DARE TO TRY! "Strong Health, hAppy PEople" – SHAPE February – March, 2013

Please read the statements below and tick the correct answer for you. Filling in the chart won't take you more than 3 minutes.

No.	Item	Mon	day	Tueso	lay	Wedne	esday	Thu	rsday	Fri	Friday		Saturday		Sunday	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
1	I washed my hands before each meal.															
2	I washed my hands every time after using the toilet.															
3	I brushed my teeth twice (in the morning and at night, before going to sleep).															
4	I had a shower.															
5	I washed my hair.															
6	I had breakfast, lunch and dinner.															
7	I had dinner with at least 2 hours before going to sleep.															
8	I ate fruit.															
9	I ate vegetables.															
10	I ate one or more of the following products: -grains -rice -pasta -bread -potatoes															
11	I ate at least 2 of the following products:															

	-seeds -dried fruit -fish -poultry or lean meat -milk/diary products -eggs							
12	I ate fats: -fatty meat (beef, pork, lamb/mutton) -fatty cold meat products (ham, bacon, sausages etc.) -butter, diary products high in fat -fried potatoes/meat etc. If you ate more than 2 of the above-mentioned products, than choose YES							
13	I ate sweets.						 	
14	I drank 1, 5 – 21 of water.							
15	I drank bottled non-alcoholic beverages.							
16	I ate salty and/or spicy meals.							
17	I ate fast/junk food.							
18	I drank more than 2 cups of coffee.							
19	I drank water during meals.							
20	I had breakfast/lunch/dinner in front of the TV/computer.							
21	I went to bed no later than 11 pm.							
22	I slept (write the number of hours of sleep).							
23	I walked in the open air for at least 30 minutes.							
24	I exercised to keep fit.							
25	I spent in front of the TV (write the number of hours in							

	each column).							
26	I spent in front of the computer (write the number of hours in each column).							
27	I smoked.							
28	I've been a passive smoker.							
29	I drank more than 20 g of alcohol.							
30	I felt depressed, very unhappy; I wasn't in the mood for anything.							
31	I faced verbal or physical violence (domestic/at school/at job etc.)							
32	I had a stressful day							

If you followed a rule that you don't usually follow, please mention it in the table below.

Day of the week	<u>Mentions</u>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Example:

Day of the week	<u>Mentions</u>
Monday	Though I usually have dinner/lunch in front of the TV, today I didn't do it/avoided it.
Tuesday	Though I'm not used to walk, today I walked from home to work.
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Thank you!