



PATIENT LIFESTYLE QUESTIONNAIRE

Answer the following questions about you

1 What time do you go to bed? How many hours do you usually sleep?

I sleep about 4 hours a day. Normally I go to bed around 2:30 am.

2 What do you usually have for breakfast?

I have one large meal a day.

3 Do you do exercise every day? What do you do?

I don't really do exercise.

4 Do you eat fruits and vegetables? What do you eat every day?

I eat lots of vegetables.

5 How many hours do you spend watching TV / videos?

I watch the news all day long.

6 Do you smoke? If yes, how often do you smoke?

I don't smoke.

7 Do you consume alcohol? If yes, how often do you drink alcohol?

A glass of wine twice a day.

8 How much water do you drink every day?

I keep forgetting to drink water.

9 How often do you eat fast food?

The fast food restaurant is next to my house, so I keep ordering food.

10 How many hours a day do you remain sitting at work and home?

I'm retired I stay at home.