

Lifestyle History

NUTRITION

How many ½ cup servings of the following do you generally have in a day?

Vegetables _____ Whole grains _____ Nuts _____

Fruits _____ Beans/legumes _____ Seeds _____

How many ½ cup servings of the following do you generally have in a day?

Sugar-sweetened beverages _____ Chocolate, candy, desserts, sweets _____

High-fat dairy products (ice-cream, cheese, butter) _____

Processed and packaged foods _____ Fried foods _____

Meat _____ fish _____ fowl _____ eggs _____

EXERCISE

On the average, how many days a week do you perform physical activity where your heart is beating faster and your breathing is harder? _____

What are the average total minutes of physical activity you perform on those days? _____

WATER

How many 8 oz glasses of water do you drink daily? _____

SUNLIGHT

How much time do you spend outdoors daily being exposed to the sun? _____

TEMPERANCE

How much tobacco (cigarettes, cigars, chewing, snuff, pipe, vaping) do you use daily? _____

How many years have you used tobacco? _____

How often do you have a drink containing alcohol? _____

How often do you have 5 or more drinks on one occasion? _____

How much caffeine (coffee, tea, caffeinated soft drinks) do you drink daily? _____

How often do you use recreational drugs? _____

AIR

How much time do you spend outdoors daily getting fresh air? _____

REST

How many hours of sleep do you normally get at night? _____

At what time do you normally go to sleep? _____

TRUST/SOCIAL NEEDS

How much time do you spend weekly in spiritual activities (attending church services, personal Bible study)?

How much time do you spend weekly on social activities (planned time with family/friends)? _____

Goals to implement at Ouachita Healthy Living

Do you have goals in mind as you come to Ouachita Healthy Living? We would like to help you achieve those goals. We believe your experience can be maximized as you give thought to such goals ahead of time. In each lifestyle category, we have listed some reasonable goals you may or may not choose. Mark through any you are not ready to tackle. We have also left space for you to write in your own goals. Items that are already part of your routine should not be written as goals. As you go through the program, you will learn the value of many lifestyle factors and will likely add to your goal list. This whole process allows you to better evaluate where you stand with regards to change you desire at this time.

To the right you will see the words "Readiness", "Importance", and "Confidence". For each goal, what is your readiness to take it on? the level of importance it has for you? and your level of confidence that the goal is reachable to you? On a scale of 1-10 with 10 being most ready, very important, and very confident, supply the correct number to reflect where you are at present.

NUTRITION

Readiness Importance Confidence

*1 Whole food plant-based diet

*2 Half the plate Fruits and vegetables

*3 Breakfast daily

*4 Eliminate sodas and snacks

*5 Lose weight

*6

*7

*8

EXERCISE

*1 Cardiovascular exercise 5 d/week

*2 Resistance exercise 2 d/week

*3 Stand up at least once every waking hour

*4

*5

WATER

*1 Drink 6 glasses/day

*2 Bathe daily

*3

*4

SUNLIGHT

*1 Get outside at least 30 minutes daily

*2

TEMPERANCE

*1 Eliminate tobacco

*2 Eliminate alcohol

*3 Balanced time management

*4

*5

AIR

*1 Practice deep diaphragmatic breathing 10X/day

*2

*3

REST

*1 Sleep 7-9 hours every night

*2 Go to bed at least 2 hours before midnight

*3

*4

TRUST/SOCIAL NEED

*1 Talk to a friend daily

*2 Hug each person in your home daily

*3 Spend 30 minutes alone with God daily

*4

*5

*6
