

# Healthy Living Checklist

Type: \_\_\_\_\_ Introductory  Working \_\_\_\_\_ Closing \_\_\_\_\_ Game

**Optimum Group Size:** 5 - 30

**Materials Needed:** Checklists, pens or pencils

## **Outline of Activity:**

Each member of the group receives a checklist to fill out. Give the group 10-15 minutes to complete the lists. Once everyone is done, discuss their lists by using the processing questions below.

## **How to Process:**

- What areas are most outstanding for you?
- What areas do you need to work on?
- What can you do to improve these areas?
- What can you do to help others improve in their areas?
- What did you learn about others?
- What did you learn about yourself?

**Source or Submitted by:** Unknown

## HEALTHY LIVING CHECKLIST

**Directions:** Place a checkmark in the appropriate column to rate yourself on each of the items listed below.

	<b>Needs Work</b>	<b>Okay</b>	<b>Outstanding</b>
Physical Health	_____	_____	_____
Physical Condition	_____	_____	_____
Amount of Rest	_____	_____	_____
Weight	_____	_____	_____
Height	_____	_____	_____
What I like best about the way I look is...	_____		
Dealing with frustration	_____	_____	_____
Caring for others	_____	_____	_____
Handling disappointments	_____	_____	_____
Expressing joy	_____	_____	_____
I feel best about myself when...	_____		
<b><u>Family</u></b>	_____	_____	_____
Relationship with parents	_____	_____	_____
Feeling important to my family	_____	_____	_____
Sharing things with others	_____	_____	_____
Honesty with my parents or guardians	_____	_____	_____
My family has the most fun together when...	_____		

**Needs Work      Okay      Outstanding**

**Friends**

Having friends	_____	_____	_____
Keeping friends	_____	_____	_____
Comfortable disagreeing w/friends	_____	_____	_____
Honesty with my friends	_____	_____	_____
I wish my friends would...	_____		

**Leisure Time**

Participating in sports	_____	_____	_____
Participating in extra-curricular activities	_____	_____	_____
Participating in family activities	_____	_____	_____
Participating in activities w/friends	_____	_____	_____
I wish I had more leisure time to...	_____		

**Thinking Skills**

Using facts in making decisions	_____	_____	_____
Considering different points of view	_____	_____	_____
Considering choices when deciding	_____	_____	_____
Reconsidering a decision	_____	_____	_____
I do my best thinking when...	_____		

**Needs Work      Okay      Outstanding**

**Spiritual Life/Important Beliefs**

Feeling peace within myself	_____	_____	_____
Obedying the Law	_____	_____	_____
Trust	_____	_____	_____
Honesty	_____	_____	_____
I feel very strongly about...	_____		

**Work/School**

Good team worker	_____	_____	_____
Relationships with teacher	_____	_____	_____
Grades	_____	_____	_____
Enjoyment of schoolwork	_____	_____	_____
I do my best work when....	_____		

**Finances**

Having spending money	_____	_____	_____
Planning ahead	_____	_____	_____
Spending money wisely	_____	_____	_____
Earning money	_____	_____	_____
I would like to be able to...	_____		

**Directions:** Go back and circle at least two items about which you are concerned and think need immediate attention.