Do you have a bleak attitude about life?	☐	☐
Are you angry or frustrated with certain aspects about life?	☐	☐
Is it hard for you to enjoy life in general?	☐	☐
Are you jealous of other people who seem happier in general?	☐	☐
Are you easily distracted?	☐	☐
	YES	or NO
Are you impulsive?	☐	☐
Are you plagued with unfinished projects?	☐	☐
Do you lose things or frequently misplace things?	☐	☐

SLEEP

1. How much sleep do you get at night (on average)? Hours
2. My usual Bed Time is: _____AM/PM
3. My usual wake up time is: _____AM/PM

SLEEP (Continued)

4. Approximate time before falling asleep is: _____Minutes
5. Do you wake in the night? YES / NO How many times: _____ Why?_____
6.

	YES	or NO
I usually need my alarm to wake up	☐	☐
My sleep is not restful.	☐	☐
I have difficulty falling asleep.	☐	☐
I wake at night feeling like I am choking, being smothered or kicking in my sleep.	☐	☐
My partner notices I snore heavily.	☐	☐
My partner notices I stop breathing along with my snoring.	☐	☐
I have restless legs that disturb my evening or sleep	☐	☐
I wake at night hungry or thinking of food.	☐	☐
I have daytime drowsiness or sleepiness.	☐	☐
If I am not active during the day I tend to fall asleep (i.e. Meetings)	☐	☐
I am a nightshift worker	☐	☐
I have or might have sleep apnea	☐	☐

EXERCISE: *Complete first portion only if you are <u>currently</u> exercising.*

1. Exercise(s) you participate in:
2. ☐ Aerobic ☐ Weights ☐ Walking ☐ Swimming ☐ Bicycling ☐ Running ☐ Other: _____
3. How often do you exercise?

   ☐ Once/week ☐ Twice/week ☐ Three times/week ☐ Four times/week ☐ Five times or more/week

4. What is the average duration of exercise you get at one time?_____ Minutes
5. What motivates you to exercise? _____
6. Are you experiencing any difficulties with your exercise routine? ☐ Yes ☐ No
7. If yes, please explain: _____

*Complete the following if you are **not** currently exercising.*

1. What prevents you from exercising?

   ☐ Time ☐ Interest ☐ Energy ☐ Injury ☐ Motivation

2. Do you experience pain with exercising? ☐ Yes ☐ No
3. If yes, where if the pain located?_____
4. How do you prefer to work out?

   ☐ Gym ☐ With a Partner ☐ With a Trainer ☐ Alone

MOTIVATION: *Please refer to the following statements and choose the most appropriate rating from the dropdown list* 1 = Do Not Agree, 5 = Strongly Agree.

I am prepared to make changes in my life.	1	2	3	4	5
It is important to make the changes now, not later.	1	2	3	4	5
I will find the time to exercise regularly.	1	2	3	4	5
I am willing to eat differently.	1	2	3	4	5
I am willing to take my supplements as my Dr. prescribes.	1	2	3	4	5
I will work with my Dr. to find the right regimen for me.	1	2	3	4	5
I will not expect instant results and perfect outcomes.	1	2	3	4	5
I recognize that this is a long-term process, not a quick-fix.	1	2	3	4	5