

Alliance Health Lifestyle Questionnaire 2015



Date: / / Name: _____ Signature: _____

Please complete this questionnaire selecting the most appropriate answer for each question.

PHYSICAL ACTIVITY: In the last 12 months, how frequently have you participated in some kind of physical exercise?

3 to 4 times a week 1 to 2 times a month 1 to 2 times a week Not at all

Which types of physical exercise do you enjoy?

STRESS: Please rate your stress level on a scale of 1 to 10, with 1 being very low stress and 10 being very high stress:

1 2 3 4 5 6 7 8 9 10

Do you take any medication for anxiety and/or depression?

CURRENT WEIGHT AND HEIGHT

Weight: _____ kgs Height: _____ cm BMI: _____ Frame Size: Large Medium Small Waist Size:

FITNESS: Please rate your current level of fitness on a scale of 1 to 10, with 1 being least fit and 10 most fit:

1 2 3 4 5 6 7 8 9 10

USE OF ALCOHOL: What is your average consumption of alcohol on a weekly basis? (drinks/number of units)

Non Drinker 1 to 4 5 - 8 9 - 12 More than 12

On how many days did you drink alcohol on a weekly basis (average over the last 3 months)

Non Drinker Two to three days
 Once Four to seven days

USE OF CIGARETTES

I have never smoked I quit smoking less than 10 years ago I smoke 5 to 10 cigarettes a day
 I quit smoking more than 10 years ago I smoke less than 5 cigarettes a day I smoke 11 to 20 cigarettes a day
 I smoke more than 20 a day

USE OF MEDICATION: How frequently do you use medication to calm your nerves, or to help you relax or to help you to sleep?

Never Rarely – a few times a year Sometimes (Monthly) On a weekly basis On a daily basis

WELLNESS TESTS: How often do you undergo a thorough physical examination?

Almost never Every few years Every 2 years Every year

Women

How often do you have a PAP smear?

Almost never Every 2 years
 Every few years Every year

How often do you have a mammogram?

Never Every few years Every year

How often do you examine your breasts for lumps?

Almost never Every few months Every month

Men

How often do you undergo a prostate test/examination?

Almost never Every year
 Every few years Every few months

How often do you examine your testicles for lumps?

Almost never Every few months Every month