

Patient Lifestyle Assessment

Name:

Date:

We appreciate your effort in answering these questions as the information given will help me understand you and your lifestyle.

*****Completed forms are to be received before your next naturopathic appointment**

1a) How would you complete this statement: *"Being healthy means..."*

b) Please list your goals, from most important:

2) Please describe a typical day in your life:

Occupation

3) Position:

How long have you been at this job?

Please describe your job:

4) Company:

Please indicate from 1-5 (5 being the most), how much you agree with each statement regarding your job

- | | |
|--|---|
| 1) I enjoy my job _____ | 4) My job is stressful _____ |
| 2) I get along with co-workers/ boss _____ | 5) My job interferes with my family and social life _____ |
| 3) My job helps me reach my potentials _____ | |

Additional comments:

Family

5) Marital status (check one)

- | | |
|---|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single but in a committed relationship |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Single and not currently in a committed relationship |
| <input type="checkbox"/> Widowed | |
| <input type="checkbox"/> Common law partner | |

6) Do you have any children or dependents? Yes No
If yes, how many and what are their ages?

7) How would you describe your home life?

8) Please indicate from 1-5 (5 being the most), how much you agree with each statement regarding your thoughts about your family and close relationships

- 1) I spend enough time with my family _____
- 2) I spend enough time with my friends _____
- 3) I receive enough support and love from my relationships _____
- 4) I am able to be myself in my relationships _____
- 5) I have relationships that are strained/ difficult _____

Additional comments:

Social

9a) Outside of work and daily responsibilities, what do you do in your free time (hobbies, creative outlets etc)?

10) How much time, on average, do you spend on hobbies or interests, or have personal time per week?

Is this enough?

Additional comments:

Emotional

11) How would you complete this statement: "*Being emotionally healthy means...*"

12a) How would you describe your personality?

12b) How would others describe you?

13) Explain how you express yourself (anger, happiness, grief etc)? (eg. I will confront someone if I am angry, I will eat chocolate when I am feeling low, I tend to worry etc)

Spiritual

- 14) What does the term "spiritual" mean to you?
- 15) How important is spirituality in your life (however it is understood by *you*)?
- 16) Do you belong to/ follow a particular religion or faith? If so, which one?

Environment**Home**

- 17) What type of building do you live in? How old is it? How is it heated?
- 18) Have you had any recent renovations/ new carpet/furniture? If yes, when?
- 19) Have you ever seen mold/ mildew on the walls (bathroom, basement etc)?
- Do you have any pets?
- 20) Do you use/ are exposed to any of the following:
- Carbon monoxide detector (use)
 - Lawn fertilizer/ pesticide use
 - Pool chemicals
 - Ammonia (glass cleaner), bleaches, and other strong smelling cleaning products
 - Dry cleaned clothes
 - Hair dyes/ nail polish or artificial nails
 - Tanning beds
 - Air fresheners, incense, candles
 - Plastic wrap/ bottles/ containers
 - Microwave oven
- 21) Briefly describe the physical features of your neighbourhood (eg. There is a park, highway nearby etc)
- 22) Is your home near any significant source of pollution/ electrical stations and high power lines/ airport/ golf course/ sanitation treatment facility etc?

Work

- 23) What type of building do you work in?
- 24) How old is it? 25) How is it heated/ cooled?
- 26) Have there been any recent renovations? If yes, when?
- 27) How do you usually travel to work?
- 28) Are you exposed to any pollutants/ chemicals/ radiation/ other hazards at work (includes regular use of photocopier, printers, cleaning materials, new carpet, poor ventilation etc) ?
- 29) Does your workplace enforce employee safety?
 Support employee health programs?
 Support employee work incentives?

Stress

What are your main sources of stress? _____

How do you deal with stress?

Future

30) How would you rate your health today? Excellent very good ok fair poor

31a) How much control do you feel you have over your health? (1–100%, 100%=complete control) _____%

b) With regards to you goals (question 1) and your health rating, what are the biggest obstacles in achieving your goals and attaining excellent health?

c) What is your biggest health fear(s)?

d) What motivates you to change?

32) What are you willing to do to make lasting health changes?

Additional comments:

Thank-you for your co-operation and participation! I welcome any questions that you may have. We look forward to your scheduled appointment.

Yours in health,

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