

## What does your score mean to you and your baby?

**46 – 52 Congratulations!**

You are on your way to having a healthy pregnancy.

**35 – 45 Good work.**

You are on the right track.

**Less than 35 A few small changes**

will improve your lifestyle. Keep reading!

The total score does not mean you have passed or failed. Try not to waste time feeling guilty about decisions you've made in the past.

Here is a chance to change your lifestyle – *starting now!*

Look at the areas where you scored a "0" or "1" and decide which areas you want to work on first.

### Tips:

1. Don't try to make more than one major change a week.
2. Write down a simple goal, using suggestions listed here or tips from friends.
3. Lean on a buddy – someone who can help support you with the change.
4. Reward yourself for each improvement.

Ask a Public Health Nurse for more information on these topics . . . call the Health Unit at (807) 625-5972 or toll free 1-888-294-6630 or visit us at 999 Balmoral Street, Thunder Bay, Ontario, P7B 6E7.



Thunder Bay District  
Health Unit

www.tbdhu.com

## Have a *fantastic* Lifestyle!

Does your lifestyle need a bit of a change? Set some goals. Day-by-day, take small steps to a healthy family. Prepare yourself for the best that life has to offer. Here are a few suggestions to get you going:

<b>f</b> Family Friends	<ol style="list-style-type: none"> <li>1. Open up, share your feelings with others.</li> <li>2. Hug someone you care about everyday.</li> <li>3. Explore your family history.</li> </ol>	My goal:
<b>a</b> Activity	<ol style="list-style-type: none"> <li>1. Enjoy active living!</li> <li>2. Dance, swim or go for a brisk walk.</li> </ol>	My goal:
<b>n</b> Nutrition	<ol style="list-style-type: none"> <li>1. Try a new food today.</li> <li>2. Read labels!</li> <li>3. Enjoy a variety of foods daily.</li> <li>4. Take 0.4 mg of folic acid daily.</li> </ol>	My goal:
<b>t</b> Tobacco Toxins	<ol style="list-style-type: none"> <li>1. Find out about local smoking and drug cessation programs.</li> <li>2. Quit with a friend!</li> <li>3. Try decaffeinated drinks.</li> </ol>	My goal:
<b>a</b> Alcohol	<ol style="list-style-type: none"> <li>1. Reach for a refreshing drink of juice and soda water.</li> <li>2. Find out about local alcohol addiction services.</li> </ol>	My goal:
<b>s</b> Sleep Safety Stress	<ol style="list-style-type: none"> <li>1. Aim for 7 to 9 hours of sleep every night.</li> <li>2. Talk to someone you can trust and get help.</li> <li>3. Deep breathing and relaxation help you cope with stress.</li> </ol>	My goal:
<b>t</b> Type of Personality	<ol style="list-style-type: none"> <li>1. Take control, think positive.</li> <li>2. Try to understand your feelings of anger or tension. Listen to others.</li> <li>3. Learn signs of depression and seek help.</li> </ol>	My goal:
<b>i</b> Intimacy <b>i</b> Immunization <b>i</b> Infection	<ol style="list-style-type: none"> <li>1. Choose and use a reliable birth control method until you are ready to get pregnant.</li> <li>2. Find out if your immunization is up to date.</li> <li>3. Toxoplasmosis is a disease that is spread through cat feces. Garden with gloves and don't change cat litter.</li> </ol>	My goal:
<b>c</b> Career Counselling	<ol style="list-style-type: none"> <li>1. Pace yourself at work and at home.</li> <li>2. Be informed . . . because health matters.</li> </ol>	My goal:

## Planning a Pregnancy?



A guide to the  
**12 MONTH PREGNANCY**  
and how to have a  
*fantastic* lifestyle.

# fantastic Lifestyle Assessment Tool

We know that the average pregnancy is 9 months long, but the 3 month period before conception is just as important. This is a time when men and women can look into their

family history and make changes in lifestyle habits that can affect the conception and development of babies even before pregnancy takes place.

How do you rate in each of the categories listed below? Circle your score for each question and add up your total for each category in the right-hand box.

<p><b>f</b> Family Friends</p> <p>I have someone to talk to about things that are important to me:</p> <ul style="list-style-type: none"> <li>• almost always <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• hardly ever <input type="checkbox"/></li> </ul>	<p>I have family or friends that can help me:</p> <ul style="list-style-type: none"> <li>• almost always <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• hardly ever <input type="checkbox"/></li> </ul>	<p>I know my family health history and my partner's family health history:</p> <ul style="list-style-type: none"> <li>• everything <input type="checkbox"/></li> <li>• just 1 family history <input type="checkbox"/></li> <li>• neither family history <input type="checkbox"/></li> </ul>	<input type="text"/>
---	--	---	----------------------

<p><b>a</b> Activity</p> <p>I am physically active (gardening, climbing stairs, walking, housework):</p> <ul style="list-style-type: none"> <li>• almost always <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• hardly ever <input type="checkbox"/></li> </ul>	<p>I am moderately active for at least 30 minutes a day (fast walking, cycling, and swimming):</p> <ul style="list-style-type: none"> <li>• 3 to 4 times or more per week <input type="checkbox"/></li> <li>• 2 to 3 times per week <input type="checkbox"/></li> <li>• 1 time a week or less <input type="checkbox"/></li> </ul> <p>*pregnant women should continue safe activities at pre-pregnancy level</p>	<input type="text"/>
---	---	----------------------

<p><b>n</b> Nutrition</p> <p>I eat according to Canada's Food Guide:</p> <ul style="list-style-type: none"> <li>• almost always <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• hardly ever <input type="checkbox"/></li> </ul>	<p>I drink coffee, tea or cola containing caffeine:</p> <ul style="list-style-type: none"> <li>• less than 4 cups per day <input type="checkbox"/></li> <li>• 4 to 5 cups per day <input type="checkbox"/></li> <li>• more than 5 cups per day <input type="checkbox"/></li> </ul>	<p>I take a multi-vitamin containing 0.4 mg of folic acid:</p> <ul style="list-style-type: none"> <li>• everyday <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• hardly ever <input type="checkbox"/></li> </ul>	<input type="text"/>
---	--	--	----------------------

<p><b>t</b> Tobacco Toxins</p> <p>I smoke cigarettes:</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>I use drugs like marijuana, cocaine:</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>A smoke-free home means less health problems for everyone.</p>	<input type="text"/>
---	---	---	----------------------

<p><b>a</b> Alcohol</p> <p>I drink alcohol:</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>Although never drinking alcohol sounds extreme, there is no known safe level of alcohol during pregnancy.</p>	<p>I drive after drinking:</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<input type="text"/>
---	--	--	----------------------

<p><b>s</b> Sleep Safety Stress</p> <p>I sleep well and feel rested:</p> <ul style="list-style-type: none"> <li>• almost always <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• hardly ever <input type="checkbox"/></li> </ul>	<p>I feel safe within my relationship:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>I am able to cope with the stress in my life:</p> <ul style="list-style-type: none"> <li>• almost always <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• hardly ever <input type="checkbox"/></li> </ul>	<input type="text"/>
---	--	---	----------------------

<p><b>t</b> Type of Personality</p> <p>I am a positive or optimistic thinker:</p> <ul style="list-style-type: none"> <li>• almost always <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• hardly ever <input type="checkbox"/></li> </ul>	<p>I feel angry or hostile:</p> <ul style="list-style-type: none"> <li>• hardly ever <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• fairly often <input type="checkbox"/></li> </ul>	<p>I feel sad or depressed:</p> <ul style="list-style-type: none"> <li>• hardly ever <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• fairly often <input type="checkbox"/></li> </ul>	<input type="text"/>
--	---	---	----------------------

<p><b>i</b> Intimacy Immunization Infection</p> <p>This pregnancy will be planned or was planned:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>I practice "safer sex".</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>My immunization is up to date:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<input type="text"/>
---	--	---	----------------------

<p><b>c</b> Career Counselling</p> <p>I am satisfied with my job or role:</p> <ul style="list-style-type: none"> <li>• almost always <input type="checkbox"/></li> <li>• sometimes <input type="checkbox"/></li> <li>• hardly ever <input type="checkbox"/></li> </ul>	<p>I looked (or will look) for information about pregnancy:</p> <ul style="list-style-type: none"> <li>• before conception <input type="checkbox"/></li> <li>• during the 1st trimester <input type="checkbox"/></li> <li>• during the 2nd or 3rd trimester <input type="checkbox"/></li> </ul>	<input type="text"/>
--	---	----------------------

Grand Total