

## What is Your HEALTH STATUS?

This form will help your doctor understand your *current level* of physical activity, nutrition habits, and tobacco use. Please read the entire form and then choose the **ONE number in each section** that best describes your *current level* of physical activity, nutritional habits and tobacco usage.

### CURRENT PHYSICAL ACTIVITY

#### PHYSICAL ACTIVITY

“Regular physical activity” includes all movements in everyday life, including work, recreation, exercise, and sporting activities. Examples of moderate-intensity physical activity include brisk walking, gardening, slow cycling, dancing, doubles tennis, or hard work around the house.

Do you participate in moderate-level physical activity (based on the definition to the left) for an accumulated 30 minutes most days of the week?

Circle one number only

- 1 Yes, I do and I have been for more than 6 months.
- 2 I try to but I don't always do it.
- 3 No, but I intend to in the near future.
- 4 No, and I do NOT intend to start any time in the near future.

#### NUTRITION

This section refers to raw, frozen, canned, dried, and cooked fruits and vegetables and 100% juices. They can be eaten either by themselves or as part of a mixed dish, such as a soup or casserole. Do not count fried vegetables, such as chips and French fries. Do not count beverages unless they are 100% juice. A serving is: ½ cup cooked or raw vegetables, ½ cup canned, cooked, or dried fruit, 1 cup leafy raw vegetables, ¾ cup juice, 1 piece of fruit such as a medium apple, banana or orange or ½ cup dried fruit.

### CURRENT FRUIT AND VEGETABLE INTAKE

Do you eat 5 or more servings of fruits and vegetables (based on the definition to the left) each day?

Circle one number only

- 1 Yes, I do and I have been for more than 6 months.
- 2 I try to but I don't always do it.
- 3 No, but I intend to in the near future.
- 4 No, and I do NOT intend to start any time in the near future.

#### TOBACCO

Tobacco use refers to *any* smokeless or smoked tobacco. Please mark any of the tobacco products you use below.

- cigarettes
- dip or chewing tobacco
- cigars
- pipe

### CURRENT TOBACCO USE

Do you use any tobacco products?

Circle one number only

- 1 I do not use tobacco products.
- 2 I use tobacco products but I have cut back.
- 3 I intend to quit in the near future.
- 4 I do NOT intend to quit in the near future.

**CLINICIAN'S NOTES** (FOR OFFICE PERSONNEL ONLY. DO NOT WRITE IN THE BOX BELOW.)