

Health Age Questionnaire

Name

Gender

Age

Weight

Height



How often do you eat a good breakfast?

(Emphasizing whole grains, fruits or vegetables, and nuts)

- Less than 2 days per week
- 2-4 days per week
- 5-6 days per week
- Everyday

How many servings of fruits and vegetables do you eat

per day? (1 serving = 1 med. piece, 1 C fresh, 1/2 C cooked, or 6 oz 100% juice)

- 0-2
- 3-4
- 5-9

How many servings of nuts and seeds do you eat per

week? (1 serving = 1 oz nuts or seeds, 2 T nut butter)

- 0-2
- 3-4
- 5 +

How often do you get 20-30 minutes of moderate to vigorous exercise?

- Rarely
- 1-2 days per week
- 3-4 days per week
- 5 or more days per week

How often do you get 7-8 hours of sleep?

- 2 or fewer days per week
- 3-4 days per week
- 5-6 days per week
- Everyday

How many servings of alcohol do you consume per

week? (12 oz beer, 8 oz malt liquor, 5 oz wine, 1.5 oz shot)

- 15 + (men) or 8+ (women)
- 1-7
- None

How often do you snack?

- Several times a day
- Once a day
- A few times per week
- Rarely or never

How many servings of whole grains do you eat per day?

(1 serving = 1 slice bread, 1/2 C brown rice or oatmeal, 2/3 C dry cereal)

- None
- 1-2
- 3 +

How often do you eat red meat?

- 3 or more times per week
- 1-2 times per week
- Once or twice per month
- Never

How is your weight?

- Severely overweight
- Moderately overweight
- Underweight
- Healthy weight

What is your history with tobacco?

- Currently use
- Quit less than 2 years ago
- Quit over 2 years ago
- Never used

How would you rate your spirituality?

- No interest
- Moderately spiritual
- Deeply spiritual

Interests

- | | | |
|---|---|---|
| <input type="checkbox"/> Weight Management | <input type="checkbox"/> Fitness and Exercise | <input type="checkbox"/> Stop Smoking |
| <input type="checkbox"/> Healthy Cooking | <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Natural Remedies |
| <input type="checkbox"/> Heart Disease Prevention | <input type="checkbox"/> Depression Recovery | <input type="checkbox"/> Spiritual Health |
| <input type="checkbox"/> Reversing Diabetes | <input type="checkbox"/> Improving Mental Performance | <input type="checkbox"/> _____ |

Address _____ City _____ State _____ Zip Code _____

Email _____ Phone # _____