

Start Date of Follow-up: / /

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LIFESTYLE Questionnaire and assessment of habits that may lead to illness and impair quality of life.

Name: _____ Date of Birth: ____/____/____

Start Date of Follow-up: ____/____/____

Have you had "more complete" exams (including hormones) in the last 12 months?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Do you have or have you ever had inadequate weight (overweight, obesity, or underweight)?	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Do you have or have you ever had a "more serious" illness or one that left a disability?	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Do you use any medication regularly?	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Are there serious illnesses in close family members?	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Do you have an allergy/intolerance to any factor to which you are still exposed?	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Have you accessed the material at www.icaro.med.br or at least the material at www.icaro.med.br/SAUDE?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Have you defined your Ikigai?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Do you already practice meditation every day, regularly?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Do you already stretch every day, regularly?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Have you read the free content at DomineSuaSaude.com.br ?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Have you watched the detailed class about the book at icaro.med.br/imersao?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Learn how to use this questionnaire at www.icaro.med.br/QUESTIONARIO

This questionnaire is part of my latest book, available in PDF and print. Check it out!