

LIFESTYLE QUESTIONNAIRE

Question	Response
What do you do for work?	
How many hours of sleep do you get a night?	
How would you describe your diet?	
How do you deal with stress?	
Do you drink caffeinated beverages? How much?	
How much water do you drink per day?	
Do you drink alcohol? How much?	
Do you use illicit drugs? What type?	
Do you smoke? How much?	
How often do you exercise?	
How would you describe your current health?	
When was the last time you had lab work and were there any labs you were concerned with?	

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Have you had your blood sugar checked?	
Have you had your cholesterol checked?	
Any major surgeries?	
How would you describe your relationship with your doctors? Are you comfortable telling them about your concerns?	
Who accompanies you to appointments and helps with medications?	