

8 Weeks To Wellness Health & Nutrition Survey -2021

Please complete this questionnaire by filling in the blanks and putting a tick in the box of the answer that best describes your **usual** habits.

Name: _____ Date: _____

Phone #: _____ E-mail: _____

Age: _____ Sex: Male: _____ Female: _____

Weight: _____ Height: _____ BMI _____ Waist _____

Blood Pressure: _____ Blood Sugar: _____ Blood Cholesterol: _____

Please check with you medical provider for the above blood screening.

Please tick only one box.

How often do you get at least 20-30 minutes of continuous exercise (to work up a sweat)?

Never or rarely: _____ Less than 1 time per week: _____ 1-time per week: _____

3 2-times per week ----- 4: 3-5 times per week: _____ 5 6 - or more times per week: _____

How often do you usually eat breakfast?

Never or rarely: _____ 1-3 times per month: _____ 1 time per week: _____

2-4 times per week _____ 5-6 times per week: _____ 5 Every day: _____

How much sleep do you usually get each night?

Less than 5 hours per night _____ 5- 6 hours per night: _____

7-8 hours per night: _____ More than 8 hours per night: _____

How often do you eat fruits of any kind?

Never or rarely: _____ 1-3 times per month: _____ 1 time per week: _____ 2-4 times per week _____

5-6 times per week: _____ 1 time per day 6: 2-3 times per day _____ 4 or more times per day: _____

How often do you eat vegetables of any kind?

Never or rarely: _____ 1-3 times per month: _____ 1 time per week: _____ 2-4 times per week: _____

5-6 times per week: _____ 1 time per day: _____ 2-3 times per day _____ 4 or more times per day: _____

About how much water do you usually drink per day?

Hardly ever: _____ 1-2 glasses per day: _____ 3-4 glasses per day: _____ 5-6 glasses per day: _____

How often do you drink alcoholic beverages: beer, wine, wine coolers, liquor?

Never: _____ rarely or 1-3 times per month: _____ 1 time per week: _____ 2- 4 times per week: _____

5 – 6 times per week 5: 1 time per day: _____ 2-3 times per day: _____ 4 or more times per day _____:

How often do you smoke cigarettes, pipes or cigars?

Never: _____ rarely or 1-3 times per month: _____ 1 time per week: _____ 2- 4 times per week: _____

5 – 6 times per week _____ 1 time per day: _____ 2-3 times per day: _____ 4 or more times per day _____

Thank you for filling out this questionnaire.