics Committee of the *Universidade Federal Santa Catarina* (UFSC), Project No. 059-2003.

**Table 1 - Description of the mean values, item-total correlation, Cronbach's alpha, and intra-class correlation (R) values of the items in the Fantastic Lifestyle questionnaire**

Scale items	Mean(SD)	Total correlation	deleted item $\alpha$	R
1.I have someone to talk to	3.44(0.80)	0.35	0.68	0.72
2.I give and receive affection	3.32(0.78)	0.30	0.68	0.75
3.I am vigorously activ	2.50(1.29)	0.26	0.69	0.89
4.I am moderately active	2.61(1.30)	-0.10	0.72	0.81
5.I eat a balanced diet	2.42(1.30)	0.24	0.69	0.72
6.I often eat excess sugar, salt, fats	2.48(1.07)	0.11	0.70	0.77
7.I am within a healthy body weight	3.11(1.31)	0.03	0.71	0.93
8.I smoke tobacco	3.61(0.78)	0.14	0.69	0.86
9.I use drugs	3.61(1.19)	-0.02	0.71	0.78
10.I overuse medications	3.69(0.59)	0.24	0.69	0.85
11.I drink coffee, tea and colas	2.98(0.53)	0.26	0.69	0.66
12.My alcohol intake per week is	3.79(0.70)	0.25	0.69	0.91
13.On one occasion, I consume	2.68(1.04)	0.48	0.67	0.88
14.I drive after drinking	2.90(1.80)	0.36	0.68	1.00
15.I sleep well	3.00(0.98)	0.29	0.68	0.55
16.I use seatbelts	3.55(0.72)	0.21	0.69	0.81
17.I am able to cope with stress in my life	3.08(0.80)	0.18	0.69	0.59
18.I relax and enjoy leisure time	3.05(0.82)	0.35	0.68	0.66
19.I practice safe sex	3.48(0.76)	0.20	0.69	0.92
20.I seem to be in a hurry	1.90(1.00)	0.31	0.68	0.82
21.I feel angry and hostile	2.90(0.86)	0.57	0.66	0.71
22.I am a positive thinker	3.16(0.79)	0.54	0.67	0.68
23.I feel tense and disappointed	2.48(0.80)	0.42	0.67	0.57
24.I feel sad and depressed	2.89(0.93)	0.23	0.69	0.54
25.I am satisfied with my job	3.18(0.91)	0.43	0.67	0.71

### Statistical analysis

The instrument's internal consistency was assessed by Cronbach's alpha, the external consistency by intra-class correlation (R), and the construct validity by Kappa test.

The internal consistency of the questionnaire was measured by Cronbach's alpha using the sum of all items of the questionnaire (25) as the representative value of the latent "lifestyle" variable. The test of Cronbach's alpha is sensitive to the number of items in the instrument and to the size of the sample, and is the result of the correlations between the items and the total score (item-total correlation); it can be interpreted as the mean value of all possible split-half reliability estimates. To calculate Cronbach's alpha, it is necessary that all items be coded as variables with numerical values and preferably have a normal distribution since alpha is sensitive to variances of the set.

The reproducibility of the questionnaire, external consistency, was assessed using intra-class correlation (R). The reproducibility was tested item-by-item, domain-by-domain, and by the FLS overall score (pre- and post- Fantastic Lifestyle). The construct validity was tested by examining the instrument's

classification capacity in two ways: first, the concordance between the first and the second assessments taking into consideration the scores obtained in four categories (Regular, Good, Very Good, and Excellent); second, considering the scores obtained in three categories (Low, Medium and High) divided by the first and second terciles. For analysis of the classification in four and three groups, data were placed on contingency tables and the concordance rate (CR) and Kappa index were considered.

### Results

The descriptive characteristics of the sample are displayed on Table 1. Of the 62 individuals evaluated, 34 (54.8%) were male and 28 (45.2%) were female. The mean age of the sample subjects was 21.3 years (SD 3.5).

As to lifestyle, no single individual scored less than 34 points; one (1.6%) scored between 35 and 54; 13 (21%) scored between 55 and 69; 38 (61.3%) scored between 70 and 84, and 10 (16.1%) scored between 85 and 100.

The Kolmogorov-Smirnov test for normality of the FLS

(Fantastic Lifestyle) variable indicated a normal distribution ( $p=0.20$ ), whereas the Shapiro-Wilk test was  $p=0.91$ . This allows testing the instrument for internal and external consistency as per the selected procedures. The instrument's internal consistency assessed by Cronbach's alpha was 0.69.

Table 1 shows the mean score per item, the item-total score correlation, Cronbach's alpha, and the intra-class correlation (R) obtained with the FLS questionnaire applied to young adults.

Item 7 (body image) displayed a low item-total correlation, and two other items, number 4 (moderate physical activity) and 9 (use of toxics), yielded a negative item-total correlation. Nevertheless, the exclusion of any of these items would not raise the alpha value to an extent that would justify any elimination.

When items were grouped into domains (family and friends, physical activity, nutrition, use of tobacco and toxics, alcohol intake, sleep, seat belt, stress, and safe sex, type of behavior, insight, and career), the alpha value was 0.60. Although the alpha value had diminished, virtually all domains equally contribute to the stability of the instrument (Table 2).

The reproducibility of the instrument was tested item-by-item, domain-by-domain, and taking into consideration the overall score. The intra-class correlation values are displayed on Table 2. The intra-class correlation between the pre- and post-test total score was  $R=0.92$  ( $p=0.200$ ), which corroborates the high reproducibility of the instrument.

The construct validity was tested by examining the instrument's classification capacity in two ways; first, by assessing the concordance between the first and the second assessments taking into consideration the scores obtained by each individual during pre- and post-test recoded in four categories (Regular, Good, Very Good, and Excellent); second, by coding the scores obtained in three categories (Low, Medium, and High) divided by the first and second terciles.

When four classification categories are considered, the concordance rate (CR) for classification and reclassification of subjects evaluated in the first and second application of the instrument was 75%. Five individuals had a negative classification, that is, they descended one level in the ordinal

classification of the first evaluation, and 10 individuals had positive classifications, i.e., they ascended one level in the ordinal classification of the first evaluation. The concordance rate for nominal scales (Kappa) was 0.58

The concordance of lifestyle classifications between two applications of the Fantastic Lifestyle Questionnaire indicated that the classification ratio in three groups was 80.7%, whereas the concordance rate (Kappa) was 0.70.

## Discussion

Measuring the lifestyle construct is a challenging task due to the multiple dimensions involved and the difficulties posed by the attempt to perform a direct and objective assessment.

The Fantastic Lifestyle Questionnaire was incorporated into the Canadian Physical Activity Fitness & Lifestyle Appraisal Plan in 1996 with the objective of expanding the reach of the protocol with the inclusion of measurements of the main elements that characterize a healthy lifestyle<sup>1</sup>. Several studies have concluded that the Fantastic Lifestyle instrument has apparent validity, content validity, and a good level of consistency for determining the lifestyle of healthy subjects<sup>8,9</sup>, family clinic patients<sup>12</sup>, hypertensive patients<sup>13</sup>, and patients with type-2 diabetes<sup>7,14</sup>.

The instrument's internal consistency, measured by Cronbach's alpha, was 0.69, a value lower than that obtained by Rodríguez-Moctezuma et al<sup>7</sup> in type-2 diabetes patients, which was 0.80. However, the reproducibility obtained in the present study, assessed by the test-retest method, was  $R=0.92$  ( $p=0.200$ ), whereas in Rodríguez-Moctezuma et al<sup>7</sup> study it was 0.84.

According to Hill and Hill<sup>11</sup>, an alpha value between 0.7 and 0.8 can be considered reasonable; the instrument's internal validity was designed to measure a latent variable that can only be estimated and not measured. To assess reliability it is necessary to use a set of empirical data drawn from a sample of subjects. Since there are no perfect samples, the reliability coefficients, as is the case with all descriptive statistics, vary from sample to sample and must be considered as estimates only. An alpha value greater than 0.5 has been considered as acceptable in questionnaire validation studies<sup>12</sup>.

Although some questions yielded a low item-total correlation, as is the case with questions 4, 7 and 9, their elimination would not increase the instrument's alpha value; therefore, there is no justification to do this; moreover, it would deprive the instrument of its characteristics.

The analysis of questions grouped into domains (family and friends, physical activity, nutrition, tobacco and toxics, alcohol intake, sleep, seat belt, stress, and safe sex, behavior type, insight, and career) shows that all domains equally contribute to the instrument's stability. The inter-domain alpha value was 0.60 (Table 2).

The instrument's reproducibility was tested item-by-item, domain-by-domain, and taking into consideration the total score, and the result ( $R=0.92$ ) confirms that the reproducibility was optimal for use with young adults. "R" represents the level of association between pre-test scores and post-test scores.

When four categories of classification are considered

**Table 2 - Description of mean values. Item-total correlation, Cronbach's alpha, and intra-class correlation (R) values of the domains in the Fantastic Lifestyle Questionnaire**

Scale items	Mean(SD)	Total correlation	deleted item $\alpha$	R
1. Family and friends	6.76(1.43)	0.30	0.58	0.81
2. Physical activity	5.11(1.93)	0.08	0.63	0.88
3. Nutrition	8.02(2.60)	0.08	0.65	0.88
4. Tobacco and toxics	13.90(1.61)	0.24	0.59	0.82
5. Alcohol intake	9.37(2.71)	0.41	0.54	0.97
6. Sleep, stress, safe sex	16.16(2.17)	0.44	0.53	0.80
7. Type of behavior	4.81(1.64)	0.44	0.54	0.83
8. Insight	8.53(1.88)	0.47	0.53	0.79
9. Career	3.18(0.91)	0.43	0.57	0.77

(Regular, Good, Very Good and Excellent), the concordance rate (CR) for classification and reclassification of subjects evaluated was 75%. Five individuals had negative classifications, i.e. they descended one level in the ordinal classification of the first evaluation, and 10 individuals had positive classifications, i.e., they ascended one level in the ordinal classification of the first evaluation. The concordance rate for nominal scales (Kappa) was 0.58.

The classification ratio in three groups was 80.7% and the concordance rate (Kappa) was 0.7. A Kappa (a coefficient of concordance for nominal scales) value between 0.5 and 0.75 can be considered good, and a result above 0.75 is excellent.

The results of this study suggest that the instrument has a good level of classification capacity. That is, if there are no changes in the variables that determine the latent lifestyle variable, the individuals will be appropriately reclassified. This is especially important for intervention programs aimed at promoting lifestyle changes as a way to improve health and quality of life. Positive changes in the classification will indicate that the program is attaining the expected results.

It is important to remember, that the way the questionnaire was applied and validated, it was meant for young adults with no apparent health problems and university students, and this is the major limitation of the study. However, in the Canadian Physical Activity Fitness & Lifestyle Appraisal Plan, the use of the questionnaire is suggested for use from 15 years of age on<sup>1</sup>.

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The repercussion of this study is the validation of an instrument that aims to assess the main elements that characterize a healthy lifestyle. The Fantastic Lifestyle Questionnaire is a tool that helps primary healthcare professionals to get to know their patients and provide guidance for introducing lifestyle changes.

## Conclusion

The Portuguese version of the Fantastic Lifestyle instrument has met all criteria of internal and external consistency, and construct validity. There is evidence that the questionnaire is an adequate tool for assessing the lifestyles of young adults and should be used in primary care and epidemiological studies.

## Potential Conflict of Interest

No potential conflict of interest relevant to this article was reported.

## Sources of Funding

There were no external funding sources for this study.

## Study Association

This article is part of the thesis of doctoral submitted by Ciro Romélio Rodríguez Añez, from Universidade Federal de Santa Catarina.

## Attachment I

### Instructions

Mark with an “X” in the alternative that best describes your behavior or situation during the previous month. Explanations about the questions that may raise doubts are at the end of the questionnaire.

### Chart I - Fantastic Lifestyle Questionnaire

Family and friends	I have someone to talk to about things that are important to me	Almost never	Seldom	Some of the time	Fairly often	Almost always
	I give and receive affection	Almost never	Seldom	Some of the time	Fairly often	Almost always
Activity	I am vigorously active for at least 30 minutes a day (running, cycling, etc)	Less than once/week	1-2 twice/week	3 times/week	4 times/week	5 or more times per week
	I am moderately active (gardening, walking, housework)	Less than once/week	1-2 twice/week	3 times/week	4 times/week	5 or more times per week
Nutrition	I eat a balanced diet (see explanation)	Almost never	Seldom	Some of the time	Fairly often	Almost always
	I often eat excess: 1) sugar 2) salt 3) animal fats 4) junk food and snacks	Four of these	Three of these	Two of these	One of these	None of these
	I am within ___ kg of my healthy weight	More than 8 Kg	8 Kg	6 Kg	4 Kg	2 Kg
Tobacco and toxics	I smoke tobacco	More than 10 per day	1 -10 per day	None in the past 6 months	None in the past year	None in the past 5 years
	I use drugs such as marijuana and cocaine	Some times				Never
	I overuse prescribed or over-the-counter drugs	Almost daily	Fairly often	Occasionally	Almost never	Never
	I drink caffeine-containing beverages (coffee, tea or colas)	More than 10/day	7 -10 times/day	3 -6 times/day	1 -2 times/day	Never
Alcohol intake	My average alcohol intake per week is: ___ doses (see explanation)	More than 20 doses	13 -20 doses	11 -12 doses	8 -10 doses	0 -7 doses
	I drink more than 4 doses on one occasion	Almost daily	Fairly often	Occasionally	Almost never	Never
	I drive after drinking	Sometimes				Never
Sleep, seatbelt, stress and safe sex	I sleep well and feel rested	Almost never	Seldom	Sometimes	Fairly often	Almost always
	I use seatbelts	Never	Seldom	Sometimes	Most of the time	Always
	I am able to cope with the stress in my life	Almost never	Seldom	Sometimes	Fairly often	Almost always
	I relax and enjoy my leisure time	Almost never	Seldom	Sometimes	Fairly often	Almost always
Type of behavior	I practice safe sex (see explanation)	Almost never	Seldom	Sometimes	Fairly often	Always
	I seem to be in a hurry	Almost always	Fairly often	Sometimes	Seldom	Almost never
	I feel angry and hostile	Almost always	Fairly often	Sometimes	Seldom	Almost never
Insight	I am a positive or optimistic thinker	Almost never	Seldom	Sometimes	Fairly often	Almost always
	I feel tense and disappointed	Almost always	Fairly often	Sometimes	Seldom	Almost never
	I feel sad and depressed	Almost always	Fairly often	Sometimes	Seldom	Almost never
Career	I am satisfied with my job or role	Almost never	Seldom	Sometimes	Fairly often	Almost always

Instructions

A balanced diet (for people four years old and over).

Different people need different amounts of food. The amount of food you need everyday from the 4 food groups depends on your age, body size, level of physical activity, whether you are male or female, and if you are pregnant or breast-feeding. The table below gives a minimum and maximum number of servings for each food group. For example, young children can choose the lowest number of servings, while male teenagers can select the highest number. Most other people can choose servings somewhere in between.

Grains and cereals	Fruits and vegetables	Milk products	Meat and alternatives	Other foods
Choose whole grain and enriched products more often	Choose dark green and orange vegetables more often	Choose low-fat milk products more often	Choose leaner meats, poultry and fish, as well as dried peas, beans and lentils more often.	Other foods and beverages that are not part of the 4 food groups are higher in fat or calories, so use these foods in moderation.
Recommended number of servings per day				
5-12	5-10	Children (4-9 years) 2-3 Young people (10-16 years) 3-4 Adults 2-4 Pregnant and breast-feeding women 3-4	2-3	

*Alcohol - One dose equals = 1 can of beer (340 ml) or 1 glass of wine (142 ml) or 1 shot spirits (42 ml); Safe sex - Refers to the use of methods of preventing infection and conception.*