



# Whole Hearts Health Questionnaire

Patient ID (Office Use Only) \_\_\_\_\_

---

Today's Date

Full Name of Patient

Date of Birth (MM/DD/YYYY)

**1. How many cups of fruit do you eat in an average day? Including fresh, canned, or frozen (ex: apples, oranges, bananas, peaches)**

0    1-2 cups    3-4 cups    5-6 cups    7-8 cups    More than 8 cups

**2. How many cups of vegetables do you eat in a day? Includes fresh, canned, or frozen (ex: carrots, potatoes, broccoli, squash)**

0    1-2 cups    3-4 cups    5-6 cups    7-8 cups    More than 8 cups

**3. How many minutes of moderate physical activity do you get in a week? (With moderate physical activity, you can talk, but not sing during the activity).**

0 mins    1-30 mins    31-60 mins    61-90 mins    91-120 mins    121-150 mins    More than 150 Mins

**4. How many minutes of vigorous physical activity do you get in a week? (With vigorous physical activity, you won't be able to say more than a few words without pausing for a breath).**

0 mins    1-30 mins    31-60 mins    61-90 mins    91-120 mins    121-150 mins    More than 150 Mins

**5. Do you smoke? Includes cigarettes, pipes, cigars (smoked tobacco in any form).**

Current Smoker (everyday)    Current Smoker (some days)    Never smoked

Quit (1-13 months ago)    Quit (more than 12 months ago)

**6. Do you want to quit smoking?**

Never smoked    No    I'm thinking about quitting    Yes, I want to quit    I quit smoking recently

**7. About how many hours a day, on average, are you in the same room or vehicle as another person who is smoking?**

0    1    2    3    4    5    More than 5

**8: In the past year, have you changed:**

**Tobacco use?**  Increased  Decreased  No change  I don't smoke

**Fruit & vegetable intake?**  Increased  Decreased  No change

**Physical activity?**  Increased  Decreased  No change

**9. In the past year, how many times have you used the Emergency Room (ER)?**

0  1-2  3-4  5-6  7-8  More than 8

**10. I am interested in the following health interventions:**

Education materials  One-on-one health coaching  Peer support groups  Group Classes

Healthy living events

**11. If interested in group classes, please circle which of the topics below you are most interested in:**

Cooking

Diabetes Management

Parenting

Gardening

Diabetes Prevention

Yoga

Smoking Cessation

Health Coverage

Stress Management

Canning

Exercise Group

Anger Management

Nutrition

Walking Program

Other: \_\_\_\_\_