

# 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