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Evaluation Lifestyle

Date _____ Name _____

Height _____ cm Weight _____ kg

This questionnaire asks you a variety of questions about your health and lifestyle. It will take about 10 minutes to complete. Answering this questionnaire as accurately as possible will help us gain an insight into the specific health risks that you may face in the future. If you are uncomfortable answering any of these questions, you may wish to talk with your health professional in private.

General Lifestyle

1. Do You Smoke? Yes No

2. How much alcohol do you consume?

Monday – Thursday _____ Units Friday – Saturday _____ Units
(1 can/stubbie of beer = 1 unit, 1 standard spirit = 1 unit, 1 glass of wine = 1 unit)

3. Work Activity

1 Physically Inactive Job	<input type="checkbox"/>
2 Moderately Active	<input type="checkbox"/>
3 Active	<input type="checkbox"/>
4 Heavy Physical Job	<input type="checkbox"/>
5 Very Heavy Physical Job	<input type="checkbox"/>

4. Leisure Activity

1 Inactive	<input type="checkbox"/>
2 Slightly Active	<input type="checkbox"/>
3 Moderately Active	<input type="checkbox"/>
4 Very Active	<input type="checkbox"/>
5 Extremely Active	<input type="checkbox"/>

Stress (Tick whichever is appropriate)

5. My head's been clear... free from fuzziness, dizziness, and headaches.

Strongly Agree	<input type="checkbox"/>	Generally Agree	<input type="checkbox"/>	Mildly Agree	<input type="checkbox"/>
Mildly Disagree	<input type="checkbox"/>	Generally Disagree	<input type="checkbox"/>	Strongly Disagree	<input type="checkbox"/>

6. It's been easy to control my temper at all times.

Strongly Agree	<input type="checkbox"/>	Generally Agree	<input type="checkbox"/>	Mildly Agree	<input type="checkbox"/>
Mildly Disagree	<input type="checkbox"/>	Generally Disagree	<input type="checkbox"/>	Strongly Disagree	<input type="checkbox"/>

7. I've felt useless or worthless as a person

Strongly Agree	<input type="checkbox"/>	Generally Agree	<input type="checkbox"/>	Mildly Agree	<input type="checkbox"/>
Mildly Disagree	<input type="checkbox"/>	Generally Disagree	<input type="checkbox"/>	Strongly Disagree	<input type="checkbox"/>

8. *I've had feelings of fear or even panic*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

9. *I've felt run down and worn out*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

10. *I've felt angry with myself*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

11. *At times I've wished I were away from it all.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

12. *I've been able to sleep well.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

13. *For no apparent reason I've suffered from indigestion or the "burps".*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

14. *I've felt quite angry inside ... "got at", let down, or frustrated*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

15. *I have felt positive about myself.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

16. *I've found it easy to unwind and relax*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

17. *I've been uptight, especially in my neck, back, or limbs.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

18. *Other people have regularly made me feel annoyed.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

19. *I've had feelings of being trapped ... of being helpless.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

20. *I've been ill at ease and quickly unsettled.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

21. *For no apparent reason, my heart has often raced or pounded or I've felt breathless.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

22. *I've become more easily angered, or annoyed.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

23. *I have been feeling optimistic about the future.*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

24. *I've felt nervous, uptight or "edgy".*

Strongly Agree Generally Agree Mildly Agree
Mildly Disagree Generally Disagree Strongly Disagree

Nutrition (Tick any that are appropriate)

25. *What method of cooking do you most frequently use?*

Fry Oven Bake Microwave
Grill Steam Stir Fry

26. *How do you eat poultry?*

With Skin Without Skin

27. *How do you eat Meat?*

With Fat With visible Fat removed

28. *Do you eat oily fish e.g. Mackerel, sardines, tuna?*

Yes No

29. *What type of milk do you use?*

Full Fat Skimmed Soya
Semi Skimmed UHT

30. *What Type of spreading do you use?*

Low/reduced fat spread Hard Margarine
Polyunsaturated Margarine Butter

31. *What type of Fat do you use for cooking?*

Lard Olive Oil Vegetable Oil
Butter Ghee Hard margarine

32. *What type of cheese do you eat?*

Hard e.g. Cheddar Soft Full Fat e.g. Philadelphia
Cottage/Reduced Fat Soft e.g. Brie, Camembert
Vegetarian Continental e.g. Mozzarella, Parmesan

33. *What type of dressing do you use?*

Mayonnaise Oil & Vinegar
Salad Cream Low Calorie

34. *What type of bread do you eat?*

White Brown White with added Fiber
Grain Wholemeal

35. *Do you eat 5 portions of Fruit and Vegetables every day?*

Yes No

36. *Do you eat takeaways more than once a week?*

Yes No

37. *Do you regularly eat savories, pies or pastries?*

Yes No

38. *Do you regularly eat cakes, chocolate or sugary snacks?*

Yes No

39. *Do you add salt?*

During Cooking At the Table

40. Do you drink Tea?

With Milk Without Milk
With Sugar Without Sugar

41. Do you drink Coffee?

With Milk Without Milk
With Sugar Without Sugar

42. Do you regularly go on weight loss diets?

Yes No

43. Do you drink at least 4 large glasses of water per day?

Yes No

44. Do you take Vitamin supplements?

Yes No

Thank you for taking time to fill out this questionnaire!