

Member details	
Title	
Initial	
Surname	
Name	
ID Number	
Basic Measurements	
Date of Assessment	
Age	
Gender: M/F	

Lifestyle Questionnaire	
Are you Currently Using High Blood Pressure medication? Y/N	
Have your doctor ever told you that you have diabetes? Y/N	
Is there a Family history of diabetes? Y/N	
Do you Exercise 2 -3 times a week? Y/N	
Do you Smoke? Y/N	
Do you consume a moderate amount of alcohol (less than 7 drinks a week? Y/N	

Please choose one of the following statements that is most applicable to your lifestyle habits.	Y/N
I have solved a health problem/lifestyle issue more than six months ago	
I have taken action in changing my lifestyle within the last six months	
I have taken action in changing my lifestyle within the last month	
I am intending to make a lifestyle change within the next month	
I am intending to make a lifestyle change within the next six months	