



Lifestyle Questionnaire

Today's Date: _____

Name: _____ DOB: _____ Wt: _____ Ht: _____

Allergies: _____ Student/Work: _____ Single Married Children: _____

Illness (circle below):

Heart Disease Hypertension High Cholesterol Diabetes Renal Other: _____

Family History of Illness (circle below):

Heart Disease Hypertension High Cholesterol Diabetes Renal Other: _____

Wake-up Time: _____ Breakfast Time: _____ Lunch Time: _____ Dinner Type: _____ Bed Time: _____

1. How many meals a day do you eat? _____

2. How many snacks a day do you eat? _____

3. What are your favorite fruits? _____

4. What are your favorite vegetables? _____

5. Do you currently participate in regular physical activity?

If Yes, complete question #6

6. Describe your current physical activity habits by completing the table below.

- a) List all of the physical activities you do in a typical week in the top row.
- b) For each activity, list how many days each week you engage in the activity.
- c) On the days you do the activity, what are the total minutes in the day that you are involved in the activity?
- d) How hard do you perform the activity:
 - Light – equal to a strolling walk; easy to talk
 - Moderate – equal to a brisk walk; heart rate and breathing increases slightly; you can talk but could not sing
 - Vigorous – equal to a slow jog or more; heart rate and breathing increases significantly; can't talk or sing easily

7. What is your goal? How can I help you? _____

8. What are your favorite snacks? Nuts, pretzels, chips, yogurt, chocolate, cookies, etc

9. What is your water and other beverage intake?

10. Do you eat eggs? _____ 11. Do you like nut butter, such as peanut or almond butter? _____

12. Added Sugar is found in almost all pre-packaged snacks as well as syrups, dried and canned fruits. It is important to limit intake of added sugar. How do you feel about added sugar in your diet? Do you want to avoid daily added sugar in your diet or accept some added sugar in your diet?

13. Other things I need to know: such as picky eater, etc.

Food Diary

Please record food and beverage intake

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Physical Activity Diary

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____