

NAME, SURNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE \_\_\_\_\_

**QUESTIONNAIRE: HEALTHY LIFESTYLE**

WHAT?	X PER DAY/WEEK
SPORTS (indicate which sport and hours/week)	
HOURS OF SLEEP (per day)	
HOURS OF SITTING (school, study, TV/ day)	
ALCOHOL (glass/ week)	
SMOKER/ NON-SMOKER      yes / no	CIGARETTES/DAY
No. OF MEALS/ DAY	
FRUIT/ VEGETABLES              yes/ no	
DINNER AFTER 18.00              yes/ no	

MAIN AIMS:

<b>WHAT TO EXPECT FROM THIS MINI-PROJECT? YOUR WISHES/ DESCRIPTION (IN BRIEF)</b>	
WEIGHT	
ACTIVITY(1, 2, 3) Indoor/ outdoor	
WELL-BEING	
NUTRITION	
OTHER:	

## MINI-PROJECT PLAN: AIMS, OBJECTIVES AND GOALS

ACTIVITY 1

ACTIVITY 2

ACTIVITY 3

WHAT/ HOW MANY?	26. 11.	27. 11.	28. 11.	29. 11.	30. 11.	1. 12.	2. 12.	3. 12.	4. 12.
SLEEP									
SIT									
EAT (MEALS AFTER 18.00)									
CIGARETTES									
ALCOHOL									
ACTIVITY 1									
HOW LONG?									
ACTIVITY 2									
HOW LONG?									
ACTIVITY 3									
HOW LONG?									

### TESTING YOUR BODY STATUS:

DATE	26. 11. 2016	10. 12. 2016
WEIGHT (kg)		
HEIGHT (cm)		
HR <sup>1</sup> WHEN RESTING		
YOUR ACTIVITY 1, 2, 3 _____ <sup>2</sup>		

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<sup>1</sup> SU (HR) = SRČNI UTRIP

<sup>2</sup> VSTAVI AKTIVNOST IN ENOTO MERJENJA npr. KOLESARJENJE (št. metrov v 12 minutah)