# Lifestyle Questionnaire

**Name:**

**1. Occupation:**

**2. How many hours on average do you work each week?**

**3. How do you spend the majority of your time at work?**

Standing / sitting / driving / active

**4. When you wake up are you:**

Tired and find it difficult to pull yourself out of bed or

Refreshed and ready to start the day

**5. Would you characterise your life as:**

highly stressful / moderately stressful / low in stress

**6. How would you consider your current body weight?**

Underweight / ideal / bit overweight / very overweight

**7. What does your typical day look like?**

Time you wake up:

Work times:

Evening activities:

Time you go to bed:

**8. How would you describe your current activity level:**

Sedentary / moderately active / active / highly active

**9. How would you rate your present level of fitness?**

Unfit / moderately fit / trained / highly trained

**10. Have you ever had a personal training session?**  YES NO

**11. Do you currently exercise?** YES NO

If none: any previous regular exercise?

**12. If you currently do NOT exercise, skip the following questions and go to question 20.**

**13. How long have you been training/exercising?**

A few weeks / a few months /

around a year / over a year

**14. How often do you train?**

Once a week / 2 x week / 3 x week / 4 x week /

5 x week / 6 x week / Every day

**15. What type of exercise do you do?**

**16. How long is each training session?**

1/2 hour / 1 hour / 1.5 hours / 2 hours / longer

**17. Where do you exercise?**

Gym / Home / Swimming pool / Other?

**18. What time of day do you normally train?**

Morning / afternoon / evening

**19. Do you participate in any particular sports?**

**20. What fitness equipment do you have access to?**

**21. How much time will you have to exercise each week?**

1 hour / 2 hours / 3 hours / 4 hours / more?

**22. What did/do you like the least about exercise?**

**23. What did/do you like about exercise?**

**24. How many meals do you eat each day?**

1 2 3 4 5 6

**25. Do you ever skip meals?, if so which ones and how regularly?** YES NO

**26. What time of the day do you usually eat your meals?**

Breakfast:

Snack:

Lunch:

Snack:

Evening:

Supper:

**27. How big would you say your meals were?**

Small medium large extra large

**28. Do you ever get hungry between meals?**

No / some / yes / extreme

**29. Do you take any supplements?** e.g. vitamins

**30. Are you currently on a diet?**

**31. How would you rate your current eating habits?**

Poor average good

**32. On average, how many portions of fruit and vegetables do you eat per day?**

Fruit: Vegetables:

**33. If you snack or have any weaknesses, what do you generally tend to eat/drink?**

**34. How many alcoholic units do you drink per week?** (1 unit = wine 1 glass, beer 1/2 pint)

**35. How much water do you drink each day?** (glasses/litres)

***For Instructor's use:***

*Controllable Dietary Health Risk Habits*

*Coffee YES NO*

*Fizzy drinks YES NO*

*Sugar YES NO*

*Alcohol YES NO*

*Chocolate YES NO*

*Salt YES NO*

*Red meats YES NO*

*Fried foods YES NO*

*Drugs YES NO*

*Tobacco YES NO*

*Dairy products YES NO*

*Low fibre intake YES NO*