

# Observation Guide Sheet

Name: \_\_\_\_\_

Record your observations of the video clips on this sheet. Record behaviors you observe, as well as those you only hear about. Record as many behaviors as you can, but be careful to record only the behavior and not what you think it means. Use the third column, General Behaviors, to record overall categories of behavior. Check each box that applies.

<b>Research Project</b>	<b>Specific Behaviors</b>	<b>General Behaviors (check all that apply)</b>
Learning behavior		<input type="checkbox"/> Social bonding <input type="checkbox"/> Obtaining/Eating Food <input type="checkbox"/> Activity/Exercise <input type="checkbox"/> Self-protection <input type="checkbox"/> Communication <input type="checkbox"/> Other:_____
Nonhuman primate behavior		<input type="checkbox"/> Social bonding <input type="checkbox"/> Obtaining/Eating Food <input type="checkbox"/> Activity/Exercise <input type="checkbox"/> Self-protection <input type="checkbox"/> Communication <input type="checkbox"/> Other:_____
Adult human behavior		<input type="checkbox"/> Social bonding <input type="checkbox"/> Obtaining/Eating Food <input type="checkbox"/> Activity/Exercise <input type="checkbox"/> Self-protection <input type="checkbox"/> Communication <input type="checkbox"/> Other:_____

# Behavior Record

Name: \_\_\_\_\_

For each situation listed in the first column, find an example of it in your own life. Note the time and location and who was present. Observe the behaviors for two to five minutes. Describe the behaviors you observed in that time, but be careful to record only the behaviors. Do not record the reasons for the behaviors.

<b>Situation</b>	<b>Time and location</b>	<b>Who was present?</b>	<b>Describe behavior</b>
Students in class	1:30 p.m., Jefferson Middle School	Teacher, Mr. Smith; 32 8th-grade students	Mr. Smith handed out papers and explained the assignment, showing an example on the board. Most students listened, but three people in the back of the room were whispering to each other. One person asked a question about the assignment.
Interactions between friends			
Preparing or eating food			

Adults working at home or at work			
Animal behavior (for example, birds, cats, dogs, or fish doing something)			

# Health Outcomes of Behaviors

Name: \_\_\_\_\_

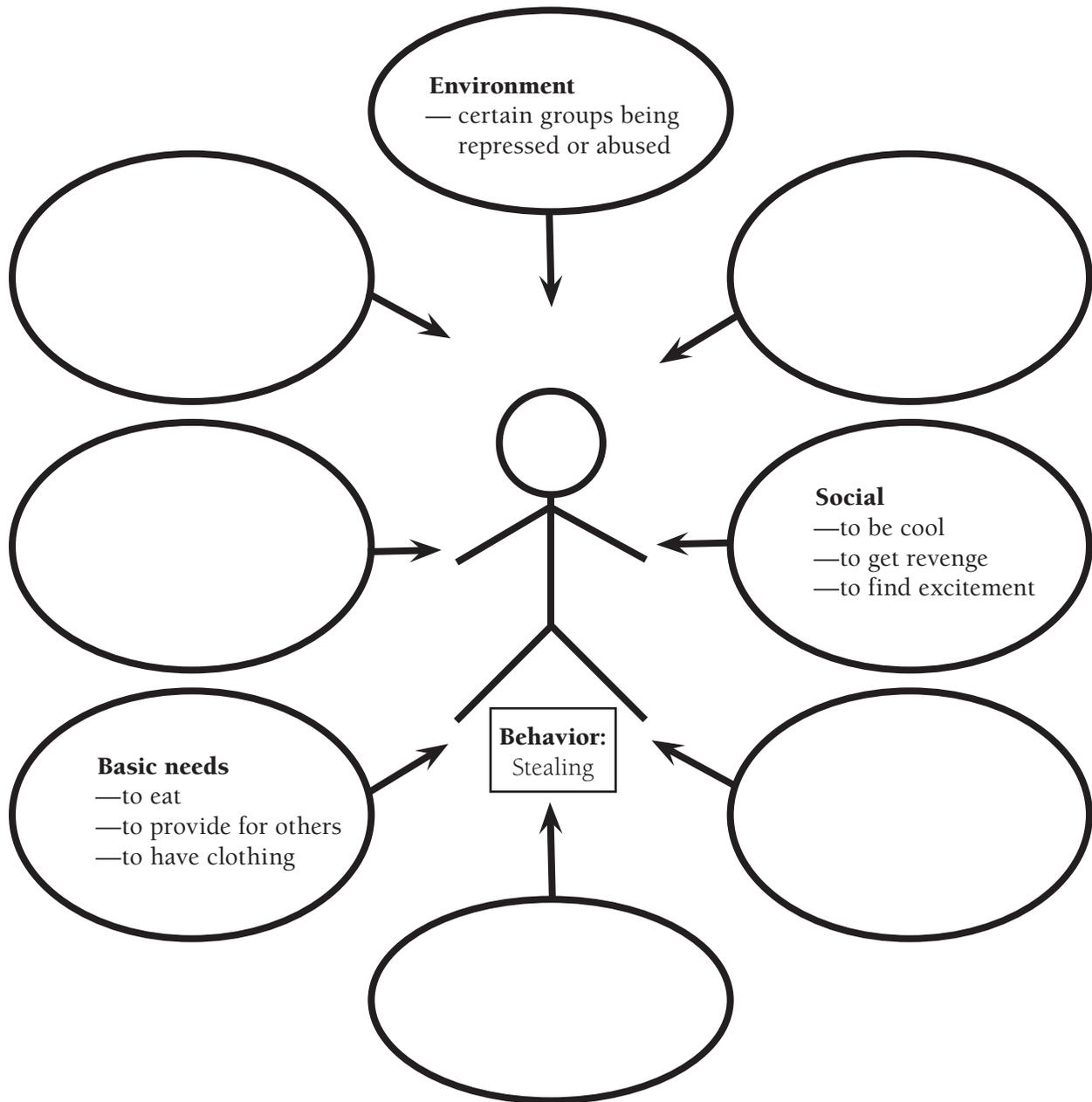
<b>Behavior</b>	<b>Poor Short-Term Health Outcome</b>	<b>Good Short-Term Health Outcome</b>	<b>Poor Long-Term Health Outcome</b>	<b>Good Long-Term Health Outcome</b>
<b>Smoking</b>				
<b>Exercise</b>				
<b>Eating a poor diet</b>				

# Influences: Examples, by Category

<b>Biology/ Genetics</b>	<b>Basic Needs</b>	<b>Personal Goals</b>	<b>Family</b>	<b>Resources</b>
<ul style="list-style-type: none"> <li>• Hormones</li> <li>• Diseases</li> <li>• Puberty</li> <li>• Health</li> <li>• Disabilities/ handicaps</li> </ul>	<ul style="list-style-type: none"> <li>• Food</li> <li>• Shelter</li> <li>• Clothing</li> <li>• Social interactions</li> <li>• Affection</li> </ul>	<ul style="list-style-type: none"> <li>• Being healthy</li> <li>• Making friends</li> <li>• Grades</li> <li>• Popularity</li> <li>• Image</li> <li>• Success</li> <li>• Morals</li> </ul>	<ul style="list-style-type: none"> <li>• Adult support</li> <li>• Family values</li> <li>• Culture</li> <li>• Sibling rivalry</li> <li>• Religion</li> </ul>	<ul style="list-style-type: none"> <li>• Money</li> <li>• Time</li> <li>• Educational opportunities</li> <li>• Transportation</li> </ul>

<b>Media</b>	<b>Social</b>	<b>Environment/ Community</b>	<b>Other Categories and Examples</b>
<ul style="list-style-type: none"> <li>• TV</li> <li>• Video games</li> <li>• Magazines</li> <li>• Movies</li> <li>• Music/music videos</li> <li>• Sports</li> <li>• Advertisements</li> </ul>	<ul style="list-style-type: none"> <li>• Peers</li> <li>• Teachers</li> <li>• Sports teams/ clubs</li> <li>• Cliques</li> <li>• Mentors/role models</li> <li>• Friends</li> </ul>	<ul style="list-style-type: none"> <li>• Neighborhood</li> <li>• Weather</li> <li>• Playgrounds/ parks</li> <li>• Transportation</li> <li>• Policies/laws</li> <li>• Culture</li> </ul>	

# Influences on Behavior



Examples of Influences on Behavior	Examples of Reasons for Behavior
Basic needs	Hunger, clothing, dependents' needs
Environment (community)	Government policies (for example, war-time situations in which an occupying army restricts the local population's access to food and other necessities)
Social	Peer pressure, role models, excitement

# Survey

## What Do You Do?

For this survey of physical activity, select the best answer that applies to you. Your information will remain private and confidential. Keep this paper copy for future reference.

1. What sex are you?  
 Male       Female
  
2. During the past week, how many times did you do active work around the house, such as cleaning, laundry, or yardwork?  
 not at all     1 or 2 times     3 or 4 times     5 or more times
  
3. During the past week, how many times did you watch television or videos or play video games?  
 not at all     1 or 2 times     3 or 4 times     5 or more times
  
4. How many times in a normal week do you work, play, or exercise hard enough to make you sweat and breathe heavily?  
 not at all     1 or 2 times     3 to 5 times     6 to 7 times     more than 7 times
  
5. During the past week, how many times did you go rollerblading, roller-skating, skate-boarding, or bicycling? Count commuting to school or other activities.  
 not at all     1 or 2 times     3 or 4 times     5 or more times
  
6. During the past week, how many times did you play an active sport, such as baseball, softball, basketball, soccer, swimming, or football?  
 not at all     1 or 2 times     3 or 4 times     5 or more times
  
7. During the past week, how many times did you do exercise, such as jogging, walking, karate, jumping rope, gymnastics, or dancing?  
 not at all     1 or 2 times     3 or 4 times     5 or more times
  
8. Do your parents let you make your own decisions about how much television you watch?  
 No             Yes
  
9. Have you played a sport with your mother/adoptive mother/stepmother/foster mother/etc. in the past four weeks?  
 No             Yes
  
10. Have you played a sport with your father/adoptive father/stepfather/foster father/etc. in the past four weeks?  
 No             Yes
  
11. Do you use a physical fitness or recreation center in your neighborhood?  
 No             Yes
  
12. Do you usually feel safe playing outside in your neighborhood?  
 No             Yes

# Comparison Guide

Name: \_\_\_\_\_

## Comparing the Data

In this activity, you will compare data from three sources: your class, all classes that enter survey data, and a national study of adolescents (the Add Health study). Compare the results for two survey questions. Copy the information from your online analysis to this sheet. Compare one *No/Yes* question and one *How many times...* question.

What was the *No/Yes* question you compared?

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Copy the numbers of responses and the percentage of respondents giving each answer to the table. Calculate the percentages for your class. Use the percentages for all three data sources to make a bar graph (don't forget to fill in your legend).

Response	Data Source					
	Your Class		All Classes		Add Health Study	
	number of respondents	percent of respondents	number of respondents	percent of respondents	number of respondents	percent of respondents
No						
Yes						

Graph Title: \_\_\_\_\_



What was the *How many times* question you compared?

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Fill in the appropriate response choices (Never, 1 or 2 times a week, etc.). Copy the numbers of responses to the table, and copy the percentages onto the bar graph below (don't forget to fill in your legend). Calculate the percentages for your class and graph the data for your class.

Response Choices	Data Source					
	Your Class		All Classes		Add Health Study	
	number of respondents	percent of respondents	number of respondents	percent of respondents	number of respondents	percent of respondents

Graph Title: \_\_\_\_\_



1. Why is it important to look at the percentages in addition to the number of responses?

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2. Was there a difference in the percentages between data sources?

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3. If you saw a difference between the data sources, which data sources was it between and why was there a difference?

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4.

<b>Were data from your class a representative sample of</b>	<b>No or Yes</b>	<b>Why?</b>
... your class?		
... your school?		
... middle school students in your community?		
... middle school students in your state?		
... middle school students in the United States?		

# Add Health Study Data

The following data were collected in the Add Health study.

1. What sex are you?

	Number	Percent
Female	3356	51.6
Male	3147	48.4
Total	6503	100.0

2. During the past week, how many times did you do active work around the house, such as cleaning, laundry, or yardwork?

	Number	Percent
Not at All	255	3.9
1 or 2 times	1759	27.1
3 or 4 times	2016	31.0
5 or more	2466	38.0
Total	6496	100.0

3. During the past week, how many times did you watch television or videos or play video games?

	Number	Percent
Not at all	223	3.4
1 or 2 times	1031	15.9
3 or 4 times	1433	22.1
5 or more times	3811	58.6
Total	6498	100.0

4. How many times in a normal week do you work, play, or exercise hard enough to make you sweat and breathe heavily?

	Number	Percent
Never	231	5.4
1 or 2 times	958	22.2
3 to 5 times	1362	31.6
6 to 7 times	732	17.0
More than 7 times	1029	23.9
Total	4312	100.1

5. During the past week, how many times did you go rollerblading, roller-skating, skate-boarding, or bicycling? Count commuting to school or other activities.

	Number	Percent
Not at all	4101	63.1
1 or 2 times	1341	20.6
3 or 4 times	551	8.5
5 or more times	505	7.8
Total	6498	100.0

6. During the past week, how many times did you play an active sport, such as baseball, softball, basketball, soccer, swimming, or football?

	Number	Percent
Not at all	1908	29.4
1 or 2 times	1786	27.5
3 or 4 times	1222	18.8
5 or more times	1582	24.3
Total	6498	100.0

7. During the past week, how many times did you do exercise, such as jogging, walking, karate, jumping rope, gymnastics, or dancing?

	Number	Percent
Not at all	1072	16.5
1 or 2 times	2059	31.7
3 or 4 times	1618	24.9
5 or more times	1749	26.9
Total	6498	100.0

8. Do your parents let you make your own decisions about how much television you watch?

	Number	Percent
No	1115	17.5
Yes	5248	82.5
Total	6363	100.0

9. Have you played a sport with your mother/adoptive mother/stepmother/foster mother/etc. in the past four weeks?

	Number	Percent
No	5577	91.1
Yes	546	8.9
Total	6123	100.0

10. Have you played a sport with your father/adoptive father/stepfather/foster father/etc. in the past four weeks?

	Number	Percent
No	3170	69.8
Yes	1372	30.2
Total	4542	100.0

11. Do you use a physical fitness or recreation center in your neighborhood?

	Number	Percent
No	5172	80.0
Yes	1291	20.0
Total	6463	100.0

12. Do you usually feel safe playing outside in your neighborhood?

	Number	Percent
No	675	10.4
Yes	5793	89.6
Total	6468	100.0

# Class and Add Health Study Comparison

Name: \_\_\_\_\_

In this activity, you will compare results from your class with results from the national Add Health study. You will compare results from one *No/Yes* question and one *How many times...* question.

What was the *No/Yes* question you compared?

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Record the numbers of responses and the percentages for your class and the Add Health study in the table. Calculate the percentages for your class.

Response	Data Source			
	Your Class		Add Health Study	
	number of respondents	percent of respondents	number of respondents	percent of respondents
No				
Yes				

Graph the percentages on the bar graph below. Don't forget to fill in the legend.

Graph Title: \_\_\_\_\_



What was the *How many times* question you compared?

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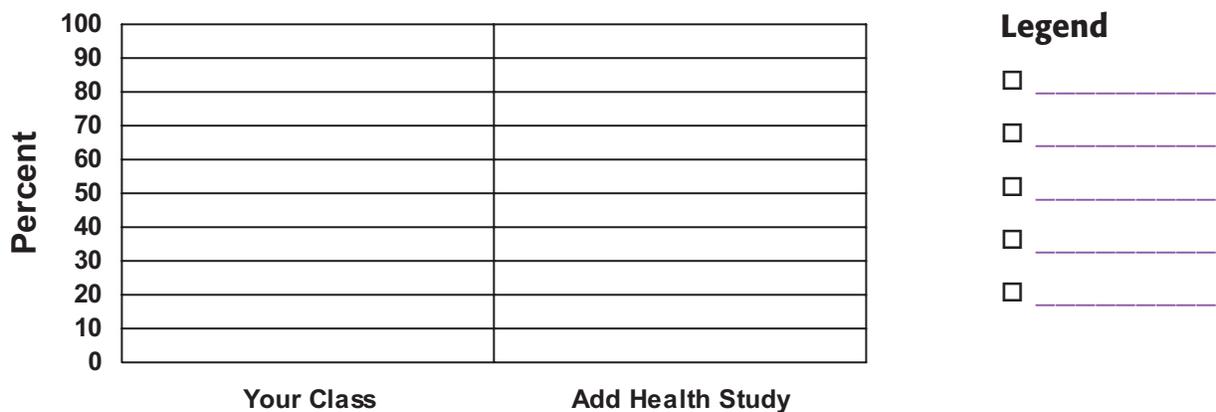
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Copy the results to this table.

Response Choices	Data Source			
	Your Class		Add Health Study	
	number of respondents	percent of respondents	number of respondents	percent of respondents

Use the percentages to construct a bar graph. Don't forget to fill in your legend.

Graph Title: \_\_\_\_\_



1. Why is it important to look at the percentages as well as the number of responses?

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2. Was there a difference in the percentages between data from your class and data from the Add Health study?

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3. If you saw a difference between the data from your class and data from the Add health study, why was there was a difference?

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4.

<b>Were data from your class a representative sample of</b>	<b>No or Yes</b>	<b>Why?</b>
... your class?		
... your school?		
... middle school students in your community?		
... middle school students in your state?		
... middle school students in the United States?		

# Analysis Guide

Name: \_\_\_\_\_

## Analysis of Influences on Behavior

Write down the behavior and the influence that you used for your analysis.

Behavior:

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Influence:

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Write your research question:

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Write your results in the table below.

Influence	Behavior				
Male					
Female					



# Influences on Physical Activity Behaviors

This table summarizes the effects of one influence, gender (sex), on behaviors described in Questions 2 to 7 from the survey you took. Other results follow on the next page. All data are from the Add Health study.

<b>Behavior</b>	<b>Male (%)</b>	<b>Female (%)</b>
<b>active work around house</b>		
<i>not at all</i>	5.1	2.9
<i>1 or 2 times</i>	30.5	23.9
<i>3 or 4 times</i>	31.7	30.5
<i>5 or more times</i>	32.8	42.8
<b>watch television or videos</b>		
<i>not at all</i>	3	3.9
<i>1 or 2 times</i>	15.2	16.5
<i>3 or 4 times</i>	21.3	22.7
<i>5 or more times</i>	60.6	56.9
<b>exercise to make you sweat</b>		
<i>not at all</i>	3.3	7.1
<i>1 or 2 times</i>	13.7	29.6
<i>3 to 5 times</i>	28.5	34.3
<i>6 to 7 times</i>	19.4	14.9
<i>more than 7 times</i>	35.1	14.1
<b>rollerblade, roller-skate, etc.</b>		
<i>not at all</i>	57.8	68.1
<i>1 or 2 times</i>	20	21.2
<i>3 or 4 times</i>	10.7	6.4
<i>5 or more times</i>	11.5	4.3
<b>play active sport</b>		
<i>not at all</i>	19.8	38.3
<i>1 or 2 times</i>	24.1	30.6
<i>3 or 4 times</i>	22.1	15.7
<i>5 or more times</i>	33.9	15.4
<b>exercise like jogging, walking</b>		
<i>not at all</i>	20.1	13.1
<i>1 or 2 times</i>	28.6	34.6
<i>3 or 4 times</i>	23.7	26
<i>5 or more times</i>	27.6	26.2

**Behavior:** During the past week, how many times did you do exercise, such as jogging, walking, karate, jumping rope, gymnastics, or dancing?

**Influence:** Do you use a physical fitness or recreation center in your neighborhood? (environmental resources)

Influence	Behavior			
	Not at all	1 or 2 times	3 or 4 times	5 or more times
No	17.2%	32.8%	25.1%	24.9%
Yes	13.5%	27.1%	24.2%	35.2%

**Behavior:** During the past week, how many times did you play an active sport, such as baseball, softball, basketball, soccer, swimming, or football?

**Influence:** Have you played a sport with your Father/Adoptive Father/Stepfather/Foster Father/etc in the past four weeks? (family)

Influence	Behavior			
	Not at all	1 or 2 times	3 or 4 times	5 or more times
No	35.8%	28.6%	16.8%	18.8%
Yes	10.3%	23.4%	26.2%	40.0%

**Behavior:** During the past week, how many times did you play an active sport, such as baseball, softball, basketball, soccer, swimming, or football?

**Influence:** Have you played a sport with your Mother/ Adoptive Mother/Stepmother/Foster Mother/etc in the past four weeks? (family)

Influence	Behavior			
	Not at all	1 or 2 times	3 or 4 times	5 or more times
No	30.5%	27.8%	18.7%	22.9%
Yes	11.0%	24.2%	22.9%	41.9%

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**Behavior:** During the past week, how many times did you watch television or videos, or play video games?

**Influence:** Do your parents let you make your own decisions about how much television you watch? (family)

<b>Influence</b>	<b>Behavior</b>			
	Not at all	1 or 2 times	3 or 4 times	5 or more times
No	3.4%	15.6%	23.1%	57.8%
Yes	3.3%	15.9%	21.8%	59.1%

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**Behavior:** During the past week, how many times did you play an active sport, such as baseball, softball, basketball, soccer, swimming, or football?

**Influence:** Do you use a physical fitness or recreation center in your neighborhood?

<b>Influence</b>	<b>Behavior</b>			
	Not at all	1 or 2 times	3 or 4 times	5 or more times
No	31.7%	28.5%	18.0%	21.8%
Yes	20.1%	23.2%	22.0%	34.7%

# The First Memo

County Hospital

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Behavioral Sciences Clinic

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## MEMORANDUM

**TO: Behavioral Health Team**  
**FROM: E. Duran, Director**  
**SUBJECT: Patient evaluation**

Dear Behavioral Health Team Members,

Joe M. was admitted to County Hospital yesterday with heart disease. His physician has asked for our help. As you know, there are many factors that can contribute to heart disease. People may be able to modify behaviors to decrease the health risks associated with some of these factors. Here is what I need you to do.

1. Review Joe M.'s patient file.
2. Identify factors that may have contributed to his heart disease.
3. Indicate which factors Joe M. may be able to modify and which factors he may not be able to modify.
4. Complete our Behavioral Sciences Evaluation Form and discuss your results with your colleagues.

Let me know when you have completed this work. I have one more important task for you.

# Behavioral Sciences Evaluation Form, Page 1

Name of evaluator: \_\_\_\_\_

Patient's name: Joe M.

List risk factors that may have contributed to the patient's heart disease.

Risk factors that the patient can modify	Risk factors that the patient cannot modify

Why may the patient not be able to modify the risk factors you named?

# Behavioral Sciences Evaluation Form, Page 2

Patient's name: Joe M.

Modifiable risk factors	Behavioral change to lower risk

**R<sub>x</sub>**

**County Hospital**  
**Behavioral Sciences Clinic**  
*Prescription*

**R<sub>x</sub>**

**Patient's Name:** Joe M.

**Instructions:** Please follow the behavioral modification program described below. Do not hesitate to call the clinic if you have questions. Call your physician with questions or if complications develop.

**Please do the following:**

Authorized: \_\_\_\_\_  
Member, Behavioral Health Team

# Patient Notes

## General Patient Information

**Patient:** Joe M.

**CONFIDENTIAL**

**Sex:** Male

**Age:** 42

**Marital Status:** Married

**Children:** Son, age 12  
Daughter, age 14

**Occupation:** Small business owner (six employees); does bookkeeping and taxes for small and medium-size businesses.

Admitted to County Hospital on Monday. Patient presented with chest pains and shortness of breath. Diagnosed with early stage heart disease.

## Medical History

**Patient:** Joe M.

**CONFIDENTIAL**

**Height:** 6 feet

**Weight:** 205 pounds (slightly overweight for build)

**Last physical examination:** Two years ago

**History of previous heart disease:** No

**Blood pressure:** Higher than normal

**Blood cholesterol level:** Higher than normal

**Blood sugar:** Normal

**Blood CRP level:** Increased level

**Prescription medications:** None

**Non-prescription medications:** Multivitamin tablet daily

## Family Medical History

**Patient:** Joe M.

**CONFIDENTIAL**

Relative	Alive?	Age (or age at death)	Major health problems	Cause of death, if deceased?
Father	Yes	66	None	—
Mother	Yes	65	Heart disease	—
Brother	Yes	38	High blood pressure	—
Sister	Yes	35	High blood pressure	—
Mother's Father	No	72	—	Heart failure
Mother's Mother	No	77	—	Pneumonia
Father's Father	No	68	—	Lung cancer
Father's Mother	Yes	86	Type 2 diabetes	—

## Behavioral History

**Patient:** Joe M.

**CONFIDENTIAL**

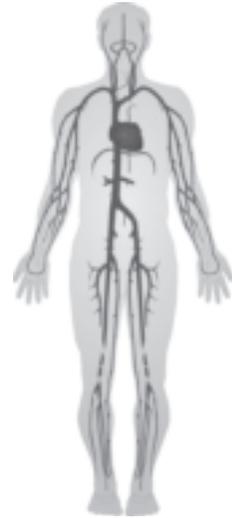
- Smoked cigarettes from age 13 to age 30; quit until recently; has 1 or 2 cigarettes per day.
- Physical activity: golf every Saturday morning; used to play basketball and hike regularly; hikes now, but only on summer vacations.
- Patient lives 1.5 miles from work; drives to work; arrives at 7:00 a.m., leaves at 6:00 p.m.
- Work environment: desk job; office on 3rd floor of 10-story building; takes elevator to office; building has exercise room on 5th floor.
- Has gained an average of 3 pounds per year for last 5 years.
- Wife describes patient as hard-working and his job as stressful.
- Patient's eating habits have changed during last year; he eats fast food for lunch at least three times per week; fruit and vegetable intake is below government recommendations.

# Reference Manual

## Heart Disease

Heart disease is also known as cardiovascular disease. It refers to changes in the heart, arteries, and veins that result in less oxygen being delivered to vital life-sustaining areas of the body, such as the brain, the heart itself, and other organs. Cells, tissues, and organs cannot live without oxygen.

- Heart disease is one of the leading causes of death for both men and women among all racial and ethnic groups in the United States.
- Almost one million Americans die of heart disease each year (that is, one death every 30 seconds). This amounts to 42 percent of all deaths.
- Heart disease does not affect only older persons. It is the leading cause of death for all Americans age 35 and older. Persons aged 35–64 years old account for 16 percent of all deaths caused by heart disease.

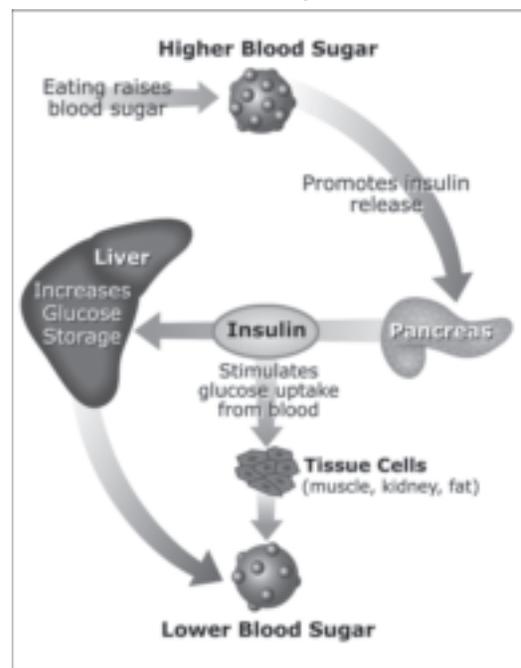


In most cases, heart disease develops over many years. It results from the interaction of many factors over time.

## Risk Factors for Heart Disease

**Body weight:** Obesity is a chronic condition characterized by having a high amount of body fat. Individuals traditionally have been considered obese if they are more than 20 percent over their ideal weight. That ideal weight must take into account the person's height, age, sex, and build. Overweight is a condition in which one is too heavy for one's height. Obesity and overweight increase high blood pressure in all ethnic groups at all ages. Weight loss may control high blood pressure. Increased body weight also increases the work the heart must do to supply all body tissues with oxygen and nutrients.

**Diabetes:** Glucose, a common sugar, is used by the cells of the body to produce energy. Diabetes is a disease in which the movement of glucose from the blood to body cells is decreased. Glucose levels in the blood increase. There are several forms of diabetes. The adult form is called type 2 diabetes.



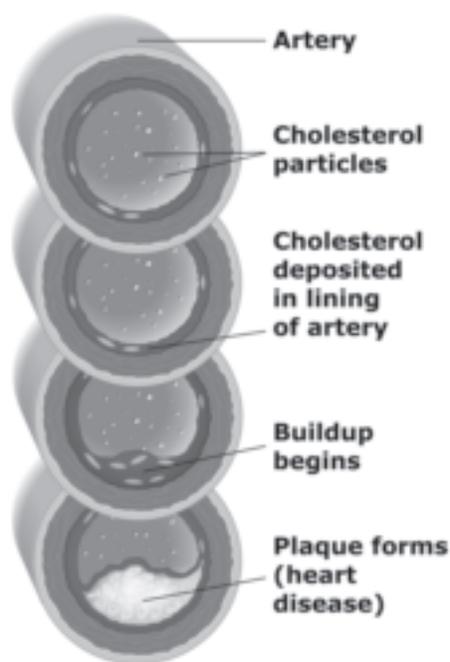
About 80 percent of those with type 2 diabetes are overweight. It is more common among people who are older, are physically inactive or obese, or have a family history of diabetes. It is more common among people of Asian, Hispanic, African, or Native American ancestry. Type 2 diabetes is a progressive disease that can lead to many problems, including heart disease. Type 2 diabetes can be treated, delayed, or prevented by moderate weight loss, exercise, and medication.

**Genetics (characteristics inherited from mom and dad):** The risk of developing heart disease is about two times greater if a member of one's immediate family (a blood relative) has heart disease. The risk is higher if the family member developed heart disease at an early age (before age 55 in men and before age 65 in women). As is common in many diseases, heart disease results from an interaction between genes and other factors. These factors modify the risk for developing heart disease by either increasing or decreasing it. Some of these important factors are described in this manual.

**High blood pressure:** Blood pressure is the force of the blood pushing against the walls of the blood vessels, especially the arteries. When blood pressure is higher than normal, the heart works harder and arteries may become damaged. This increases the risk of heart disease. High blood pressure is related to a person's genetic makeup.

**High cholesterol:** Cholesterol is a waxy, fat-like material that is found in all parts of the body. It comes from two sources: it is made in the body by the liver (how much each person makes is determined by genetics); and we get it from eating meat and dairy products. High levels of cholesterol in the blood can narrow or block arteries. This reduces blood flow to the heart and other areas and increases the risk of heart disease. Decreasing blood cholesterol by as little as 10 percent decreases the risk of heart disease. Cholesterol levels can be reduced by alterations in diet and physical activity and by medication.

**Inflammation:** Inflammation is the body's defense against injury or against invaders like bacteria and viruses. Inflammation to the heart and blood vessels can occur in different ways. For example, it can occur as the result of the buildup of fatty deposits in blood vessels or by exposure of the heart and blood vessels to bacteria. Inflammation increases the risk of heart disease. Increased levels of a protein, known as C-reactive protein (CRP), in the blood indicate the presence of inflammation. Inflammation can be decreased by medications, proper nutrition, increased physical activity, and weight loss.



## **Risk Factors for Heart Disease (continued)**

**Medications, not taking as prescribed:** Medications to lower blood pressure and cholesterol, for example, need to be taken exactly as prescribed in order to effectively lower the risk of heart disease.

**Nutrition:** Diet directly affects the risk of heart disease. Diet affects blood cholesterol levels, blood pressure, blood sugar levels, and body weight. To lower blood pressure, the American Heart Association recommends a diet low in fat and cholesterol and rich in fruits and vegetables.

**Physical activity, lack of:** Physical activity results in the body using energy. Physical activity can lead to physical fitness. People do not have to achieve a high level of physical fitness to realize health benefits. All types of physical activity can produce significant health benefits.

- Lack of physical activity doubles the risk of heart disease.
- Regular physical activity
  - helps control weight,
  - helps control blood pressure,
  - helps control blood cholesterol,
  - helps control blood sugar levels in persons with diabetes, and
  - improves blood circulation throughout the body.

**Stress:** Stress contributes to heart disease in many ways. It can cause the release of hormones and other agents that increase heart rate and blood pressure. Stress can increase blood clot formation. Blood clots can cause heart attacks by blocking blood flow to the heart. In some cases, stress can trigger irregular heart beat rhythms and reduce blood flow to the heart. Pre-diabetes conditions can be triggered by stress as well. Stress can be generated at home or at work. Stress can be reduced in many ways, including changing lifestyle, increasing exercise, and with therapy for dealing with stress.

**Tobacco use:** Chemicals in tobacco smoke reduce the amount of oxygen the blood can carry. The chemical nicotine in tobacco increases heart rate and blood pressure. Over time, this causes excessive wear and tear on the heart and blood vessels.

- Smokers have twice the risk of heart disease as nonsmokers.
- Twenty to 30 percent of the one million deaths each year from heart disease are caused by smoking.
- Quitting smoking can cut the risk of continued heart disease in half within one year.
- When a person quits smoking tobacco, the risk of death due to heart disease begins to decrease right away. However, it takes 10 years of no smoking for the risk to equal that of a nonsmoker.

# The Second Memo

County Hospital

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Behavioral Sciences Clinic

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## MEMORANDUM

**TO: Behavioral Health Team**

**FROM: E. Duran, Director**

**SUBJECT: Patient evaluation**

Dear Behavioral Health Team Members,

Thank you for your work so far. Identifying risk factors for heart disease that our patient Joe M. may be able to modify is very important. You now have one additional and important task.

Joe M. must change some of his behaviors to lower his risk of further complications from heart disease. I am asking you and your team members to develop a behavioral intervention for Joe. Please use the information available to you and come up with a behavioral plan Joe can follow that would improve his health. I look forward to seeing what you prescribe to help Joe.

# Prescription Pad

**R<sub>x</sub>**

**County Hospital**  
**Behavioral Sciences Clinic**  
*Prescription*

**R<sub>x</sub>**

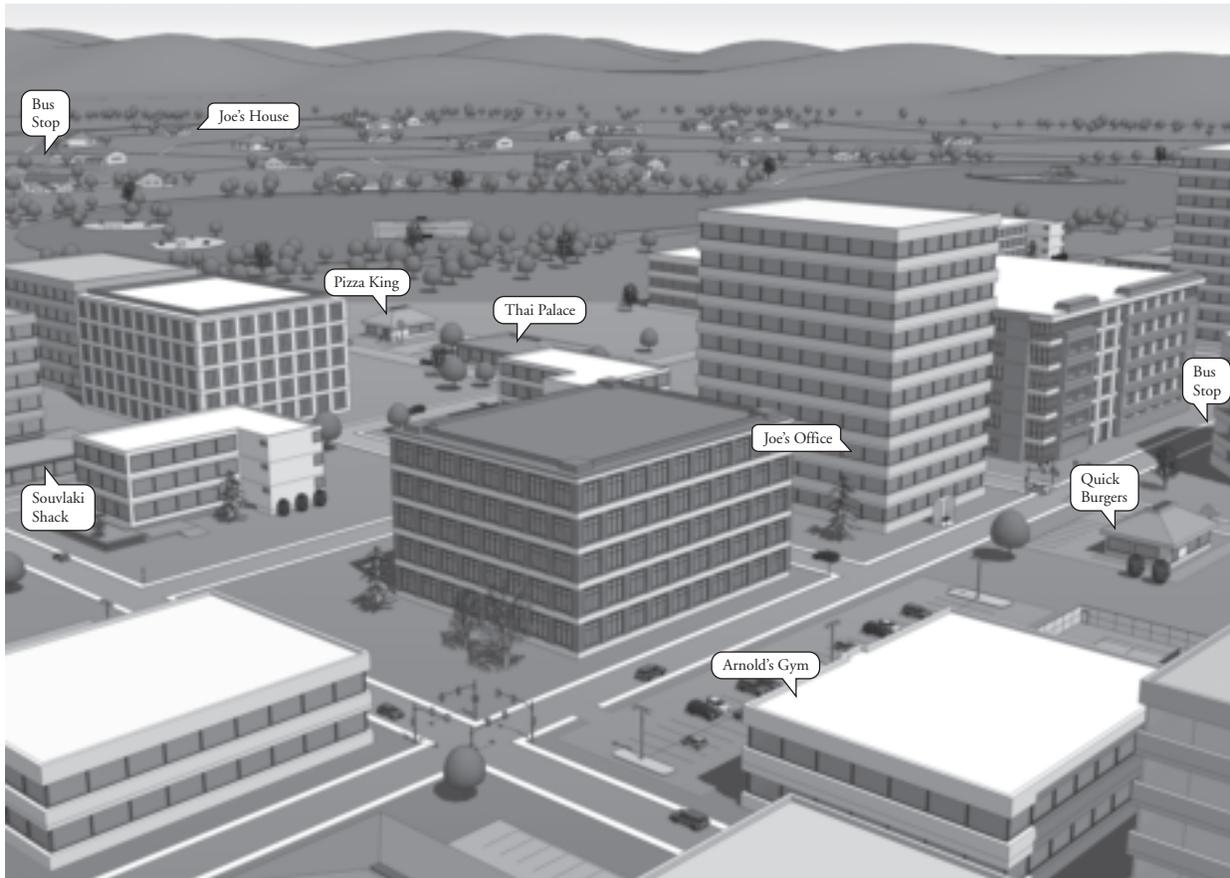
**Patient's Name:** Joe M.

**Instructions:** Please follow the behavioral modification program described below. Do not hesitate to call the clinic if you have questions. Call your physician with questions or if complications develop.

**Please do the following:**

Authorized: \_\_\_\_\_  
Member, Behavioral Health Team

# Joe M.'s Environment



# The Final Memo

County Hospital

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Behavioral Sciences Clinic

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## MEMORANDUM

**TO: Behavioral Health Team**

**FROM: E. Duran, Director**

**SUBJECT: Follow-up, patient Joe M.**

You prepared a behavior modification plan for Joe M., who was admitted to County Hospital with heart disease six months ago. Joe had some success following your recommendations for changing his behaviors, but additional help is needed. Our staff will meet with Joe soon and work with him to develop a behavior modification plan that we hope will allow him to continue to improve his health. Joe does want to succeed.

Before we meet with Joe, we need some important information. As behavioral scientists, you know that behaviors are influenced by many factors. Also, you know that you must ask specific questions to get information that helps you understand how those influences affect behavior. Here is what I need you to do.

1. Quickly review the information in Joe M.'s patient file and your recommendations for changes in his behavior.
2. Review the updated patient information for Joe (you will receive this shortly).
3. Select one of Joe's behaviors and identify influences in Joe's life that may affect that behavior. Include people (by groups), internal factors (those that relate directly to who Joe is as a person), and external factors (those in Joe's environment) that may influence that behavior.
4. Please prepare a list of questions for Joe relating to each of the influences you have identified. We must get specific information about the influences in Joe's life so that a new plan for behavior change can be made with Joe.

Thanks again for all of your hard work on this project.

# The Final Tasks

Name: \_\_\_\_\_

Review all available information about Joe M. On the back of this form, you will list influences for one of Joe's behaviors. Then, use the guide at the bottom of this page to develop a series of questions to get specific information to help develop a new behavioral modification plan for Joe.

## Updated History

**Patient:** Joe M.

**CONFIDENTIAL**

Behavioral Sciences Clinic staff interviewed Joe M. and obtained the following information.

- Patient quit smoking. Stated that having wife quit smoking at the same time was helpful to him.
- Patient joined a gym, but does not like working out alone and only goes to gym once a week on average; says he prefers team sports and also thinks the membership dues at the gym are too expensive.
- Patient initially lost some weight, but has gained it back. He has tried several diets but can't keep weight off. Wife does cooking at home.
- Patient still eats fast food several times each week (says he's busy at work and just wants food that's fast), works long hours, and drives to work; takes stairs up to office sometimes; says he finds watching TV at night relaxing.
- Patient takes medications as directed; cholesterol and blood pressure lower, but still higher than normal.

**Which behavior are you investigating?** \_\_\_\_\_

1. On the back of this form, list influences in Joe's life on this behavior.
2. Develop and list questions to get specific information about each influence.
3. Justify each question by indicating how Joe's answers will help you develop a new behavioral modification plan for Joe—that is, why do you want this information?

Behavior you selected: \_\_\_\_\_

Influences	Questions	Justifications

# Letter to Parents and Guardians

Dear Parents and Guardians,

Next week students in my class will begin a short unit called *The Science of Healthy Behaviors*. As part of the unit, students will be asked to fill out a confidential, 12-question survey about their physical activities. The purpose of the survey is to get a sense of how active students are in their daily lives. We will compare the class's data with results from middle school students across the country.

Please fill in the permission slip below and return it by \_\_\_\_\_. Students who don't participate in the survey will work with other (anonymous) students' data.

Thank you for your continued support.

\_\_\_\_\_  
Teacher's Signature

✂-----✂-----✂-----

\_\_\_\_ My child, \_\_\_\_\_, has permission to participate in the physical activity survey.

\_\_\_\_ My child, \_\_\_\_\_, will not participate in the survey and will analyze data from other (anonymous) students.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

**Permission Letter**