



*Lifestyle Questionnaire*

- Exercise:**
- No exercise
  - Mild exercise (walking, stairs, yardwork)
  - Medium exercise (less than 3x/week for 30 min)
  - Regular vigorous exercise (more than 4x/week for 30 minutes)

**Energy Level:** 0 (No energy) \_\_\_\_\_ 10 (High energy)

**Eating Habits:** How many meals do you eat a day? \_\_\_\_\_

**Typical daily diet:** Breakfast: \_\_\_\_\_  
 Lunch: \_\_\_\_\_  
 Dinner: \_\_\_\_\_

Do you have any digestive problems? How often and what type? \_\_\_\_\_

- Caffeine:**
- None
  - Coffee     Tea     Cola
- # of cups/cans per day \_\_\_\_\_

- Water:**
- None
  - 2-4 glasses
  - 4-8 glasses
  - > 8 glasses

**Tobacco:** Do you use tobacco?

Cigarettes-pks/day \_\_\_\_\_     Chew #/day \_\_\_\_\_     Pipe- #/day \_\_\_\_\_     Cigars-#/day \_\_\_\_\_

# of years \_\_\_\_\_

**Sleeping:** How long does it take you to get to sleep at night? \_\_\_\_\_

How many hours of sleep do you get in a typical night? \_\_\_\_\_

Do you have a consistent bed time? What time? \_\_\_\_\_

How many times do you wake up in the night? \_\_\_\_\_

Is stress a problem for you?    Yes or No

Do you feel depressed?    Yes or No

Do you have trouble focusing or paying attention?    Yes or No

Are you as happy and as healthy as you want to be?    Yes or No \_\_\_\_\_

The worst negative thing(s) associated with my health is (are): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The best positive things that will be added to my life when I regain my health is (are): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_