

Lifestyle Assessment Questionnaire

Please circle all that apply when there is a multiple choice question

CONFIDENTIAL – DONATIONS ACCEPTED

I do not charge for this assessment, but donations are accepted as this takes time and work to do this for you. If you cannot afford to donate that is not a problem, but if you can please ask me how.

Please Note: Due to the laws of the land, we are required to tell you that the health information received during this consultation is for general education and is not intended to be specific medical advice. No medical care, diagnosis, or treatment is provided during this consultation. It is advisable to consult with ones personal health care provider before implementing any lifestyle changes.

I release all Lifestyle counselors or associated organizations from any and all liability. Participation in this consultation indicates acceptance of these terms.

HEALTH QUESTIONS:

1. Do you currently use tobacco in any form (smoke or chew)? YES or NO

How many cigs or cigars per day?

If No, have you ever smoked or chewed tobacco in the past? YES or NO

If so, how long ago did you quit?

2. Do you currently drink alcohol in any form (wine, beer, liquor)?

Please list how often:

If No, have you ever drunk in the past? YES or NO If so, how long ago did you quit?

3. Do you drink coffee, tea, or any caffeinated beverages (soda, diet soda, energy drinks, etc.)? YES or NO

How many cups OR cans each day?

4. Do you eat flesh in any form? (beef, pork, lamb, chicken, turkey, deer, fish, seafood, etc.) YES or NO

How many times a day?

How many ounces each meal?

5. Do you eat any animal products such as eggs, milk, butter, cheese, yogurt, cream, etc.? YES or NO

When was the last time you ate any of these?

How often?

6. How many times do you eat a day on average?

What time do you eat Breakfast: Lunch: Dinner:

Do you snack in between meals? YES or NO

7. How many pieces of fruit have you eaten today? Yesterday?

8. How many cooked green vegetables (peas and corn are not vegetables) did you eat yesterday?

Are you eating them raw or cooked?

9. How many days a week do you exercise at least 30 minutes INDOORS? ____ days

How many days a week do you exercise at least 30 minutes OUTDOORS? ____ days

What type of exercise (walking, running, jogging, weights, other equipment)

On average, what time of day do you exercise? _____am/pm

- 10.** How much water did you drink in ounces yesterday? Today?
Do you SIP or GULP? Do you drink SOFT or HARD water?
- 11.** How much direct sunlight did you get yesterday? Today?
What time of day did you get it? am or pm
- 12.** Do you do deep breathing exercises every day? YES or NO
Do you sleep with your windows opened every night? YES or NO
- 13.** What time do you wake up on average? am or pm
What time do you go to bed on average? am or pm
- 14.** Do you use CRYSTAL LIGHT, SOY SAUCE, or any SUGAR SUBSTITUTE? YES or NO
- 15.** What kind of salt to you use/cook with? Table Salt, White Sea Salt, Himalayan Sea Salt

NAME:

EMAIL ADDRESS:

CONTACT NUMBER:

TODAY'S DATE:

MEDICAL CONDITION(s):

MEDICATIONS and/or SUPPLEMENTS/HERBS:

“Is a man a tobacco user, a tea-and-coffee drinker, a meat eater, taking his three meals? Let him

#1. BEGIN WITH TOBACCO, and put that away.

#2: PUT AWAY ALCOHOL;

#3: Then let him LEAVE OFF THE USE OF TEA and COFFEE,

#4: EAT LESS MEAT, and

#5: MAKE his THIRD MEAL VERY LIGHT

#6: Soon he can DISPENSE WITH FLESH-MEATS ALTOGETHER

#7: Next, he LEAVE(s) OFF THE THIRD MEAL...” {1890 JW, BHY 223.4}

Notes: Goals to start with... Make them reasonable and obtainable. Be sure to add 1 more major goal and 4 more minor goals the following weeks:

FOR NON-SDA's

- **1 major goal**
Tobacco
Alcohol
Coffee
Tea
Less meat

Third meal very light
Dispense with all flesh meat
Leave off third meal

- **4 minor goals**

Increase water
Increase exercise (walking preferably)
Increase amount of sunshine exposure each day
Decrease # of ounces of meat eaten during 3 meals

*****these are examples...your minor goals do not have to be the same as these**

FOR SDA's

- **1 major goal**

Tobacco
Alcohol
Coffee
Tea
Less meat
Third meal very light
Dispense with all flesh meat
Leave off third meal

- **6 minor goals**

Increase water
Increase exercise (walking preferably)
Increase amount of sunshine exposure each day
Decrease # of ounces of meat eaten during 3 meals
Go to bed by 9:00 pm for non-students; 9:30 pm for students
Spread meals apart by a minimum of 5-6 hours

*****These are examples...your minor goals do not have to be the same as these**

*****Keep in mind that there are those in both groups who are going to want to do “any” and “everything”, “whatever” it takes...that’s okay....these are the exception and not the rule.**

***** Continued on next page*****

Basic Lifestyle Assessment Questionnaire

(Questions)

- 1: Should we take everyone off of meat right away? YES or NO
- 2: If no, why not? _____
- 3: What is the very first thing we should try to take someone off of? _____
- 4: What if they drink alcohol? Should alcohol come before tobacco? YES or NO
- 5: Please explain why to your answer in #4 _____
- 6: What is step #3 for a person who smokes, drinks alcohol, drinks coffee and tea, eats meat and 3 meals?

- 7: What is step #4? _____
- 8: What is step #5? _____
- 9: What is step #6? _____
- 10: What is the last step? _____
***keep in mind: not everyone will need all these steps...Step #3 will be step #1 for those who do not smoke or drink and so on.
- 11: List an example of 1 Major goal: _____
- 12: List an example of 4 basic goals for non-SDA's
 1. _____
 2. _____
 3. _____
 4. _____
- 13: List an example of 6 basic goals for non-SDA's
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
- 14: List an example of 4 additional goals that could be added the following week:
 1. _____
 2. _____
 3. _____
 4. _____
- 15: Will there be those people who will want to do it all at once? YES or NO
- 16: Are they the exception or the rule? _____
- 17: Should Medical Missionaries do follow-ups on their patients? YES or NO
- 18: Will Medical Missionaries need to work weeks with some individuals? YES or NO
- 19: If you have a person suffering from digestive problems, which assessment would be best to do Initially? The _____ Assessment Form