

Lifestyle Medicine Health Behavior Survey

The Lifestyle Medicine Health Behavior (LMHB) scale, validated by Pangalangan and Frates (2024), is a self-report tool designed to assess the six evidence-based pillars of lifestyle medicine (sleep, social connection, stress management, physical activity, nutrition, and avoidance of risky substances).

Practitioners can administer this survey to patients to gain an overall picture of well-being. The results serve as a basis for discussing health behaviors and assessing readiness for change across the six pillars. Additionally, the LMHB scale can be used periodically to monitor trends and track health behavior changes over time.



INSTRUCTIONS

Circle the response that best answers the question. Each section will measure your lifestyle habits on a scale. For example, in the first section on sleep, you should rank yourself on a scale of 0 to 4. Note that on some questions scoring is reversed. As you complete each section of the survey, add up and log your scores. At the end of the survey, you will add up your total points and plot your score for each pillar.

Pangalangan J, Puma J, Tollefson M, Frates B. Development and Psychometric Evaluation of the Lifestyle Medicine Health Behavior Scale. *American Journal of Lifestyle Medicine*. 2024;0(0). doi:10.1177/15598276241280207

Sleep

The following questions are about your typical sleep patterns.

Q1.1 Are you satisfied with your sleep?

Never

0

Rarely

1

Sometimes

2

Usually

3

Always

4

Q1.2 Do you spend less than 30 minutes awake at night? (This includes the time it takes to fall asleep and awakenings from sleep)

Never

0

Rarely

1

Sometimes

2

Usually

3

Always

4

Q1.3 Do you sleep between 6 and 8 hours per day?

Never

0

Rarely

1

Sometimes

2

Usually

3

Always

4

Sleep Score: _____

Social Connection

The following questions are about how connected you feel to others.

Q2.1 I feel distant from people.

Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
5	4	3	2	1	0

Q2.2 I see myself as a loner.

Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
5	4	3	2	1	0

Q2.3 I don't feel related to most people.

Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
5	4	3	2	1	0

Q2.4 I feel like an outsider.

Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
5	4	3	2	1	0

Social Connection Score: _____

Stress Management

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Q3.1 In the last month, how often have you felt that you were unable to control the important things in your life?

Never	Almost Never	Sometimes	Fairly Often	Very Often
4	3	2	1	0

Q3.2 In the last month, how often have you felt confident about your ability to handle your personal problems?

Never	Almost Never	Sometimes	Fairly Often	Very Often
0	1	2	3	4

Q3.3 In the last month, how often have you felt that things were going your way?

Never	Almost Never	Sometimes	Fairly Often	Very Often
0	1	2	3	4

Q3.4 In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never	Almost Never	Sometimes	Fairly Often	Very Often
4	3	2	1	0

Stress Management Score: _____

Physical Activity

Please answer these questions based on your typical week.

Q4.1 On a typical week, how much time do you spend in total on **moderate and vigorous physical activities** where your heartbeat increases and you breathe faster (e.g. brisk walking, cycling as means of transport or as exercise, heavy gardening, running or recreational sports)?

Only include activities that lasted at least 10 minutes at a time.

Less than 1/2 hour (less than 30 min) 1/2 an hour - 1 1/2 hours (30-90 min) 1 1/2 - 2 1/2 hours (90-150 min) 2 1/2 - 5 hours (150-300 min) More than 5 hours (more than 300 min)

0

1

2

3

4

Q4.2 How much of the time that you spend on physical activities in a typical week, which you indicated above, do you spend **in total** on **vigorous physical activities**? This includes activities that get your heart racing, make you sweat and leave you so short of breath that speaking becomes difficult (e.g. swimming, running, cycling at high speeds, cardio training, weight-lifting or team sports such as football).

Only include activities that lasted at least 10 minutes at a time.

Less than 1/2 hour (less than 30 min) 1/2 an hour -1 hour (30-60 min) 1 - 1 1/2 hours (60-90 min) 1 1/2 - 2 1/2 hours (90-150 min) More than 2 1/2 hours (more than 150 min)

0

1

2

3

4

Q4.3 Do you do **muscle-strengthening exercise** in a **usual week**?

If you answered No, skip the next question.

yes

no

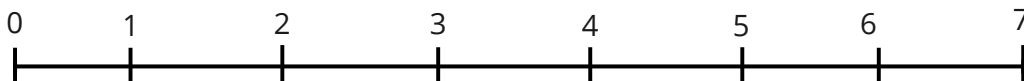
1

0

Q4.4 How **many days**, in a **usual week**, do you do muscle strengthening exercise?

Includes using weight machines, bodyweight exercises, resistance exercises, free weights like dumbbells or resistance bands, and holistic exercises (including yoga, tai-chi, or Pilates)

Days per week (0-7)



0

1

0-1 days per week

2-7 days per week

Physical Activity Score: _____

Nutrition

The following questions are about your typical eating patterns.

Q5.1 How often do you eat fresh fruits?

Examples: Apples, bananas, pears, oranges, grapes, strawberries, blueberries, etc. Include fresh fruits and frozen fruits with no added sugar. Please do not include preserved or dried fruits or fruit juice in your estimates.

[One servings equals: 1 small apple or 1/2 large banana (approximately 1 cup, size of small fist); 1 cup mandarin oranges, melon, or raspberries; 1/4 cup blueberries, 1 1/2 cup whole strawberries]

Less than 1 serving per week	1-2 servings per week	3-4 servings per week	5-6 servings per week	1 serving per day	2-3 servings per day	4 or more servings per day
0	1	2	3	4	5	6

Q5.2 How often do you eat vegetables?

Examples: Tomatoes, peppers, cucumbers, broccoli, carrots, green beans, cabbage, spinach, arugula, and other leafy vegetables. Include raw or cooked non-starchy vegetables. Please do not include starchy vegetables (such as potatoes) in your estimates.

[One serving equals: 1 cup raw vegetables (e.g. tomatoes, baby carrots, celery, green peas); 1/2 cup cooked vegetables (such as broccoli and spinach); 1 cup arugula]

Less than 3 servings per week	3-4 servings per week	5-6 servings per week	1 serving per day	2-3 servings per day	4 or more servings per day
0	1	2	3	4	5

Q5.3 How often do you eat legumes, nuts, and seeds?

Examples:

Legumes - cooked or canned beans, lentils, chickpeas or peas; miso, tofu, tempeh, hummus Nuts - almonds, walnuts, hazelnuts, peanuts, etc.

Seeds - sesame, sunflower, pumpkin, flax seeds, etc.

[One serving equals: 1/2 cup of cooked or canned legumes; 1/3 hummus or bean dip; 1/2 cup tofu; 1/4 cup tempeh; a small handful of nuts or seeds.]

Less than 1 serving per week	1-2 servings per week	3-4 servings per week	5-6 servings per week	1 serving per day	2 or more servings per day
0	1	2	3	4	5

Q5.4 How often do you eat whole grains?

Examples: Whole grain bread, whole grain bread roll, muesli, unsweetened ready to eat cereal, cooked grits/porridge, brown rice, whole grain pasta, corn tortilla. Please do not include white bread, white roll or bagels; white rice or pasta; or wheat tortilla in your estimates.

[One servings equals: 1 slice of whole grain bread; 1/2 cup cooked cereal (oats, oatmeal, quinoa); 1/2 cup cooked brown rice or whole grain pasta; 1 small corn tortilla; 1/2 cup cooked grits; 1 cup ready-to-eat-cereal flakes].

I do not eat it at all	Less than 1 serving per week	1-2 servings per week	3-4 servings per week	5-6 servings per week	1 serving per day	2-3 servings per day
0	1	2	3	4	5	6

Nutrition Score: _____

Substance-Use

Please answer the following questions based on the past 12 months.

Q6.1 How often have you used any tobacco product?

For example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco.

Daily or Almost Daily	Weekly	Monthly	Less than Monthly	Never
0	1	2	3	4

Q6.2 [Male]: How often have you had 5 or more drinks containing alcohol in one day?

[Female]: How often have you had 4 or more drinks containing alcohol in one day? 1

standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

Daily or Almost Daily	Weekly	Monthly	Less than Monthly	Never
0	1	2	3	4

Q6.3 How often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

Daily or Almost Daily	Weekly	Monthly	Less than Monthly	Never
0	1	2	3	4

Q6.4 How often have you used any prescription medications just for the feeling, more than prescribed, or that were not prescribed for you? Prescription medications that may be used in this way include:

Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, methadone). Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin). Medications for ADHD (for example, Adderall or Ritalin)

Daily or Almost Daily

0

Weekly

1

Monthly

2

Less than Monthly

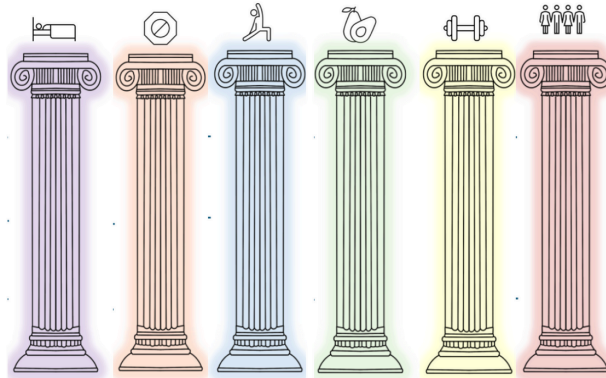
3

Never

4

Substance-Use Score: _____

Lifestyle Medicine Health Behavior Scale



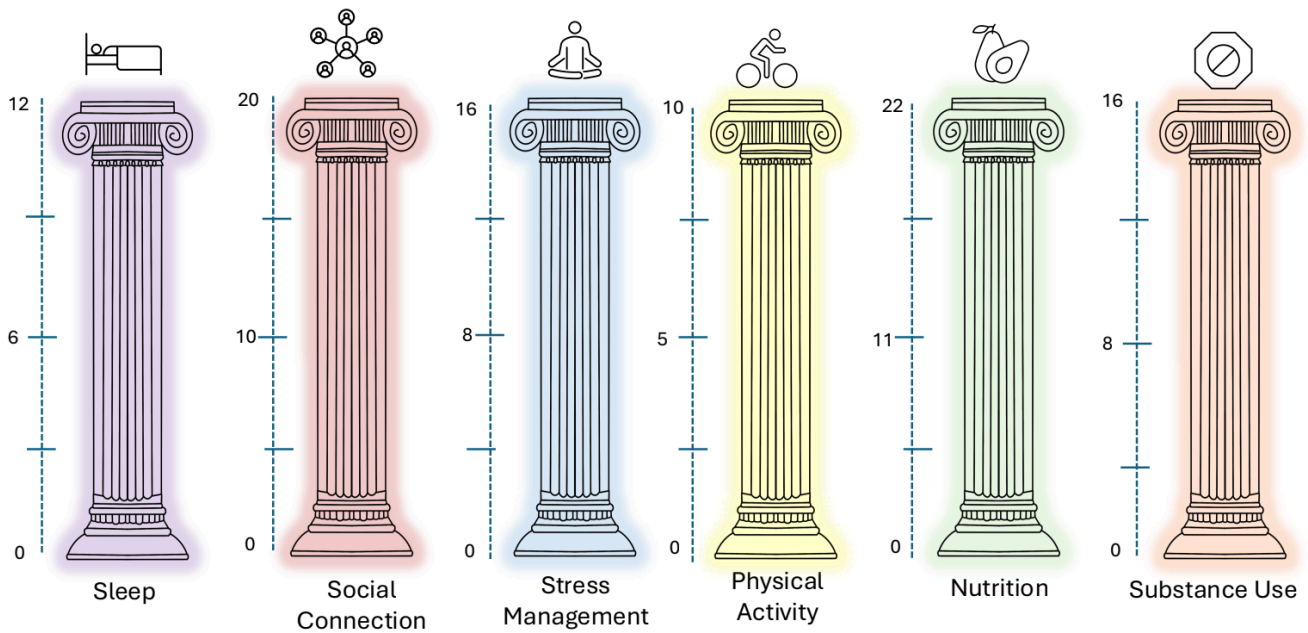
SCORING

How to score: Each of the six lifestyle pillars can be scored individually by adding the point values seen by the response selected for each question. A higher score is indicative of a healthier lifestyle in that pillar. Scores can be plotted on the lifestyle pillar visual. The questions that are reversed coded have already been adjusted for reverse scoring.

Score Totals

1. Sleep _____
2. Social Connection _____
3. Stress Management _____
4. Physical Activity _____
5. Nutrition _____
6. Substance Use _____

Plot the total score for each lifestyle medicine health behavior on the appropriate pillar.



Lifestyle Score

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1. Sleep

Scoring: ranges from 0-12

*A score of 12 meets the recommendations for sleep.

2. Social Connection

Scoring: ranges 0-20

*A score of 16-20 meets the recommendations, with a higher score indicating positive social support. [note all all four items are reverse coded]

3. Stress Management

Scoring: ranges from 0-16

*A score of 12-16 meets the recommendations for stress.

4. Physical Activity

Scoring: ranges from 0-10

*A score of 3 or above for first these two items meets the recommendations for physical activity (At least 150 minutes of moderate-intensity activity or a combination of both moderate- and vigorous activity per week). Additionally, participants should indicate that they do muscle-strengthening exercises at least twice per week.

5. Nutrition

Scoring: ranges from 0-22

*A score of 22 is indicative of positive eating habits.

6. Substance Use

Scoring: ranges from 0-16

*A score of 16 meets the recommendations for avoidance of risky substances.

