



LIFESTYLE QUESTIONNAIRE



____/____/____

DATE OF ANALYSIS

NAME

ADDRESS

CITY

STATE

ZIP

(____)_____
HOME PHONE

(____)_____
WORK PHONE

____/____/____
DATE OF BIRTH

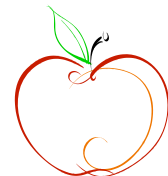
SEX

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How to complete the questionnaire

The information you supply in the following Lifestyle questionnaire will be used to develop a profile of your current risk status for coronary heart disease, cancer and other lifestyle related concerns. All of the information you provide is strictly confidential.

Honest and accurate answers will provide a meaningful **LONGEVITY INDEX** report. You should read and understand each question thoroughly and then place an "X" in front of each appropriate response.



Patient: _____ Date: _____

Section A

Non-Controllable Risk Factors

1.0 Family history of Coronary Heart Disease occurring before 60 years old.

Indicate the number of members of your direct family (related by birth) who have died or been diagnosed with Coronary Heart Disease before the age of 60.

- 1) None
- 2) 1 person
- 3) More than 1

2.0 Family history of Coronary Heart Disease occurring after 60 years old.

Indicate the number of members of your direct family (related by birth) who have died or been diagnosed with Coronary Heart Disease after the age of 60.

- 1) None
- 2) 1 person
- 3) More than 1

3.0 Family history of Diabetes.

Indicate the number of members of your direct family (related by birth) who have been diagnosed with diabetes.

- 1) None
- 2) 1 person
- 3) More than 1

4.0 Family history of Strokes or Cerebral Vascular Disease.

Indicate the number of members of your direct family (related by birth) who have died or been diagnosed with Strokes or Cerebral Vascular Disease.

- 1) None
- 2) 1 person
- 3) More than 1

5.0 Personal history of cancer

Have you ever been diagnosed with any type of cancer?

- 1) Yes
- 2) No

6.0 Personal history of heart disease

Have you ever been diagnosed with any form of heart disease?

- 1) Yes
- 2) No

Section B

Personal Health History and Habits

7.0 Colon/Rectal Screening

If you are over the age of 40, do you have an annual colon/rectal screening?

- 1) Yes
- 2) No
- 3) Not Applicable

8.0 PAP Smear

If you are a female over the age of 18, do you have an annual PAP smear?

- 1) Yes
- 2) No
- 3) Not Applicable

9.0 Mammogram Screening

If you are a female over the age of 35, have you had a mammogram within the past 2 years?

- 1) Yes
- 2) No
- 3) Not applicable

10.0 Prostate screening

If you are a male over the age of 40, have you had a prostate screening within the past 2 years?

- 1) Yes
- 2) No
- 3) Not applicable

11.0 Routine Health Screening

How often do you see your physician for routine check-ups or health screenings?

- 1) On an annual basis
- 2) At least every 2 years
- 3) Within the past 5 years
- 4) Not within the past 5 years

12.0 Cancer Warning Signs

Indicate if you have any of the following cancer warning signs.

- 1) Change in bowel or bladder habits
- 2) Chronic indigestion or difficulty in swallowing
- 3) Thickening or lump in breast or elsewhere
- 4) Unusual bleeding or discharge, a sore that does not heal
- 5) Change in freckle or mole
- 6) Persistent cough or sore throat
- 7) Unexplained weight loss
- 8) None

Section C

Alcohol/Caffeine/Tobacco Consumption

13.0 Consumption of alcohol

How often do you consume alcohol?

- 1) Never drink
- 2) 2 days or less per week
- 3) 3 days per week
- 4) 4 or more days per week

14.0 Number of alcoholic beverages

On the days you drink, on the average how many drinks do you have?

- 1) Never drink
- 2) 1 to 2 drinks
- 3) 3 to 4 drinks
- 4) 5 or more drinks

15.0 Caffeine

How often do you consume caffeine in your diet including coffee, tea, cola or chocolate?

- 1) Never
- 2) Occasionally but not every day
- 3) 1 to 3 servings daily
- 4) 3 to 5 servings daily
- 5) More than 5 servings daily

16.0 Smoking status

Indicate which of the following best represents your current status

NOTE: Check all that apply.

- 1) Have never smoked
- 2) Quit smoking less than 5 years ago
- 3) Quit smoking more than 5 years ago
- 4) Smoke pipe or cigar
- 5) Smoke less than 1 pack of cigarettes per day
- 6) Smoke more than 1 pack of cigarettes per day

17.0 Smokeless Tobacco

Do you use smokeless tobacco?

- 1) Yes
- 2) No

Section D

Exercise Program

18.0 Exercise Frequency

On the average, how many days per week do you exercise?

- 1) 3 or more days per week
- 2) Less than 3 days per week
- 3) No regular exercise program

19.0 Proper stretching

Do you perform stretching prior to exercise?

- 1) Always
- 2) Sometimes
- 3) Never
- 4) Currently not exercising

20.0 Warm-up and cool down

Do you warm-up and cool-down after exercising?

- 1) Always
- 2) Sometimes
- 3) Never
- 4) Currently not exercising

Section E

Nutrition Habits

21.0 Daily Meals

On the average how many meals do you consume per day?

- 1) 3 meals with "healthy" snacks
- 2) 3 meals
- 3) 2 meals or less
- 4) No regular eating pattern

22.0 Consumption of grain/bread products

On the average, indicate the type and amount of grain products you normally consume per day.

Note: A serving is 1 slice of bread, 1/3 cup beans / peas, 1/3 cup oatmeal, rice or other grain products. Choose the response that best describes your eating habits.

- 1) Whole grains at least 6 or more servings per day
- 2) Whole grains 6 servings or fewer servings per day
- 3) Refined grains such as white bread/rolls/processed flour at least 6 or more servings a day
- 4) Refined grains such as white bread/rolls/processed flour 5 or less servings per day
- 5) Rarely consume grain products

23.0 Consumption of vegetables

On the average, how many servings of vegetables do you consume per day? Note: A serving is approximately 1 cup of raw or 1/2 cup of cooked.

- 1) At least 3 to 5 servings per day
- 2) Less than 3 servings per day
- 3) Rarely consume vegetables

24.0 Consumption of fruits

On the average, how many servings of fruit do you consume per day? Note: A serving is approximately 1 piece of fruit.

- 1) At least 2 to 4 servings per day
- 2) Less than 2 servings
- 3) Rarely consume fruit

25.0 Daily consumption of dairy products

On the average, how many servings of dairy products do you consume per day? Note: A serving is approximately 1 cup of milk or 1 oz. of cheese.

- 1) At least 2 servings per day
- 2) Less than 2 servings
- 3) Rarely consume dairy products

26.0 Type of Dairy products

Indicate the type of dairy products you consume.

- 1) Nonfat selections only
- 2) Both low fat and nonfat about the same
- 3) Low fat only
- 4) Usually high fat selections
- 5) Do not consume dairy products

27.0 Daily consumption of meats and meat products

Indicate the type of meat you normally consume. Note: Choose the response that best describes your eating habits

- 1) Do not consume meat or meat products
- 2) Consume less than 6 oz. of low fat poultry or fish per day
- 3) Consume more than 6 oz. of low fat poultry or fish per day
- 4) Consume less than 6 oz. of high fat red meat per day
- 5) Consume more than 6 oz. of high fat red meat per day

28.0 Consumption of fats, dressings and spreads

Indicate the type and number of servings of fat, dressings and spreads you consume each day.

Note: High fat examples include butter, lard, and margarine, low fat examples include non-fat low-fat salad dressing, mayonnaise and cheese. Choose the response that best describes your eating habits. A serving is approximately 1 tablespoon.

- 1) Use low fat selections sparingly (less than 3 per day)
- 2) Use low fat selections frequently (3 or more per day)
- 3) Use both low fat and high fat about the same sparingly (3 or less)
- 4) Use high fat selections sparingly (less than 3 per day)
- 5) Use high fat selections (more than 3 per day)

29.0 Consumption of water

On the average, how many glasses of water do you consume per day? Note: A serving is one 8-oz. glass of water only; do not include coffee, soda or other beverages.

- 1) At least 8 glasses per day
- 2) About 4 to 8 glasses per day
- 3) Less than 4 glasses per day
- 4) Seldom consume water

30.0 Convenience and snack food consumption

On the average how many times per day do you eat convenience foods or forms of fast food?

- 1) Never
- 2) Less than 1 time per day
- 3) More than 1 time per day

Section F

Personal Health

31.0 Dental Check-up

Do you have an annual check-up with your Dentist?

- 1) Yes
- 2) No

32.0 Oral Health

Do you have any abnormal bleeding in your gums or around your teeth?

- 1) Yes
- 2) No

33.0 Eye Examination

How often do you see an eye specialist?

- 1) Once per year
- 2) Once every two years
- 3) Not within the last 2 years
- 4) No regular exams

34.0 Living Environment

Do you live or work in an environment, which you consider to expose you to pollution, either air, water or from your food?

- 1) Yes
- 2) No

35.0 Smoke Detector

Do you have at least one (1) working smoke detector for each floor of your home or apartment, which you check on a monthly basis?

- 1) Yes
- 2) No

36.0 Seat Belt Use

How often do you use your seat belt when either operating a motor vehicle or riding as a passenger?

- 1) Always
- 2) Sometimes
- 3) Never

37.0 Automobile Mileage

How many miles per month do you drive an automobile or ride as a passenger?

- 1) Less than 1000
- 2) Between 1001 to 1499
- 3) More than 1500 per month

38.0 Automobile Maintenance

If you own an automobile, do you have regular maintenance performed such as checking the tires, oil etc.?

- 1) Not applicable
- 2) Yes
- 3) No

39.0 Fire Protection

Do you have a working fire extinguisher in your home?

- 1) Yes
- 2) No

Section H

Osteoporosis

40.0 Osteoporosis

Have you ever been diagnosed with or indicated that you were at risk for Osteoporosis?

- 1) Yes
- 2) No
- 3) Not applicable

MetabolicRx Therapy HEALTH RISK ANALYSIS

Section G

Lab Results

*** DO NOT COMPLETE THIS SECTION ***

BODY COMPOSITION: _____

CHOLESTEROL: _____ TRIGLYCERIDES: _____

HDL: _____ SYSTOLIC BP: _____

DIASTOLIC BP: _____ HEART RATE: _____

FASTING GLUCOSE: _____

Facilitator notes: _____

Name: _____ Date: _____