

Healthy Connections Client Profile

Personal Information – Eating Habits (Confidential)

<p>1. What times do you usually eat?</p> <p><input type="checkbox"/> 6-8 a.m. <input type="checkbox"/> 3-6 p.m.</p> <p><input type="checkbox"/> 8-10 a.m. <input type="checkbox"/> 6-8 p.m.</p> <p><input type="checkbox"/> 10-noon <input type="checkbox"/> 9-Midnight</p> <p><input type="checkbox"/> Noon-3 p.m. <input type="checkbox"/> Midnight-5 a.m</p> <p>2. When are you hungry?</p> <p><input type="checkbox"/> Morning <input type="checkbox"/> Mid-afternoon</p> <p><input type="checkbox"/> Mid-Morning <input type="checkbox"/> Evening</p> <p><input type="checkbox"/> Noon <input type="checkbox"/> Late Evening</p> <p>3. How often do you eat out?</p> <p><input type="checkbox"/> 1-2 times/week <input type="checkbox"/> 3-4 times/week</p> <p><input type="checkbox"/> 5-6 times/week <input type="checkbox"/> Every day</p> <p>4. What beverages do you drink? How many?</p> <p><input type="checkbox"/> Coffee _____ <input type="checkbox"/> Alcohol _____</p> <p><input type="checkbox"/> Tea _____ <input type="checkbox"/> Water _____</p> <p><input type="checkbox"/> Soft Drinks _____ <input type="checkbox"/> Other _____</p> <p>5. What kind of foods do you enjoy eating?</p> <p><input type="checkbox"/> Sweets/desserts <input type="checkbox"/> Fresh Fruit</p> <p><input type="checkbox"/> Ice Cream/Frozen Yogurt <input type="checkbox"/> Bread/crackers</p> <p><input type="checkbox"/> Cheese/spreads/dips <input type="checkbox"/> Pretzels/chips</p> <p><input type="checkbox"/> Fresh vegetables <input type="checkbox"/> Peanut Butter</p> <p><input type="checkbox"/> Nuts/candy <input type="checkbox"/> Pasta/Pizza</p> <p><input type="checkbox"/> Fast Foods <input type="checkbox"/> Meats/Fish</p> <p>6. My least favorite foods are:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(a) Any food allergies? _____</p> <p>_____</p> <p>_____</p>	<p>7. I eat when I am down or depressed. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>8. I crave sweets when I am "down." <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>9. Eating seems to make me feel better. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>10. I drink alcohol or eat to pick me up. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>11. My life feels out of control most of the time. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>12. I have prescribed medication for depression. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>13. I eat to handle the pressures in my life. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>14. I eat when I am anxious or nervous. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>15. I eat more when I am stressed. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>16. I eat more when I am sad. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>17. I weigh myself everyday. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>18. I get excited when my weight is down. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>19. I get depressed when my weight is up. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>20. At times my eating is totally out of control. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>21. Do you start snacking right after a meal? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>22. Do you add salt to your food while cooking? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>23. I primarily (<input type="checkbox"/> bake <input type="checkbox"/> fry <input type="checkbox"/> broil) meats?</p> <p>24. When you eat at home, who usually does the cooking?</p> <p>25. How many do you cook for?</p>
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Personal Information – Physical Activity

<p>1. More than 25% of my time at home or at work is: (check all that apply) <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Lifting <input type="checkbox"/> Walking <input type="checkbox"/> Driving</p>	
<p>2. How often a week do you exercise? Duration?: _____</p> <p><input type="checkbox"/> Every day <input type="checkbox"/> 2-3 times/week</p> <p><input type="checkbox"/> 4-5 times/week <input type="checkbox"/> Never</p> <p>3. What type(s) of exercise do you do?</p> <p><input type="checkbox"/> Walking/Jogging <input type="checkbox"/> Aerobics/Step Aerobics</p> <p><input type="checkbox"/> Weight Training <input type="checkbox"/> Other:</p> <p>4. I like exercise that gets my heart pumping.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. I like to exercise. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. I can briskly walk 4 miles without fatigue. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. I belong to a club where I can workout. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. I like to be an active participant in social activities. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. I watch TV or read more than 30 hrs/wk. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>