

LIFESTYLE ASSESSMENT QUESTIONNAIRE

What are you doing too much of? What are you doing too little of? What are you doing to run yourself down and undermine your health and vitality? Respond to the following with *seldom*, *sometimes*, or *often*.

Client Name _____

Date _____

Question	Seldom	Sometimes	Often
Do you spend time with Mother Nature?			
Do you work more than 10 hours on a work day?			
Do you take less than 1/2 hour to eat each main meal?			
Do you eat quickly without chewing thoroughly?			
Do you get at least 7 to 8 hours of sleep per night?			
Do you spend quality time with family & friends?			
Do you practice daily stress management through relaxation and/or meditation techniques?			
Do you get at least 30 minutes of exercise at least three times per week?			
Do you spend time doing a creative hobby or art form? If not, what would it be?			
Do you smoke?			
Do you stretch and breathe deeply each day?			
Do you take short periods of rest during each day?			
Do you receive adequate emotional support?			

Identify the habits and lifestyle choices that no longer serve you and move toward better, healthier choices!

Keep a log for accountability if necessary and/or find a partner who will join you in this exercise to support each other through the positive changes you each decided to make.