

Habits survey

Name: _____

Date: _____

Circle your answers so we can understand your habits around health.

				Admin use only			
	Yes	No	Unsure	Sleep	Eat	Stress	Move
Thinking about most days (~80%), I							
Know I am properly hydrated	Yes	No	Unsure	1	3	1	1
Practice a consistent healthful morning routine	Yes	No	Unsure	1	0	3	1
Have healthful sun exposure	Yes	No	Unsure	2	0	2	0
Get my 10,000 steps	Yes	No	Unsure	1	0	1	3
Take the time to check in with myself and slow down where appropriate	Yes	No	Unsure	0	0	3	0
Thinking about most meals (~80%), they							
Contain quality healthy fats	Yes	No	Unsure	0	3	0	1
Include a variety of different coloured vegetables	Yes	No	Unsure	0	3	0	0
Contain adequate amounts of quality protein	Yes	No	Unsure	1	3	1	1
Are mostly whole, unprocessed food	Yes	No	Unsure	0	3	0	0
Thinking about my sleep habits, I							
Consistently practice good sleep hygiene habits	Yes	No	Unsure	3	0	3	0
Know I have a good sleep environment	Yes	No	Unsure	3	0	2	0
Thinking about my movement habits, weekly I do							
Burst exercise (HIIT)	Yes	No	Unsure	1	0	0	3
Strength and conditioning training (weights, resistance)	Yes	No	Unsure	1	0	0	3
Flow and flexibility exercise (yoga, tai chi etc)	Yes	No	Unsure	2	0	2	2
Extended cardio (zone 3+)	Yes	No	Unsure	2	0	0	2

Habits survey (cont.)

				Admin use only			
	Yes	No	Unsure	Sleep	Eat	Stress	Move
Thinking about the intensity and pace of my life, on most (~80%) days, I							
Practice some form of mental hygiene - gratitude, affirmations, positive reframing etc	Yes	No	Unsure	2	0	3	0
Slow my mind through mindfulness or meditation	Yes	No	Unsure	2	0	3	0
Take the time to check in with myself and slow down where appropriate (4-7-8 etc)	Yes	No	Unsure	0	0	3	0
I tend to							
Overindulge on alcohol	Yes	No	Unsure	-2	-2	-3	0
Have excess caffeine	Yes	No	Unsure	-3	0	-2	0
Consume typically inflammatory foods (gluten, dairy, sugar)	Yes	No	Unsure	-1	-2	-1	-1
Over exercise	Yes	No	Unsure	-2	0	-3	-3
Frequently sit for long periods (1 hour+) at a time without getting up and moving	Yes	No	Unsure	-1	0	-2	-3
Smoke	Yes	No	Unsure	-1	-3	-3	-3
Overeat	Yes	No	Unsure	0	-2	-1	0

