

OptiHealth Baseline Assessment

To participate in the OptiHealth TLC Research Project and receive free Lifestyle Medicine Support Services, simply complete the form below. A certified OptiHealth Lifestyle Researcher will contact you by email with instructions for scheduling your free follow-up services.

Name: _____ Date: _____

Email: _____ Phone #: _____ City: _____

Health Knowledge: (Mark all that apply.)

- I haven't really considered how my lifestyle might impact my health and future.
- I am health-conscious and understand that good health is largely determined by a healthy lifestyle.
- I am a self-educated health and fitness enthusiast.
- I am a health/fitness student.
- I am a fitness professional.
- I am a health professional (other than an MD).
- I am a medical doctor.

Health Behavior: (Mark all that apply.)

- I rarely attempt lifestyle changes for health reasons.
- I struggle in my efforts to develop a healthier lifestyle.
- I readily adopt healthier habits whenever I learn about them.
- I find general health information confusing, contradictory, unreliable, or unhelpful in real-life.
- I would appreciate PERSONAL assistance in making therapeutic lifestyle changes.

Age: _____ Gender: _____ Height: _____ ft _____ in Weight: _____ lbs

Which of the following medical conditions are of concern to you? (Mark all that apply.)

- Cancer
- Type 2 Diabetes
- Chronic Pain
- High Blood Sugar
- Overweight / Obesity
- None of the above
- Heart Disease
- Metabolic Syndrome
- High Blood Pressure
- High Cholesterol
- Deconditioning
- Other, specify: _____

Do you eat a MODERATE amount of meat, poultry, fish, dairy, eggs, oil, processed carbs (bread, pasta, cereal) for almost every meal, plus OCCASIONAL sweet or salty snacks (pastries, candy, chips, crackers, sugary drinks)? (Select One.)

- Yes, that is what I eat, but not necessarily so moderate.
- Yes, that is my typical diet.
- Yes, somewhat, but I also eat lots of fresh fruit, vegetables, and whole grains.
- No, not really. I try to limit my consumption of meat, dairy, oils, sweets, and salt.
- No, not at all. I choose mostly whole, plant-based foods for nearly every meal, and I avoid unhealthy snacks.

On average over the past 3 months, on how many days per week do you exercise? _____ days/week

On days that you exercise, for how many minutes (cumulative) do you exercise? _____ minutes/day

Are you currently dealing with a personal issue that would significantly interfere with a therapeutic lifestyle change effort? Yes Maybe No

Which free or low-cost lifestyle medicine support services listed below do you believe might be helpful to YOU for achieving your health goals? (Mark all that apply.)

- Seminars on a variety of Health & Fitness topics
- Exercise Program
- Support Group for Therapeutic Lifestyle Change
- Grocery Shopping & Cooking Demonstrations
- Personal Health Coach
- Disease Self-Management Training
- Other, specify: _____
- Group Recreational Activities
- Personal Fitness Training
- Nutrition & Meal Planning Classes
- Health Eating-Out Demonstrations
- Weight-Loss Counseling
- None of the above

Which of our 3 Free OptiHealth Assessments are you willing to participate? (Mark all that apply.)

- Personal Lifestyle Risk Assessment (15 minute interview)
- Personal Fitness Assessment (15 minute interview, plus 15 minutes of moderate fitness testing)
- Personal Nutrition Assessment (15 minute interview)

Certified OptiHealth Community Advocate:

Thank you for participating in our Research Project.