Diabetes Undone Workshop August - September 2023

Name:			
Age:			
Height:			
Recent Weight Change?	Yes Gain	No Loss	
Year Of Diabetes Diagnosis			
	August 13 th	September 24 th	November 5th
Blood Pressure:			
Weight:			
Waist Circumference:			



Lifestyle Medicine Assessment

For each item, think about the last seven days and answer 'Yes' or 'No' if you...

1	Felt your life had a sense of purpose	\bigcirc Yes	\bigcirc No
2	Used olive oil as your primary oil or used no oil when cooking	\bigcirc Yes	\bigcirc No
3	Engaged in two or more spiritual or religious practices (e.g., meditation, prayer, church services, etc.)	⊖ Yes	○ No
4	Felt that you were able to manage and deal with stressors effectively most days	\bigcirc Yes	\bigcirc No
5	Interacted with one or more club(s) or organization(s) (e.g., athletic, community, school group, etc.)	\bigcirc Yes	\bigcirc No
6	Smoked, vaped, or used tobacco/e-cigarette	\bigcirc Yes	\bigcirc No
7	Visited or spoke to a close friend or family member on three or more separate occasions		\bigcirc No
8	Woke up feeling refreshed and rested on most days	⊖ Yes	○ No
9	Spent at least two hours in nature (approximately 20 minutes daily)	\bigcirc Yes	○ No
10	Felt you had enough time to take care of yourself most days	\bigcirc Yes	○ No

For each item, think about the last seven days and provide your best estimate for each:

								less than 1	1	2	3	4	5	6	7	8	9	10+
11	Total num	nber of sit-de	own or take	out restaura	nt meals			0	0	0	0	0	0	0	0	0	0	0
12		nber of resis hups, squat		ng workouts tc.)	performed			0	0	0	0	0	0	0	0	0	0	0
13				s consumed tea, soda, sp		etc.)		0	0	0	0	0	0	0	0	0	0	0
14	Highest n	umber of al	coholic drin	ks consume	d on any sin	gle day		0	0	0	0	0	0	0	0	0	0	0
15				acks per day andy, protein				0	0	0	0	0	0	0	0	0	0	0
16	16 Average number of hours slept per night					0	0	0	0	0	0	0	0	0	0	0		
17	17 Average number of daily servings of fruit					0	0	0	0	0	0	0	0	0	0	0		
18	8 Average number of hours spent sitting each day					0	0	0	0	0	0	0	0	0	0	0		
19	Average number of alcoholic drinks consumed on days alcohol was consumed (select less than one if you did not drink any alcohol)					0	0	0	0	0	0	0	0	0	0	0		
20	20 Average number of daily servings of vegetables					0	0	0	0	0	0	0	0	0	0	0		
21 Total amount of cardiorespiratory exercise during the week (e.g., brisk walk, jog, etc.)																		
less thar	ss than 30 minutes 30 minutes 45 minutes 1 hour 1.5 hour 2 hours 2.5 h						2.5 h	ours	3 hours	S	3.5 hour	s	4 hours	4	.5 hours	5 0	or more h	nours
)	0		0		0		0		0					

Table 1 scoring:

Add 2 points for every 'yes' answer, with the following exceptions:

- #6: Add an additional 4 points (6 total) if you did not smoke, vape, or use tobacco/e-cigarettes
- #10: Add only 1 point if you felt you had enough time to take care of yourself most days
- #2: Add only 1 point if you used olive oil as your primary oil or used no oil when cooking

Table 2 scoring:

• #11: Add 1 point if you ate fewer than four meals at a sit-down or take-out restaurant

Add 2 points:

- #12: if you performed two or more resistance training workouts (e.g., pushups, squats, etc.)
 - Only 1 point if you performed one resistance training workout
- #13: if you consumed one or fewer sweetened drink per week (e.g., juice, sweeteners in coffee or tea, soda, sports drinks, etc.)
- #14: if you consumed three or fewer alcoholic drinks on any single day (four or fewer alcoholic drinks per day if male)
- #15: if you consumed one or fewer packaged snack per day (e.g., chips, crackers, cookies, protein bars, candy, etc.)
- #17: if you consumed two or more servings of fruit daily
 - Only 1 point if one serving of fruit was consumed daily
- #19: if you consumed one or fewer alcoholic drinks per day (two or fewer alcoholic drinks per day if male) or did not consume alcohol
- #20: if you consumed three or more servings of vegetables daily
 - Only 1 point if one serving of vegetable was consumed daily

#16: Average number of hours slept per night

Get 5 points if you slept eight hours or more on average per night

Get 3 points if you slept seven hours or more, but fewer than eight hours on average per night

#18: Average number of hours spent sitting

Get 3 points if you sit fewer than six hours on average per day

Get 1 point if you sit six hours or more, but fewer than eight hours on average per day

#21: Total amount of cardiorespiratory exercise (e.g., brisk walk, jog, etc.) per week

Get 5 points if you performed two and a half hours or more of cardiorespiratory exercise

Get 4 points if you performed two hours of cardiorespiratory exercise

Get 3 points if you performed one and a half hours of cardiorespiratory exercise

Get 2 points if you performed one hour of cardiorespiratory exercise

Get 1 point if you performed 30 minutes of cardiorespiratory exercise

Domain totals (maximum of 10 points per domain)

Connection points: sum item numbers: 1, 3, 5, 7, 9	
Movement points: sum item numbers: 12, 18, 21	
Substance use points: sum item numbers: 6, 14, 19	
Recovery points: sum item numbers: 4, 8, 10, 16	
Nutrition points: sum item numbers: 2, 11, 13, 15, 17, 20	

Lifestyle score equals the sum of all five domains (50 points total):

Overall Lifestyle Score Interpretation						
	Interpretation	Overall Lifestyle Score				
This is an opportune time to work with your provider to help you adopt habits that will significantly improve your health.	Below Average	0-20				
You have some great health habits, though there is ample opportunity to improve your health and decrease your disease risk.	Average	21-30				
You have many healthy habits, though there are a few areas that you should assess your habits in to see if you can improve them.	Very Good	31-40				
You're doing great, though there are a few minor tweaks to your lifestyle you can make that will lead to better overall health.	Excellent	41-50				

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