

Be*Healthy – Health and Lifestyle Assessment



Name (print) _____

Age _____ Gender M₁ F₂

Height _____ ft. _____ in. Weight _____ lb.

1. Health Status. How do you rate your overall health?

- 1 Excellent 3 Fair
2 Good 4 Poor

2. Physical activity. Indicate how many minutes you spend doing the following activities:

Moderate activities such as brisk walking, biking 8-10 mph, low impact aerobics, active gardening, etc.?
_____ aver. min/day _____ number of days/wk

Vigorous activities such as jogging, biking 12+ mph, swimming laps, active sports, etc.?
_____ aver. min/day _____ number of days/wk

3. Whole grains. How many servings of whole-grain breads and cereals do you eat daily? (1 serving = 1 slice whole-wheat bread, ½ cup cooked oatmeal, 2/3 cup whole grain ready-to-eat breakfast cereal.)
_____ servings/day

4. Fruit. How many servings of fruit do you eat daily? (1 serving = 1 medium banana, apple or orange, 1 cup of fresh fruit, ½ cup cooked fruit, ¾ cup pure fruit juice.)
_____ servings/day

5. Vegetables. How many servings of vegetables do you eat daily? (1 serving = 1 cup raw vegetables, ½ cup cooked, 2 cups salad greens, ¾ cup vegetable juice.)
_____ servings/day

6. Meat. How often do you eat red or processed meat (beef, pork, lamb, hot dog, luncheon meat, bacon, sausage, etc.) _____ days/week

7. Nuts/Seeds. How many servings of nuts and seeds do you eat weekly? (1 serving = 1 oz of nuts or seeds, 2 T nut butter. _____ servings/week

8. Water. How much water do you drink?
_____ cups/day

9. Salt/Sodium. How careful are you to limit salt and salty foods such as chips, soy sauce, pickles, soups, etc.?
1 I never add salt to foods and avoid salty foods
2 I use salt sparingly and limit high sodium foods
3 I haven't made a decided effort to limit sodium
4 I use salt freely and often eat high sodium foods

10. Alcohol. How many drinks do you have per week? (1 drink = 5 oz wine, 12 oz beer, 1.5 oz spirits.)
_____ drinks/week

11. Smoking. Indicate your present status:

- 1 Never smoked
2 Ex-smoker
3 Currently smoke

12. Stress. The following question relates to stress in your life. Stress is defined as “feelings of tension, irritability, or anxiety often resulting in difficulty sleeping.” How often do you have feelings of stress at home or work/school?

- 1 Never/ seldom 3 Often
2 Sometimes 4 Permanent or continual

13. Sleep. How much sleep do you get? _____ hrs/day

14. Social support. How many of the following social factors do you meet? (Mark all that apply.)

- 1 Married or have a significant other
2 Make frequent contact with family and friends
3 Participate regularly in a faith group
4 Participate regularly in a social group

15. Happiness. All in all, how happy are you?

- 1 Very happy 3 Not very happy
2 Happy most of the time 4 Very unhappy

Health Tests. Optional. Enter if known. Skip if not known.

Percent body fat _____
Waist circumference _____ inches
Blood pressure _____/_____
Total cholesterol _____ mg/dL
HDL cholesterol _____ mg/dL
Fasting glucose _____ mg/dL 1 non-fasting
1-mile walk _____ min _____ sec _____ heart rate
Aerobic capacity _____ METs

Mark any topic you'd like to learn more about.

- | | |
|--|---|
| <input type="checkbox"/> Improving fitness | <input type="checkbox"/> Lowering blood pressure |
| <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Lowering cholesterol |
| <input type="checkbox"/> Losing weight | <input type="checkbox"/> Preventing diabetes |
| <input type="checkbox"/> Stress and coping | <input type="checkbox"/> Improving heart health |
| <input type="checkbox"/> Quitting smoking | <input type="checkbox"/> Maintaining brain health |
| <input type="checkbox"/> Dealing with depression | <input type="checkbox"/> Preventing cancer |

Notify me by:

Mail _____
e-Mail _____
Phone _____