

Date completed:

_____/_____/_____
(month) (day) (year)

BETTER Health Survey™ Lifestyle

Name: _____

Thank you for completing the BETTER Health Survey™!

Your answers will help us provide better care for you.

During the visit, you and your healthcare provider will talk about how you can improve your health and the screening tests recommended for you. You will be able to set your own health goals and create a plan to help you achieve them.

Later, your healthcare provider will check with you to review your progress, help you change your plan, if needed, and set new goals.

INSTRUCTIONS: Please answer all questions as best you can.

For each question, please circle the number that matches your answer or fill in the blank as needed.

Your answers will help your healthcare provider get ready for your Prevention visit.

You are free to refuse to answer any question you wish.

If you wish to make a comment on any of the questions, please use the space at the end of the survey.

Please complete your survey and return it to your healthcare provider.



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LIFESTYLE QUESTIONS

The next group of questions ask about some of your lifestyle behaviours such as smoking, physical activity, eating habits and alcohol intake.

For each question, please circle the number that matches your response or fill in the blank as appropriate.

1. Do you currently smoke cigarettes every day, some days, or not at all? (Circle one number)

1. Every day
 2. Some days
 3. Not at all → go to question 6

2. On average, how many cigarettes do you currently smoke each day? (Write the number in the space below)

Number of cigarettes smoked daily: _____

3. How long have you smoked cigarettes? (Write the length of time in the space below)

_____ years + _____ months.

Pack Years Calculator

4. Please indicate how prepared you are to decrease the number of cigarettes you currently smoke. Where 0 = not prepared to decrease and 10 = already decreasing. (Circle one number)

How prepared

0 1 2 3 4 5 6 7 8 9 10

Not prepared
to decrease

Already
decreasing

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5. **How confident are you that you can decrease the number of cigarettes you currently smoke?** Where 0 = not at all confident and 10 = extremely confident.
(Circle one number)

How confident

0 1 2 3 4 5 6 7 8 9 10

Not at all confident Extremely confident

→ go to question 10

6. **Have you ever smoked cigarettes regularly, that is, at least one cigarette per day?** (Circle one number)

1. Yes
 2. No → go to question 10

7. **On average, how many cigarettes did you smoke each day when you were smoking?** (Write the number in the space below)

Number of cigarettes smoked daily: _____

8. **How long did you smoke cigarettes?** (Write the length of time in the space below)

_____ years + _____ months

9. **How long ago did you stop smoking cigarettes completely?** (Write the length of time in the space below)

_____ years + _____ months

10. **In the past 12 months, how often have you used tobacco by way of vaporizers (or vape) or e-cigarettes?** (Circle one number)

1. Every day or almost every day
 2. Weekly
 3. Monthly
 4. Every few months
 5. Not at all

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11. In the past 12 months, how often have you used other tobacco products by way of snuff or chewing? (Circle one number)

- 1. Every day or almost every day
- 2. Weekly
- 3. Monthly
- 4. Every few months
- 5. Not at all

12. In the past 12 months, how often have you used non-medical or recreational marijuana or cannabis products by way of vaporized cannabis, cannabis oil, edible cannabis, or smoked cannabis? *Vaporized cannabis is cannabis oil or plant material that is heated using a vaporizer or vape to create vapor that is inhaled. Cannabis oil is an oil extract taken by mouth and includes THC and/or CBD capsules, sprays, or solutions. Edible cannabis is a product, substance or mixture that has cannabis in it and is meant to be consumed like food. Smoked cannabis is dried cannabis that is inhaled like a cigarette.* (Circle one number)

- 1. Every day or almost every day
- 2. Weekly
- 3. Monthly
- 4. Every few months
- 5. Not at all

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13. Please tell us the type and amount of physical activity involved in your work.¹
(Circle one number)

- 1. I am not employed (for example: retired, retired for health reasons, unemployed, full-time carer, etc.).
- 2. I spend most of my time at work sitting (such as in an office).
- 3. I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (for example: shop assistant, hairdresser, security guard, child care provider, etc.).
- 4. My work involves definite physical effort including handling of heavy objects and use of tools (for example: plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers, etc.).
- 5. My work involves vigorous physical activity including handling of very heavy objects (for example: scaffolder, construction worker, refuse collector, etc.).

14. During the last week, please indicate with an “x” how many hours you spent on each of the following activities. Please answer the questions even if you are not employed.

	None	Some, but less than 1 hour	1 hour, but less than 3 hours	3 hours or more
a) Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Cycling, including to work and during leisure time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Walking, including walking to work, shopping, for pleasure, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Housework/Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Gardening/Do-it-yourself projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Physical activity questions are the General Practice Physical Activity Questionnaire (GPPAQ). Heron N, Tully MA, McKinley MC, Cupples ME. Physical activity assessment in practice: a mixed methods study of GPPAQ use in primary care. BMC Family Practice. 2014; 15:11.



15. How would you describe your usual walking pace? (Circle one number)

- 1. Slow pace
- 2. Steady average pace
- 3. Brisk pace
- 4. Fast pace

16. Do you do muscle strengthening, body weight or resistive exercises 2 or more days per week? *Muscle strengthening, body weight and resistive exercises include using weight machines (typically at a gym, fitness, or community centre), push-ups, squats, sit ups, and using resistance bands or free weights, like dumbbells.* (Circle one number)

- 1. Yes
- 2. No

17. Please indicate how prepared you are to increase the amount of physical activity you currently do. Where 0 = not prepared to increase and 10 = already increasing. (Circle one number)

How prepared

0 1 2 3 4 5 6 7 8 9 10

Not prepared to increase Already increasing

18. How confident are you that you can increase the amount of physical activity you currently do? Where 0 = not at all confident and 10 = extremely confident. (Circle one number)

How confident

0 1 2 3 4 5 6 7 8 9 10

Not at all confident Extremely confident

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19. Please tell us about your eating habits²:

19a. Is olive oil the main source of fat for cooking? (Circle one number)

1. Yes
 2. No

19b. Do you have 4 tablespoons (60 ml) or more of olive oil each day? (Circle one number)

1. Yes
 2. No

19c. Do you eat 4 servings of vegetables each day? *1 serving is ½ cup raw or cooked vegetables or 1 cup of raw, leafy greens.* (Circle one number)

1. Yes
 2. No

19d. Do you have 3 or more servings fruit each day? *1 serving is a whole fruit or ½ cup of fruit.* (Circle one number)

1. Yes
 2. No

19e. Do you eat less than 2 servings of red meat or processed meats each day, including red meat, hamburger, or other meat products (for example ham, sausage, etc.)? *1 serving is 75 grams or 3 ounces.* (Circle one number)

1. Yes
 2. No

19f. Do you eat 1 tablespoon (15 ml) or less of butter, margarine or cream each day? (Circle one number)

1. Yes
 2. No

² Adapted from the Mediterranean Diet Score Tool + Adherence Screener. Dietitians of Canada. Mediterranean Diet Toolkit: Supporting Patients to Reduce CVD Risk and Improve Mental Health. March 2020.



19g. Do you drink less than 1 can (355 ml or 12 oz) of sugar sweetened beverages each day? (Circle one number)

- 1. Yes
- 2. No

19h. Do you have 3 or more servings of legumes (peas, beans, or lentils) each week? 1 serving is half a cup to two-thirds of a cup. (Circle one number)

- 1. Yes
- 2. No

19i. Do you have 4 or more servings of fish or seafood [or 6 or more servings of shellfish] each week? Shellfish are animals with a shell-like exterior such as shrimp, crayfish, crab, clams, lobster, scallops, oysters, and mussels. 1 fish or shellfish serving is 3.5-5 oz or 100-150 g. One seafood serving 4-5 pieces. (Circle one number)

- 1. Yes
- 2. No

19j. Do you eat commercial baked goods such as cookies, doughnuts or cake less than 2 times each week? (Circle one number)

- 1. Yes
- 2. No

19k. Do you eat nuts 3 or more times each week? 1 serving is 30 g or 1 ounce. (Circle one number)

- 1. Yes
- 2. No

19l. Do you choose chicken or turkey more often than beef, pork, Hamburger, or sausage? (Circle one number)

- 1. Yes
- 2. No

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19m. Do you consume vegetables, pasta, or rice dishes with a homemade sauce of sautéed garlic, onions, olive oil and tomatoes 2 or more times a week? (Circle one number)

- 1. Yes
- 2. No

Mediterranean Diet Score

0

20. Please circle the number that shows how prepared you are to improve your current diet. Where 0 = not prepared to improve and 10 = already improving. (Circle one number)

How prepared

0 1 2 3 4 5 6 7 8 9 10

Not prepared
to improve

Already
improving

21. How confident are you that you could improve your current diet? Where 0 = not at all confident and 10 = extremely confident. (Circle one number)

How confident

0 1 2 3 4 5 6 7 8 9 10

Not at all
confident

Extremely
confident

22. During the past 12 months, have you had any drinks containing alcohol? (Circle one number)

- 1. Yes
- 2. No → go to question 27

23. On average, how many drinks containing alcohol do you currently have each week? A drink is defined as a 341 ml (12 oz.) glass containing 5% alcohol (beer, cider or cooler), a 142 ml (5 oz.) glass of wine with 12% alcohol content, or a 43 ml (1.5 oz.) shot/serving of 40% distilled alcohol content (rye, gin, rum, etc.). (Write the number in the space below)

Number of drinks containing alcohol you have weekly: _____

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24. **MEN: How often do you have 4 or more drinks containing alcohol on one occasion?** (Circle one number)

WOMEN: How often do you have 3 or more drinks containing alcohol on one occasion? (Circle one number)

- 1. Never
- 2. Less than monthly
- 3. Monthly
- 4. Weekly
- 5. Daily or almost daily

25. **Please indicate how prepared you are to reduce the amount of alcohol you currently drink.** Where 0 = not prepared to reduce and 10 = already reducing. (Circle one number)

How prepared

0 1 2 3 4 5 6 7 8 9 10

Not prepared to reduce Already reducing

26. **How confident are you that you could reduce the amount of alcohol you currently drink?** Where 0 = not at all confident and 10 = extremely confident. (Circle one number)

How confident

0 1 2 3 4 5 6 7 8 9 10

Not at all confident Extremely confident

27. **If there is anything else that you would like to comment on, or feel is important to include, please feel free to write in the space below.**

THANK YOU for completing the BETTER Health Survey™! Please return your survey to your healthcare provider.

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