

Lifestyle Medicine Assessment

For each item, think about the last seven days and answer 'Yes' or 'No' if you...

| 1 | Felt your life had a sense of purpose | \bigcirc Yes | \bigcirc No |
|----|---|----------------|---------------|
| 2 | Used olive oil as your primary oil or used no oil when cooking | \bigcirc Yes | \bigcirc No |
| 3 | Engaged in two or more spiritual or religious practices (e.g., meditation, prayer, church services, etc.) | ⊖ Yes | ○ No |
| 4 | Felt that you were able to manage and deal with stressors effectively most days | \bigcirc Yes | \bigcirc No |
| 5 | Interacted with one or more club(s) or organization(s) (e.g., athletic, community, school group, etc.) | \bigcirc Yes | ○ No |
| 6 | Smoked, vaped, or used tobacco/e-cigarette | \bigcirc Yes | \bigcirc No |
| 7 | Visited or spoke to a close friend or family member on three or more separate occasions | \bigcirc Yes | \bigcirc No |
| 8 | Woke up feeling refreshed and rested on most days | ⊖ Yes | ○ No |
| 9 | Spent at least two hours in nature (approximately 20 minutes daily) | \bigcirc Yes | ○ No |
| 10 | Felt you had enough time to take care of yourself most days | \bigcirc Yes | ○ No |

For each item, think about the last seven days and provide your best estimate for each:

| | | | | | | | | less than 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ |
|----------------------|----------------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-------------------------|-----------|----------------|---------|---|-----------|---|---------|---|-----------|---|-----------------|-----|
| 11 | Total num | nber of sit-de | own or take | out restaura | nt meals | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | | nber of resis hups, squat | | ng workouts tc.) | performed | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | | | | s consumed tea, soda, sp | | etc.) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Highest n | umber of al | coholic drin | ks consume | d on any sin | gle day | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | | | | acks per day andy, protein | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Average I | number of h | ours slept p | er night | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Average I | number of d | aily serving | s of fruit | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Average I | number of h | ours spent s | sitting each o | day | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Average i consume | number of a d (select les | Icoholic drir s than one | iks consume if you did no | d on days a t drink any a | llcohol was alcohol) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Average I | number of d | aily serving | s of vegetab | les | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Total amo | ount of card | iorespiratory | / exercise du | iring the we | ek (e.g., bris | sk walł | k, jog, e | etc.) | | | | | | | | | |
| less than 30 minutes | | 30 minutes | 45 minutes | 1 hour | 1.5 hour | 2 hours | 2.5 hours | | 3 hours | | 3.5 hours | | 4 hours | | 4.5 hours | | 5 or more hours | |
| | 0 | 0 | 0 | 0 | 0 | 0 | C |) | 0 | | 0 | | 0 | | 0 | | 0 | |

Table 1 scoring:

Add 2 points for every 'yes' answer, with the following exceptions:

- #6: Add an additional 4 points (6 total) if you did not smoke, vape, or use tobacco/e-cigarettes
- #10: Add only 1 point if you felt you had enough time to take care of yourself most days
- #2: Add only 1 point if you used olive oil as your primary oil or used no oil when cooking

Table 2 scoring:

• #11: Add 1 point if you ate fewer than four meals at a sit-down or take-out restaurant

Add 2 points:

- #12: if you performed two or more resistance training workouts (e.g., pushups, squats, etc.)
 - Only 1 point if you performed one resistance training workout
- #13: if you consumed one or fewer sweetened drink per week (e.g., juice, sweeteners in coffee or tea, soda, sports drinks, etc.)
- #14: if you consumed three or fewer alcoholic drinks on any single day (four or fewer alcoholic drinks per day if male)
- #15: if you consumed one or fewer packaged snack per day (e.g., chips, crackers, cookies, protein bars, candy, etc.)
- #17: if you consumed two or more servings of fruit daily
 - Only 1 point if one serving of fruit was consumed daily
- #19: if you consumed one or fewer alcoholic drinks per day (two or fewer alcoholic drinks per day if male) or did not consume alcohol
- #20: if you consumed three or more servings of vegetables daily
 - Only 1 point if one serving of vegetable was consumed daily

#16: Average number of hours slept per night

Get 5 points if you slept eight hours or more on average per night

Get 3 points if you slept seven hours or more, but fewer than eight hours on average per night

#18: Average number of hours spent sitting

Get 3 points if you sit fewer than six hours on average per day

Get 1 point if you sit six hours or more, but fewer than eight hours on average per day

#21: Total amount of cardiorespiratory exercise (e.g., brisk walk, jog, etc.) per week

Get 5 points if you performed two and a half hours or more of cardiorespiratory exercise

Get 4 points if you performed two hours of cardiorespiratory exercise

Get 3 points if you performed one and a half hours of cardiorespiratory exercise

Get 2 points if you performed one hour of cardiorespiratory exercise

Get 1 point if you performed 30 minutes of cardiorespiratory exercise

Domain totals (maximum of 10 points per domain)

| Connection points: sum item numbers: 1, 3, 5, 7, 9 | |
|---|--|
| Movement points: sum item numbers: 12, 18, 21 | |
| Substance use points: sum item numbers: 6, 14, 19 | |
| Recovery points: sum item numbers: 4, 8, 10, 16 | |
| Nutrition points: sum item numbers: 2, 11, 13, 15, 17, 20 | |

Lifestyle score equals the sum of all five domains (50 points total):

| Overall Lifestyle Score Interpretation | | | | | | | |
|--|----------------|----------------------------|--|--|--|--|--|
| | Interpretation | Overall Lifestyle Score | | | | | |
| This is an opportune time to work with your provider to help you adopt habits that will significantly improve your health. | Below Average | 0-20 | | | | | |
| You have some great health habits, though there is ample opportunity to improve your health and decrease your disease risk. | Average | 21-30 | | | | | |
| You have many healthy habits, though there are a few areas that you should assess your habits in to see if you can improve them. | Very Good | 31-40 | | | | | |
| You're doing great, though there are a few minor tweaks to your lifestyle you can make that will lead to better overall health. | Excellent | 41-50 | | | | | |

Used with permission from: Frates B, Bonnet JP, Joseph R, Peterson JA. The Lifestyle Medicine Handbook: An Introduction to the Power of Healthy Habits. 2nd ed. Monterey, CA: Healthy Learning; 2020. COM21010015