Longs Peak Family Practice: Lifestyle Assessment

Name ____________________________ Date_______________

Lifestyle

1. Do you exercise? What form of exercise and how many times weekly?

   Are you physically active at your job or around your home?

2. If you don't exercise, what is preventing you?

3. Do you know how to take your heart rate?
   How to calculate your exercise target heart rate range?

4. Do you drink alcohol?
   How many drinks weekly?
   Do you ever binge drink?

5. Do you use tobacco products currently?
   If you use tobacco, do you want to quit?
   Have you used tobacco in the past?
   What, when, and how much?

6. Do you use any marijuana or other street drugs?

7. How much calcium do you take daily?
   How much Vitamin D do you take daily?
   Do you take a multivitamin daily?
   Please list any other supplements you take:

8. How many times daily do you eat meals and snacks?

9. Do eat a balanced diet? Do you stop eating when you are full? Could your diet be better?

10. How many times *weekly* do you eat:
    Red meat:
    Chicken:
    Fish:
    Other protein:

11. How many times *daily* do you eat:
    Vegetables:
    Fruit:
    Dairy:
    Breads, rice and pasta:
    Sweets (candy, cookies, etc.)
    Other:

12. Which dairy products do you use (skim v. 2% milk, type of cheese, yogurt etc.)?

13. How many times weekly do you eat:
    Fast food:
    At a restaurant:
    Fried food:
    Sauces or gravies:
    Chips:
    Other:

14. Do you drink soda or fruit juice?
    What kind and how many times daily?

15. Are you happy with your weight?
    If not, what is your goal?

16. Do you feel stressed a lot? Y N
    What is your stress level on a scale of 1 (low) to 10 (high):
    What are your stressors?

    What are you doing to manage your stress?

17. Do you have problems sleeping? Y N
    How many hours a night do you sleep?
    Do you feel rested in the morning? Y N
    Do you fall asleep at work, school or behind the wheel of a car? Y N
    Do you snore? Y N
    Do you stop breathing at night? Y N