LIFESTYLE QUESTIONNAIRE

Introduction:

In order to help us focus our Health Promotion activities in the practice, we would be grateful if you could fill in this short questionnaire. If you have already completed one on a previous visit, please return this questionnaire to the receptionist.

Name .......................................................... Date of Birth .........................

Do you smoke? Yes [ ] No [ ]

If Yes, do you –

   smoke less than 1 cigarette/day [ ]
   1 – 9 cigarettes/day [ ]
   10-19 cigarettes/day [ ]
   20-39 cigarettes/day [ ]
   more than 40 cigarettes/day [ ]
   smoke a pipe [ ]
   smoke cigars [ ]

If No, have you –

   never ever smoked [ ]
   given up smoking in the last year [ ]
   not smoked for more than 1 year [ ]

Do you have high blood pressure? Yes [ ] No [ ]

Have you ever had a heart attack or suffered from angina? Yes [ ] No [ ]

Have you ever had a stroke, “shock” or any weakness down one side? Yes [ ] No [ ]

Have any of the following – mother, father, brothers or sisters had –

   a heart attack below the age of 60 Yes [ ] No [ ]
   a heart attack above the age of 60 Yes [ ] No [ ]
   a stroke Yes [ ] No [ ]
   trouble with very high cholesterol (hyperlipidaemia) Yes [ ] No [ ]

Practice Use Only

Health Education Smoking .............

BP .... / ....

Height .............

Weight .............
EXERCISE
Healthy exercise usually involves activity that lasts for at least 20 minutes, raises your pulse and produces hard breathing. In younger people this might be running, cycling or sport, or brisk walking for older people.

Do you take this type of exercise –

- daily [ ]
- 3 times weekly [ ]
- once weekly [ ]
- once monthly [ ]
- seldom [ ]
- I cannot take exercise because of disability [ ]

DIET
Please tick the one category which is closest to your usual eating pattern.

- I eat no meat, fish or dairy produce [ ]
- I eat no meat [ ]
- I eat a mixture including daily fruit and vegetables [ ]
- I eat a mixture including regular chips and fries [ ]
- I eat frozen meals (eg TV dinners) 3 or 4 times/week [ ]
- I eat mainly snacks [ ]
- I eat a special medical diet [ ]

Please specify ………………………………………………………………………………………………………

ALCOHOL
Please tick the statement which most closely describes your usual average alcohol intake. (1 unit is 1 glass wine, ½ pint beer or a single measure of spirit.)

- I never drink alcohol [ ]
- I drink less than 1 unit per day [ ]
- I drink between 1 and 2 units a day [ ]
- I drink between 3 and 6 units a day [ ]
- I drink between 7 and 9 units a day [ ]
- I drink more than 9 units a day on average [ ]

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Practice Use Only

- Health Education Alcohol [ ]
- Alcohol Brief Intervention [ ]