VITALS VAULT

FREE GUIDE

The 5-minute visit prep sheet

Doctors have little time. Fill in this page before your visit so your sleep, movement, alcohol and stress are clear, and you can ask for what you need.

MY HABITS AT A GLANCE

Area	What to note	My answer
Sleep	Hours, trouble falling or staying asleep, snoring, rested?	
Movement	Cardio, strength, stretching, balance	
Tobacco	Smoking or vaping, how much	
Alcohol	Drinks a week (a drink is 5 oz wine, 12 oz beer, 1.5 oz spirits)	
Stress	Rate 1 to 10: work, family, social, money, health	
Support	People I can lean on	
Routine	Meals, work hours, screens	

FOR THE VISIT

Medicines and supplements I take _____

What I most want help with _____

Results I want to discuss _____

QUESTIONS TO ASK

- [ ] What can my labs tell us about these habits?
- [ ] Which numbers should we track?
- [ ] What is the first change worth making?
- [ ] When should I retest?

Sources: Our own prep sheet based on a lifestyle intake form. No scoring. A prompt for conversation, not a diagnosis.

Educational only. Not medical advice, and not a diagnosis. Take this to your own clinician. vitalsvault.com