DIET	
breakfast:	**calories**
1 Shredded Wheat biscuit	80
1/2 cup Honey Bunches	86
1/4 cup Wheat Chex	45
1 cup 2% milk	130
1/2 banana	60
	401
with blueberries (1/4 cup: 20 cal.)	**421**
with fresh raspberries (1/4 cup: 16 cal.)	**417**
with frozen raspberries (1/4 cup: 50 cal.)	**451**
with fresh blackberries (1/4 cup: 18 cal.)	**419**
with frozen blackberries (1/4 cup: 25 cal.)	**426**
with frozen peaches (1/4 cup: 60 cal.)	**461**
strategies:	
with peaches,	
eliminate Shredded Wheat and increase	
Honey Bunches to 3/4 cup (130 cal.)...	**425**
with frozen raspberries,	
eliminate Shredded Wheat and increase	
Honey Bunches to 3/4 cup (130 cal.)...	**415**
low-cal mornings:	
1 cup applesauce (106 cal.)	
& 1/2 banana (60 cal.)	**166**
1 cup Jello (160 cal.)	
& 1/2 banana (60 cal.)	**220**

Body Composition & Fitness Report

****

Name : IVAN

Organization : SHOREWARBOCK
Phone Number : 326 4600

Date 09 Apr 1987, 3:02 PM Test Number USI6100000567

****

Sex	Male	Weight	161.0 Lbs
Age	47	Height	69.0 ins

Bio-Resistance 463 Ohms

Total Body Fat 23.5 Lbs
14.6 %

Body Fat represents the amount of reserve energy (calories) your body has stored. Caloric intake greater than caloric expenditure will normally result in the formation and deposition of Body Fat.

Target Weight Range 156.3 to 167.7 Lbs
170.6 Lbs Average body weight

Maintaining your weight within the target range will allow the body to function more efficiently, lower the risks associated with certain diseases and enhance one's ability to perform physical activity. The weights shown above are based on your lean body mass plus a recommended body fat content of 12.0 to 19.0% and a population average of 23.0%.

Lean Body Mass 137.5 Lbs
85.4 %
5.9:1 Lean to Fat ratio

The Lean Body Mass is considered to be your fat free body weight which consists mainly of bone, muscle and water. The lean to fat ratio can be used as a convenient index of your body composition. Fat free weight should never be used as the target weight, essential fats are required for normal body functions.

Total Body Water

44.7 Litres
61.2 % of total body weight
71.7 % of lean body mass

The determination of Body Water indicates the body's state of hydration, which is necessary for the understanding and assessment of body composition. Virtually all of the water in the body is contained in the lean tissues, which normally consist of 72-74% water.

Basal Metabolic Rate

1832 Calories per day +300 (without exercise)

Basal Metabolic Rate is an estimate of the body's rate of energy expenditure during an awake resting condition, and is the minimum amount of energy (calories) an individual requires to maintain normal body functions while at rest only. Calories consumed by daily activities are not included.

Weight Considerations

You are within the recommended range of body fat. It should be your goal to maintain your body composition within this range. Periodic evaluations would assist you in maintaining the recommended body composition.
Weight alone may be a deceptive indicator of body composition. The percentages of water, fat and lean are important considerations. An individual may appear to be a desirable weight, yet have a high or low percentage of body fat. You should concern yourself less with weight and more with the lean to fat ratio. Nutritional adjustments alone will affect body fat, whereas exercise affects both lean and fat masses. Ideal weight depends on personal activity, goals and body type.

Caloric Expenditure Chart

ACTIVITY	10 Min	20 Min	30 Min	40 Min	50 Min	1 Hour
Aerobics	123	247	370	494	617	741
Basketball	99	199	298	397	496	596
Cycling (5.5mph)	56	113	169	225	282	338
Cycling (9.4mph)	73	146	219	292	365	438
Dancing (moderate)	59	118	177	236	295	354
Exercise (moderate)	51	102	153	204	282	306
Free Weights Circuit	62	125	187	249	311	374
Golf (walking)	63	126	188	251	314	377
Nautilus Circuit	65	131	196	262	327	393
Racquetball	128	255	383	511	639	766
Running (11 min mile)	99	199	298	397	496	596
Running (7 min mile)	178	357	535	714	892	1071
Skiing (moderate)	88	175	263	351	439	526
Swimming (Crawl, slow)	94	187	281	375	468	562
Tennis	80	160	240	320	400	480
Walking (4mph)	54	107	161	215	268	322
Walking (5.3mph)	115	231	346	462	577	692

A caloric expenditure chart provides only an estimate of the expenditure for performing various activities and does not take into consideration the calories required to recover from an activity or the individual differences in energy utilization. The above figures represent a caloric expenditure for the specified times for each activity and have been determined utilizing your present weight and established expenditure values.

lose 150-200/cal/wk

The data contained in this document should be used for informative purposes only. Your assessment and/or objectives should not be based solely upon these values. Nutritional and/or exercise programs should be prescribed by a qualified professional.

Group Health Cooperative of Puget Sound

200 15th Avenue East Seattle, WA 98112 (206) 326-6262

TAKING CONTROL: NUTRITION AND WEIGHT

1. What is a sensible weight loss plan?

A sensible weight loss plan includes a balanced/prudent diet, regular exercise, and support from friends and family.

2. What is a balanced/prudent diet?

Chose a variety of foods each day. Include foods from the four basic food groups: Meat/Protein; Milk/Dairy; Fruit/Vegetables; Bread/Cereals.

Use fats and sugars in moderation.

Keep food intake at a level that supports normal growth in children and desirable weight in adults.

Your nutrient need varies depending on age, size, and especially activity level. You gain, lose, or stay the same weight depending on how well you balance the energy you eat (calories) and the energy you use (exercise/activity). Combining nutritionally balanced meals with regular exercise is a good "self insurance" -- a minimum investment yields high interest.

3. How much of these nutrients do I need?

It is recommended that your total caloric requirements be divided up among the three basic nutrients as follows:

- 10-15% of your calories should come from proteins
- 55-60% coming from complex carbohydrates.
- less than 30% from fats of any kind.
- vitamins and minerals are contained in the foods which provide protein, carbohydrates and fats.

The Meat/Protein group provides proteins, fats, minerals and vitamins

The Milk/Dairy group provides calcium, phosphorus, protein, vitamin A, Riboflavin.

The Fruit/Vegetable group provides vitamins, minerals and roughage (fiber).

The Bread/Cereal group provides starch, bulk and proteins, vitamins and minerals.

See the Exchange Diet Plans (attached) for details.

The number of calories you need depends on what weight you would like to achieve, and how active you are. A good rule of thumb is to use this formula.

- if you are sedentary, multiply your desired weight by 12-14 calories.
- If you are active, multiply your desired weight by 14-18 calories
- If you are very active, multiply your desired weight by 18-20 calories.

The food exchange plan provides good recommendations for maintaining a healthy diet while reducing calories. The best thing to do is to adjust your current eating pattern to help you meet the goals you set.

4. How can I learn about changes I need to make to improve or enhance my eating pattern?

Keep track of all the foods you eat for a week. Every time you eat something, whether it is a meal, a snack or a bite keep a record of the time of day, what you eat, how much, and whether you were hungry before you ate. Note when and where you ate too much, when you were not hungry, when you ate "junk" food, whether there differences between the weekend or weekdays. This record keeping will highlight the positive aspects of your eating habits and the parts you want to change.

5. Once I decide what I want to change, what are some tips to help me stick to my plan?

Deciding what you are going to eat is half the battle, the other half is how and when you eat. See the tip sheet (attached) to help you stick to your eating plan.

6. How much weight should I plan to lose per week?

The best way to lose weight and keep it off is to set your goal at 1 to 2 pounds per week. Beware of that diet that promise quick weight loss. Often the rapid reduction shown on the scale is only because of loss of water! Also research has shown that rapid weight loss makes it more difficult for you to lose or maintain your weight in the future. In essence, when you greatly reduce your calories, your body thinks it is "starving" and becomes even more efficient in storing fat. Therefore, after your diet it takes less calories to gain weight than before you started. In addition, when you lose weight slowly, you are also learning good eating habits that you will be able maintain when you reach your desired weight.

7. What is the best way to keep weight off?

More of the same! Take your weight off slowly. Maintain the changes in your eating habits, keep up with regular exercise. Depend on helpful support from friends and family to help you through the "rough" times. Reward yourself with non-food things that you enjoy—for example, movies, exercise clothing, time with friends, having a manicure.

8. Why is exercise such an important part of a weight loss program?

Reaching your ideal weight means balancing what you eat against what your body uses. To lose weight you have to "unbalance" your calorie input or output. To lose a pound a week (1 pound = 3500 calories) you could eat 500 Calories less each day than your average calorie input **or** add 500 calories of exercise each day to your average calorie output **or** do a combination of the two, like eating 250 less calories and exercising 250 calories more.

Food Habit Management Tips

1. If you have a lot of "bad" habits that you want to change, tackle the changes one at a time.
2. Try to eat your meals at the same time each day. In that way, you condition your body to expect food at certain times.
3. Make an effort to eat breakfast. You probably aren't saving calories by skipping breakfast, and then snacking later.
4. Break the habit of nibbling while preparing your food.
5. Don't watch T.V. or read when you are eating. Concentrate on eating. It also helps to break the association of eating while doing other things.
6. Drink a glass of water before you eat--it will make your stomach feel fuller.
7. Only eat at the table.
8. Eat slowly. Put the fork down between bites. Taste and enjoy each mouthful.
9. Put food on a small plate--it makes portions look larger.
10. Don't put serving bowls on the table while eating. They may encourage you to eat more than you should.
11. If you are tempted to eat more, wait 20 minutes. It usually takes that long for your stomach to tell your brain that you are full.
12. Eat until you are no longer hungry, not until you are stuffed!
13. If you don't buy it, you can't eat it. The grocery store is an important place to gain control over your eating habits. Make a list of healthy choices before you shop and try not to go grocery shopping when you're hungry.

Developed by the Center for Health Promotion, revised August 1986.

DT:cs
8/86

Group Health Cooperative of Puget Sound

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EXCHANGE DIET PLANS

Taken from Slim Chance in a Fat World by Stuart and Davis

From the six food exchange lists, you will be planning menus tailored to your daily caloric allowance. The following diets range from 1,000 to 2,300 calories per day. Each provides approximately 20% of its calories as protein and averages 30% of its calories as fats -- a proportion in line with current theories regarding fat content. The remainder of calories is obtained in carbohydrates, preferably in the form of starch rather than sucrose (table sugar). These diets are accurate to within 20 calories of the amounts specified.

1,000 Calorie Daily Food Plan

- 6 meat exchanges
- 3 bread exchanges
- 2 milk exchanges
- 3 vegetable exchanges
- 2 fruit exchanges

1,100 Calorie Daily Food Plan

- 6 meat exchanges
- 3 bread exchanges
- 2 milk exchanges
- 3 vegetable exchanges
- 3 fruit exchanges
- 2 exchanges from misc. list

1,200 Calorie Daily Food Plan

- 6 meat exchanges
- 4 bread exchanges
- 2 milk exchanges
- 3 vegetable exchanges
- 3 fruit exchanges
- 3 exchanges from misc. list

1,350 Calorie Daily Food Plan

- 6 meat exchanges
- 5 bread exchanges
- 2 milk exchanges
- 3 vegetable exchanges
- 4 fruit exchanges
- 4 exchanges from misc. list

1,500 Calorie Daily Food Plan

- 7 meat exchanges
- 5 bread exchanges
- 2 milk exchanges
- 3 vegetable exchanges
- 5 fruit exchanges
- 5 exchanges from misc. list

1,700 Calorie Daily Food Plan

- 8 meat exchanges
- 6 bread exchanges
- 2 milk exchanges
- 3 vegetable exchanges
- 5 fruit exchanges
- 6 exchanges from misc. list

1,900 Calorie Daily Food Plan

- 9 meat exchanges
- 7 bread exchanges
- 2 milk exchanges
- 3 vegetable exchanges
- 6 fruit exchanges
- 7 exchanges from misc. list

2,100 Calorie Daily Food Plan

- 9 meat exchanges
- 8 bread exchanges
- 3 milk exchanges
- 3 vegetable exchanges
- 6 fruit exchanges
- 8 exchanges from misc. list

2,300 Calorie Daily Food Plan

- 10 meat exchanges
- 9 bread exchanges
- 3 milk exchanges
- 3 vegetable exchanges
- 6 fruit exchanges
- 9 exchanges from misc. list

EXCHANGE LISTS

Taken from Slim Chance in a Fat World
by Stuart and Davis

MEAT EXCHANGE:

Each meat exchange supplies approximately 75 calories of energy. The lean meats will average somewhat less than this amount and the fat meats somewhat more. An average serving portion of COOKED meat weighs approximately 3 ounces, which would be 3 meat exchanges. At least 2 serving portions of meat or meat products (6 exchanges) should be eaten daily.

List 1: The following are **LEAN** meats and **LOW-FAT** cheeses, and increased use of these is encouraged.

EXCHANGE	AMOUNT to USE for 1 EXCHANGE
MEAT and POULTRY:	
• Chicken, Game Meats, Liver and other Organ Meats, Pheasant, Rabbit, Turkey, Veal	• 1 ounce
FISH:	
• Bass, Cod, Flounder, Haddock, Halibut, Lobster, Salmon, Trout, etc.	• 1 ounce
• Crab, Lobster, Salmon, Tuna	• 1/4 cup (loosely packed)
• Clams, Oysters, Scallops, Shrimp	• 3-5 medium
CHEESE:	
• Cottage Cheese	• 1/3 cup
• Skimmed or Partially Skimmed Milk	• 1 1-inch cube or 1 ounce

List 2: The following meat exchanges contain **MORE FAT**; these should be used more sparingly.

MEAT and POULTRY:	
• Beef, Duck, Goose, Ham, Lamb, Pork	• 1 ounce
EGGS:	• 1 egg
CHEESE:	
• American (processed), Cheddar, Edam, Swiss, etc.	• 1 slice (4x4x1/8 inches) or 1 1-inch cube or 1 ounce
PEANUT BUTTER	• 1 tablespoon
COLD CUTS (Bologna, Salami, etc.)	• 1 slice (4-1/2 x 4-1/2 x 1/8")
FRANKFURTERS (8-9 per pound)	• 1 small
SAUSAGE	• 1 small link

BREAD EXCHANGE:

Each bread exchange supplies approximately 70 calories of energy. Soups and high-carbohydrate vegetables have been included on the bread exchange list. At least three servings of whole grain or enriched breads or cereals should be eaten daily.

EXCHANGE	AMOUNT to USE for 1 EXCHANGE
BREADS and ROLLS:	
• Bagel	• 1/2
• Bread Dressing or Stuffing	• 2 tablespoons
• Hamburger, Hot Dog Bun (large)	• 1/2 bun
• Matzos	• 1 (6-inch diameter)
• White, Whole Wheat, Rye	• 1 slice
QUICK BREADS:	
• Biscuit, Roll, Muffin	• 1 (2 inch diameter)
• Corn Bread	• 1 piece (1-1/2 inch cube)
• Doughnut, Plain	• 1 small
• English Muffin	• 1/2
• Pancake	• 1 (4 inch diameter cake)
• Waffle	• 1 (4 inch diameter waffle)
CRACKERS:	
• Graham	• 2 crackers (2-1/2" square)
• Oyster	• 1/2 cup
• Round	• 5 crackers (2 inches square)
• Rye	• 2 double crackers
• Saltines	• 5 crackers (2 inches square)
• Soda	• 3 crackers (2-1/2" square)
CEREALS:	
• COOKED: Grits, Oats, Rice, Wheat	• 1/2 cup
• READY-TO-EAT: Flake and Puff Types	• 3/4 cup
PASTAS (cooked, noodles only):	
• Egg Noodles, Macaroni, Spaghetti	• 1/2 cup
FLOUR:	• 2-1/2 tablespoons
VEGETABLES and SOUPS:	
• Baked Beans in Sauce (no Pork)	• 1/4 cup
• Corn	• 1 small ear or 1/2 cup kernels
• Dried Beans, Lentils, Peas (cooked)	• 1/2 cup
• Parsnips	• 1/2 cup
• Popcorn (no butter)	• 1 cup
• Potatoes	• 1 small or 1/2 cup mashed
• Potatoes (sweet or yams)	• 1/4 cup
• Tomato Sauce or Catsup	• 1/4 cup
• Soup (Meat or Vegetable)	• 1 serving (3 per can)
• Soup (cream, pea, or bean)	• 1/2 serving (3 per can)

MILK EXCHANGE:

Each milk exchange supplies approximately 85 calories of energy. Skimmed or partially skimmed milk should be used. Two cups of milk or its equivalent should be drunk daily.

EXCHANGE	AMOUNT to USE for 1 EXCHANGE
• Buttermilk (skimmed)	• 1 cup (8 ounces)
• Cottage Cheese (creamed)	• 1/3 cup
• Cottage Cheese (plain)	• 1/2 cup
• Evaporated Milk	• 1/4 cup
• Evaporated Milk (skimmed)	• 1/2 cup
• Ice Milk	• 1/3 cup
• Nonfat Dried Milk Powder	• 1/4 cup
• Partially Skimmed Milk	• 3/4 cup
• Skimmed Milk	• 1 cup
• Yogurt, plain (made from partially skimmed milk)	• 3/4 cup
• Yogurt, plain (made from skimmed milk)	• 1 cup
• Yogurt, Fruit and Flavored	• 1/2 cup

VEGETABLE EXCHANGE:

THREE vegetable exchanges (two from "List A" and one from "List B") supply approximately 50 calories. The vegetables in ***bold, italic type*** are especially rich sources of vitamins. At least two servings of vegetables should be eaten daily, including one vitamin-rich vegetable.

List A: The following vegetables provide negligible calories. In raw form they may be eaten as desired in reasonable amounts and do not need to be recorded on the daily food plan. When cooked, limit serving portions to 1/2 to 1 cup and record as one vegetable exchange.

- ***Asparagus***
- Bamboo Shoots
- Broccoli
- ***Brussel Sprouts***
- ***Cabbage***
- Cauliflower
- Celery
- Cucumber
- Eggplant
- Endive
- Green Beans, young
- Green Onions
- ***Greens***
- ***Beet Greens***
- ***Chard***
- ***Collards***
- ***Dandelion Greens***
- ***Kale***
- ***Mustard Greens***
- ***Spinach***
- ***Turnip Greens***
- Kohlrabi
- Lettuce
- Mushrooms
- Okra
- ***Peppers***
- Radishes
- Sauerkraut
- Summer Squash
- ***Watercress***

List B: The following vegetables contain more carbohydrates and therefore provide more calories. When cooked, average one serving of these vegetables daily, but limit serving portions to 1/2 cup and count as one vegetable exchange. When used in the raw form, it is not necessary to record these as a vegetable exchange on the daily food plan, but use these raw vegetables less frequently than those from List A.

- Artichokes
- Beets
- ***Carrots***
- Onions
- Peas
- Pea Pods
- ***Pumpkin***
- Rutabagas
- Turnips
- ***Winter Squash***

FRUIT EXCHANGE:

Each fruit exchange provides approximately 40 calories of energy. Fruits may be fresh, dried, cooked, canned, or frozen as long as **NO SUGAR** is added. Those in ***bold, italic type*** are especially rich in vitamin C. Two exchanges of fruit should be eaten daily, with at least one being a vitamin C rich fruit.

EXCHANGE	AMOUNT to USE for 1 EXCHANGE
Apple	1 small or 1/2 medium
Apple Juice	1/2 cup
Applesauce	1/2 cup
Apricots	2
Apricots, dried	4 halves
Banana	1/2 small
Blackberries	1 cup
Blueberries	1 cup
Cantaloupe	1/4 small
Cherries	12
Figs, fresh	2
Grapes	12
Grape Juice	1/4 cup
Grapefruit	1/2 small
Grapefruit Juice	1/2 cup
Guava	1
Honeydew Melon	1/8
Mango	1/2 small
Orange	1 small
Orange Juice	1/2 cup
Papaya	1/2 small
Peach	1 small
Pear	1 small
Raisins	1-1/2 Tablespoons
Strawberries	1 cup

MISCELLANEOUS FOODS EXCHANGE:

These foods and beverages provide concentrated sources of calories. Those in ***bold, italic type*** supply only calories and are called "empty calorie foods." They should be used sparingly.

LIST #1 (Fats): Each of these provides approximately 40 calories per exchange. Those underlined are good sources of polyunsaturated fatty acids.

EXCHANGE	AMOUNT to USE for 1 EXCHANGE
Avocado	1/8 4-inch diameter
Bacon, crisp	1 slice
Butter or Margarine	1 teaspoon
Cream, light	2 tablespoons
Cream, heavy or sour	1 tablespoon
Cream Cheese	1 tablespoon
French Dressing	1 tablespoon
Mayonnaise	1 teaspoon
Nuts	6 small
Oil or Cooking Fat	1 teaspoon
Olives	5 small

LIST #1 (Sweets): The following sweets provide approximately 40 calories per exchange.

EXCHANGE	AMOUNT to USE for 1 EXCHANGE
Cocoa (sweetened)	1 level tablespoon or 1 heaping teaspoon
Hard Candy (small) or Caramel	1
Sugar, Syrup, Honey, Jam, Jelly	1 level tablespoon or 1 heaping teaspoon

LIST #3 (Desserts and Beverages): These foods, in the amounts specified, supply approximately 80 calories and must be counted as 2 miscellaneous food exchanges.

EXCHANGE	AMOUNT to USE for 1 EXCHANGE
Desserts:	
Cake (sponge, angel food, made with enriched flour)	1 piece (2 x 2 x 1 inches)
Jello	1 serving (5 per package)
Sherbet	1/3 cup
Any Dessert (if 1 serving is no more than 80 calories)	1 serving
Beverages:	
Beer	6 ounces
Carbonated Beverages	6 ounces
Gin, Rum, Whiskey *	1 ounce
Liqueur (creme de menthe, etc.)	1 ounce
Wine (red, sweet)	2 ounces
Wine (light, dry)	3 ounces

* **NOTE:** One jigger is 1-1/2 ounces and would be counted as 3 miscellaneous food exchanges.

FREE FOODS:

The following foods, seasonings, and beverages either have negligible calories or no calories at all. They may be used freely in reasonable amounts and do not have to be recorded on the daily food plan.

- All Raw Vegetables from the **VEGETABLE Exchange List**
- Bouillon
- Broths, clear (no fat)
- Coffee
- Cranberries (unsweetened)
- Garlic
- Gelatin (unflavored)
- Herbs
- Horseradish
- Lemon Juice
- Lime Juice
- Mustard
- Onion Flakes
- Pickles (dill, unsweetened)
- Pickles (sour)
- Rennet Tablets
- Rhubarb (unsweetened)
- Saccharin
- Soy Sauce
- Spices
- Tea
- Vinegar

DT:cs
7/17/86

DM-1050

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HealthPlan℠

HEALTH AT WORK

Group Health Cooperative of Puget Sound



GHSHRELNE

IVAN DOIG
17021 10TH AVE NW
SEATTLE, WA.98177

CONFIDENTIAL HEALTH REPORT

Your HealthPlan℠

What It Does

This booklet is your personal guide to learning about your health. It contains a computer-prepared health report based on the questionnaire you recently filled out.

HealthPlan tells you about your major areas of health risk and shows where *you* stand in relation to others like you. It tells you your current "health age," as well as your attainable health age—the health age you would have if all characteristics influencing your risk were at the recommended levels. Finally, this booklet offers specific suggestions on *what you can do* to lower your health risks and live a longer, healthier life.

What It Does Not Do

It is important to understand that **HealthPlan** is not a substitute for regular medical checkups. It does not diagnose illness or assess risks for diseases you already have.

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How Healthy Are You?

HOW HEALTHY ARE YOU?

THERE ARE SEVERAL WAYS OF DESCRIBING HOW HEALTHY YOU ARE. ONE IS YOUR HEALTH AGE. UNLIKE YOUR ACTUAL AGE, YOUR HEALTH AGE TAKES INTO ACCOUNT HOW YOUR LIFESTYLE, PERSONAL MEDICAL HISTORY, AND FAMILY MEDICAL HISTORY AFFECT YOUR HEALTH.

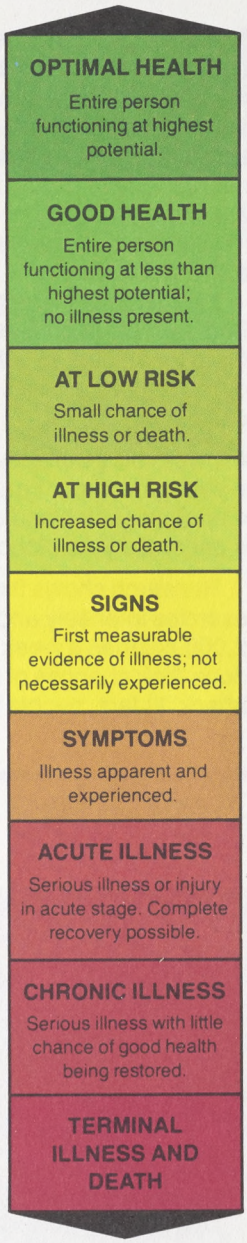
YOUR HEALTH AGE IS: 44

AS YOU CAN SEE, YOUR HEALTH AGE IS 3 YEARS LOWER THAN YOUR ACTUAL AGE. THEREFORE, YOUR CHANCES OF DYING FROM A MAJOR ILLNESS IN THE NEXT 10 YEARS ARE THE SAME AS THOSE FOR A TYPICAL 44 YEAR OLD MAN. IN OTHER WORDS, YOUR OVERALL HEALTH PRESENTLY APPEARS TO BE MUCH BETTER THAN AVERAGE.

YOUR ATTAINABLE HEALTH AGE INDICATES HOW MUCH YOU CAN IMPROVE YOUR HEALTH BY MAKING POSITIVE LIFESTYLE CHANGES.

YOUR ATTAINABLE HEALTH AGE IS: 41

SINCE YOUR ATTAINABLE HEALTH AGE IS LOWER THAN YOUR HEALTH AGE, YOU HAVE THE POTENTIAL TO REDUCE YOUR HEALTH RELATED RISKS. THE CHANGES IN YOUR LIFESTYLE WHICH WOULD BE OF GREATEST BENEFIT TO YOUR HEALTH ARE: DRINKING LESS ALCOHOL, REDUCING YOUR CHOLESTEROL, AND GETTING MORE EXERCISE. WITH THESE IMPROVEMENTS, YOU CAN ENHANCE YOUR GENERAL HEALTH AND WELLBEING.



D GHSHRELNE

IVAN DOIG
17021 10TH AVE NW
SEATTLE, WA.98177

YOUR IDENTIFICATION NUMBER IS 02886909
DATE OF REPORT IS APRIL 14, 1987

Exercise

Because each of us has a different capacity for exercise, one person's workout may be another's leisure. For all of us, however, the most beneficial activities are those that work to strengthen our hearts and lungs. These are known as *aerobic* exercises and include running, swimming, bicycling, and aerobic dance.

In order to gain the greatest benefit from aerobic exercises, you should do them for at least 15-20 minutes, three or more times a week. If you do, you can expect to

- lower your resting pulse,
- strengthen your heartbeat,
- improve your blood circulation, and
- decrease your blood pressure.

Research shows that people who exercise intensely enough to burn 2,000 calories a week significantly reduce their chances of having a heart attack. In fact, people who don't exercise are nearly twice as likely to develop heart disease as their more active counterparts.

Regular exercise, combined with sensible eating, is also a great way to work off extra pounds. Unlike dieting alone, which leads to weight loss at the expense of both fat and muscle tissue, exercise appears to help you lose weight primarily by burning away unwanted fat deposits.

Exercise can also make a big difference in the way you feel. People who exercise regularly tend to be more alert and energetic than inactive people. Best of all, vigorous exercise is an ideal way to release the stress and tension that can build up during the day.

Whatever activity you choose, remember to start slowly and increase the amount you do a little at a time. No need to overdo it; after all, you have the rest of your life to enjoy being fit.



Smoking



Cigarette smoking is the largest single preventable cause of premature death and disability in the nation. In fact, the premature death rate for smokers is 70 percent greater than for the rest of the population.

Cigarette smoking is the leading cause of chronic illnesses such as heart and lung disease, respiratory infection, and several forms of cancer. And if you think it is safe to smoke cigars or pipes, you are mistaken; smoking these can lead to cancer of the mouth, throat, larynx, esophagus, pancreas, and bladder.

The dangers of cigarette smoke are not limited to the smoker alone. Research shows that smokers hurt not only their own health, but that of those around them—including unborn children. An expectant mother who smokes can actually retard the development of her growing fetus and increase the chance of stillbirth and spontaneous abortion.

Why is cigarette smoke so harmful? It contains several thousand different substances, including many toxic gases. One such substance—nicotine—is a stimulant that raises blood pressure and narrows the arteries, increasing the heart's need for oxygen. Another, carbon monoxide, interferes with the red blood cells' ability to carry oxygen. Other irritants in cigarette smoke cause the lungs to secrete additional mucus, closing small airways and resulting in the familiar "smoker's hack."

Medical evidence shows that the risks associated with smoking begin to decline within a year of quitting and improve every year thereafter. And ten years after quitting, ex-smokers have nearly the same health risks as those who never smoked. While smoking may be a tough habit to kick, it *is* possible. In the last 20 years, more than 33 million Americans have quit smoking—permanently.

HEALTH STATUS AND EXERCISE

TEN YEAR RISK: HAVING A HEART ATTACK

2.7% = YOUR RISK, WITH 2,681 CALORIES OF ACTIVITY PER WEEK
11.4% = AVERAGE RISK FOR A 47 YEAR OLD MAN
2.3% = ATTAINABLE RISK, WITH 4000 CALORIES OF ACTIVITY

ACCORDING TO YOUR HEALTH QUESTIONNAIRE, YOU CURRENTLY EXPEND 2,275 CALORIES IN DELIBERATE EXERCISE EACH WEEK. HOWEVER, YOUR DAILY ROUTINE SEEMS TO INCLUDE A MINIMAL LEVEL OF INCIDENTAL PHYSICAL ACTIVITY. IN TOTAL, YOUR WEEKLY ENERGY EXPENDITURE IS 2,681 CALORIES. THAT'S ENOUGH TO OFFER YOU CONSIDERABLE PROTECTION AGAINST HAVING A HEART ATTACK. REGULAR EXERCISE IS A GREAT WAY TO HELP YOURSELF LOOK AND FEEL BETTER, LOWER YOUR CHOLESTEROL, AND RAISE YOUR HDL. KEEP UP THE GOOD WORK!



Vigorous exercise helps to release the stress and tension that build up during the day.

HEALTH STATUS AND SMOKING

TEN YEAR RISK: HAVING A HEART ATTACK OR STROKE, OR GETTING LUNG CANCER

4.0% = YOUR RISK, AT PRESENT LEVEL OF SMOKING
14.3% = AVERAGE RISK FOR A 47 YEAR OLD MAN
4.0% = ATTAINABLE RISK, IF YOU DO NOT SMOKE

CONGRATULATIONS! BY NEVER SMOKING YOU HAVE MARKEDLY REDUCED YOUR RISKS OF HEART ATTACK, STROKE, CANCER AND CHRONIC LUNG DISEASE. YOU ARE ALSO HELPING TO LOWER THESE RISKS BY KEEPING YOUR WEIGHT DOWN, MAINTAINING A LOW BLOOD PRESSURE, STAYING RELAXED, AND EXERCISING REGULARLY. KEEP UP THE GOOD WORK!



Risks associated with smoking begin to decline within a year of quitting.

Cholesterol

Cholesterol is a fatty substance essential for normal cell function. However, too much cholesterol in your blood can increase your risk of a heart attack or stroke.

After you reach the age of six months, your body produces all the cholesterol it needs. From that time on, your cholesterol level varies with your age, sex, and the amount of fat and cholesterol in your diet.

A blood cholesterol level of 180 mg/dl (milligrams per deciliter) or less is considered desirable. Anything higher than 220 may significantly increase your chance of developing chronic heart disease. For example, a 30-year-old man with a cholesterol level of 260 is five times more likely to suffer a heart attack within five years as a 30-year-old man with a cholesterol level below 200.

High cholesterol levels can lead to arteriosclerosis, in which fatty deposits begin to collect inside the artery walls. This narrows the arteries. Eventually, it may restrict blood flow to the heart or brain.

High Density Lipoprotein (HDL), a natural substance in the bloodstream, appears to inhibit harmful build-ups of cholesterol. You can increase the level of HDL in your blood by exercising on a regular basis.

You can also lower your serum cholesterol by limiting the amount of saturated fat and, to a small extent, cholesterol in your diet. (Saturated fat tends to increase the amount of cholesterol the body produces.) Eat less meat and fewer whole milk dairy products. Choose only lean meat, fish, and poultry; bake or broil rather than fry; and make it a habit to use skimmed milk and other lowfat dairy products whenever possible.



Blood Pressure



The force your blood exerts on the walls of your arteries is called blood pressure. When you have your blood pressure taken, two different forces are measured—the *systolic* pressure, when your heart is contracting, and the *diastolic*, when your heart is at rest.

Blood pressure usually is given as systolic over diastolic. A normal reading might be a systolic pressure of 120 mmHg (millimeters of mercury) over a diastolic pressure of 80 mmHg, or 120/80.

In general, the lower your blood pressure, the safer you are. So a blood pressure of 110/70 is considered healthier than one of 130/85. And anything over 140/90 is considered high and greatly increases your risk of developing heart disease.

One out of every four Americans has high blood pressure, or "hypertension." It can occur at any age and often goes undetected because there are no obvious signs. The only way to know if you have hypertension is to have your blood pressure checked by someone who is properly trained to do so.

High blood pressure affects many internal organs, including the heart, brain, and kidneys. It forces your heart to work harder, causing it to enlarge and weaken.

High blood pressure also contributes to heart disease by speeding up the accumulation of fats that eventually narrow and harden your arteries. This can lead to a heart attack or stroke. Finally, high blood pressure can damage the blood vessels in your kidneys and prevent them from clearing waste from the blood.

High blood pressure won't go away by itself. You can help control it by:

- keeping your weight down,
- exercising regularly,
- limiting your salt intake,
- managing stress, and
- taking medication, as prescribed.

HEALTH STATUS AND CHOLESTEROL

TEN YEAR RISK: HAVING A HEART ATTACK OR STROKE

3.7% = YOUR RISK, WITH CHOLESTEROL AT 225 MG/DL
13.3% = AVERAGE RISK FOR A 47 YEAR OLD MAN
2.5% = ATTAINABLE RISK, WITH CHOLESTEROL AT 180 MG/DL

ACCORDING TO YOUR HEALTH QUESTIONNAIRE YOUR CHOLESTEROL IS 225 MG/DL. BASED ON YOUR AGE, SEX, AND RACE YOUR HDL WAS ASSUMED TO BE 50 MG/DL. THESE LEVELS LEAVE CONSIDERABLE ROOM FOR IMPROVEMENT AND SHOULD BE EVALUATED BY YOUR PHYSICIAN. A CHOLESTEROL LEVEL OF 180 MG/DL AND AN HDL LEVEL OF 60 MG/DL WOULD SIGNIFICANTLY REDUCE YOUR HEART ATTACK AND STROKE RISKS. YOU CAN HELP YOURSELF ACHIEVE HEALTHY CHOLESTEROL AND HDL LEVELS BY AVOIDING SATURATED FATS AND USING MONOUNSATURATED FATS.



Eat less meat and fewer whole milk dairy products; bake or broil rather than fry.

HEALTH STATUS AND BLOOD PRESSURE

TEN YEAR RISK: HAVING A HEART ATTACK OR STROKE

3.7% = YOUR RISK, WITH BLOOD PRESSURE 110/68 MMHG
13.3% = AVERAGE RISK FOR A 47 YEAR OLD MAN
3.7% = ATTAINABLE RISK, WITH BLOOD PRESSURE 110/70 MMHG

YOU REPORTED THAT YOUR BLOOD PRESSURE IS 110/68 MMHG. CONGRATULATIONS! THAT'S WELL WITHIN THE HEALTHY RANGE AND SIGNIFICANTLY REDUCES YOUR CHANCES OF HAVING A HEART ATTACK OR STROKE. YOU CAN HELP MAINTAIN A HEALTHY BLOOD PRESSURE BY DRINKING LESS ALCOHOL.



In general, the lower your blood pressure, the safer you are.

How To Use Your HealthPlan℠ Report

By now you've had a chance to look at the first half of your **HealthPlan** report and may have some questions about how to interpret the results. These pages will help you understand how your report works by answering the questions most people ask.

1. What does your "health age" mean?

Take a look at the section on page 1 titled "How Healthy Are You?" If your *health age* is higher than your *attainable health age,* that means there are certain health behaviors that you may be able to improve. Your attainable health age reflects how healthy you would be if all your health-related behaviors were at ideal levels.

If your *health age* is about the same as your *attainable health age,* then you are probably already leading a healthy life. So keep up the good work!

If your *attainable health age* is higher than your *actual age* (how old you really are), you may want to discuss these results with your physician and ask him or her about the need for periodic checkups.

2. How does your behavior affect your health?

Pages 2-5 and 8-11 of this report describe your health-related behaviors in detail and show how your health risks are affected by each. By improving these aspects of your lifestyle you may be able to significantly reduce your risk of serious illness or premature death.

3. How should you interpret the tables?

The computer printed tables on pages 3, 5, 8, and 10 display how your health risks compare to those of other people like you. They also show how much you can reduce these risks by changing your health-related behaviors.

The tables show your estimated risk in the next 10 years. A risk of 5.0% means that you have 5 chances in 100 of getting sick or dying of a particular health problem within the next ten years.

When looking at the tables, remember, even if your risk is average or better you may still have room for improvement. In order to be as healthy as possible you should aim to reach your attainable risk. You can do this by following the suggestions in your report.

4. Which aspects of your lifestyle are most important to change?

Take a close look at the health behaviors discussed in your **HealthPlan** report.Does smoking increase your health risks? How much could you reduce your risks if you got more exercise? Could you lower your risks by wearing safety belts more often?

On page 12 you will find a summary of those behaviors that have the greatest impact on your health. It's unrealistic for you to expect to change all of them at once. But you can choose one or two from the top of the list. Get started today. Below on the opposite page are some tips on how to modify your behaviors and develop better health habits.

5. Why does your report use only systolic blood pressure?

Both systolic and diastolic blood pressures are important in clinical medicine. However, when one goes up or down the other usually does the same. Therefore, it isn't necessary to use both in calculating your health risks. Since systolic blood pressure has been shown to be a better indicator of risk, this is the value used to compute your chances of having a heart attack or stroke.

6. Is family history of heart disease important in predicting your risks?

Your family history of heart disease can be useful in estimating your risks when no other information is available. However, taken together, data on blood pressure, cholesterol, HDL, exercising, smoking, and Type A behavior are more accurate when computing your risk for heart attack and stroke.

7. Why are there no questions about diet?

There is no doubt that proper nutrition is essential for good health. Unfortunately, there isn't enough reliable, scientific information available on the relationship between diet and disease for us to accurately estimate your diet-related health risks. Instead, blood cholesterol, HDL, weight, and blood pressure measurements are used—all of which reflect your eating habits.

8. Does diet affect your risk of cancer?

Although it is not conclusive, there is evidence that a diet that is high in fiber, low in fat, and includes plenty of dark green, yellow, and cruciferous vegetables (cabbage, broccoli, cauliflower, etc.) can lower your risk of developing certain kinds of cancer. In addition, proper amounts of certain vitamins and minerals such as beta carotene (which the body converts to vitamin A), vitamin C, vitamin E, and selenium may reduce some of your cancer risks.

9. What if you have other questions about your HealthPlan report?

If you do, just call the National Service Center at General Health between 9 a.m. and 5 p.m. Eastern Time. Our toll-free number is (800) 424-2775.

Changing Your Health Behavior

Once you have taken a good look at your **HealthPlan** report you will have a better picture of your health and how it compares to that of others. You should also have a fairly good idea of lifestyle changes that you want to make in order to lower your health risks. Since it's sometimes difficult to change old habits, here are some suggestions that may help.

1. Try not to take on too much at once.

Choose one or two areas to work on first, then wait until you feel comfortable with them before moving on to the next one.

2. Take one day at a time.

Set a few short-term goals that are easy to reach. For example, instead of deciding not to smoke cigarettes for an entire week, first try quitting for a full day.

3. Don't try to be perfect.

The more realistic you make your goals, the more likely you are to succeed. The feeling of accomplishment you may get from reaching your goals, no matter how small, can do wonders for your self-confidence.

4. Reward yourself when you succeed.

If you are trying to lose weight, take yourself shopping when you lose five pounds. At the same time, don't be too hard on yourself if you have a setback. Rather than feel as if you have failed, look at each day as a new beginning.

5. Replace old habits with enjoyable, healthy activities.

For instance, it's difficult to exercise regularly *and* continue to smoke because smoking interferes with your breathing and endurance. In fact, many people who take up exercise make the happy discovery that it actually helps them to quit smoking.

6. Learn to recognize the things that trigger your unhealthy behavior.

Then try to anticipate and plan for troublesome situations. For example, if you are trying to lose weight, decide what you are going to order *before* you go out to eat. That way you are less likely to stray from your diet.

7. Find support for your new habits.

Ask your family and friends to keep tabs on your progress. They can give you a friendly pat on the back when you do well and the encouragement you need when you have a setback. You can also find support in groups organized to deal with your specific behavior change. Often it helps to be around other people who are going through the same experience as you are.

Your Action Plan for Health

You can change many of the habits that affect your health. An action plan is a good way to keep these lifestyle changes on track. Here's how.

1. Identify the areas you want to change.
2. Write down where you are today.
3. Set realistic goals—your physician can help.
4. Develop a strategy for change, like planning how to lose weight.
5. Monitor your progress and record the results.

Risk Area	Status	Goal	Action Plan	Results



A good weight loss program should also include exercise.

HEALTH STATUS AND WEIGHT

YOUR WEIGHT	AVG WEIGHT	DESIRABLE WEIGHT *
161 LBS	177 LBS	146 - 161 LBS

* HEALTHY RANGE FOR YOUR AGE, SEX, HEIGHT AND BUILD

YOU REPORTED THAT YOU WEIGH 161 POUNDS, WHICH IS WITHIN THE RECOMMENDED WEIGHT RANGE FOR A MAN OF YOUR HEIGHT AND BUILD. THIS OFFERS YOU PROTECTION AGAINST HAVING A HEART ATTACK OR STROKE. MAINTAINING YOUR WEIGHT WITHIN OR CLOSE TO THE DESIRABLE RANGE MAY ALSO HELP CONTROL YOUR CHOLESTEROL LEVEL.



Start by realizing you can be hard working without being driven.

HEALTH STATUS AND TYPE-A BEHAVIOR

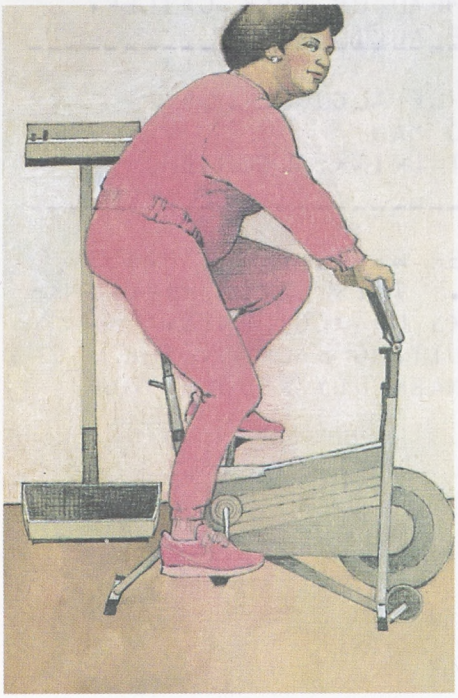
TEN YEAR RISK: HAVING A HEART ATTACK

2.7% = YOUR RISK, WITH PRESENT NUMBER OF TYPE-A TRAITS
11.4% = AVERAGE RISK FOR A 47 YEAR OLD MAN
2.7% = ATTAINABLE RISK, WITH FEWER TYPE-A CHARACTERISTICS

COMPARED WITH THE AVERAGE PERSON, YOU APPEAR TO HAVE FEW, IF ANY, TYPE-A CHARACTERISTICS. CONGRATULATIONS! BY COPING WITH STRESS IN A POSITIVE MANNER, YOU ARE HELPING TO LOWER YOUR CHANCES OF HAVING A HEART ATTACK. KEEP UP THE GOOD WORK!

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Weight



Would you want to carry the equivalent of two 10-pound sacks of potatoes with you everywhere you go? Millions of overweight Americans are doing just that—20 to 30 pounds worth for the average man, and 15 to 20 pounds for the average woman.

The more overweight you are the greater your risk of developing serious health problems. In fact, your risk of premature death increases 10 percent for every 10 pounds of excess weight. And being obese (weighing more than 20 percent over your desirable weight) doubles your chances of having a heart attack or stroke.

Obesity is associated with increased blood cholesterol and increased blood pressure, both of which contribute to your risk of developing heart disease. Obesity increases the risk of uterine cancer in women and contributes to arthritis, diabetes and gallstones.

The only way to lower the risks associated with obesity is to lose weight. And the best way to do that is to develop sensible, lifelong eating habits. Fad diets may help you to lose weight quickly, but unless you change your eating *habits,* you're likely to gain it right back again.

A good weight loss program should also include exercise. After all, a pound of fat represents 3,500 calories. So the more you exercise the faster you burn off those calories—and those unwanted pounds.

Lots of good resources are available to help you plan a sensible weight-loss program. Talk to your doctor about it. Or look in your phone book for the names of weight reduction organizations.

Type A Behavior

If you feel there aren't enough hours in a day, hate to stand in line, and are in the habit of finishing other people's sentences for them, then you may very well be a "Type A" personality.

Type A personalities have a tendency to be aggressive, competitive, and impatient in their daily lives. They often have a hard time relaxing. And they tend to measure their success in terms of numbers, for instance, in terms of swimming fifty laps or closing four deals.

Individuals who exhibit Type A behavior have about twice the risk of heart attack as non-Type As. Research has identified several mechanisms by which Type A behavior contributes to the risk of heart attacks. Also, Type A individuals who have already had one heart attack are much more likely to suffer a second heart attack than slower paced non-Type As.

You may recognize a few Type A patterns in the way you deal with situations. The more intense your Type A traits are, the greater your risk. To lower your risk, you should learn new ways to cope with stressful situations. Start by realizing that you can be hard working without being driven. And that you can relax without having everything fall apart.

By changing your approach to stressful situations you can control some of your Type A tendencies. Practice recognizing and avoiding situations that make you tense and irritable. Use non-competitive exercise as an outlet for stress. Look into a time management course, so that your days are less hectic and better organized. You may find that you lower your health risks *and* enjoy yourself more in the process.





If you choose to use alcohol, use it wisely.

HEALTH STATUS AND ALCOHOL

TEN YEAR RISK: DYING OF CIRRHOSIS, HEAD OR NECK CANCER, OR IN A MOTOR VEHICLE ACCIDENT

1.3% = YOUR RISK, WITH PRESENT LEVEL OF ALCOHOL USE
0.8% = AVERAGE RISK FOR A 47 YEAR OLD MAN
0.2% = ATTAINABLE RISK, IF YOU DO NOT DRINK ALCOHOL

YOU REPORTED DRINKING 14 COCKTAILS PER WEEK, WHICH MAKES YOU A HEAVIER DRINKER THAN OTHER MEN. THIS LEVEL OF DRINKING SIGNIFICANTLY INCREASES YOUR RISKS OF ACCIDENTS, CANCER, CIRRHOSIS, AND PNEUMONIA. CUTTING BACK ON THE AMOUNT OF ALCOHOL YOU CONSUME WOULD MARKEDLY REDUCE YOUR ALCOHOL RELATED HEALTH RISKS.



Safety belts keep minor injuries from becoming major ones.

HEALTH STATUS AND SAFETY BELT USE

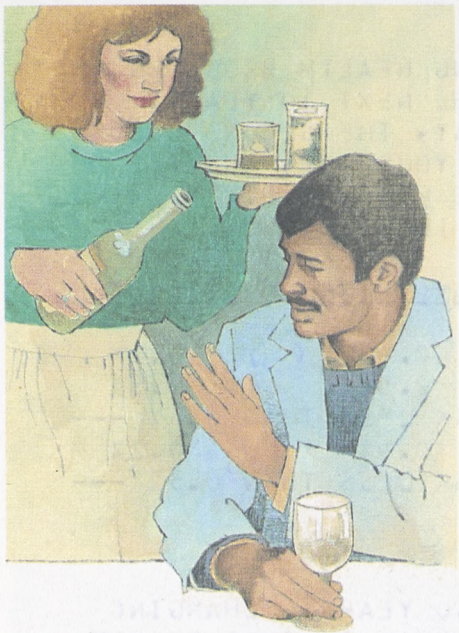
TEN YEAR RISK: DYING IN A MOTOR VEHICLE ACCIDENT

0.3% = YOUR RISK, WITH PRESENT LEVEL OF SAFETY BELT USE
0.2% = AVERAGE RISK FOR A 47 YEAR OLD MAN
0.3% = ATTAINABLE RISK, IF YOU ALWAYS BUCKLE UP

ALTHOUGH YOU TRAVEL BY CAR LESS THAN 10,000 MILES PER YEAR, YOUR DRIVING AND RIDING HABITS ARE STILL IMPORTANT TO YOUR HEALTH. FORTUNATELY, YOU REPORTED WEARING YOUR SAFETY BELT MORE THAN 75% OF THE TIME. NICE GOING! THIS SIGNIFICANTLY LOWERS YOUR RISKS OF INJURY AND DEATH IN THE EVENT OF A COLLISION. HOWEVER, AS A HEAVY DRINKER YOU CAN FURTHER REDUCE YOUR CHANCES OF DYING IN A MOTOR VEHICLE ACCIDENT BY CUTTING BACK ON THE AMOUNT OF ALCOHOL YOU CONSUME. REMEMBER, DRINKING AND DRIVING DON'T MIX!

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Alcohol



Alcohol is the most abused drug in the United States. Nearly seven percent of the adult population and ten percent of the work force are considered alcoholics or alcohol abusers. That means it's very likely someone you know has a serious drinking problem.

People tend to drink alcohol either for its pleasant side effects or for help in dealing with unpleasant situations. But in large amounts, alcohol acts as a depressant. It produces fatigue, sleepiness, and ultimately unconsciousness and death. As you consume greater amounts of alcohol your reflexes, judgment, and self-control become increasingly impaired.

Chronic heavy drinking increases the risk of developing pneumonia, cirrhosis of the liver, and cancer of the mouth, esophagus, pharynx, and larynx. It also can result in malnutrition and permanent damage to other organs, including the brain. And pregnant women who drink can cause severe birth defects in their children.

Other serious consequences of alcohol abuse include personal and property damage. Nearly half of all traffic deaths in the U.S. each year are alcohol related. Violent acts towards others and a great number of family and marital problems involve drinking.

The same amount of alcohol can affect different people in very different ways. Recognize your *own* capacity for safe drinking. Then if you choose to use alcohol, use it wisely. Set a safe limit on how much you will drink *before* you go out. Don't use alcohol if you are taking prescription drugs. And *never* drive after you have been drinking.

If you or someone you know has a drinking problem, do something about it before it gets out of hand. A good place to start is with your personal physician. Or check your phone book for a self-help group.

Driving Safety

There are more than 18 million motor vehicle accidents in the United States each year. These accidents claim nearly 45,000 lives and cause over 3 million injuries. Alcohol is the largest single cause of these accidents.

Drinking and driving simply don't mix. If you drink and drive, the chances of your being in an accident go up with the amount you consume. As little as one drink can slow your reflexes and affect your judgment. More than that can turn you into an unsuspecting killer.

Drunk drivers are responsible for about 35 percent of all accidents on the road and nearly *half* of all traffic deaths. The only safe policy is *if you drink, don't drive.* And don't let friends who have been drinking get behind the wheel. Make other arrangements to get them home safely.

Driving without safety belts is second only to smoking as the largest preventable cause of premature death and disability in the United States. Whether you're a driver or a passenger, wearing a lap-shoulder belt during a crash halves your chances of injury.

When people are involved in a car crash, it isn't usually the impact of the other car that kills them. It's the second collision that is deadly—the one in which they hit the windshield, dashboard, or some object outside the car.

Safety belts keep minor injuries from becoming major ones. Use safety belts regularly enough and buckling up will soon become automatic. Think about protecting your passengers, too. Make sure that infants and small children ride in approved safety seats, preferably in the rear of the car.



Summary

YOUR HEALTH RISKS

BELOW IS A SUMMARY OF THE FIVE LEADING HEALTH PROBLEMS THAT YOU HAVE A CHANCE OF DYING FROM IN THE NEXT 10 YEARS. THE FIRST COLUMN INDICATES YOUR RISK TODAY, THE SECOND COLUMN SHOWS THE AVERAGE RISK FOR OTHER MEN YOUR AGE, AND THE THIRD COLUMN DISPLAYS YOUR ATTAINABLE RISK, I.E., YOUR RISK IF ALL YOUR HEALTH BEHAVIORS WERE AT IDEAL LEVELS.

	RISK TODAY	AVG RISK	ATTAINABLE
CIRRHOSIS	0.8%	0.4%	0.1%
HEART ATTACK	0.6%	2.5%	0.3%
MOTOR VEHICLE TRAUMA	--- EACH RISK LESS THAN 0.5% ---		
LUNG CANCER	0.2%	0.9%	0.2%
RENAL CANCER	--- EACH RISK LESS THAN 0.5% ---		

YEARS YOU CAN ADD TO YOUR LIFE

YOUR LIFE EXPECTANCY IS CURRENTLY 81.0 YEARS. CHANGING YOUR HEALTH BEHAVIORS TO THE LEVELS SHOWN IN THIS REPORT CAN ADD UP TO 1.7 YEARS TO YOUR LIFE. SOME IMPORTANT CHANGES FOR YOU ARE:

DRINKING LESS ALCOHOL	0.8 YRS.
REDUCING YOUR CHOLESTEROL TO 180 MG/DL	0.6 YRS.
GETTING 4000 KCALS OF EXERCISE PER WEEK	0.3 YRS.

SPECIAL MESSAGES

YOUR ACTUAL CHOLESTEROL AND HDL LEVELS ARE REQUIRED TO ACCURATELY ESTIMATE YOUR HEART ATTACK AND STROKE RISKS. ASK YOUR DOCTOR ABOUT HAVING YOUR HDL MEASURED AT THE NEXT OPPORTUNITY.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR HEALTHPLAN PLUS REPORT, JUST CALL THE NATIONAL SERVICE CENTER AT GENERAL HEALTH, INC. BETWEEN 9 AND 5 PM EST. OUR TOLL-FREE NUMBER IS (800) 424-2775.

Resources

Risk Area	Action Options	Resources
Overweight	Lose weight • Improve diet • Learn about exercise and nutrition	Membership groups • Courses and books • Programs at work • Clinics recommended by your local health department
Cholesterol	Decrease saturated fat intake • Decrease cholesterol intake • Maintain cholesterol at lowest possible level • Exercise	Labels on food packages • Guide books on cholesterol content in foods • Recipes and meal planning tips from American Heart Association
Alcohol	Reduce or eliminate alcohol consumption • Seek treatment • Avoid driving after drinking	Alcoholics Anonymous • Al-anon (for families of the alcoholic) • Your doctor • Local Mental Health Association • Programs at your worksite
Smoking	Stop smoking • Assert your desire not to breathe other people's smoke • Exercise	Group Health Cooperative Smokeless classes • Programs offered by lung, heart or cancer associations
Lack of Exercise	Get more exercise • Make exercise an enjoyable habit • Make the active choice (take stairs instead of elevators, walk instead of ride, etc.)	Group Health Cooperative Fitness Center • Courses and books • Local recreation centers
High Blood Pressure	Decrease blood pressure as much as possible • Monitor your blood pressure yourself • Control stress • Exercise • Reduce salt in diet	Group Health Cooperative Managing Stress classes • Local health department for free screening • Your doctor • Available equipment for use at home
Motor Vehicle Accidents	Always wear seatbelts • Drive defensively • Don't drive after drinking • Don't speed	State and local traffic safety courses • Courses in defensive driving

Confidentiality

Group Health Cooperative of Puget Sound and General Health, Inc. will maintain the confidentiality of your answers. Neither Group Health Cooperative nor General Health, Inc. will permit any personally identifiable information from your health data record to be obtained by any person or organization at any time for any reason whatsoever without first obtaining your written permission. Of course, we cannot be responsible for improper or unauthorized uses of information in your questionnaire and/or report if you share this information with others or participate in a program in which you permit others to handle the questionnaire and/or report.

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HEALTH AT WORK

Concerned by dramatically increasing health care costs and their impact on the bottom line, businesses of all sizes and descriptions are aggressively seeking ways to lower these expenditures.

Health At Work is a program available to you through the combined expertise and experience of the YMCA and Group Health Cooperative's (GHC) Center for Health Promotion.

Health At Work strives to meet the needs of individuals, employee groups and the company. Working within your environment and the guidelines you help to establish, the Health At Work staff will examine your needs in the areas of fitness and health education. Promotional packages are available and targeted to address health status, morale, productivity and health care costs.

Health At Work is a program for every company. It's a program you and your employees will tailor and fit to your company's special needs. You will be helped every step of the way by the combined professional staffs of the YMCA and Group Health Cooperative.

If you are interested in learning more about Health At Work and what it can do to improve the health of your employees (and the bottom line), contact Health At Work at 326-4610.

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