Complete this section of the questionnaire **EVERY 30 DAYS**.

AFWC
ARMED FORCES WELLNESS CENTER

HEALTH & WELLNESS TRACKER
HWT Questionnaire

Personal Information

First name:_____ Last name:_____ Date:_____

DOB:_____ DOD ID:_____ Sex: ☐ Male ☐ Female Rank:_____

Unit:_____

Military branch:
- ☐ Army
- ☐ Air Force
- ☐ Navy
- ☐ Marine Corps
- ☐ Coast Guard
- ☐ Space Force

Status:
- ☐ Active duty
- ☐ Reserve
- ☐ Guard
- ☐ Civilian
- ☐ Family member
- ☐ Retiree
- ☐ Other:_____

Contact Information

Phone:_____ Email:_____

Referral Information

How did you hear about the AFWC?
- ☐ Medical provider
- ☐ Command referral
- ☐ Other:_____

Body Composition Status

Are you currently on your branch specific body composition program?
☐ Yes ☐ No

Tobacco

Do you use nicotine/tobacco products?
☐ Yes ☐ No

If yes, how often do you use?
☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly

Do you want to quit?
☐ Yes ☐ No

Alcohol

Do you consume alcohol?
☐ Yes ☐ No

If yes, how often do you drink?
☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly

Do you want to quit?
☐ Yes ☐ No

Exercise Habits

Are you currently exercising?
☐ Yes ☐ No

If yes, how many minutes of moderate/vigorous activity do you get per week?
☐ 0 ☐ Less than 50 ☐ 50-100 ☐ 100-150 ☐ 150+

If yes, how many days per week do you engage in strength training?
☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5+

If no, have you regularly exercised in the past?
☐ Yes ☐ No

Sleep Habits

How many hours of sleep do you get per night?
☐ 0-3 ☐ 4-6 ☐ 7-9 ☐ 10+

Are You Stressed?

In the past 30 days, has perceived stress affected your ability to achieve your health and wellness goals?
☐ Yes ☐ No

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Dietary Habits

Think about the past 30 days when responding to the questions below about your dietary intake and fueling (Note: Only a few examples of each are listed below to remind you of the types of food in each category – many more are possible):

	More than 3 times per day	2 times per day	1 time per day	3-6 times per week	1-2 times per week	Rarely or never
How often did you consume any **FRUIT**? Examples: fresh, frozen, canned, or dried or 100% fruit juices. A serving is 1 cup of fruit or ½ cup of fruit juice.	☐	☐	☐	☐	☐	☐
How often did you consume any **VEGETABLES**? Examples: fresh, frozen canned, cooked, or raw: dark green vegetables (broccoli, spinach, most greens), orange vegetables (carrots, sweet potatoes, winter squash, pumpkins), legumes (dry beans, chickpeas, tofu), starchy vegetables (corn, white potatoes, green peas), and other (tomatoes, cabbage, celery, cucumbers, lettuce, onions, peppers, green beans, cauliflower, mushrooms, summer squash, etc.).	☐	☐	☐	☐	☐	☐
How often did you consume any **WHOLE GRAINS**? Examples: Rye, whole-wheat, or heavily seeded bread; brown or wild rice; whole-wheat pasta or crackers; oatmeal; corn tacos.	☐	☐	☐	☐	☐	☐
How often did you consume any **DAIRY**? Examples: Regular or whole fat milk; low- or reduced-fat milk (2%, 1%, 0.5%, or skim), yogurt, cottage cheese, low-fat cheese, frozen low-fat yogurt, soymilk, or other calcium-fortified foods (orange juice, soy/rice milk, breakfast cereals, etc.).	☐	☐	☐	☐	☐	☐
How often did you consume any **FISH**? Examples: Tuna, salmon, or other non-fried fish.	☐	☐	☐	☐	☐	☐
How often did you consume **SUGAR-SWEETENED BEVERAGES**? Examples: Coke, Sprite, flavored soda, Mountain Dew, sweet tea, lemonade, Frappuccino.	☐	☐	☐	☐	☐	☐
How often did you consume **ENERGY DRINKS**? Examples: Monster, Red Bull, Rip-It, NOS, 5-Hour.	☐	☐	☐	☐	☐	☐

Health & Wellness Goals

Select **two** goals to prioritize. Mark one as Primary (1) and the other as Secondary (2):

1 2		1 2		1 2	
☐☐	Weight loss	☐☐	Improve aerobic fitness	☐☐	Improve nutrition habits
☐☐	Weight gain	☐☐	Increase strength	☐☐	Improve sleep habits
☐☐	Improve body composition	☐☐	Improve stress management	☐☐	Tobacco/nicotine cessation

☐ Other_____

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