

General Education Course Proposal

Proposed Course: Kines 32 Lifetime Fitness and Wellness Units 2+1
Prefix No. Title

Department: Kinesiology School: Health and Human Services

GE Category (Indicate one category only):

Foundation: A1___; A2___; A3___; B4___
Breadth: B1___; B2___; C1___; C2___; D___; E X
Integration: B___; C___; D___; International/Multicultural___

Existing Course___; Revised Course___; New Course X

Course Included in Current GE Program___

New courses require the Undergraduate Course Proposal form in addition to this form.

Revised courses require the Undergraduate Course Change Request in addition to this form.

Proposed catalog description: Limit course description to 40 words using succinct phrases. Include prerequisites, limitations, lecture/lab hours. Indicate former course number, e.g., (Former Biol 105).
Healthy lifestyles patterns, exercise, nutrition and physiological hygiene.
Prevention of chronic diseases, long-term behavior modification. Includes physiological measurements, nutritional analysis, and principles of exercise.
Requires concurrent enrollment in one of: KAC 6, 21, 24, 31, 33, 39, or 103.

Enrollment limit per section: 40

Expected number of sections per semester – Year 1 1; Year 3 1

Attachments:

1. A statement presenting the ways in which this course meets the Specifications provided in the appropriate section of the General Education Policy as well as in the Policies for Inclusion and Evaluation of General Education Courses.
2. A statement of elements common to all sections of this course, identifying content, objectives, required student activities, grading policy, representative texts, and an approximate schedule for the course. Required student activities include such things as papers, research projects, homework, laboratory and/or studio performance, recitations, participation, attendance, and exams.
3. A typical syllabus for a particular offering of the course.
4. Any special cost factors associated with this course.

Approval for Inclusion in General Education

Catherine S.R. Johnson 5/18/98 [Signature] 8-24-98
Department Chair Date School Curriculum Committee Date

Remitt Shiple 6-2-98 [Signature]
School Dean Date General Education Subcommittee Date

Brandt Kehoe 12/22/98
Associate Provost Date

Attachment # 2

Kinesiology 32 Lifetime Fitness and Wellness

Elements Common to All Sections of the Course

- Objectives of the Course: During completion of the course, students will be able to:
- A. Describe disease demographics in the U.S and other developed countries, with emphasis upon the high incidence of chronic, degenerative diseases
 - B. Contrast disease demographics of developed countries with those of underdeveloped and third world countries
 - C. Contrast current disease demographics with those from the turn of the century
 - D. Identify and describe sociological factors which contribute to current disease demographics
 - E. Compare and contrast "reactive, treat the disease" medical models with "proactive, prevent the disease" models
 - F. Describe, explain and debate the economic and ethical issues associated with these models
 - G. Identify the approximate percentage of each of these chronic degenerative diseases which can be prevented through lifestyle modification
 - H. Define the concept of "risk" for chronic and degenerative diseases, and explain the statistics/demographic origin and genesis of this concept
 - I. Describe and explain the difference between genetic and lifestyle factors which influence risk for chronic and degenerative diseases
 - J. Perform a written "family history" to gain insight into personal genetic potential for development of chronic and degenerative diseases
 - K. Identify major and minor risk factors for the following lifestyle-related chronic and degenerative diseases, and explain the relationships between the risk factor and development of the disease
 - cardiovascular diseases (including hypertension and stroke)
 - type II diabetes
 - obesity
 - cancer: colorectal, lung and breast
 - liver sclerosis
 - osteoporosis
 - mobility deficiencies and disabilities
 - L. Describe and explain the impact of cigarette smoking on risk for development of chronic and degenerative diseases
 - M. Contrast the relative effectiveness of the more popular smoking cessation programs/techniques
 - N. Describe and explain the impact of alcohol consumption on risk for development of chronic and degenerative diseases
 - O. Contrast the relative effectiveness of the more popular drinking cessation programs/techniques

- P. Describe and explain the relationship between diet and risk for development of chronic degenerative diseases
- Q. Contrast the relative effectiveness of various dietary modification programs for resolution of obesity
- R. Describe and the differences between physical activity and exercise, and explain the relative impact of each on health and risk for disease
- S. Explain the concept of exercise intensity, and describe the relationship between exercise intensity and health benefits of exercise
- T. Contrast exercise for health benefits with exercise for improvement of athletic performance
- U. Explain the concept of specificity of exercise, and explain how different types of exercise have different effects on the body and on health
- V. Describe the most effective types of exercise for promotion of cardiovascular health
- W. Describe the most effective types of exercise for promotion of metabolic health
- X. Describe the most effective types of exercise and movement patterns for promotion of orthopedic health
- Y. Describe the most effective types of exercise for prevention of obesity
- Z. Describe the most effective types of exercise for prevention of cancer
- AA. Describe the role of exercise for optimal health at various stages in the lifespan
- BB. Describe and explain the characteristics of modern society which discourage or interfere with participation in physical activity and exercise
- CC. ID and describe common "excuses"/perceived reasons why people don't exercise
- DD. ID and describe effective strategies for readjusting priorities and finding time for exercise
- EE. ID and describe techniques for promoting adherence to exercise programs
- FF. Perform a written "lifestyle assessment" to gain insight into personal risk for chronic and degenerative diseases; ID strengths and weaknesses, develop strategies for moderating 3 major weaknesses
- GG. ID the 7 major categories of essential nutrients, and describe the overall physiological function of each category
- HH. Describe and explain the importance of including appropriate proportions of nutrients in the diet
- II. ID and describe the American Heart Association recommendations for appropriate nutrient proportions
- JJ. ID foods/nutrients/supplements which have been shown to have specific protective effects against chronic degenerative diseases
- KK. ID characteristics of the ideal diet

- LL. Perform a written dietary analysis to gain perspective on personal dietary strengths and weaknesses; provide an evaluation of 3 major weaknesses, and develop behavioral strategies for moderating those weaknesses

Course Content:

- A. Major health problems in U.S. today
1. medical definitions; leading causes of death; morbidity and mortality
 2. socio-humanistic perspective; things that don't kill you, but reduce the quality of life
 3. contrast with historical perspective; turn of the century
 4. contrast with less developed countries
 5. causes of chronic diseases
 6. common thread through most chronic diseases; sedentary lifestyle
 7. single biggest health problem; exercise deficiency?
 8. what medical model will work best for modern health problems?
 9. economic issues related to these models
 10. ethical issues related to these models
- B. Risk for chronic degenerative diseases
1. risk definition
 2. genetic components of risk
 3. environmental and behavioral components of risk
 4. major and minor risk factors for individual chronic diseases
- C. Risk management and reduction
1. genetic
 2. smoking
 3. alcohol consumption
 4. stress and anger
 5. diet
 6. exercise
- D. Exercise; preventive medicine and the fountain of youth
1. definitions
 2. distinctions between physical activity and exercise, relative impact of each on health and risk for disease
 3. exercise intensity and relation to health benefits
 4. exercise for health, longevity, quality of life vs exercise for improving athletic performance
 5. specificity of exercise; different types of exercise have different effects on the body and on health
 6. basic principles of exercise
 - a. overload
 - b. progression
 - c. specificity
 - d. generality/cross training
 - e. individuality
 - f. regularity
 - g. periodization/variety

- h. reversibility
 - i. overstress/overtraining
 - 7. exercise which is most effective for prevention of chronic degenerative hypokinetic disease
 - 8. exercise benefits at different stages of the lifespan
- E. If exercise is so great, why doesn't everyone do it?
 - 1. characteristics of society which discourage or interfere with participation in physical activity and exercise
 - 2. common "excuses"/perceived reasons for not exercising
 - 3. readjusting priorities and making time for exercise
 - 4. techniques for promotion of adoption of and adherence to exercise programs
 - 5. motivating factors; internal vs external
- F. Nutrition; you are what you eat
 - 1. essential nutrients and physiological functions
 - a. protein
 - b. carbohydrate
 - c. fat
 - d. minerals
 - e. vitamins
 - f. fiber
 - g. water
 - 2. dietary analysis
 - 3. dietary proportions
 - 4. foods which may provide "special protection" against chronic disease
 - 5. characteristics of the "ideal diet"

Grading Policy

- A. Grade will be determined from performance in the following:

1. attendance and participation	10%
2. health care ethics assignment	10%
3. family history assignment	10%
4. risk assessment assignment	10%
5. diet analysis assignment	10%
6. midterm exams (2)	30%
7. final exam	20%
- B. Letter grades will be established as follows:
 - A = 90% or above
 - B = 80% - 89.9%
 - C = 70% - 79.9%
 - D = 60% - 69.9 %
 - F = below 60%

Textbooks and reading Assignments

A. Required text:

Hockey, R.V. (1996). Physical fitness: The pathway to healthful living. St. Louis: Mosby.

B. Supplemental reading:

- Bouchard, C., and Despres, J.P. (1995). Physical Activity and health: Atherosclerotic, metabolic, and hypertensive diseases. Research Quarterly for Exercise and Sport, 66, 263-275.
- Vuori, I. (1995). Exercise and physical health: Musculoskeletal health and functional capacities. Research Quarterly for Exercise and Sport, 66, 276-285.
- Lee, I. (1995). Exercise and physical health: Cancer and immune function. Research Quarterly for Exercise and Sport, 66, 286-291.
- Biddle, S. (1995). Exercise and psychosocial health. Research Quarterly for Exercise and Sport, 66, 292-297.
- Shephard, R.J. (1995). Physical activity, health, and well-being at different life stages. Research Quarterly for Exercise and Sport, 66, 298-302.
- Oja, P. (1995). Descriptive epidemiology of health-related physical activity and fitness. Research Quarterly for Exercise and Sport, 66, 303-312.
- Pate, R.L. (1995). Physical activity and health: Dose-response issues. Research Quarterly for Exercise and Sport, 66, 313-317.
- Marcus, B.H. (1995). Exercise behavior and strategies for intervention. Research Quarterly for Exercise and Sport, 66, 319-323.

Descriptions of Written Assignments

Included in a separate section of this proposal (please see table of contents)

Attachment # 3

California State University, Fresno

Department of Kinesiology

Lifetime Fitness and Wellness

- I. Course Number Kines 32
Unit Value 2 (C-2)
Prerequisites None
Grading Letter
- II. Catalog Description: Healthy lifestyle patterns, exercise, nutrition and physiological hygiene. Prevention of chronic diseases, long-term behavior modification. Includes physiological measurements, nutritional analysis, and principles of exercise. Requires concurrent enrollment in one of: KAC 6, 21, 24, 31, 33, 39, or 103.
- III. Purpose of the Course: To provide students with exposure to and practical experience with lifestyle patterns and behaviors which have been shown to optimize health, fitness and wellness, prevent chronic disease, and promote longevity.
- IV. Objectives of the Course: During completion of the course, students will be able to:
- A. Describe disease demographics in the U.S and other developed countries, with emphasis upon the high incidence of chronic, degenerative diseases
 - B. Contrast disease demographics of developed countries with those of underdeveloped and third world countries
 - C. Contrast current disease demographics with those from the turn of the century
 - D. Identify and describe sociological factors which contribute to current disease demographics
 - E. Compare and contrast "reactive, treat the disease" medical models with "proactive, prevent the disease" models
 - F. Describe, explain and debate the economic and ethical issues associated with these models
 - G. Identify the approximate percentage of each of these chronic degenerative diseases which can be prevented through lifestyle modification
 - H. Define the concept of "risk" for chronic and degenerative diseases, and explain the statistics/demographic origin and genesis of this concept
 - I. Describe and explain the difference between genetic and lifestyle factors which influence risk for chronic and degenerative diseases
 - J. Perform a written "family history" to gain insight into personal genetic potential for development of chronic and degenerative diseases

- K. Identify major and minor risk factors for the following lifestyle-related chronic and degenerative diseases, and explain the relationships between the risk factor and development of the disease
- cardiovascular diseases (including hypertension and stroke)
 - type II diabetes
 - obesity
 - cancer: colorectal, lung and breast
 - liver sclerosis
 - osteoporosis
 - mobility deficiencies and disabilities
- L. Describe and explain the impact of cigarette smoking on risk for development of chronic and degenerative diseases
- M. Contrast the relative effectiveness of the more popular smoking cessation programs/techniques
- N. Describe and explain the impact of alcohol consumption on risk for development of chronic and degenerative diseases
- O. Contrast the relative effectiveness of the more popular drinking cessation programs/techniques
- P. Describe and explain the relationship between diet and risk for development of chronic degenerative diseases
- Q. Contrast the relative effectiveness of various dietary modification programs for resolution of obesity
- R. Describe and the differences between physical activity and exercise, and explain the relative impact of each on health and risk for disease
- S. Explain the concept of exercise intensity, and describe the relationship between exercise intensity and health benefits of exercise
- T. Contrast exercise for health benefits with exercise for improvement of athletic performance
- U. Explain the concept of specificity of exercise, and explain how different types of exercise have different effects on the body and on health
- V. Describe the most effective types of exercise for promotion of cardiovascular health
- W. Describe the most effective types of exercise for promotion of metabolic health
- X. Describe the most effective types of exercise and movement patterns for promotion of orthopedic health
- Y. Describe the most effective types of exercise for prevention of obesity
- Z. Describe the most effective types of exercise for prevention of cancer
- AA. Describe the role of exercise for optimal health at various stages in the lifespan
- BB. Describe and explain the characteristics of modern society which discourage or interfere with participation in physical activity and exercise
- CC. ID and describe common "excuses"/perceived reasons why people don't exercise

- DD. ID and describe effective strategies for readjusting priorities and finding time for exercise
- EE. ID and describe techniques for promoting adherence to exercise programs
- FF. Perform a written "lifestyle assessment" to gain insight into personal risk for chronic and degenerative diseases; ID strengths and weaknesses, develop strategies for moderating 3 major weaknesses
- GG. ID the 7 major categories of essential nutrients, and describe the overall physiological function of each category
- HH. Describe and explain the importance of including appropriate proportions of nutrients in the diet
- II. ID and describe the American Heart Association recommendations for appropriate nutrient proportions
- JJ. ID foods/nutrients/supplements which have been shown to have specific protective effects against chronic degenerative diseases
- KK. ID characteristics of the ideal diet
- LL. Perform a written dietary analysis to gain perspective on personal dietary strengths and weaknesses; provide an evaluation of 3 major weaknesses, and develop behavioral strategies for moderating those weaknesses

V. Course Content

- A. Major health problems in U.S. today
 - 1. medical definitions; leading causes of death; morbidity and mortality
 - 2. socio-humanistic perspective; things that don't kill you, but reduce the quality of life
 - 3. contrast with historical perspective; turn of the century
 - a. infectious disease vs chronic disease
 - 4. contrast with less developed countries
 - a. infectious disease and malnutrition vs chronic disease
 - 5. causes of chronic diseases
 - 6. common thread through most chronic diseases; sedentary lifestyle
 - 7. single biggest health problem; exercise deficiency?
 - a. hypokinetic diseases
 - 8. what medical model will work best for modern health problems?
 - a. traditional reactive cure-the-disease model
 - b. non-traditional proactive prevent-the-disease model
 - 9. economic issues related to these models
 - 10. ethical issues related to these models
- B. Risk for chronic degenerative diseases
 - 1. risk definition
 - a. cause and effect vs probability
 - b. statistical and demographic origins and definitions

2. genetic components of risk
 3. environmental and behavioral components of risk
 4. major and minor risk factors for individual chronic diseases
 - a. cardiovascular diseases (including hypertension and stroke)
 - b. metabolic diseases (diabetes)
 - c. obesity
 - d. cancer; colorectal, breast, and lung
 - e. liver sclerosis
 - f. osteopenia and osteoporosis
 - g. mobility deficiencies/disabilities
- C. Risk management and reduction
1. genetic
 - a. family history
 1. morbidity and mortality
 2. environment and behavior
 2. smoking
 - a. influence on health and risk for disease
 - b. prevention
 - c. cessation
 3. alcohol consumption
 - a. influence on health and risk for disease
 - b. prevention
 - c. cessation
 4. stress and anger
 - a. influence on health and risk for disease
 - b. prevention
 - c. resolution
 5. diet
 - a. influence on health and risk for disease
 - b. elimination of bad foods
 - c. inclusion of good foods
 6. exercise
 - a. influence on health and risk for disease
 - b. elimination of sedentary habits
 - c. adoption and maintenance of physical activity and exercise
- D. Exercise; preventive medicine and the fountain of youth
1. definitions
 2. distinctions between physical activity and exercise, relative impact of each on health and risk for disease
 3. exercise intensity and relation to health benefits
 4. exercise for health, longevity, quality of life vs exercise for improving athletic performance
 5. specificity of exercise; different types of exercise have different effects on the body and on health
 6. basic principles of exercise
 - a. overload
 - b. progression
 - c. specificity

- d. generality/cross training
 - e. individuality
 - f. regularity
 - g. periodization/variety
 - h. reversibility
 - i. overstress/overtraining
 - 7. exercise which is most effective for prevention of chronic degenerative hypokinetic disease
 - a. cardiovascular diseases (including hypertension and stroke)
 - b. diabetes
 - c. obesity
 - d. cancer; colorectal, breast and lung
 - e. osteopenia and osteoporosis
 - f. mobility deficiencies and disabilities
 - g. depression
 - 8. exercise benefits at different stages of the lifespan
- E. If exercise is so great, why doesn't everyone do it?
- 1. characteristics of society which discourage or interfere with participation in physical activity and exercise
 - 2. common "excuses"/perceived reasons for not exercising
 - 3. readjusting priorities and making time for exercise
 - 4. techniques for promotion of adoption of and adherence to exercise programs
 - 5. motivating factors; internal vs external
- F. Nutrition; you are what you eat
- 1. essential nutrients and physiological functions
 - a. protein
 - b. carbohydrate
 - c. fat
 - d. minerals
 - e. vitamins
 - f. fiber
 - g. water
 - 2. dietary analysis
 - a. accuracy and precision of data
 - b. identification of strengths and weaknesses
 - c. strategies for eliminating weaknesses
 - 3. dietary proportions
 - a. foods groups and pyramids
 - b. American heart Association recommendations
 - c. the zone diet
 - 4. foods which may provide "special protection" against chronic disease
 - a. fiber
 - b. antioxidants
 - c. cruciferous vegetables
 - d. supplements vs "naturally" occurring
 - 5. characteristics of the "ideal diet"
 - a. content
 - b. proportions

- c. important foods to include
- d. important foods to avoid

VI. Grading and evaluation

A. Grade will be determined from performance in the following:

- | | |
|----------------------------------|-----|
| 1. attendance and participation | 10% |
| 2. health care ethics assignment | 10% |
| 3. family history assignment | 10% |
| 4. risk assessment assignment | 10% |
| 5. diet analysis assignment | 10% |
| 6. midterm exams (2) | 30% |
| 7. final exam | 20% |

see attachments for descriptions of written assignments

2. Letter grades will be established as follows:

- A = 90% or above
- B = 80% - 89.9%
- C = 70% - 79.9%
- D = 60% - 69.9 %
- F = below 60%

VIII. Textbooks and reading assignments

A. Required text:

Hockey, R.V. (1996). Physical fitness: The pathway to healthful living. St. Louis: Mosby.

B. Supplemental reading:

Bouchard, C., and Despres, J.P. (1995). Physical Activity and health: Atherosclerotic, metabolic, and hypertensive diseases. Research Quarterly for Exercise and Sport, 66, 268-275.

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Lee, I. (1995). Exercise and physical health: Cancer and immune function. Research Quarterly for Exercise and Sport, 66, 286-291.

Biddle, S. (1995). Exercise and psychosocial health. Research Quarterly for Exercise and Sport, 66, 292-297.

Shephard, R.J. (1995). Physical activity, health, and well-being at different life stages. Research Quarterly for Exercise and Sport, 66, 298-302.

Oja, P. (1995). Descriptive epidemiology of health-related physical activity and fitness. Research Quarterly for Exercise and Sport, 66, 303-312.

Pate, R.L. (1995). Physical activity and health: Dose-response issues. Research Quarterly for Exercise and Sport, 66, 313-317.

Marcus, B.H. (1995). Exercise behavior and strategies for intervention. Research Quarterly for Exercise and Sport, 66, 319-323.

IX. Attendance Policy

This course covers and integrates a broad variety of topics. The textbook and readings should be considered supplemental, and they are not a suitable substitute for coming to class, participating in class discussions, and participating in out-of-class assignments. Consequently, and in the best interest of the student, there is an attendance and participation requirement. Each student is allowed to miss two (2) class sessions without penalty. Each additional unexcused absence will result in a penalty of one full percentage point from the final grade of the lecture component of the course. In addition, each student is expected to contribute to in-class discussions, and to participate in out-of-class assignments (body composition testing, blood pressure measurements, etc.).

X. Other Course policies

A. Late papers

If prior arrangements are made with the instructor, papers may be turned in late with no penalty. If no prior arrangements have been made (or if the reason proposed was really lame), a 10% penalty will be incurred. Late papers will not be accepted after graded papers have been returned to the rest of the class (normally the second class session after the papers have been turned in). If a student has a legitimate, documented excuse for missing class on the day a paper is due, deadlines are extended for the period of time the student was absent.

B. Make-up exams

If prior arrangements are made with the instructor, exams may be rescheduled for a variety of legitimate, documented reasons. If no prior arrangements are made, the acceptable range of legitimate documented reasons becomes narrower. Exams will be made up within a week following the normal time of administration.

XI. Students with Disabilities

It is your responsibility to identify yourself to the university and the instructor so that reasonable accommodation for learning and evaluation within the course can be made.

XII. Student Conduct

University policies for student conduct, cheating and plagiarism are located in the Catalog, and the Schedule of Courses. All students are bound by these policies, and are responsible for familiarity with these policies.

Kines 32 Lifetime Fitness and Wellness
Course Calendar

Calendar based upon 15-week semester, 2 class sessions per week.

Session Number	Syllabus Content Covered
1	Organization and Administrative Issues
2	A.1
3	A.2
4	A.3, A.4
5	A.5, A.6, A.7
6	A.8, A.9, A.10 assign first paper
7	A.8, A.9, A.10
8	A.8, A.9, A.10
9	B.1, B.2
10	B.3, B.4
11	C.1, C.2 first paper due, assign second paper
12	C.3, C.4
13	C.5
14	C.6
15	first midterm exam
16	D.1, D.2, D.3
17	D.4, D.5
18	D.6 second paper due, assign third paper
19	D.7
20	D.8
21	E.1, E.2

22	E.3, E.4, E.5
23	E.3, E.4, E.5 third paper due, assign fourth paper
24	F.1
25	second midterm exam
26	F.2
27	F.3
28	F.4, F.5
29	concluding and motivational remarks fourth paper due
30	review for final exam

final exam:
as scheduled

Descriptions of Written Assignments

Assignment #1: Health Care Ethics and Economics

The health care system in our country takes up a bigger slice of the Gross National Product pie than any other industry. Health care is disproportionately expensive, and quickly becoming more so. Recent attempts by the Federal Government and insurance companies to improve the system have not had the intended results. How can the quality of the system be improved while reducing costs?

The health care system currently follows a reactive, disease-oriented model, in which the focus is on treating and attempting to cure disease. Within this system, there is a tendency to perform heroic (and remarkably expensive) procedures to prolong the lives of people who are in really bad shape. Many of these people will then require continuous expensive care to keep them alive or meet their basic needs. An alternative model discussed in class is a proactive, wellness-oriented model, in which the focus is on preventing disease. A proposed advantage of this model is that more lives and people are positively affected for each dollar spent.

Are we doing the right thing? How should we be spending our health care dollars? If the objective is to provide the best care for the least cost, what health care model should we be following? Should we directly and coldly apply the old Vulcan philosophy, "The needs of the many outweigh the needs of the few, or the one", or should we spend huge amounts of money and resources to prolong the lives of old sick people and children with debilitating birth defects? How do we justify denying heroic procedures to those sick people whose lives could be prolonged? Should Mickey Mantle have gotten that liver transplant? What roles can exercise, smoking cessation and other healthy lifestyle patterns play in resolution of these problems?

Please write a 4- to 6-page paper (typed, double-spaced) in which you address the issues posed in the previous paragraph. The first thing I want you to do is think about these things for awhile, and we will discuss them in the next class. Following this discussion, you will write the paper. The paper is due on xday, x/xx/xx.

Assignment #2: Family History Assignment

To gain insight into genetic predisposition toward disease, or toward robust health and longevity, investigate your family history. Go back three generations (parents, grandparents, great grandparents), and include as many aunts, uncles, cousins, etc. as possible. Find out:

1. current age or age at death
2. cause of death
3. chronic diseases or conditions
4. health-related habits, like smoking, drinking, exercise
5. occupation

6. whether or not they were overweight
All of this information may not be available, but do your best.

Determine:

1. which chronic diseases or conditions run in your family (2 or more ancestors with the disease/condition)
2. severity of the diseases/conditions
3. average longevity of ancestors
4. extent to which behaviors and habits may have contributed to disease or early death

Predict:

1. personal risk/predisposition for chronic disease
2. approximate personal lifespan
3. cause of your own death

Compare:

Your own longevity and quality of life under two conditions:

1. You totally ignore the findings of your family history, and the things you are learning in this class, and lead a typical sedentary, high-fat diet, high-stress American lifestyle.
2. You heed the findings of your family history, you act upon things you have learned in class, and make healthy lifestyle choices to neutralize or counteract your apparent genetic weaknesses.

For students whose family history is irretrievable:

Generate a more traditional research paper, in which one of the following two arguments is supported by evidence found in textbooks and original research papers:

1. Genetics have most of the influence over risk for disease and longevity, and the effects of exercise are being blown out of proportion by people who are lucky enough to have inherited the genes to be lean and fit.
2. While genetics play an important role in health and longevity, the human body apparently has a real need for exercise; exercise deficiency promotes development of chronic diseases and conditions, while regular vigorous exercise promotes good health, quality of life, and longevity.

This assignment is due on xday, x/xx/xx.

Assignment #3: Lifestyle Assessment and Risk for Cardiovascular Disease

1. Take the blood lipid panel test at the campus health center, and obtain a copy of your results. Compare your results with the norms handed out in class.
2. Have your resting blood pressure measured in the Human Performance Lab (make an appointment as instructed in class) and record the results. Compare your results with norms handed out in class.

3. Have a resting ECG recorded in the Human Performance Lab (make an appointment as instructed in class), and have this ECG read and interpreted by your instructor.
4. Based upon your performance in the activity section of this course, use the rating scale handed out in class to estimate your physical fitness.
5. Have your body composition (percent fat) measured in the Human Performance Lab (make an appointment), and compare your results with norms passed out in class.
6. Fill out the "Self Test for Type A Personality" form as honestly and accurately as you can, and calculate your score.
7. Fill out the "Self Evaluation for Cardiovascular Risk" form as honestly and accurately as you can, and calculate your score.
8. Use all of these data to estimate your risk for cardiovascular disease; rate yourself on a scale from 1 - 10, with 1 being lowest risk, 10 being ready to keel over from a heart attack. Explain why you have given yourself that rating; relate the rating to the number and severity of risk factors.
9. Identify the 3 lifestyle modifications you could make which would have the greatest positive effect on your C-V health.
10. Develop a practical, feasible, behaviorally-based strategy for implementing the 3 lifestyle modifications you have identified in #9.
11. Present all of this information in clear, concise, complete and organized form in a written paper.

This paper is due on xday, x/xx/xx.

Assignment #4: Nutritional Analysis

The purpose of this assignment is to provide you with an objective look at your typical diet, determine to what extent you are meeting recommended amounts of essential nutrients, and identify your dietary strengths and weaknesses.

1. Keep a record of your dietary intake for 3 typical days. Record what you eat, how much you eat, and the reasons why you ate it. These data should be recorded on the forms provided. Be sure and record the correct codes for each food.
2. Make an appointment to analyze your diet on the computer in the Human Performance Lab. An appointment sheet will be provided in class.
3. Upon completion of your analysis, write a paper in which you identify the three major strengths and weaknesses in your diet, and describe the potential health implications of the weaknesses. Within this paper you will also devise a behavioral strategy for minimizing the three major weaknesses. If you perceive yourself to have fewer than three major weaknesses, devise a strategy for maintaining your optimal diet as your responsibilities grow, your life becomes more complex, and you have less time for yourself.

This paper is due on xday, x/xx/xx.