Name:_____ Date:_____

Do you:

Drink Bottled water?	☐ Yes ☐ No
Belong to health club?	☐ Yes ☐ No
Use vitamins?	☐ Yes ☐ No
Watch more than 5 hours of TV a week?	☐ Yes ☐ No
Spend 1 or more hours on a computer daily ?	☐ Yes ☐ No
Drink Soda?	☐ Yes ☐ No (Diet or Regular)

How many times a week do you exercise? _____

What do you do for stress relief?_____

Are there any other health habits that you could share with us? _____

_____

Mark on the graph where you believe your health is today.

How long do you believe it took to get this way?_____

Mark on the graph where you would like your health to be.

How long do you believe it will take to get there?_____