

LIFESTYLE PROGRAM

For lab use only.

Lifestyle Questionnaire

Take action to improve your health with the Boston Heart Lifestyle Program.*

1

Complete this questionnaire to unlock several tools including your Personalized Nutrition and Life Plan and support from a Registered Dietitian Coach.

2

Completely fill in the circles that correspond with your answers. Carefully review your responses and make sure all fields have been answered.

Correct: ● Incorrect: ⊗ ⊘ ✓

3

Once finished, hand your questionnaire to the staff member drawing your sample. The questionnaire will be sent back to Boston Heart with your patient kit.

FIRST NAME: _____ LAST NAME: _____

EMAIL ADDRESS: _____ CELL PHONE NUMBER: _____

HOME ADDRESS: _____

MALE FEMALE DATE OF BIRTH: _____

ABOUT ME

This information will be used to determine both your heart health and nutrition recommendations.

WHY ARE YOU JOINING THE LIFESTYLE PROGRAM? (Select all that apply)

- My healthcare provider encouraged me to make lifestyle changes
- I want to lose weight
- I want to feel better
- My test results are red, indicating I am at increased risk for heart disease
- I want to take fewer medications
- I want advice from a Registered Dietitian about food and exercise
- Please email me about scheduling sessions with a Registered Dietitian (20-minute sessions are less than \$20 each)
- Other

*To review the Boston Heart Diagnostics Notice of Privacy Practices, go to mybostonheart.com or call 877.425.1252.



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HISTORY OF HEART DISEASE & DIABETES

Do you have any of the following?

- Y N Heart Disease (or heart attack, coronary artery stent/surgery, or stroke)
- Y N My parents or siblings had premature heart disease (before age 55 for men or 65 for women)
- Y N High Blood Pressure
- Y N Diabetes
- Y N Prediabetes
- Y N Kidney Disease
- Y N Smoking
- Y N I am pregnant or nursing

MEDICATIONS & SUPPLEMENTS

Do you take any of the following?

- Y N Cholesterol-lowering pills (eg. statins, ezetimibe, niacin, red yeast rice, berberine, etc.)
- Y N Blood pressure medication
- Y N Fish oil or Omega-3 Fatty Acid supplement

WEIGHT GOALS

This information will be used to determine your heart health as well as your calorie and weight goals.

REGARDING MY CURRENT WEIGHT

- I would like to gain weight
- I would like to lose weight*
- I believe I am at the right weight
- I know I should lose weight, but do not want to

*IF YOU WOULD LIKE TO LOSE WEIGHT:

On a scale of 1 to 5, how aggressive do you want to be with your weight loss plan?

By selecting very aggressive, your plan will have the lowest calorie target and highest weight loss goal possible.

Not aggressive ① ② ③ ④ ⑤ Very aggressive

| | | | |
|---------------------------------|-----------------------|-------------------------|----------------------------------|
| Current weight (pounds): | Height (feet): | Height (inches): | My waist measurement is*: |
|---------------------------------|-----------------------|-------------------------|----------------------------------|

| | | | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
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I'm unable to measure my waist

*To measure your waist, hold a plastic or cloth tape measure at your belly button and wrap around your waist once. Alternatively, use a piece of string or dental floss and measure that with a tape measure.



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FOOD AND MENU PREFERENCES

This information will help determine the total amount of healthy proteins, carbs and fats recommended in your plan and provide you with a personalized food list and menu.

YOUR EATING PLAN

Which eating plan option do you prefer? (Select only one, each can be tailored to your preferences.)

- Healthy American
A healthy version of the typical American diet, including vegetables, fruits, legumes, whole grains, lean meats, eggs, and low-fat dairy.
- Mediterranean
Emphasizes healthy foods from the region surrounding the Mediterranean sea. Emphasizes vegetables, fruits, legumes, fish/seafood, poultry, eggs, whole grains, nuts, wine, and olive oil.
- Vegetarian
Avoids fish, poultry, and meat. Can include vegetables, fruits, legumes, whole grains, eggs, nuts, and low-fat dairy.
- Vegan
Avoids fish, poultry, meat, eggs, and dairy. Emphasizes vegetables, fruits, legumes, and whole grains.
- Paleo
Emphasizes lean meats, fish/seafood, vegetables, and fruits. Avoids grains, legumes, and dairy. This eating style uses modern foods to reflect the nutritional profile of the prehistoric natural human diet.
- Carb-Controlled
Emphasizes lean meats, fish/seafood, non-starchy vegetables, and low-glycemic fruits. Limits sugars and starches so that only 25% of calories are from carbohydrates.

YOUR MEAL PREFERENCES

For each question, select a number on a scale from 1 to 3 to indicate the amount of each nutrient you like in your meals.

HOW MUCH HEALTHY CARBS DO YOU LIKE IN YOUR MEALS?

Some examples of healthy carbs are vegetables, fruits, whole grains, beans and low-fat milk or yogurt.



①

I like my meals to have less healthy carbs

②

Neutral

③

I like my meals to have more healthy carbs

HOW MUCH HEALTHY FATS DO YOU LIKE IN YOUR MEALS?

Some examples of healthy fats are avocados, nuts, olives, olive and vegetable oils.



①

I like my meals to have less healthy fats

②

Neutral

③

I like my meals to have more healthy fats



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FOOD PREFERENCES

This information will be used to remove foods you will not eat from your personalized food list and menu.

For each of the foods below, select if you like, are willing to eat, or will not eat.

I like all of the foods listed below

| | LIKE | WILLING TO EAT | WILL NOT EAT |
|------------------------------|-----------------------|-----------------------|-----------------------|
| FRUITS AND VEGETABLES | | | |
| Berries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Apples | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oranges | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Carrots | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Broccoli | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sweet potatoes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Green beans | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LEGUMES | | | |
| Beans (kidney, black, red) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Edamame (green soy beans) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hummus | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| GRAINS | | | |
| Rice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pasta | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bread | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gluten-containing foods | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

LEAN PROTEINS

| | LIKE | WILLING TO EAT | WILL NOT EAT |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Fish | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tuna (canned) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shellfish | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chicken | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Turkey | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pork | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Beef | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Protein powder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eggs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DAIRY PRODUCTS | | | |
| Milk | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cheese | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yogurt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cottage cheese | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NUTS AND FATS | | | |
| Avocado | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nuts | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PHYSICAL ACTIVITY

Physical activity is any movement of your body above and beyond your daily routine (examples include walking, running, and weight lifting).

PHYSICAL ACTIVITY LEVEL (Describe your current physical activity level)

- Minimal (less than 30 minutes, fewer than 3 days per week)
- Light (about 30 minutes, 3-4 days per week)
- Moderate (about 30 minutes to 1 hour, 5 days per week)
- Heavy (1 hour or more, at least 5 days per week)

WHAT ACTIVITIES DO YOU REGULARLY DO OR WOULD LIKE TO START DOING?

- None
- Walking
- Swimming
- Dance
- Water aerobics
- Golfing (no cart)
- Yoga
- Stretching
- Running
- Biking
- Organized fitness classes/videos
- Team sports
- Strength training
- Pilates
- Yard work

