



# Lifestyle Questionnaire



Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Ave. # Hours sleep per night \_\_\_\_\_ Position(s) \_\_\_\_\_ # Pillows \_\_\_\_\_

Good Quality? [ ] Yes [ ] No If no, why not? \_\_\_\_\_

Average # of hours in car per day \_\_\_\_\_ Do you use a back support in the car? [ ] Yes [ ] No

Do you ride public transportation to work? [ ] Yes [ ] No How often? \_\_\_\_\_

Occupation \_\_\_\_\_ Hours/day Sitting \_\_\_\_\_ Hours Standing \_\_\_\_\_

Do you travel with your job? [ ] Yes [ ] No

If yes, how often and for how long? \_\_\_\_\_

Please *briefly* describe your duties \_\_\_\_\_

Do you do any regular structured exercise? [ ] Yes [ ] No What kind & how often? \_\_\_\_\_

# Meals per day \_\_\_\_\_ If less than 3, which one(s) do you skip? \_\_\_\_\_

Ave. # Servings per week: Fruit \_\_\_\_\_ Veggies \_\_\_\_\_ Whole Grains \_\_\_\_\_ Dairy \_\_\_\_\_

Meats (beef, pork, poultry, seafood) \_\_\_\_\_ Sweets (all) \_\_\_\_\_

Ave. # times per week food bought out (including cafeteria) \_\_\_\_\_

# 8 oz. glasses of *plain water* per day \_\_\_\_\_ Source: [ ] Bottled [ ] Tap [ ] Filtered [ ] Distilled

Other beverages (list types and # per day) \_\_\_\_\_

Do you ever add or use artificial sweeteners? [ ] Yes [ ] No Which one(s) \_\_\_\_\_

Do you use breath mints or chew gum? [ ] Yes [ ] No

Do you take nutritional supplements? [ ] Yes [ ] No Please list what you take \_\_\_\_\_

Smoker? [ ] Yes - # Packs/day \_\_\_\_\_ [ ] No [ ] Former - When did you quit? \_\_\_\_\_

Ave. # drinks of alcohol per week \_\_\_\_\_ Personal history of drug/alcohol abuse? [ ] Yes [ ] No

Please list any medications you take (OTC or Prescription) and what they are for \_\_\_\_\_

Have you *ever* taken oral or I.V. antibiotics? [ ] Yes [ ] No If so, were probiotics also taken or have you taken them since then? [ ] Yes [ ] No [ ] Not Sure [ ] What the heck are probiotics?!

Do you do any deep breathing exercises regularly? [ ] Yes [ ] No How Often? \_\_\_\_\_

Do you take time to relax or meditate regularly? [ ] Yes [ ] No How? \_\_\_\_\_

How often? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you do anything specific on a regular basis to encourage a positive mental attitude?

[ ] Yes [ ] No What? \_\_\_\_\_

(OVER PLEASE)

How many minutes of direct sunlight would you say you get in the average day? \_\_\_\_\_ Minutes  
Do you keep a journal? [ ] Yes [ ] No How often? \_\_\_\_\_

Please rate your GENERAL stress level, 0 to 10 \_\_\_\_\_ At Work/School \_\_\_\_\_ At Home \_\_\_\_\_

Please rate each category for stress, 0 to 10 (10 high)

\_\_\_\_\_ Personal relationships (spouse, family, friends, etc.)

\_\_\_\_\_ Relationships at work/business/school

\_\_\_\_\_ Your job itself

\_\_\_\_\_ Finances

\_\_\_\_\_ Health

\_\_\_\_\_ Uncertainty of the future

\_\_\_\_\_ Other (Please explain) \_\_\_\_\_



Do you like your present job? [ ] Yes [ ] No [ ] It's "OK" [ ] I am currently unemployed

If time, money, schooling, etc., did not matter, and you could be assured of making a good living, would you still do the job you're doing now? [ ] Yes [ ] No

If no, what would you do instead (i.e., what is your *fantasy* job)? \_\_\_\_\_

What gifts/talents do you have that you feel you are not currently using at the level you would like to be using them? \_\_\_\_\_



What do you do for fun? \_\_\_\_\_

How often do you laugh in the average day? \_\_\_\_\_

[ ] A lot [ ] A Fair Amount

[ ] A Little [ ] Rarely

How happy are you 0 to 10 (10 = very happy) \_\_\_\_\_

If you could change just **one thing** in your life to raise your number just 1 higher, what would it be? \_\_\_\_\_

Is there one area of your life (or more) that you feel you spend too much time on, creating an imbalance with the other areas of your life? (Spirituality, personal growth, health, relationships, career, money, fun/leisure) [ ] Yes [ ] No Which area(s)? \_\_\_\_\_

Is there one area of your life (or more) that you feel you spend too little time on? [ ] Yes [ ] No Which area(s)? \_\_\_\_\_

Do you have any specific goals written out in any of the areas of your life listed above?

[ ] Yes [ ] No Which area(s) \_\_\_\_\_

If yes, how often do you honestly review them? \_\_\_\_\_

How would you rate your level of health and fitness from 0-10, 10 being the best? \_\_\_\_\_

What thing(s) would you most need to change to raise your number up 2 points? \_\_\_\_\_

What do you love most about your life? \_\_\_\_\_



**\*\*Thank You! Please return this to the front desk on your NEXT visit.**