HEALTH BEHAVIOR ASSESSMENT

Please read the following questions, and check the best answer.
Your input is valuable as it will assist us in providing you with the best possible care today.

1. If you exercise less than 30 minutes each day, 5 times per week, are you interested in setting goals to increase your physical activity level?
    - o Yes
    - o No
    - o I currently exercise at that level or above.

2. If you participate in strength training less than 2 days per week, are you interested in setting goals to increase your strength training activity level?
    - o Yes
    - o No
    - o I currently exercise at that level or above.

3. If you eat less than 5 fruits and vegetable per day, are you interested in setting goals to increase your daily intake of fruits and vegetables?
    - o Yes
    - o No
    - o I currently eat 5 or more fruits and vegetables daily.

4. If the fats you eat daily make up more than 30% of your total daily diet, are you interested in setting goals to decrease your daily intake of fat?
    - o Yes
    - o No
    - o I do not know what my daily fat intake is.
    - o My daily fat intake is less than 30% of my daily intake.

5. If you routinely eat more than 3-4 ounces of meat (size of a deck of cards) during a meal, are you interested in setting goals regarding healthy food serving sizes (portion control)?
    - o Yes
    - o No
    - o I currently eat my food in healthy serving sizes.

6. If you use tobacco products, are you interested in setting goals to decrease your tobacco use?
    - o Yes
    - o No
    - o I do not use tobacco products.

7. If you are exposed to second-hand smoke, are you interested in setting goals to decrease your second-hand smoke exposure?
    - o Yes
    - o No
    - o I am not exposed to second-hand smoke.

8. If you are male and drink more than 4 alcoholic drinks per occasion or 14 drinks per week, or female and drink more than 3 alcoholic drinks per occasion or 7 drinks per week, are you interested in setting goals to decrease your alcohol use?
    - o Yes
    - o No
    - o I do not drink alcohol products.
    - o I drink within these limits.

Thank you for completing this assessment. Please bring this with you to give to the staff during your visit.