

Today's Date:
Name:
Date of Birth:

Lifestyle Questionnaire

Smoking



1. Smoking status

- I have never smoked I currently smoke I've quit smoking

2. If you currently smoke, how many cigarettes do you smoke per day

- 10 or less 11-20 21-30 More than 30

3. If you currently smoke, are you interested in reducing your cigarette use?

- Yes No Prefer not to say

Physical Activity



4. Do you exercise for at least 30 minutes (such as walking) on most days of the week?

- Yes No Not applicable

Nutrition



5. How many serves of vegetables do you usually eat each day?
(a serve = 1/2 cup cooked vegetables or 1 cup of salad vegetables)

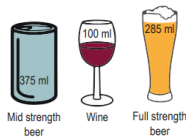
- 1 serve or less 2-3 serves 4-5 serves 6 serves or more
 Don't eat vegetables

6. How many serves of fruit do you usually eat each day?
(a serve = 1 medium piece or two small pieces of fruit, or 1 cup of diced pieces)



- 1 serve or less 2-3 serves 4-5 serves 6 serves or more
 Don't eat fruit

Alcohol



7. How often do you have a drink containing alcohol?

- Less than monthly 2-4 times a month 2-3 times a week 4+ times per week
 Never

8. How many standard drinks do you have on a typical day when you are drinking?

- 1 or 2 3 or 4 5 or 6 7-9 10+

9. Are you interested in reducing your alcohol use?

- Yes No Prefer not to say