

Lifestyle Assessment

Name: _____

Birthdate: _____

Age: _____

Sex: Female Male

Sleep

On average, how many hours of sleep do you get each night?

- 9 or more
- 7-8
- 5-6
- Less than 5

In your view, which statement best describes the actual amount of sleep you get compared to the amount of sleep you need?

- I sleep more than I need to/should
- I sleep about the right amount
- I don't get enough sleep
- Other _____

How often do you feel well rested or energetic?

- Always
- Almost Always
- Sometimes
- Rarely
- Never

How often do you feel tired or lacking energy?

- Always
- Almost Always
- Sometimes
- Rarely
- Never

Physical Activity

In a typical week, how many TIMES per week do you get physical activity (exercise which is hard enough to make you breath heavily and make your heart beat faster)?
_____ times per week

In a typical week, about how many TOTAL MINUTES PER WEEK do you spend in physical activity?
_____ total minutes per week

If you are physically active, please describe the activities in which you participate in a typical week. Include any aerobic activities, strengthening exercises, and stretching exercises:

Does your occupation involve physical activity?

- Yes No
- If yes, what type?

Do you do any "leisure time" physical activities such as gardening, dancing, shoveling snow, etc.?
 Yes No

If yes, what type?

Have you participated in sports or physical activities in the past that you no longer engage in?

- Yes No
- If yes, what type of activities and when?

If you are not currently physically active, what reason(s) best describes why (check all that apply)?

- I don't want to be physically active
- I don't have time
- I don't enjoy any sports or physical activities
- I have an illness or injury that prevents me from being active (describe: _____)
- I don't have anyone with whom to exercise
- I haven't been active for a long time and I don't know how to get back into it safely
- I don't want to exercise/go to a gym because I'm embarrassed that I'm out of shape or look bad
- Other _____

On an average weekday, how much time per day do you spend seated (for example, at a desk or in a car)? _____ hours and _____ minutes per day

On an average weekend day, how much time per day do you spend seated (for example, at a desk or in a car)? _____ hours and _____ minutes per day

On an average weekday, how much time per day do you spend looking at a screen (including TV, computer, tablet, gaming device, or smartphone)? _____ hours and _____ minutes per day

On an average weekend, how much time per day do you spend looking at a screen (including TV, computer, tablet, gaming device, or smartphone)? _____ hours and _____ minutes per day

Eating Habits

How often do you eat breakfast? Daily or almost daily Sometimes Seldom/Never

On a typical day, how long is it between when you awaken and when you first eat? _____

If you eat breakfast, describe a typical breakfast:

Do you generally eat regular meals or do you "graze" throughout the day?

If you eat lunch, describe a typical lunch:

If you eat dinner, describe a typical dinner:

Describe what you typically eat between, after, or instead of meals:

Do you have any food allergies, intolerances, or preferences? Yes No If yes, please describe:

In a typical **day**, how many servings do you consume of the following foods?

Starchy Vegetables (1 serving = ½ cup chopped frozen, cooked or canned; Starchy vegetables include corn, shelled peas, potatoes, sweet potatoes, winter squash and pumpkin)

_____ servings/day

Non-Starchy Vegetables (1 serving = 1 cup raw leafy vegetables; or ½ cup chopped, frozen, cooked or canned vegetables such as broccoli, asparagus, carrots, cauliflower, zucchini, green beans, snap peas, cabbage and other non-starchy vegetables)

_____ servings/day

100% Whole Grains (1 serving = 1 slice whole wheat bread; ½ cup cooked oatmeal, brown rice quinoa, or other whole grain; ½ cup whole grain pasta; or 2/3 cup ready to eat whole grain cereal)

_____ servings/day

Other Grains (1 serving = 1 slice bread made with "enriched wheat flour;" ½ cup pasta; ½ bagel; 1 English muffin; 2/3 cup ready to eat non-whole grain cereal; 5-10 crackers; or 1 cup pretzels)

_____ servings/day

Fruit (1 serving = 1 medium piece of fresh fruit; or ½ cup chopped, frozen, cooked or canned fruit; or ¼ cup dried fruit)

_____ servings/day

Dairy (1 serving = 1 cup milk, yogurt, or kefir; 1 slice (1 oz) cheese; or ½ cup cottage cheese)

_____ servings/day

Water (1 serving = 8 oz)

_____ servings/day

Coffee or Tea (1 serving = 8 oz)

_____ servings regular _____ servings decaf

Fruit Juice (1 serving = 8 oz)

_____ servings/day

Soda (regular or diet) or Sweetened Beverages (1 serving = 12 oz)

_____ servings regular _____ servings diet

In a typical **week**, how many servings do you consume of the following foods?

Beef or Pork (1 serving = 3 oz meat; small hamburger; 2 slices lunch meat)
 _____ servings/week
 What type of meats? _____

Poultry (1 serving = 3 oz chicken, turkey or other poultry)
 _____ servings/week

Eggs (1 serving = 2 eggs)
 _____ servings/week

Fish (1 serving = 3 oz baked, broiled, grilled or canned fish)
 _____ servings/week
 What type of fish? _____

Nuts or Seeds (1 serving = 1 oz (about 1/3 cup) nuts or seeds; or 2 tablespoons nut butter)
 _____ servings/week

Plant-based Protein (1 serving = 1/2 cup beans, lentils or quinoa; 1/2 cup tofu; or 1 vegetarian burger)
 _____ servings/week

Probiotic or Fermented Foods (1 serving = 1 cup yogurt or kefir, 8 oz kombucha, 1/2 cup kimchi, sauerkraut, or other fermented foods)
 _____ servings/week

Sweets (1 serving = 1 small piece of cake or pie; 2 tablespoons syrup or jelly; 3 teaspoons sugar; 1 medium cookie; 1/2 cup ice cream; 1 regular sized candy)
 _____ servings/week

How would you describe your salt use?
 I use it sparingly and limit salty/processed foods
 I don't think much about my salt intake
 I like salt and often salt my foods or chose salty foods
 Other _____

In a typical week, how many times do you eat at or order from a restaurant (including fast food)?
 _____ times per week

In a typical week, how many times do you eat in a car or at a desk?
 _____ times per week

In a typical week, how many times do you eat seated at a table?
 _____ times per week

In a typical week, how many times do you eat meals alone?
 _____ times per week

In a typical week, how many times do you eat meals with others?
 _____ times per week

If you eat produce, how often do you eat organically grown produce?
 Always Almost Always Sometimes Rarely Never I don't eat fresh produce

If you eat meat, how often do you eat organically raised or grass fed meat?
 Always Almost Always Sometimes Rarely Never I don't eat this meat

Substance Use

Do you smoke cigarettes?
 Yes No Formerly

If yes, approximately how many cigarettes per day? _____
 If formerly, when did you quit? _____

Do you use other forms of tobacco or e-cigarettes?
 Yes No Formerly

If yes, approximately how much? _____
 If formerly, when did you quit? _____

How often do you use drugs or medication (including prescription drugs) that affect your mood or help you relax? Almost every day Sometimes Rarely or never

How many drinks of alcoholic beverages do you have in a typical week? (one drink = one beer, one glass of wine, one shot of alcohol, or one mixed drink) _____

Social Connection

What is your marital status:

- Single Separated
 Married Divorced
 Widowed Domestic Partnership

Do you have any pets?

- Yes No If yes, what type?

Please list name, age, and relationship to you of all people living in your household:

How many close friends or relatives do you have that you feel at ease with and can talk to about private matters?

- 0 1 or 2 3-5 6-9 10 or more

How many of these close friends or relatives do you see at least once a month?

- 0 1 or 2 3-5 6-9 10 or more

Do you participate in any groups such as social or work groups, religious groups, self-help groups, or charity/public service/community groups? Yes No

Is there someone available to you whom you can count on to listen when you really need to talk?

- Always or almost always Sometimes Seldom/Never

Is there someone available to you with whom you can completely "be yourself"?

- Always or almost always Sometimes Seldom/Never

Do you feel concerned or angry over a strained or difficult relationship in your life?

- Always or almost always Sometimes Seldom/Never

Thank you for completing this questionnaire. If you have any comments, questions or concerns about your responses please discuss them with your provider.