

BMI Chart

WEIGHT lbs	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215
kgs	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
HEIGHT in/cm	Underweight	Healthy					Overweight					Obese					Extremely obese							
5'0" - 152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
5'1" - 154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	36	37	38	39	40
5'2" - 157.4	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39
5'3" - 160.0	17	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	32	32	33	34	35	36	37	38
5'4" - 162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37
5'5" - 165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35
5'6" - 167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34
5'7" - 170.1	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
5'8" - 172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32
5'9" - 175.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31
5'10" - 177.8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30
5'11" - 180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30
6'0" - 182.8	13	14	14	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28	29
6'1" - 185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28
6'2" - 187.9	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27
6'3" - 190.5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26
6'4" - 193.0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	22	22	23	23	24	25	25	26

Further Explanations:

¹ A Life partner in an adult same sex relationship is considered a spouse

² A check-up is a "preventive" or wellness exam by a health provider, not a visit for a specific medical complaint. Exam should emphasize immunization, screening for chronic disease (e.g. high blood pressure, diabetes, and cancer), as well as education on health promotion behaviors.

³ For family time, if you are single and living alone, note the amount/frequency of contact with any family members (parent, sibling, cousin etc.) outside of your home

⁴ Automatic "B" if you have completed a "Living Will" or "Health Care Directive"

⁵ Automatic "B" if you have donated blood in the past year.

betterm.us

On average, how many days per week do you do the following:

Practice Mindfulness Meditation for 10 minutes

0 1 2 3 4 5 6 7

Eat at least 3 servings of "RAW" fruits and/or vegetables

0 1 2 3 4 5 6 7

Perform at least 30 minutes of moderate physical activity (exercise)

0 1 2 3 4 5 6 7

S.M.A.R.T

CITIZEN Report Card

(Working Years)

Recognizing that we all have responsibility in the community in which we live, this report card lists personal targets that would not only benefit you, but the community as well. The goal over time is to get all "A's".

Start left and move right. Only one response per row.

Imagine what it would be like to live in a community of A's

What is your GPA?

___/15 = ___

Age:	A	4.0
	A-	3.75-3.99
	B+	3.25-3.74
	B	3.00-3.24
	B-	2.75-2.99
Gender:	C+	2.25-2.74
	C	2.00-2.24
	C-	1.75-1.99
	M	
	F	

Citizen Report Card - Working Years

Multiply column totals by column number

GPA = Total score / 15

Total:		"D": 1 x _____ = _____	"C": 2 x _____ = _____	"B": 3 x _____ = _____	"A": 4 x _____ = _____
PERSONAL	Body Weight	<input type="checkbox"/> BMI > 40	<input type="checkbox"/> BMI > 30	<input type="checkbox"/> BMI > 28	<input type="checkbox"/> BMI ≤ 27
	Smoking	<input type="checkbox"/> Over one pack per day or illegal drug use (e.g. DUI)	<input type="checkbox"/> One pack per day and not trying to quit	<input type="checkbox"/> Less than one pack per day and trying to quit	<input type="checkbox"/> Non smoker
	Alcohol	<input type="checkbox"/> Use with negative consequences	<input type="checkbox"/> More than 5 drinks in a setting or > 7 drinks in a week	<input type="checkbox"/> 5-7 alcoholic drinks in a week	<input type="checkbox"/> < 5 alcoholic drinks per week (up to seven if red wine)
	Non Marital Sexual Activity	<input type="checkbox"/> Unprotected non-marital sexual activity (NMSA) past 3 months	<input type="checkbox"/> Condom use with 90% of NMSA in past 3 months	<input type="checkbox"/> Condom use 100% with NMSA in past 3 months	<input type="checkbox"/> Abstinence with NMSA in the past 3 months
	Primary/ Preventive Care	<input type="checkbox"/> No health screen or check-up in past 5 years	<input type="checkbox"/> "Check-Up" in past 3-5 years	<input type="checkbox"/> "Check" up in past 2 years	<input type="checkbox"/> Know your BP, blood sugar, cholesterol
FAMILY	Family Time	<input type="checkbox"/> Family never eats together	<input type="checkbox"/> Family eats together 1-2 times per week	<input type="checkbox"/> Family eats together 3-4 times per week	<input type="checkbox"/> Family eats together 5 nights per week
	Healthy Home	<input type="checkbox"/> Home not assessed for either lead or radon	<input type="checkbox"/> Home assessed for either lead or radon	<input type="checkbox"/> Home assessed and working smoke detector and fire extinguisher	<input type="checkbox"/> Home free of lead and radon with smoke detector and fire ext.
	Financial Fitness / Planning	<input type="checkbox"/> Less than 90% of bills paid on time	<input type="checkbox"/> 90% of bills paid on time	<input type="checkbox"/> No credit card debt (CCD) beyond 90 days	<input type="checkbox"/> Savings of 6 months living expenses, and no CCD>90 days
	Family Direction	<input type="checkbox"/> No Family Discussion about goals	<input type="checkbox"/> Family discussions about goals past 3 months	<input type="checkbox"/> Written personal goals that are reviewed yearly	<input type="checkbox"/> Family mission statement and written personal goals
	Emergency Preparedness	<input type="checkbox"/> No emergency planning	<input type="checkbox"/> Provisions to shelter in place for 3 days (food, water, supplies)	<input type="checkbox"/> Written disaster plan for home (WDP), and provisions for 3 days	<input type="checkbox"/> Provisions to shelter for 7 days, or evacuate, and WDP
COMMUNITY	Environmental Hygiene	<input type="checkbox"/> You have thrown garbage on the ground in the last 90 days	<input type="checkbox"/> You make weekly attempt to keep your residence litter free	<input type="checkbox"/> Picked up two pieces of garbage in past 90 days (PU90)	<input type="checkbox"/> You practice the recycling of paper, plastic, or batteries and PU90
	Personal Development	<input type="checkbox"/> Did not complete high school	<input type="checkbox"/> Completed high school or GED, or C average in school	<input type="checkbox"/> Working on or completed Bachelors, or skilled trade, or B average in school	<input type="checkbox"/> > 5 hours per week improving skills, post grad degree, or A average in school
	Political Fitness	<input type="checkbox"/> Not registered to vote, or no review of current event (CE) if less than 18 years old	<input type="checkbox"/> Registered voter, or CE review 2 days per week of not 18 years old	<input type="checkbox"/> Voted in 90% of elections, or CE review 4 days per week if not 18 y.o.	<input type="checkbox"/> Written letter to political official in past 3 months
	Energy Conservation	<input type="checkbox"/> Never heard of global warming before this report card	<input type="checkbox"/> Reviewed some information on global warming	<input type="checkbox"/> Some assessment of your carbon dioxide foot print / energy consumption	<input type="checkbox"/> Plan to reduce your carbon dioxide footprint / energy consumption
	Community Service	<input type="checkbox"/> No evidence of community service	<input type="checkbox"/> 5 hours of community service per year	<input type="checkbox"/> 5 hours of community service per month	<input type="checkbox"/> 2 hours of community service per week

Start left and move right. Only one response per row.....

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