



Lifestyle Habits Questionnaire Form

*** Have you participated in exercise or regular physical activity for more than 1 week in the last 5 months?**

Yes No (Please tick)

1. Have you been smoking for the last 1 year?

Yes No (Please tick)

If yes, please indicate the frequency and number of cigarettes you smoke.
(.....)

2. Have you been drinking alcohol for the last 1 year?

Yes No (Please tick)

If yes, please indicate the frequency and amount of alcohol consumption.
(.....)

3. Do you eat regularly three times a day?

Yes No Sometimes (Please tick)

4. How many hours do you usually sleep per day? (Please indicate). (.....).

5. How many hours a day do you watch TV? (Please indicate). (.....).

6. Do you have a chronic illness?

Yes No (Please tick)

If yes, please state your disease. Do you receive medication or other treatment protocols for your disease? Is your disease kept under control with treatment? Please share detailed information with us.
(.....)