

# Health & Lifestyle Questionnaire

Good morning/afternoon, can you spare me a few minutes for a survey on important health and lifestyle issues?

We are offering a free weight and body fat assessment too.

Great, thank you. Can I have your first name please? .....

My name is ..... (give them your name)

**1. How would you describe your lifestyle?**

Calm  Active  Stressed

That's interesting, what sort of work do you do?

**2. Do you believe there's a connection between the food you eat and the level of your health?** Yes  No  Not Sure

**3. Do you experience a loss of stamina or energy during the day?**

Yes  No  Occasionally

If yes, what time? .....

**4. Do you or anyone in your family have any of the following? (Who)**

High Blood pressure..... Digestive Problems.....

Heart disease..... Migraine.....

Diabetes..... Asthma.....

Cancer..... Allergies.....

High Cholesterol..... PMT challenges.....

Arthritis..... Skin Problems.....

Any other significant health issue?.....

**5. To be your preferred weight, would you like to :**

Lose weight  Gain weight  Stay the same

**6. How much weight would you like to lose..... / gain.....?**

**7. Do you know the importance of knowing your body fat content?**

Yes  No

**8. Level of exercise:** Athlete  Regular  Occasional  No

**9. Age:** Under 30years / Over 30 years

**10. Height:**..... Cm **Weight**.....kg **Body Fat**.....%

**11. Are you interested in learning about a nutritional programme to control your weight while still eating the foods you like, without feeling hungry?**

Yes  No

If yes, when would be the best time to call you?

Daytime  Evening  Phone number: .....

**12. Comments:** .....