Health & Wellbeing Assessment Form

Date

Name (Last, First, MI)

Date of Birth

Priorities for Health and Wellness

Please rank from 1 to 8 in order of importance with 1 being the highest & 8 being the lowest.

_____Blood pressure management

_____Cholesterol reduction

_____Healthy eating plan

_____Increase physical activity

_____Pre-diabetes / Diabetes management

_____Stress reduction

_____Tobacco cessation

_____Weight management

Physical Activity

Please list how many days per week, minutes, and types of the following activities you are engaged in.

	Days per week	Minutes per day	Type of activity
Aerobic/Cardiovascular			
Balance			
Flexibility/Stretching			
Strength/Resistance			

My Readiness to Change - Physical Activity

My readiness to make changes or improvements to reach or sustain regular physical activity:

- ☐ I am already maintaining good physical activity levels consistently (6 mos.+).
- ☐ I recently started working on this.
- ☐ I am planning a change this month.
- ☐ I am planning a change to start in the next 6 months.
- ☐ I have no present interest in making a change.

Nutrition

Breakfast: How often do you eat breakfast?

- ☐ Eat breakfast every day
- ☐ Eat breakfast most mornings
- ☐ Eat breakfast two to three times per week
- ☐ Seldom or never eat breakfast

Snacks: How often do you eat "junk" snack foods between meals?

"Junk" snack food examples: chips, cookies, candy, ice cream

- ☐ Three or more times per day
- ☐ Once or twice per day
- ☐ Few times per week
- ☐ Seldom or never eat "junk" snack foods

Fat intake: Indicate the kinds of food you usually eat.

High fat examples: hamburgers, hot dogs, bologna, steaks, sour cream, cheese, whole milk, eggs, butter, cake, pastry, ice cream, chocolate, fried foods, and many fast foods

Low fat examples: lean meats, skinless poultry, fish, skim milk, low fat dairy products, fruit desserts, vegetables, pasta, legumes (peas and beans)

- ☐ Nearly always eat the high fat foods
- ☐ Eat mostly the high fat food, some low fat
- ☐ Eat both about the same
- ☐ Eat mostly low fat foods, some high fat
- ☐ Eat only low fat foods

Breads and grains: Indicate the kinds of breads and grains you usually eat.

Refined grain examples: white bread, rolls, regular pancakes and waffles, white rice, typical breakfast cereals, typical baked goods

Whole grain examples: whole grain breads, brown rice, oatmeal, whole grain or high fiber cereals

- ☐ Nearly always eat refined grain products
- ☐ Eat mostly refined grain products
- ☐ Eat both about the same
- ☐ Eat primarily whole grain products
- ☐ Eat only whole grain products
- ☐ I have gluten intolerance or allergies to certain grains

Fruits and vegetables: How many servings of fruits and vegetables do you eat daily?

A serving is: 1 cup fresh, 1/2 cup cooked, 1 medium size fruit, or 3/4 cup juice

- ☐ One or less
- ☐ Two daily
- ☐ Three daily
- ☐ Four daily
- ☐ Five or more

Nutrition (continued)

Water: How many eight ounce glasses of water do you drink on average per day?

- ☐ None
- ☐ 1 - 2 glasses
- ☐ 3 - 5 glasses
- ☐ 6 - 8 glasses

Soft drinks: How many eight ounce glasses of non-diet soft drinks do you drink on average per day?

- ☐ 2 glasses
- ☐ 3 - 5 glasses
- ☐ 6 - 8 glasses
- ☐ Seldom or never

My Readiness to Change - Nutrition

My readiness to make changes or improvements to consume healthy food and drinks:

- ☐ I am already consuming healthy food and drinks consistently (6 mos.+).
- ☐ I recently started working on this.
- ☐ I am planning a change this month.
- ☐ I am planning a change to start in the next 6 months.
- ☐ I have no present interest in making a change.

General Health

Complete the following statement. In general, my overall health is...

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

Physician relationship: Do you have a primary care doctor who you trust and see regularly?

- ☐ Yes
- ☐ No
- ☐ Somewhat

Physical exam: When was your last physical examination?

- ☐ Five or more years ago
- ☐ Three to four years ago
- ☐ One to two years ago
- ☐ Within the last year

Please list the following:	My Numbers	Don't Know
Blood pressure		☐
Total cholesterol		☐
HDL cholesterol (good cholesterol)		☐
LDL cholesterol (bad cholesterol)		☐
Triglyceride level		☐
Fasting glucose or Hemoglobin A1c		☐

General Health (continued)

My Readiness to Change - General Health

My readiness to make changes or improvements in managing my health:

- ☐ I am already maintaining health management levels consistently (6 mos.+).
- ☐ I recently started working on this.
- ☐ I am planning a change this month.
- ☐ I am planning a change to start in the next 6 months.
- ☐ I have no present interest in making a change.

Sleep and Stress

Sleep: How many hours of sleep do you get on average?

- ☐ Less than 6 hours per night
- ☐ 6 – 7 hours per night
- ☐ 7 – 8 hours per night
- ☐ 8 - 9 or more hours per night

Stress: Mark any symptoms below that apply to you.

- ☐ Minor problems throw me for a loop.
- ☐ I am unable to stop thinking about my problems.
- ☐ I find it difficult to get along with people used to enjoy.
- ☐ I feel frustrated, impatient, or angry much of the time.
- ☐ Nothing seems to give me pleasure anymore.
- ☐ I feel tense or anxious much of the time.
- ☐ None of the above

Personal loss: Have you suffered a personal loss or misfortune in the past year?

Examples: a job loss, disability, divorce, separation, or the death of someone close to you

- ☐ Yes - one loss
- ☐ Yes - two or more serious losses
- ☐ No

Social support: Do you have friends/family with whom you can share problems/get help if needed?

- ☐ Yes
- ☐ No

Sleep and Stress (continued)

My Readiness to Change - Stress and Sleep

My readiness to make changes or improvements to reach and sustain optimal stress and sleep levels:

- ☐ I am already maintaining good levels consistently (6 mos.+).
- ☐ I recently started working on this.
- ☐ I am planning a change this month.
- ☐ I am planning a change to start in the next 6 months.
- ☐ I have no present interest in making a change.

Tobacco

Tobacco status: Mark the appropriate response.

- ☐ Use chewing tobacco regularly
- ☐ Currently smoke 10 or more cigarettes daily
- ☐ Currently smoke < 10 cigarettes daily
- ☐ Smoke pipe or cigar only
- ☐ Quit smoking less than two years ago
- ☐ Quit smoking two or more years ago
- ☐ Have never smoked (or used tobacco)

My Readiness to Change - Tobacco

My readiness to make changes or improvements in managing my tobacco use:

- ☐ I am already maintaining tobacco cessation consistently (6 mos.+).
- ☐ I recently started working on this.
- ☐ I am planning a change this month.
- ☐ I am planning a change to start in the next 6 months.
- ☐ I have no present interest in making a change.

Thank you for completing this assessment tool.

Please check in 15 minutes prior to your appointment and bring the completed assessment with you.