

NEWSTART Lifestyle Questionnaire Number: _____

Instructions: For each health indicator, check the box in the column that best describes you and then write in your score to the right. **Total your score.**



Health Indicators	Column A	Column B	Column C	Score
1. Body Weight. Your body mass index (BMI) value (see BMI chart). BMI _____ Wt. _____	<input type="checkbox"/> 0 BMI 30+	<input type="checkbox"/> 4 BMI 25-29.9	<input type="checkbox"/> 7 BMI <25	
2. Physical Activity. Number of days you get 30+ min of moderately vigorous physical activity?	<input type="checkbox"/> 0 No regular physical activity	<input type="checkbox"/> 4 2-3 days per week	<input type="checkbox"/> 9 4-7 days per week	
3. Water intake. Indicate cups per day.	<input type="checkbox"/> 0 1 or less cup/day	<input type="checkbox"/> 4 2 to 4 cups/day	<input type="checkbox"/> 9 5 + cups/day	
4. Smoking status, alcohol intake or the number of different medications taken every day. Indicate your present status.	<input type="checkbox"/> 0 Currently smoke or drink alcohol or 4 or more medications	<input type="checkbox"/> 4 Ex-smoker or 2 nd hand smoke or pipe, or ex-drinker or 3 or less medications	<input type="checkbox"/> 8 Non-smoker, non-drinker or zero medications	
5. Red or white meat. Food's high in fat, salt and/or sugar. Chicken, fish, hot dogs, pork, hamburger, whole milk, cake, pastries, ice cream, fried food, chips, cheese, soda etc.	<input type="checkbox"/> 0 Every day	<input type="checkbox"/> 4 1-3 times/month	<input type="checkbox"/> 8 Less than once per month or rarely	
6. Whole grains. Number of servings/day (1 serving = 1 slice whole wheat bread, ½ cup brown rice, whole wheat pasta or oatmeal)?	<input type="checkbox"/> 0 <1/day	<input type="checkbox"/> 5 1-2 servings/day	<input type="checkbox"/> 7 3+ servings/day	
7. Fruits and vegetables. Number of servings/day (1 serving = 1 med. Fruit, 1 C fresh, ½ C cooked, 6 oz juice)?	<input type="checkbox"/> 0 0-2 servings/day	<input type="checkbox"/> 5 3-5 servings/day	<input type="checkbox"/> 7 6-9+ servings/day	
8. Nuts, seeds and beans. Number of servings/week (1 serving = ¼ cup nuts or seeds, 2 T nut/seed butter; ½ cup beans)	<input type="checkbox"/> 0 0-2 servings/week	<input type="checkbox"/> 5 3-6 servings/week	<input type="checkbox"/> 9 7+ servings/week	
9. Happiness. All in all, how happy are you?	<input type="checkbox"/> 0 Not too happy, often feel sad	<input type="checkbox"/> 5 Pretty happy	<input type="checkbox"/> 7 Very happy and satisfied	
10. Sleep. How often do you get at least 7-8 hours of sleep daily?	<input type="checkbox"/> 0 Seldom, less than 3 days/week	<input type="checkbox"/> 4 Occasionally, 3-4 days/week	<input type="checkbox"/> 6 Most of the time, 5-7 days/week	
11. Social Support. How many do you meet? a) Married or have significant other. b) Make frequent contact with family/friends. c) Regularly attend a faith group or social club.	<input type="checkbox"/> 0 Meet 0-1 social criteria	<input type="checkbox"/> 5 Meet 2 social criteria	<input type="checkbox"/> 7 Meet all 3 social criteria	
12. Blood Pressure. What is your blood pressure number? _____/_____/_____	<input type="checkbox"/> 0 140/90+	<input type="checkbox"/> 5 120/80 to 139/89	<input type="checkbox"/> 9 Under 120/80	
13. Pulse Rate. What is your resting pulse rate? _____	<input type="checkbox"/> 0 80 +	<input type="checkbox"/> 4 66 to 79	<input type="checkbox"/> 9 65 or less	
14. Blood Sugar. What is your blood sugar number? _____	<input type="checkbox"/> 0 Fasting 126+ Non-Fast. >200	<input type="checkbox"/> 3 Fasting 100-125 Non-Fast. 140-200	<input type="checkbox"/> 9 Fasting 70-99 Non-Fast. 70-140	

Evaluation: Mark your lifestyle scores as 'X' on the line below. Record your total **Lifestyle Score** _____
The higher your score, the healthier your lifestyle. If your score is less than doing well, begin a lifestyle improvement plan by addressing the health indicators with check marks in columns A and B. **Your goal is a score of doing well or excellent with most check marks in column C.**

