

# Patient Lifestyle Assessment and Progress Chart

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This response sheet is designed to assist the doctor in your follow-up, as well as to help you in your own self –assessment. Insert relevant **numbers** or **Y = yes, N = no**. Use **average** for numbers as applicable.

The notation by the physician '#' indicates a discussion of strategies with the patient.

Name: \_\_\_\_\_

No. of Visit	1	2	3	4	5	6	7	8	9
<b>Date of Visit</b>									
<b>Regular Exercise:</b>									
Times per week									
Minutes each time									
<b>Relaxation Exercises:</b>									
Times per day									
Daily Rest- weekdays: minutes taken, or									
hours									
Daily Rest- weekends:									
Minutes taken, or									
hours									
Hours of Sleep Nightly									
<b>Recreational Activities:</b>									
Times per month									
Current regular hobby (Y/N)									
<b>Reaching out</b> to Friends and/or Relatives: (for mutual support)									
Times per day, or									
Times per week, or									
Times per month									
Voluntary Service: Times per month									
Times per quarter									
Reaching out-Spiritual: *									
scriptures (times weekly) *									
prayer (times weekly) *									
Place of worship attendance (times monthly) *									
Makes use of activities for fellowship, education and support at place of worship? (Y/N) *									
<b>Nutritional Self-care: Y/N</b>									
Uses most groups of plant based food, and mostly unprocessed									
Eats 5-7 servings of vegetables and fruits daily									
Eats more vegetables than starches									
Generally avoids processed or refined grain products									

**\*For persons who are religious**

No. of Visit	1	2	3	4	5	6	7	8	9
Mostly avoids red meats									
Mostly avoids other parts of non-organically grown chicken, except breast									
Includes <u>mostly</u> ; fish or plant based protein products as dietary protein									
Generally avoids the following foods:									
Sweets (except fruits & vegetables)									
Salty									
Fried									
Fatty									
"Junk Foods"									
High fat dairy products (e.g. butter, cheese, milk, egg yolk)									
Soft Drinks									
Drinks 6-8 glasses of water daily									
Healthy snacks between meals									
Supplements taken daily:									
Multivitamin									
Taken separately:									
Vitamin C									
Vitamin E									
Selenium									
Calcium									
Magnesium									
Vitamin D									
Fish oil or ground flaxseed									
Sunlight: 15 minutes daily (Y/ N)									
Current weight:									
In appropriate weight range for my height: Y/N (appropriate weight = )									
<b>Safe sex Practiced:</b> (Condom, or abstinence, or mutual fidelity) (Y/ N)									
HIV status known (Y/ N)									
<b>Substance Avoidance</b> (e.g. cigarettes, excess alcohol, drugs) (Y/ N)									
<b>Smoking:</b> No. of cigarettes									
Most of <b>Socio-economic habits:</b> •improving productivity skills • budgeting •saving • planning (Y/ N)									
Annual check up completed (if over 25 years): Y/N or N/A									
<b>Thinking in whole person terms.</b> Degree: (1) none (2) mild (3) moderate (4) marked									
Informative <b>Reading</b> (Y/N)									
<b>Centering Time</b> (Y/N)									