

Student Name: _____

"LIFE AFTER WELLNESS" PERSONAL REFLECTION / WELLNESS PLAN (200 POINTS)

PART A: HEALTH RISK APPRAISAL (100 POINTS): Complete your own self-health appraisal (see below).

1) DEMOGRAPHIC INFORMATION:

Last Name: _____ First Name: _____ Age: _____

2) BODY COMPOSITION: Height: _____ Weight: _____ BMI: _____

3) RESTING BLOOD PRESSURE: Reading: ____ / ____

4) 1MILE ROCKPORT WALK TEST (DONE IN CLASS ALREADY): Time: _____ Post HR: _____

Where to Record Information for Your Use:

BODY COMPOSITION

- Use the Appendix A Table for Body Mass Index (BMI) and Record Results- Height and Weight must be known.

RESTING BLOOD PRESSURE

- Use the Appendix A Table for Blood Pressure and Record Results

CV ENDURANCE

- Use the Appendix A Table for the Rockport 1.0 Mile Walk Test and Record Results

BLOOD CHEMISTRIES (Done through LabCorp. Call for Hours. Bring form in with you- just fill in is your name and date of birth.

The two closest are the one by St Francis Hospital:

Address: 7855 S Emerson Ave Ste R, Indianapolis, IN 46237 Phone: (317) 889-5970

-or- the one by Community Hospital South:

Address: 8937 Southpointe Dr Ste B2, Indianapolis, IN 46227 Phone: (317) 889-9861

- Use the Appendix A Table for the Blood Panel and Record Results

PART B: "LIFE AFTER WELLNESS" PERSONAL REFLECTION / WELLNESS PLAN (100 POINTS)

INSTRUCTIONS: Combine all three (3) topics into one paper organized by title. You will be required to present ALL of your findings via a paper turned in to your instructor.

• **1. PERSONAL WELLNESS PLAN:** *What happens to your personal wellness goals after you finish this wellness class?* First, discuss your progress made with each dimension/each goal throughout and at the end of the semester. Then, establish one personal goal for each of the eight wellness dimensions. This goal should be reachable, realistic and measurable in nature. Each dimension/goal needs to be one (1) paragraph per goal summarizing your progress and continuation plans for the future.

• **2. HEALTH APPRAISAL PLAN:** *How will you maintain good health and fitness levels or improve upon these levels?* You will also report your findings and interpretation with your results for the health appraisal day and blood draw as applicable. You will list the items you need to maintain and the items you need to improve upon per your results with a goal of how to maintain or improve. Research for interpreting your results needs to include the textbook or web use or use of a credible, reliable resource. Each goal/reporting needs to be one (1) paragraph per goal summarizing your progress and continuation plans for the future.

• **3. WELLNESS RESOURCES ON CAMPUS:** *What resources and support are on or provided through UIndy's campus to help you achieve and/or maintain your goals?* You will also report at least two resources per each wellness dimension you can find on or through the UIndy campus AND why you feel these are relevant resources for YOU. Each dimension/resource needs have appropriate information provided (name of resource or service, location, telephone #, website, hours of operation, etc.).

Breakdown of points:

_____ Item 1 (50 points)

_____ Item 2 (50 points)

_____ Item 3 (50 points)

_____ Inclusion of research and references AND free of grammatical and spelling errors; paper is cohesive and has good flow (50 points)

_____ **Grand Total = 200 points**