



Lifestyle questionnaire

This questionnaire is designed to help your health care workers understand your lifestyle and thus improve your health. Answer all the questions without thinking about them too much because your first response is often the most accurate.



1 - Eating habits section

Here is a list of questions that is intended to evaluate your lifestyle.
For each of them, circle the answer that best reflects your current lifestyle:

DO YOUR FOOD CHOICES POSE A CARDIOVASCULAR RISK?

Quick question to assess healthy eating

HAVE YOU EVER SEEN A DIETICIAN BEFORE? Yes (Year _____) No

ARE YOU CURRENTLY ON ANY PARTICULAR DIET? Yes No

If so, what diet? _____

QUESTIONS	A	B	C	TOOLS
How many meals do you eat a day?	3 meals per day	I often eat a fourth meal	1-2 meals per day	1
Do you eat between meals?	No / I have a snack when I need it	I generally eat during the evening	I often nibble between meals	1, 2, 18
How often do you eat out? (sandwiches, fast food, pizza, barbecue, Chinese food...)	Less than once a week	Once or twice a week	Three meals per week or more	3, 4
Do you eat prepared foods? (frozen foods, pizza, Italian or Chinese food, packaged rice and pasta sides...)	< once a week	once or twice a week	> 3 times a week –	4
How many vegetables do you eat? 1 portion = 1 average vegetable, ½ cup fresh, frozen or canned vegetables, 1 cup lettuce, ½ cup vegetable juice	> 4 per day –	2 or 3 per day	≤ 1 per day –	6 - GAC
How much fruit do you eat? 1 portion = 1 average fruit, ½ cup fresh, frozen, canned or pureed fruit, ½ cup fruit juice	> 3 per day –	2 per day	≤ 1 per day –	6 - GAC
How big is your meat portion per meal? 1 portion = 100 g or 3 ounces or the equivalent of a deck of 52 cards	1 deck of cards or less	Between 1 and 2 decks of cards	2 decks of cards or more	5, 16 - GAC
Do you eat chicken skin or visible fat on meat?	Never	Sometimes	Always	5, 13
Do you eat deli meat or fatty meat? (bacon, sausages, baloney, salami, pepperoni, liver pâté, cretons, chicken wings, patties, ribs, ground meat)	Less than once a week	once or twice a week	3 or more times a week	4, 5, 16
Do you eat unbreaded fish?	≥ twice a week	Once a week	Rarely	7
Do you eat cheese? 1 portion = 30 g or 1 ounce, sliced cheese (1-2), cream cheese (30 ml or 2 tablespoons). Do not count skim milk cheese or cottage cheese.	≤ twice a week –	3-4 times a week	≥ 5 times a week –	5, 8, 16
What kinds of dairy products (milk and yogurt) do you eat?	Less than 2% b.f.	2% b.f.	> 3% b.f. / I don't eat any	5, 8 - GAC
What kinds of fats do you usually use? (for cooking, as a spread, potatoes, sauces...) *NH: non-hydrogenated	Vegetable oil or margarine *NH	Oil, margarine or butter	Butter, cream, lard, shortening, regular margarine	5, 10
What percentage of your plate is filled by grain or starches? (pasta, rice, couscous, potatoes...)	1/4 of the plate	½ of the plate	More than ½ of the plate	1 - GAC
Do you select whole grain products? (whole grain bread, high-fibre breakfast cereals, brown rice...)	Yes, always	Sometimes	Rarely	12 - GAC
How often do you eat baked products? (doughnuts, buns, croissants, danish pastries, muffins). Do not count homemade muffins.	once a week or less –	2 -3 times a week	4 times a week or more –	5, 13
How often do you eat store-bought desserts? (as a snack or after a meal: chewy bars, cookies, regular ice cream, cakes, pastries, pies, etc.)	twice a week or less –	3-4 times a week	5 times a week or more –	9, 13, 14
How often do you eat sweets? (candies, chocolate, table sugar, honey, jam...)	3 times a week or less	4-5 times a week	Every day	9
Do you drink sweet drinks? (fruit juice or fruit drinks, soft drinks or energizing drinks, iced tea, lemonade...)	8 oz or less per day	8-16 oz per day	16 oz or more per day	9, 15



1 - Eating habits section

Here is a list of questions that is intended to evaluate your lifestyle.
For each of them, circle the answer that best reflects your current lifestyle:

	A	B	C	TOOLS
What is your average alcohol consumption? 1 drink = 5 oz of wine, 1 beer, 1½ oz of spirits	1 per day	2 per day	more than 2 per day	17
Do you eat soups, broth or sauces, in pouches or canned?	less than once a week	once or twice a week	more than 3 times a week	4, 11
Do you eat salted foods? (crackers, chips, popcorn, pretzels, salted nuts or seeds, etc.)	less than once a week	2-3 times a week	more than 4 times a week	4, 10, 18
Do you add salt to your food?	Rarely	Often / with certain foods	Usually	4, 11
Do you read the nutrition facts table on food labels?	Yes, and I understand the information	Often, but I find it difficult to understand	Rarely	14
Do you want to lose weight? BMI = _____ <input type="checkbox"/> Normal weight <input type="checkbox"/> Overweight <input type="checkbox"/> Obesity	OUI	NON		15

< Less than > More than
 ≤ Less than or equal to ≥ More than or equal to

DO YOU TRY TO EAT A HEALTHY BALANCED DIET EVERY DAY?

- A. YES, for over 6 months
- B. YES, for less than 6 months
- C. NO, but I plan to start doing so within the next 60 days
- D. NO, but I plan to within the next 6 months
- E. NO, and I do NOT plan to within the next 6 months

- Maintenance
- Action
- Preparation
- Contemplation
- Precontemplation



2 – Physical activity section

Here is a list of questions that is intended to evaluate your lifestyle.
For each of them, circle the answer that best reflects your current lifestyle:

DO YOU EXERCISE REGULARLY?

Yes

No

Description : _____

QUESTIONS	A	B	C	D	TOOLS
How often do you get around on foot or by bicycle?	Most of the time	> 3 times a week	1-2 times a week	Rarely	21, 23
How often do you take the stairs instead of using the elevator?	Always	Often	Sometimes	Never	21, 23
How many times a week do you exercise for at least 30 minutes?	5-7 times a week	4 times a week	2-3 times a week	< once a week	21, 22, 24, 25, 26, 27
Do you usually feel motivated to exercise?	Always	Often	Sometimes	Never	20, 21
Does this statement apply to you? "Right now I'm not in shape and I don't know where to start to improve."	Not at all	A little	A lot	Completely	21, 23, 24, 26
Are you too tired to exercise?	Never	Sometimes	Often	Always	20
Do you enjoy exercise?	Completely	A lot	A little	Not at all	20, 21
Do you organize your time so as to include exercise?	Always	Often	Sometimes	Never	20, 21, 23, 24
Do you find alternative ways of staying active when the weather is bad and you don't want to go outside to exercise?	Always	Often	Sometimes	Never	24, 26, 27
Do you adapt your exercise program to current recommendations on the basis of your cardiovascular condition?	Always	Often	Sometimes	Never or I don't know	22, 25, 28, 29, 30
Does the following statement apply to you? "I don't exercise because I'm afraid of getting hurt."	Not at all	A little	Completely	Completely	31
When you have joint problems, do you find alternatives for adapting your exercise program and staying active? Check here if this question does not apply to you: <input type="checkbox"/>	Always	Often	Sometimes	Never	31, 32, 33
Do you follow the physical activity recommendations to help you lose weight? Check here if this question does not apply to you: <input type="checkbox"/>	Completely	Completely	A little	Not at all	34
Do you limit your physical activity for fear of being hungry at the end of a training session?	Never	Sometimes	Often	Always	35
Do you drink enough during and/or after a training session?	Always	Often	Sometimes	Never	36

DO YOU EXERCISE REGULARLY (i.e. 30 MINUTES OF MODERATELY INTENSE ACTIVITY OVER THE COURSE OF THE DAY EVERY DAY, OR ALMOST, OR ONE VIGOROUS PHYSICAL ACTIVITY THREE TIMES A WEEK FOR 20 MINUTES EACH TIME)?

A. YES, for over 6 months

B. YES, for less than 6 months

C. NO, but I plan to start doing so within the next 60 days

D. NO, but I plan to within the next 6 months

E. NO, and I do NOT plan to within the next 6 months

F. My doctor recommended that I refrain from exercise for the time being because of a serious physical limitation (e.g.: an injury).

Maintenance

Action

Preparation

Contemplation

Precontemplation

Not recommended



3 – Motivation and state of mind section

Here is a list of questions that is intended to evaluate your lifestyle.
For each one of them, check off the answer that best reflects your current lifestyle:

QUESTIONS	NEVER A	SOMETIMES B	OFTEN C	ALWAYS D	TOOLS
I am too uncomfortable to ask my doctor questions and to say that I am not able to follow the recommendations					37, 51
I work long hours and when I get the chance to relax, I just want to collapse in front of the TV					39, 40, 41, 52
When the time comes to start taking care of myself, I say to myself: "I've already tried, I will never be able to do it."					39, 42, 49, 57
Being careful now isn't going to make a difference for my health					38, 51
I'm in too much pain to exercise					43
When I overeat, even a little, I tell myself that all is lost and I stop following the rules					39, 42, 46, 49
With me, it's all or nothing, either I exercise every day or I don't do it at all for the week					42, 46, 52, 57
I'm very demanding of myself and I set the bar very high!					39, 46, 57
I have often tried to start taking care of myself and I say to myself: "in the end, it won't work for very long" ...					42, 46, 49, 57
I'm too tired to cook or exercise					40, 45
When I am invited out to dinner or go to a restaurant, I let myself go					46, 49
When I eat chips or cookies, I have to get to the bottom of the bag					44, 57
I would like to eat properly but my spouse isn't careful					37, 47
I don't have anyone to exercise with					47, 55
When I am frustrated, disappointed, discouraged or angry, I say to myself: "To heck with my good habits"					39, 42, 48, 49, 57
When I feel overwhelmed, stressed or bored, I feel like giving up on everything					41, 45, 48, 52, 57
I eat my emotions					42, 44, 45, 48
I reward myself by eating junk food					41, 44
I know I'm going to have to change my lifestyle, but I find 1001 reasons every day not to do it					39, 41, 52
I say to myself: "I don't feel like changing my diet."					39, 41, 50
I say to myself: "I don't want to exercise."					39, 41, 50
I say to myself: "I don't want to quit smoking." I don't smoke / don't smoke any more. Not applicable. <input type="checkbox"/>					39, 41, 50, 61
I feel depressed					42, 48, 56
I feel anxious					42, 48, 53
I feel angry in all kinds of situations					42, 48, 54
I feel alone					37, 55
I say to myself: "I don't know if I am going to be able to change enough to improve my health in the long run."					38, 47, 57

DO YOU TRY TO IMPROVE YOUR LIFESTYLE IN YOUR EVERYDAY LIFE?

- A. YES, for over 6 months
- B. YES, for less than 6 months
- C. NO, but I plan to start doing so within the next 60 days
- D. NO, but I plan to within the next 6 months
- E. NO, and I do NOT plan to within the next 6 months

- Maintenance
- Action
- Preparation
- Contemplation
- Precontemplation

DO YOU TRY TO REDUCE YOUR STRESS LEVEL IN YOUR EVERYDAY LIFE?

- A. YES, for over 6 months
- B. YES, for less than 6 months
- C. NO, but I plan to start doing so within the next 60 days
- D. NO, but I plan to within the next 6 months

- Maintenance
- Action
- Preparation
- Contemplation



4- Medication section

Here is a list of questions that is intended to evaluate your lifestyle.
For each of them, check off the answer that best reflects your current lifestyle:

QUESTIONS	NEVER A	SOMETIMES B	OFTEN C	ALWAYS D	TOOLS
I forget to take my drugs					58
The drugs I take must be causing some side effects					59
I think I am taking too many drugs					41, 60

DO YOU TAKE YOUR DRUGS AS PRESCRIBED BY YOUR DOCTOR?

- A. YES, for over 6 months
- B. YES, for less than 6 months
- C. NO, but I plan to start doing so within the next 60 days
- D. NO, but I plan to within the next 6 months
- E. NO, and I do NOT plan to within the next 6 months
- F. F. My doctor has not prescribed any drugs for me

- Maintenance
- Action
- Preparation
- Contemplation
- Precontemplation
- Not applicable



5- moking section

This questionnaire is intended for EVERYONE. Please answer these questions. For question 1, start with the column that corresponds to your situation and only answer the questions in this column.

QUESTION : How would you describe your smoking experience at present?				TOOL 61
I smoke every day (1)	I smoke but not every day (2)	I don't smoke but I used to smoke every day (3)	I don't smoke but I have smoked occasionally (4)	I have never smoked (5)
How many cigarettes do you smoke per day? _____	How many cigarettes do you smoke per week? _____	How many cigarettes did you smoke per day? _____	How many cigarettes did you smoke per week? _____	SKIP THIS SECTION
Do you smoke filter cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No	How old were you when you started smoking? _____ years old	How old were you when you started smoking? _____ years old	How old were you when you started smoking? _____ years old	
How old were you when you started smoking? _____ years old		How old were you when you stopped smoking? _____ years old	How old were you when you stopped smoking? _____ years old	

HAVE YOU STOPPED SMOKING?

- A. YES, for over 6 months (go to question 19)
- B. YES, for less than 6 months (go to question 19)
- C. NO, but I plan to start doing so within the next 60 days
- D. NO, but I plan to within the next 6 months
- E. NO, and I do NOT plan to within the next 6 months
- F. I have never smoked cigarettes (go to question 19)

- Maintenance
- Action
- Preparation
- Contemplation
- Precontemplation
- Not applicable

DO YOU CURRENTLY SMOKE A PIPE?

- YES, every day (1)
- YES, sometimes (2)
- NO (3)

TOOL 61

WHEN DID YOU TAKE YOUR LAST PUFF?

_____DAYS _____MONTHS

ASIDE FROM YOU, HOW MANY PEOPLE SMOKE AT HOME?

_____PERSONNES

DO YOU CURRENTLY SMOKE CIGARS?

- YES, every day (1)
- YES, sometimes (2)
- NO (3)

TOOL 61

ARE YOU CURRENTLY ON SMOKING CESSATION MEDICATION?

YES NO

WHAT KIND?

- Skin patches
- Nicotine gum
- Zyban (bupropion)

DO YOU CURRENTLY USE CHEWING TOBACCO OR SNUFF?

- YES, every day (1)
- YES, sometimes (2)
- NO (3)

TOOL 61

OVER THE PAST TWO YEARS, HOW MANY TIMES HAVE YOU TRIED, SUCCESSFULLY OR NOT, TO STOP SMOKING?

_____TIMES

WHEN DID YOU FINISH YOUR LAST CIGARETTE?

_____DAYS _____MONTHS



5- moking section

This questionnaire is intended for EVERYONE. Please answer these questions.
For question 1, start with the column that corresponds to your situation and only answer the questions in this column.

Fagerström Scale (abridged version)

1. HOW LONG AFTER YOU WAKE UP DO YOU SMOKE YOUR FIRST CIGARETTE?

- Within 5 minutes (0)
Within 6 à 30 minutes (1)
Within 31 à 60 minutes (2)
After 60 minutes (3)

2. DO YOU FIND IT DIFFICULT NOT TO SMOKE IN PLACES WHERE IT IS PROHIBITED (e.g. MOVIE THEATRES, LIBRARIES)?

- Yes (0)
No (1)

3. WHICH CIGARETTE OF THE DAY WOULD BE THE HARDEST FOR YOU TO GIVE UP?

- The first one in the morning. (0)
Every one of them equally. (1)

4. HOW MANY CIGARETTES DO YOU SMOKE PER DAY, ON AVERAGE?

- 10 or less (3)
11 to 20 (2)
21 to 30 (1)
31 or more (0)

5. DO YOU SMOKE MORE IN THE MORNING THAN IN THE AFTERNOON?

- Yes (0)
No (1)

6. DO YOU SMOKE WHEN YOU ARE ILL AND HAVE TO STAY IN BED ALL DAY?

- Yes (0)
No (1)