Lifestyle of medical school professors during the COVID-19 pandemic

Estilo de vida de docentes do curso de medicina durante a pandemia da COVID-19

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ABSTRACT:

Introduction: Lifestyle medicine is an increasingly valued field in medicine. Based on scientific evidence, it addresses key health-related behaviors, which are the root causes of most premature deaths, chronic diseases, and health care costs. In a university context, the lifestyle of faculty directly and indirectly impacts undergraduate learning. **Objective:** This study aims to understand the overall scenario of the lifestyle of medical professors at a private university in São Paulo, to enable future assertive strategies to improve the lifestyle of this population. **Materials and Methods:** A statistical evaluation of 95 anonymous faculty members was conducted using an online questionnaire consisting of 4 questions about the perception of current health, need and motivation for change, along with the Fantastic Lifestyle Questionnaire, answered between November 2021 and May 2022. **Results:** From the subjective responses,

there is a perceived need for change in the pillars of physical activity (64.2%), mental health/stress management (46.3%), weight management (46.3%), and sleep improvement (35.8%). Through the Fantastic Lifestyle Questionnaire, it is noted that 32% of the faculty have a lifestyle classified as "regular" or "needs improvement"; 89.5% of respondents do not meet the World Health Organization's recommendation for physical activity; 31% report being 8kg or more above their ideal weight; 48.4% complain of non-restorative sleep. **Conclusion:** In this study, we discuss the possible associations between work conditions, the difficulties in maintaining healthy lifestyle pillars, and how an unfavorable aspect of lifestyle can negatively impact one or several lifestyle pillars. A better understanding of these relationships is crucial for outlining more assertive strategies for the health of faculty and, consequently, better training for future doctors.

Keywords: professors, lifestyle, medicine, health

RESUMO:
Introdução: A medicina do estilo de vida é um campo de atuação cada vez mais valorizado na medicina. Baseada em evidências científicas, aborda comportamentos-chave relacionados à saúde, que são as causas raiz da maioria das mortes prematuras, doenças crônicas e custos com cuidados de saúde. Em um contexto universitário, o estilo de vida dos docentes impacta direta e indiretamente no aprendizado dos graduandos. **Objetivo:** O presente estudo tem como objetivo compreender o cenário global do estilo de vida dos professores de medicina em uma universidade privada de São Paulo, no sentido de viabilizar futuras estratégias assertivas para melhorar o estilo de vida desta população. **Materiais e Métodos:** Realizou-se uma avaliação estatística de 95 docentes anônimos a um questionário online composto por 4 perguntas sobre a percepção da saúde atual, necessidade e motivação de mudança, junto ao Questionário do Estilo de Vida Fantástico, respondido entre novembro de 2021 e maio de 2022. **Resultados:** A partir das respostas subjetivas, destaca-se a percepção de necessidade de mudança nos pilares de atividade físico (64,2%), saúde mental/manejo do estresse (46,3%), gerenciamento do peso (46,3%) e aprimoramento do sono (35,8%). Pelo Questionário do Estilo de Vida Fantástico nota-se que 32% dos docentes apresentam um estilo de vida classificado como "regular" ou "necessita melhorar"; 89,5% dos entrevistados não cumprem a recomendação da Organização Mundial da Saúde para atividade física; 31% referem estar com 8kg ou mais acima do peso ideal; 48,4% se queixam de sono não reparador. **Conclusão:**

Neste estudo, discutimos as possíveis associações entre as condições do trabalho, as dificuldades de manter os pilares do estilo de vida saudáveis e como um aspecto desfavorável do estilo de vida pode impactar negativamente um ou alguns pilares do estilo de vida. O melhor entendimento destas relações é crucial para traçarmos estratégias mais assertivas para a saúde dos docentes e, consequentemente, melhor formação dos futuros médicos.

Palavras-chave: docentes, estilo de vida, medicina, saúde

RESUMEN:
Introducción: La medicina del estilo de vida es un campo cada vez más valorado en la medicina. Basada en evidencias científicas, aborda comportamientos clave relacionados con la salud, que son las causas fundamentales de la mayoría de las muertes prematuras, enfermedades crónicas y costos de atención médica. En un contexto universitario, el estilo de vida de los docentes impacta directa e indirectamente en el aprendizaje de los estudiantes de grado. **Objetivo:** El presente estudio tiene como objetivo comprender el escenario global del estilo de vida de los profesores de medicina en una universidad privada de São Paulo, para viabilizar futuras estrategias asertivas para mejorar el estilo de vida de esta población. **Materiales y Métodos:** Se realizó una evaluación estadística de 95 docentes anónimos a través de un cuestionario en línea compuesto por 4 preguntas sobre la percepción de la salud actual, la necesidad y motivación de cambio, junto con el Cuestionario de Estilo de Vida Fantástico, respondido entre noviembre de 2021 y mayo de 2022. **Resultados:** A partir de las respuestas subjetivas, se destaca la percepción de la necesidad de cambio en los pilares de actividad física (64,2%), salud mental/manejo del estrés (46,3%), manejo del peso (46,3%) y mejora del sueño (35,8%). Por el Cuestionario de Estilo de Vida Fantástico, se observa que el 32% de los docentes presentan un estilo de vida clasificado como "regular" o "necesita mejorar"; el 89,5% de los encuestados no cumple con la recomendación de la Organización Mundial de la Salud para la actividad física; el 31% informa estar con 8 kg o más por encima del peso ideal; el 48,4% se queja de sueño no reparador. **Conclusión:** En este estudio, discutimos las posibles asociaciones entre las condiciones de trabajo, las dificultades para mantener pilares de un estilo de vida saludable y cómo un aspecto desfavorable del estilo de vida puede impactar negativamente en uno o varios pilares del estilo de vida. La mejor comprensión de estas relaciones es crucial para trazar estrategias más asertivas para la salud de los docentes y, en consecuencia, una mejor formación de los futuros médicos.

Introduction

Health is defined as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, according to the World Health Organization (WHO). Conventional medicine has predominantly focused on pathogenesis, prioritizing the use of procedures and pharmacology to treat and control diseases. Global epidemiological shifts, such as the decrease in infectious diseases and the increase in non-communicable chronic diseases (NCDs), increasingly demand approaches that go beyond the conventional model, as it has proven insufficient for treatment, demonstrating the need for more integrative and comprehensive approaches to achieve better outcomes, aiming to effectively prevent the rising mortality and morbidity from NCDs [1].

Lifestyle Medicine (LM) is an evidence-based, interdisciplinary therapeutic approach that prioritizes lifestyle interventions to prevent, treat, and even

reverse diseases. This approach is individual-centered and grounded in six essential pillars: nutrition, physical activity, adequate sleep, toxic control, stress management, and healthy connections/relationships. LM employs techniques to systematically address these six fundamental health pillars, and beyond prescribing, it necessitates developing a strong relationship between doctor and patient, aiming to positively influence their lifestyle, promoting health through awareness, making the patient more informed and active in their health transformation process.

It is notable that physicians who lead a healthy lifestyle are more likely to advise and encourage their patients to adopt more salutogenic habits [2-3]. Therefore, it is understood that there is a significant advantage in educating medical students and shaping them into doctors who can positively impact patient care. For this, it is crucial that the educators involved in the training process also maintain a healthy lifestyle, to positively influence teaching, not only by encouraging students to practice the same but especially aiming for better quality education, as literature affirms that an unhealthy lifestyle is related to low performance, thus resulting in deteriorated teaching quality and harm in the teacher-student relationship [4-5].

This article aims to diagnose the current scenario of the educators' lifestyle and, based on the data, enable the development of strategies considering the points of attention and the main areas to be improved.

Furthermore, it is worth noting that the study was conducted during the COVID-19 pandemic. Therefore, the final results should include the influence of the pandemic, remote teaching, and social isolation on the educators' lifestyle.

Materials and Methods

This study was conducted through an online and anonymous survey, followed by the subsequent analysis of responses from 95 faculty members of the undergraduate Medicine course across various campuses of Universidade Nove de Julho (UNINOVE).

The form provided to participants consisted of four introductory questions to better understand needs and motivations for change, followed by the "Fantastic Lifestyle Questionnaire," created by the Department of Family Medicine at McMaster University in Canada, certified, translated, and validated for Brazilian Portuguese [6].

The questionnaire's purpose is to assess the participants' lifestyle over the past month, aiding in the development of more assertive strategies for health improvement and prevention of non-communicable chronic diseases.

The Fantastic Lifestyle Questionnaire comprises 25 questions about an individual's lifestyle, covering nine domains represented by the acronym FANTASTIC: **F)** Family and friends; **A)** Physical activity; **N)** Nutrition; **T)** Tobacco and other substances; **A)** Alcohol; **S)** Sleep, seat belts, stress, and safe sex; **T)** Type of behavior; **I)** Insight; and **C)** Career [6]. At the end of the test, the sum of all points achieves a final score that classifies the participant's lifestyle into five categories: excellent (85-100), very good (70-84), good (55-69), regular (35-54), and needs improvement (0-34).

The faculty of the Medicine program at Universidade Nove de Julho in São Paulo were invited via email to participate in the research. They received a link to the online Google Forms questionnaire containing the Informed Consent Form (ICF) - approved by the Research Ethics Committee under number 5.108.058 - and the Fantastic questionnaire. Data were collected from November 2021 to May 2022, during which the questionnaire was available for responses.

The data were tabulated and analyzed using simple statistical methods of percentage for each lifestyle pillar. Inclusion criteria were: holding a teaching position, being under 65 years of age, and actively teaching medical students at Universidade Nove de Julho São Paulo; at any campus, from all cycles of the course, in face-to-face or remote instruction. Exclusion criteria were: not accepting the ICF, not meeting the inclusion criteria, and not fully completing the form.

Results

Of the 95 completed questionnaires, 84 (88.4%) participants indicated that they have an overall health level of 7 or higher [Table 1].

Regarding the main areas that motivate change, or where they feel a greater need for change in order to improve their overall health level, the areas of "Physical Exercise," "Mental Health and Stress Management," "Weight Management," and "Sleep Improvement" stood out, with 64.2%, 46.3%, 46.3%, and 35.8%, respectively, among all the marked responses [Table 2].

Regarding the open-ended question: "What motivates you to be healthy?" responses were collected from 91 participants, which, according to the terms noted, can be categorized into 4 motivation domains: "Quality of Life"; "Healthy Aging"; "Family and Social Relationships"; and "Aesthetics." Within the "Quality of Life" domain, there were 57 mentions of the terms "quality of life," "health," or "living well." In the "Healthy Aging" domain, there were 31 mentions of the terms "aging well," "aging with health," and "longevity." In the "Family and Social Relationships" domain, there were 22 mentions of the terms "being an example," "children," or "family." Only 1 participant mentioned the term "Aesthetics." Four participants abstained from answering this question [Figure 1].

The fourth introductory question: "Do you feel the need for help in improving some aspects of your Lifestyle? Why?" was answered by 91 participants. Among the responses, 69 (76%) participants expressed a desire for help, while 22 (24%) responded "No."

After the four introductory questions, participants responded to the Fantastic Lifestyle Questionnaire. Among the 95 respondents, 93 (97.89%) fully completed the questionnaires. The 2 who responded incompletely were then excluded. Of the 93 complete questionnaires evaluated [Tabela 3], only one (1%) individual scored below 34 points, falling into the "Needs Improvement" category, five participants (5%) scored between 35 and 54, reaching the "Fair" category, 25 (27%) scored between 55 and 69, falling into the "Good" category, 45 (49%) scored between 70 and 84, being in the "Very Good" category, and 17 (18%) scored between 85 and 100, achieving the "Excellent" category [Figure 2].

Regarding the movement pillar, 89.5% of respondents exercise vigorously less than 5 times per week, a quantity below the WHO recommendation. However, it was observed that almost 65% of the professors were moderately active on a daily basis [Table 4].

Regarding the nutrition pillar, 48% of participants perceived that they often eat excessively, consuming more than 2 items of unhealthy products [Figure 3].

In terms of body image perception, 60% of participants believe they are at least 4 kg (approximately 8.8 lbs) over what is considered a healthy weight, and 31% feel the need to lose 8 kg (approximately 17.6 lbs) or more to reach their perceived healthy weight [Figure 4].

In the investigation about smoking, 95% of the participants can be considered non-smokers at the time of the survey [Figure 5].

However, caffeine consumption was frequently observed (from 8 to 20 servings per day) in 16% of participants [Figure 6].

Regarding alcohol abuse, 26.4% of participants reported drinking more than 4 servings on one occasion, and 16.8% drive even after drinking alcohol. 4.2% of respondents report using substances such as marijuana and cocaine occasionally, and frequent medication abuse is found in 3.2% [Table 2].

In the sleep pillar, it was found that 48.4% of respondents have inadequate sleep, reporting that they sleep well and feel rested only a few times, rarely, or almost never [Figure 7].

Data on domains such as connection, risky behavior, stress, introspection, and work are presented in Table 3.

Discussion

When analyzing the impression of teachers regarding overall health, despite 88.4% indicating an overall level above 7 [Table 1], it was observed that many would like to improve various aspects of their lifestyle and health.

Based on the data obtained, it was possible to paint a picture of teachers' lifestyles during the pandemic, where "Physical exercise" (64.2%), "Mental health and stress management" (46.3%), "Weight management" (46.3%), and "Sleep improvement" (35.8%) were the main areas where they felt the greatest need for change in pursuit of better health quality, as indicated by the second question in the introductory section [Table 2].

These areas correspond to key areas for lifestyle interventions for the represented population.

Physical Activity (PA):

According to extensive evidence in the literature, regular physical activity contributes to a better quality of life, increased productivity, and a reduced risk of developing cardiovascular diseases, hypertension, diabetes, among other non-communicable chronic diseases [7], in addition to improving the individual's mental health [8].

During the pandemic period, with social isolation and distance learning, teachers were forced to reduce the frequency of physical activity and increase sedentary behavior. This reality generated the perception of the need for improvement in this area, as evidenced by the results of our research.

Furthermore, we believe that this fact may also be related to other needs for change, such as stress management, also demonstrated in this study, as there is evidence of an association between increased stress levels and long working hours with reduced physical activity [9].

On the other hand, physical activity is one of the recommended evidence-based strategies for stress management, as movement promotes the release of neurotransmitters that provide antidepressant and anxiolytic effects, such as serotonin, dopamine, endorphins, and norepinephrine [10]. Moreover, the lack of physical activity can also raise concerns about the quality of education, as it negatively impacts cognitive and mental aspects [8].

According to the World Health Organization (WHO), the recommendation for regular physical activity is 150 to 300 minutes per week of moderate to vigorous intensity to minimize sedentary behavior [11]. It is worth noting that there is a difference between the definitions of sedentary behavior and physical inactivity. While the former is characterized by low-calorie expenditure activities performed in lying, sitting, and other positions, physical inactivity refers to the complete absence of exercise by an individual who only performs the physical activities necessary in their daily life [12].

According to data from IBGE [13] from the pre-pandemic period, 40.3% of the Brazilian population is sedentary, reflecting a country with limited physical exercise practices and falling below WHO recommendations. This information becomes even more alarming when compared to data provided by Fiocruz in 2020, during the pandemic, which showed that approximately 66% of the population was physically inactive [14]. Furthermore, according to Vigitel [15] data, the percentage of adults who engage in physical activity equivalent to at least 150 minutes per week in Brazilian capitals and the Federal District is 36.7%, and specifically in the city of São Paulo, it is only 32.3%.

Assessing the responses of teachers at the beginning of the questionnaire, it is noticeable that 64% are motivated to improve the "Physical Exercise"

pillar because they perceive this area as lacking in their lives. Taking note that the Fantastic Questionnaire was conducted during the COVID-19 pandemic, it can be concluded that the data pointed out by Fiocruz, Vigitel, and the questionnaire are correlated, as medical teachers at Uninove have a lower percentage of physical activity recommended by the WHO, as 89.5% of teachers are not active 5 or more times a week for at least 30 minutes a day, highlighting the trend of inactivity or insufficient physical activity among medical teachers.

A study conducted by Samira Bulcão in 2022 indicates that the habitual physical activity of teachers decreased during the pandemic, as there was a significant increase in the number of hours spent lying down without sleeping, and usual exercises were significantly reduced. Another study from the pandemic period also showed that when the practice of physical activities was restricted, sedentary behavior increased among this population [16]. All of these data corroborate our finding of a high percentage of physical inactivity among teachers who stated a need to improve in this area.

Finally, it is of utmost importance to create strategies to promote physical activity as a way to improve the quality of life and teaching quality of teachers, as it improves the treatment of various pathologies, aids in weight loss, acts in the prevention of non-communicable chronic diseases such as cancer, diabetes, cardiovascular diseases, obesity, osteoporosis, and neurocognitive conditions like Alzheimer, and also contributes to stress management, prevention, and treatment of various mental health conditions [7].

Mental Health and Stress Management:
Mental health and stress management were one of the main areas that teachers indicated as crucial and in need of improvement in their lifestyle. In the results of the question about stress management, the majority (77.9%) reported that they are almost always or relatively frequently capable of dealing with the stress of daily life [Table 3]. However, in the assessment of behavior, 45.3% of teachers often seem to be in a hurry, 16.9% feel tense or disappointed relatively frequently or almost always, and hostility appears in 7.5% of respondents. Thus, it is observed that almost a quarter (24.4%) of teachers experience some signs or symptoms of stress such as tension, disappointment, or hostility.

The issue of stress management is a point of concern when analyzing the lifestyle of medical teachers, as teachers are among the professional categories that exhibit higher levels of stress and high rates of burnout [17].

According to the most recent literature, mental illness may be closely linked to difficulty in coping with work-related stress. Furthermore, when discussing mood disorders, several researchers in the field argue that depression and bipolarity arise as expressions of resistance to the constraints imposed by the capitalist mode of production on the individual. In other words, there is an intimate relationship between the mode of production and expressions of the psyche [18]. This hypothesis may gain even more credibility in for-profit private universities.

Weight management:
Weight management is another prominent pillar, as 46.3% of teachers declared a need for change to improve their overall health. It is important to note that the data may have been influenced by social confinement, as they were collected during the COVID-19 pandemic.

While a significant portion of the faculty understands the importance of this factor for their quality of life, some aspects such as poor sleep quality, physical inactivity, and stress pose difficulties in maintaining a healthy diet and an appropriate body composition [19]. This is reflected in the fact that 60% of teachers report being 4 kg or more above the weight considered healthy, and 31% feel the need to lose 8 kg or more to reach their perceived healthy weight.

This fact may be related to the finding that 48.5% of teachers enjoy restful sleep only "sometimes," "rarely," or "almost never." Inadequate sleep can directly impact weight maintenance through various mechanisms, including the regulation of ghrelin/leptin and the phenomenon of hedonic hunger, the preference for calorie-dense foods even in the absence of physiological hunger [20]. Another important relationship between sleep quality and body composition is that without restorative sleep, fatigue can be a barrier to engaging in regular physical activity, a necessary strategy for weight and lean mass maintenance [21]. Lastly, it is important to note that reducing sleep quality is associated with an increase in cortisol, which can lead to chronic inflammation, stimulating weight gain [20].

Chronic stress can also play a detrimental role in weight management, as there are clear correlations in the literature between the occurrence of

stressful events and worsening of inappropriate eating behavior [19]. The high prevalence of symptoms indicating possible chronic stress found in this study may also be associated with difficulty in weight management, as reported by most of the interviewed teachers. Another finding in this research is the high frequency of the consumption of unhealthy food items, such as highly processed, readily available, highly palatable, and high in animal fat, reported by 48% of respondents. This interesting finding corroborates the hypothesis that there is an association between chronic stress and inappropriate food choices.

As a consequence, it is observed that the increase in non-communicable chronic diseases is directly and indirectly related to weight gain, in addition to smoking, excessive alcohol consumption, unhealthy eating, and physical inactivity as the main risk factors [22]. The results of this study align with these literature data, especially in terms of risk factors: obesity, inadequate nutrition, and physical inactivity

Sleep:
The study conducted by the Brazilian Institute of Public Opinion and Statistics (IBOPE, 2020) revealed that 65% of the Brazilian population reports having poor sleep quality, with 34% of the total population stating they suffer from insomnia, and only 21% of those with insomnia have received a clinical diagnosis [23]. This overview of the sleep patterns of the Brazilian population is also reflected in the results of our study, where 36% of teachers reported a need for sleep improvement. However, due to the limitations of the questionnaire used, it was not possible to delve deeper into the investigation, opening up avenues for further research. It is observed that there are no questions that thoroughly investigate this area. In our sample, 48.4% of respondents frequently experience non-restorative sleep.

According to the study by Mazon et al., the excessive demands on a teacher outside the classroom, including preparation, grading of exams, and guidance of students, are associated with higher levels of stress in this population and a reduction in both the quantity and quality of sleep, ultimately leading to a decrease in overall quality of life [24].

Therefore, a possible association between inadequate sleep and excessive demands in the teaching profession can be suggested. To establish a causal link in this potential association, a study on the working conditions of teachers concluded that the number of hours spent in the classroom is

inversely proportional to overall health and sleep disorders [25], expressed through various symptoms that gradually emerge as educators sacrifice sleep hours to increase productivity at work. These symptoms include insomnia, frequent headaches, gastrointestinal discomfort, nausea, difficulty concentrating, anxiety, and stress [26]. Such clinical manifestations, when persistent over the long term, can result in not only worsened sleep quality but also physical and mental health, overall quality of life, relationships, and work performance [27], further exacerbating sleep disturbances and creating a vicious cycle of multiple professional, relational, and health impairments.

In the present study, 21.1% of respondents reported being satisfied with their work only "sometimes" or "rarely" or "almost never." Sleep deprivation and the consequences of reduced quality of life at work due to poor sleep quality can be correlated with one of the potential causes of this dissatisfaction. Supporting the above hypothesis, a review by Crepaldi and Carvalhais (2020) concluded that changes in the quality and quantity of sleep among teachers affect both overall health and well-being perception, which can reflect on satisfaction with all aspects of life, including the professional sphere [27].

Non-restorative sleep was found in 48.4% of teachers who reported sleeping well and waking up refreshed only "sometimes" (31.6%) or "almost never" or "rarely" (16.8%). Recent studies indicate that 1 in 3 teachers have been identified with excessive daytime sleepiness, a reflection of poor quantity or insufficient sleep. Furthermore, there is a strong correlation between difficulty in coping with daily stress and worsening sleep quality [27]. Therefore, it is important to consider the need for the implementation of strategies that can address stress management in order to promote more adequate sleep.

Limitations of the study

Regarding the limitations of this study, they include: **1)** the lack of determination of the sample's descriptive characteristics (gender, age, marital status, etc.), which prevented stratified and comparative analyses; **2)** characteristics such as the length of time serving as a medical educator and workload were not collected, which could clarify if there's a correlation with needs over career duration; **3)** possible influence on the results due to the fact that the survey began during social isolation for COVID-19 and ended at the time of quarantine relaxation, which may have amplified some findings; **4)** there was no requirement to respond to all items due to the ethics committee's demand, and incomplete questionnaires were excluded from the final score tally but kept in the individual question count; **5)** the

absence of discrimination regarding the use of medications (whether appropriate or inappropriate); **6)** it is not possible to conclude whether individuals with poor sleep quality have insomnia or some other specific sleep disorder, also there is no in-depth analysis in this pillar that allows correlation with other aspects of health/personal or professional contexts more assertively; and **7)** due to the fact that this is a private university, where psychological safety and career stability may interfere with the reliability of the teachers' responses.

Conclusion

The study revealed that medical teachers at this university require improvements through the application of interventions recommended by the MEV, especially in the pillars of PA, mental health and stress management, weight management, and sleep improvement. The significant contributions of this study were identifying health risks in this specific population, pointing out the main needs for change to guide the creation of assertive strategies, optimizing the training of future doctors, and consequently promoting good habits in patients and society.

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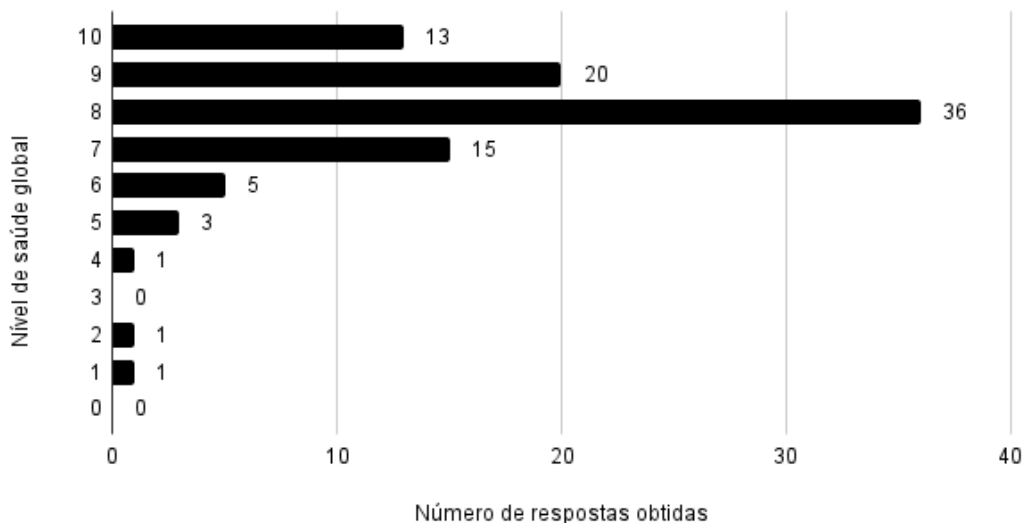
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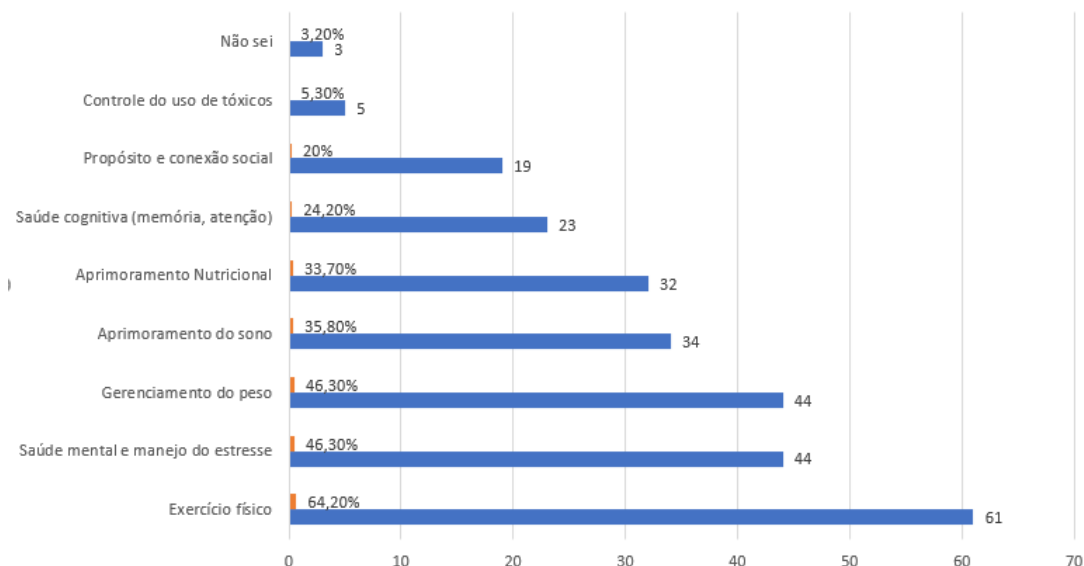25. Rocha KB, Sarriera JC. Saúde percebida em professores universitários: gênero, religião e condições de trabalho. Psicol Esc Educ. 2006;10(2):187-96. https://doi.org/10.1590/S1413-85572006000200003

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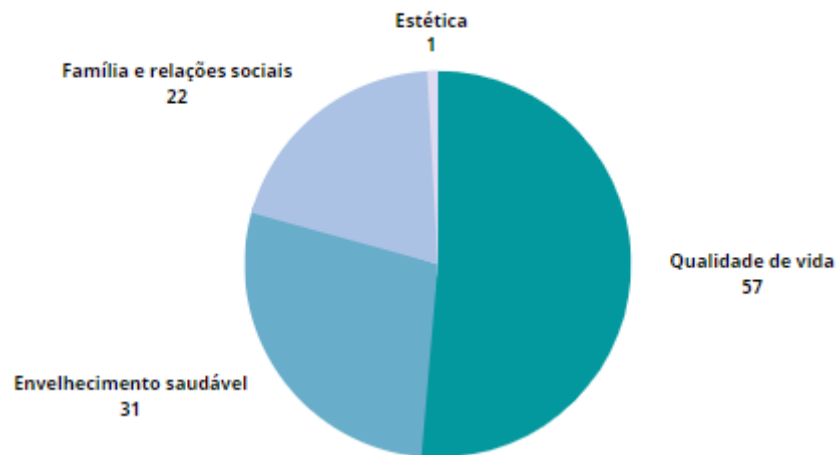**Tabela 1.** Qual o seu nível global de saúde? Sendo 0: Saúde péssima; e 10: Excelente Saúde.

Qual o seu nível global de saúde? Sendo 0: Saúde Péssima; e 10: Excelente Saúde.

Tabela 2. Os principais motivadores para mudança.

O que motiva você a ser saudável?

Figura com gráfico de pizza:
- Estética: 1
- Família e relações sociais: 22
- Qualidade de vida: 57
- Envelhecimento saudável: 31

Figura 1. Representação dos principais domínios motivadores para a mudança (resposta em campo aberto)

Tabela 3. Dados sobre os aspectos de conexão, comportamento de risco, estresse, introspecção e trabalho

.		Quase nunca	Raramente	Algumas vezes	Com relativa frequência	Quase sempre
Tenho alguém para conversar sobre as coisas que são importantes para mim	N	2	4	14	16	59
	%	2,10%	4,20%	14,70%	16,80%	62,10%
Dou e recebo afeto	N	1	0	10	20	64
	%	1,10%	0%	10,50%	21,10%	67,40%
Como uma dieta balanceada	N	5	3	25	33	29
	%	5,30%	3.20%	26,30%	34,70%	30.50%
Sou capaz de lidar com o estresse do meu dia-a-dia.	N	0	4	17	43	31
	%	0	4,30%	17,90%	45,30%	32,60%
Relaxo e desfruto do meu tempo de lazer	N	3	8	31	30	22
	%	3,20%	8,50%	33%	31,90%	23,40%
Pratico sexo seguro	N	8	1	3	9	74
	%	8,40%	1,10%	3,20%	9,50%	77,90%
Aparento estar com pressa.	N	6	12	34	24	19
	%	6,30%	12,60%	35,80%	25,30%	20%
Sinto-me com raiva e hostil.	N	22	30	36	6	1
	%	23,20%	31,60%	37,90%	6,40%	1,10%
Penso de forma positiva e otimista	N	0	7	20	31	37
	%	0,00%	7,40%	21,10%	32,60%	38,90%
Sinto-me tenso e desapontado	N	14	25	40	13	3
	%	14,70%	26,30%	42,10%	13,70%	3,20%
Sinto-me triste e deprimido	N	26	33	22	12	2
	%	27,40%	34,70%	23,20%	12,70%	2,10%
Estou satisfeito com meu trabalho ou função	N	1	5	14	47	28
	%	1,10%	5,30%	14,70%	49,50%	29,50%

Classificação do estilo de vida

- Necessita melhorar (Pontuação entre 0 e 34)
- Regular (Pontuação entre 35 e 54)
- Bom (Pontuação entre 55 a 69)
- Muito bom (Pontuação entre 70 e 84)
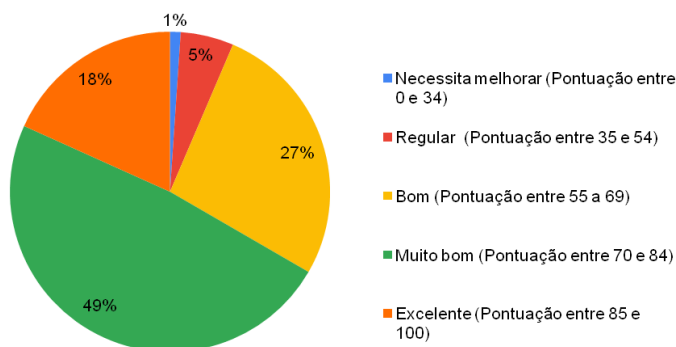- Excelente (Pontuação entre 85 e 100)

Figura 2. Escore final do Questionário do Estilo de Vida Fantástico

**Tabela 4.** Cenário de movimento e atividade física dos professores entrevistados

		Menos de 1 vez por semana	1 a 2 vezes por semana	3 vezes por semana	4 vezes por semana	5 ou mais vezes por semana
Sou vigorosamente ativo pelo menos durante 30 minutos por dia (corrida,	N	25	27	18	15	10
	%	26,30%	28,50%	18,90%	15,80%	10,50%
Sou moderadamente ativo (jardinagem, caminhada, trabalho de casa).	N	10	23	21	17	23
	%	10,60%	24,50%	22,33%	18,10%	24,50%

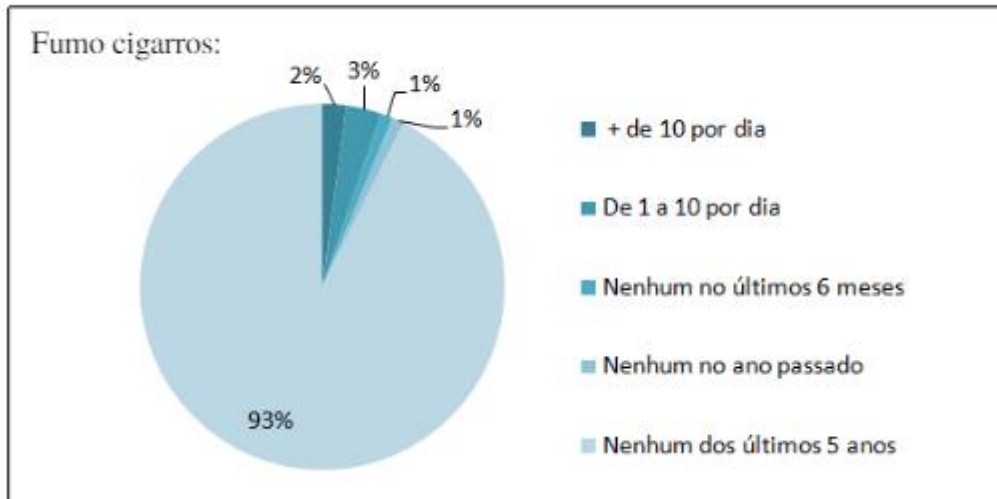**N=**número dos participantes que completaram todos os questionários
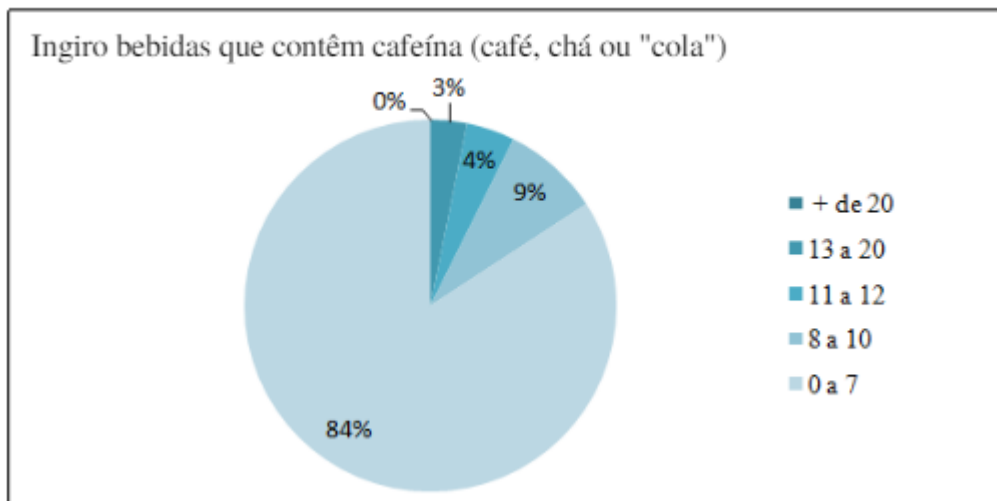**%=**porcentagem dos participantes que completaram todos os questionários
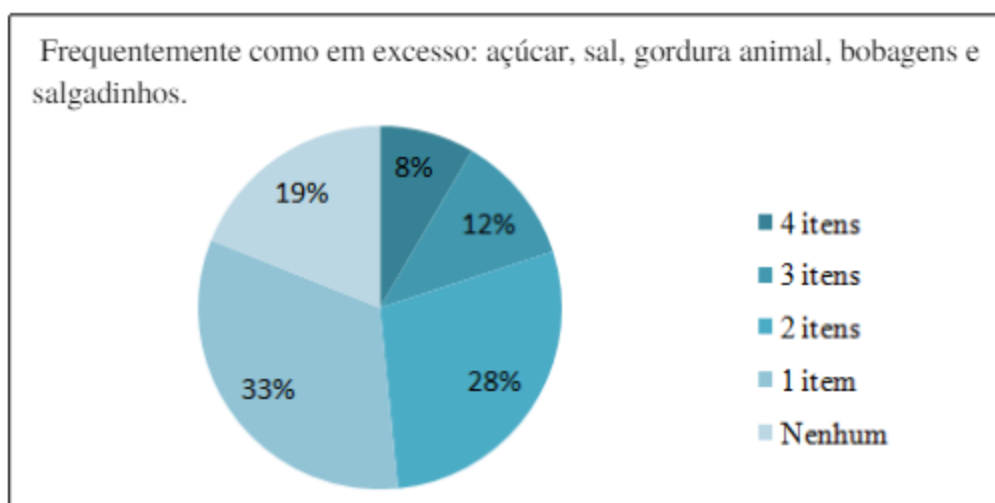
Figura 3. Consumo frequente de itens alimentares não saudáveis
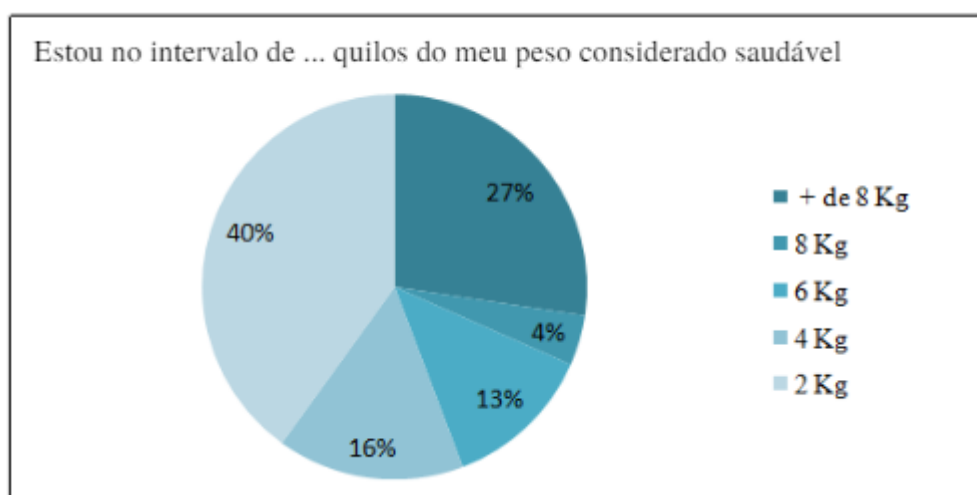
Figura 4. Intervalo de peso (em Kg) para alcançar o peso considerado saudável

Figura 5. Cenário de tabagismo entre os participantes
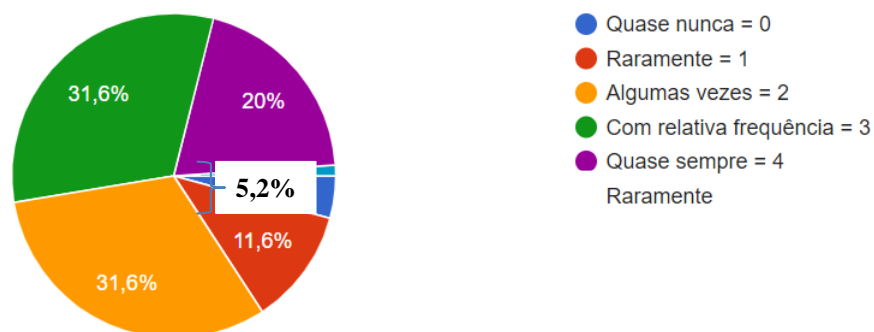

Figura 6. Consumo de cafeína em quantidade de vezes por dia

Tabela 5. Abuso de medicamentos, substâncias ilícitas e álcool

		Quase diariamente	Com relativa frequência	Ocasionalmente	Quase nunca	Nunca
Abuso de remédios ou exagero.	N	1	2	3	14	74
	%	1,10%	2,10%	3,20%	14,90%	78,70%
Bebo mais de quatro doses em uma ocasião.	N	0	6	19	20	50
	%	–	6,40%	20%	21,10%	52,60%

		Algumas vezes	Nunca
Uso drogas como maconha e cocaína.	N	4	91
	%	4,20%	95,80%
Dirijo após beber	N	16	79
	%	16,80%	83,20%

Durmo bem e me sinto descansado.

espostas

Quase nunca = 0
Raramente = 1
Algumas vezes = 2
Com relativa frequência = 3
Quase sempre = 4
Raramente

Figura 7. Frequência do sono reparador entre os participantes