



WELCOME & INTRODUCTION

Date of Completion of HRA: 04/24/2016

Thank you for completing your Health Risk Assessment, (HRA). Congratulations on taking an important step on your journey to optimal health and well-being.

We spend much of our time, effort, and money trying to treat illnesses that are potentially preventable. The key to good health is prevention. Your HRA report is designed to help you identify the key preventive actions needed to reduce your risk for chronic diseases and to achieve optimal wellness.

Based on your responses to the HRA questionnaire, we have:

1. Identified your major health-related risk factors
2. Set personalized goals for key health-related risk factors
3. Formulated your Personal Action Plan for achieving and maintaining your goals
4. Outlined recommended preventive screenings and immunizations
5. Compiled a summary for you to share with your doctor

Our HRA will provide you with much important information on your health risks and recommended preventive strategies. Our extensive experience shows you can markedly improve your health and well-being by following the recommendations in your HRA report. Like all things worthwhile in life, this will take effort on your part, but can be accomplished.

As you will learn, the key to good health is lifestyle – for example, proper nutrition, regular physical activity, stress management, and not using tobacco. It is difficult to make lifestyle changes and to stick with them. Therefore, in addition to the HRA, we have developed scientifically-based programs to help you make meaningful lifestyle changes one step at a time, one day at a time.

Please note that the HRA is intended only for preliminary screening and educational purposes. It is not a substitute for a physical examination by a qualified health care professional familiar with your personal and family history. Please share the results of your HRA with your physician.

Thank you again for completing your HRA. We look forward to following your progress.

Best wishes,

The Lifestyle Management Team



SECTION 1 – MY RISK FACTORS

Never has preventive health care been more important than today. Preventive services are readily available to almost everyone. But unfortunately, not everyone gets the preventive care they need. We believe it is far better to prevent illness than try to treat it once it starts. And once you have already developed a chronic disease, you need to take the necessary preventive actions to slow, stop, or even reverse its progression. We want to help you know about the preventive care recommended for you.

We encourage you to take responsibility for your health by making the necessary lifestyle changes and having appropriate checkups, tests and shots to prevent diseases. Also, listen to your body's signals and report any problems to your health care provider immediately.

This section of your HRA report summarizes some of your responses to the questions you completed and your major health-related risks or "risk factors". Your risk factors are medical conditions or lifestyle factors that increase your chances of developing chronic diseases (such as heart disease, stroke, diabetes, or cancer) in the future or experiencing a worsening of a chronic disease you may already have. Each of these risk factors will be addressed in more detail in other sections of your HRA Report.

Remember, your HRA report supplements, but does not replace, your usual medical care, including your preventive care. You should arrange for your preventive care through your personal doctor and other healthcare providers. Always follow your doctor's recommendations.

My Risk Factors: Summary

The leading causes of death for your age group include:

- Cancer
- Heart disease
- Motor vehicle accidents and other unintentional injuries
- Human immunodeficiency virus (HIV) infection (or AIDS)
- Suicide and homicide

As part of your HRA, we did not consider it necessary to evaluate your risk for HIV/AIDS – there are certain basic preventive actions that everyone should take. Suicide and homicide are beyond the scope of an HRA Report and are not addressed.

Collectively, cardiovascular disease (including heart disease and stroke), cancer, and diabetes account for approximately two thirds of all deaths in most industrialized countries. Moreover, it has been clearly established that you can lower your risk for each of these chronic diseases. This section of your HRA Report summarizes your risk factors for heart disease, stroke, cancer, and diabetes together with several other leading preventable causes of death and disability.

Your personal health-related risk factors include each of the below factors with a red "X" (X) alongside it (factors with a ✓ do not appear to be applicable to you; factors that could not be adequately assessed due to incomplete data are identified with a "?"). Your personal risk factors are addressed in more detail in your HRA Report.

- ✓ Known cardiovascular disease
- ✓ Family history of cardiovascular disease
- ? High blood pressure (hypertension)
- ? Prehypertension
- ? Abnormal cholesterol or triglycerides
- X Overweight or obesity
- ? Diabetes
- ? Prediabetes
- ✓ Other major risk factor(s) for diabetes
- ? Metabolic syndrome
- ✓ Cancer (personal history)
- ✓ Family history of cancer
- ✓ Tobacco use
- ✓ Physical inactivity

- Diet high in “unhealthy” fats and/or cholesterol and/or refined carbs and/or sugar
- Excessive stress
- Excessive alcohol consumption
- Depression, anxiety, or other mental health issues
- Arthritis
- Asthma or other breathing problems
- Chronic bronchitis or emphysema
- Low back pain/back injury
- Physical limitation that restricts your ability to participate in regular physical activity
- Ulcer/heartburn/acid reflux
- Osteoporosis
- Sleep apnea or symptoms compatible with a sleep disorder
- Chronic kidney disease

My “Heart” Age

Despite impressive advances in the field of medicine in recent decades, heart disease remains the single most important determinant of longevity (how long we will live). You know your age – but, based on your risk for heart disease, how do you really shape up?

For most ages, we can determine the chance of having a heart attack in the next 10 years for a low risk person – we call this the Desirable Risk. We call the age where the Desirable Risk matches your actual risk, your Heart Age. Obviously, the lower your Heart Age the better.

Your age (based on your date of birth) when you completed your HRA was: **25**

Your Heart Age cannot be adequately assessed due to incomplete data.

By taking the steps outlined in your HRA Report to improve the above mentioned risk factors, you can optimize your Heart Age. Note also that the same personal behaviors that contribute to heart disease are linked to cancer, diabetes, and many other leading causes of death. Therefore, by taking the steps outlined in your HRA report you will also optimize your overall Health Age.

My Wellness Score

Your Wellness Score lets you know at a glance how well you are doing in general when it comes to taking the appropriate steps to optimize your health. It takes into account many of the key behaviors and risk factors that are potentially modifiable, namely: lifestyle factors (including tobacco use, physical activity, nutrition, use of alcohol and recreational drugs, stress, and personal safety), clinical measurements (including weight, blood pressure, cholesterol/triglycerides, and blood glucose), and preventive exams/immunizations.

Wellness Scores range from 0 (worst score possible) to 100 (that is, optimal).

Your Wellness Score is: 75.8 (Need improvement. Your Wellness Score indicates that you could benefit from making some important lifestyle changes. It's never too late to improve your health and quality of life. Please think seriously about making changes and get started today. You can do it!)

Your report provides you with detailed, individualized information on each of the components of the Wellness Score. It also summarizes the specific key steps you should take to increase your Wellness Score if it is in need of improvement or maintain your current value if it is already at the optimal level.



SECTION 2 – MEDICAL CONDITIONS: BRIEF INTRODUCTION

This section of your HRA report reviews your risk for heart disease, stroke, diabetes, cancer, and certain other important potentially preventable chronic diseases. It also presents recommended goals and provides brief information on each medical condition.

SECTION 2 – MEDICAL CONDITIONS: HEART DISEASE & STROKE

My Risk

My Goals

- Minimize your risk for heart disease and stroke by achieving and maintaining the blood pressure, cholesterol and triglycerides, weight, blood glucose, physical activity, nutrition, stress, and tobacco goals outlined in your HRA Report.
- Minimize your risk for heart disease and stroke by following the lifestyle recommendations in the action plan outlined in your HRA Report.
- Minimize your risk for heart disease and stroke by following the medication, doctor referral, and other recommendations in the action plan outlined in your HRA Report.

My Basic Information – Heart Disease

In most industrialized countries, more adults die from cardiovascular disease each year than from AIDS, cancer, accidents, lung diseases, and influenza combined. Of the various types of cardiovascular disease, coronary heart disease, the disease causing heart attacks, causes the most deaths.

Coronary heart disease occurs when blockages, called atherosclerotic plaque, build up inside the coronary arteries. Blockages begin to build up inside our coronary arteries during childhood. As we age, the blockages progressively get worse and ultimately may trigger a heart attack or sudden death.

There is currently no cure for coronary heart disease -- not medications, not angioplasty, not bypass surgery. If you have coronary heart disease, it is likely to get worse unless you do something to change or manage certain conditions or behaviors, called risk factors.

But there is good news! One of the most exciting discoveries in medicine in recent years is that it is possible to slow down the build-up of blockages inside coronary arteries. It is even possible to cause existing blockages to be partially removed. This process is called reversal of coronary heart disease and it results from risk factor modification.

The major risk factors for coronary heart disease are:

Cigarette smoking
High cholesterol
High blood pressure
Physical inactivity
Obesity
Diabetes
Stress
Age
Sex (gender)
Genetics

My Basic Information – Stroke

Stroke is a leading cause of death and serious, long-term disability. Although more common among seniors, over 25 percent of stroke victims are under age 65.

A stroke occurs as a result of an interruption in the blood supply to part of the brain. All tissues and organs in your body need oxygen-rich blood and fuel to survive, but your brain is especially vulnerable. It's the control center of your body, directing every thought and physical action. When something goes wrong in the brain, the result is immediate, serious, and can be potentially fatal.

In the case of a "mini-stroke" or TIA (transient ischemic attack), the interruption of blood flow to the brain is brief, causing the cells to pause in their normal functioning for only a few minutes or hours. Once the blood flow is restored, those cells begin to revive and normal body functions return. TIAs are often called stroke warning spells because they can happen before a major stroke.

The best way to treat a stroke is to prevent it from happening in the first place or recurring a second time. In addition to the early recognition of stroke warning signs, like heart disease, a key to stroke prevention is risk factor modification. The major risk factors for heart disease are also important risk factors for stroke. Think of a stroke as a "brain attack" rather than a "heart attack."

Like heart disease, lifestyle changes are particularly helpful in reducing stroke risk stemming from high blood pressure, high cholesterol, physical inactivity, excess weight, diabetes, or smoking.

My Warning Signs to be Aware of – Heart Attack

You may experience any or all of these symptoms. Sometimes the symptoms go away then come back again.

- Uncomfortable pressure, fullness, squeezing, or pain in the center of the chest lasting more than a few minutes
- Pain spreading to the shoulders, neck, or arms
- Chest discomfort, lightheadedness, fainting, sweating, nausea, or shortness of breath

If you experience any of the above symptoms for more than 15 minutes, get help immediately.

- Don't delay. Call for emergency medical service or have someone drive you to the hospital emergency room, which ever is faster.
- Don't try to phone your doctor to make an appointment.
- Don't try to drive yourself.

Most of the damage occurring from a heart attack occurs within the first six hours. The faster you can get help, the greater the chance of limited damage to your heart and a quick and complete recovery.

If you are with someone who is having symptoms of a heart attack, expect him or her to deny the problem or make excuses.

- Don't take no for an answer.
- Take action. Get the person to the hospital emergency room immediately.
- Learn CPR so you can help others. Ask those around you to learn it, too.

If you go to the emergency room, be prepared to tell the medical staff the following information:

- Symptoms
- When the symptoms started
- How the symptoms have progressed
- Any medications or actions taken

The emergency room staff will work quickly to stabilize your condition.

My Warning Signs to be Aware of - Stroke

Knowing the warning signs of stroke is important. If you act fast and see a doctor immediately, you could prevent a major stroke or save your life. You and your family should learn these warning signs of stroke. You may have one or several of them. They may last for just a few seconds.

- Paralysis, sudden weakness, clumsiness, or loss of sensation in an arm, leg, or the side of your face. You may experience a single symptom in one place or most of these symptoms in several places on the body.
- Rapid onset of blurred or decreased vision, especially in one eye.
- Loss of speech or difficulty in speaking or in understanding what others are saying.
- Loss of balance, dizziness, unsteadiness, or difficulty in swallowing.

A TIA, sometimes called a mini-stroke, happens fast and is over quickly, usually lasting for more than two minutes but less than 15 minutes. The symptoms of a TIA are the same symptoms that accompany a full-fledged stroke. If you experience any of these symptoms, don't try to figure out whether you're having a TIA or a stroke. Get emergency medical treatment immediately. Prompt action may save your life or help limit the damage to your brain.

Some strokes occur due to bleeding in or around the brain. These types of stroke give little warning and are seldom preceded by a TIA. By the time you feel the symptoms, you're having the stroke. Urgent medical care is needed. In addition to the above mentioned symptoms,

these symptoms may occur:

- Sudden, severe headache
- Nausea and vomiting
- Loss of consciousness

If you experience any of the symptoms of a stroke, get help immediately. Do not delay. Call for emergency medical service or have someone drive you to the hospital emergency room, whichever is faster.

- Do not try to phone your doctor for an appointment.
- Do not try to drive yourself.
- Do not delay. Most of the damage that occurs as a result of a stroke occurs within the first few hours. The faster you can get help, the greater the chance of limited damage to the brain.

If you are with someone who is showing signs of a stroke,

- Take immediate action.
- Get the person to the hospital emergency room immediately.

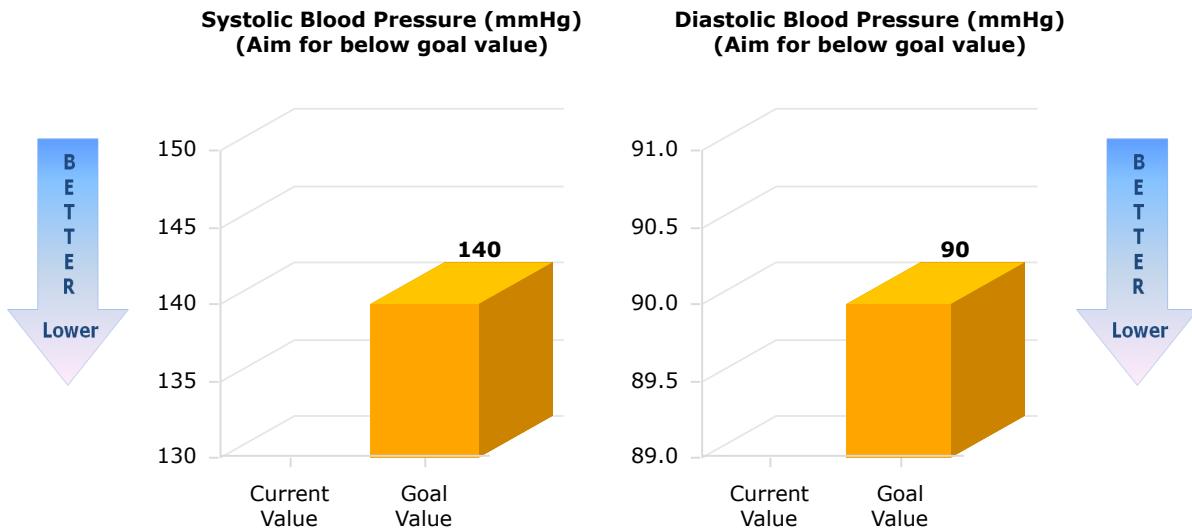
SECTION 2 – MEDICAL CONDITIONS: BLOOD PRESSURE

My Risk

Based upon your HRA responses and measurements, your risk could not be adequately assessed due to incomplete data.

My Current Values and Goals

- Maintain systolic blood pressure below 140 mmHg (normal is below 120 mmHg).
* Your most recent systolic blood pressure value is not available.
- Maintain diastolic blood pressure below 90 mmHg (normal is below 80 mmHg).
* Your most recent diastolic blood pressure value is not available.



NOTE: A **GREEN** bar indicates your current value is in the goal range; a **RED** bar indicates your current value is not at goal and may need improvement.

SECTION 2 – MEDICAL CONDITIONS: CHOLESTEROL AND TRIGLYCERIDES

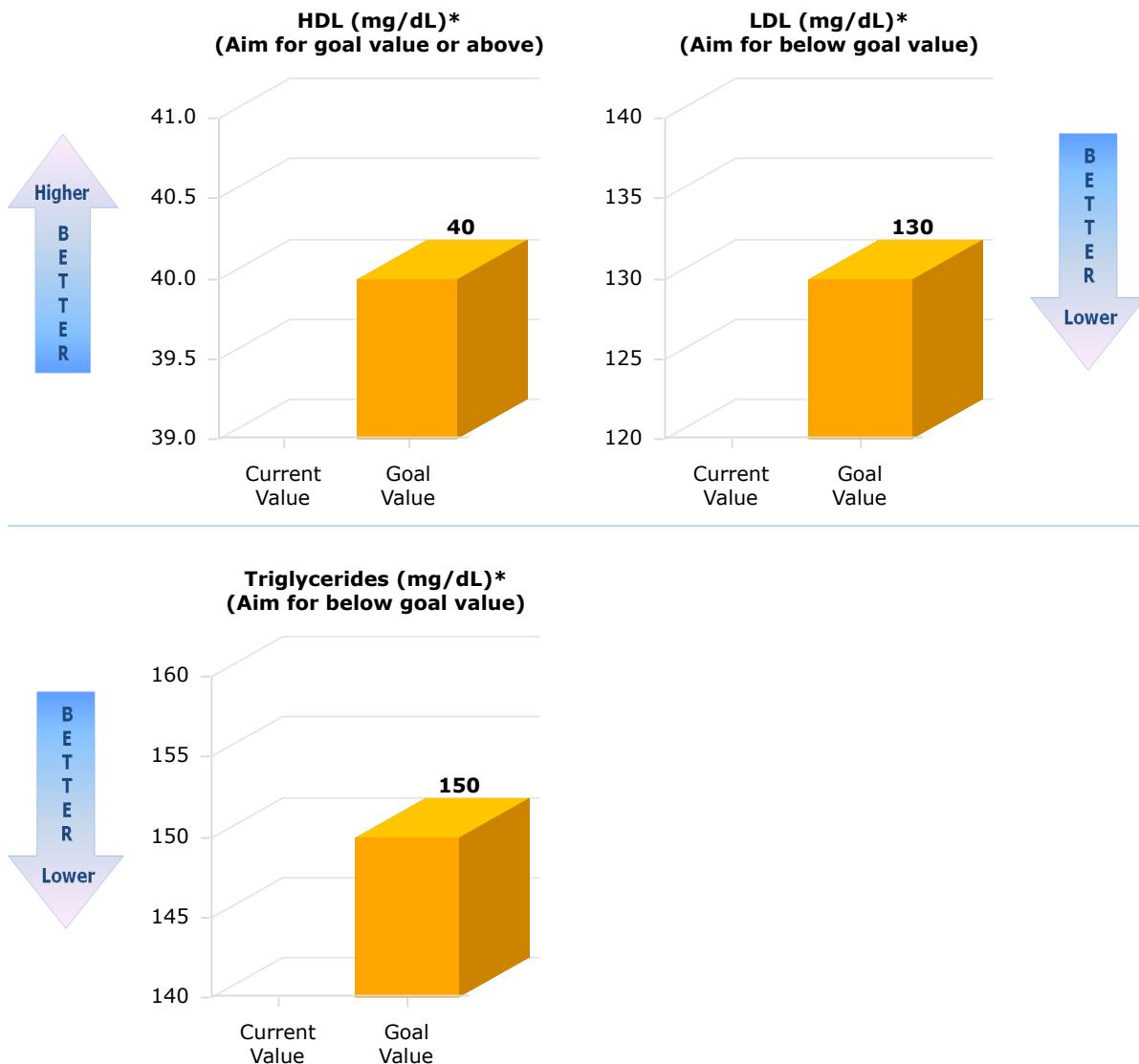
My Risk

Based upon your HRA responses and measurements, your risk could not be adequately assessed due to incomplete data.

My Current Values and Goals

Recent cholesterol-treatment guidelines from the American College of Cardiology and the American Heart Association do not use goal values. Cholesterol-related goals shown below are based on previous expert guidelines.

- Reduce and / or maintain LDL (or 'bad') cholesterol below 130 mg/dL (optimal is below 100).
* Your most recent fasting LDL value is not available.
- Increase and / or maintain HDL (or 'good') cholesterol at, or above, 40 mg/dL.
* Your most recent HDL value is not available.
- Reduce and / or maintain triglycerides below 150 mg/dL.
* Your most recent fasting triglycerides value is not available.



NOTE: A **GREEN** bar indicates your current value is in the goal range; a **RED** bar indicates your current value is not at goal and may need

improvement.

SECTION 2 – MEDICAL CONDITIONS: OVERWEIGHT AND OBESITY

My Risk

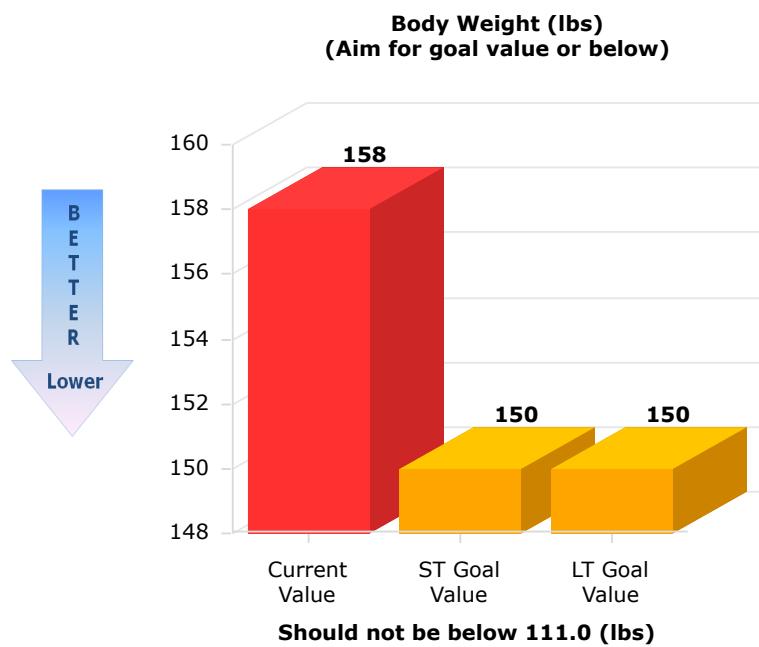
Based upon your HRA responses and measurements, you are overweight. (Note: People who are very muscular may be incorrectly classified as being overweight)

My Current Values and Goals

Short-term (ST) goal: Achieve and maintain an ideal weight of 150 lbs. or less .

* Current weight is 158 (lbs). Do not lose more than 1-2 lbs per week.

Long-term (LT) goal: Achieve and maintain an ideal weight of 150 lbs. or less .



NOTE: A **GREEN** bar indicates your current value is in the goal range; a **RED** bar indicates your current value is not at goal and may need improvement.

SECTION 2 – MEDICAL CONDITIONS: METABOLIC SYNDROME

My Risk

Based upon your HRA responses and measurements, your risk could not be adequately assessed due to incomplete data.

My Current Values and Goals

Your personal “metabolic risk factors” include each of the below factors with a red “X” (X) alongside it; each factor that could not be adequately assessed due to incomplete data is identified with a “?” alongside it. Your current values and goals for each of the below metabolic risk factors are addressed in other sections of your HRA Report.

- ✓ Abdominal obesity
- ? High triglycerides
- ? Low HDL (“good”) cholesterol
- ? High blood pressure
- ? High fasting blood glucose

Your total number of metabolic risk factors: 0 (Note: your total may be inaccurate due to incomplete data).

If you have three or more metabolic risk factors, you have the metabolic syndrome. The more features of the metabolic syndrome you have, the greater your risk for the complications of the metabolic syndrome, especially heart attack, stroke, and type 2 diabetes.

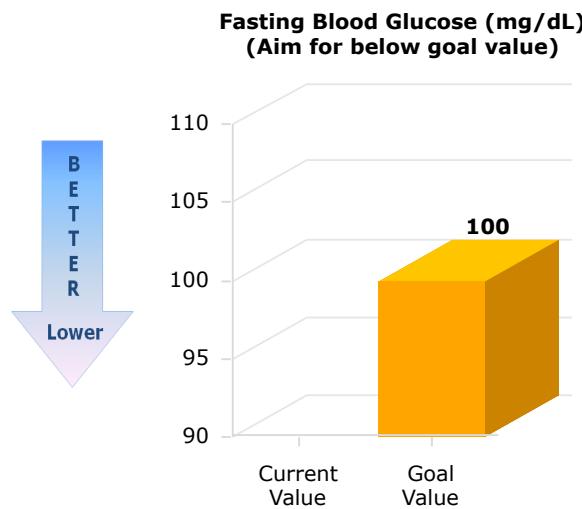
SECTION 2 – MEDICAL CONDITIONS: DIABETES

My Risk

Based upon your HRA responses and measurements, your risk could not be adequately assessed due to incomplete data.

My Goals

- Reduce and/or maintain fasting blood glucose below 100 mg/dL.
* Your most recent fasting blood glucose value is not available.
- Reduce and/or maintain A1C below 5.7%.
* Your most recent A1C value is not available.



NOTE: A **GREEN** bar indicates your current value is in the goal range; a **RED** bar indicates your current value is not at goal and may need improvement.

SECTION 2 – MEDICAL CONDITIONS: CANCER

My Risk

Based upon your HRA responses and measurements, your cancer risk factors include each of the below factors with a red “X” (X) alongside it (factors with a ✓ do not appear to be applicable to you; factors that could not be adequately assessed due to incomplete data are identified with a "?").

- ✓ Personal history of cancer
- ✓ Family history of cancer
- ✓ Tobacco use
- X Overweight/obesity
- X High fat diet
- X Excessive alcohol use
- ✓ Physical inactivity

My Goals

- Achieve the lifestyle-related goals outlined for you in your HRA Report
- Follow the preventive exam recommendations outlined for you in your HRA Report

My Warning Signs to be Aware of – Cancer

Cancer, as a group of diseases, may cause almost any sign or symptom. The precise signs and symptoms depend on where the cancer is, the size of the cancer, and how much it affects the surrounding body organs. If a cancer metastasizes (or spreads), then symptoms may occur in several different parts of the body at the same time.

It is important for you to know what some of the general signs and symptoms of cancer are. According to the American Cancer Society, they include:

- *Unexplained weight loss* - an unexplained or unintentional weight loss of 10 pounds or more may be the first sign of cancer, particularly cancers of the pancreas, stomach, esophagus, or lung.
- *Fever* - is very common with cancer, but most often occurs in advanced cases (less often, fever may be an early sign of cancer, such as with leukemia or lymphoma).
- *Fatigue* - may be a significant symptom as cancer progresses (it may occur early with certain cancers such as with leukemia or if the cancer causes a chronic loss of blood, as in some colon or stomach cancers).
- *Pain* - may be an early symptom with some cancers, such as bone cancers or testicular cancer (most often, however, pain is a symptom of advanced cancer).
- *Skin changes* - in addition to skin cancer, some internal cancers can produce visible skin signs such as darkening, yellowing, reddening, itching, or excessive hair growth.

In addition to the above general symptoms, you should bring the following common symptoms, which could be an indication of cancer, to your doctor's attention as soon as possible so that they can be investigated:

- Change in bowel habits or bladder function
- Sores that do not heal
- Unusual bleeding or discharge
- Thickening or lump in breast or other parts of the body
- Indigestion or trouble swallowing
- Recent change in a wart or mole
- Nagging cough or hoarseness

Of course, it's important to remember that having any of these does not necessarily mean that cancer is present - there are many other conditions that can cause these signs and symptoms as well. However, it is best to report them to your doctor as soon as possible. Even if it has nothing to do with cancer, your doctor can investigate your symptoms and provide treatment, if needed. If it is cancer, you will give yourself the best chance to have it treated early and successfully.

Be aware that while the signs and symptoms listed above are the more common ones seen with cancer, there are many others that are not listed here.



SECTION 3 – LIFESTYLE FACTORS: PHYSICAL ACTIVITY

My Risk

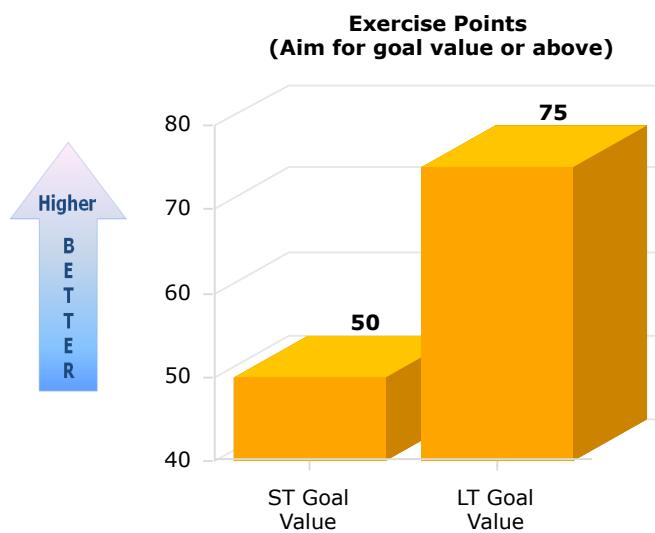
Based upon your HRA responses, you have performed regular moderate-and/or vigorous-intensity aerobic physical activity during the past six months. Physical inactivity is not a risk factor for you.

My Current Values and Goals

Short-term (ST) goal: Earn at least 50 points each week by participating in aerobic exercise; 50 exercise points is equivalent to approximately 150 minutes of moderate intensity aerobic exercise.

* You reported that you are participating in a program of regular exercise.

Long-term (LT) goal: Earn at least 75 points each week by participating in aerobic exercise; 75 exercise points is equivalent to approximately 225 minutes of moderate intensity aerobic exercise.



My Safety and Warning Signs to be Aware of

Warm-up and cool-down: For safety reasons, a warm-up period is recommended as you begin each exercise session. Likewise, a cool-down period should follow at the end of the exercise session. Perform the exercise you intend to do, but at a slower pace, for at least five minutes at the beginning and end of each exercise session. Walking is an excellent way to warm-up and cool-down for any type of exercise.

Start off slowly and progress gradually: The best way to prevent muscle and other injuries is to not overdo things. Listen to your body. Minor muscle soreness is common at first, but goes away as your fitness improves. Don't push yourself so hard you don't enjoy the exercise you do or feel tired for a long time after you have stopped.

Drink adequate fluid: Drink one cup of water every 20 to 30 minutes during exercise, especially if it's hot and humid.

Stop exercising immediately and call your doctor if you experience any of these symptoms:

- Pain or discomfort in your chest, abdomen, back, neck, jaw or arms
- Unusual shortness of breath during exercise
- Nausea during or after exercise

- Dizziness or fainting
- An irregular pulse (if it is usually regular)

SECTION 3 – LIFESTYLE FACTORS: NUTRITION

My Risk

Based upon your HRA responses, incorrect nutrition may be a risk factor for you.

My Current Values and Goals

- Eat a variety of fruits, vegetables, and grain products, especially whole grains; choose fat-free or low-fat dairy products, legumes, poultry, and lean meats; eat fish, preferably oily fish, at least twice a week; and limit your intake of foods with added sugar or sodium (salt).
- * **Most of the time during the past six months, you have NOT avoided (or attempted to avoid) eating foods high in “unhealthy” fats and cholesterol.**
- * **Most of the time during the past six months, you have NOT eaten (or attempted to eat) healthier carbohydrates (such as fruits, vegetables and whole grains) instead of less healthy carbohydrates (such as regular sodas, candy, sweets and other foods with added sugar; and white bread and other refined grains and cereals).**

SECTION 3 – LIFESTYLE FACTORS: STRESS

My Risk

Based upon your HRA responses, you do not feel that you have been under a great deal of stress either at home or at work during the past six months. Excessive stress does not appear to be a risk factor for you.

My Current Values and Goals

- Learn the dangers of too much stress, the benefits of stress management, and how to manage the stress in your life
- * **You do not feel that you have been under a great deal of stress either at home or at work during the past six months**

SECTION 3 – LIFESTYLE FACTORS: SAFETY

My Risk

Based upon your HRA responses, your safety-related risks include each of the below factors with a red “X” (X) alongside it (factors with a ✓ do not appear to be applicable to you; factors that could not be adequately assessed due to incomplete data are identified with a “?”).

- ✓ Texting while driving.
- ✓ Driving while under the influence of alcohol or other drugs.
- ✓ Riding in a vehicle operated by someone who is under the influence of alcohol or other drugs.
- ✓ Riding in a vehicle without wearing a seat belt.
- ✓ Exceeding the speed limit by 10 mph (16 km/h) or more.
- ✓ Riding a bicycle without using a bicycle helmet.
- ✓ Driving or riding on a motorcycle without wearing an approved safety helmet.
- ✓ Not having working smoke detectors in your home.
- ✓ Not having a working fire extinguisher in your home.
- ✓ Not bending your knees and keeping your back straight when lifting up a heavy object.

My Goals

- Take the preventive actions needed to reduce your risk for motor vehicle accidents and other unintentional injuries.

SECTION 3 – LIFESTYLE FACTORS: TOBACCO

My Risk

Based upon your HRA responses, you currently do not use tobacco. Current tobacco use does not appear to be a risk factor for you.

My Current Values and Goals

Short-term goal: Continue not to use tobacco.

Long-term goal: Continue not to use tobacco.



SECTION 4 - MY ACTION PLAN: MY PHYSICAL ACTIVITY RECOMMENDATIONS

Recommended Types of Aerobic Exercise

- Walking
- Stationary Cycling
- Other aerobic exercise

Additional Recommendations:

- Frequency (days/week): Start off as per diary/sample aerobic exercise training plan; Progress according to your coach's guidelines.
- Frequency Goal is to gradually build up to at least 3 to 5 days / week.
- Warm-up: Take first 5 or more minutes at slower pace.
- Intensity: Target rating of perceived exertion (RPE) range = 11-13, not to exceed 13.
- Cool-down: Take final 5 or more minutes at slower pace.
- Time (minutes/session): Start off as per diary/sample aerobic exercise training plan; Progress according to your coach's guidelines.
- Time Goal is to build up gradually to at least 30 to 45 minutes per session.
- Find ways to work physical activity into your daily routine whenever possible by performing 'lifestyle physical activity'.
- Follow safety precautions provided by your coach and educational kits.
- Notify your coach as soon as possible about any injuries or unusual symptoms experienced during exercise.
- Notify your coach as soon as possible about any new illnesses or hospitalizations.

SAMPLE AEROBIC EXERCISE TRAINING PLAN:

Week	Number of days/week	Duration (minutes)	Intensity: Target heart rate and/or Target rating of perceived exertion (RPE)
1 And Onwards	Regulate frequency (days/week), duration (minutes of exercise), and intensity (heart rate and/or RPE) to earn recommended number of Exercise Points each week (see Exercise Points Calculator and your goals)		

- See your educational kits for additional important guidelines.
- Slow down if you exceed the upper limits of your target intensity range (heart rate and/or RPE).
- Slow down or stop if you experience chest discomfort or other unusual symptoms during exercise. Report problems to your doctor.
- Do not advance to the next week's recommended program if you experience difficulty with the current week's recommended program - repeat the current week's recommended program.
- If you are unable to complete the recommended duration (number of minutes) without stopping, consider either stopping to rest when necessary or dividing your day's exercise into two or three shorter sessions (for example, perform three 10-minute bouts of exercise rather than one 30-minute bout).

Using Ratings of Perceived Exertion (RPE) to Monitor Exercise Intensity

One way to monitor how hard you are exercising is to give an overall, at-the-moment rating of how hard the exercise feels to you. This simple, easy method has been used for more than 40 years by doctors and exercise physiologists to help them communicate with their patients. The Ratings of Perceived Exertion (RPE) scale has numbers from 6 to 20, with words describing the odd numbers on the scale. You can use this scale for rating your effort during any type of exercise.

Read the words by the odd numbers and then pick the number that best describes how hard the exercise feels to you.

Rating	Description	How and What You Can Expect to Feel
6		
7	Very, very light	<ul style="list-style-type: none"> The exercise feels fairly light or even easier. You don't sweat much and your breathing only increases slightly. It is quite easy for you to keep exercising.
8		
9	Very light	
10		
11	Fairly light	
12		<ul style="list-style-type: none"> The exercise feels somewhat hard. You will definitely sweat and your breathing will be above normal. At most, it is only moderately difficult for you to continue exercising.
13	Somewhat hard	
14		
15	Hard	
16		
17	Very hard	<ul style="list-style-type: none"> The exercise feels more than just somewhat hard. It results in heavy sweating and breathing. It is difficult for you to continue exercising.
18		
19	Very, very hard	
20		

Tips for Rating Perceived Exertion

- Don't rate any one specific aspect of your exercise, such as breathing or tired legs. Focus on your overall feeling of effort.
- Be honest in your rating. If you are in doubt, pick the higher number.

SECTION 4 - MY ACTION PLAN: MY NUTRITION RECOMMENDATIONS

- Use our educational kits to assist you in determining which foods to choose and which to cut back on or avoid.
- Read food labels.
- Follow recommended daily meal plan as closely as possible - meal plan = C (see below).
- Once you have achieved your long-term weight goal, follow recommended daily meal plan - meal plan = G (see below).
- Ingest about **38 grams (g)** of fat each day; definitely no more than **66 grams (g)** of fat each day.
- Once you have achieved your long-term weight goal, ingest about **45 grams (g)** of fat each day; definitely no more than **80 grams (g)** of fat each day.
- Ingest no more than **13 grams (g)** of saturated fat each day.
- Once you have achieved your long-term weight goal, ingest no more than **16 grams (g)** of saturated fat each day.
- Ingest no more than **200 milligrams (mg)** of cholesterol each day.
- Substitute foods high in complex carbohydrates (for example: fruits, vegetables, and whole-grain breads, pastas, cereals, and rice) for foods high in unhealthy fats. Limit white bread and other refined carbohydrates.
- Ingest an adequate amount of dietary fiber each day (recommended daily intake of soluble fiber = 10 to 25 grams).
- Drink at least **5 glasses** (about 8 ounces per glass or 240 mL) of water each day.
- Ingest no more than **1,500 milligrams (mg)** of sodium each day (there are **2,300 mg** of sodium in 1 teaspoon of salt).
- Ingest no more than **51 grams (g)** of simple sugars each day (simple sugars are listed as 'sugars' on food labels and are found in foods such as sweets, candies, regular sodas and sweetened iced tea). Limit foods with added sugar.
- If you drink alcohol, limit daily alcohol intake to no more than 2 drinks (1 drink=5 ounces (150 mL) of wine, 12 ounces (360 mL) of beer, or 1.5 ounce (45 mL) of liquor).

Additional Nutrition Considerations/Recommendations:

- Consider eating at least 2 servings of fish (especially oily fish, such as salmon, trout, tuna, herring and sardines; not fried) each week and/or other good sources of omega-3 fatty acids (such as, flaxseed oil, canola oil, soybean oil, and walnut oil).
- Limit foods containing trans fatty acids (found in prepared foods containing partially hydrogenated vegetable oils, for example, donuts, cookies, crackers, 'stick' margarine, french fries, and other commercially prepared fried foods).
- Consider using spreads that contain plant sterols (for example, Benecol, Pro-Activ, Take Control) in place of butter or margarine (when using margarine, a liquid or soft tub variety is preferable to 'stick' margarine).
- If you wish to count carbohydrates, an appropriate daily target range is 13 carbohydrate choices (or 191 grams of carbohydrate) to 18 carbohydrate choices (or 276 grams of carbohydrate) each day (1 carbohydrate choice = approximately 15 grams of carbohydrate). Once you have achieved your long-term weight goal, an appropriate daily target range is 15 carbohydrate choices (or 230 grams of carbohydrate) to 22 carbohydrate choices (or 333 grams of carbohydrate).

Daily Recommended Number of Servings from the Five Food Groups

PLAN C	Breakfast	Lunch	Snacks	Dinner	Daily Total
Meats/Cheese		1		1	2
Milk/Yogurt	1	1	1		3
Fruit	1	1		1	3
Non-starchy Vegetables		1		2	3
Grains/Starchy Vegetables	2	2	2	1	7

Daily Recommended Number of Servings from the Five Food Groups

PLAN G	Breakfast	Lunch	Snacks	Dinner	Daily Total
Meats/Cheese		1		1	2
Milk/Yogurt	1	1	1		3
Fruit	2	1		1	4
Non-starchy Vegetables		2	1	2	5
Grains/Starchy Vegetables	2	2	2	3	9

Serving Sizes

Grains: 1 serving = 1 ounce-equivalent

1 ounce (28 grams) of dry cereal, such as 1 cup of flaked cereal
 1 slice of bread
 ½ cup of cooked rice, pasta, or cereal

1 tortilla
 ½ hamburger bun
 ½ English muffin or bagel
 1 small roll, biscuit, or muffin

Beans: 1 serving =

½ cup of cooked dried beans, peas, or lentils

Starchy Vegetables: 1 serving =

½ cup of chopped raw or cooked starchy vegetables
 1 medium corn on the cob

3 ounces (84 grams) baked potato

Non-starchy Vegetables: 1 serving =

½ cup of chopped raw or cooked vegetables
 1 cup of leafy raw vegetables

½ cup of vegetable juice

Fruit: 1 serving =

1 small to medium piece of fruit or melon
 ½ grapefruit
 ½ cup berries

½ cup of canned fruit
 ¼ cup of dried fruit
 ½ cup of juice

Milk and Yogurt: 1 serving =

1 cup of milk or yogurt

Meats, Cheeses and Meat Substitutes: 1 serving =

2 to 3 ounces (56 to 84 grams) of cooked lean meat, poultry, fish or meat substitutes

1 ounce (28 grams) of meat =

1 egg or 2 egg whites
 1 cube or slice of cheese
 ¼ cup cottage cheese
 1 cup soy milk
 1 Tbsp. peanut butter
 ¼ cup nuts

Common Measurements

1 tablespoon = 3 teaspoons
 1 ounce = 2 tablespoons
 1 cup = 8 ounces
 1 pint = 16 ounces
 1 quart = 2 pints or 4 cups

1 gallon = 4 quarts
 1 pound = 16 ounces
 1 ounce = 28 grams
 1 gram = 1,000 milligrams

SECTION 4 - MY ACTION PLAN: MY TOBACCO RECOMMENDATIONS

- Continue not to use tobacco.
- Avoid secondhand smoke as much as possible.

SECTION 4 - MY ACTION PLAN: MY SAFETY RECOMMENDATIONS

- Never drive while under the influence of alcohol or other drugs
- Never ride in a vehicle operated by someone who is under the influence of alcohol or other drugs
- Always use seat belts (even when driving or riding in an automobile equipped with air bags)
- Urge all other passengers to wear seat belts at all times
- If you carry infants or toddlers in your vehicle, install and use federally approved child safety seats in accordance with the manufacturers instructions and the child's size; rear facing infant seats should not be placed in the front seat of a car equipped with a passenger-side air bag – the safest seating position in the car is the middle of the rear seat
- Passengers should not ride in the cargo beds of pickup trucks
- Passengers should not ride in the cargo areas of station wagons or vans except when those areas are fitted with passenger seats and seat belts
- If you drive or ride on a motorcycle, always wear an approved safety helmet
- Install and maintain smoke detectors in the home
- Safely store matches and lighters, and do not allow anyone to smoke near bedding or upholstery
- Set hot water temperatures to 120 – 130 degrees F (49 – 54 degrees C)
- If you have guns in your home, keep guns unloaded and stored in locked cabinets separate from ammunition
- If you ride a bike, always use a bicycle helmet
- Safely store medicines and other potentially dangerous household products; keep syrup of ipecac on hand if you have young children in your home and know the poison control center telephone number
- Avoid alcohol use during water-related activities such as swimming and boating
- If you have young children in your home, supervise them carefully when in the bathtub or swimming, and install isolation fences around your swimming pool if you have one
- If you have elderly people in your home, correct home hazards related to falls; if you have elderly relatives, make them aware that falls are the leading cause of nonfatal injuries and unintentional injury deaths in older people

SECTION 4 - MY ACTION PLAN: MY MEDICATIONS RECOMMENDATIONS

- Take all prescribed medications as outlined by your doctor.
- Do not discontinue any prescribed medications without notifying your doctor.
- Report medication side effects to your doctor.

SECTION 4 - MY ACTION PLAN: MY DOCTOR REFERRALS

- Obtain clearance from your doctor before participating in our exercise program. Until clearance is obtained, you may participate in our low-to-moderate intensity exercise program.
- Schedule a blood test with your doctor to measure your fasting cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride levels (if not measured within the last year).

SECTION 5 – MY PREVENTIVE EXAM RECOMMENDATIONS

You can help protect yourself against certain illnesses by including the check ups and tests that are recommended below as part of your regular preventive health care. Please remember that these recommendations are intended as a minimum, general guideline for you. Your specific check ups and tests should be determined by you and your doctor based on a variety of factors, some of which may not have been assessed by your HRA.

The chart below shows the minimum recommended check ups and tests, how frequently you should have these check ups and tests, and whether you appear to be on track with the recommended schedule based on your HRA responses. We have included the recommended schedule for both men and women so that you can review the recommendations with a family member, should you wish to.

Checkups and Tests:	Recommended Schedule for Low-Risk Adults	My HRA Response
Cancer Tests		
• Colorectal	After age 50	NOT APPLICABLE
• Pap Test (Women)	Every 3 years until age 65 (unless cervix has been removed)	NOT APPLICABLE
• Mammogram (Women)	Every 1-2 years after age 40	NOT APPLICABLE
• PSA (Men)	Optional after age 50	NOT APPLICABLE
Other Tests		
• Blood Pressure	At least annually	ON TRACK
• Fasting Serum Lipids and Lipoproteins	At least annually	ON TRACK
• Body Mass Index	At least annually	ON TRACK
• Dental	Annually	ON TRACK
• Vision	Every 2-4 years between 40 - 64; more regularly after age 65	NOT APPLICABLE
• Hearing	Optional after 50	NOT ASSESSED
• Bone Density (Women)	After age 65, or at age 60 if at risk	NOT APPLICABLE
• Tuberculosis	If at risk	NOT APPLICABLE

SECTION 5 – MY IMMUNIZATION RECOMMENDATIONS

You can protect yourself against certain illnesses by including the shots that are recommended below as part of your regular preventive healthcare. Please remember that these recommendations are intended as a minimum, general guideline for you. Your specific immunizations should be determined by you and your doctor based on a variety of factors, some of which may not have been assessed by your HRA.

The chart below shows the recommended shots, how frequently you should have these shots, and whether you appear to be on track with the recommended schedule based on your responses.

My Preventive Care Schedule: Immunizations (Shots)		
Immunization	Schedule	My HRA Response
• Tetanus	Every 10 years	ON TRACK
• Pneumonia	Once at age 65 or older	NOT APPLICABLE
• Flu	Annually	ON TRACK
• Measles-Mumps-Rubella	At least once (if you have not had all three illnesses)	ON TRACK
• Chickenpox	Two doses (if you have not had chickenpox)	ON TRACK
• Shingles	Once at age 60 or older	NOT APPLICABLE
• HPV (Human Papillomavirus)	Through age 26 for women and age 21 for men, who did not receive it when younger	NOT APPLICABLE

