



Life Rebuilder  
Academy

HEART  
GUARDIAN PRE-  
CALL  
QUESTIONNAIRE

# Heart Guardian Pre-Call Questionnaire

.....  
NAME

DATE

## What do you want?

In general, what are your goals? Check all that apply.

- |  |   |  |
|--|---|--|
| <input type="radio"/> Lower cholesterol          | <input type="radio"/> Lose weight / fat             | <input type="radio"/> Have a plan to follow  |
| <input type="radio"/> Lower blood pressure       | <input type="radio"/> Get control of eating habits  | <input type="radio"/> Other please specify): |
| <input type="radio"/> Lower triglycerides        | <input type="radio"/> Look better                   | -----  |
| <input type="radio"/> Lower stress               | <input type="radio"/> Have more energy and vitality | -----  |
| <input type="radio"/> Reduce or stop medications | <input type="radio"/> Healthy aging                 | -----  |

## What do you want to change?

How, specifically, would you like your habits, your health, your eating, and / or your body to be different?

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Out of all of the changes you'd like to make, which ones feel most important / urgent?

1.  
.....
2.  
.....
3.  
.....

**Have you tried anything in the past (or recently) to change your habits, your health, your eating, and / or your body? If so, what?**



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**Which of those things worked well for you, and why?** (Even just a little bit, and even if you might not be doing them right now.)

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**Which of those things didn't work well for you, and why not?**

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**If you were to consider maybe making more changes to your habits, your health, your eating, and / or your body, what might those be?**

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**Until now, what has blocked you or held you back from changing these things?**

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## What are you doing right now?

Right now, how would you rank your overall eating / nutrition habits?

HORRIBLE  1  2  3  4  5  6  7  8  9  10 AWESOME!!!

Why?

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Are you regularly active in sports and / or exercise?

Y  N

If so, approximately how many hours per week?

- Fewer than 5 hours
- 5-9
- 10-14
- 15-19
- 20 or more

What types of sports and / or exercise do you typically do?

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Approximately how many hours a week do you do other types of physical activity? (e.g., housework, walking to work or hike, home repairs, moving around at work, gardening)

- Fewer than 5 hours
- 5-9
- 10-14
- 15-19
- 20 or more

What other types of movement and / or activities do you do?

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## What's around you?

**Who lives with you?** Check all that apply.

- Spouse or partner(s)       Child(ren)       Other family (e.g. parent, grandparent, sibling, etc.)  
 Pet(s)

**Do you have children?**

Y  N

If yes, how many and what are their ages?

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**Who does most of the grocery shopping in your household?** Check all that apply.

- Me     Other family.     Spouse or partner(s)  Child(ren)

**Who does most of the cooking in your household?** Check all that apply.

- Me     Other family.     Spouse or partner(s)  Child(ren)

**Who decides on most of the menus / meal types in your household?** Check all that apply.

- Me     Other family.     Spouse or partner(s)  Child(ren)

**Right now, how much do the people and things around you support health, fitness, and / or behavior change?**

- NOT AT ALL     1     2     3     4     5     6     7     8     9     10    COMPLETELY

## What's your health like?

Have you have been diagnosed (currently or in the past) with any significant medical condition(s) and / or injuries?

Y  N

Right now, do you have any specific health concerns, such as illnesses, pain, and / or injuries?

Y  N

Right now, are you taking any medications, either over-the-counter or prescription?

Y  N

On a scale of 1-10, how would you rank your health right now?

WORST  1  2  3  4  5  6  7  8  9  10 AWESOME!!!

Why?

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Do you have your recent blood test results (including: total cholesterol, LDL,HDL, triglycerides?)

Y  N

## How ready, willing, and able are you to change?

Right now, on a scale of 1-10:

**How READY** are you to change your behaviors and habits?

NOT AT ALL (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) COMPLETELY

**How WILLING** are you to change your behaviors and habits?

NOT AT ALL (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) COMPLETELY

**How ABLE** are you to change your behaviors and habits?

NOT AT ALL (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) COMPLETELY

**Thank you for completing this pre-call questionnaire. We'll review your answers during the call and suggest a clear path you can follow to lower your cholesterol and get your health under control.**