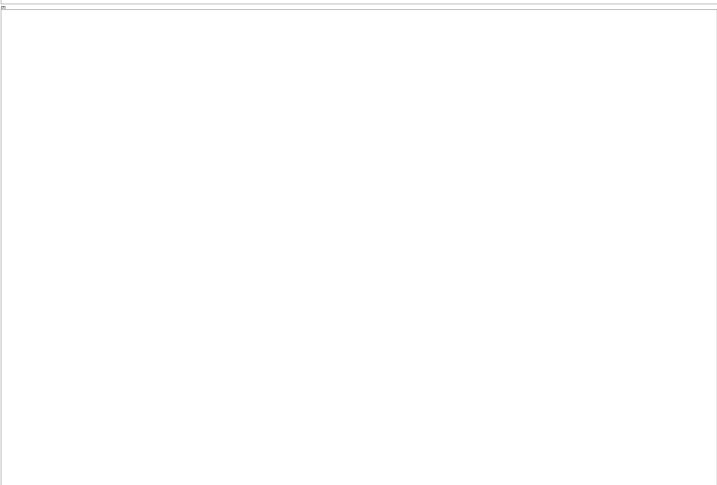




66
How healthy do you feel on a scale from 1 (not at all healthy) to 10 (very healthy)?
Date: _____
Age: _____
Gender: _____
Ethnicity: _____
Education: _____
Income: _____
Marital status: _____
Occupation: _____
Smoking status: _____
Alcohol consumption: _____
Exercise frequency: _____
Dietary habits: _____
Family history of disease: _____
Current medications: _____
Chronic conditions: _____
Stress levels: _____
Sleep quality: _____
Mental health: _____
Social support: _____
Overall quality of life: _____