Lifestyle questionnaire

Activity

Sheet 16

Learning aim B5

Name:

Answer the questions in this questionnaire as honestly as you can.

|  |  |
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|  Questions | Yes/No |
| 1. Do you usually sleep for about eight hours per night? |  |
| 2. Do you go to sleep easily and sleep through the night? |  |
| 3. Do you eat at least five types of fruit and vegetables each day? |  |
| 4. Do you limit the amount of sugar and salt in your diet? |  |
| 5. Do you stay away from cigarettes and other tobacco products? |  |
| 6. Do you avoid alcohol and drugs? |  |
| 7. Do you get at least thirty minutes of exercise or activity each day? |  |
| 8. Do you brush and floss your teeth at least twice a day? |  |
| 9. Do you see a dentist and GP regularly if you feel something is wrong? |  |
| 10. Do you usually feel that you can manage all of the tasks required of you in a given day? |  |
| 11. Do you have family and friends ready to help and support you if needed? |  |
| 12. Do you understand the importance of safer sex in intimate relationships? |  |

Now list three improvements you could make in your own lifestyle:

1.

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3.

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