

GoodLife Journey

INCORPORATED

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LIFE HABITS

Today's Date: _____

Please Print Clearly

Name: _____

What time do you usually get up in the morning? _____

How many meals do you eat daily: _____

What do they consist of? _____

How many cups of caffeinated tea, coffee, or cola do you drink? _____

Do you smoke cigarettes/vape/cigars/pipes, chew tobacco, or partake in hookahs/shishas? _____

At what age did you start drinking alcohol? _____

Do you drink alcohol now? Y N If yes,

How often did you have a drink containing alcohol in the past year? _____

On days in the past year when you drank alcohol, how many drinks did you typically drink? _____

How often did you have 6 or more drinks on an occasion in the past year? _____

During your lifetime, what is the number of drinks you consumed on the occasion when you drank the most? _____

Have you ever felt you needed to cut down in your drinking? Y N

Have people annoyed you by criticizing your drinking? Y N

Have you ever felt guilty about drinking? Y N

Have you ever felt you needed a drink first thing in the morning (eye-opener) to steady your nerves or get rid of a hang-over? Y N

Have you ever used drugs? Y N If yes,

What substance? Age you began For how long?

Do you use drugs now? Y N If yes,

What substance Frequency

Do you exercise? Y N If yes,

What kind? _____ How often? _____

Are you currently taking medications? Y N If, yes

Please Print Clearly

Please list: _____

Are you currently taking supplements or over the counter items? Y N If yes,

Please list: _____

What do you do that you enjoy? _____

How often does that happen? _____

How many close friends do you have? _____ How often are you in contact with them? _____

If you are currently married or in a committed relationship, how would you describe the relationship? _____

Are you spiritually active? _____ Doing what? _____

What time do you usually go to bed? _____ Do you sleep well? _____