

AIM Fitness Inventory

Name: _____ Date: _____

We understand that physical activity, healthy eating and emotional well-being are an important part of your health. We want to partner with you to achieve your goals in these areas.

Please answer the following questions to help us better understand your interests and needs in these areas. (Please note: we will work with you on these issues over time and may not attempt to address all of them in this office visit.)

How Active Are You?

Please select the one choice that best describes you:

- I'm physically active already and don't need help to be more active.
- I'm ready to get more active and would like help.
- I'm not sure if I'm ready to be more active, but I'm ready to talk about it.
- I'm not very active and not interested in being more active at this time.

1) How many hours each day do you spend watching TV or videos or on the computer?

- less than 1 1-2 more than 2

2) How many times a week do you do yard or house work or duties on the job that cause you to work up a sweat?

- 4 or more 1-3 Less than 1

3) How many times a week do you get out for a brisk walk of 10 minutes or more?

- 4 or more 1-3 Less than 1

4) How many times a week do you participate in sports or an exercise program?

- 4 or more 1-3 Less than 1

How Happy or Satisfied Are You?

Please select the one choice that best describes you:

- I'm happy and satisfied with my life at this time.
- I'm ready to make some changes to be happier and would like help.
- I'm not sure if I'm ready to work on being happier, but I'm ready to talk about it.
- I'm not interested in working on my happiness or satisfaction at this time.

In the last week, how often did poor physical or emotional health keep you from doing your usual activities?

- Not at all Some days Most days Every day

How often does stress or depression affect your ability to pursue healthy lifestyle changes?

- Rarely Sometimes Often All the time

How many days per week do you participate in some form of a spiritual or cultural activity that gives you emotional strength?

- Daily 3-6 days 1-2 days None



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Please turn over and complete reverse side.

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How Well Do You Eat?

Please select the one choice that best describes you:

- I'm eating healthy at this time.
- I'm ready to make some changes to eat healthier and would like help.
- I'm not sure if I'm ready to change the way I eat, but I'm ready to talk about it.
- I'm not interested in changing the way I eat at this time.

A serving of food is the amount that would fit in the palm of your hand.

1) How many servings of fruits or vegetables do you eat each day?

- 5 or more 3-4 2 or less

2) How many servings of whole grains (like whole grain bread or cereal, oatmeal, brown rice, etc.) do you eat each day?

- 3 or more 2 1 or less

3) How many times a week do you eat lean protein like chicken, turkey, fish, tofu or beans?

- 6 or more 3-5 2 or less

4) How many times a week do you eat high fat foods like fried food, pastries or chips?

- 1 or less 2-3 4 or more

5) How many times a week do you eat fast food meals or snacks?

- 1 or less 2-3 4 or more

6) How much margarine, butter or meat fat (lard) do you use in your cooking or put on bread, potatoes or other vegetables?

- very little some a lot

7) How many sugary drinks (like regular soft drinks, sweet tea or fruit flavored drinks) do you drink each day?

- none 1-2 3 or more

8) How many times a week do you eat desserts or other sweets?

- 3 or less 4-6 7 or more

9) How often do you eat when you are not hungry, for example out of habit or for emotional reasons?

- Rarely Sometimes Often All the time
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