Serve Up a Healthier You
North Carolina Child Nutrition Services
Staff Wellness Toolkit
Mini-Lessons

Module 1, Lesson 1: Your Path to Wellness - Take Care of You

Introduction/Description: In order to take care of ourselves, it is important to think about our wellness. Not only is it a gift we give to ourselves, but it is a gift that helps us give to others. This mini-lesson will explore the meaning of the word “wellness” and the importance of wellness in our lives.

Objectives: After this lesson, each staff member will be able to:

• List the benefits of wellness.
• Identify things that affect wellness.
• Recognize key words that represent overall wellness.

Outcomes: Staff will strive to improve overall wellness by exploring wellness, its benefits and its importance.

Handouts: • Module 1, Lesson 1: Your Path to Wellness - Take Care of You Summary

Materials: • Board or flip chart (Optional)
• Markers (Optional)
• Pencils or pens (Encourage staff to bring a pencil or pen.)

Activities: • Wellness...in Other Words

Lesson Key: The following are symbols for the leader script:

👩‍🏫 Spoken by the presenter
_hand Discussion or hands-on activity
📝 Writing activity

Script (Content and Sequence):

👩‍🏫 In order to take care of ourselves, it is important to think about our wellness. Not only is it a gift we give to ourselves, but it is a gift that helps us give to others. This mini-lesson will explore the meaning of the word “wellness” and the importance of wellness in our lives.

_group Group Discussion:
How would you define wellness?

Note: Answers may be written on a board or flip chart. You can lead the group to decide on one definition that they like the most. Staff members’ ideas can be combined to come up with this definition.

Answers:
• Varied from participants
• The quality or state of being in good health especially as an actively sought goal; lifestyles that promote wellness (Merriam-Webster Dictionary)
There are many definitions and ideas of wellness. One important thing to remember is that we have to take an **active** part in our own wellness. Many times, our wellness is related to the choices that we make. But, if we make good choices, we will see and feel the benefits.

**Group Discussion:**
What are some of the benefits of wellness?

**Note:** Answers may be written on a board or flip chart.

**Answers:**
(may include, but are not limited to)
- Feel better
- Less sickness
- Look better
- More energy
- Perform better at work
- Positive outlook

As you can see, wellness is a gift we can give to ourselves, because there are many benefits. Not only can we feel better, but we can save money, too! As a result of being well, we may spend less time with a medical provider and less time being sick, helping us cut medical bills and not miss work.

Not only will our wellness benefit us, but it will benefit those around us. Wellness may give us more energy to give to others, such as family, friends and co-workers.

Now that we’ve discussed the benefits, let’s think about the different things that can influence wellness - both good and bad.

**Group Discussion:**
What are some good things we can do to help our wellness?

**Note:** These may be written on a board or flip chart.

**Answers:** (may include, but are not limited to)
- Get a good night’s sleep.
- Make healthier food and drink choices.
- Be active or increase physical activity.
- Get regular medical check-ups.
- Keep your vaccines up to date.

**Group Discussion:**
What are some things that might not help, or even harm, our wellness?

**Note:** The answers may be written on a board or flip chart.

**Answers:** (may include, but are not limited to)
- Alcohol abuse
- Little sleep
- Low or no physical activity
- Poor food and drink choices
- Smoking/tobacco use
- Stress
Wellness...in Other Words Activity:
We have discussed the definition of wellness, the benefits of wellness and the things that affect wellness. Now, we are going to try an activity to put wellness into words!

Instructions:
- Have staff turn to their Summary handout.
- Under the “Wellness...in Other Words” heading on the Summary handout is a table with the word “Wellness” written in the first column.
- Using each letter in the word “Wellness,” have staff come up with words starting with each letter that best define or represent wellness to them. For example, for “S” they might put “Success,” “Safety,” “Security,” etc. These words should be written in the second column beside the letter.
- Guiding the group, decide on the following words that will be used throughout the Serve Up a Healthier You program.
  - Well-being
  - Energy
  - Life
  - Love and support
  - Nutrition
  - Exercise
  - Stress management
  - Strive for health
- Write these on a board or flip chart. If you use a flip chart, tear off the sheet and display it in a break room or on a bulletin board in the work space.
- As a group, have staff make up a cheer or chant about wellness using the WELLNESS words.
- Practice the cheer/chant together.
- This cheer can be used throughout the program to remind staff of the importance of wellness.

Reflection:
Let’s reflect on what we have discussed today.
- Wellness is a gift we can give ourselves, and we deserve that gift!
- Wellness has many benefits, and there are many things that can affect our wellness.
- Remember our cheer and our WELLNESS words to help you remember the importance of wellness.
  (Note: You may choose to do the cheer at this point in the reflection.)

- Think of two things that you can do over the next week that will help your wellness.
- Make these your goals for the next week, and write them down under “Reflection” on your Summary handout.
- We will check in with each other next week to see how we did with our goals.

Note: Staff may share their goals with a partner or the group.

Group Discussion:
Are there any questions?
Module 1, Lesson 1: Your Path to Wellness - Take Care of You Summary

Summary:

Well-being
Energy
Life
Love and support
Nutrition
Exercise
Stress management
Strive for health

Wellness is a gift that we can give ourselves, and in turn, will allow us to give to others. We deserve it!

Resources:

• Healthfinder.gov
  National Health Information Center
  U.S. Department of Health and Human Services
  www.healthfinder.gov

• Medline Plus
  National Library of Medicine, National Institutes of Health
  U.S. Department of Health and Human Services
  www.medlineplus.gov
Module 1, Lesson 1: Your Path to Wellness - Take Care of You Summary

Wellness...in Other Words

| W | E | L | L | N | E | S | S |

Notes:

Reflection:

Goal 1 -

Goal 2 -
With the high cost of health care and the busy schedules many of us have, seeing a medical provider may be the last thing on our to-do lists. Even if you feel fine, it is important to schedule regular physical exams and screenings in order to check for any possible problems. This mini-lesson will cover four things to do to prepare for a check-up in order to keep you at your healthiest!

Objectives:
After this lesson, each staff member will be able to:

- Identify four things to do to prepare for a check-up.
- List at least two questions that they would like to ask their medical providers.

Outcomes:
Staff will understand the value of medical check-ups in order to promote overall wellness.

Handouts:
- Adult Preventive Care Timeline
- Module 1, Lesson 2: Check Up on Health Summary

Materials:
- Board or flip chart (Optional)
- Markers (Optional)
- Pencils or pens (Encourage staff to bring a pencil or pen.)

Activities:
- Family History

Lesson Key:
The following are symbols for the leader script:

- Spoken by the presenter
- Discussion or hands-on activity
- Writing activity

Script (Content and Sequence):

**Group Discussion:**
Why would it be important to have regular check-ups with a medical provider?

**Answers:** (may include, but are not limited to)
- To find health problems early, so chances for treatment and a cure are better
- To help manage any existing health problems
- To learn how to prevent problems before they happen
- To prepare for life changes, such as pregnancy
- To refill prescribed medicines
• To see if you have risk factors for diseases
• To talk to your medical provider about any concerns

In order to be the healthiest you, it is important to have regular check-ups. Regular check-ups can help you prevent problems before they happen. They can also help you find out if you do have a problem and help you learn how to manage or treat the problem.

There are four things to do to prepare for a check-up.
• Review your family health history.
• Find out if you are due for any general screenings or vaccinations.
• Write down a list of issues and questions to take with you.
• Consider your future.

**Review your family health history.** Many times, the risks for certain diseases and health problems increase if someone in your family has certain diseases or health problems. Because of this, your medical provider will ask you questions about diseases and health problems that people in your family may have. You will need to know about any new diseases or conditions that have happened in your family since your last visit.

**Family History Activity:**
Find the “Family History” activity on your Summary handout. It lists some common health problems your medical provider may ask you about. Put a check in the box beside any health problem that a close family member (such as a father, mother, sibling, grandmother or grandfather) has had. A few of the health problems ask for a bit more information. For example, if someone in your family had cancer, you will need to write down which family member had cancer and what type of cancer it was.

**Note:** Give staff time to start filling out the “Family History” activity. If they do not know the answers, encourage them to ask family members before their next check-up.

Be sure to find out your family history before your next check-up. Your medical provider will use your family health history as well as other information to find out your risk for certain diseases. Then, he or she may give you advice on some things that you can do to help prevent the disease, such as lifestyle changes (like moving more and eating smart) and screening tests.

The next thing to do to prepare for a check-up is - **Find out if you are due for any general screenings or vaccinations.** There are certain screenings and vaccinations that should be done at certain ages. Screenings are used to find out if you have risk factors for a disease or if you have the beginning stages of a disease.

Turn to the Adult Preventive Care Timeline handout. This handout can help you know when you should have certain screenings and vaccines. The dark bars represent the age ranges when the screenings or vaccines should be done. For example, starting at age 50, both men and women should be screened for colorectal cancer. Find your age at the top of the list, and then look down to see what screenings or vaccines you may need. There are also some lighter bars, which represent the age ranges when screenings and vaccines should be done for those who are at risk. Being at risk may mean that you have a family history of the disease, use tobacco, don’t do any physical activity or you have a health condition such as diabetes.

Another thing to do before a check up is to - **Write down a list of issues and questions to take with you.** Nerves may make you forget something that you want to talk to your provider about, so it is important to write down your questions. Be sure to leave space between the questions on your list so that you can write down the answers.
**Group Discussion:**
An example of something that you may want to talk to your medical provider about is if you have noticed any body changes. What are other examples of other questions or issues that someone might want to discuss?

**Answers:** (may include, but are not limited to)
- Depression, anxiety, stress
- Diet and exercise questions
- Dizziness
- Fatigue
- Medicine questions
- Pain
- Skin changes
- Sleeping problems
- Stomach and intestinal problems such as cramping, irregularity, etc.

One important thing to remember...don’t be shy about pulling out your list!

The final thing to do to prepare for a check-up is - **Consider your future.** Your medical provider can help you with questions about any changes or things that you plan to do in your future.

For example:
- Are you planning to start a family?
- Do you want to lose weight or start a new exercise plan?
- Do you want to quit smoking?

Your medical provider can give you information on these changes and help you take the steps you need to prepare.

**Reflection:**
Let’s reflect on what we have talked about today.

- It is important to have regular medical check-ups in order to prevent and/or catch problems early.
- There are four things to do to prepare for a check-up:
  - Review your family health history.
  - Find out if you are due for any general screenings or vaccinations.
  - Write down a list of issues and questions to take with you.
  - Consider your future.
- Under the “Reflection” section of your Summary handout, write down at least two questions that you have for your medical provider on your next check-up.
- If you haven’t had a check-up in a while, consider setting one up.

**Note:** Give staff time to write down their questions. Since these are personal, they should not be shared with others. Be sure to let the staff know they won’t be shared.

**Group Discussion:**
Are there any questions?
The most important things you can do to prevent disease and be healthy are:

**Be tobacco free • Be physically active • Eat a healthy diet**

Get the right kinds of preventive health services—screenings, counseling, and preventive medicines—at the right times. This chart will tell you what you need and when you need it.

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>18</th>
<th>25</th>
<th>30</th>
<th>35</th>
<th>40</th>
<th>45</th>
<th>50</th>
<th>55</th>
<th>60</th>
<th>65</th>
<th>70</th>
<th>75</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEART HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Men and women at least every 2 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Men at risk</td>
<td>Men</td>
<td>Men at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet</td>
<td>Women at risk</td>
<td>Women</td>
<td>Women at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin to prevent heart attack</td>
<td>Men at risk</td>
<td>Men</td>
<td>Women at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal aortic aneurysm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CANCER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH RISKS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco use</td>
<td>Men and women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>Men and women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>Men and women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEXUAL HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Men and women at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>Men and women at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BONE HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>Men and women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IMMUNIZATIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu</td>
<td>Men and women at risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are some preventive services that people should take advantage of throughout their later adult years. These services are identified by arrows that continue past the last age category on the chart.

Other preventive services offer less benefit at older ages depending on health status. Older adults should talk with their doctors about the services identified by arrows to determine whether a preventive service is right for them.

These clinical preventive services are recommended by the U.S. Preventive Services Task Force. For additional materials, see www.preventiveservices.ahrq.gov

**What does it mean to be “at risk?”** You may be at increased risk for a specific disease or condition. Risk may be based on your family history, tobacco use, and other behaviors, such as lack of physical activity, or other health conditions, such as diabetes.
Module 1, Lesson 2: Check Up on Health Summary

Summary:

- It is important to have regular medical check-ups in order to prevent problems and to catch problems early.

- There are four things to do to prepare for a check-up.
  - Review your family health history.
  - Find out if you are due for any general screenings or vaccinations.
  - Write down a list of issues and questions to take with you.
  - Consider your future.

Resources:

- Family Health
  Centers for Disease Control and Prevention
  U.S. Department of Health and Human Services
  www.cdc.gov/family

- My Family Health Portrait Tool
  Office of the Surgeon General
  U.S. Department of Health and Human Services
  https://familyhistory.hhs.gov
Module 1, Lesson 2: Check Up on Health Summary

Family History

Does anyone in your family have any of the following? If so, check the box and explain, if needed.

- Cancer
  - Relative(s)? ________________________________
  - Cancer type(s)? ________________________________
- Diabetes
- Heart Attack
  - Relative(s)? ________________________________
  - Age of attack(s)? ________________________________
- High Blood Pressure
- High Cholesterol
- Heart Disease
- Stroke
- Thyroid Disease

Notes:

Reflection:

Question 1 -

Question 2 -
Module 1, Lesson 3: Take Your Best Shot

Introduction/Description: Are you scared of shots? Does the sight of a needle make you weak in the knees? Shots may hurt for a short time, but in the long run, the diseases they can prevent hurt much more! Diseases like measles, mumps, tetanus and hepatitis can be prevented through vaccinations. This mini-lesson will cover vaccine guidelines so that you will know when to take your best shot.

Objectives: After this lesson, each staff member will be able to:

- Explain how a vaccination works.
- Identify when they should have certain vaccines.

Outcomes: Staff will promote overall wellness by planning to schedule needed vaccines.

Handouts:
- Adult Vaccination Screening Form
- Module 1, Lesson 3: Take Your Best Shot Summary

Materials:
- Board or flip chart (Optional)
- Markers (Optional)
- Pencils or pens (Encourage staff to bring a pencil or pen.)

Activities: Adult Vaccination Screening

Lesson Key:
The following are symbols for the leader script:

- Spoken by the presenter
- Discussion or hands-on activity
- Writing activity

Script (Content and Sequence):

Are you scared of shots? Does the sight of a needle make you weak in the knees? Shots may hurt for a short time, but in the long run, the diseases they prevent hurt much more! Disease like measles, mumps, tetanus and hepatitis can be prevented through vaccinations. This mini-lesson will cover vaccine guidelines so that you will know when to take your best shot!

Group Discussion:
What are some diseases that have a vaccine? Or what are some vaccines that you or someone you know may have had?

Answers: (may include but are not limited to)
- DTP (Diphtheria, Tetanus, Pertussis/Whooping Cough)
- Flu
- Hepatitis A, B
- HPV (Human Papillomavirus)
- MMR (Measles, Mumps, Rubella/German Measles)
- Pneumonia
- Polio
- Rabies
- Shingles
- Smallpox
- Varicella (Chicken Pox)

There are many types of vaccines to prevent diseases, but how do they work?

Vaccines contain germs, but these germs have been killed or weakened. They will not cause you to get sick with the disease. When you get a vaccine, your body will learn how to fight the killed or weakened germs. Later, if you come into contact with the germ that causes the disease, your body will remember and can fight it.

For example, if you have a flu vaccine, your body will learn how to fight the flu. If you come into contact with someone who has the flu a month later, your body will remember the flu germ and will know how to fight it.

Usually, when you are an infant or child, you will receive many vaccines. As you get older, the vaccines that you need change based on your health and your age.

Adults may need vaccines if:

- They weren’t vaccinated as an infant or child.
- The vaccine wasn’t available when they were a child.
- The vaccine effectiveness wears off over time.
- Our age or health makes us more susceptible.

**Adult Vaccination Screening Form Activity:**

We are going to do an activity that will help us know about some of the vaccines that we may need. Find the *Adult Vaccination Screening Form*.

**Instructions:**

- Ask staff members to fill out each question, starting with number 1.
- Starting on page 3, the answers to the questions will lead the staff to find out if they might need a certain vaccine.
  - Page 3: Flu
  - Page 4: Pneumonia
  - Page 5: Hepatitis A and B
  - Page 6: Tetanus and MMR (Measles, Mumps, Rubella)

Take this *Screening Form* with you on your next visit to your medical provider. Show it to your provider to find out what vaccines you may need.

Now, let’s discuss two of the vaccines that were on the *Screening Form*, the flu vaccine and the pneumonia vaccine.

Two strains of flu, seasonal flu and the H1N1 (Swine) flu, have been a concern in the United States. Annual outbreaks of the seasonal flu usually occur during the fall through early spring.
The best way for people of all ages to prevent the flu is by getting a flu vaccination. The flu vaccine is given yearly and will protect from the types of flu that are thought to cause illness that year. For the 2009-10 flu season, two vaccines, seasonal and H1N1, were required to be fully protected. Future vaccinations will contain protection for both seasonal and H1N1 so that adults would only need to receive one flu vaccination. Younger children 6 months to 9 years of age who have never had a flu vaccine will still need two doses.

Flu viruses can cause illness in people of any age group. Some groups are more likely to have complications from the flu, including children, pregnant women, those age 65 and older, and people of any age who have chronic medical conditions (i.e., diabetes, asthma, congestive heart failure, lung disease). Since we work with children, we can protect them and ourselves by getting a flu vaccine.

Pneumonia is a very dangerous illness, especially in older people. If you are 65 years of age or older, it is recommended that you get the pneumonia vaccine. This vaccine lasts about 10 years. It may also be recommended if you have certain illnesses like lung disease, diabetes, and other illnesses that cause your immune system (the system that fights diseases) to be weakened. Check with your medical provider to see if you may need the pneumonia vaccine.

**Reflection:**
Let’s reflect on what we have learned today.

- Vaccines can help prevent many dangerous diseases.
- Vaccines contain killed or weakened germs, and when you get a vaccine your body learns how to fight the disease.
- Adults may need vaccines based on things such as age and health.
- Flu and pneumonia are two illnesses that can be prevented with a vaccine.
- Now that you know a little more about vaccines, think of two things that you can do this week to help you take your best shot. Maybe you want to set up a flu vaccine at your medical provider’s office or the local pharmacy. You may want to find out what vaccines you had as a child.
- Once you have decided these two things, write them down as goals under the “Reflection” section of your Summary handout.

**Note:** Staff may share their goals with a partner or the group.

We will check in with each other next week to see how we did.

**Group Discussion:**
Are there any questions?
Please circle “Yes” or “No” for the following questions.

1. Think of all the vaccine shots you have received in your life. Is there a recent record of those at another doctor’s office, in your home, at a school, or at your job?
   Yes No

2. If “Yes” to above, would you be willing to sign a form so that this information can be given to your doctor?
   Yes No

3. Are you allergic to any medicines or foods?
   Yes No

4. Have you ever had a serious reaction to a shot?
   Yes No
Please circle or fill in the answer that best fits you for the following questions.

5. What country were you born in? ________________

6. Are you working at a job that pays money?
   Yes No

7. What is the highest grade in school that you finished?
   A. None
   B. Less than 6th grade
   C. 6th through 9th grade
   D. 10th through 12th grade, but did not graduate
   E. High school graduate or GED
   F. Training after high school, other than college
      (vocational, technical, etc.)
   G. Some college
   H. Graduated from college
   I. Post graduate

8. What is your race?
   A. Black
   B. White
   C. Asian
   D. American Indian/Alaska native
   E. Other

9. What is your ethnicity?
   A. Hispanic (e.g., Mexican, Puerto Rican, Cuban, etc.)
   B. Non-Hispanic
DO I NEED ANY VACCINE SHOTS?

Many adults have not had all the vaccine shots that they need to prevent serious sickness. Do you know if you have? These lists will help you learn if you need any vaccine shots now or in the future.

**Please circle “Yes” or “No” for the following statements.**

1. I am 50 years old or older.
   - Yes  No

2. One or more of the following conditions applies to me:
   - I have diabetes mellitus (sugar).
   - I have lung disease, including asthma.
   - I have heart or kidney disease.
   - I have sickle-cell disease.
   - I have cancer or HIV/AIDS.
   - I may be pregnant during the flu season (November to March).
   - I take steroids (such as prednisone).
   - Yes  No

3. One or more of the following situations applies to me:
   - I live with someone who has one of the conditions listed above.
   - I live with or care outside the home for a child less than 2 years old.
   - I am a health care worker.
   - I provide essential community services.
   - Yes  No

4. I will travel to one or more of the following places:
   - I travel to the tropics at anytime
   - I travel to South America, Australia or Africa during April through September
   - With a large group (such as a cruise ship)
   - Yes  No

   **If you answered “Yes” to any of these statements, you may need the flu vaccine shot during the flu season (November through March).**

5. I already had a flu vaccine shot this season.
   - Yes  No

**Adult Vaccination Screening Form**
Please circle “Yes” or “No” for the following statements:

1. I am an American Indian or Alaska Native.
   - Yes  No

2. I am 65 years old or older.
   - Yes  No

3. One or more of the following applies to me:
   - I have diabetes mellitus (sugar).
   - I have lung disease, not just asthma.
   - I have heart, kidney, or liver disease.
   - I have a drinking problem (alcoholism).
   - I have sickle-cell disease.
   - I have cancer or HIV/AIDS.
   - I do not have a spleen.
   - I have spinal fluid leak.
   - I take steroids (such as prednisone).
   - Yes  No

4. I am 65 years old or older and had a pneumonia (pneumococcal) vaccine shot when I was younger than 65, and it has been 5 years or more since I had that vaccine shot.
   - Yes  No

   If you answered “Yes” to any of these statements, you may need the pneumonia (pneumococcal) vaccine shot.

5. I already had a pneumonia (pneumococcal) vaccine shot.
   - Yes  No
HEPATITIS A SHOT

Please circle “Yes” or “No” for the following statements:

1. One or more of the following applies to me:
   - I plan to visit a foreign country (but don't count Canada, Japan, Australia or Western Europe).
   - I take drugs bought on the street (use needles or snort).
   - I am a man who has sex with men.
   - I have had liver disease for a long time, or I have hepatitis C.
   - I have a blood-clotting disease with clotting factor infusions.

   ![Yes][No]

   If you answered “Yes” to this statement, you may need the hepatitis A vaccine shot.

2. I have had hepatitis A infection or 2 hepatitis A vaccine shots.
   ![Yes][No]

HEPATITIS B SHOT

Please circle “Yes” or “No” for the following statements:

1. I am under 20 years old.
   ![Yes][No]

2. One or more of the following applies to me:
   - I am a health care or public safety worker who could be exposed to blood or body fluids.
   - I recently had or was treated for a sexually transmitted disease.
   - I had more than one sex partner during the last 6 months.
   - I am a man who has sex with men.
   - I have sex or live with a person with hepatitis B.
   - I have had liver disease for a long time, or I have hepatitis C.
   - I shoot drugs with needles.
   - I have bad kidney disease.
   - I provide direct services for people with developmental disabilities.
   - I will live in Asia or Africa for more than 6 months.
   - I come from Asia or the Pacific Islands.
   - I have a blood-clotting disease.

   ![Yes][No]

   If you answered “Yes” to any of these statements, you may need the hepatitis B vaccine shot.

3. I have had hepatitis B infection or 3 hepatitis B vaccine shots.
   ![Yes][No]
TETANUS SHOT

Please circle “Yes” or “No” for the following statement:

1. It has been more than 10 years since my last tetanus booster shot.
   Yes  No

If you answered “Yes” to this statement, you may need the tetanus vaccine shot.

MEASLES-MUMPS-RUBELLA (MMR) SHOT

Please circle “Yes” or “No” for the following statements:

1. I was born in 1957 or later.
   Yes  No

2. I am a woman who was born outside of the U.S. who could become pregnant.
   Yes  No

3. One or more of the following applies to me:
   - I am a health care worker.
   - I am entering college or a trade school.
   - I have HIV/AIDS.
   - I plan to visit foreign countries in the future.
   Yes  No

If you answered “Yes” to any of the statements above, you may need the Measles-Mumps-Rubella (MMR) vaccine shot.

4. I have had at least one Measles-Mumps-Rubella (MMR) vaccine shot.
   Yes  No
Module 1, Lesson 3: Take Your Best Shot Summary

Summary:

- Vaccines can help prevent many dangerous diseases.
- Vaccines contain killed or weakened germs, and when you get a vaccine your body learns how to fight the disease.
- Adults may need vaccines based on things such as age and health.
- Flu and pneumonia are two illnesses that can be prevented with a vaccine.

Resources:

- FLU.GOV – Know what to do with the flu
  U.S. Department of Health and Human Services
  www.flu.gov

- Vaccines and Immunizations
  Centers for Disease Control and Prevention
  U.S. Department of Health and Human Services
  www.cdc.gov/vaccines/

- Vaccines
  World Health Organization
  www.who.int/topics/vaccines/en/
Module 1, Lesson 3: Take Your Best Shot Summary

Notes:

Reflection:

Goal 1 -

Goal 2 -
Module 1, Lesson 4: Weigh to Wellness

Introduction/Description:
The dieting industry tells us that we need a special pill, diet book or piece of exercise equipment to lose or maintain weight. The key to a healthy weight, however, is a healthy lifestyle. This mini-lesson will help you know where you stand when it comes to your own weight and will cover the basics of how to take control of your weight.

Objectives:
After this lesson, each staff member will be able to:
- Identify whether they are underweight, normal weight, overweight or obese using BMI.
- Identify items to record in a food and activity record.

Outcomes:
Staff will promote overall wellness by evaluating their current weight and utilizing food and activity records to promote a healthy weight.

Handouts:
- Module 1, Lesson 4: Weigh to Wellness Summary
- Adult BMI Chart
- What I Eat
- How Active I Am

Materials:
- Board or flip chart (Optional)
- Markers (Optional)
- Pencils or pens (Encourage staff to bring a pencil or pen.)
- Calculators - Calories Add Up! Activity (Optional)

Activities:
- Calories Add Up! (Optional)

Lesson Key:
The following are symbols for the leader script:
- Spoken by the presenter
- Discussion or hands-on activity
- Writing activity

Script (Content and Sequence):

The dieting industry tells us that we need a special pill, diet book or piece of exercise equipment to lose or maintain weight. The key to a healthy weight, however, is a healthy lifestyle. This mini-lesson will help you know where you stand when it comes to your own weight and will cover the basics of how to take control of your weight.

Group Discussion:
What are some diets or weight loss programs or products that you have heard about or even tried?

Answers: (may include, but are not limited to)
- Acai (ah-sah-ee) berry
- Alli
Many of the diets, programs or products that we just mentioned may limit certain foods or nutrients, are unhealthy or are impossible to follow over a long period of time. The key to a healthy weight is not by following some fad diet, but by balancing the number of calories that you eat or drink with the number of calories that your body uses.

The first step on the path to controlling your weight is learning if you are at a healthy weight. One way to determine if you are at a healthy weight is your body mass index, or BMI.

All you need to know to find out your BMI is your weight and height. Find the *Adult BMI Chart*.

**Note:** Be sure to let the staff know that BMIs will not be shared.

Find your height on the left-hand side of the BMI chart. Looking at the numbers to the right of your height, find your weight. Your BMI is the number at the top of the chart that is above your weight. If your weight falls somewhere between two weights, then your BMI will fall between the two BMI numbers.

Now that you have your BMI, you can determine if you are at a healthy weight, overweight or obese.

**Note:** You may write these guidelines on a board or flip chart for all to see.

- If your BMI is under 18.5, your weight falls in the underweight category.
- If your BMI is between 18.5 and 24.9, your weight falls in the healthy weight range.
- If your BMI is between 25.0 and 29.9, your weight falls in the overweight range.
- If your BMI is 30.0 or higher, your weight falls in the obese range.

Obesity and overweight is related to higher risks for certain diseases and other health problems, so it is important to try to keep your weight in the healthy weight range. If your weight falls outside of the healthy weight range, it is best to discuss ways to achieve a healthy weight and your health risks with your medical provider.

Another way to determine if you are at a healthy weight is by measuring your waist size, or waist circumference. Your waist circumference can help you learn if you are at a higher risk for health problems and diseases that are related to obesity. Instructions for measuring your waist can be found on the second page of your *Summary* handout. If you have a tape measure at home, you can find out your waist circumference and then use the following guidelines to help you know your health risks.

**Note:** You may write these guidelines on a board or flip chart for all to see.
### Serve Up a Healthier You

<table>
<thead>
<tr>
<th>Icon</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>👤</td>
<td>You are at a higher risk of developing an obesity-related problem if your waistline is:</td>
</tr>
<tr>
<td></td>
<td>• More than 40 inches if you are a man</td>
</tr>
<tr>
<td></td>
<td>• More than 35 inches if you are a non-pregnant woman</td>
</tr>
<tr>
<td>🔆</td>
<td>As mentioned before, the key to a healthy weight is balancing the number of calories that you eat or drink with the number of calories that your body uses. Your body uses calories to keep you alive by fueling body functions, such as your heart beat and food digestion, and to give you energy for physical activity. You can control the number of calories that you eat or drink and how active you are. Find “It’s a Balancing Act!” on your <em>Summary</em> handout. Let’s answer the questions about the effects of calorie intake and physical activity.</td>
</tr>
<tr>
<td></td>
<td>• What will happen if you eat or drink more calories than you burn through physical activity and body processes? <strong>Answer:</strong> You will gain weight.</td>
</tr>
<tr>
<td></td>
<td>• What will happen if you eat or drink less calories than you burn through physical activity and body processes? <strong>Answer:</strong> You will lose weight.</td>
</tr>
<tr>
<td></td>
<td>• What will happen if you eat or drink the same amount of calories that you burn through physical activity and body processes? <strong>Answer:</strong> Your weight will stay the same.</td>
</tr>
<tr>
<td>🧠</td>
<td>You may choose to do the “Calories Add Up” activity at this point in the lesson.</td>
</tr>
<tr>
<td>🌟</td>
<td>A great way to keep track of your food and physical activity is to keep a record, or journal. You can use a notebook, blank journal or even find an on-line program to keep track of your food and activity.</td>
</tr>
<tr>
<td></td>
<td>Things that you might include in your journal are:</td>
</tr>
<tr>
<td></td>
<td>• Meals, snacks and drinks throughout the day</td>
</tr>
<tr>
<td></td>
<td>• Types and amounts of physical activity that you did</td>
</tr>
<tr>
<td>🗣️</td>
<td><strong>Group Discussion:</strong> What are some other items that you could include in a food and activity record?</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> You may choose to write the answers on a board or flip chart.</td>
</tr>
<tr>
<td></td>
<td><strong>Answers:</strong> (may include, but are not limited to)</td>
</tr>
<tr>
<td></td>
<td>• Calories in the food and drinks that you consumed</td>
</tr>
<tr>
<td></td>
<td>• Times when you ate</td>
</tr>
<tr>
<td></td>
<td>• Where you ate</td>
</tr>
<tr>
<td></td>
<td>• How hungry you felt when you ate</td>
</tr>
<tr>
<td></td>
<td>• How you felt when you ate or wanted to eat/any emotional triggers</td>
</tr>
<tr>
<td></td>
<td>• Where you did physical activity</td>
</tr>
<tr>
<td></td>
<td>You may find the What I Eat and How Active I Am logs to be helpful in tracking your food and activity.</td>
</tr>
<tr>
<td>⏰</td>
<td><strong>Reflection:</strong> Let’s reflect on what we have learned in this lesson.</td>
</tr>
<tr>
<td></td>
<td>• Body mass index, or BMI, can help us determine if we are at a healthy weight or if we are underweight, overweight or obese.</td>
</tr>
<tr>
<td></td>
<td>• Waist circumference is another number that can help us know if we are at risk for obesity-related health problems.</td>
</tr>
<tr>
<td></td>
<td>• We need to balance the number of calories that we eat and drink with the number of calories that our body uses in order to control our weight.</td>
</tr>
</tbody>
</table>
One tool to help us control our weight is a food and activity record.

What are two things that you can include in a food and activity record, other than what you eat, what you drink and what physical activity you do, that will help you find balance?

Once you have decided those two things, write them down under “Reflection” on your Summary handout.

Note: Staff may share their reflection ideas with a partner or the group.

Over the next week, try to keep a food and activity record that includes what you ate, what you drank, what physical activity you did and the other two ideas that you wrote down under the “Reflection” section. We will check in with each other next week to see how we did.

Group Discussion:
Are there any questions?

Activity: Calories Add Up

We are going to try a fun and eye-opening activity. If we chose to eat or drink a little extra each day, just 100 calories, let’s see how quickly that would add up.

What does 100 calories look like?
- 10 Peanut M&M’s
- 2 sugar packets (45 calories each) and ½ Tablespoon half and half (10 calories)
- Less than 3 pats (1" square, 1/3" high) of butter (36 calories each)
- 1 Tablespoon of mayonnaise

Source: National Nutrient Database for Standard Reference, U.S. Department of Agriculture

Instructions:
- Multiply 100 calories by 365 days per year. (Answer: 36,500)
- Divide this answer by the number of calories in a pound. (Answer: 10.43)
  - One pound = 3,500 calories

You could gain almost 10 ½ pounds per year just by small additions each day. How quickly those extras add up!
Module 1, Lesson 4: Weigh to Wellness Summary

Summary:

- Body mass index, or BMI, can help us determine if we are at a healthy weight or if we are underweight, overweight or obese.
- Waist circumference is another number that can help us know if we are at risk for obesity-related health problems.
- We need to balance the number of calories that we eat and drink with the number of calories that our body uses in order to manage our weight.
- One tool to help us manage our weight is a food and activity record.

Resources:

- Nutrition.gov - Smart nutrition starts here
  National Agricultural Library
  U.S. Department of Agriculture
  www.nutrition.gov

- MyPlate
  U.S. Department of Agriculture
  www.choosemyplate.gov

- Obesity and Overweight
  Centers for Disease Control and Prevention
  U.S. Department of Health and Human Services
  www.cdc.gov/obesity/index.html

- Weight-control Information Network
  National Institute for Diabetes and Digestive and Kidney Diseases, National Institutes of Health
  U.S. Department of Health and Human Services

- Weight Management and Obesity Resource List
  National Agricultural Library
  U.S. Department of Agriculture
Module 1, Lesson 4: Weigh to Wellness Summary

BMI Ranges

- Underweight: Less than 18.5
- Healthy Weight: 18.5-24.9
- Overweight: 25.0-29.9
- Obese: 30.0 and higher

Waist Circumference

You are at a higher risk of developing an obesity-related problem if your waistline is:
- More than 40 inches if you are a man
- More than 35 inches if you are a non-pregnant woman

It’s a Balancing Act!

- What will happen if you eat or drink more calories than you burn through physical activity and body processes?

- What will happen if you eat or drink less calories than you burn through physical activity and body processes?

- What will happen if you eat or drink the same amount of calories that you burn through physical activity and body processes?

Calories Add Up!

1. How many calories would you eat in a year if you ate 100 extra calories each day?
   Multiply 100 calories by 365 days per year. ______________

2. How many calories are in a pound? ______________

3. How many pounds could you gain in a year by eating 100 extra calories each day for a year?
   Divide Answer #1 by Answer #2. ______________

Reflection:

Other than what I ate, what I drank, and the physical activity I did, two items to include in a food and activity record that would help me find balance are:

________________________________________________________________________
________________________________________________________________________
# Adult BMI Chart

<table>
<thead>
<tr>
<th>BMI</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
<th>31</th>
<th>32</th>
<th>33</th>
<th>34</th>
<th>35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>4'10&quot;</td>
<td>91</td>
<td>96</td>
<td>100</td>
<td>105</td>
<td>110</td>
<td>115</td>
<td>120</td>
<td>125</td>
<td>130</td>
<td>135</td>
<td>140</td>
<td>145</td>
<td>150</td>
<td>155</td>
<td>160</td>
<td>165</td>
</tr>
<tr>
<td></td>
<td>4'11&quot;</td>
<td>94</td>
<td>99</td>
<td>104</td>
<td>109</td>
<td>114</td>
<td>119</td>
<td>124</td>
<td>129</td>
<td>134</td>
<td>139</td>
<td>144</td>
<td>149</td>
<td>154</td>
<td>159</td>
<td>164</td>
<td>169</td>
</tr>
<tr>
<td></td>
<td>5'</td>
<td>97</td>
<td>102</td>
<td>107</td>
<td>112</td>
<td>118</td>
<td>123</td>
<td>128</td>
<td>133</td>
<td>138</td>
<td>143</td>
<td>148</td>
<td>153</td>
<td>158</td>
<td>163</td>
<td>168</td>
<td>173</td>
</tr>
<tr>
<td></td>
<td>5'1&quot;</td>
<td>100</td>
<td>106</td>
<td>111</td>
<td>116</td>
<td>122</td>
<td>127</td>
<td>132</td>
<td>137</td>
<td>143</td>
<td>148</td>
<td>153</td>
<td>158</td>
<td>163</td>
<td>168</td>
<td>174</td>
<td>179</td>
</tr>
<tr>
<td></td>
<td>5'2&quot;</td>
<td>104</td>
<td>109</td>
<td>115</td>
<td>120</td>
<td>126</td>
<td>131</td>
<td>136</td>
<td>142</td>
<td>147</td>
<td>153</td>
<td>158</td>
<td>164</td>
<td>169</td>
<td>175</td>
<td>180</td>
<td>186</td>
</tr>
<tr>
<td></td>
<td>5'3&quot;</td>
<td>107</td>
<td>113</td>
<td>118</td>
<td>124</td>
<td>130</td>
<td>135</td>
<td>141</td>
<td>146</td>
<td>152</td>
<td>158</td>
<td>163</td>
<td>169</td>
<td>175</td>
<td>180</td>
<td>186</td>
<td>191</td>
</tr>
<tr>
<td></td>
<td>5'4&quot;</td>
<td>110</td>
<td>116</td>
<td>122</td>
<td>128</td>
<td>134</td>
<td>140</td>
<td>145</td>
<td>151</td>
<td>157</td>
<td>163</td>
<td>169</td>
<td>174</td>
<td>180</td>
<td>186</td>
<td>192</td>
<td>197</td>
</tr>
<tr>
<td></td>
<td>5'5&quot;</td>
<td>114</td>
<td>120</td>
<td>126</td>
<td>132</td>
<td>138</td>
<td>144</td>
<td>150</td>
<td>156</td>
<td>162</td>
<td>168</td>
<td>174</td>
<td>180</td>
<td>186</td>
<td>192</td>
<td>198</td>
<td>204</td>
</tr>
<tr>
<td></td>
<td>5'6&quot;</td>
<td>118</td>
<td>124</td>
<td>130</td>
<td>136</td>
<td>142</td>
<td>148</td>
<td>155</td>
<td>161</td>
<td>167</td>
<td>173</td>
<td>179</td>
<td>186</td>
<td>192</td>
<td>198</td>
<td>204</td>
<td>210</td>
</tr>
<tr>
<td></td>
<td>5'7&quot;</td>
<td>121</td>
<td>127</td>
<td>134</td>
<td>140</td>
<td>146</td>
<td>153</td>
<td>159</td>
<td>166</td>
<td>172</td>
<td>178</td>
<td>185</td>
<td>191</td>
<td>198</td>
<td>204</td>
<td>211</td>
<td>217</td>
</tr>
<tr>
<td></td>
<td>5'8&quot;</td>
<td>125</td>
<td>131</td>
<td>138</td>
<td>144</td>
<td>151</td>
<td>158</td>
<td>164</td>
<td>171</td>
<td>177</td>
<td>184</td>
<td>190</td>
<td>197</td>
<td>203</td>
<td>210</td>
<td>216</td>
<td>223</td>
</tr>
<tr>
<td></td>
<td>5'9&quot;</td>
<td>128</td>
<td>135</td>
<td>142</td>
<td>149</td>
<td>156</td>
<td>163</td>
<td>169</td>
<td>176</td>
<td>183</td>
<td>190</td>
<td>196</td>
<td>203</td>
<td>210</td>
<td>217</td>
<td>224</td>
<td>230</td>
</tr>
<tr>
<td></td>
<td>5'10&quot;</td>
<td>132</td>
<td>139</td>
<td>146</td>
<td>153</td>
<td>160</td>
<td>167</td>
<td>174</td>
<td>181</td>
<td>188</td>
<td>195</td>
<td>202</td>
<td>209</td>
<td>216</td>
<td>223</td>
<td>230</td>
<td>236</td>
</tr>
<tr>
<td></td>
<td>5'11&quot;</td>
<td>136</td>
<td>143</td>
<td>150</td>
<td>157</td>
<td>165</td>
<td>172</td>
<td>179</td>
<td>186</td>
<td>193</td>
<td>200</td>
<td>208</td>
<td>215</td>
<td>222</td>
<td>229</td>
<td>236</td>
<td>243</td>
</tr>
<tr>
<td></td>
<td>6'</td>
<td>140</td>
<td>147</td>
<td>154</td>
<td>161</td>
<td>168</td>
<td>175</td>
<td>183</td>
<td>190</td>
<td>198</td>
<td>206</td>
<td>214</td>
<td>222</td>
<td>230</td>
<td>238</td>
<td>246</td>
<td>253</td>
</tr>
<tr>
<td></td>
<td>6'1&quot;</td>
<td>144</td>
<td>151</td>
<td>158</td>
<td>165</td>
<td>173</td>
<td>181</td>
<td>189</td>
<td>197</td>
<td>205</td>
<td>213</td>
<td>222</td>
<td>230</td>
<td>238</td>
<td>246</td>
<td>255</td>
<td>263</td>
</tr>
<tr>
<td></td>
<td>6'2&quot;</td>
<td>148</td>
<td>155</td>
<td>163</td>
<td>171</td>
<td>179</td>
<td>187</td>
<td>195</td>
<td>204</td>
<td>212</td>
<td>220</td>
<td>229</td>
<td>238</td>
<td>246</td>
<td>255</td>
<td>264</td>
<td>272</td>
</tr>
<tr>
<td></td>
<td>6'3&quot;</td>
<td>152</td>
<td>160</td>
<td>168</td>
<td>176</td>
<td>184</td>
<td>192</td>
<td>201</td>
<td>210</td>
<td>219</td>
<td>228</td>
<td>237</td>
<td>246</td>
<td>256</td>
<td>265</td>
<td>274</td>
<td>283</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy Weight</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'10&quot; 91</td>
<td>96</td>
<td>100</td>
</tr>
<tr>
<td>4'11&quot; 94</td>
<td>99</td>
<td>104</td>
</tr>
<tr>
<td>5'    97</td>
<td>102</td>
<td>107</td>
</tr>
<tr>
<td>5'1&quot; 100</td>
<td>106</td>
<td>111</td>
</tr>
<tr>
<td>5'2&quot; 104</td>
<td>109</td>
<td>115</td>
</tr>
<tr>
<td>5'3&quot; 107</td>
<td>113</td>
<td>118</td>
</tr>
<tr>
<td>5'4&quot; 110</td>
<td>116</td>
<td>122</td>
</tr>
<tr>
<td>5'5&quot; 114</td>
<td>120</td>
<td>126</td>
</tr>
<tr>
<td>5'6&quot; 118</td>
<td>124</td>
<td>130</td>
</tr>
<tr>
<td>5'7&quot; 121</td>
<td>127</td>
<td>134</td>
</tr>
<tr>
<td>5'8&quot; 125</td>
<td>131</td>
<td>138</td>
</tr>
<tr>
<td>5'9&quot; 128</td>
<td>135</td>
<td>142</td>
</tr>
<tr>
<td>5'10&quot; 132</td>
<td>139</td>
<td>146</td>
</tr>
<tr>
<td>5'11&quot; 136</td>
<td>143</td>
<td>150</td>
</tr>
<tr>
<td>6'    140</td>
<td>147</td>
<td>154</td>
</tr>
<tr>
<td>6'1&quot; 144</td>
<td>151</td>
<td>158</td>
</tr>
<tr>
<td>6'2&quot; 148</td>
<td>155</td>
<td>163</td>
</tr>
<tr>
<td>6'3&quot; 152</td>
<td>160</td>
<td>168</td>
</tr>
</tbody>
</table>

## Measuring Your Waist Size

1. Find a tape measure and place it around your bare abdomen, parallel to the floor. Be sure to place it just above your hip bone.
2. Do not compress your skin, but make sure the tape is snug.
3. Relax and exhale.
4. Read the measurement.

Source: Dietary Guidelines for Americans
Serve Up a Healthier You – What I Eat

My goal(s) for the week:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

Taking a look at what we eat can help us to find things we can improve about our habits.

Think about everything that you eat and drink each day. Write it down.

**Food and Drink**
- What did you eat?
- What did you drink?
- How much did you eat or drink - cups, ounces, tablespoons?
- How was it cooked - baked, grilled, fried?
- What did you add - butter, cream, sugar, dressing, mayonnaise?

**Time**
- When did you eat or drink this?

**Why**
- How hungry were you before and after eating - using a scale of 1 (starving) to 10 (uncomfortably full)?
- How did you feel - sad, happy, bored, worried, tired, stressed, angry?

Did you meet your goal(s) for today – yes or no?
Serve Up a Healthier You – How Active I Am

My goal(s) for the week:

Taking a look at how active we are can help us to find things we can improve about our habits. Think about everything you do to move more each day. Write it down.

### Activity
- What did you do – walk, bike, swim, dance, garden, yoga, pilates?
- What type of activity - aerobic, flexibility or strengthening?

### Amount
- How long did you do the activity - minutes?
- How many steps or miles did you go - what was your pedometer or odometer distance?

### Time
- When did you do your activity?

### Intensity
- How hard did you work, moderate or vigorous - on a scale of 0 (nothing at all) to 11 (maximum effort)?
- How did you feel?

Did you meet your goal(s) for today – yes or no?

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did you meet your goal(s) for today – yes or no?
Introduction/Description: Does tobacco have a hold on you or someone you love? Now is the time to make tobacco a part of your past. This mini-lesson will cover the health concerns of tobacco, benefits of quitting tobacco, and tips and resources for making that change permanent.

Objectives: After this lesson, each staff member will be able to:
- Identify health concerns associated with tobacco use.
- List the benefits of quitting a tobacco habit.
- Use strategies for coping with triggers or cravings.

Outcomes: Staff will strive to improve overall wellness by considering the dangers of tobacco use and identifying strategies for quitting.

Handouts:
- Module 1, Lesson 5: Tobacco - Make It a Part of Your Past Summary
- Cutting the Habit Cuts the Cost! Activity (Optional)

Materials:
- Board or flip chart (Optional)
- Markers (Optional)
- Pencils or pens (Encourage staff to bring a pencil or pen.)
- Calculators - Cutting the Habit Cuts the Cost! Activity (Optional)

Activities:
- Cutting the Habit Cuts the Cost! (Optional)

Lesson Key: The following are symbols for the leader script:
- Spoken by the presenter
- Discussion or hands-on activity
- Writing activity

Script (Content and Sequence):

Does tobacco have a hold on you or someone you love? Now is the time to make tobacco a part of the past. This mini-lesson will cover the health concerns of tobacco use, benefits of quitting tobacco use, and tips and resources for making that change permanent.

Group Discussion: What are some of the types of tobacco that people may use?

Answers: (may include, but are not limited to)
- Cigarettes
- Cigars
- Pipes
- Chewing tobacco
- Snuff (moist or dry)
• Snus (smoke free, spit-free tobacco that comes in tea bag-like pouches)
• Bidis (bee-dees) - small, hand-rolled cigarettes from India, rolled in a leaf and tied with string at the end; may be flavored
• Kreteks (kree-tekss) - also called “clove cigarettes”
• Hookah water pipe smoking (Hookah bars have become popular, especially with young adults.)

There are many different tobacco products, but the use of any of these products creates health concerns.

For example, smoking increases the risk of:
• Heart disease
• Stroke
• Lung cancer
• Chronic obstructive pulmonary disorder or COPD (COPD is a disease that makes it hard to breathe and gets worse over time. COPD can cause coughing that produces large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms.)

Not only does smoking affect the person using the product, but it can also affect the people around them through secondhand smoke.

Secondhand smoke increases the risk of:
• Heart disease
• Lung cancer
• Sudden infant death syndrome or SIDS (SIDS is the sudden and unexplained death of an infant who is younger than 1 year old.)

Some people have the idea that smokeless tobacco such as chewing tobacco or snuff is not as bad as smoking tobacco. Smokeless tobacco has its risks as well.

Smokeless tobacco increases the risk of:
• Oral and pancreatic cancer
• Gum recession and disease
• Cavities
• Blood pressure problems, low birth weight and premature birth in pregnant women

In order to improve your wellness and take care of you, quitting tobacco use is very important. To make the decision to quit, you need to think about the benefits, or pros, of quitting and compare those to the difficulties, or cons, of quitting.

**Note:** For this discussion, use a board or flip chart to write down the pros and cons. Staff can write the answers down under “Pros and Cons of Quitting” on the *Summary* handout. Most likely, the pros will outweigh the cons. Make note of this with the staff.

**Group Discussion:**
What are the pros and cons of quitting?

**Answers:** (may include, but are not limited to)
• Pros
  • You improve your health by decreasing disease risks.
  • You have more energy.
  • You have a better sense of smell and taste.
  • You have whiter teeth.
Serve Up a Healthier You

- You cough less.
- You can breathe better.
- Your hair, skin, breath, and clothes smell better.
- Your house, car, etc. smell better.
- Your family and friends are proud of you for quitting.
- You will be a role model for others who want to quit.
- You feel more in control.
- You feel less jittery.
- You don’t have to worry about where or when to smoke.
- You have more money because you are not buying tobacco products.
- You won’t expose others to secondhand smoke.

- Cons
  - It’s hard work.
  - There will be cravings.
  - You may gain weight.
  - It will be uncomfortable.

You may choose to do the “Cutting the Habit Cuts the Cost!” activity at this point in the lesson.

Once you have decided that the pros outweigh the cons and have made the decision to quit, it is important to know where to go to find help. Your Summary handout provides several resources for quitting, including help lines that will get you in touch with a counselor and resources in your community.

When quitting, it is important to know your triggers. Triggers are those things that make you want, or crave, a cigarette or tobacco product.

For example, you may always smoke or chew tobacco after eating. Once you decide to quit, you will probably need to find something else to do right after eating to take your mind off of using tobacco.

Other triggers include:
- Stress
- Sadness
- Feeling lonely
- Talking on the phone
- Drinking coffee
- Drinking alcohol
- Watching TV
- Driving a vehicle
- Playing cards
- Taking a break at work
- Being around other people who smoke
- Going to a party
- Seeing an ashtray

It is important to come up with ways to avoid triggers and help with cravings. Let’s use the after eating tobacco use example. A way to cope with that trigger would be to immediately get up from the table and go for a walk or even brush your teeth.
**Group Discussion:**
What are some ways to avoid triggers or help with cravings?

**Answers:** (may include, but are not limited to)
- Find a support group in the area.
- Keep healthy snacks like carrot sticks, whole grain dry cereal or fruit with you to curb your craving.
- If you miss having something in your hand, try holding a pencil, paper clip or water bottle to keep your hand occupied.
- Spend time where smoking isn’t allowed.
  - In North Carolina, all school districts have adopted a 100% Tobacco-Free School policy to prohibit the use of tobacco products by anyone, including students, staff, and visitors, on school grounds or at school events at all times.
  - As of January 1, 2008, smoking was banned inside all North Carolina state government buildings and local governments were allowed to set similar policy (G.S. 130A-491).
  - As of January 2, 2010, restaurants and bars in North Carolina and many lodging establishments were required to be smoke-free (G.S. 130A-496).
- Talk to your medical provider about medications and resources that may help you quit.
- Tell your friends and family that you are quitting. They can offer accountability and support.

**Reflection:**
Let’s reflect on what we have discussed today.

- There are many kinds of tobacco products, and all of them carry health risks.
- In order to make the decision to quit, it is important to weigh your pros and cons.
- Once you decide to quit, get help.
- Finally, know your triggers and find ways to avoid them.

- If you use tobacco, take this time to write down two things that you can do for yourself to help you make it a part of your past. It may just be telling someone that you want to quit or writing down your own list of pros and cons. You may even be ready to call a help line. Write down your ideas under “Reflection” on the *Summary* handout.
- If you don’t use tobacco, but know someone who does, take this time to write down two things that you can do to help under “Reflection” on the *Summary* handout.

**Group Discussion:**
Are there any questions?
### Activity: Cutting the Habit Cuts the Cost!

One of the benefits of cutting the tobacco habit is saving money. Let’s see just how much money you could save by quitting the smoking habit as an example.

The *Cutting the Habit Cuts the Cost!* handout has information to help us calculate how much a cigarette habit would cost you. A pack of cigarettes in North Carolina is about $4.45. What would be the cost for each week and each year if you smoked ½ a pack per day?

**Note:** A similar calculation could be done using other forms of tobacco.

<table>
<thead>
<tr>
<th>Instructions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• As a group, calculate the cost of ½ of a pack of cigarettes. <em>(Answer: $2.23)</em></td>
<td></td>
</tr>
<tr>
<td>• Then, multiply $2.23 by the number of days in a week. <em>(Answer: $15.61)</em></td>
<td></td>
</tr>
<tr>
<td>• Next, multiply the $2.23 by the number of days in a year. <em>(Answer: $813.95)</em></td>
<td></td>
</tr>
<tr>
<td>• This can then be done for smoking 1 pack per day.</td>
<td></td>
</tr>
<tr>
<td>• 1 pack = $4.45</td>
<td></td>
</tr>
<tr>
<td>• Cost of 1 pack per day per week = $31.15</td>
<td></td>
</tr>
<tr>
<td>• Cost of 1 pack per year = $1624.25</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** If you multiply the cost of ½ pack per week by 52 weeks per year, the answer will be $811.72 (7 days/week x 52 weeks/year = 364 days per year).

*Source: American Lung Association, www.lung.org*

The savings from quitting a cigarette habit for one week of smoking ½ of a pack of cigarettes a day could help you buy groceries for a day. Imagine what you could do with the savings of $813.95 each year or even $1624.25 if you smoke 1 pack per day!

Your cost savings will also add up if you consider costs other than cigarettes. A smoker will most likely have more illnesses, which will lead to more medical provider visits and more sick days. Losing days of work due to being sick can also cut into your budget. For example, if your insurance co-pay is $25 for an appointment with your medical provider, an extra four visits in a year will cost $100, not to mention the cost of medications and treatments. If more serious illnesses occur, then the costs will continue to add up.

Quitting the cigarette habit will definitely cut the costs!
Module 1, Lesson 5: Tobacco - Make It a Part of Your Past Summary

Summary:

- The use of any tobacco product carries health risks.
- Quitting has many benefits, most importantly, better health by reducing risk of diseases such as cancer, stroke and heart disease.
- Once you decide to quit:
  - Find help (a help line, support group, medical provider, or counselor).
  - Learn your triggers and ways to avoid them.

Resources:

Help for quitting

- American Cancer Society (ACS)
  1-800-ACS-2345 (1-800-227-2345)
  www.cancer.org

- American Lung Association
  1-800-LUNG-USA (1-800-586-4872)
  www.lung.org

- N.C. HealthSmart
  N.C. State Health Plan for Teachers and State Employees
  www.shpnc.org/ncHealthSmart/default.aspx

- Quit Line (Connect to counseling and information within your state)
  1-800-QUIT-NOW (1-800-784-8669)
  www.quitlinenc.com

- Smokefree.gov
  National Cancer Institute, National Institutes of Health
  U.S. Department of Health and Human Services
  www.smokefree.gov

General information

- Smoking and Tobacco Use
  Centers for Disease Control and Prevention
  U.S. Department of Health and Human Services
  www.cdc.gov/tobacco/index.htm
Module 1, Lesson 5: Tobacco - Make It a Part of Your Past Summary

Pros and Cons of Quitting

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>

Notes:

Reflection:

Idea 1 -

Idea 2 -
Cutting the Habit Cuts the Cost!

1 pack of cigarettes = $4.45

1. What is the cost of smoking ½ of a pack per day?
   
   $4.45 ÷ 2 = ____________________________

2. What is the cost of smoking ½ of a pack per day for a week?
   
   Answer to #1_______ x 7 = ____________________________

3. What is the cost of smoking ½ of a pack per day for a year?
   
   Answer to #1_______ x 365 = ____________________________

4. What is the cost of smoking 1 pack per day for a week?
   
   $4.45 x 7 = ____________________________

5. What is the cost of smoking 1 pack per day for a year?
   
   $4.45 x 365 = ____________________________
Module 1, Lesson 6: Be a Stress Survivor

Introduction/Description: Do you ever feel like there are not enough hours in the day? Do you ever stay awake during the night thinking of all of the things that you need to do or the people that you struggle with? We all have things that cause us stress, and we will deal with stress throughout our lives. The question we must ask is, “How do we handle that stress?” This mini-lesson will discuss sources of stress and some ways to cope with that stress.

Objectives: After this lesson, each staff member will be able to:

- Identify ways that they are affected by stress.
- Practice ways to manage stress.

Outcomes: Staff will strive to improve overall wellness by practicing stress management.

Materials:

- Board or flip chart (Optional)
- Markers (Optional)
- Pencils or pens (Encourage staff to bring a pencil or pen.)

Activities:

- My Stress Plan
- Relax and Breathe! (Optional)

Lesson Key: The following are symbols for the leader script:

- Spoken by the presenter
- Discussion or hands-on activity
- Writing activity

Script (Content and Sequence):

Do you ever feel like there are not enough hours in the day? Do you ever stay awake during the night thinking of all of the things that you need to do or the people that you struggle with? We all have things that cause us stress, and we will deal with stress throughout our lives. The question we must ask is, “How do we handle that stress?” This mini-lesson will discuss sources of stress and some ways to cope with that stress.

Group Discussion:
What are some things in our lives that cause stress?

Note: Answers may be written on a board or flip chart.

Answers: (may include, but are not limited to)

- Family issues
- Finances
Health issues  
Lack of time  
Relationships  
Too much to do  
Work responsibilities

There are many things that can cause stress. It is important to know what is most stressful for you. We all experience stress, and the stress that we feel does affect us. There are three ways that we can be affected by stress.

Stress can affect:  
- Our bodies  
- Our thoughts and feelings  
- Our behaviors

Our bodies can reflect the stress that we are under. Have you ever felt sick to your stomach when you knew you were going to be in a stressful situation?

When we are stressed, our bodies can react with:  
- Backaches  
- Headaches  
- A racing heart  
- Sleep problems  
- Upset stomachs

More serious problems can happen, too. We may experience high blood pressure, increased sickness, and even heart disease!

Not only are our bodies affected, but our thoughts and feelings are affected as well.

Group Discussion:  
How do you feel or what do you think when you are stressed?

Note: Answers may be written on a board or flip chart.

Answers: (may include, but are not limited to)  
- Anxious  
- Depressed  
- Forgetful  
- Irritable, get mad easily  
- Lose focus  
- Overwhelmed  
- Restless  
- Sad  
- Worried

When you think or feel this way, it is more difficult to do a good job at work or at home.

The final thing that is affected by stress is our behavior.

Group Discussion:  
What are some things that you do when you are stressed?
Note: Answers may be written on a board or flip chart.

Answers: (may include, but are not limited to)
- Chew nails.
- Cry.
- Drink alcohol.
- Eat comfort foods.
- Eat too little.
- Eat too much.
- Fight or have angry outbursts.
- Sleep too little.
- Sleep too much.
- Smoke or use tobacco products.
- Stop exercising.

My Stress Plan Activity:
Find “My Stress Plan” on the Summary handout.

Instructions:
- Have each staff member decide on two things that cause them the most stress.
- These should be written in the first column of the table under the “My Stress Plan” heading on the Summary sheet.
- Then, they need to think of a way that each stressor affects them.
- These should be written in the second column of the table.
- For example, a stressor may be going to see a medical provider. Every time they go, their heart races or their stomach ties up in knots.
- Once they have filled in the first two columns of the table, they may share with a partner or the group.

Now that you have written down two things that cause you stress, and how you react to that stress, we are going to talk about ways to manage that stress.

There are four ways that we can manage stress.

- Physical activity
- Nutrition
- Social support
- Relaxation

Physical activity can help you cope with stress and give you a sense of well-being. After a tough day at work, a quick walk outside can calm you down and help you shift your thoughts from work to home. Being physically active and in good shape can help you feel better in general, making it easier to cope with stressful situations.

Nutrition is another way to deal with stress. If you make poor food and drink choices, your body has a harder time fighting illness. If you are feeling stressed you may be more likely to get sick. You may also have a harder time focusing and fighting emotional stress if your brain is not getting the best nutrition. Try to make healthy food and drink choices to help you manage stress.

Social support is another way to deal with stress. Be sure to have someone to go to when you are feeling stress. It is important to have another person or people to talk to.
Finally, there are many types of relaxation that you can do to help you deal with stress. Try to find a hobby or something that you can do that is relaxing for you. For example, you may like to take photographs or read a good book. Try to spend time each week doing your favorite relaxing activity. You can also try relaxation techniques such as deep breathing or meditating.

You may choose to do the “Relax and Breathe” activity at this point in the lesson.

**My Stress Plan Activity:**
Turn back to the “My Stress Plan” activity on the *Summary* handout.

**Instructions:**
- Have staff think about the two stressors they have written down and the ways that each stressor affects them.
- Then, they need to think of two ways they can manage that stress.
- Using the previous example, if they experience their heart racing every time they go to see a medical provider, they may want to manage that stress by closing their eyes and taking a few deep breaths when they are sitting in the lobby. Or, they may want to take a book with them to read while they are waiting for the medical provider.
- Have them write down the ways they will manage their stressors in the third column of the table.
- They can share their ideas with a partner or the group.

**Reflection:**
Let’s reflect on what we have learned today.

- Stress can come from many different things. We all deal with stress.
- Stress affects:
  - Our bodies
  - Our thoughts and feelings
  - Our behavior
- It is important to manage our stress to lower its effects.
- We can manage our stress through:
  - Physical activity
  - Nutrition
  - Social support
  - Relaxation

- What are two ways that you can try to manage your stress over the next week?
- Once you have decided, write these down as your two goals for the next week under the “Reflection” section of the *Summary* handout.

**Note:** Staff may share their goals with a partner or the group.

We will check in with each other next week to see how we did.

**Group Discussion:**
Are there any questions?
### Activity: Relax and Breathe!

- **We are going to try a simple relaxation technique that you can do just about anywhere.**

<table>
<thead>
<tr>
<th><strong>Instructions:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dim or turn off the lights, if possible.</td>
</tr>
<tr>
<td>Ask everyone to do the following:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*Adapted from Medline Plus Tutorial - Stress Management, U.S. Department of Health and Human Services*

- **Group Discussion:**
  - How do you feel now?
Module 1, Lesson 6: Be a Stress Survivor Summary

Summary:

- Stress can come from many different things. We all deal with stress.
- Stress affects:
  - Our bodies
  - Our thoughts and feelings
  - Our behavior
- It is important to manage our stress to lower its effects.
- We can manage our stress through:
  - Physical activity
  - Nutrition
  - Social support
  - Relaxation

Resources:

- Stress and Anxiety
  Medline Plus
  National Library of Medicine, National Institutes of Health
  U.S. Department of Health and Human Services

- Stress Management
  Mayo Clinic
  www.mayoclinic.com/health/stress-management/MY00435

- Stress Management
  Medline Plus
  National Library of Medicine, National Institutes of Health
  U.S. Department of Health and Human Services
Module 1, Lesson 6: Be a Stress Survivor Summary

My Stress Plan

<table>
<thead>
<tr>
<th>What stresses me?</th>
<th>How does this affect me?</th>
<th>What can I do to manage it?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Reflection:

Goal 1 -

Goal 2 -
Module 1, Lesson 7: Manage Your Medications

**Introduction/Description:**
Do you know what is in your medicine cabinet? If you are like many people, there is a variety of over-the-counter medicines, prescribed medicines and even some supplements. It is important to know as much as we can about the benefits and risks before popping that pill. This mini-lesson will help us learn how to manage our medications and supplements so that they are used the right way.

**Objectives:**
After this lesson, each staff member will be able to:

- Identify four steps of managing medications and supplements.
- Determine two goals for managing medications.

**Outcomes:**
Staff will strive to improve overall wellness by managing their medications and supplements properly.

**Handouts:**
- My Medication List
- Module 1, Lesson 7: Manage Your Medications Summary
- Activity: Read the Label! (Optional)

**Materials:**
- Board or flip chart (Optional)
- Markers (Optional)
- Pencils or pens (Encourage staff to bring a pencil or pen.)

**Activities:**
- Read the Label (Optional)

**Lesson Key:**
The following are symbols for the leader script:

- Spoken by the presenter
- Discussion or hands-on activity
- Writing activity

**Script (Content and Sequence):**

Do you know what is in your medicine cabinet? If you are like many people, there are a variety of over-the-counter medicines, prescribed medicines and even some supplements. It is important to know as much as we can about the benefits and risks before popping that pill. This mini-lesson will help us learn how to manage our medications and supplements so that they are used the right way.

**Group Discussion:**
What are some benefits to taking medications?

**Answers:** (may include, but are not limited to)

- They can help you feel better.
- They can cure an illness.
- They can decrease signs and symptoms of a disease.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>They can help you prevent health problems.</td>
<td>Along with benefits, there come risks. Medicine can have its own side effects, cause adverse negative reactions and interact with foods and other medications. Because of these risks, it is important to take certain steps to manage your medications. First, you need to know your medicine.</td>
</tr>
</tbody>
</table>
| Group Discussion: What are some things you will need to know when your medical provider prescribes a new medicine? | Note: Answers may be written on a board or flip chart. Answers:  
- What is the medicine?  
- Why am I taking it?  
- Are there any side effects?  
- How long will I take it?  
- How much should I take?  
- How do I take it (for example, with or without food)?  
- When do I take it? |
| It is important that you understand why you are taking a medicine and the instructions for taking the medicine. If you forget some of the instructions that you were given at your medical provider’s office, you can ask the pharmacist when you pick up your prescription or call the provider’s office to be sure. Group Discussion: The next step is read the label. What are some things that you could find on the label, package or package insert for a medicine? | Note: Answers may be written on a board or flip chart. Answers:  
- What is the name of the medicine?  
- Uses - Why is it used?  
- Are there any warnings (for example, symptoms of an adverse reaction to look for)?  
- What are the ingredients?  
- How do I take it?  
- What is the recommended dose?  
- How much medicine is in the package?  
- What is the expiration date?  
- If it is a prescription:  
  - Specific instructions from the medical provider  
  - The medical provider who prescribed it  
  - The name and number of the pharmacy  
  - The name of the person it is prescribed for |
| You may choose to do the “Read the Label!” activity at this point in the lesson. | As you can see, the label, package or package insert of a medicine can help you understand a lot about what you are taking. It can help you figure out if the medicine is actually used for your symptoms, how to take it, when not to take it and some things that may happen if you take it. It can also let you
know how to store it and when to get rid of it. Medicines do expire, and you need to remove them from your medicine cabinet when they have passed that expiration date.

The next step is to **keep a list**.

Turn to your *My Medication List* handout. This list will help you keep up with everything that you are taking. You need to make sure that you are taking each medication exactly as prescribed or as instructed. You need to write on the list:

- The name of your medicine - This includes all prescribed medicines, over-the-counter medicines, vitamins, minerals and herbal supplements. Don’t forget any prescribed creams or ointments, liquids or other types of medications that are not in the form of a pill.
- Why you are taking it/what it is used for - Don’t be afraid to ask your medical provider why you are being asked to take something. You also need to make sure that any over-the-counter medications that you take are for your specific symptoms. Double check with your medical provider before taking a supplement to make sure that it would be beneficial for you, it would not interact with any medications that you may be taking, and that the dosage is appropriate. Too much of supplement can cause harmful effects.
- Who prescribed it, if it was prescribed - It is important to have your medical provider’s name and number in case you have a bad reaction or side effect when you are taking medication. Keeping it on the list makes sure that the name and number will be handy.
- How and when to take it and how much to take - You must follow the directions for each medication. If your medical provider has given you a certain amount to take for a certain period of time, you need to follow those instructions. Do not change your dose yourself or stop taking it early because you feel better. The medicine may need to be taken the full time for the full amount for it to work.

The last step in managing your medications is **share your list**.

This list needs to be with you every time you go to a medical provider. If the provider does not know what you take and you can’t remember, then he or she may put you on a medicine that you are already taking or they may prescribe something for you that may react with something you are taking.

**Reflection:**

Let’s reflect on what we have learned today.

- Four steps to follow when managing your medications are:
  - Know your medicine.
  - Read the label.
  - Keep a list.
  - Share your list.

- What are two things that you can do to manage your medications over the next week? For example, you could go through your medicine cabinet and remove any expired medications.
- Once you have decided on two things, write them down as your goals under the “Reflection” section of the *Summary* handout.

**Note:** Staff may share their goals with a partner or the group.

We will check in with each other next week to see how we did.

**Group Discussion:**

Are there any questions?
### Activity: Read the Label

<table>
<thead>
<tr>
<th>Instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Divide everyone into smaller groups of 2 or 3. This may also be done together as a group.</td>
</tr>
<tr>
<td>- Ensure each small group has an over-the-counter medicine label. You may bring in empty over-the-counter medicine packages or ask staff to bring one. You may also access printable label information/directions for over-the-counter medicines online from manufacturers’ websites.</td>
</tr>
<tr>
<td>- Ask them to use the package information to answer the questions under <em>Read the Label!</em> on the Summary handout.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group Discussion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there anything on the label that surprised you?</td>
</tr>
</tbody>
</table>

**Note:** You may write the answers on a board or flip chart.

**Answers:**
- Varied
<table>
<thead>
<tr>
<th>Name (prescription, over-the-counter, vitamins, minerals and herbal supplements)</th>
<th>Why I am taking it, what it is used for</th>
<th>Who prescribed it, if prescribed (name/number)</th>
<th>How and when to take it</th>
<th>How much to take</th>
</tr>
</thead>
</table>
Module 1, Lesson 7: Manage Your Medications Summary

Summary:

- Steps for managing your medications:
  - Know your medicine.
  - Read the label.
  - Keep a list.
  - Share your list.

Resources:

- Drugs
  U.S. Food and Drug Administration (FDA)
  www.fda.gov/drugs
Module 1, Lesson 7: Manage Your Medications Summary

Read the Label!
Directions: Answer the following questions using your medicine label or package.

1. What is the name of your medicine? ______________________________________________________
   ____________________________________________________________________________

2. Why might someone use this medicine? _________________________________________________
   ____________________________________________________________________________

3. How much should an adult take? ______________________________________________________
   ____________________________________________________________________________

4. How should the medicine be stored? __________________________________________________
   ____________________________________________________________________________

5. What are some of the side effects or things that might happen if you take this medicine?
   (for example, sleepiness) _________________________________________________________
   ____________________________________________________________________________

6. What is the expiration date for this medicine? __________________________________________
   ____________________________________________________________________________

Notes:

Reflection:

Goal 1 -

Goal 2 -
Serve Up a Healthier You
North Carolina Child Nutrition Services
Staff Wellness Toolkit
Mini-Lessons

Module 1, Lesson 8: Sweet Dreams

Introduction/Description:
Wellness not only includes eating smart and moving more, it also includes sweet dreams! Good sleep habits are important to the balance of wellness. This mini-lesson will cover the importance of sleep, some things that may be affecting our sleep, and tips for getting a good night’s sleep.

Objectives:
After this lesson, each staff member will be able to:
- Identify the importance of sleep.
- Practice good sleep habits.

Outcomes:
Staff will strive to improve overall wellness by practicing good sleep habits.

Handouts:
- Module 1, Lesson 8: Sweet Dreams Summary

Materials:
- Board or flip chart (Optional)
- Markers (Optional)
- Pencils or pens (Encourage staff to bring a pencil or pen.)

Activities:
- My Nighttime Routine

Lesson Key:
The following are symbols for the leader script:
- Spoken by the presenter
- Discussion or hands-on activity
- Writing activity

Script (Content and Sequence):

Wellness not only includes eating smart and moving more, it also includes sweet dreams! Good sleep habits are important to the balance of wellness. This mini-lesson will cover the importance of sleep, some things that may be affecting our sleep, and tips for getting a good night’s sleep.

Group Discussion:
When you wake up in the morning, are you refreshed and ready to go, or groggy and grumpy? What are some things that may be keeping you up at night?

Note: Answers may be written on a board or flip chart.

Answers: (may include, but are not limited to)
- Anxiety or worry
- Church or community activities
- Family responsibilities
- Hobbies
Sleep is very important, but many of us scrimp on our sleep. About 40% of Americans get less than 7 hours of sleep each night. On average, adults need between 7 to 9 hours of sleep each night.

There are many reasons to get enough sleep each night.

Lack of sleep may lead to:
- Weight gain
- Accidents and falls during the day
- Problems with your health, such as an increased risk for obesity, diabetes, and heart disease

Getting enough sleep will:
- Help you learn and remember better.
- Improve your mood.

**Source:** 2002 National Sleep Foundation Sleep in America Poll

<table>
<thead>
<tr>
<th>Group Discussion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are some things that help you sleep?</td>
</tr>
</tbody>
</table>

**Note:** Answers may be written on a board or flip chart.

**Answers:** (may include, but are not limited to)
- Dark room
- Quiet room
- Listening to music
- Reading a book
- Taking a bath
- Doing my nighttime routine

<table>
<thead>
<tr>
<th>My Nighttime Routine Activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of us have something specific that we do before we go to bed. A nighttime routine includes everything that you do to end the day and prepare yourself for sleep. For example, a nighttime routine might look like this:</td>
</tr>
</tbody>
</table>

**Note:** Write the following steps on a board or flip chart prior to the lesson.

1. Take any nighttime medications with a small glass of water.
2. Brush and floss teeth.
3. Take a shower.
4. Put on your sleeping clothes.
5. Turn off the lights on the way to the bedroom.
6. Put clothes out for work the next day.
7. Set the alarm.
8. Read for 10 minutes.
9. Turn off all the lights.

- Household chores
- Internet/computer
- Pain
- Phone
- Television
- Work
Now, we are going to think about our own nighttime routines.

**Instructions:**
- Think about the routine that you have before you go to bed.
- Under the “My Nighttime Routine” heading on your Summary handout, there is a table.
- Take a few minutes to write down everything that you do to end the day and prepare for sleep under the section of the table with the heading, “My Current Routine.”

Our nighttime routines may or may not help us sleep. If part of your nighttime routine includes eating a large snack or playing a video game, you may be making it harder to sleep.

There are several things that we can do (or not do) that will help us go to sleep and stay asleep.

- The best light for regulating our sleep is bright light. Try to get outside and catch some sunlight during the day.
- Exercising regularly each day (but not right before bedtime) can help you sleep at night.
- A nap may help energize you during the day, but don’t make it too long! If you take a nap, limit it to 30 minutes or less in the mid-afternoon.
- Avoid caffeine about 8 hours before you go to bed.
- Avoid eating or drinking large amounts before you go to bed. This can help you avoid getting up in the night.
- Start a relaxing routine at night such as listening to relaxing music, taking a bath or reading a book. You can use this time to let go of some of the thoughts of the day.
- Turn the thermostat down. Try to keep a cooler temperature in your bedroom.
- Avoid watching TV, playing video games or using a computer, phone or PDA in the bedroom. Move those electronic distractions out of your bedroom and make it a sleep-only room!
- Make sure you are sleeping on a comfortable surface with a comfortable pillow. If you are on a very old, lumpy mattress, consider buying a new one. Test out mattresses before you buy one to ensure that it is a good fit for you.
- Turn off the lights. Close the shades, blinds or curtains.
- If you have pets that sleep in the bed with you, consider buying them their own bed that can lie on the floor in your room. Although we love our animals, they aren’t very considerate of us when we are sleeping!
- Finally, try to go to bed and wake up at the same time.

If you get enough sleep, but...

- Still feel sleepy during the day, or often fall asleep during the day
- Are told you stop breathing or have trouble breathing while you are sleeping
- Have tingling in your legs as you are trying to go to sleep

You may have a more serious problem. See your medical provider if you experience any of these.

**My Nighttime Routine Activity, continued:**

**Instructions:**
- Think about how you can improve your nighttime routine based on some of the things that we discussed.
- For example, if you drink a cup of caffeinated coffee each night with dinner, you may instead drink a cup of decaffeinated coffee or herbal tea.
- Write down ways you can improve your nighttime routine in the table under the “How I Can Improve My Routine” heading on your Summary handout.

**Note:** These ideas may be shared with a partner or the group.

<table>
<thead>
<tr>
<th>Reflection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Let’s reflect on what we have learned today.</td>
</tr>
<tr>
<td>• As adults, we need between 7 and 9 hours of sleep each night.</td>
</tr>
<tr>
<td>• Getting a good night’s sleep can help us learn and think better and can improve our mood.</td>
</tr>
<tr>
<td>• Not getting enough sleep can lead to weight gain, accidents and health problems.</td>
</tr>
<tr>
<td>• Starting a good nighttime routine can help us go to sleep and stay asleep.</td>
</tr>
<tr>
<td>• What are two ways that you can improve your sleep habits over the next week? You may choose to use two of the ideas for improving your nighttime routine, or you may choose something else like exercising a couple of days a week or moving the TV out of the room.</td>
</tr>
<tr>
<td>• Once you have decided, write these down as your two goals for the next week under the “Reflection” section of your Summary handout.</td>
</tr>
</tbody>
</table>

**Note:** Staff may share their goals with a partner or the group.

We will check in with each other next week to see how we did.

<table>
<thead>
<tr>
<th>Group Discussion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any questions?</td>
</tr>
</tbody>
</table>
Module 1, Lesson 8: Sweet Dreams Summary

Summary:

• As adults, we need between 7 and 9 hours of sleep each night.
• Getting a good night’s sleep can help us learn and think better and can improve our mood.
• Not getting enough sleep can lead to weight gain, accidents, and health problems.
• Starting a good nighttime routine can help us go to sleep and stay asleep.

Resources:

• Importance of Sleep: Six reasons not to scrimp on sleep
  Harvard Health Publications, Harvard Medical School
  www.health.harvard.edu/press_releases/importance_of_sleep_and_health

• National Sleep Foundation
  www.sleepfoundation.org

• Sleep and Sleep Disorders
  Centers for Disease Control and Prevention
  U.S. Department of Health and Human Services
  www.cdc.gov/sleep/
Module 1, Lesson 8: Sweet Dreams Summary

My Nighttime Routine

<table>
<thead>
<tr>
<th>My Current Routine:</th>
<th>How I Can Improve My Routine:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Reflection:

Goal 1 -

Goal 2 -