



Exercise and Diet Survey

1. Gender: _____ Height: _____ Weight: _____

2. Please circle any of the following that apply to you:
 - a. Current tobacco smoker
 - b. Past tobacco smoker
 - c. High Blood Pressure
 - d. Diabetes Mellitus Type 2
 - e. Overweight or Obese
 - f. Interested in losing weight to be eligible for an orthopedic procedure

3. Do you think you need to lose weight?
 - 0 - Not at all
 - 1 - Maybe
 - 2 - Yes

4. (If you said yes to 3) How willing are you to change your diet to lose weight?
 - 0 - Not at all
 - 1 - Somewhat
 - 2 - Willing
 - 3 - Very willing
 - 4 - Extremely willing

5. (If you said yes to 3) How willing are you to change your exercise pattern to lose weight?
 - 0 - Not at all
 - 1 - Somewhat
 - 2 - Willing
 - 3 - Very willing
 - 4 - Extremely willing

6. Do you currently have any specific goals in how to change your diet or exercise routine?

7. Please describe any specific barriers that you have encountered with changing diet or exercise:

8. Would you be interested in a 10 week program called **Fitness for Wellness** that is specifically designed for patients to improve their health status by working with physical therapists and certified professional health and wellness coaches? (We can provide you with more information today!) If not, please describe why not.

9. Are you interested in any of the following resources:
 - a. Free yoga once per week
 - b. Dietitian
 - c. Physical Therapy
 - d. CHT (Community Health Team) member who can assist with social services (i.e. transportation, financial needs, etc.)
 - e. Online resources for healthy eating tips
 - f. Online resources for exercise

Thank you!