Lifestyle Medicine Short Assessment Form

AMERICAN COLLEGE OF Lifestyle Medicine

The following questions comprise the core metrics we propose using to capture readiness, willingness and confidence to change, as well as health behaviors that are aligned with the six pillars of lifestyle medicine. This assessment tool was adapted from the original Loma Linda University/American College of Lifestyle Medicine short form published in 2019 and updated in 2024.

Readiness to Change

On a scale of 0-10, with 0 being least and 10 being most, how important is it that you make or maintain lifestyle changes to improve your health?

0 1 2 3 4 5 6 7 8 9 10

Not Ready — Somewhat Ready — Very Ready

On a scale of 0-10, with 0 being least and 10 being most, how confident are you to make or maintain lifestyle changes to improve your health?

0 1 2 3 4 5 6 7 8 9 10

Not Confident — Somewhat Confident — Very Confident

Motivation

Please rank the top 3 areas you are most motivated to change in order to improve your current overall LEVEL OF HEALTH (1 being most motivated).

___ Avoidance of Risky Substances
___ Nutrition
___ Physical Activity
___ Sleep
___ Social Connectedness
___ Stress Management

Nutrition: ACLM Diet Screener 9

This brief questionnaire will ask about your **usual diet over the last 4 weeks**. Please try to answer as accurately as possible – there are no right or wrong answers. Your best guess is better than leaving a blank.
It's ok if something that you eat falls into more than one category.

Over the last 4 weeks, how often did you eat or drink the following items?

	Never	Less than 1x/week	1-3x/ week	4-6x/ week	1-2x/ day	More than 3x/day
Fruit (Apples, bananas, oranges, melon, berries, or any other fruit)						

Nutrition: ACLM Diet Screener 9

Vegetables (Cooked and raw leafy greens, tomatoes, carrots, potatoes, peas, or any other vegetables or dishes that are mostly made from vegetables)

Never	Less than 1x/week	1-3x/ week	4-6x/ week	1-2x/ day	More than 3x/day

Whole Grains (Oats, brown rice, whole grain bread or whole grain cereal, or any other 100% whole grain products)

Never	Less than 1x/week	1-3x/ week	4-6x/ week	1-2x/ day	More than 3x/day

Refined Grains or Refined Grain Products (Any items made from white flour or white rice, like bread, tortillas, baked goods or snacks, pasta, or other foods)

Never	Less than 1x/week	1-3x/ week	4-6x/ week	1-2x/ day	More than 3x/day

Packaged/Prepared, Restaurant, Takeout, or Fast Food Meals (Any store-bought dishes or meals, refrigerated or frozen, or any kind of ready-to-eat meals or dishes, take-out, or meals from a restaurant)

Never	Less than 1x/week	1-3x/ week	4-6x/ week	1-2x/ day	More than 3x/day

Sugary Foods and Beverages (Sweetened (sugar added) breakfast cereals, sweetened yogurts, candy, other desserts, or other foods with added sugar, or any sweetened beverages including soda/pop, sweetened tea or coffee drinks, energy drinks, etc.)

Never	Less than 1x/week	1-3x/ week	4-6x/ week	1-2x/ day	More than 3x/day

Salty Foods (Chips, crackers, or other salty snacks; canned soups, sauces, salad dressings, or other foods with added salt)

Never	Less than 1x/week	1-3x/ week	4-6x/ week	1-2x/ day	More than 3x/day

Fried Foods (Fried foods such as French fries, onion rings, fried chicken or other meat, fried potatoes, fry bread, tempura, or other fried foods)

Never	Less than 1x/week	1-3x/ week	4-6x/ week	1-2x/ day	More than 3x/day

Nutrition: ACLM Diet Screener 9

Which sources of protein do you eat frequently (at least a few times a week)?

Please select all that apply.

___ Beef, pork, or lamb

___ Lunchmeat, bacon, or sausage

___ Poultry or poultry-based dishes

___ Wild game (venison, elk)

___ Nuts and seeds

___ Fish or shellfish or seafood-based dishes

___ Beans/legumes, or products made from them

___ Dairy and dairy products

___ Eggs or egg-based dishes

Physical Activity: Physical Activity Vital Sign[1]

For an average week in the last 30 days, how many days per week did you engage in moderate to vigorous physical activity (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)? _____ days

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On those days that you engage in moderate to vigorous physical activity, how many minutes, on average, do you exercise? _____ minutes

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During the past month, how many times per week did you do physical activities or exercises to strengthen your muscles? _____ times per week

Sleep

Over the last 2 weeks, how many hours of sleep did you average in a 24-hour period?

Less than 4 hrs	4-5 hrs	5-6 hrs	6-7 hrs	7-8 hrs	8-9 hrs	9 or more hrs

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Over the last 2 weeks, how often did you feel tired or have difficulty staying awake during routine tasks in the day?

Not at all	Several days	More than half the days	Nearly every day

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Mood - PHQ-2[2] *(if not already present in electronic health record)*

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopelesss				

*Note that a recent study was done on accuracy of using the PHQ-2 for detecting depression and frequency of completing the survey. We recommend users consider the findings when determining how to screen for depression in primary care settings.[3]

Meaning and Connectedness

Over the last 2 weeks, how often have you felt like your life had purpose or meaning?

Not at all	Several days	More than half the days	Nearly every day

Over the last 2 weeks, how often have you felt connected with any support network (e.g. community, spiritual, friends/family, nature, yoga, or meditation)?

Not at all	Several days	More than half the days	Nearly every day

Substance Use

In the case that something in the electronic medical record already exists to assess for the following substances, we recommend you use those assessment tools.

Have you used NICOTINE (cigarettes, e-cigarettes/vaping, chewing tobacco pouches, cigars) in the past year? _____ Yes ____ No

If you marked "YES", how many (cigarettes, e-cigarettes/vaping, chewing tobacco pouches, cigars) do you usually use a week? _____ per week

Are you currently using any over-the-counter or prescription nicotine replacement products? _____ Yes ____ No

Are you interested in quitting? _____ Yes ____ No

On a scale of 1-10, with 1 being least and 10 being most, how concerned are you about your nicotine use?

0 1 2 3 4 5 6 7 8 9 10

Not Concerned Somewhat Concerned Very Concerned

Have you used ALCOHOL (12 oz beer, 5 oz wine, 1.5 oz liquor) in the past year? _____ Yes ____ No

If you marked "YES", how much alcohol do you usually use a week? _____ per week

On a scale of 1-10, with 1 being least and 10 being most, how concerned are you about your alcohol use?

0 1 2 3 4 5 6 7 8 9 10

Not Concerned Somewhat Concerned Very Concerned

Have you used MARIJUANA / THC / CBD in the past year? _____ Yes ____ No

If you marked "YES", is this marijuana prescribed by a healthcare professional? _____ Yes ____ No

If you marked "YES", how much marijuana do you usually use a week? _____ per week

On a scale of 1-10, with 1 being least and 10 being most, how concerned are you about your marijuana use?

0 1 2 3 4 5 6 7 8 9 10

Not Concerned Somewhat Concerned Very Concerned

Substance Use Cont.

Have you used Other DRUGS (cocaine, heroin, meth, opioids etc.) in the past year? _____ Yes ____ No

If you marked "YES", how much do you usually use a week? _____ per week

On a scale of 1-10, with 1 being least and 10 being most, how concerned are you about your recreational drug use?

0 1 2 3 4 5 6 7 8 9 10

Not Concerned Somewhat Concerned Very Concerned

References:
1. Golightly YM, Allen KD, Ambrose KR, Stiller JL, Evenson KR, Voisin C, Hootman JM, Callahan LF. Physical Activity as a Vital Sign: A Systematic Review. Prev Chronic Dis. 2017 Nov 30;14:E123. doi: 10.5888/pcd14.170030. PMID: 29191260; PMCID: PMC5716811.
2. Gilbody, S., Richards, D., Brealey, S., & Hewitt, C. (2007). Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): A diagnostic meta-analysis. Journal of General Internal Medicine, 22(11), 1596-1602. 10.1007/s11606-007-0333-y
3. 1. Simon J, Panzer J, Wright KM, et al. Reduced accuracy of intake screening questionnaires tied to Quality Metrics. Annals of Family Medicine. September 1, 2023. Accessed September 19, 2024. https://www.annfammed.org/content/21/5/444.

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