

Lifestyle Questionnaire

What do you do for fun, to relax, to be creative?

What do you do to relieve stress?

Does it work? Y__ N__ sometimes _____

Do you exercise regularly? Y_____ N____ If so, how many times a week?

What type of exercise is it?

When you exercise, about how long is each session? _____

Do you sweat when you exercise? Y__ N____

Does your heart rate go up during exercise? Y__ N__ not sure ____ By how much? _____

How do you feel after exercising _____

What time of day do you typically exercise? _____

Do you enjoy exercising Y_____ N_____ Sometimes _____

Do you have exercise/fitness goals Y_____ N _____ not sure _____

If yes, what are your exercise/fitness goals:

Do you believe exercise affects how you feel? Y__ N__ not sure _____

Do you read, do crossword puzzles, brain exercise of any kind? Y__ N__ If yes, please describe

Do you watch TV? Y__N__ if yes, how often _____ What type of programs do you watch

Do you have a computer Y__N____ How much time do you spend on your computer a day (including smart phones) _____

Do you watch the news? Y__ N____

Does the news affect how you feel? A little _____ Moderate _____ Very Much _____

Do you meditate ? Y__N____

Do you spend time in nature ? Y__N__ If yes, how often _____

Do you have a support system you feel you can rely on in times of need Y___ N___ not sure___

Are you positively - connected to any members of your family? Y___ N___

Do you have a pet (s) Y___ N___ if yes, can you tell me about him/her?

Do you have a spiritual practice ? Y___ N___ not sure___ If yes, can you say a few words about your practice?

Have you ever used tobacco? Y___ N___

If yes, number of years as a nicotine user _____.how many packs per day____ year quit____

If yes, what type of nicotine have you used? _____Cigarette _____ Smokeless
_____Cigar _____Pipe _____Patch/Gum

Have you ever used alcohol? Yes___ No___

If yes, how often do you now drink alcohol?

___ No longer drinking alcohol ___ Average 1-3 drinks per week ___ Average 4-6 drinks per week
___ Average 7-10 drinks per week ___ Average >10 drinks per week

Have you ever had a problem with alcohol? Y___ N___

If yes, please indicate time period (month/year): from _____ to _____.

Are you in recovery Y__ N__

Do you use other non-prescription drugs_____ if so, which ones and how often

Are you exposed to second hand smoke regularly? Y___ N___

Do you have mercury amalgam fillings? Y___ N___

Do you have any artificial joints or implants? Y___ N___

Do you feel worse at certain times of the year? Y___ N___ If yes, when?__ spring
__summer__ fall __ winter Please describe how you feel worse during this
season:_____

Have you, to your knowledge, been exposed to toxic metals in your job or at home? Y___
N___ If yes, which one(s)? __ lead __cadmium __arsenic __mercury__ aluminum other

Are you exposed to other toxins at work or at home that you know of Y___ N__ If yes, which
ones _____

Is there mold in your home/work environment ? Y ____ N ____ not sure ____

Do odors affect you? Y ____ N ____

Do you use products on your skin/hair? Y ____ N ____ are the products you use on your skin/hair/
mouth/mucous membranes toxin/pesticide free Y ____ N ____ not sure ____

Do you use cleaning products in your home/work? Y ____ N ____ are the cleaning products you
use pesticide and toxin free? Y ____ N ____ not sure ____

Do you drink tap water? Y ____ N ____ well water Y ____ N ____ Is your water source filtered?
Y ____ N ____

Do you believe environmental toxins/pesticides can affect how you feel? Y ____ N ____ not sure ____

Are you interested in making changes to your environment to reduce toxins? Y ____ N ____ not
sure ____

Do you have any "bad habits" that you want to address (get rid of/minimize) ? Y ____ N ____

If yes, please

describe _____

Do you have any intentions that you'd like to make habitual (a good habit) Y ____ N ____

If yes, please

explain _____

Please feel free to describe any other aspects of your lifestyle that you'd like me to know :

