Poplar
The Nation's Lifestyle Medicine Network

Lifestyle Health History

What Habits would you like to change to improve your health?

- [ ] Eat healthier Food
- [ ] Build Exercise habits
- [ ] Get better Sleep
- [ ] Strengthen the Relationships and Social support in my life improve
- [ ] Reduce the Alcohol, Tobacco, or Substances I use
- [ ] My Home and Financial Situation
- [ ] Other:
- [ ] I am not ready to make a change in any of these areas

What kinds of activities make you happy that you would like to be able to do (and cannot do now)?

Do you have any barriers to your health and wellness (time, energy, finances, lack of motivation/support, etc.)?

Are you going through any of these hardships below right now?

- [ ] Living situation
- [ ] Food situation
- [ ] Transportation
- [ ] Paying utilities
- [ ] Physical safety
- [ ] Emotional safety (being talked down to or insulted, screamed or cursed at)
- [ ] None of the above

Who do you live with?

Are you exposed to smoke?
( ) Yes ( ) No

Do you smoke, vape, or use tobacco/e-cigarettes?
( ) Yes ( ) No

If so, how many packs per day?

Do you use any drugs or illicit substances?
( ) Yes ( ) No

How is your emotional health?

Over the last 2 weeks, have you felt down, depressed, or hopeless, or had little interest or pleasure in doing things?
( ) Yes ( ) No

Over the last 2 weeks, have you felt nervous, anxious or on edge, or felt like you cannot stop or control worrying?
( ) Yes ( ) No

Let’s look more closely at your lifestyle habits...

Do you feel that your life has a sense of purpose?
( ) Yes ( ) No

Do you mainly use olive oil when you cook, or no oil?

◯ Yes ◯ No

Do you engage in two or more spiritual or religious practices a week (e.g, meditation, prayer, church services, etc.)

◯ Yes ◯ No

Do you feel that you are able to manage and deal with stressors effectively most days of the week?

◯ Yes ◯ No

Do you interact with one or more club(s) or organization(s) weekly (e.g., athletic, community, school group, etc.)?

◯ Yes ◯ No

Do you smoke, vape, or use tobacco/e-cigarettes?

◯ Yes ◯ No

Do you wake up feeling refreshed and rested most days?

◯ Yes ◯ No

Do you spend at least 2 hours in nature weekly (about 20 minutes daily)?

◯ Yes ◯ No

Do you feel you have enough time to take care of yourself most days?

◯ Yes ◯ No

Do you visit or speak with a close friend or family member on ≥3 separate occasions weekly?

◯ Yes ◯ No

Total number of sit-down or take-out restaurant meals

Total number of resistance training workouts performed (e.g., pushups, squats, pullups, etc.)

Total number of sweetened drinks consumed (e.g. juice, sweetened coffee or tea, soda, sports drinks)

Highest number of alcoholic drinks consumed on any single day

Average number of packaged snacks per day (e.g., chips, crackers, cookies, candy, protein bars, etc.)

Average number of hours slept per night

Average number of daily servings of fruit

Average number of hours spent sitting each day

Average number of alcoholic drinks consumed on days alcohol was consumed

Average number of daily servings of vegetables

Total amount of cardiorespiratory exercise during the week (e.g., brisk walk, job, etc.) (in minutes)