

ACTIVITIES, EATING & QUALITY OF LIFE SURVEY

NAME: _____

DATE: _____

Pre ____ **Post** ____

Aerobic activities include: brisk walking, bicycling, gardening, running, aerobics or anything else that causes moderate to large increases in breathing and heart rate.

Please answer the following questions over the past month.

1. How many **days/week** do you do **aerobic activities** for at least 10 minutes at a time? ____
2. On days you do these activities, how many total **minutes/day** do you spend? ____
3. Not counting juices, how many **times/day** did you eat any **fresh, frozen, or canned fruit**? ____
4. How many **times/day** did you have raw, cooked, canned, or frozen **vegetables**, including dried beans (split peas, black beans, garbanzo beans, etc.) ? ____
5. I had difficulty doing my work or other regular daily activities as a result of the issue that brings me to coaching.
____ strongly disagree ____ disagree ____ agree ____strongly agree
6. On a scale of 1 to 10, with 10 being the worst pain you've experienced, how would you rate your bodily pain for the issue that brings you to coaching? Please circle appropriate response.
1 2 3 4 5 6 7 8 9 10 No Pain
7. How many missed partial or full days **of work** did you experience **in the last month** as a result of the issue that brings you to coaching? ____

Thank you for taking the survey!