

## Lifestyle Assessment and Health Screening

### Biographical Information

1. Name \_\_\_\_\_
2. Height (cm) \_\_\_\_\_
3. Weight (kg) \_\_\_\_\_
4. Age \_\_\_\_\_
5. Gender (1) male (2) female
6. How would you rate your present health?
  - (1) Excellent
  - (2) Good
  - (3) Fair
  - (4) Poor

### Lifestyle Indicators

7. **Physical Activity.** How often do you participate in moderate physical activities (walk, bike, swim, mow lawn, golf) for at least 30 minutes per day, or vigorous activity for at least 20 minutes per day?
  - (1) no regular physical activity or <3 times/week
  - (2) 3-4 days per week
  - (3) 5 or more days per week
8. **Smoking.** Indicate your present status.
  - (1) Never smoked
  - (2) Ex-smoker
  - (3) Currently smoke
9. **Meat Intake.** How often do you eat meat (beef, pork, lamb, poultry)?
  - (1) never or less than once per month
  - (2) seldom, 1,3 times per month
  - (3) every week
10. **Whole grains.** How often do you eat whole-wheat bread and cereals (oatmeal, brown rice, shredded wheat)? **One serving = 1 slice bread, 1/2 cooked cereal, 2/3C dry cereal**
  - (1) seldom, 0-1 servings per day
  - (2) 2 servings per day
  - (3) Three or more servings per day

11. **Fruits and vegetables.** How many servings of fruits and vegetables do you eat daily? **One serving = 1 fresh fruit (orange, banana), 1C raw fruit/vegetable, 1/2 C cooked, 6 oz juice.**
  - (1) 0-2 servings per day
  - (2) 3-4 servings per day
  - (3) 5-9+ servings per day
12. **Nuts.** How many servings of nuts do you eat each week? **One serving = 1 oz nuts, 2T nut butter**
  - (1) 0-2 servings per week
  - (2) 3-4 servings per week
  - (3) 5 or more servings per week
13. **Happiness.** All in all, how happy are you?
  - (1) not too happy, sad most of the time
  - (2) pretty happy
  - (3) very happy and satisfied with life
13. **Sleep.** How often do you get at least 5 7-8 hours per day?
  - (1) seldom, less than 3 days per week
  - (2) occasionally, 3-4 days per week
  - (3) most of the time, 5-7 days per week
14. **Social Support.** Number of social factors you meet.
  - A. Married or have a significant other
  - B. Make a frequent contact with family and friends
  - C. Regularly meet in a faith group or social club
  - (1) I meet all three of these social factors
  - (2) I meet two of these social factors
  - (3) I meet less than two of these social factors

### Clinical Assessment

Waist Girth in/cm \_\_\_\_\_ Fat % \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_  
Total Cholesterol \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_  
Blood Sugar \_\_\_\_\_ Resting pulse rate \_\_\_\_\_

### Health Interests

I'm interested in knowing more about...

- |                                  |                            |
|----------------------------------|----------------------------|
| (1) Nutrition                    | (7) Stress management      |
| (2) Physical Fitness             | (8) Heart health           |
| (3) Weight control               | (9) Spiritual Health       |
| (4) Smoking Cessation            | (10) Wellness class        |
| (5) Blood pressure control       | (11) Cholesterol reduction |
| (6) Self-study on healthy living |                            |

Notify any of the staff for particular health interest listed above: Contact person: \_\_\_\_\_  
Contact No. \_\_\_\_\_