Questionnaire for Lifestyle and Medical Information

Section 1. Lifestyle Variables

1.1 Physical Activity

How many days per week do you engage in physical activity or structured exercise? _____ days/week

What is the average duration of each session? _____ minutes/session

How would you describe the intensity of your usual physical activity?

☐ Light (e.g., walking, low effort activities)

☐ Moderate (e.g., brisk walking, gym training)

☐ Vigorous (e.g., running, high-intensity training)

How many sessions of physical activity do you usually perform per week?

☐ <3 sessions/week

☐ ≥3 sessions/week

1.2 Sleep

On average, how many hours do you sleep per night? _____ hours/night

1.3 Alcohol Consumption

Do you consume alcoholic beverages? ☐ No ☐ Yes

If yes, how frequently? ☐ ≤1–2 times/week ☐ ≥3 times/week

1.4 Smoking Status

What is your current smoking status? ☐ Non-smoker ☐ Smoker

1.5 Perceived Stress

On a scale from 0 to 10, how would you rate your current stress level? (0 = no stress, 10 = maximum stress) _____

Section 2. Medical History and Pharmacological Treatment

2.1 Previous Diagnoses

Have you ever been diagnosed by a healthcare professional with any of the following conditions?

Condition	Yes ☐	No ☐
Hypertension	☐	☐
Dyslipidaemia	☐	☐
Diabetes	☐	☐

2.2 Current Pharmacological Treatment

Are you currently taking any of the following medications?

Medication Type	Yes ☐	No ☐
Antihypertensive drugs	☐	☐
Lipid-lowering drugs	☐	☐
Antidiabetic drugs	☐	☐