AMERICAN COLLEGE OF Lifestyle Medicine

LOMA LINDA UNIVERSITY HEALTH

Produced in collaboration with Loma Linda University

Lifestyle Assessment Short Form

OVERALL HEALTH

1. Please circle your current overall LEVEL of HEALTH.

0 (Very poor health) 1 2 3 4 5 6 7 8 9 10 (Excellent health)

SLEEP

2. OVER THE LAST TWO WEEKS, how many hours of sleep did you average in a 24-hour period?

a. Less than 4 hours
b. 4-5 hours
c. 6 hours
d. 7-8 hours
e. 9 or more hours

3. OVER THE LAST TWO WEEKS, how often did you feel tired or have difficulty staying awake during routine tasks in the day?

a. Not at all
b. Several days
c. More than half the days
d. Nearly every day

WEIGHT MANAGEMENT

4. What do you think about your current weight?

a. I want to gain a lot of weight
b. I want to gain a little weight
c. I am happy with my weight
d. I want to lose a little weight
e. I want to lose a lot weight

NUTRITION

5. OVER THE LAST TWO WEEKS, how often have you eaten fast food, sugary drinks (e.g., soda, sports drinks, juice) or packaged foods (e.g., chips, candy, crackers, cookies)?

a. Not at all
b. Several days
c. More than half the days
d. Nearly every day

6. ON AN AVERAGE DAY, how many servings of whole fruits and vegetables do you eat (1 serving is about a handful and does not include fruit juice)?

a. Less than 2 servings
b. 2-3 servings
c. 4-5 servings
d. More than 5 servings

EXERCISE

7. OVER THE LAST TWO WEEKS, how many days did you exercise at a moderate to strenuous intensity (e.g., brisk walking or enough movement to break a light sweat)?

a. Less than 1 time per **w**eek
b. 1-2 times per week
c. 3-4 times per week
d. 5 or more times per week

8. DURING AN AVERAGE SESSION, how many minutes do you exercise at a moderate to strenuous intensity (e.g., brisk walking or enough movement to break a light sweat)?

a. Less than 10 minutes
b. 10-29 minutes
c. 30-49 minutes
d. 50 minutes or more

Patient Name:_____ DOB: _____

PURPOSE & CONNECTION / MENTAL HEALTH

9. Over the past 2 weeks, how often have you…	Not at all	Several days	More than half the days	Nearly every day
a. Felt like your life had purpose or meaning?	3	2	1	0
b. Connected with any support network (e.g. community, spiritual, friends/family, nature, yoga, or meditation)?	3	2	1	0
c. Been bothered by little interest or pleasure in doing things?	0	1	2	3
d. Been bothered by feeling down, depressed or hopeless?	0	1	2	3
e. Been bothered by feeling nervous, anxious or on edge?	0	1	2	3
f. Been bothered by worrying too much about different things?	0	1	2	3

SMOKING/SUBSTANCE USE

Have you used any of the following substances in the past year?

10. NICOTINE (cigarettes, e-cigarettes/vaping, cigars) Yes No

If you marked "YES", how many cigarettes do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding nicotine? 0 (No Concern) 1 2 3 4 5 (High Concern)

11. ALCOHOL (beer, wine, liquor) Yes No

If you marked "YES", how much alcohol do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding your alcohol use? 0 (No Concern) 1 2 3 4 5 (High Concern)

12. RECREATIONAL DRUGS (cocaine, heroin, meth, etc.) Yes No

If you marked "YES", how much do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding your recreational drug use? 0 (No Concern) 1 2 3 4 5 (High Concern)

13. MARIJUANA Yes No

If you marked "YES", how much marijuana do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding your marijuana use? 0 (No Concern) 1 2 3 4 5 (High Concern)

MOTIVATION

14. Please rank the top THREE areas you are most motivated to change in order to improve your current overall LEVEL OF HEALTH (1 being most motivated).

Sleep _____ Weight Management _____ Nutrition _____

Exercise _____ Purpose & Connection _____ Mental Health _____

Substance Use _____

What motivates you to be healthier? _____

_____

_____

Patient Name:_____ DOB: _____