

# TOTA-card

Name \_\_\_\_\_

Date \_\_\_\_\_



BELOW, YOU'LL FIND A LIST OF KEY FACTORS AFFECTING YOUR HEALTH. ASSESS THEM BY CHOOSING ONE OF THE OPTIONS.

Your assessment will help the health practitioner to focus on the key factor that really interest you now or that you're worried about.

	I'm happy with my current situation	My situation is currently OK	I'm not happy with my current situation and I'd like to ask more / discuss this
			
1. Friends and dating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Family and parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Food and eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Weight and waist measure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Screen time (TV, computer, mobile phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Alcohol and drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sleep and rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Mental health and coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>