### Physical Activity

On average, **how many days per week** do you exercise or do physical activity?  

<table>
<thead>
<tr>
<th>Provider notes:</th>
<th>Height (inches): _______</th>
<th>Weight (lbs): _______</th>
<th>BMI: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waist circumference (inches): _______</td>
<td>Neck circumference (inches): _______</td>
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</table>

On average, **how many minutes of physical activity or exercise** do you perform on each of those days?  

**At what intensity** (how hard) do you usually exercise?  

- [ ] light (casual walk)
- [ ] moderate (brisk walk)
- [ ] vigorous (jog/run)

**What types** of physical activity do you do?  

**How often do you do** muscle strengthening activities or exercises?  

How many **“screen-time” hours** do you have each day: TV, video games, sitting at the computer (not counting work and school)?  

How many **total hours sitting** do you have each day (including at work and school)?  

On a scale of 1–10, where 1 is low and 10 is high, how ready, willing, and able are you to improve your **activity** habits and stick to it?  

(1–10): _______

### Nutrition

On average, **how many days a week** do you eat a healthy **breakfast**?  

On average, **how many 12-ounce servings of sweetened drinks** do you have each **day**?  

On average, **how many servings of fruits and vegetables** do you eat each day?  

On average, **how many meals per week** do you eat with your family?  

On average, **how many servings of dairy** do you have each day?  

On average, **how many drinks of alcohol** do you have each **day**?  

1 drink = 12-ounce beer, 5-ounce wine, 1.5-ounce liquor

How often do you eat while doing other things like watching TV?  

- [ ] rarely
- [ ] occasionally
- [ ] often

Do you ever eat in secret?  

- [ ] no
- [ ] yes

On a scale of 1–10, where 1 is low and 10 is high, how ready, willing, and able are you to improve your **nutrition** habits and stick to it?  

(1–10): _______
Sleep, Mental Health, Social Support

How many hours of sleep do you typically get (including naps)?

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

Do you often feel tired, fatigued, or sleepy during the daytime, even after a “good” night’s sleep?

Has anyone ever observed you stop breathing during your sleep?

In the past 2 weeks, have you been feeling down, depressed, or hopeless?

During the past 2 weeks, have you had little interest or pleasure in your usual activities?

Who do you most commonly talk to or go to for help when you do not feel well or you are distressed?

Do you have people in your life who negatively affect your efforts to live a healthy lifestyle?

On a scale of 1–10, where 1 is low and 10 is high, how ready, willing, and able are you to improve your healthy habits related to sleep, stress, or social support?

Weight

Do you think you are:

Would you like to lose weight?

Have you tried to lose weight before?

What methods did you use?

Were you successful?

How much did you lose?

How much did you gain back?

Do you (or did you ever) take medication or supplements for weight loss?

If yes, what did you take:

On a scale of 1–10, where 1 is low and 10 is high, how ready, willing, and able are you to lose weight and/or maintain weight you already lost?

Other Lifestyle Risk Factors and Conditions

Do you have any of the following health conditions?

Do any of your immediate family members have any of the following, and if so, who?

Do you use tobacco?

List all medications or supplements you take:

What other concerns do you have about your health or health habits?

Provider notes:

Provider notes:

Provider notes:

Other Lifestyle Risk Factors and Conditions