

	I am Healthy Testing Form		
I am Healthy Modules	Test	CHECK BOX	Comments
Name / Date			
	See Testing Procedures if you have a question about any of the tests modules below.		If you have a comment or want to report your value enter here.
Waist circumference	If you have a desirable waist measure place a check (X) in the checkbox. Acceptable values are less than 40" and 35" for men and women and less than 35 and 31.5" for Asian men and women, respectively.		
Blood Pressure	Do you have blood pressure that is below 130 systolic and 90 diastolic (even through medication)? If you do place a check (X) in the checkbox. If >59 years old below 150 systolic and 90 diastolic is acceptable.		
Heart Rate	Do you have resting heart rate of 70 or below first thing in the morning or after a restful state (even on medication)? If you do place a check (X) in the checkbox. If >59 years old a rate of 75 or below is acceptable.		
Lipids (LDLs, HDLs, and Triglycerides)	Do you have desirable lipid levels (even through medication)? If you do place a check (X) in the checkbox.		
Blood Sugar (A1C)	Do you have desirable A1C or sugar value (even through medication)? If you do place a check (X) in the checkbox.		
Glasses of Water Consumed	Do you drink enough water? If you do place a check (X) in the checkbox.		
Vegetables and Fruits Eaten	Do you eat enough fruit and vegetables? If you do place a check (X) in the checkbox.		
Fats Eaten	Do you eat mostly healthy fats while eating very little unhealthy fats? If you do place a check (X) in the checkbox.		
Sugars Eaten	Do you try to limit your sugar intake? If you do place a check (X) in the checkbox. T		
Whole Grains Eaten	Do you try to make half of your grains whole? If you do place a check (X) in the checkbox.		
Red and Processed Meats eaten	Do you severely limit your weekly red and processed meat intake? Do you try to mostly have lean forms of protein? If you do place a check (X) in the checkbox.		
Ultra processed and fast foods eaten	Do you limit your weekly intake of processed and fast food to just a couple times? If you do place a check (X) in the checkbox.		
Portions	Do you try to have reasonable portions? If you do place a check (X) in the checkbox.		
Healthy Plate	Do you try to have reasonable portions using the Healthy Plate Concept? If you do place a check (X) in the checkbox.		
Alcoholic Drinks Consumed	Do you drink alcoholic drinks moderately or not at all? If you do place a check (X) in the checkbox.		
Time spent moving	Studies have shown you should try to get 150 minutes of exercise, like walking and gardening, weekly. If you do place a check (X) in the checkbox.		
Ability to walk a mile	Can you walk a brisk mile in 17 minutes or faster (> 3.4 mph)? If you can place a check (X) in the checkbox. If >59 years old >3.1 mph is acceptable.		
Ability to climb 4 flights of stair	Can you climb up four floors without stopping. If you can place a check (X) in the checkbox. If >59 years old 3 floors is acceptable.		
Ability to get up from the ground	Can you get off the floor somewhat easily, If so place a check (X) in the box.		
Ability to get up from a chair	How many squats can you accomplish onto a standard chair in 30 seconds with good form. Healthy men > 19 and women > 17 in 30 seconds is a desirable level. Did you meet or surpass the desirable level? If so place a check (X) in the box. If >59 years old >15 is acceptable.		
Arm and Grip Strength	How many arm curls can you do in 30 seconds? A male should be able to do >22 reps with a 8 pound weight, while a female should be able to do 19 with a five pound weight. Did you meet or surpass the desirable level? If so place a check (X) in the box. A >59 year old male should be able to do >12 reps with a 8 pound weight, while a female should be able to do 10 with a five pound weight.		
How Many Hours Do Yo Sleep	Current Adult Recommendations for Sleep is 7 to 8 hours a day. Did you meet or surpass the desirable level? If so place a check (X) in the box.		
Normal and Pain-free Joint Range of Motion	Move your joints, walk, climb up and down stairs, and reach up overhead. Did you have pain free motion? If so place a check (X) in the box.		
Practice Good Posture	Did you meet or come close to the desirable postures listed in the testing procedures OR are you trying to improve your posture through adopting good posture throughout the day OR are you doing some type of posture care program? If so place a check (X) in the box.		
Practice Proper Breathing	Do you try to breathe properly? Proper breathing starts in the nose and then moves to the stomach as your diaphragm contracts, the belly diaphragm and your lungs fill with air. If so place a check (X) in the box.		
Handling and Understanding Stress	Do you understand the processes of being mindful and relaxation and do you practice any of them? If so place a check (X) in the box.		
Smoking	Do you abstain from smoking if so place a check (X) in the box.		
Get Regular Health Exams and Tests	Do you try to get regular health exams and tests? If so place a check (X) in the box.		