

ACTIVE HEALTH 10 : Personal Trainer Project

This project's purpose is to examine closely the active lifestyle opportunities available to you through your school, your community and the city in which you live. Your project will also investigate healthy eating habits, personal weight programs, exercise interests and stress management. You will research and compile information over 5-6 classes in the library. At the completion of the Active Health unit, you will hand in all parts of your project in a neatly presented and organized way. This major project will be worth 70% of your mark in this unit.

PROJECT PARTS (to be handed in together at end of unit)

1. Title Page
2. Personal Biography
3. Health Status Report
4. Personal Weight Program
5. Diet Report (*inc. diet plan*)
6. Cardiovascular Exercise Plan
7. Recreation Options Report
8. Stress Management Plan
9. Bibliography

EVALUATION:

Completed project	70%
Participation in lessons	15%
Productivity in Library	15%
	<hr/>
	100%

** Please hand in all project parts together in a duotang or folder. Websites or powerpoint presentations can also be submitted for evaluation (these must be available for viewing as of the due date)



ACTIVE HEALTH 10
Lifestyles Project Section Criteria

1. **Title Page** : name, student #, date, block, teacher, pictures that represent your health. Make it look good!
2. **Personal Biography**: See attached breakdown.
 - ✓ Age, city you live in (or neighbourhood), interests and hobbies
 - ✓ Analysis of spare time
 - ✓ Analysis of sleep
 - ✓ Analysis of health obstacles... be honest!
3. **Health Status Report**: in the format of a letter from your doctor
 - ✓ Written from a Dr.'s point of view
 - ✓ What is your overall health like right now?
 - ✓ Are there any injuries or illness that would affect your training?
 - ✓ Describe these injuries/illnesses and their limitations
 - ✓ What warnings would your Doctor give you before you begin working out?
4. **Personal Weight Program**: see attached breakdown
 - ✓ What facility is available to train/work out at in your community?
 - ✓ What type of exercises do you suggest to reach your overall fitness goal?
 - ✓ Describe exact exercises and set / reps needed through your program
 - ✓ Present a program that targets all major muscle groups
5. **Diet Report**: see attached breakdown
 - ✓ What are your areas of deficiency (not enough)
 - ✓ What are your areas of excess (too much)
 - ✓ What are your stable areas?
 - ✓ What is your overall diet goal?
 - ✓ What action steps or changes do you need to make in order to achieve this goal?
 - ✓ Provide a 1 week sample diet including all food and drink consumed
6. **Cardiovascular Exercise Plan**:
 - ✓ Why would you start a cardiovascular exercise plan?
 - ✓ What is cardiovascular exercise?
 - ✓ Describe at least 6 different forms of cardio exercise you would enjoy doing
 - ✓ How long and how often must you do this to reach your fitness goal?
7. **Recreation Options**:
 - ✓ What types of recreation do you enjoy?
 - ✓ What is available for you in your community?
 - ✓ List at least 8 different forms of recreation that you would enjoy and be able to participate in
 - ✓ Describe cost, facility and time commitment for each of the 8 above (in a chart or table would be best)
8. **Stress Management Plan**:
 - ✓ What is your current stress level like?
 - ✓ What are the causes of stress?
 - ✓ Develop a plan to reduce your stress to a manageable level, and how to maintain a low level of stress.
9. **Bibliography**: complete and accurate including internet sites, magazines, books, people and any other sources used. See Ms. Giles for information on correct bibliography format (she has a website you can use)

*** Entire project should be no less than 10 pages (typed). Please clearly divide each section of the report with clear headings/ sections.*

GOOD LUCK ☺

DUE DATE: _____

#2 – Personal Biography

Active Health – PE 10

1. Start this section by writing down a few key pieces of information about yourself:
 - Age
 - Gender
 - City you live in
 - Any interests/hobbies you have
2. Next, take a look at how you spend your spare time. Please write a 7-10 sentence paragraph about what (exactly!) you do in this time. Points to consider can be:
 - How much time each day do I spend watching TV, playing video games, or on the computer? Be accurate and precise here, we want the truth!
 - What sort of chores or jobs do I do around the house? How often? Is this done to get an allowance, or is it simply my contribution to help the family?
 - How is my weekday evenings and my weekend time spent? What is the difference in my activity levels when I compare these?
 - When I am with my friends, do my activities involve me being sedentary or physically active?
 - ie: going to mall, watching movies, playing video games = sedentary
 - ie: playing tennis, walking dogs, riding bikes, skateboarding = physically active
3. Next, please describe on average how much sleep you get. Please differentiate between school nights and weekends. Include any reasons why you don't get much sleep (ie – addicted to warcraft, etc.)
4. Lastly, please comment on anything that may be an obstacle to your overall health. This could include casual or regular use of substances or 'vices' (ie: too much diet soda, drink a coffee every day, eat way too much fast food, drink with friends every weekend, do drugs occasionally, etc.) Also include any other limiting factors not mentioned here if they apply to you!

****please type this up and include it as page 2 in your project!**

#3 – Health Status Report

Answer the following questions in letter form from your Doctor to you. Follow the sample on the back of this sheet as a guide =>

1. What is your health like right now? (use words like poor, average, good or excellent)
 - Consider things like your weight, energy levels, quality of sleep, what you eat and how tired you feel

2. Do you have any injuries or illnesses that may affect your training?
 - Write down the areas of your body that hurt. What causes that pain?
 - Write down any illnesses you have.
 - Write down any special medical problems too- like allergies, seizures, diabetic, etc.
 - If you don't have any of these things, please say so.

3. What warnings would a Doctor give you before you start working out seriously?

#3 – Health Status Report – STUDENT SAMPLE

November 24th, 2010

Dasmesh Medical Clinic

358 Canada Way

Burnaby, BC

Dear Travis,

Thanks for coming in today. I have prepared a health report for you.

Your overall health is average. You get 6-7 hours of sleep each night currently, but I'd like to see you get closer to 8-9 hours as you grow into an adult. You tell me you take PE class, but don't play any other sports or do any other physical activity. Please try to get into the habit of going to the gym or walking or something to get you moving at least 3 times each week. Your body is an average size, but adding a little muscle weight would also be a good idea.

You told me about your recent left ankle sprain. I'd like you to continue to rest it, ice it and not to do too much pushing off with your left foot. When you don't feel any more pain in your ankle, you can start back with full participation in your PE class. You also mentioned that you get headaches sometimes. This could be from stress, anxiety or not enough rest. Please try to take better care of yourself, including doing things that relieve your stress. Try working out, yoga, a long bath, drawing/painting, or just relaxing at home. Getting your anxiety under control is also important, and if it gets really bad you should come back to see me.

Since you are 17 years old, I think overall you are just a normal teenage going through pretty normal health stuff. If any of your medical concerns get worse or cause other problems, please hurry back into my office.

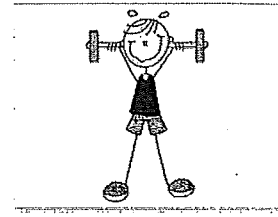
Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Watson". The signature is stylized with a large, looped "W" and a cursive "son".

Dr. Watson

Dasmesh Medical

#4 Personal Weight Program

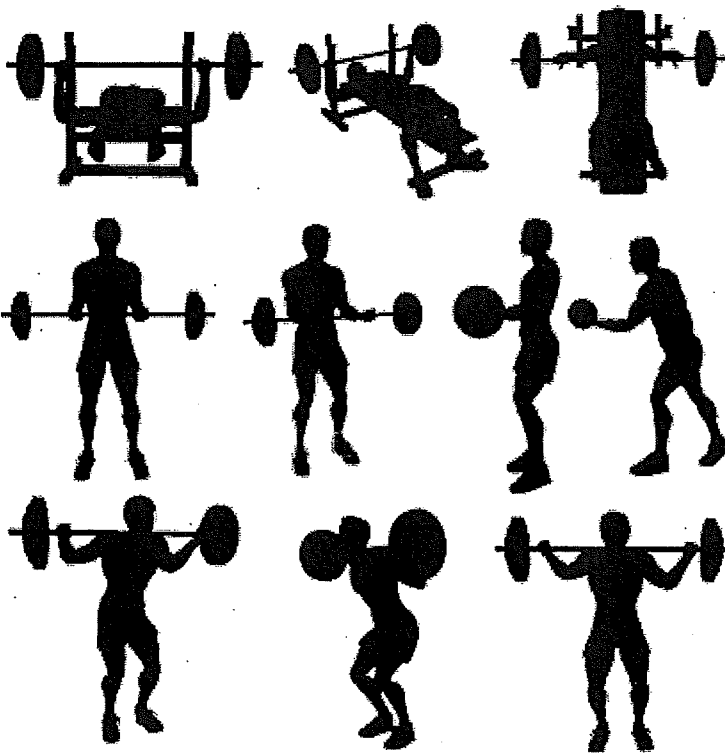


This section should start with:

- Where are you going to lift weights? Please research a facility in your community that has a diverse selection of weight training equipment, is affordable, and is easy for you to get to.
- The gym you pick could be a community centre gym (like Canada Games Pool, Bonsor, Cameron Center, etc) or a commercial gym (ie: Golds Gym, Trevor Linden 16, Steve Nash Fitness World, Stay fit, Curves, Shefit, etc). Commercial gyms often offer memberships, and these can cost a lot. Be sure to read the fine print!

NEXT, answer the following:

- Do you want to build muscle bulk, or "lean-out"? Or do you want a combination of both?
- You will choose exercises that target your quadriceps, hamstrings, calves, abs, back, chest and arms. Research these using the resource books or the internet. Please include pictures and names of the exercises where available!

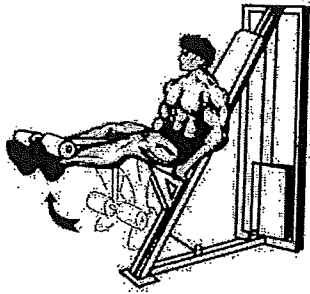


- How many repetitions (reps) and sets will you perform of each?

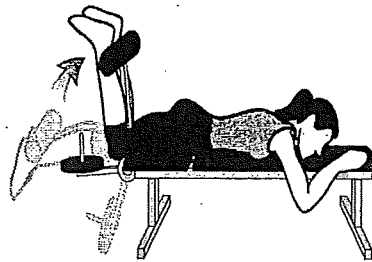
- How many times each week will you work out?

#4 – Personal Weight Program – STUDENT SAMPLE

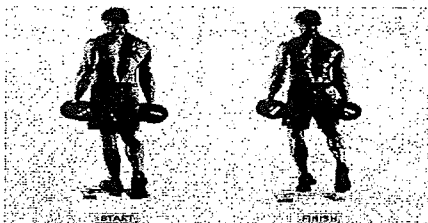
- I will work out at Canada Games Pool in New Westminster. I live close to there, and can walk to and from my workouts. Canada Games has all the equipment I need for my weight lifting program, and it's cheap for drop-in rates (only \$2.75 for a student).
- I want to bulk up. I'm a smaller guy, and I'd like to add some good sized muscles to my body.
- Here are my exercises:



I will do a leg extension, 20 reps, 3 sets



I will do a leg curl, 20 reps, 3 sets

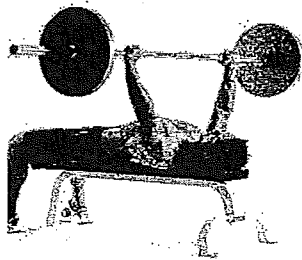
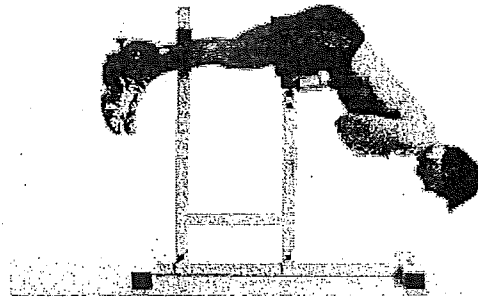


I will do calf raises, 25 reps, 3 sets

I will do crunches – 30 reps, 3 sets



I will do back extensions, 20 reps, 3 sets



I will do bench press, 10 sets, 3 sets

I will do bicep and tricep curls, 20 reps each, 3 sets



I will work out 3 times a week, for about an hour each time.

5 – Diet Report

First, look at the Food Guide Handout or go online to www.healthcanada.gc.ca/foodguide :

Next, answer the following questions about your own diet:

1. What don't you eat enough of?
2. What do you eat too much of?
3. What do you eat just the right amount of?

Now, create a chart with all 7 days of the week, and a column for breakfast, lunch, dinner and snacks. You will fill this in with detailed descriptions of what you are going to eat for a perfect week! (see sample below). Include everything that you will eat or drink! (recipes too, if you like!)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast	-2 cups of cheerios -1 cup 2% milk -1 cup orange juice -one banana	-2pieces of brown toast -1 cup black coffee					
Lunch	-Turkey and cheese sandwich -apple -4 oreo cookies -2 ounces of raw almonds	-1 bowl of turkey chilli -1 white bun -1 mandarin orange - 1 mini Aero bar					
Dinner	-Spaghetti with tomato sauce and meat -2 pieces of whole wheat garlic toast -2 cups of side garden salad -1 ounce of ranch dressing	-3 slices of vegetarian pizza - 2 cups of diet pepsi					
Snacks	-10 baby carrots -1 blueberry bran muffin -10 grape tomatoes	-1 banana -1 bag of sunchips - handful of green grapes					
Drinks	-1 cup coffee -2 cups green tea - 3 glasses water	-1 cup coffee -1 glass water -2 pepsi's - 1 big glass of milk – 2%					

*WANT BONUS MARKS? GO TO: www.healthcanada.gc.ca/foodguide and click "create my food guide". Print this off and include in your project for a bonus 5 marks!

Advice for different ages and stages...

Children

Following *Canada's Food Guide* helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.

Women of childbearing age

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **folic acid** every day. Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

Here are two examples:

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.

Men and women over 50

The need for **vitamin D** increases after the age of 50.

In addition to following *Canada's Food Guide*, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).

How do I count Food Guide Servings in a meal?

Here is an example:

Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert

250 mL (1 cup) mixed broccoli, carrot and sweet red pepper	=	2 Vegetables and Fruit Food Guide Servings
75 g (2 1/2 oz.) lean beef	=	1 Meat and Alternatives Food Guide Serving
250 mL (1 cup) brown rice	=	2 Grain Products Food Guide Servings
5 mL (1 tsp) canola oil	=	part of your Oils and Fats intake for the day
250 mL (1 cup) 1% milk	=	1 Milk and Alternatives Food Guide Serving
1 apple	=	1 Vegetables and Fruit Food Guide Serving

Eat well and be active today and every day!

The benefits of eating well and being active include:

- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

Be active

To be active every day is a step towards better health and a healthy body weight.

It is recommended that adults accumulate at least 2 1/2 hours of moderate to vigorous physical activity each week and that children and youth accumulate at least 60 minutes per day. You don't have to do it all at once. Choose a variety of activities spread throughout the week.

Start slowly and build up.

Eat well

Another important step towards better health and a healthy body weight is to follow *Canada's Food Guide* by:

- Eating the recommended amount and type of food each day.
- Limiting foods and beverages high in calories, fat, sugar or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Limit trans fat

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Nutrition Facts

Amount	% Daily Value
Per 0 mL (0 g)	
Calories 0	
Fat 0 g	0 %
Saturated 0 g	0 %
+ Trans 0 g	
Cholesterol 0 mg	0 %
Sodium 0 mg	0 %
Carbohydrate 0 g	0 %
Fibre 0 g	0 %
Sugars 0 g	
Protein 0 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 0 %	Iron 0 %

Take a step today...

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!

For more information, interactive tools, or additional copies visit *Canada's Food Guide* on-line at: www.healthcanada.gc.ca/foodguide

or contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
E-Mail: publications@hc-sc.gc.ca
Tel.: 1-866-225-0709
Fax: (613) 941-5366
TTY: 1-800-267-1245

Également disponible en français sous le titre :
Bien manger avec le Guide alimentaire canadien

This publication can be made available on request on diskette, large print, audio-cassette and braille.



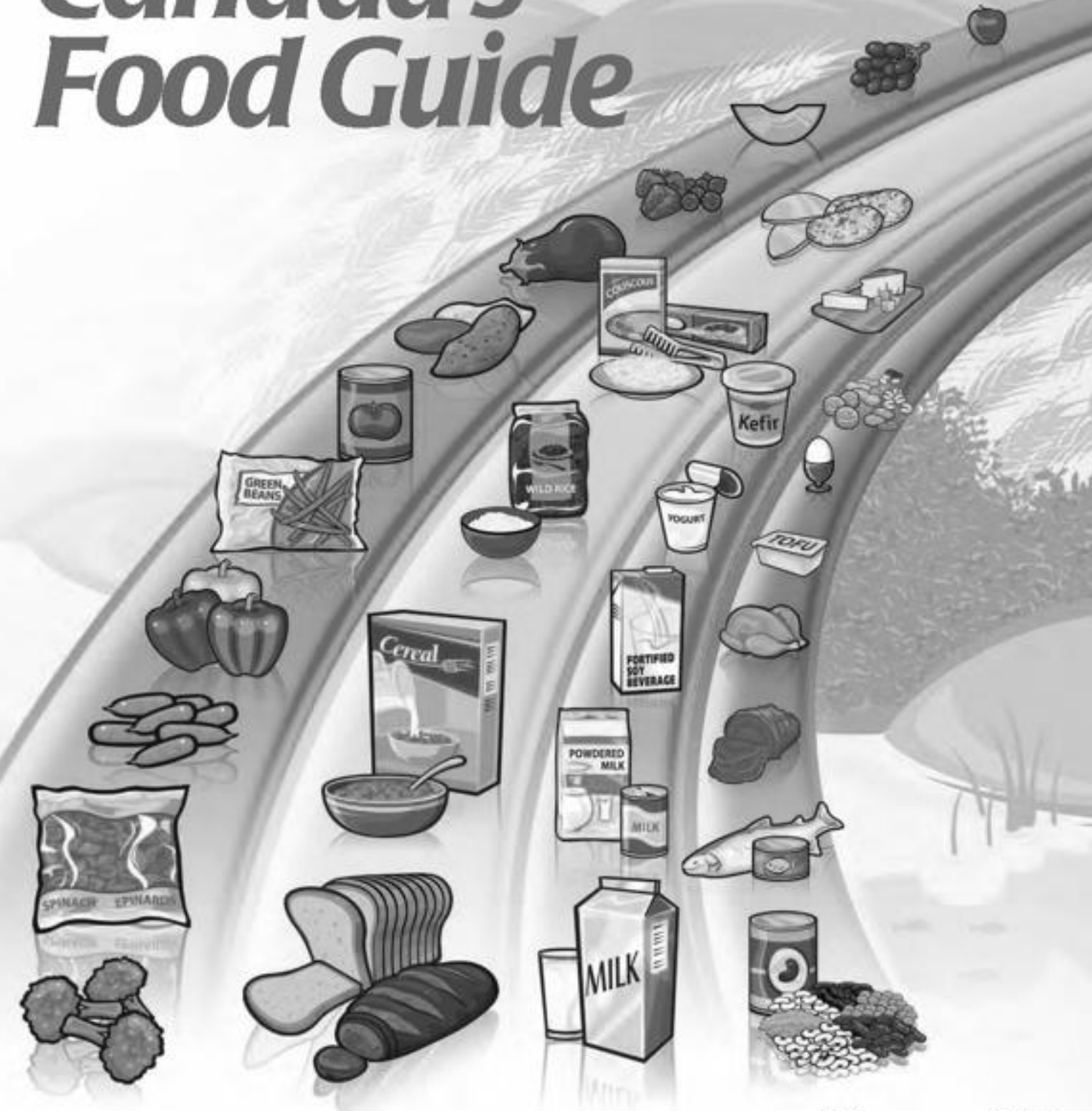
Health
Canada

Santé
Canada

Your health and
safety... our priority.

Votre santé et votre
sécurité... notre priorité.

Eating Well with Canada's Food Guide



Canada

Recommended Number of Food Guide Servings per Day

Age in Years Sex	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

What is One Food Guide Serving? Look at the examples below.



Oils and Fats

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.

Make each Food Guide Serving count... wherever you are – at home, at school, at work or when eating out!

- ▶ **Eat at least one dark green and one orange vegetable each day.**
 - Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
 - Go for orange vegetables such as carrots, sweet potatoes and winter squash.
- ▶ **Choose vegetables and fruit prepared with little or no added fat, sugar or salt.**
 - Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.
- ▶ **Have vegetables and fruit more often than juice.**

- ▶ **Make at least half of your grain products whole grain each day.**
 - Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
 - Enjoy whole grain breads, oatmeal or whole wheat pasta.
- ▶ **Choose grain products that are lower in fat, sugar or salt.**
 - Compare the Nutrition Facts table on labels to make wise choices.
 - Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

- ▶ **Drink skim, 1%, or 2% milk each day.**
 - Have 500 mL (2 cups) of milk every day for adequate vitamin D.
 - Drink fortified soy beverages if you do not drink milk.
- ▶ **Select lower fat milk alternatives.**
 - Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

- ▶ **Have meat alternatives such as beans, lentils and tofu often.**
- ▶ **Eat at least two Food Guide Servings of fish each week.***
 - Choose fish such as char, herring, mackerel, salmon, sardines and trout.
- ▶ **Select lean meat and alternatives prepared with little or no added fat or salt.**
 - Trim the visible fat from meats. Remove the skin on poultry.
 - Use cooking methods such as roasting, baking or poaching that require little or no added fat.
 - If you eat luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.



* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

Life Event Stress Scale

name: _____

In the past 12 months, which of the following *major life events* have taken place in your life? Make a check mark next to each event that you have experienced this year. When you are done, add up the points for each event. Calculate your score at the end.

Event Stress Scores

<input type="checkbox"/> Death of a parent	100
<input type="checkbox"/> Breakup with boyfriend/girlfriend	73
<input type="checkbox"/> Parents have divorced/separated	65
<input type="checkbox"/> Committed a crime	63
<input type="checkbox"/> Death of close family member	63
<input type="checkbox"/> Personal injury or illness	53
<input type="checkbox"/> Marriage of a parent	50
<input type="checkbox"/> Fired from work	47
<input type="checkbox"/> Marital reconciliation of parents	45
<input type="checkbox"/> Problems in school with friend group	45
<input type="checkbox"/> Change in family member's health	44
<input type="checkbox"/> Pregnancy	40
<input type="checkbox"/> Sexual activity	39
<input type="checkbox"/> Addition to family (birth, adoption, grandparent moves in)	39
<input type="checkbox"/> School change (class or teacher change, failing course)	39
<input type="checkbox"/> Change in financial status	38
<input type="checkbox"/> Death of close friend	37
<input type="checkbox"/> New activity begins (ie dance or music lessons, sports team)	36
<input type="checkbox"/> Change in number of arguments with peers/family	35
<input type="checkbox"/> Feeling threatened (trouble with bully or gang)	31
<input type="checkbox"/> Lost or had stolen a valuable or important possession	30
<input type="checkbox"/> Change in home responsibilities(ie: care of sibling, family)	29
<input type="checkbox"/> Trouble with family dynamics	29
<input type="checkbox"/> Outstanding personal achievement	28
<input type="checkbox"/> Girlfriend/Boyfriend begins or stops work	26
<input type="checkbox"/> Starting or finishing school	26
<input type="checkbox"/> Change in living conditions	25
<input type="checkbox"/> Change of personal habits (style of dress, grooming, peers)	24
<input type="checkbox"/> Trouble with teacher	23
<input type="checkbox"/> Change in school schedule or conditions	20
<input type="checkbox"/> Change in where you live	20
<input type="checkbox"/> Change to a new schools	20
<input type="checkbox"/> Change in type or amount of recreational	19
<input type="checkbox"/> Change in church or religious activities	19
<input type="checkbox"/> Change in school activities (new clubs, extra-curricular involvement)	18
<input type="checkbox"/> Owe someone money (over \$20)	17
<input type="checkbox"/> Change in sleeping habits	16
<input type="checkbox"/> Change in number of major family gatherings(more or less)	15
<input type="checkbox"/> Change in eating habits	15
<input type="checkbox"/> Vacation	13
<input type="checkbox"/> Christmas season	12
<input type="checkbox"/> Punished or disciplined for doing something wrong	11

CALCULATE Your total score: _____

This scale shows the kind of life pressure that you are facing. Depending on your coping skills or the lack thereof, this scale can predict the likelihood that you will fall victim to a stress related illness. The illness could include mild, frequent tension headaches, acid indigestion, loss of sleep to more serious problems like ulcers, migraines, lower back pain, etc.

SCORE SCALE:

0-149 = Low susceptibility to stress-related illness.

150-299 = Medium susceptibility to stress-related illness. Begin stress management practices.

300+ = High susceptibility to stress-related illness. This is the danger zone!

Take Time For You Questions – Stress Reduction

1. _____ Within in the last three weeks have you read a good book or gone to a movie?
2. _____ Have you had a vacation in the last year?
3. _____ Within the last week have you had a good belly laugh?
4. _____ Within the last month have you worked on a creative project?
5. _____ Within the last three months, have you spent money on yourself?
6. _____ Within the last week have you exercised?
7. _____ Within the next 6 months, have you planned something that you are looking forward to doing?
8. _____ Within the last month have you had a long chat with a good friend?
9. _____ Within the last week have you had a nap or slept in?
10. _____ Within the last month have you allowed yourself to have a good cry?
11. _____ Within the last two weeks have you delegated one of your work tasks to a helper?
12. _____ Within the last week have you done nothing at all for a little while?
13. _____ Within the last week have you attended a spiritual or worship activity?
14. _____ Within the last month have you pampered yourself with a good bath, haircut, manicure, or a pedicure.
15. _____ Within in the last month have you had a break, respite, long weekend, or a week off?

Number you answered "YES" to:

14-15 = You are doing very well. Keep this up!

12-13 = You are coping well. Try to add a few additional items on this list to your lifestyle

9-11 = You could take more time for yourself. Try to prioritize the stressors in your life and find time for yourself!

Less than 8 = You need to re-evaluate the priorities in your life. Perhaps some counselling or advice from a trusted adult would help! You are a candidate for stress-related illness.

Here is an example of a completed Works Cited page using BibMe.org, a free resource on the Internet. This was completed according to MLA style.

Works Cited

Chastain, Zachary. *Nutrition A Global View: Nutrition And Society*. New York:

AlphaHouse Publishing, 2009. Print.

Dwyer, Johanna. "Nutrition." *World Book Encyclopedia*. 2010 ed. 2010. Print.

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"New Westminster Parks, Culture & Recreation Canada Games Pool." *New Westminster Parks, Culture & Recreation Parks, Culture and Recreation*. City of New Westminster, n.d. Web. 22 Nov. 2011.

<http://www.newwestpcr.ca/recreation/recreation_centres/canada_games_pool.php>.

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Robinson, Matthew. *Making Smart Choices about Time Management*. New York: Rosen Central, 2008. Print.

MLA formatting by BibMe.org.

ACTIVE HEALTH 10 – Active Living Plan Rubric

STUDENT NAME: _____

	Project Parts	Exceeding expectations 90-100%	Meeting expectations 70-90%	Developing expectations 50-70%	Does not meet expectations ("I")	
1	Title Page	Title page is complete and professional in appearance. Includes all necessary information and pictures.	Title page is complete and looks organized. Includes all necessary information.	Title page is incomplete.	Title page not included.	
2	Personal Biography	Biography is complete and written in detail. All sections are answered honestly and thoroughly.	Biography is complete. Sections are answered with minimal detail.	Biography is incomplete or missing major sections.	Biography has not been included in project.	
3	Health Status	Doctor letter is complete and written in detail. Health concerns are included and appropriate advice is given. Letter is written in proper letter format.	Doctor letter is complete and mentions health concerns. Letter is written in proper letter format.	Doctor letter is incomplete and missing reference to health concerns and/or medical advice. Letter is not written in proper letter format.	Doctor letter has not been included in project.	
4	Weight Program	Weight Program is complete and presented with clear goals and detailed descriptions of the exercises. Pictures and specific sets/ reps are included.	Weight Program is complete and presented with exercises and goals. Pictures of exercises are included.	Weight Program is incomplete. Section may be missing goals, exercises or specific information.	Weight Program has not been included in project.	
5	Diet Report	Diet plan is complete in detail including varied meals according to the food guide suggestions and in line with personal diet goals.	Diet plan is complete, including varied meals and reference to the food guide. Diet goals are described in detail.	Diet plan is incomplete. Diet description or goals are missing and/or the week-long diet plan.	Diet plan has not been included in the project.	
6	Cardio Exercise plan	Cardio plan is complete in detail. All 6 exercises are described thoroughly around frequency, intensity, time and type.	Cardio plan is complete. Exercises are listed and some detail is provided.	Cardio plan is incomplete. Exercises are listed but lack specific details.	Cardio plan has not been included in the project.	
7	Recreation Options	Section is complete with detailed reference to cost, facility and time commitment for all 8 activities.	Section is complete with reference to cost, facility and time commitment for all 8 activities.	Section is incomplete in detail or description of the 8 activities.	Recreation Options have not been included in the project.	
8	Stress Management	Stress report is complete with detailed description of current levels, causes and a plan for reduction.	Stress report is complete, with mention of current levels, causes and a plan for reduction.	Stress report is incomplete and does not mention current levels, causes or a plan for reduction.	Stress report has not been included in the project.	
9	Bibliography	Complete and accurate in format.	Complete but not in proper format.	Incomplete or not listed in proper citation.	Bibliography has not been included.	
	Presentation & Organization	Information is very well organized with well-constructed paragraphs, bullets, graphs, tables or pictures. Subheadings are used and it is easy to follow. Each section has its own page(s). Project is submitted bound together in order.	Information is well organized with paragraphs, bullets, graphs, tables or pictures. Each section has its own page(s). Project is submitted bound together.	Information lacks organization. Project parts are not in order or individual sections may be disorganized.	Project is sloppy, unorganized and not in "good" copy.	

My Food Guide Bonus? yes no

TOTAL: _____ / 100