Springbrook Chiropractic & Natural Health Center1015 N. Springbrook Rd. (Mail to P.O. Box 1022) Newberg, Oregon 97132 (503) 538-0618 fax: 537-2539 www.springbrookclinic.com

Patient Name:

Date:

HEALTH BEHAVIOR QUESTIONNAIRE

	R ABILITY
-Number of servings of whole fruits and/ or vegetables that you eat per DAY (1 serving= 1 'palmful'):	->x 2=
-Number of Glasses of Water per DAY :	->x 2=
-Number of HOURS of Exercise or Moderate Activity per WEEK (Include physical home chores etc):	;
-Number of MILES You Walk per WEEK . Include ALL walking (avg. American walks 21 miles per week):	>
-Hours of Quiet Relaxation per WEEK:	
-Number of MINUTES of prayer/meditation/ positive affirmation per DAY :	>x .5=
-Do You Wear Shoe Orthotics? (Yes = 3, No= 0):	
-Do You Take Fish Oil Daily? (Yes= 3, No = 0):	
-Do You Take Anti-Oxidants Daily? (Yes=3, No=0):	
-Do You Take A Multi-Vitamin/Mineral Daily? (Yes=3, No=0):	
-Do You Take Probiotics Daily? (Yes=3, No=0):	>
-Do You Get Your Spine Checked and Adjusted Regularly? (Yes =10, No=0):	
	Subtotal A"
-Number of Caffeine Drinks per DAY :	->x 2=
-Do You Use Tobacco Products Most Days? : (Yes=10, No=0)	
-Number of Alcoholic Beverages per WEEK :	
-Number of Sodas or 'Pops' or 'Energy' beverages per WEEK:	
-Number of Hours You Sit Per DAY:	
-Servings of sweets/desserts/ sweetened snacks per WEEK:	;
-Number of Hours of Computer per DAY :	
-Number of Hours of T.V. per DAY :	
-ADDITIONAL HOURS of Sleep per WEEK you would need in order to feel 'completely rested':	
-Number of Medications You Take DAILY :	
	Subtotal "B":

Scoring: Scores below zero are highly undesirable. Higher numbers are more desirable, ideally we want to see scores >100!

TOTAL SCORE: "A" MINUS "B" = __