

<u>EPTI</u> <u>Lifestyle Questionnaire</u>

1. What time does your normal day start?
2. What time do you wake?
3. What is your occupation?
4. How many hours on average do you spend sitting in a chair at work?
5. How far is work from home and how do you get there? is it possible to walk, jog, cycle there?
6. Would you describe your work as stressful? are you under stress?
7. Do you have children?
8. What time does your normal day end? what time do you go to bed?
9. How fit would you describe yourself? -> below average / average / above average / elite ?
10. Do you exercise regularly? if so, what activities & frequency?
11. Do you smoke? if so, what and how many per day?
12. Do you drink alcohol regularly?
13 if so, how many units consumed during the week? and how many at the weekend?
14. Is your diet generally good / bad / average / fast food / other ?



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Please tick one box (1-5) in each row for the answer that applies to each statement.

	1	2	3	4	5
FATIGUE	very fresh	fresh	normal	more tired than normal	always tired
SLEEP QUALITY	very restful	good	difficulty falling asleep	restless sleep	insomnia
GENERAL MUSCLE SORENESS	feel great	feel good	normal	increase in soreness/ tightness	very sore
STRESS LEVELS	very relaxed	relaxed	normal	feel stressed	highly stressed
MOOD	very positive	good mood	less interested	snappy	highly annoyed