



Lifestyle Survey

OVERALL HEALTH

1. Please circle your current overall LEVEL of HEALTH.

0 1 2 3 4 5 6 7 8 9 10
Very Excellent
poor health health

SLEEP

2. OVER THE LAST TWO WEEKS, how many hours of sleep did you average in a 24-hour period?

- Less than 4 hours
- 4-5 hours
- 6 hours
- 7-8 hours
- 9 or more hours

3. OVER THE LAST TWO WEEKS, how often did you feel tired or have difficulty staying awake during routine tasks in the day?

- Not at all
- Several days
- More than half the days
- Nearly every day

NUTRITION

5. OVER THE LAST TWO WEEKS, how often have you eaten fast food, sugary drinks (e.g., soda, sports drinks, juice) or packaged foods (e.g., chips, candy, crackers, cookies)?

- Not at all
- Several days
- More than half the days
- Nearly every day

6. ON AN AVERAGE DAY, how many servings of whole fruits and vegetables do you eat (1 serving is about a handful and does not include fruit juice)?

- Less than 2 servings
- 2-3 servings
- 4-5 servings
- More than 5 servings

WEIGHT MANAGEMENT

4. What do you think about your current weight?

- I want to gain a lot of weight
- I want to gain a little weight
- I am happy with my weight
- I want to lose a little weight
- I want to lose a lot weight

EXERCISE

7. OVER THE LAST TWO WEEKS, how many days did you exercise at a moderate to strenuous intensity (e.g., brisk walking or enough movement to break a light sweat)?

- Less than 1 time per week
- 1-2 times per week
- 3-4 times per week
- 5 or more times per week

8. DURING AN AVERAGE SESSION, how many minutes do you exercise at a moderate to strenuous intensity (e.g., brisk walking or enough movement to break a light sweat)?

- Less than 10 minutes
- 10-29 minutes
- 30-49 minutes
- 50 minutes or more

PURPOSE & MENTAL HEALTH

9. Over the past 2 weeks, how often have you...

	Not at all	Several days	More than half the days	Nearly every day
a. Felt like your life had purpose or meaning?	3	2	1	0
b. Connected with any support network (e.g. community, spiritual, friends/family, meditation)?	3	2	1	0
c. Been bothered by little interest or pleasure in doing things?	0	1	2	3
d. Been bothered by feeling down, depressed or hopeless?	0	1	2	3
e. Been bothered by feeling nervous, anxious or on edge?	0	1	2	3
f. Been bothered by worrying too much about different things?	0	1	2	3

SMOKING/SUBSTANCE USE

Have you used any of the following substances in the past year?

10. NICOTINE (cigarettes, e-cigarettes/vaping, cigars)

Yes No

If you marked "YES", how many cigarettes do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding nicotine?

0	1	2	3	4	5
No Concern				High Concern	

11. ALCOHOL (beer, wine, liquor)

Yes No

If you marked "YES", how much alcohol do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding your alcohol use?

0	1	2	3	4	5
No Concern				High Concern	

12. RECREATIONAL DRUGS (cocaine, heroin, meth, etc.)

Yes No

If you marked "YES", how much do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding your recreational drug use?

0	1	2	3	4	5
No Concern				High Concern	

13. MARIJUANA

Yes No

If you marked "YES", how much marijuana do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding your marijuana use?

0	1	2	3	4	5
No Concern				High Concern	

MOTIVATION







14. Please rank the top THREE areas you are most motivated to change in order to improve your current overall LEVEL OF HEALTH (1 being most motivated).

Sleep _____	Weight Management _____	Nutrition _____
Exercise _____	Purpose & Connection _____	Mental Health _____
Substance Use _____		

What motivates you to be healthier? _____








Urine Assessment

Kindly select the image that reflects or looks the closest to your last 3 output. Enter number under image

							
1	2	3	4	5	6	7	8

BOWEL

Select your stool type by entering the number under "RATE" beside the similar type. Add more details in frequency

#	Stool Type	Description	Rate	Explain frequency
1		Separate hard lumps like nuts		
2		Sausage-shaped but lumpy		
3		Like sausage or snake but with cracks on its surface		
4		Like a sausage or snake – smooth and soft		
5		Soft blobs with clear cut edges		
6		Fluffy pieces with ragged edges – a mushy stool		
7		Watery no solid pieces		

Help us to understand your bowel habits better

- a. How often do you stool in a 24-hour period? _____
- b. Does it hurt to pass your stool? / Incontinence? _____
- c. How often do you stool over a 1-week period? _____
- d. What color is your stool? _____