



Patient Lifestyle Evaluation

Description of typical foods:

Breakfast:

Lunch:

Dinner:

Snacks:

Beverages:

How many times per week do you fast food or take out?

How many times a week do you eat meals with your family?

How many times a week do you exercise?

What type of exercise?

Times per week?

How many hours a day do you spend watching television or on the computer or playing video games?

What do you feel that you need to change to live a healthier lifestyle?

Are there currently any unusual stressors in your life that may affect your ability to commit to a healthy lifestyle plan?

What are the biggest challenges that you see in trying to live a healthier lifestyle?

What do you hope to accomplish by participating in Operation Get Fit?