

LIFESTYLE INVENTORY & ASSESSMENT QUESTIONNAIRE

PART I - LIFESTYLE NEEDS

I feel it is important to me to:

- | | | |
|--|---|--|
| <input type="checkbox"/> like the people I'm with
<input type="checkbox"/> be in a group
<input type="checkbox"/> be independent
<input type="checkbox"/> get to know others well
<input type="checkbox"/> meet many new people
<input type="checkbox"/> be a leader
<input type="checkbox"/> feel confident
<input type="checkbox"/> learn something
<input type="checkbox"/> be in pleasant, attractive surroundings
<input type="checkbox"/> be alone
<input type="checkbox"/> have a structured activity
<input type="checkbox"/> be able to do things at the last minute | <input type="checkbox"/> follow rules
<input type="checkbox"/> be praised
<input type="checkbox"/> have fun and enjoy myself
<input type="checkbox"/> release frustration
<input type="checkbox"/> have common interests with other people
<input type="checkbox"/> improve my health
<input type="checkbox"/> be able to contribute something to a group
<input type="checkbox"/> use my talents
<input type="checkbox"/> use my imagination
<input type="checkbox"/> be myself | <input type="checkbox"/> have other people like me
<input type="checkbox"/> be physically active
<input type="checkbox"/> create something
<input type="checkbox"/> find the activity challenging
<input type="checkbox"/> feel safe and secure
<input type="checkbox"/> try something new and different
<input type="checkbox"/> improve myself and skills
<input type="checkbox"/> accomplish something
<input type="checkbox"/> relax
<input type="checkbox"/> spend time with family
<input type="checkbox"/> take a risk
<input type="checkbox"/> enjoy the outdoors |
|--|---|--|

Once you have checked the lifestyle needs that are important to you, list the *three* most important and identify which activities would most probably satisfy these needs.

	LIFESTYLE NEEDS	ACTIVITY PREFERENCES
1.		_____
2.		_____
3.		_____

PART II - LIFESTYLE CHANGE

List three obstacles to consistent daily exercise in your life:

1. _____
2. _____
3. _____

How can one or more of the obstacle(s) serve as an opportunity to change your lifestyle?
