**Lifestyle Questionnaire**

*Think about the last* ***6 months****. Select the statement that best describes you.*

1) I engage in moderate physical activity at least 150 minutes per week or vigorous activity for at least 75 minutes per week?  Yes  No

2) My exercise program consists of cardio training.  Yes  No

3) My exercise program consists of resistance training.  Yes  No

4) My exercise program consists of flexibility training.  Yes  No

5) I consume three balanced meals per day (breakfast, lunch and dinner).

Yes  No

6) At least half of my daily grain intake comes from whole grains (i.e. brown rice, whole wheat pasta, oatmeal, whole wheat bread etc.).  Yes  No

7) I consume at least 5 servings of fruits/vegetables per day. (1 serving= 1 small apple/1 cup cooked broccoli).  Yes  No

8) I consume lean meats (fish, chicken, turkey) and limit red meat to once a week.

Yes  No

9) I choose low fat foods.  Yes  No

10) I consume 13 cups of water/day (men) or 9 cups/day (women). One cup=8 ounces.

Yes  No

11) I limit alcohol to 1 drink (women) or 2 drinks (men) per day. One drink=12-ounces of beer, 5-ounces of wine or 1.5-ounces of liquor (e.g., gin, rum, vodka, whiskey).

Yes  No

12) I sleep 7-9 hours per night.  Yes  No

13) Do you consider yourself normal weight?  Yes  No

14) I practice some form of meditation, yoga or relaxation exercises.  Yes  No

*To find your score, count the number of “yes” responses from each question.*

Number of “yes” Responses: **Total Score**

What does your score mean?

|  |  |
| --- | --- |
| **Score** | **Description** |
| 14 | You’re engaging in all the healthy lifestyle behaviours listed on the questionnaire. |
| 11-13 | You’re engaging in most of the healthy lifestyle behaviours listed on the questionnaire. |
| 7-9 | You’re engaging in the some of the healthy lifestyle behaviours listed on the questionnaire. |
| <7 | You’re engaging in less than half of the healthy lifestyle behaviours listed on the questionnaire. |

**Lifestyle Appraisal Follow Up**

I want to be contacted to arrange a free consultation for an exercise program.

Yes  No

I want to be contacted to arrange a free consultation for a nutrition program.

Yes  No

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_