

Windmill Family Wellness Center

Life-Style Questions – Adult _____

- 1) Do you Exercise on a regular basis? Yes or No
 - a. If Yes, What do you do? _____
How often? _____ Do you like it? Yes or No
 - b. If No, are you interested in an exercise program that can be done in < 15 minutes per day and leave you feeling awake and energized for your day? Yes or No
 - 2) How would you rate your daily nutrition? (poor) 1– 10 (Great) _____
 - 3) Do you drink at least 6 glasses of water per day? Yes or No If No, How many per day? _____
 - 4) What do you do each day to be assured that you eat healthy?

 - 5) Are you interested in information about proper eating? Yes or No
 - 6) Do you take daily nutritional supplements? Yes or No
 - a. If Yes, What do you take each day?

 - b. Have you researched your nutritional brand to ensure that you are taking the best quality products? Yes or No
 - i. If No, are you interested in information about the highest quality nutritional products around? Yes or No
 - 7) How much sleep do you get each night? _____
 - a. Do you wake in the morning feeling refreshed & energized? Yes or No
 - i. If No, why do you think that is the case?

 - 8) Do you smoke? Yes or No If Yes, How many per day? _____ For how many years? _____
 - a. Do you have any desire to quit? Yes or No
 - 9) Do you drink alcohol? Yes or No If Yes, is it Socially or More Than Socially
 - 10) Do you drink Soda? Yes or No If Yes, How many? _____ per Day Week Month
 - a. Do you drink any kind of diet drinks? Yes or No
 - 11) Do you drink Coffee? Yes or No If Yes, How Many? _____ per Day Week Month
 - 12) How would you classify your career? (Enjoyable) 1 – 10 (Highly Stressful) _____
 - 13) How would you describe your home life? (Enjoyable) 1 – 10 (Highly Stressful) _____
 - 14) What is the #1 negative stress in your life at this time? _____
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