

Students Name _____

Date of Birth ___/___/___

SELF EVALUATION OF LIFESTYLE FACTORS

(To be completed by the applicant)

1. **EXERCISE:** How many times per week do you spend at least 30 minutes in vigorous physical exercise such as biking, running swimming? _____

2. **BODY BASICS:** What is your height? ___ FT. ___ Inches
What is your body weight _____ lbs.

Do you consider yourself:
() underweight () overweight
By how many pounds? _____

3. **NUTRITION:** Do you eat a balanced diet, including whole grain breads and cereals, fruits, vegetables, protein and carbohydrates?

Do you try to limit your intake of butter, eggs, fried foods and dairy products which are high in fats and/ or cholesterol?

4. **TOBACCO USE:** Do you smoke cigarettes? _____
How many per day? _____
How long have you been a smoker? _____
Do you chew tobacco? _____

Are you interested in quitting? _____
(Counseling is available in Health Services to quit tobacco.)

5. **ALCOHOL USE:** How often do you drink alcohol?
() not at all
() less than once a week
() once a week
() 2 or 3 times per week
() more than 3 times per week

What is your average alcohol consumption (number of shots, 8 oz. beers or 6 oz. glasses of wine) per drinking occasion? _____

Do you believe you may have a problem with alcohol?

(Counseling is available with SBU Counseling Services in Doyle Hall room 127)