

Name _____ Date _____

Life Style Survey

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On a scale from 0 to 5, with 5 being the BEST and 0 being the WORST, please rate each of these areas of your life over the past month.

ALSO: Please circle the 3 areas that you would most like to improve.

Nutrition (you eat a plant-based, whole foods diet with minimal processed foods such as fast food and sugary foods) _____

Alcohol (you limit your alcohol to no more than 1-2 drinks per day) _____

Sleep (you get at least 7-8 hrs of sleep per night, and you feel rested in the morning) _____

Exercise (you exercise for at least 3-4 hours per week) _____

Mental/emotional health (you are able to easily handle your mental self-talk and emotions) _____

Stress (you are able to manage your stress, and you engage in a regular stress reduction practice such as meditation) _____

Play (you spend regular time doing things that are fun or that you really enjoy) _____

Work life (you are doing work that you enjoy and that gives you a sense of purpose or meaning) _____

Relationships (you have relationships that nurture and support you) _____

Family (you are close with your family of origin, or you have made peace with them) _____

Community (you are active in your community, you engage in volunteer work, etc) _____

Spirituality (you feel a connection to something greater than yourself that gives your life meaning and purpose) _____

Nature exposure (you get daily exposure to light and at least weekly exposure to the outdoors) _____

Environmental health (you avoid toxic exposures from tobacco, artificial fragrances, cosmetics, pesticides, harsh cleaning chemicals, etc) _____

Electromagnetic radiation (you limit your exposure to cell phones or cordless phones, tablets, computers, wireless routers, smart meters, etc) _____