

## GOLDEN SUNRISE NUTRACEUTICAL, INC.

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## **LIFESTYLE ASSESSMENT FORM**

Name:	
Date:Age:	Sex:
Please answer each of the following questions. Please use the back of the page for a	additional space.
What is your purpose in coming here today?	
What are your main health concerns / complaints?	For office use only:
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 $\square$ Average $\square$ Considerable $\square$ Unbearable $\square$	
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 \( \Bar{\sqrt{1}} \) No \( \Bar{\sqrt{2}} \)	
What is your occupation?	
Do you smoke? Yes \( \subseteq \text{No} \subseteq \text{ If yes, how much and for how long?} \)  If no, does anyone in your household or workplace smoke? Yes \( \subseteq \text{ No} \subseteq \text{No} \subseteq \text{Do you wish to gain weight?} \subseteq \text{ Lose weight?} \subseteq \text{ How much?} \subseteq \text{How many hours do you spend daily, on average:} \)  Driving \( \subseteq \text{ Watching television} \subseteq \text{ Reading} \subseteq \text{ In front of comput What are your interest and hobbies?} \)	er