Poplar
The Nation's Lifestyle Medicine Network

Lifestyle Assessment Short Form

Patient First Name *

Patient Last Name *

Date of Birth *

Which of these do you want to do the most?

- [ ] eat healthier FOOD
- [ ] get better SLEEP
- [ ] develop a POSITIVE mindset
- [ ] get more MENTAL HEALTH counseling
- [ ] I am not ready to make a change in any of these areas
- [ ] build EXERCISE habits
- [ ] strengthen the RELATIONSHIPS in my life
- [ ] reduce the Alcohol, Tobacco, or SUBSTANCES I use
- [ ] improve my HOME and Financial Situation

OVERALL HEALTH

Please circle your current overall LEVEL of HEALTH.

Poor Health - 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent Health - 10

SLEEP

OVER THE LAST TWO WEEKS, how many hours of sleep did you average in a 24-hour period?

- Less than 4 hours
- 4-5 hours
- 6 hours
- 7-8 hours
- 9 or more hours

OVER THE LAST TWO WEEKS, how often did you feel tired or have difficulty staying awake duringroutine tasks in the day?

- Not at all
- Several days
- More than half the days
- Nearly every day

NUTRITION

OVER THE LAST TWO WEEKS, how often have you eaten fast food, sugary drinks (e.g., soda, sports drinks, juice) or packaged foods (e.g., chips, candy, crackers, cookies)?

- Not at all
- Several days
- More than half the days
- Nearly every day

ON AN AVERAGE DAY, how many servings of whole fruits and vegetables do you eat (1 serving is about a handful and does not include fruit juice)?

- Less than 2 servings
- 2-3 servings
- 4-5 servings
- More than 5 servings

WEIGHT MANAGEMENT

What do you think about your current weight?

- I want to gain a lot of weight
- I want to gain a little weight
- I am happy with my weight
- I want to lose a little weight
- I want to lose a lot weight

Food Inventory - Describe what you typically eat for meals and snacks

Breakfast

Mid-morning Snack

Lunch

Mid-afternoon Snack

Dinner

Evening Snack

EXERCISE

OVER THE LAST TWO WEEKS, how many days did you exercise at a moderate to strenuous intensity (e.g., brisk walking or enough movement to break a light sweat)?

- Less than 1 time per week
- 1-2 times per week
- 3-4 times per week
- 5 or more times per week

DURING AN AVERAGE SESSION, how many minutes do you exercise at a moderate to strenuous intensity (e.g., brisk walking or enough movement to break a light sweat)?

- Less than 10 minutes
- 10-29 minutes
- 30-49 minutes
- 50 minutes or more

PURPOSE & CONNECTION / MENTAL HEALTH

Over the past 2 weeks, how often have you...

	Not at all	Several days	More than half the days	Nearly every day
a. Felt like your life had purpose or meaning?				
b. Connected with any support network (e.g. community, spiritual, friends/family, nature, yoga, or meditation)?				
c. Been bothered by little interest or pleasure in doing things?				
d. Been bothered by feeling down, depressed or hopeless?				
e. Been bothered by feeling nervous, anxious or on edge?				
f. Been bothered by worrying too much about different things?				

SMOKING/SUBSTANCE USE

Have you used any of the following substances in the past year?

NICOTINE (cigarettes, e-cigarettes/vaping, cigars)

Yes No

If you marked "YES", how many cigarettes do you usually use a day?

If you marked "YES", mark what level of concern you have regarding nicotine?

No Concern - 0 1 2 3 4 5 - High Concern

ALCOHOL (beer, wine, liquor)

Yes No

If you marked "YES", how much alcohol do you usually use a day?

If you marked "YES", mark what level of concern you have regarding your alcohol use?

No Concern - 0 1 2 3 4 5 - High Concern

RECREATIONAL DRUGS (cocaine, heroin, meth, etc.)

Yes No

If you marked "YES", how much do you usually use a day?

If you marked “YES”, mark what level of concern you have regarding your recreational drug use?

○ No Concern - 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 - High Concern

MARIJUANA

○ Yes ○ No

If you marked “YES”, how much marijuana do you usually use a day?

If you marked “YES”, mark what level of concern you have regarding your marijuana use?

○ No Concern - 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 - High Concern

MOTIVATION

Please rank the top THREE areas you are most motivated to change in order to improve your current overall LEVEL OF HEALTH (1 being most motivated).

Sleep

Exercise

Nutrition

Mental Health

Weight Management

Purpose & Connection

Substance Use

What motivates you to be healthier?