

# Life Habits



Name \_\_\_\_\_  
Date \_\_\_\_\_

1310 East Highway 96, #206  
White Bear Lake, MN 55110  
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Please check (X) all those that presently apply (last three months).

## Dietary Consumption: (Food)

You make a conscious effort to eat which of the following:

- fruits
- vegetables
- whole grains
- nuts and seeds
- legumes
- fresh, deep water fish
- free range meat and poultry
- none of the above

## Dietary Consumption: (Liquid)

Presently, you drink:

- |                            | <u>Amount:</u>   |
|----------------------------|------------------|
| municipal/city water       | _____ cups / day |
| well water                 | _____ cups / day |
| purified / distilled water | _____ cups / day |
| spring water               | _____ cups / day |
| carbonated water           | _____ cups / day |
| fruit juice                | _____ cups / day |
| vegetable juice            | _____ cups / day |
| soda pop                   | _____ cups / day |
| tea                        | _____ cups / day |
| coffee                     | _____ cups / day |
| milk                       | _____ cups / day |
| wine                       | _____            |
| beer                       | _____            |
| hard liquor                | _____            |
| other                      | _____            |

Do you need help acquiring a water purification system?  
yes \_\_\_\_\_  
no \_\_\_\_\_

## Rest:

You presently (on the average):

- go to bed at: \_\_\_\_\_ A.M. P.M.  
wake up at: \_\_\_\_\_ A.M. P.M.  
sleep: \_\_\_\_\_ hours / night  
nap: \_\_\_\_\_ hours / day

The quality of your sleep is:

- awful
- poor
- fair
- good
- excellent

## Air Quality / Sunlight:

Do you live in the:

- city
- suburb
- country

How much time do you spend outside?

- \_\_\_\_\_ per day  
\_\_\_\_\_ per week

Do you have an air purification system at home?

- yes \_\_\_\_\_
- no \_\_\_\_\_

Do you have an air purification system at work?

- yes \_\_\_\_\_
- no \_\_\_\_\_

Do you need help acquiring an air purification system?

- yes \_\_\_\_\_
- no \_\_\_\_\_

## Exercise:

You are presently exercising?    yes            no            sporadically

If you are exercising, please complete the following.

	<b>Frequency:</b>	<b>Duration:</b>	<b>Intensity:</b>		
walking	_____ miles/time	_____ X / month	light	moderate	heavy
running	_____ miles/time	_____ X / month	light	moderate	heavy
biking	_____ miles/time	_____ X / month	light	moderate	heavy
swimming	_____ minutes/time	_____ X / month	light	moderate	heavy
elliptical	_____ minutes/time	_____ X / month	light	moderate	heavy
stair climbing	_____ minutes/time	_____ X / month	light	moderate	heavy
weight lifting	_____ minutes/time	_____ X / month	light	moderate	heavy
aerobics	_____ minutes/time	_____ X / month	light	moderate	heavy
other:					
	_____ minutes/time	_____ X / month	light	moderate	heavy
	_____ minutes/time	_____ X / month	light	moderate	heavy

