

Lifestyle Assessment Result Report

Name of examinee		Social security number	
Checkup date		Place of examination	<input type="checkbox"/> Hospital <input type="checkbox"/> Others (doctor's visit)

Smoking	<input type="checkbox"/> Nonsmoker <input type="checkbox"/> Former smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Electronic cigarette user			
	Nicotine dependence assessment		<input type="checkbox"/> Low (0–3 points) <input type="checkbox"/> Medium (4–6 points) <input type="checkbox"/> High (7–10 points)	
	Prescription for quitting smoking		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Prescription <div style="margin-left: 20px;"> <input type="checkbox"/> Counseling and education <input type="checkbox"/> Medication (nicotine replacement therapy, bupropion, varenicline) <input type="checkbox"/> Connection (nonsmoking group, smoking cessation clinic) </div>			

Drinking	<input type="checkbox"/> Nondrinker <input type="checkbox"/> Occasional drinker <input type="checkbox"/> Excessive drinker <input type="checkbox"/> Suspicious of alcohol addiction			
	Prescription for quitting drinking		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Prescription		<input type="checkbox"/> Counseling and education <input type="checkbox"/> Connection (nondrinking group, drinking cessation clinic)	

Exercise	<input type="checkbox"/> Lack of physical activity		<input type="checkbox"/> Basic physical activity		<input type="checkbox"/> Health promoting physical activity	
	<input type="checkbox"/> Lack of muscle exercise		<input type="checkbox"/> Appropriate muscle exercise			
	Prescription for exercise		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Prescribed exercise types: <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> fast walking</div> <div><input type="checkbox"/> swimming</div> <div><input type="checkbox"/> hiking</div> <div><input type="checkbox"/> aerobic</div> <div><input type="checkbox"/> stretching</div> </div>					
	Duration: <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 10 min</div> <div><input type="checkbox"/> 15–30 min</div> <div><input type="checkbox"/> over 30 min</div> <div><input type="checkbox"/> Others ()</div> </div>					
	Frequency: <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1–2 times a week</div> <div><input type="checkbox"/> 3–4 times a week</div> <div><input type="checkbox"/> More than 5 times a week</div> </div>					

Nutrition	<input type="checkbox"/> Fine		<input type="checkbox"/> Average		<input type="checkbox"/> Bad	
	Nutrition prescription		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Prescription <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="checkbox"/> Eat more <input type="checkbox"/> Eat less <input type="checkbox"/> Suggested eating habits <input type="checkbox"/> Connection </div> <div> <input type="checkbox"/> Dairy product <input type="checkbox"/> Fat <input type="checkbox"/> Do not skip breakfast (Nutrition class) </div> <div> <input type="checkbox"/> Protein <input type="checkbox"/> Simple sugar <input type="checkbox"/> Vegetables <input type="checkbox"/> Salt <input type="checkbox"/> Eat a balanced diet </div> </div>					

Obesity	<input type="checkbox"/> Normal weight		<input type="checkbox"/> Overweight		<input type="checkbox"/> Obese	
	Prescription for obesity		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Prescription <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="checkbox"/> Eat less <input type="checkbox"/> Reduce alcohol consumption and frequency <input type="checkbox"/> Refer to exercise prescription <input type="checkbox"/> Others () </div> <div> <input type="checkbox"/> Eat fewer snacks and avoid late night snacks <input type="checkbox"/> Reduce eating out or eating fast food <input type="checkbox"/> Connection (Obesity clinic) </div> </div>					

This report includes the results of your lifestyle assessment.

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Date of report

Examination Doctor: License (Qualification) / Number

Name

(signature)

(Nursing home mark)