Lifestyle Questionnaire

Name: ______________________________ Address: ____

City: _________________________ State: ___________________________ ZIP: __________________

Work Phone: _______________________________ Home Phone: ______________________________

Email: _______________________ Gender: _________ Age: ______ Date of Birth: _________________

Place of Birth _______________________Ethnicity (optional): ________________________________

1. Height _________ Current weight: _________ Weight six months ago: ________

   One year ago? _______ Would you like your weight to be different? _______ If so, what? _________

2. Relationship status: ___________________________ Children? _____ If Yes, how many? ________

3. Occupation _________________________________How many hours a week do you work? _______

4. Do you sleep well? _______ Do you wake up at nights? ____ What time(s)? ____________________

   What time do you generally get up in the morning? _______ What time do you go to bed? _________

5. How are your bowel movements? __________ Constipation/Diarrhea? ________________________

7. What types of exercise do you perform? ____

8. Do you drink coffee? _____ Do you smoke cigarettes? _____ Any major addictions? _____________

9. Do you take any vitamins and/or supplements? _____ If Yes, which ones? _____________________

   ____

10. Is there stress in your life? ______ If Yes, please explain. ___________________________________

    ____

11. What is your chief concern as it relates to your current health and lifestyle? _____________________

    ____

12. What do your generally eat?

breakfast	lunch	dinner	snacks/liquids

What percent of your food is prepared at home? _______ %

Where do you get the remainder of your meals? ____

Provided by Power Living Enterprises, Inc. Please fax back to 212-901-6913. Feel free to call 212-901-6913 for questions.

Goals

What <u>three goals</u> would you like to accomplish within the next <u>three months</u>?

____

____

____

How would it <u>feel</u> to have those three goals accomplished?

____

____

____

What <u>one major goal</u> would you like to accomplish within the next <u>twelve months</u>?

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____

____

How would accomplishing that major goal affect your life?

____

____

____

What has been your greatest challenge?

____

____

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