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# GOALS + MOTIVATION

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# PILLAR: Nutrition

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- question\_id: Q2.01

section: Nutrition and Diet

question: How would you characterize your typical daily diet?

type: single-select

score\_range: 0-10

answers:

- text: Very healthy

score: 10

- text: Moderately healthy

score: 6

- text: Unhealthy

score: 2

pillars:

- name: Nutrition

weight: 2.0

- question\_id: Q2.02

section: Nutrition and Diet

question: How many full meals do you typically eat per day?

type: single-select

score\_range: 0-10

answers:

- text: 1

score: 2

- text: 2

score: 5

- text: 3

score: 8

- text: 4 or more

score: 10

pillars:

- name: Nutrition

weight: 1.0

- question\_id: Q2.03

section: Nutrition and Diet

question: How many snacks do you typically eat per day?

type: single-select

score\_range: 0-10

answers:

- text: I don't typically snack

score: 10

- text: 1

score: 8

- text: 2

score: 6

- text: 3

score: 4

- text: 4 or more

score: 2

pillars:

- name: Nutrition

weight: 1.0

- question\_id: Q2.04

section: Nutrition and Diet

question: How often do you eat out or order takeout/delivery?

type: single-select

score\_range: 0-10

answers:

- text: Rarely

score: 10

- text: Once a week

score: 7

- text: Several times a week

score: 4

- text: Daily

score: 2

pillars:

- name: Nutrition

weight: 2.0

- question\_id: Q2.05

section: Nutrition and Diet

group\_id: protein-intake

question: Do you track your daily protein intake?

type: single-select

score\_range: 0-10

answers:

- text: Yes

score: 10

- text: No, but I'm generally aware

score: 7

- text: No

score: 2

pillars:

- name: Nutrition

weight: 1.0

- question\_id: Q2.06

section: Nutrition and Diet

group\_id: protein-intake

question: How many grams of protein do you typically consume per day?

type: single-select

score\_range: 0-10

depends\_on: Q2.05

show\_if:

- Yes

- No, but I'm generally aware

score\_formula: >

Calculate g/lb using BW or LBM:

<0.4 → 2

0.4–0.6 → 5

0.6–0.8 → 7

0.8–1.0 → 9

≥1.0 → 10

pillars:

- name: Nutrition

weight: 2.5

- question\_id: Q2.07

section: Nutrition and Diet

group\_id: vegetable-consumption

question: How many servings of fruits and vegetables do you consume daily?

type: single-select

score\_range: 0-10

answers:

- text: 0 servings

score: 2

- text: 1-2 servings

score: 4

- text: 3-4 servings

score: 7

- text: 5 or more servings

score: 10

pillars:

- name: Nutrition

weight: 2.0

- question\_id: Q2.08

section: Nutrition and Diet

group\_id: vegetable-consumption

question: Would you consider increasing your fruit and vegetable consumption in the future in support of your longevity goals?

type: single-select

score\_range: 0

depends\_on: Q2.07

show\_if:

- 0 servings

- 1-2 servings

- 3-4 servings

answers:

- text: Yes

score: 0

- text: No

score: 0

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.09

section: Nutrition and Diet

group\_id: red-meat-consumption

question: How often do you consume processed or red meat?

type: single-select

score\_range: 0-10

answers:

- text: Rarely

score: 10

- text: Once a week

score: 7

- text: Several times a week

score: 4

- text: Daily

score: 2

pillars:

- name: Nutrition

weight: 2.0

- question\_id: Q2.10

section: Nutrition and Diet

group\_id: red-meat-consumption

question: Would you consider decreasing your processed and red meat consumption in the future in support of your longevity goals?

type: single-select

score\_range: 0

answers:

- text: Yes

score: 0

- text: No

score: 0

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.11

section: Nutrition and Diet

group\_id: water-consumption

question: How much water do you drink daily?

type: single-select

score\_range: 0-10

answers:

- text: Less than 1 liter (34 oz)

score: 2

- text: 1-2 liters (24-68 oz)

score: 7

- text: More than 2 liters (68 oz)

score: 10

pillars:

- name: Nutrition

weight: 1.0

- question\_id: Q2.12

section: Nutrition and Diet

group\_id: water-consumption

question: Would you consider increasing your daily water intake in the future in support of your longevity goals?

type: single-select

score\_range: 0

depends\_on: Q2.11

show\_if:

- Less than 1 liter (34 oz)

- 1-2 liters (24-68 oz)

answers:

- text: Yes

score: 0

- text: No

score: 0

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.13

section: Nutrition and Diet

question: Have you ever worked with a nutritionist or dietitian?

type: single-select

score\_range: 0-10

answers:

- text: Yes

score: 10

- text: No

score: 2

pillars:

- name: Nutrition

weight: 0.5

- question\_id: Q2.14

section: Nutrition and Diet

question: Would you consider working with a nutritionist or dietitian in the future in support of your longevity goals?

type: single-select

score\_range: 0

depends\_on: Q2.13

show\_if: No

answers:

- text: Yes

score: 0

- text: No

score: 0

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.15

section: Nutrition and Diet

group\_id: food-allergies

question: Do you have any food allergies or intolerances?

type: single-select

score\_range: 0

answers:

- text: Yes

score: 5

- text: No

score: 10

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.16

section: Nutrition and Diet

group\_id: food-allergies

question: Which of the following are you allergic or intolerant to (select all that apply)?

type: multi-select

score\_range: 0

depends\_on: Q2.15

show\_if: Yes

answers:

- text: Gluten

score: 0

- text: Dairy

score: 0

- text: Peanuts

score: 0

- text: Tree nuts

score: 0

- text: Shellfish

score: 0

- text: Other (please specify)

score: 0

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.17

section: Nutrition and Diet

question: Please describe your typical breakfast, lunch, and dinner, as well as the types of snacks consumed regularly

type: free\_response

score\_range: 0

answers: []

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.18

section: Nutrition and Diet

group\_id: digestive-issues

question: Do you experience any digestive issues?

type: single-select

score\_range: 0-10

answers:

- text: Yes

score: 4

- text: No

score: 10

pillars:

- name: Nutrition

weight: 0.5

- question\_id: Q2.19

section: Nutrition and Diet

group\_id: digestive-issues

question: Which of the following digestive issues do you experience (select all that apply)?

type: multi-select

score\_range: 0

depends\_on: Q2.18

show\_if: Yes

answers:

- text: Bloating

score: 0

- text: Constipation

score: 0

- text: Diarrhea

score: 0

- text: Acid reflux

score: 0

- text: Other (please specify)

score: 0

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.20

section: Nutrition and Diet

question: What are your primary goals regarding diet and nutrition? (select all that apply)

type: multi-select

score\_range: 0

answers:

- text: Improve overall health

- text: Increase energy levels

- text: Enhance mental clarity

- text: Improve digestion

- text: Improve physical appearance (e.g., skin health)

- text: Longevity and healthy aging

- text: Reduce inflammation

- text: Manage a chronic condition (e.g., diabetes, hypertension)

- text: Weight loss

- text: Weight gain

- text: Other (please specify)

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.21

section: Nutrition and Diet

depends\_on: Q2.20.length > 0

question: Please rank your diet and nutrition goals in order of importance.

type: rank

conditional\_inclusion: only include options selected in Q2.20

score\_range: 0

answers:

- Improve overall health

- Increase energy levels

- Enhance mental clarity

- Improve digestion

- Improve physical appearance (e.g., skin health)

- Longevity and healthy aging

- Reduce inflammation

- Manage a chronic condition (e.g., diabetes, hypertension)

- Weight loss

- Weight gain

- Other (please specify)

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.22

group\_id: dietary\_history

question: Have you ever followed a specific diet plan for health or weight management purposes?

type: single-select

score\_range: 0-10

answers:

- text: Yes

score: 10

- text: No

score: 2

pillars:

- name: Nutrition

weight: 1.0

- question\_id: Q2.23

group\_id: dietary\_history

depends\_on: Q2.22 == "Yes"

question: Which diet(s) have you followed in the past? (select all that apply)

type: multi-select

answers:

- text: Whole Food Plant-Based Diet

- text: Mediterranean Diet

- text: High-Protein Diet

- text: Low-Carb Diet (e.g., keto, Atkins)

- text: Vegetarian Diet

- text: Vegan Diet

- text: Intermittent Fasting

- text: Low-Fat Diet

- text: Paleo Diet

- text: Whole30

- text: DASH Diet

- text: Other (please specify)

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.24

group\_id: dietary\_history

depends\_on: Q2.22 == "Yes"

question: What were your primary goals when starting your dietary plan? (select all that apply)

type: multi-select

answers:

- text: Improve overall health

- text: Increase energy levels

- text: Enhance mental clarity

- text: Improve digestion

- text: Improve physical appearance (e.g., skin health)

- text: Longevity and healthy aging

- text: Reduce inflammation

- text: Manage a chronic condition (e.g., diabetes, hypertension)

- text: Weight loss

- text: Weight gain

- text: Other (please specify)

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.25

group\_id: dietary\_history

depends\_on: Q2.22 == "Yes"

question: How long have you typically adhered to a dietary plan?

type: single-select

answers:

- text: Less than 1 month

- text: 1–3 months

- text: 4–6 months

- text: 7–12 months

- text: More than 1 year

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.26

group\_id: dietary\_history

depends\_on: Q2.22 == "Yes"

question: How successful were you in achieving your goals with these diets?

type: single-select

answers:

- text: Not successful

- text: Somewhat successful

- text: Very successful

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.27

group\_id: dietary\_attitudes

depends\_on: Q2.22 == "No"

question: If no, what are the primary reasons you have never followed a specific diet plan? (select all that apply)

type: multi-select

answers:

- text: Satisfied with current eating habits

- text: Lack of interest

- text: Uncertainty about which diet to follow

- text: Concern about potential health effects

- text: Perceived difficulty or inconvenience

- text: Other (please specify)

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.28

group\_id: dietary\_attitudes

depends\_on: Q2.22 == "No"

question: Have you considered following a specific dietary plan for health or weight management purposes?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Nutrition

weight: 0.5

- question\_id: Q2.29

group\_id: dietary\_attitudes

depends\_on: Q2.22 == "No"

question: Would you be willing to try a dietary plan in the future in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: Maybe

- text: No

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.30

group\_id: dietary\_attitudes

depends\_on: Q2.22 == "No"

question: What factors have prevented you from starting or continuing a dietary plan in the past? (select all that apply)

type: multi-select

answers:

- text: Lack of time to prepare meals

- text: Conflicting information about nutrition

- text: Social or family commitments

- text: Uncertainty about effectiveness

- text: Other (please specify)

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.31

group\_id: dietary\_attitudes

question: Which of the following dietary guidelines or principles would you be interested in exploring? (select all that apply)

type: multi-select

answers:

- text: Whole Food Plant-Based Diet

- text: Mediterranean Diet

- text: High-Protein Diet

- text: Low-Carb Diet (e.g., keto, Atkins)

- text: Vegetarian Diet

- text: Vegan Diet

- text: Intermittent Fasting

- text: Other (please specify)

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.32

group\_id: dietary\_behavior\_change

question: What diet changes, if any, have you made to improve your health? (select all that apply)

type: multi-select

answers:

- text: Increased fruit and vegetable consumption

- text: Reduced sugar intake

- text: Limited processed foods

- text: Increased water intake

- text: Reduced processed and red meat intake

- text: Reduced portion sizes

- text: Other (please specify)

- text: None

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.33

group\_id: dietary\_behavior\_change

depends\_on: Q2.24 includes "None" == false

question: Would you consider making any of the following dietary changes in the future? (select all that apply)

conditional\_exclusion: exclude options already selected in Q2.24

type: multi-select

answers:

- text: Increased fruit and vegetable consumption

- text: Reduced sugar intake

- text: Limited processed foods

- text: Increased water intake

- text: Reduced processed and red meat intake

- text: Reduced portion sizes

- text: Other (please specify)

- text: None

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.34

group\_id: diet\_barriers\_support

question: Which of the following reasons, if any, do you feel have limited your ability to make sustainable dietary changes? (select all that apply)

type: multi-select

answers:

- text: Lack of time to prepare meals

- text: Difficulty in following the plan consistently

- text: Social events or peer pressure

- text: Lack of variety and enjoyment in meals

- text: Insufficient results or slow progress

- text: Cravings for restricted foods

- text: Stress or emotional eating

- text: Lack of support or guidance

- text: Health issue or adverse effects

- text: Other (please specify)

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.35

group\_id: diet\_barriers\_support

question: What kind of support, if any, do you think would be helpful in making sustainable dietary changes? (select all that apply)

type: multi-select

answers:

- text: Assistance with meal preparation

- text: Regular check-ins with a nutritionist or dietitian

- text: Access to easy and quick recipes

- text: Meal planning and preparation tips

- text: Mobile app or online tracking tool

- text: Accountability partner

- text: Other (please specify)

- text: None

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.36

group\_id: calorie\_tracking

question: Do you track your daily caloric intake?

type: single-select

score\_range: 0-10

answers:

- text: Yes

score: 10

- text: No, but I'm generally aware of how many calories I consume each day

score: 5

- text: No

score: 0

pillars:

- name: Nutrition

weight: 1.0

- question\_id: Q2.37

group\_id: calorie\_tracking

depends\_on: Q2.36 == "No"

question: If no, what are the primary reasons you do not track your caloric intake? (select all that apply)

type: multi-select

answers:

- text: Too time consuming

- text: Feels restrictive or obsessive

- text: Lack of knowledge regarding how to track calories

- text: Difficult to estimate portion sizes correctly

- text: Does not fit into my lifestyle

- text: Prefer to eat intuitively

- text: Have had negative experiences with calorie tracking

- text: Believe it is unnecessary for my goals

- text: Concern about developing an unhealthy relationship with food

- text: Other (please specify)

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.38

group\_id: calorie\_tracking

depends\_on: Q2.36 != "Yes"

question: Would you consider tracking your caloric intake in the future?

type: single-select

answers:

- text: Yes

- text: No

- text: Maybe

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.39

group\_id: calorie\_tracking

depends\_on: Q2.36 != "Yes"

question: Which, if any, of the following methods would you consider as an alternative to calorie tracking? (select all that apply)

type: multi-select

answers:

- text: Caloric restriction (e.g. portion control)

- text: Dietary restriction (e.g., Mediterranean diet, vegetarian diet)

- text: Time restriction (e.g., intermittent fasting)

- text: Eating more whole foods and less processed foods

- text: Listening to hunger and fullness cues

- text: Focusing on macronutrient balance

- text: Regular consultations with a nutritionist or dietitian

- text: Other (please specify)

- text: None

pillars:

- name: Nutrition

weight: 0

- question\_id: Q2.40

group\_id: calorie\_tracking

depends\_on: Q2.36 == "Yes"

question: If you do track, how many calories do you typically consume per day?

type: single-select

score\_range: 0-10

answers:

- text: <1,000

score: 2

- text: 1,000-1,500

score: 5

- text: 1,500-2,000

score: 8

- text: 2,000-2,500

score: 10

- text: 2,500-3,000

score: 7

- text: ">3,000"

score: 5

pillars:

- name: Nutrition

weight: 1.0

- question\_id: Q2.41

group\_id: calorie\_tracking

depends\_on: Q2.36 == "Yes"

question: If you do track, which of the following tools do you use to track your caloric intake? (select all that apply)

type: multi-select

answers:

- text: Food scale

- text: Mobile app (e.g., MyFitnessPal)

- text: Written food diary or journal

- text: Online calorie tracking tools

- text: Pre-packaged meal plans with calorie counts

- text: Other (please specify)

pillars:

- name: Nutrition

weight: 0

# ===========================

# PILLAR: Movement + Exercise

# ===========================

- question\_id: Q3.01

group\_id: physical\_exercise

question: How often do you engage in physical exercise?

type: single-select

score\_range: 0-10

answers:

- text: Rarely

score: 0

- text: Occasionally (1–2 times per week)

score: 4

- text: Regularly (3–4 times per week)

score: 7

- text: Frequently (5 or more times per week)

score: 10

pillars:

- name: Movement

weight: 2.5

- question\_id: Q3.02

group\_id: physical\_exercise

depends\_on: Q3.01 == "Rarely" or Q3.01 == "Occasionally (1–2 times per week)"

question: Would you consider exercising more frequently in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: Maybe

- text: No

pillars:

- name: Movement

weight: 0

- question\_id: Q3.03

group\_id: physical\_exercise

question: What types of exercise do you typically engage in? (select all that apply)

type: multi-select

answers:

- text: Cardio (e.g., running and cycling)

- text: Strength training (e.g., weight lifting)

- text: Flexibility/mobility (e.g., yoga, stretching)

- text: High-intensity interval training (HIIT)

- text: Sports (e.g., golf, tennis)

- text: Other (please specify)

- text: None

pillars:

- name: Movement

weight: 1

- question\_id: Q3.04

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Cardio (e.g., running and cycling)"

question: How often do you engage in Cardio (e.g., running and cycling)?

type: single-select

answers:

- text: Occasionally (1–2 times per week)

- text: Regularly (3–4 times per week)

- text: Frequently (5 or more times per week)

pillars:

- name: Movement

weight: 1

- question\_id: Q3.05

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Strength training (e.g., weight lifting)"

question: How often do you engage in Strength training (e.g., weight lifting)?

type: single-select

answers:

- text: Occasionally (1–2 times per week)

- text: Regularly (3–4 times per week)

- text: Frequently (5 or more times per week)

pillars:

- name: Movement

weight: 1

- question\_id: Q3.06

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Flexibility/mobility (e.g., yoga, stretching)"

question: How often do you engage in Flexibility/mobility (e.g., yoga, stretching)?

type: single-select

answers:

- text: Occasionally (1–2 times per week)

- text: Regularly (3–4 times per week)

- text: Frequently (5 or more times per week)

pillars:

- name: Movement

weight: 1

- question\_id: Q3.07

group\_id: physical\_exercise

depends\_on: Q3.03 includes "High-intensity interval training (HIIT)"

question: How often do you engage in High-intensity interval training (HIIT)?

type: single-select

answers:

- text: Occasionally (1–2 times per week)

- text: Regularly (3–4 times per week)

- text: Frequently (5 or more times per week)

pillars:

- name: Movement

weight: 1

- question\_id: Q3.08

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Sports (e.g., golf, tennis)"

question: How often do you engage in Sports (e.g., golf, tennis)?

type: single-select

answers:

- text: Occasionally (1–2 times per week)

- text: Regularly (3–4 times per week)

- text: Frequently (5 or more times per week)

pillars:

- name: Movement

weight: 1

- question\_id: Q3.09

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Cardio (e.g., running and cycling)"

question: How long is each Cardio session on average?

type: single-select

answers:

- text: Less than 30 minutes

- text: 30–45 minutes

- text: 45–60 minutes

- text: More than 60 minutes

pillars:

- name: Movement

weight: 1

- question\_id: Q3.10

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Strength training (e.g., weight lifting)"

question: How long is each Strength training session on average?

type: single-select

answers:

- text: Less than 30 minutes

- text: 30–45 minutes

- text: 45–60 minutes

- text: More than 60 minutes

pillars:

- name: Movement

weight: 1

- question\_id: Q3.11

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Flexibility/mobility (e.g., yoga, stretching)"

question: How long is each Flexibility/mobility session on average?

type: single-select

answers:

- text: Less than 30 minutes

- text: 30–45 minutes

- text: 45–60 minutes

- text: More than 60 minutes

pillars:

- name: Movement

weight: 1

- question\_id: Q3.12

group\_id: physical\_exercise

depends\_on: Q3.03 includes "High-intensity interval training (HIIT)"

question: How long is each HIIT session on average?

type: single-select

answers:

- text: Less than 30 minutes

- text: 30–45 minutes

- text: 45–60 minutes

- text: More than 60 minutes

pillars:

- name: Movement

weight: 1

- question\_id: Q3.13

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Sports (e.g., golf, tennis)"

question: How long is each Sports session on average?

type: single-select

answers:

- text: Less than 30 minutes

- text: 30–45 minutes

- text: 45–60 minutes

- text: More than 60 minutes

pillars:

- name: Movement

weight: 1

- question\_id: Q3.14

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Strength training (e.g., weight lifting)" == false

question: If strength training is not part of your routine, what are the primary reasons? (select all that apply)

type: multi-select

answers:

- text: Lack of knowledge about strength training

- text: Lack of access to equipment

- text: Preference for other types of exercise

- text: Concern about injury

- text: Perception that it is not necessary for my goals

- text: Disinterest in strength training

- text: Intimidation or discomfort in the gym environment

- text: Physical limitations or medical conditions

- text: Other (please specify)

pillars:

- name: Movement

weight: 0

- question\_id: Q3.15

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Strength training (e.g., weight lifting)" == false

question: Would you consider adding strength training in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: No

- text: Maybe

pillars:

- name: Movement

weight: 0

- question\_id: Q3.16

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Strength training (e.g., weight lifting)" == false AND Q3.15 in ["Yes", "Maybe"]

question: What resources would help you start or optimize a strength training routine? (select all that apply)

type: multi-select

answers:

- text: Professional guidance (e.g., personal trainer)

- text: Online tutorials or videos

- text: Detailed workout plans

- text: Gym membership with strength training facilities

- text: Support from friends or workout partners

- text: Home workout equipment

- text: Educational articles or books

- text: Group fitness classes

- text: None

- text: Other (please specify)

pillars:

- name: Movement

weight: 0

- question\_id: Q3.17

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Cardio (e.g., running and cycling)" == false

question: If cardio is not part of your exercise routine, what are the primary reasons? (select all that apply)

type: multi-select

answers:

- text: Lack of interest in cardio exercises

- text: Preference for other types of exercise

- text: Concern about injury

- text: Lack of time

- text: Perception that it is not necessary for my goals

- text: Discomfort with cardio activities

- text: Boredom with cardio activities

- text: Lack of access to facilities or equipment

- text: Physical limitations or medical conditions

- text: Other (please specify)

pillars:

- name: Movement

weight: 0

- question\_id: Q3.18

group\_id: physical\_exercise

depends\_on: Q3.17 includes any

question: If it is not already part of your routine, would you consider adding cardio training in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: No

- text: Maybe

pillars:

- name: Movement

weight: 0

- question\_id: Q3.19

group\_id: physical\_exercise

depends\_on: Q3.03 includes "Cardio (e.g., running and cycling)" == false AND Q3.18 in ["Yes", "Maybe"]

question: What resources would help you start or optimize a cardio training routine? (select all that apply)

type: multi-select

answers:

- text: Professional guidance (e.g., personal trainer)

- text: Online tutorials or videos

- text: Detailed workout plans

- text: Access to cardio equipment (e.g., treadmill, stationary bike)

- text: Support from friends or workout partners

- text: Educational articles or books

- text: Group fitness classes

- text: None

- text: Other (please specify)

pillars:

- name: Movement

weight: 0

- question\_id: Q3.20

group\_id: physical\_exercise

depends\_on: Q3.03 includes "High-intensity interval training (HIIT)" == false

question: If high-intensity interval training (HIIT) is not part of your exercise routine, what are the primary reasons? (select all that apply)

type: multi-select

answers:

- text: Lack of knowledge about HIIT

- text: Preference for other types of exercise

- text: Concern about injury or physical strain

- text: Perception that HIIT is too intense or difficult

- text: Lack of time

- text: Disinterest in HIIT

- text: Lack of access to facilities or equipment

- text: Physical limitations or medical conditions

- text: Other (please specify)

pillars:

- name: Movement

weight: 0

- question\_id: Q3.21

group\_id: physical\_exercise

depends\_on: Q3.20 includes any

question: If it is not already part of your routine, would you consider adding HIIT training in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: No

- text: Maybe

pillars:

- name: Movement

weight: 0

- question\_id: Q3.22

group\_id: physical\_exercise

depends\_on: Q3.03 includes "High-intensity interval training (HIIT)" == false AND Q3.21 in ["Yes", "Maybe"]

question: What resources would help you start or optimize a HIIT training routine? (select all that apply)

type: multi-select

answers:

- text: Professional guidance (e.g., personal trainer)

- text: Online tutorials or videos

- text: Detailed workout plans

- text: Support from friends or workout partners

- text: Educational articles or books

- text: Group fitness classes

- text: Mobile apps or online programs

- text: None

- text: Other (please specify)

pillars:

- name: Movement

weight: 0

- question\_id: Q3.23

group\_id: steps

question: How many steps do you typically take per day?

type: single-select

score\_range: 0-10

answers:

- text: Less than 2,500

score: 0

- text: 2,500–5,000

score: 3

- text: 5,000–7,500

score: 5

- text: 7,500–10,000

score: 7

- text: 10,000–15,000

score: 9

- text: More than 15,000

score: 10

- text: I'm not sure

score: 2

pillars:

- name: Movement

weight: 1.5

- question\_id: Q3.24

group\_id: steps

depends\_on: Q3.23 in ["Less than 2,500", "2,500–5,000", "5,000–7,500", "I'm not sure"]

question: Would you consider increasing your daily step count in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: Maybe

- text: No

pillars:

- name: Movement

weight: 0

- question\_id: Q3.25

group\_id: steps

question: Do you use a wearable device to track steps and/or daily activity?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Movement

weight: 0.5

- question\_id: Q3.26

group\_id: steps

depends\_on: Q3.25 == "Yes"

question: Which of the following devices are you currently using to track steps and/or daily activity? (select all that apply)

type: multi-select

answers:

- text: Apple Watch

- text: Fitbit

- text: Garmin

- text: Samsung Galaxy

- text: Whoop

- text: Oura Ring

- text: Other (please specify)

pillars:

- name: Movement

weight: 0

- question\_id: Q3.27

group\_id: steps

depends\_on: Q3.25 == "No"

question: Would you consider using a wearable device to track your daily step count?

type: single-select

answers:

- text: Yes

- text: Maybe

- text: No

pillars:

- name: Movement

weight: 0

- question\_id: Q3.28

group\_id: limitations

question: Do you have any physical restrictions or limitations that affect your physical activity choices?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Movement

weight: 0

- question\_id: Q3.29

group\_id: limitations

depends\_on: Q3.27 == "Yes"

question: Please share a brief description of any current or chronic physical restrictions.

type: free\_response

answers:

- text: Open-ended

pillars:

- name: Movement

weight: 0

# ==================

# PILLAR: Sleep

# ==================

- question\_id: Q4.01

group\_id: sleep\_patterns

question: How would you rate the quality of your sleep?

type: single-select

score\_range: 0-10

answers:

- text: Poor

score: 2

- text: Fair

score: 4

- text: Good

score: 7

- text: Very Good

score: 9

- text: Excellent

score: 10

pillars:

- name: Sleep

weight: 2.0

- question\_id: Q4.02

group\_id: sleep\_patterns

question: How many hours of sleep do you typically get per night?

type: single-select

score\_range: 0-10

answers:

- text: 4 hours or less

score: 1

- text: 5 hours

score: 3

- text: 6 hours

score: 6

- text: 7 hours

score: 8

- text: 8 hours

score: 10

- text: 9 hours

score: 9

- text: More than 9 hours

score: 7

pillars:

- name: Sleep

weight: 2.0

- question\_id: Q4.03

group\_id: sleep\_patterns

question: How often do you feel rested and refreshed upon waking up?

type: single-select

score\_range: 0-10

answers:

- text: Never

score: 0

- text: Rarely

score: 2

- text: Sometimes

score: 5

- text: Often

score: 8

- text: Always

score: 10

pillars:

- name: Sleep

weight: 1.5

- question\_id: Q4.04

group\_id: sleep\_patterns

question: How consistent is your sleep schedule?

type: single-select

score\_range: 0-10

answers:

- text: Very inconsistent

score: 1

- text: Somewhat inconsistent

score: 4

- text: Consistent on weekdays only

score: 6

- text: Consistent on weekends only

score: 4

- text: Very consistent

score: 10

pillars:

- name: Sleep

weight: 1.0

- question\_id: Q4.05

group\_id: sleep\_patterns

question: Do you have a regular bedtime routine?

type: single-select

score\_range: 0-10

answers:

- text: Yes

score: 10

- text: No

score: 0

- text: Sometimes (e.g., weekdays only)

score: 5

pillars:

- name: Sleep

weight: 1.0

- question\_id: Q4.06

group\_id: sleep\_patterns

question: How is your daily functioning typically affected by a poor night's sleep? (select all that apply)

type: multi-select

answers:

- text: Reduced energy levels

- text: Difficulty concentrating

- text: Mood swings or irritability

- text: Reduced physical performance

- text: Increased stress or anxiety

- text: Other (please specify)

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.07

group\_id: sleep\_hygiene

question: Which, if any, of the following sleep hygiene protocols do you follow? (select all that apply)

type: multi-select

answers:

- text: Having a consistent sleep and wake schedule throughout the week

- text: Getting sunlight exposure by going outside within 30–60 minutes of waking/sunrise

- text: Avoiding caffeine within 8–10 hours of bedtime

- text: Keeping your bedroom cool, dark, and quiet

- text: Following a regular, relaxing bedtime routine

- text: Avoiding bright screens and overhead lights before bed

- text: Limiting alcohol consumption

- text: Avoiding fluids close to bedtime

- text: Avoiding eating within 2–3 hours of bedtime

- text: Avoiding long naps during the day

- text: Other (please specify)

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.08

group\_id: sleep\_hygiene

question: Would you be willing to try new strategies or interventions to improve your sleep?

type: single-select

answers:

- text: Yes

- text: No

- text: Not now, but potentially in the future

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.09

group\_id: sleep\_hygiene

depends\_on: Q4.08 == "Yes"

question: Which, if any, of the following sleep hygiene protocols would you be willing to incorporate into your routine in the future?

type: multi-select

dynamic\_exclude:

source: Q4.07

answers:

- text: Having a consistent sleep and wake schedule throughout the week

- text: Getting sunlight exposure by going outside within 30–60 minutes of waking/sunrise

- text: Avoiding caffeine within 8–10 hours of bedtime

- text: Keeping your bedroom cool, dark, and quiet

- text: Following a regular, relaxing bedtime routine

- text: Avoiding bright screens and overhead lights before bed

- text: Limiting alcohol consumption

- text: Avoiding fluids close to bedtime

- text: Avoiding eating within 2–3 hours of bedtime

- text: Avoiding long naps during the day

- text: Other (please specify)

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.10

group\_id: sleep\_hygiene

question: How would you rate the comfort of your sleep environment?

type: single-select

score\_range: 0-10

answers:

- text: Very uncomfortable

score: 2

- text: Somewhat uncomfortable

score: 4

- text: Neutral

score: 5

- text: Somewhat comfortable

score: 7

- text: Very comfortable

score: 10

pillars:

- name: Sleep

weight: 1.0

- question\_id: Q4.11

group\_id: sleep\_hygiene

depends\_on: Q4.10 != "Very comfortable"

question: Which, if any, of the following factors negatively affect your sleep environment? (select all that apply)

type: multi-select

answers:

- text: Noise

- text: Light

- text: Temperature

- text: Mattress comfort

- text: Pillow comfort

- text: Bed partner (e.g., snoring)

- text: Pets

- text: Other (please specify)

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.12

group\_id: sleep\_issues

question: Do you experience any of the following sleep issues? (select all that apply)

type: multi-select

answers:

- text: Difficulty falling asleep

- text: Difficulty staying asleep

- text: Waking up too early

- text: Frequent nightmares

- text: Restless legs

- text: Snoring

- text: Sleep apnea

- text: Other (please specify)

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.13

group\_id: sleep\_issues

depends\_on: Q4.12 includes "Difficulty falling asleep"

question: How often do you experience Difficulty falling asleep?

type: single-select

answers:

- text: Rarely

score: 2

- text: Occasionally

score: 4

- text: Frequently

score: 7

- text: Always

score: 10

pillars:

- name: Sleep

weight: 1

- question\_id: Q4.14

group\_id: sleep\_issues

depends\_on: Q4.12 includes "Difficulty staying asleep"

question: How often do you experience Difficulty staying asleep?

type: single-select

answers:

- text: Rarely

score: 2

- text: Occasionally

score: 4

- text: Frequently

score: 7

- text: Always

score: 10

pillars:

- name: Sleep

weight: 1

- question\_id: Q4.15

group\_id: sleep\_issues

depends\_on: Q4.12 includes "Waking up too early"

question: How often do you experience Waking up too early?

type: single-select

answers:

- text: Rarely

score: 2

- text: Occasionally

score: 4

- text: Frequently

score: 7

- text: Always

score: 10

pillars:

- name: Sleep

weight: 1

- question\_id: Q4.16

group\_id: sleep\_issues

depends\_on: Q4.12 includes "Frequent nightmares"

question: How often do you experience Frequent nightmares?

type: single-select

answers:

- text: Rarely

score: 2

- text: Occasionally

score: 4

- text: Frequently

score: 7

- text: Always

score: 10

pillars:

- name: Sleep

weight: 1

- question\_id: Q4.17

group\_id: sleep\_issues

depends\_on: Q4.12 includes "Restless legs"

question: How often do you experience Restless legs?

type: single-select

answers:

- text: Rarely

score: 2

- text: Occasionally

score: 4

- text: Frequently

score: 7

- text: Always

score: 10

pillars:

- name: Sleep

weight: 1

- question\_id: Q4.18

group\_id: sleep\_issues

depends\_on: Q4.12 includes "Snoring"

question: How often do you experience Snoring?

type: single-select

answers:

- text: Rarely

score: 2

- text: Occasionally

score: 4

- text: Frequently

score: 7

- text: Always

score: 10

pillars:

- name: Sleep

weight: 1

- question\_id: Q4.19

group\_id: sleep\_issues

depends\_on: Q4.12 includes "Sleep apnea"

question: How often do you experience Sleep apnea?

type: single-select

answers:

- text: Rarely

score: 2

- text: Occasionally

score: 4

- text: Frequently

score: 7

- text: Always

score: 10

pillars:

- name: Sleep

weight: 1

- question\_id: Q4.20

group\_id: sleep\_issues

depends\_on: Q4.12 includes "Other (please specify)"

question: How often do you experience the other issue(s) you specified?

type: single-select

answers:

- text: Rarely

score: 2

- text: Occasionally

score: 4

- text: Frequently

score: 7

- text: Always

score: 10

pillars:

- name: Sleep

weight: 1

- question\_id: Q4.21

group\_id: sleep\_tracking

question: Have you ever used a sleep tracking device or app to monitor your sleep?

type: single-select

answers:

- text: Yes

score: 10

- text: No

score: 0

pillars:

- name: Sleep

weight: 1.0

- question\_id: Q4.22

group\_id: sleep\_tracking

depends\_on: Q4.21 == "No"

question: Would you consider using a sleep tracking device or app to monitor your sleep in the future in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: No

- text: Maybe

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.23

group\_id: sleep\_tracking

depends\_on: Q4.21 == "Yes"

question: Are you currently using a sleep tracking device or app to monitor your sleep?

type: single-select

answers:

- text: Yes

score: 10

- text: No

score: 0

pillars:

- name: Sleep

weight: 0.5

- question\_id: Q4.24

group\_id: sleep\_tracking

depends\_on: Q4.23 == "Yes"

question: Which sleep tracker or app are you currently using? (select all that apply)

type: multi-select

answers:

- text: Apple Watch

- text: Oura Ring

- text: Garmin

- text: Fitbit

- text: Whoop

- text: 8 Sleep

- text: Sleeptracker AI

- text: Withings

- text: Other (please specify)

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.25

group\_id: sleep\_tracking

depends\_on: Q4.23 == "Yes"

question: How long have you been using each selected sleep tracker or app?

type: single-select

answers:

- text: Less than 1 month

- text: 1–3 months

- text: 4–6 months

- text: 7–12 months

- text: More than 1 year

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.26

group\_id: sleep\_tracking

depends\_on: Q4.23 == "No"

question: If you have stopped using a sleep tracker or app, what were the reasons? (select all that apply)

type: multi-select

answers:

- text: It was not providing useful information

- text: It was difficult to use or understand

- text: It was too time consuming to maintain

- text: I did not see any improvement in my sleep

- text: I found it uncomfortable or intrusive

- text: The data was inaccurate or inconsistent

- text: It increased my anxiety or stress about sleep

- text: I lost interest or motivation

- text: It did not fit well with my routine

- text: Technical issues with the app or device

- text: Other (please specify)

pillars:

- name: Sleep

weight: 0

- question\_id: Q4.27

group\_id: sleep\_tracking

depends\_on: Q4.23 == "No"

question: If you previously used a sleep tracker, would you be willing to retry a device or app in the future in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: No

- text: Maybe

pillars:

- name: Sleep

weight: 0

# ==================

# PILLAR: Cognition

# ==================

- question\_id: Q5.01

group\_id: cognition\_status

question: How would you rate your current cognitive function (e.g., memory, attention, problem-solving, etc.)?

type: single-select

score\_range: 0-10

answers:

- text: Very poor

score: 0

- text: Poor

score: 2

- text: Fair

score: 5

- text: Good

score: 8

- text: Excellent

score: 10

pillars:

- name: Cognition

weight: 1.5

- question\_id: Q5.02

group\_id: cognition\_status

question: Do you have any concerns about your cognitive function?

type: single-select

score\_range: 0-10

answers:

- text: Yes

score: 2

- text: No

score: 10

pillars:

- name: Cognition

weight: 1.0

- question\_id: Q5.03

group\_id: cognition\_status

depends\_on: Q5.02 == "Yes"

question: If yes, what are your primary concerns? (select all that apply)

type: multi-select

answers:

- text: Memory loss

- text: Difficulty concentrating

- text: Trouble with problem solving or decision-making

- text: Difficulty finding words or speaking clearly

- text: Slower thinking or processing speed

- text: Other (please specify)

pillars:

- name: Cognition

weight: 0

- question\_id: Q5.04

group\_id: cognition\_status

question: Have you experienced any changes in your cognitive function over the past year?

type: single-select

score\_range: 0-10

answers:

- text: Yes

score: 2

- text: No

score: 10

pillars:

- name: Cognition

weight: 1.0

- question\_id: Q5.05

group\_id: cognition\_status

depends\_on: Q5.04 == "Yes"

question: If yes, what changes have you noticed? (select all that apply)

type: multi-select

answers:

- text: Increased forgetfulness

- text: More frequent confusion

- text: Difficulty learning new things

- text: Decreased ability to focus

- text: Other (please specify)

pillars:

- name: Cognition

weight: 0

- question\_id: Q5.06

group\_id: cognition\_behavior

question: How often do you engage in activities that challenge your brain (e.g., puzzles, reading, learning new skills, etc.)?

type: single-select

score\_range: 0-10

answers:

- text: Daily

score: 10

- text: Several times a week

score: 8

- text: Weekly

score: 6

- text: Occasionally

score: 3

- text: Rarely

score: 1

pillars:

- name: Cognition

weight: 1.5

- question\_id: Q5.07

group\_id: cognition\_behavior

question: What types of cognitive activities do you regularly participate in? (select all that apply)

type: multi-select

score\_range: 0

answers:

- text: Reading books or articles

- text: Engaging in hobbies (e.g., music, art, sports)

- text: Socializing with friends and family

- text: Learning a new language or skill

- text: Playing brain games or puzzles

- text: Other (please specify)

pillars:

- name: Cognition

weight: 1

- question\_id: Q5.08

group\_id: cognition\_behavior

depends\_on: Q4.01 in ["Poor", "Fair"]

question: If you indicated that the quality of your sleep was poor or fair, do you notice improved cognitive function on those nights when you are able to get better sleep?

type: single-select

answers:

- text: Yes

- text: No

- text: I'm not sure

score\_range: 0

pillars:

- name: Cognition

weight: 0

- question\_id: Q5.09

group\_id: cognition\_behavior

depends\_on: Q3.01 in ["Rarely", "Occasionally"]

question: If you indicated that you exercise rarely or occasionally, do you notice improved cognitive function on the days when you do engage in physical activity?

type: single-select

answers:

- text: Yes

- text: No

- text: I'm not sure

score\_range: 0

pillars:

- name: Cognition

weight: 0

- question\_id: Q5.10

group\_id: cognition\_support\_goals

question: What are your primary goals related to cognitive health? (select all that apply)

type: multi-select

answers:

- text: Enhancing memory

- text: Improving focus and concentration

- text: Boosting problem-solving skills

- text: Increasing mental processing speed

- text: Preventing cognitive decline

- text: Other (please specify)

score\_range: 0

pillars:

- name: Cognition

weight: 0

- question\_id: Q5.11

group\_id: cognition\_support\_goals

question: What types of support would you consider utilizing to improve or optimize cognitive health? (select all that apply)

type: multi-select

answers:

- text: Cognitive training programs or apps

- text: Educational resources (e.g., books, articles)

- text: Professional guidance (e.g., neurologist, psychologist)

- text: Social activities or support groups

- text: Nutritional advice or supplements

- text: Physical exercise programs

- text: Other (please specify)

score\_range: 0

pillars:

- name: Cognition

weight: 0

# =========================

# PILLAR: Stress Management

# =========================

- question\_id: Q6.01

group\_id: stress\_overview

question: How would you rate your current level of stress?

type: single-select

score\_range: 0-10

answers:

- text: No stress

score: 10

- text: Low stress

score: 8

- text: Moderate stress

score: 5

- text: High stress

score: 2

- text: Extreme stress

score: 0

- text: Stress levels vary from low to moderate

score: 4

- text: Stress levels vary from moderate to high

score: 2

pillars:

- name: Stress

weight: 2.0

- question\_id: Q6.02

group\_id: stress\_overview

question: How often do you feel stressed?

type: single-select

score\_range: 0-10

answers:

- text: Rarely

score: 10

- text: Occasionally

score: 7

- text: Frequently

score: 3

- text: Always

score: 1

pillars:

- name: Stress

weight: 1.5

- question\_id: Q6.03

group\_id: stress\_overview

question: What are the primary sources of your stress? (select all that apply)

type: multi-select

answers:

- text: Work

- text: Family or relationships

- text: Financial concerns

- text: Health issues

- text: Time management

- text: Major life changes

- text: Environmental factors (e.g., noise, commute)

- text: Other (please specify)

pillars:

- name: Stress

weight: 0

- question\_id: Q6.04

group\_id: stress\_overview

question: What physical symptoms do you experience when you are stressed? (select all that apply)

type: multi-select

answers:

- text: Headaches

- text: Muscle tension or pain

- text: Fatigue

- text: Upset stomach

- text: Rapid heartbeat

- text: Difficulty sleeping

- text: Other (please specify)

- text: I don't notice any physical effects

pillars:

- name: Stress

weight: 0

- question\_id: Q6.05

group\_id: stress\_overview

question: What emotional or psychological symptoms do you experience when you are stressed? (select all that apply)

type: multi-select

answers:

- text: Anxiety

- text: Irritability or anger

- text: Sadness or depression

- text: Feeling overwhelmed

- text: Difficulty concentrating

- text: Restlessness

- text: Other (please specify)

- text: I don't experience any emotional or psychological symptoms

pillars:

- name: Stress

weight: 0

- question\_id: Q6.06

group\_id: stress\_overview

question: How does stress affect your daily life? (select all that apply)

type: multi-select

answers:

- text: Decreased productivity

- text: Interference with personal relationships

- text: Reduced motivation

- text: Impact on physical health

- text: Changes in eating habits

- text: Changes in sleeping patterns

- text: Other (please specify)

- text: Stress does not affect my daily life

pillars:

- name: Stress

weight: 0

- question\_id: Q6.07

group\_id: stress\_management

question: What methods do you currently use to manage your stress? (select all that apply)

type: multi-select

answers:

- text: Exercise or physical activity

- text: Meditation or mindfulness practices

- text: Deep breathing exercises

- text: Hobbies or recreational activities

- text: Talking to friends or family

- text: Professional counseling or therapy

- text: Journaling or writing

- text: Time management strategies

- text: Avoiding stressful situations

- text: Other (please specify)

- text: None

pillars:

- name: Stress

weight: 1

- question\_id: Q6.08

group\_id: stress\_management

question: Which of the following methods would you consider using to manage your stress in the future? (select all that apply)

type: multi-select

answers:

- text: Exercise or physical activity

- text: Meditation or mindfulness practices

- text: Deep breathing exercises

- text: Hobbies or recreational activities

- text: Talking to friends or family

- text: Professional counseling or therapy

- text: Journaling or writing

- text: Time management strategies

- text: Avoiding stressful situations

- text: Other (please specify)

- text: None

pillars:

- name: Stress

weight: 0

- question\_id: Q6.09

group\_id: stress\_management

depends\_on: Q6.07 excludes "None"

question: How effective are your current stress management methods?

type: single-select

answers:

- text: Not effective at all

- text: Slightly effective

- text: Moderately effective

- text: Very effective

- text: Extremely effective

pillars:

- name: Stress

weight: 0

- question\_id: Q6.10

group\_id: stress\_management

question: How important is it for you to improve your stress management skills?

type: single-select

answers:

- text: Not at all important

- text: Slightly important

- text: Moderately important

- text: Very important

- text: Extremely important

pillars:

- name: Stress

weight: 0

- question\_id: Q6.11

group\_id: stress\_management

question: How comfortable are you in seeking help for stress management?

type: single-select

answers:

- text: Extremely uncomfortable

- text: Somewhat uncomfortable

- text: Neither comfortable nor uncomfortable

- text: Somewhat comfortable

- text: Extremely comfortable

pillars:

- name: Stress

weight: 1.0

- question\_id: Q6.12

group\_id: stress\_goals\_support

question: What are your primary goals related to stress management? (select all that apply)

type: multi-select

answers:

- text: Reduce overall stress

- text: Improve physical health

- text: Improve mental health

- text: Enhance work performance

- text: Improve personal relationships

- text: Increase overall well-being

- text: Other (please specify)

pillars:

- name: Stress

weight: 0

- question\_id: Q6.13

group\_id: stress\_goals\_support

question: What types of support would you find most helpful in managing your stress? (select all that apply)

type: multi-select

answers:

- text: Professional counseling or therapy

- text: Stress management workshops or classes

- text: Support groups

- text: Online resources or apps

- text: Books or educational materials

- text: Relaxation techniques (e.g., yoga, meditation)

- text: Time management tools or strategies

- text: Other (please specify)

pillars:

- name: Stress

weight: 0

- question\_id: Q6.14

group\_id: stress\_goals\_support

question: Do you use any apps or wearables to help with stress management?

type: single-select

score\_range: 0-10

answers:

- text: Yes

score: 8

- text: No

score: 2

pillars:

- name: Stress

weight: 1.0

- question\_id: Q6.15

group\_id: stress\_goals\_support

depends\_on: Q6.14 == "Yes"

question: If yes, which apps or wearables are you currently using to help with stress management? (select all that apply)

type: multi-select

answers:

- text: Apple Watch

- text: Fitbit

- text: Garmin

- text: Oura Ring

- text: Samsung Watch

- text: Calm App

- text: Headspace App

- text: Other (please specify)

pillars:

- name: Stress

weight: 0

# ============================

# PILLAR: Connection + Purpose

# ============================

- question\_id: Q7.01

group\_id: social\_overview

question: How would you rate the quality of your current social relationships?

type: single-select

score\_range: 0-10

answers:

- text: Very poor

score: 0

- text: Poor

score: 2

- text: Fair

score: 5

- text: Good

score: 8

- text: Excellent

score: 10

pillars:

- name: Connection

weight: 1.5

- question\_id: Q7.02

group\_id: social\_overview

question: How often do you interact with friends and/or family?

type: single-select

score\_range: 0-10

answers:

- text: Daily

score: 10

- text: Several times a week

score: 8

- text: Weekly

score: 6

- text: Several times a month

score: 4

- text: Rarely

score: 1

pillars:

- name: Connection

weight: 1.5

- question\_id: Q7.03

group\_id: social\_overview

question: What types of social activities do you typically engage in? (select all that apply)

type: multi-select

answers:

- text: In-person gatherings

- text: Phone calls

- text: Video calls

- text: Text messaging or social media

- text: Group activities (e.g., sports, clubs)

- text: Volunteering

- text: Other (please specify)

pillars:

- name: Connection

weight: 0

- question\_id: Q7.04

group\_id: social\_satisfaction

question: How satisfied are you with the amount of social interaction you have?

type: single-select

score\_range: 0-10

answers:

- text: Extremely dissatisfied

score: 0

- text: Somewhat dissatisfied

score: 3

- text: Neither satisfied nor dissatisfied

score: 5

- text: Somewhat satisfied

score: 8

- text: Extremely satisfied

score: 10

pillars:

- name: Connection

weight: 1.0

- question\_id: Q7.05

group\_id: social\_satisfaction

question: How would you describe your support network?

type: single-select

score\_range: 0-10

answers:

- text: Very weak

score: 0

- text: Weak

score: 3

- text: Moderate

score: 6

- text: Strong

score: 8

- text: Very strong

score: 10

pillars:

- name: Connection

weight: 1.0

- question\_id: Q7.06

group\_id: social\_satisfaction

question: Who do you rely on for emotional support? (select all that apply)

type: multi-select

answers:

- text: Family

- text: Friends

- text: Colleagues

- text: Support groups

- text: Professional counselor or therapist

- text: Other (please specify)

pillars:

- name: Connection

weight: 0

- question\_id: Q7.07

group\_id: social\_satisfaction

question: Do you feel you have someone to talk to when you need support?

type: single-select

score\_range: 0-10

answers:

- text: Always

score: 10

- text: Usually

score: 8

- text: Sometimes

score: 5

- text: Rarely

score: 2

- text: Never

score: 0

pillars:

- name: Connection

weight: 1.5

- question\_id: Q7.08

group\_id: social\_barriers

question: What challenges do you face in maintaining social relationships? (select all that apply)

type: multi-select

answers:

- text: Lack of time

- text: Geographical distance

- text: Personal or family obligations

- text: Health issues

- text: Social anxiety or shyness

- text: Lack of interest

- text: Other (please specify)

pillars:

- name: Connection

weight: 0

- question\_id: Q7.09

group\_id: social\_barriers

question: How comfortable are you in social situations?

type: single-select

score\_range: 0-10

answers:

- text: Extremely uncomfortable

score: 0

- text: Somewhat uncomfortable

score: 3

- text: Neither comfortable nor uncomfortable

score: 5

- text: Somewhat comfortable

score: 7

- text: Extremely comfortable

score: 10

pillars:

- name: Connection

weight: 1.0

- question\_id: Q7.10

group\_id: social\_barriers

question: How important is it for you to improve your social interactions?

type: single-select

answers:

- text: Not at all important

- text: Slightly important

- text: Moderately important

- text: Very important

- text: Extremely important

pillars:

- name: Connection

weight: 0

# ==================

# PILLAR: Core Care

# ==================

- question\_id: Q8.01

group\_id: substance\_use

question: Which, if any, of the following substances do you currently use? (select all that apply)

type: multi-select

answers:

- text: Tobacco (cigarettes, cigars, smokeless tobacco)

- text: Alcohol

- text: Recreational drugs (e.g., marijuana)

- text: Nicotine

- text: Over-the-counter medications (e.g., sleep aids)

- text: Other

- text: None

score\_range: 0-10

pillars:

- name: Core care

weight: 1

- question\_id: Q8.02

group\_id: substance\_use

depends\_on: Q8.01 includes "Tobacco (cigarettes, cigars, smokeless tobacco)"

question: How often do you use Tobacco (cigarettes, cigars, smokeless tobacco)?

type: single-select

score\_range: 0-10

answers:

- text: Daily

score: 0

- text: 4–6 times a week

score: 0

- text: 2–3 times a week

score: 1

- text: Once a week

score: 2

- text: Monthly or less

score: 6

pillars:

- name: Core care

weight: 1

- question\_id: Q8.03

group\_id: substance\_use

depends\_on: Q8.01 includes "Alcohol"

question: How often do you consume Alcohol?

type: single-select

score\_range: 0-10

answers:

- text: Daily

score: 0

- text: 4–6 times a week

score: 0

- text: 2–3 times a week

score: 1

- text: Once a week

score: 2

- text: Monthly or less

score: 6

pillars:

- name: Core care

weight: 1

- question\_id: Q8.04

group\_id: substance\_use

depends\_on: Q8.01 includes "Recreational drugs (e.g., marijuana)"

question: How often do you use Recreational drugs (e.g., marijuana)?

type: single-select

score\_range: 0-10

answers:

- text: Daily

score: 0

- text: 4–6 times a week

score: 0

- text: 2–3 times a week

score: 1

- text: Once a week

score: 2

- text: Monthly or less

score: 6

pillars:

- name: Core care

weight: 1

- question\_id: Q8.05

group\_id: substance\_use

depends\_on: Q8.01 includes "Nicotine"

question: How often do you use Nicotine?

type: single-select

score\_range: 0-10

answers:

- text: Daily

score: 0

- text: 4–6 times a week

score: 0

- text: 2–3 times a week

score: 1

- text: Once a week

score: 2

- text: Monthly or less

score: 6

pillars:

- name: Core care

weight: 1

- question\_id: Q8.06

group\_id: substance\_use

depends\_on: Q8.01 includes "Over-the-counter medications (e.g., sleep aids)"

question: How often do you use Over-the-counter medications (e.g., sleep aids)?

type: single-select

score\_range: 0-10

answers:

- text: Daily

score: 0

- text: 4–6 times a week

score: 0

- text: 2–3 times a week

score: 1

- text: Once a week

score: 2

- text: Monthly or less

score: 6

pillars:

- name: Core care

weight: 1

- question\_id: Q8.07

group\_id: substance\_use

depends\_on: Q8.01 includes "Other"

question: How often do you use Other substances?

type: single-select

score\_range: 0-10

answers:

- text: Daily

score: 0

- text: 4–6 times a week

score: 0

- text: 2–3 times a week

score: 1

- text: Once a week

score: 2

- text: Monthly or less

score: 6

pillars:

- name: Core care

weight: 1

- question\_id: Q8.08

group\_id: substance\_use

depends\_on: Q8.01 excludes "None"

question: Which substances that you are not currently using have you used in the past? (select all that apply)

type: multi-select

answers:

- text: Tobacco (cigarettes, cigars, smokeless tobacco)

- text: Alcohol

- text: Recreational drugs (e.g., marijuana)

- text: Nicotine

- text: Over-the-counter medications (e.g., sleep aids)

- text: Other

- text: None

score\_range: 0-10

pillars:

- name: Core care

weight: 1

- question\_id: Q8.09

group\_id: substance\_use

depends\_on: Q8.08 excludes "None"

question: What motivated you to quit the substance(s)? (select all that apply)

type: multi-select

answers:

- text: Health concerns

- text: Personal or family reasons

- text: Social reasons

- text: Professional advice

- text: Other

score\_range: 0

pillars:

- name: Core care

weight: 0

- question\_id: Q8.10

group\_id: substance\_use

depends\_on: Q8.01 excludes "None"

question: How does your current substance use affect your daily life? (select all that apply)

type: multi-select

answers:

- text: No impact

- text: Reduced physical health

- text: Reduced mental health

- text: Strained personal relationships

- text: Impaired work performance

- text: Other

score\_range: 0

pillars:

- name: Core care

weight: 0

- question\_id: Q8.11

group\_id: substance\_use

depends\_on: Q8.01 excludes "None"

question: Would you consider reducing or quitting any substances to support your longevity goals?

type: single-select

answers:

- text: Yes

- text: Maybe

- text: No

score\_range: 0

pillars:

- name: Core care

weight: 1.0

- question\_id: Q8.12

group\_id: substance\_use

depends\_on: Q8.11 equals "Yes" or "Maybe"

question: Which substance(s) would you consider reducing or quitting?

type: multi-select

dynamic\_options\_from: Q8.01

score\_range: 0

pillars:

- name: Core care

weight: 0

- question\_id: Q8.13

group\_id: substance\_use

depends\_on: Q8.01 excludes "None"

question: How important is it for you to address your substance use?

type: single-select

answers:

- text: Not at all important

- text: Slightly important

- text: Moderately important

- text: Very important

- text: Extremely important

score\_range: 0

pillars:

- name: Core care

weight: 0

- question\_id: Q8.14

group\_id: supplement\_intake

question: Are you currently taking any dietary supplements to help meet your nutrition targets?

type: single-select

answers:

- text: Yes

- text: No

score\_range: 0

pillars:

- name: Nutrition

weight: 0

- name: Core care

weight: 0

- question\_id: Q8.15

group\_id: supplement\_intake

depends\_on: Q8.14 equals "Yes"

question: Please list all dietary supplements you are currently taking.

type: free-response

answers: []

score\_range: 0

pillars:

- name: Nutrition

weight: 0

- name: Core care

weight: 0

- question\_id: Q8.16

group\_id: sleep\_aids

depends\_on: Q8.15 equals "Yes"

question: How often do you take sleep aids or medications to help you sleep?

type: single-select

answers:

- text: Rarely

- text: Occasionally

- text: Frequently

- text: Always

score\_range: 0

pillars:

- name: Sleep

weight: 0

- name: Core care

weight: 0

- question\_id: Q8.17

group\_id: sleep\_aids

depends\_on: Q8.15 equals "Yes"

question: Which of the following types of sleep aids or medications do you take to help you sleep? (select all that apply)

type: multi-select

answers:

- text: Prescription medication

- text: Over-the-counter medications

- text: Natural supplements

- text: Other

score\_range: 0

pillars:

- name: Sleep

weight: 0

- name: Core care

weight: 0

- question\_id: Q8.18

group\_id: sleep\_aids

depends\_on:

- question\_id: Q8.17

value: "Natural supplements"

question: If you take natural supplements to help with sleep, please identify which ones (select all that apply).

type: multi-select

answers:

- text: Magnesium threonate / Magnesium Bisglycinate

- text: Apigenin

- text: Theanine

- text: Glycine

- text: GABA

- text: Melatonin

- text: Other

score\_range: 0

pillars:

- name: Sleep

weight: 0

- name: Core care

weight: 0

- question\_id: Q8.19

group\_id: sleep\_aids

question: If appropriate, would you consider taking supplements with proven sleep quality benefits in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: No

- text: Maybe

score\_range: 0

pillars:

- name: Sleep

weight: 0

- name: Core care

weight: 0

- question\_id: Q8.20

group\_id: general\_supplements

question: Are you currently taking any additional supplements to support your general health or well-being (e.g., cognitive function supplements, peptides, etc.)?

type: single-select

answers:

- text: Yes

- text: No

score\_range: 0

pillars:

- name: Core care

weight: 0

- question\_id: Q8.21

group\_id: general\_supplements

depends\_on: Q8.20 equals "Yes"

question: If yes, please list any additional supplements you are taking to support your general health and well-being.

type: free-response

answers: []

score\_range: 0

pillars:

- name: Core care

weight: 0

- question\_id: Q8.22

group\_id: general\_supplements

question: If appropriate, would you consider taking supplements with proven general health and well-being benefits in support of your longevity goals?

type: single-select

answers:

- text: Yes

- text: No

- text: Maybe

score\_range: 0

pillars:

- name: Core care

weight: 0

# FAMILY HISTORY

- question\_id: Q9.01\_01

group\_id: family\_history

question\_text: Do you have a family history of Heart Attack/ASCVD?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_01a

group\_id: family\_history

depends\_on: Q9.01\_01 equals "Yes"

question\_text: Which relative was diagnosed with Heart Attack/ASCVD?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_01b

group\_id: family\_history

depends\_on: Q9.01\_01 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Heart Attack/ASCVD?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_02

group\_id: family\_history

question\_text: Do you have a family history of Stroke?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_02a

group\_id: family\_history

depends\_on: Q9.01\_02 equals "Yes"

question\_text: Which relative was diagnosed with Stroke?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_02b

group\_id: family\_history

depends\_on: Q9.01\_02 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Stroke?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_03

group\_id: family\_history

question\_text: Do you have a family history of Diabetes?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_03a

group\_id: family\_history

depends\_on: Q9.01\_03 equals "Yes"

question\_text: Which relative was diagnosed with Diabetes?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_03b

group\_id: family\_history

depends\_on: Q9.01\_03 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Diabetes?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_04

group\_id: family\_history

question\_text: Do you have a family history of Dementia/Alzheimer's?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_04a

group\_id: family\_history

depends\_on: Q9.01\_04 equals "Yes"

question\_text: Which relative was diagnosed with Dementia/Alzheimer's?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_04b

group\_id: family\_history

depends\_on: Q9.01\_04 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Dementia/Alzheimer's?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_05

group\_id: family\_history

question\_text: Do you have a family history of Breast Cancer?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_05a

group\_id: family\_history

depends\_on: Q9.01\_05 equals "Yes"

question\_text: Which relative was diagnosed with Breast Cancer?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_05b

group\_id: family\_history

depends\_on: Q9.01\_05 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Breast Cancer?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_06

group\_id: family\_history

question\_text: Do you have a family history of Colon Cancer?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_06a

group\_id: family\_history

depends\_on: Q9.01\_06 equals "Yes"

question\_text: Which relative was diagnosed with Colon Cancer?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_06b

group\_id: family\_history

depends\_on: Q9.01\_06 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Colon Cancer?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_07

group\_id: family\_history

question\_text: Do you have a family history of Prostate Cancer?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_07a

group\_id: family\_history

depends\_on: Q9.01\_07 equals "Yes"

question\_text: Which relative was diagnosed with Prostate Cancer?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_07b

group\_id: family\_history

depends\_on: Q9.01\_07 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Prostate Cancer?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_08

group\_id: family\_history

question\_text: Do you have a family history of Other Cancer?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_08a

group\_id: family\_history

depends\_on: Q9.01\_08 equals "Yes"

question\_text: Please specify the type of other cancer.

type: text

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_08b

group\_id: family\_history

depends\_on: Q9.01\_08 equals "Yes"

question\_text: Which relative was diagnosed with this other cancer?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_08c

group\_id: family\_history

depends\_on: Q9.01\_08 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with this other cancer?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_09

group\_id: family\_history

question\_text: Do you have a family history of Osteoporosis or Osteopenia?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_09a

group\_id: family\_history

depends\_on: Q9.01\_09 equals "Yes"

question\_text: Which relative was diagnosed with Osteoporosis or Osteopenia?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_09b

group\_id: family\_history

depends\_on: Q9.01\_09 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Osteoporosis or Osteopenia?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_10

group\_id: family\_history

question\_text: Do you have a family history of Autoimmune disease?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_10a

group\_id: family\_history

depends\_on: Q9.01\_10 equals "Yes"

question\_text: Which relative was diagnosed with Autoimmune disease?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_10b

group\_id: family\_history

depends\_on: Q9.01\_10 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Autoimmune disease?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_11

group\_id: family\_history

question\_text: Do you have a family history of Mental Health issues?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_11a

group\_id: family\_history

depends\_on: Q9.01\_11 equals "Yes"

question\_text: Which relative was diagnosed with Mental Health issues?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_11b

group\_id: family\_history

depends\_on: Q9.01\_11 equals "Yes"

question\_text: Approximate age at diagnosis for your relative with Mental Health issues?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_12

group\_id: family\_history

question\_text: Do you have a family history of Substance Use?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_12a

group\_id: family\_history

depends\_on: Q9.01\_12 equals "Yes"

question\_text: Which relative struggled with Substance Use?

type: single-select

answers:

- text: Parent

- text: Sibling

- text: Grandparent

- text: Other

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_12b

group\_id: family\_history

depends\_on: Q9.01\_12 equals "Yes"

question\_text: Approximate age when your relative's Substance Use became a concern (if known)?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_13

group\_id: family\_history

question\_text: Do you have a family history of any Other Significant Health History (e.g., liver disease, kidney disease)?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

- question\_id: Q9.01\_13a

group\_id: family\_history

depends\_on: Q9.01\_13 equals "Yes"

question\_text: Please specify the condition(s) and which relative was affected.

type: text

pillars:

- name: Core care

weight: 0

# PERSONAL HISTORY

- question\_id: Q9.02\_01

group\_id: personal\_history

question\_text: Have you been diagnosed with Heart Attack or ASCVD (Atherosclerotic Cardiovascular Disease)?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_01a

group\_id: personal\_history

depends\_on: Q9.02\_01 equals "Yes"

question\_text: At what age were you diagnosed with Heart Attack or ASCVD?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_02

group\_id: personal\_history

question\_text: Have you been diagnosed with Stroke?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_02a

group\_id: personal\_history

depends\_on: Q9.02\_02 equals "Yes"

question\_text: At what age were you diagnosed with Stroke?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_03

group\_id: personal\_history

question\_text: Have you been diagnosed with Diabetes?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_03a

group\_id: personal\_history

depends\_on: Q9.02\_03 equals "Yes"

question\_text: At what age were you diagnosed with Diabetes?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_04

group\_id: personal\_history

question\_text: Have you been diagnosed with Dementia or Alzheimer’s?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Cognition

weight: 1.0

- question\_id: Q9.02\_04a

group\_id: personal\_history

depends\_on: Q9.02\_04 equals "Yes"

question\_text: At what age were you diagnosed with Dementia or Alzheimer’s?

type: number

pillars:

- name: Cognition

weight: 0

- question\_id: Q9.02\_05

group\_id: personal\_history

question\_text: Have you been diagnosed with Breast Cancer?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_05a

group\_id: personal\_history

depends\_on: Q9.02\_05 equals "Yes"

question\_text: At what age were you diagnosed with Breast Cancer?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_06

group\_id: personal\_history

question\_text: Have you been diagnosed with Colon Cancer?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_06a

group\_id: personal\_history

depends\_on: Q9.02\_06 equals "Yes"

question\_text: At what age were you diagnosed with Colon Cancer?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_07

group\_id: personal\_history

question\_text: Have you been diagnosed with Prostate Cancer?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_07a

group\_id: personal\_history

depends\_on: Q9.02\_07 equals "Yes"

question\_text: At what age were you diagnosed with Prostate Cancer?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_08

group\_id: personal\_history

question\_text: Have you been diagnosed with any other type of cancer?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_08a

group\_id: personal\_history

depends\_on: Q9.02\_08 equals "Yes"

question\_text: Please specify the cancer type and age at diagnosis.

type: free\_response

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_09

group\_id: personal\_history

question\_text: Have you been diagnosed with Osteoporosis or Osteopenia?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_09a

group\_id: personal\_history

depends\_on: Q9.02\_09 equals "Yes"

question\_text: At what age were you diagnosed with Osteoporosis or Osteopenia?

type: number

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_10

group\_id: personal\_history

question\_text: Have you been diagnosed with an autoimmune disease?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_10a

group\_id: personal\_history

depends\_on: Q9.02\_10 equals "Yes"

question\_text: Please specify the autoimmune condition and age at diagnosis.

type: free\_response

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_11

group\_id: personal\_history

question\_text: Have you been diagnosed with a mental health condition?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_11a

group\_id: personal\_history

depends\_on: Q9.02\_11 equals "Yes"

question\_text: Please specify the condition and age at diagnosis.

type: free\_response

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_12

group\_id: personal\_history

question\_text: Have you had any substance use disorder diagnosis?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_12a

group\_id: personal\_history

depends\_on: Q9.02\_12 equals "Yes"

question\_text: Please describe the substance and age at diagnosis.

type: free\_response

pillars:

- name: Core care

weight: 0

- question\_id: Q9.02\_13

group\_id: personal\_history

question\_text: Do you have any other significant health history (e.g., liver or kidney disease)?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 1.0

- question\_id: Q9.02\_13a

group\_id: personal\_history

depends\_on: Q9.02\_13 equals "Yes"

question\_text: Please specify the condition and age at diagnosis.

type: free\_response

pillars:

- name: Core care

weight: 0

# SCREENINGS

- question\_id: Q9.03

question\_text: Please indicate when you last had the following routine screenings done.

type: date-matrix

answers:

- screening: Routine dental exam

- screening: Routine skin check

- screening: Routine vision check

- screening: Colon cancer screening

- screening: Mammogram

- screening: PAP

- screening: DEXA

- screening: PSA

pillars:

- name: Core care

weight: 0

# CARDIAC SCREEN

- question\_id: Q9.04

question\_text: Have you had any cardiac health screening, such as a stress test or coronary calcium scan?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

# SLEEP STUDY

- question\_id: Q9.05

question\_text: Have you ever had a sleep study test?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Sleep

weight: 0

- name: Core care

weight: 0

# IMMUNIZATIONS

- question\_id: Q9.06

question\_text: Are you up to date on immunizations?

type: single-select

answers:

- text: Yes

- text: No

pillars:

- name: Core care

weight: 0

# PRESCRIPTION MEDICATIONS

- question\_id: Q9.07

question\_text: Please list any prescription medications that you are currently taking.

type: free-response

answers: []

pillars:

- name: Core care

weight: 0

# PHQ-2 DEPRESSION

- question\_id: Q9.08

question\_text: Over the last two weeks, how often have you been bothered by the following?

type: scale

score\_range: 0-6

sub\_questions:

- text: Little interest or pleasure in doing things

answers:

- text: Not at all

score: 0

- text: Several days

score: 1

- text: More than half the days

score: 2

- text: Nearly every day

score: 3

- text: Feeling down, depressed, or hopeless

answers:

- text: Not at all

score: 0

- text: Several days

score: 1

- text: More than half the days

score: 2

- text: Nearly every day

score: 3

pillars:

- name: Cognition

weight: 10.0

# GAD-2 ANXIETY

- question\_id: Q9.09

question\_text: Over the last two weeks, how often have you been bothered by the following?

type: scale

score\_range: 0-6

sub\_questions:

- text: Feeling nervous, anxious, or on edge

answers:

- text: Not at all

score: 0

- text: Several days

score: 1

- text: More than half the days

score: 2

- text: Nearly every day

score: 3

- text: Not being able to stop or control worrying

answers:

- text: Not at all

score: 0

- text: Several days

score: 1

- text: More than half the days

score: 2

- text: Nearly every day

score: 3

pillars:

- name: Stress

weight: 10.0

# BRHS

- question\_id: Q9.10

question\_text: Please indicate how much you agree with the following statements:

type: scale

score\_range: 5-35

sub\_questions:

- text: I feel optimistic about my future.

- text: I can cope with challenges in daily life.

- text: I feel that life is very rewarding.

- text: I feel happy with the way I am.

- text: If I could live my life over, I would change almost nothing.

answers:

- text: Strongly agree

score: 7

- text: Agree

score: 6

- text: Slightly agree

score: 5

- text: Neither agree nor disagree

score: 4

- text: Slightly disagree

score: 3

- text: Disagree

score: 2

- text: Strongly disagree

score: 1

pillars:

- name: Cognition

weight: 8.0

- name: Stress

weight: 2.0

# AHA PREVENT

- question\_id: Q9.11

question\_text: Cardiovascular Disease Risk (AHA Prevent Tool)

type: external-reference

link: https://professional.heart.org/en/guidelines-and-statements/prevent-calculator

note: Calculated using patient biometric markers and clinical profile.

pillars:

- name: Core care

weight: 0

- name: Movement

weight: 0

- name: Nutrition

weight: 0

# STOPBANG

- question\_id: Q9.12

question\_text: STOP-BANG Sleep Apnea Screening

type: scale

score\_range: 0-8

sub\_questions:

- text: Do you snore loudly?

- text: Do you often feel tired, fatigued, or sleepy during the daytime?

- text: Has anyone observed you stop breathing during sleep?

- text: Do you have (or are being treated for) high blood pressure?

- text: BMI greater than 35 kg/m²

- text: Age over 50

- text: Neck circumference greater than 40 cm (15.5 in)

- text: Male gender

answers:

- text: Yes

score: 1

- text: No

score: 0

pillars:

- name: Sleep

weight: 10.0

# EPWORTH

- question\_id: Q9.13

question\_text: Epworth Sleepiness Scale

type: scale

score\_range: 0-24

sub\_questions:

- text: Sitting and reading

- text: Watching TV

- text: Sitting inactive in a public place

- text: Passenger in a car for an hour without a break

- text: Lying down to rest

- text: Sitting and talking to someone

- text: Sitting quietly after a meal without alcohol

- text: In a car stopped in traffic

answers:

- text: Would never nod off

score: 0

- text: Slight chance of nodding off

score: 1

- text: Moderate chance of nodding off

score: 2

- text: High chance of nodding off

score: 3

pillars:

- name: Sleep

weight: 10.0