

Peak Wellness Lifestyle Assessment

Name: _____

Today's Date: _____

Nutrition

- In a regular day, how many times do you eat fruit? (ex: a piece of fruit, a cup of cut up fruit or $\frac{3}{4}$ cup juice)
Check ONE answer:
 6 or More 5 4 3 2 1 None
- In a regular day, how many times do you eat vegetables? (ex: one cup of vegetables, $\frac{3}{4}$ cup vegetable juice) **Check ONE answer:**
 6 or More 5 4 3 2 1 None
- In a regular day, what type of dairy products do you choose (including lactose free, eggs are *not* dairy)?
Check ALL that apply:
 Whole milk Non Fat/Skim Milk Soy
 2% Milk Cheese None
 1% Low Fat Milk Other (ex: yogurt, ice cream)
- In a regular day, how many times do you eat grain products? (ex: $\frac{1}{2}$ cup of rice/pasta, a slice of bread, $\frac{3}{4}$ cup of cereal, or a tortilla) **Check ONE answer:**
 9 or More 7-8 5-6 3-4 1-2 None
- When you eat grain products, how many are whole grains? (ex: brown rice instead of white rice, whole wheat bread or tortillas instead of white bread or flour tortillas) **Check ONE answer:**
 N/A 4 or More 3 2 1 None Unsure
- In a regular week, how many times do you eat convenience foods? (ex: frozen meals, canned soups, boxed dinners, packaged meals, fast food)
Check ONE answer:
 9 or More 7-8 5-6 3-4 1-2 None
- In a regular day, how many times do you eat or drink desserts, regular soda pop (non diet), candy, sweets?
Check ONE answer:
 None 1 2 3+

How do you feel about eating healthier?

- I already eat healthy foods
- I have been trying to eat healthier lately
- I am very interested in eating healthier
- I am a little interested in eating healthier
- I am not interested in eating healthier

Patient Label Here

Physical Activity

- In a regular week, how many days do you do physical activity (anything that makes your heart beat faster)?
Check ONE answer:
 6 or More 5 4 3 2 1 None
- On days that you do physical activity, how much total time do you spend in this activity? **Check ONE answer:**
 More than 60 minutes 30-60 minutes
 20-30 minutes 10-20 minutes
 Less than 10 minutes N/A
- What kind of physical activity do you do?
Check ALL that apply:
 Aerobic activities (ex: walking, running, biking, dancing)
 Muscle strengthening (ex: weight lifting, elastic bands)
 Flexibility/Balance (ex: yoga, tai chi, Pilates, stretching)

How do you feel about being physically active?

- I am already active enough
- I have been trying to be more active lately
- I am very interested in being more active
- I am a little interested in being more active
- I am not interested in being more active

Tobacco and Alcohol History

- Any current alcohol use?
 No, I don't drink alcohol
 Yes, I have _____ drinks in an average week or _____ drinks in a day
- Do you smoke tobacco?
 Not at all (Quit Date _____)
 Yes, some days (# per day _____)
 Yes, every day (# per day _____)
- Do you live &/or work with people who smoke around you?
 Yes No

How do you feel about quitting smoking?

- I do not smoke
- I have been trying to quit smoking lately
- I am very interested in quitting smoking
- I am a little interested in quitting smoking
- I am not interested in quitting smoking

When is the best time to call you?

- Morning Afternoon Anytime

Is it OK to leave a message?

- Yes No