

CONSCIOUS HEALTHY LIFESTYLE PACK (CHLP) HEALTH ASSESSMENT FORM p1/2

Have you watched the documentary “Forks Over Knives” (available Netflix)?

Yes Please complete the Form and email it to greenstuffnutrition@gmail.com

No For your CHLP, please watch “Forks Over Knives” prior to submitting this Form. If you do not have access to the film on Netflix or at www.forksoverknives.com/the-film, please email info@ofelia.com.au with your postal address and a DVD will be posted to you. Please return the DVD to Emma Strutt in your consultation.)

Name: _____ DOB (Day-Month-Year) _____
Occupation: _____ Mob: _____ Email: _____
Address: _____

Nutrition:

1. How many serves of fruit do you usually eat in a day, including fresh, canned and dried fruit?

(One serve of fruit is 1 medium apple, banana, orange or pear. 2 small apricots, kiwi fruits or plums. 1 cup diced or canned fruit)

- a) none
- b) one
- c) two or more

2. How many serves of salad & vegetables do you usually eat in a day, including raw and cooked vegetables?

(One serve of salad/vegetables is ½ cup cooked green or orange vegetables. ½ cup cooked dried or canned beans, peas or lentils. 1 cup green leafy or raw salad)

- a) none
- b) between one - two
- c) three to four
- d) five or more

3. How many snack foods – such as chips, chocolate or cake – do you usually eat in a day?

- a) three or more a day
- b) one to two a day
- c) none

4. How many sugary drinks do you usually drink in a day, including cordial, fizzy drinks and fruit juice?

- a) two or more a day
- b) one to two a day
- c) none

5. How many days of the week do you normally eat breakfast?

- a) every day
- b) 4-6 times
- c) 1-3 times
- d) never

6. How many times per week would you eat a take away meal?

- a) every day
- b) 4-6 times
- c) 1-3 times
- d) never

7. Do you skip meals?

- a) almost every day
- b) often
- c) sometimes
- d) never or rarely

8. How would you describe your appetite?

- a) poor
- b) fair
- c) good
- d) very good

9. Who usually prepares your meals?

- a) I do
- b) my parent/guardian/other person
- c) I usually buy pre-made or convenience food

**CONSCIOUS HEALTHY LIFESTYLE PACK (CHLP)
HEALTH ASSESSMENT FORM p2/2**

Physical Activity:

1. How much moderate (breathing quicker than normal) or vigorous (huffing and puffing) exercise do you usually do in a day?

- a) 0 - 30 minutes
- b) 30 - 60 minutes
- c) 60 minutes or more

2. How often do you walk, cycle, skateboard or ride a scooter to school?

- a) never
- b) sometimes
- c) most days

3. How often do you spend time doing active things with your family (like playing at home, walking the dog, cycling or swimming)?

- a) never
- b) once or twice a week or less
- c) more than twice a week

4. How much time do you usually spend watching TV, playing computer games, reading or doing homework?

- a) more than two hours a day
- b) between one and two hours a day
- c) no more than one hour a day

General Health:

1. In the last few months have you had a cold, runny nose, sore throat or the flu?

- a) yes
- b) no

2. In the last few months have you had a lot of energy?

- a) never
- b) a little of the time
- c) some of the time
- d) most of the time
- e) always

3. Do you, or does anyone in your family have any of the following?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diverticular Disease | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Neuromuscular Disease |
| <input type="checkbox"/> Cancer/Tumour | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> IBD/Crohn's | <input type="checkbox"/> Stomach Ulcers |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Stroke/s |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Kidney or Liver Disease | |
| <input type="checkbox"/> Other medical condition/s not listed. Please provide details: | | | |

Thank you for completing your **Health Assessment Form** commencing your **Conscious Healthy Lifestyle :-D**

Please email the completed Form to Emma Strutt at

[**greenstuffnutrition@gmail.com**](mailto:greenstuffnutrition@gmail.com)

and your CHLP will be organised.

<http://ofelia.com.au/conscious-healthy-lifestyle-pack/>