

EXERCISE D

Health maintenance & disease prevention

Taking a look at your lifestyle

The following questions are designed to help you think about some important lifestyle behaviors that can have an impact on your overall health and wellbeing.

1. Are you getting enough sleep to meet your current needs?

- Yes No

If not, why not?

- My need for sleep has increased.
- My sleep patterns seem to have changed.
- I have difficulty falling asleep or staying asleep.
- I am taking medications which increase my fatigue or sleepiness.
- My sleep is interrupted by trips to the bathroom or uncomfortable symptoms such as leg spasms and cramps.
- Other

2. Have you made yourself aware of the recommended nutritional guidelines for a person of your age and gender? For example, do you:

Choose a diet that is high in grain products, vegetables and fruits, moderate in sodium (salt) and sugar intake, and low in fat, saturated fat and cholesterol?

- Yes No

Consume at least 1000 mg of calcium per day (and more if you have significant mobility problems, take steroids or are a postmenopausal woman who does not take estrogen)?

Yes No

3. Do you perform regular breast or testicular exams as instructed by your physician?

Yes No

4. Have you discussed with your physician the appropriate types and amounts of exercise for someone in your age group with your particular MS symptoms?

Yes No

5. Have you made time in your life for the relationships and activities that meet your emotional and spiritual needs?

Yes No

6. Do you have a repertoire of stress-management techniques to help you deal with the many day-to-day stresses that life presents?

Yes No

If so, what are they?

7. Do you smoke?

Yes No