

POSTON, ARIZONA
SENIOR HIGH SCHOOL

MY HEALTH SCORE *

Name.....

Age.....Grade.....

School.....

3 Month Intervals

Evidences of Health

	Date	Date	Date	Date
1. Having a good time in work and play.....	1			
2. Feeling of being rested and refreshed in morning and not too tired at bedtime.....	1			
3. General attitude of happiness and belief in self, freedom from worry.....	1			
4. Good appetite and liking for food.....	1			
5. Freedom from frequent and regular pains.....	1			
6. Ability to work willingly with comfort 8 hours a day, five and a half days in a week.....	1			

Health Program

1. Diet				
At least one cup of milk daily when available.	2			
At least three large servings of greens (cooked or uncooked) in a week.....	2			
Fresh or cooked fruit or tomatoes once a day..	1			
Some vegetable other than potatoes every day..	2			
Some food which needs hard chewing every meal.	1			
Eating food between meals only when hungry or when extra food is ordered by doctor....	1			
Drinking at least four glasses of water daily.	2			
Eating three regular meals daily.....	2			
Eating food served, learning to like it.....	1			
Eating sweets only at end of meal.....	2			
2. Devoting $\frac{1}{2}$ to 1 hour daily to vigorous physical exercise out-of-doors. (At least 3 hrs. ex- ercise a week out-doors.) Exercise should be vigorous enough to cause deep breathing....	3			
3. At least one natural and satisfactory bowel movement daily at regular time.....	3			
4. Giving at least 9 hours in bed and to sleep daily with outdoor air and face uncovered.....	3			
5. Lying down and resting during day 10-20 minutes when possible.....	1			

* Personal property of student

