



Michael Cheikin MD
Holistic Medicine & Physiatry
 832 Germantown Pike, Suite 3
 Plymouth Meeting, PA 19462
 610-239-9901 www.cheikin.com

**Lifestyle-Twenty
 Survey**

3/4/2018
 s_lifestyle.a03.docx

Name:

Date:

	Strongly Disagree	Disagree	Neutral or Not Applicable	Agree	Strongly Agree
1) I have reviewed books, videos and webcasts and other materials regarding health and holism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) I take gentle walks, do yoga, or do other exercise 1-3x/week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) I sleep at least 7 - 8 hours per night and wake up feeling well rested. My bedroom is pitch dark.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) I drink at least 8 cups of quality water/day. I have a filter or other source of quality water.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) I believe spirit, community, connection, laughter and music are necessary for optimal health and healing, and feel this dimension is addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) I eat organic only: soy, spinach, strawberries, peppers, other fruits & veggies, animal products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) I have one vegetarian/raw/juice meal/day per week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) I eat healthy oils, nuts and seeds: almond, chia, coconut, flax, olive, sesame and walnut. I know how to read labels regarding fats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) My primary sweeteners are fresh fruit, honey, maple syrup and coconut sugar. I avoid artificial sweeteners, corn syrup, fructose, sugar-sweetened soda and "diet" drinks. I understand how to read food labels regarding carbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) I have replaced table salt with Himalayan Salt or celtic salt. My diet contains an Iodine source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) I have reduced or eliminated tuna, swordfish from my diet. I only eat wild salmon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) I have reduced or replace cosmetics and household chemicals with organic sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) I am consistent in my use of pharmaceutical medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) I have eliminated all hydrogenated oils and other toxic additives. I know how to read food labels regarding additives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) I have eliminated or reduced fruit juice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) I have reduced or eliminated caffeine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) I do not smoke cigarettes, cigars or vapes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) I have reduced or eliminated aluminum and non-stick cookware.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) I have eliminated fluoride from my toothpaste and water. My oral hygiene and status are acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) I am aware of EMF's and am cautious with my phone, router and other wireless technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>