GOLDEN SUNRISE NUTRACEUTICAL, INC.
219 North E Street * PORTERVILLE, CA 93257
Phone No.: 1.559.781.0658 Fax No.: 1.559.615.1268

LIFESTYLE ASSESSMENT FORM

Name: _____

Date: _____ Age: _____ Sex: _____

Please answer each of the following questions. Please use the back of the page for additional space.

What is your purpose in coming here today?

_____

What are your main health concerns / complaints?

_____

_____

Have you ever been diagnosed with an ailment related to your main health concern(s)?

_____

Any trauma or loss in the last five (5) years? _____
What level of stress do you are experiencing at this time?
Minimal ☐ Average ☐ Considerable ☐ Unbearable ☐

What are the major causes or factors of your stress? (check all that apply)
☐ Financial ☐ Career ☐ Personal ☐ Marriage ☐ Health
☐ Family ☐ Spiritual ☐ Unfulfilled Expectation
☐ Other (please elaborate) _____

How does your stress manifest itself? _____

_____

Do you use any coping mechanisms? _____

What do you do for exercise? (indicate type, frequency and time) _____

_____

How many hours on average do you sleep daily? (include naps) _____

What time do you go to sleep? _____ Awaken? _____
Do you awaken feeling rested? Yes ☐ No ☐

What is your occupation? _____
Do you enjoy your work? Yes ☐ No ☐ Sometimes ☐
How many hours each day do you work? _____
At what times do you start and end work? _____

Do you smoke? Yes ☐ No ☐ If yes, how much and for how long? _____
If no, does anyone in your household or workplace smoke? Yes ☐ No ☐
Do you wish to gain weight? ☐ Lose weight? ☐ How much? ☐
How many hours do you spend daily, on average:
Driving _____ Watching television _____ Reading _____ In front of computer _____
What are your interest and hobbies? _____

_____

For office use only: