Name_____ Date_____

Lifestyle Questionnaire

Please complete the questions that follow and add additional information where necessary, so you give a complete picture of your lifestyle. Please attach a separate sheet if more space is required.

What Do You Drink?
How many glasses of water do you drink per day and what is the source. i.e. tap water, well water, filtered (how?), bottled etc.

_____

How many cups of regular (caffeinated) coffee do you drink daily? _____

How many cups of decaffeinated coffee do you drink daily? _____

How many cups of tea or glasses of iced tea do you drink daily? _____

Do you add cream to any of the above? _____ What type? _____

Do you add sugar to any of the above? _____ What type? _____

How many regular sodas do you drink per week? _____

How many sugar-free sodas do you drink per week? _____

What Do You Eat?

I eat fresh fruit (circle one): Infrequently Occasionally Almost every day

I eat leafy vegetables (circle one): Infrequently Occasionally Almost every day

I eat other vegetables such as beans, peas, lentils, squash and yams (circle one):
Infrequently Occasionally Almost every day

The wheat, rice pasta and other grains I eat are mostly (circle one):
Highly processed, bleached white Medium processed, enriched
Coarse ground, whole grain

The dairy products I eat are mostly (circle one):
Full fat Low fat Skim I don't eat dairy products

The meats I eat are mainly (circle one):
High fat (hamburger, prime beef) Medium fat (lean beef, chicken with skin)
Lean fish, chicken and turkey without skin) I don't eat meat

I eat fried foods, including most fast foods (circle one):
Often Occasionally Seldom (once a week or less)

Regarding fats such as butter, margarine, mayonnaise, salad dressings and oils (circle one):
I seldom control my intake I occasionally watch the quality and quantity
I usually watch the quality and quantity

My intake of sugars, syrups, candy and soft drinks is (circle one):
Frequent Occasional Infrequent

My intake of artificial sweeteners is (circle one): Frequent Occasional Infrequent

At the table I salt my food (circle one): Usually Occasionally Rarely

I read package labels to minimize my intake of salt, fats, sugars, artificial sweeteners, colors and preservatives (circle one): Occasionally Seldom Often

Do any foods seem to irritate you in some way? _____

Describe: _____

Do you feel your diet is excessive in some respect? _____

Describe: _____

Do you feel your diet is deficient in some respect? _____

Describe: _____

List any prescription medications you are presently taking; including the dosage and frequency, condition they are for, and if the medication has been helpful:

_____

_____

_____

List any over-the-counter medications you take on a regular basis. Include the dosage and frequency, condition they are for, and if the medication has been helpful:

_____

_____

_____

List any herbal, homeopathic or nutritional supplements you take on a regular basis. Include the dosage and frequency, condition they are for, and if the medication has been helpful:

_____

_____

_____

How much aerobic exercise do you get each week, e.g. walking, running, biking etc? Answer the following questions for each type of aerobic activity you do:

Activity #1
What do you do? _____ For how long? _____
At what intensity (how hard)? _____
How many times a week do you do this? _____

Activity #2
What do you do? _____ For how long? _____
At what intensity (how hard)? _____
How many times a week do you do this? _____

Activity #3
What do you do? _____ For how long? _____
At what intensity (how hard)? _____
How many times a week do you do this? _____

How much strengthening and toning exercise do you get each week, e.g. lifting weights, body sculpting classes etc? Answer the following questions for each type of strengthening and toning exercise you do:

Activity #1
What do you do? _____ For how long? _____
At what intensity (how hard)? _____
How many times a week do you do this? _____

Activity #2
What do you do? _____ For how long? _____
At what intensity (how hard)? _____
How many times a week do you do this? _____

How much stretching and flexibility exercise do you get each week, e.g. yoga, stretch classes etc? Answer the following questions for each type of stretching and flexibility exercise you do:

Activity #1
What do you do? _____ For how long? _____
At what intensity (how hard)? _____
How many times a week do you do this? _____

Activity #2
What do you do? _____ For how long? _____
At what intensity (how hard)? _____
How many times a week do you do this? _____

Do you make time each week for rest and relaxation? _____
Describe: _____

_____

Have you developed skills for stress relief? _____
Describe: _____

_____

If you are a smoker, what do you smoke? _____

How many per day? _____

If you drink alcohol, how much do you consume and what type? _____

_____