**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_