



Name (print)

DOB (mm/dd/yy)

Today's Date (mm/dd/yy)

### Health and Performance Survey

#### Exercise Habits - write in number of days and minutes/week

##### 4 Types of Exercise

Days per week for each

Number of hours per week for each

**Aerobic** - Swim, jog, cycle, walk fast, steps--all that gets heart rate up over a designated period of minutes

**Strength** - Body wt., weights, machines, rubber bands

**Stretching, range of motion, foam rolling**

**Skilled Movement** - Activity that requires agility, balance, coordination - e.g., dance, tennis, martial arts

**Brain** - *Novel challenging brain activity (learning a new language or new skill, puzzles/games, memorization, etc.)*

#### Choose the circles below to best describe yourself

	Active and fit	Somewhat active	Inactive
My current activity level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My balance	Excellent <input type="radio"/>	Has declined <input type="radio"/>	Poor <input type="radio"/>
My performance goal for the future	High fitness <input type="radio"/>	Out and about <input type="radio"/>	Don't care <input type="radio"/>

#### Fitness & Health - Select the one best answer.

My overall health (Freedom from disease or high risk factors--high blood pressure, fat, blood fats, blood glucose)	Excellent <input type="radio"/>	Very Good <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Not Good <input type="radio"/>
My stress level	Low <input type="radio"/>	Medium <input type="radio"/>	High <input type="radio"/>	Very High <input type="radio"/>	
How well I am managing stress	Excellent <input type="radio"/>	Very Good <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Not good <input type="radio"/>

#### Alcohol Use

**Occasional** = Infrequent alcohol consumption, e.g., on special occasions such as holidays, weddings

**Light** = 12 oz beer; or 5 oz wine, or 1.25 oz of 100 proof per day

**Moderate** = 24 oz beer; or 10 oz wine, or 2.5 oz 100 proof per day

Abstain	Occasional	Light	Moderate	Moderate plus
<input type="radio"/>				

#### Tobacco Use

Never used

Quit  Currently

**Things I want to be a part of my life in the coming years**

Adventure

Physically challenging activities or work

Creative expression

Travel

Write in another

#### Life Themes

	Yes	Somewhat	No		Yes	Somewhat	No
I value and have a satisfying the spiritual life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I apply my talents in the voluntary service of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I regularly take time to think through and plan for my life expressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	One area of my life consumes too much of my time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a close, trusted friend whom I see regularly, I enjoy, and with whom I am open and honest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I take regular time for enjoyable, restorative recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get sufficient time and quality time with the special people in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I get 7-9 hours of sleep per night and awaken rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I engage in meaningful work activities that allow me to use my talents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	My life is right where I would like it to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				I have a sense of purpose or calling in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Biometrics, Labs

Height, without shoes

Wt, no clothes

My typical blood pressure is

 / 

My *waist measurement* at the belly button, with the tape level, and *my abdomen relaxed*

Males only -	<input type="radio"/>				
= or less 33"	34-35"	36-39"	40-44"	= or greater 45"	

My total cholesterol is

My fasting blood sugar is

Last HbA1c

Females only -

<input type="radio"/>				
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On diabetes, heart, blood pressure or cholesterol meds?

#### What I Eat - Servings *per day*

0 1-2 3-4 5-6 7+

Vegetables-raw, or cooked	<input type="radio"/>				
Fruits, berries	<input type="radio"/>				
Beans, legumes	<input type="radio"/>				
100% whole grain foods	<input type="radio"/>				
Omega 3 Fish—salmon, tuna, trout, sardines	<input type="radio"/>				
Processed breads, pasta, rice, cereals	<input type="radio"/>				
Milk and cheese	<input type="radio"/>				

#### Servings *per week*

0 <1 1-2 3-4 5-6 7+

Eggs	<input type="radio"/>					
Poultry, seafood, big fish	<input type="radio"/>					
Low cal or sugary drinks	<input type="radio"/>					
Meat	<input type="radio"/>					
Desserts and sweets	<input type="radio"/>					
Pretzels, chips, crackers	<input type="radio"/>					
Times/week of fast food or eating at any restaurant	<input type="radio"/>					

Add info