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THE LIVING TO 100 Life Expectancy Calculator

By Thomas Perls M.D.,M.P.H.



Personal

What is your marital status?

- Single
- Married
- Widowed/Divorced
- I feel I am too young to get married

Do you have in-person contact with family members, or with friends who are practically like family, at least three times a week?

- Yes
- No
- I do not have any family

How do you evaluate your current stress level (within the last 12 months)?

- Low
- Medium
- High

How do you usually cope with your stress?

- Very well! It helps me to get motivated
- Good! I can shed stress by using techniques that reduce stress (meditation, exercise, etc.)
- I am doing all right! I am trying to find ways to protect myself from it.
- Not very good! Stress eats away at me and I cannot seem to shake it off.

How would you characterize your sleep habits?

- Very good! I sleep enough and through the night.
- It varies. I have sleepless nights once in a while.
- It could be better. I frequently do not feel well rested.
- Very bad! Every night I have problems falling asleep or staying asleep.

How much formal education have you had?

- Advanced Degree (Masters, Doctorate)
- College Degree (Bachelors, Associates)
- High School Degree or Equivalent
- I am currently in High School
- Some High School
- Working on an advanced degree
- Working on a college degree

Number of hours that you work at your job(s) (including your commute and if you are a stay-at-home parent):

- 40 hours or less per week
- 41-60 hours per week (more than 9 hours per day up to 12 hours per day)
- 61-80 hours per week (more than 12 hours per day up to 16 hours per day)
- More than 80 hours per week (more than 16 hours per day)
- I am retired or I am not working

Number of days per week you work:

- 5 days or less per week
- 6 days
- 7 days
- I am retired or not working

Are you optimistic about your aging, or, pessimistic?

- I feel I am aging well and my older years will be fulfilling ones
- I am dreading my older years
- Something in between the above two options

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Lifestyle

How is the air quality (air pollution) where you live?

- Very bad! (Industrial area/ lots of smog)
- Average (Urban area/ medium smog)
- Okay (Suburbs/ low smog)
- Very good! (Country side/ no smog)

How often do you put your seat belt on when you are in a car (either as driver or passenger)?

- Always
- About 80% of the time
- Half of the time
- Less than half of the time

How many cups of caffeinated coffee do you drink per day?

- None
- 1 to 2 cups
- Over 3 cups

How many cups of tea do you drink per day?

- None
- 1-2 cups per day
- 3-5 cups per day
- 6-10 cups per day
- Greater than 10 cups per day

Do you smoke or are you exposed to second-hand smoke?

- Yes
- No

How often do you smoke or chew tobacco (cigarettes, pipe, chewing tobacco)?

- Daily
- Not daily, but often
- Sometimes
- Rarely or never

How many cigarettes do you smoke a day?

- None
- 1 cigarette to half a pack
- 1 pack
- 1 and a half packs
- 2 packs
- 3 or more packs

What is your exposure to close-proximity second-hand smoke? Answer even if you also smoke.

- Daily and prolonged
- Not daily, but often and prolonged

- At least once a week and prolonged
- Rarely or never

Do you have any lung disease as a result of smoking in the past?

- I did not smoke in the past
- I have chronic lung disease from my past history of smoking resulting in a diagnosis of emphysema or chronic obstructive lung disease (COPD), requiring supplemental oxygen, or shortness of breath with minimal exertion
- I still smoke or have quit and seem to have minimal or no lung problems.

How many days per week do you usually consume alcohol?

- I don't drink alcohol
- 1 or 2 days per week
- 3 to 5 days per week
- 6 or 7 days per week

On the days when you drink alcoholic beverages (beer, wine, liquor and mixed drinks) how many glasses do you usually drink?

- I don't drink
- 1 to 2
- 3
- Over 3

How often do you take aspirin (eg. 81-325 mg)?

- Never
- Occasionally
- Frequently
- Every day

Do you wear sunscreen (at least SPF 30) or protective clothing when you spend time in the sun?

- Rarely or never
- Sometimes
- Most of the time
- Always

Do you engage in risky sexual (unprotected) behavior and/or do you inject illegal drugs?

- Never
- Rarely (once a year or less)
- Sometimes (few times a year)
- Often (every few months)
- Very often (once or more a month)

Do you floss your teeth every day?

- Yes
- No

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Nutrition

What is your weight?

150 lb -- 68 kg

What is your height?

5' 7" -- 1.70 m

Do you body build or strength train to the degree that your body mass index is high because of muscle, not because of fat?

- Yes
- No

How many servings of processed meats of fast foods, excluding hamburgers (like hot dogs, chicken nuggets, bologna) do you eat per week?

- None
- 1 - 2 servings
- 3 - 4 servings
- Over 5 servings

How do you barbecue fish, poultry, or meat?

- I am a vegetarian
- I never barbecue
- I put aluminum foil on the grill
- Lightly grilled
- Almost charred or charred

How many servings of dairy products (milk, cheese, yogurt, etc.) do you eat per day? (Example for 1 serving: 1 cup of milk, 1 cup of yogurt, or 1/2 oz. cheese).

- 0 - 1 servings
- 2 - 3 servings
- More than 3 servings

Do you take supplemental calcium?

- Yes
- No

If you snack between meals, generally which of the following are your snacks? Choose all that apply!

- Fruit
- Yogurt
- Veggies
- Sweets
- Bagels/Chips
- Crackers
- Popcorn
- "Healthy" drinks (e.g. fruit based, teas, etc.)
- "Unhealthy" drinks (e.g. popular sodas)

How often per week do you have red meat as your main course?

- I don't eat red meat
- I eat red meat 1-2 days per week
- I eat red meat 3-5 days per week
- I eat red meat 6-7 days per week

How often do you eat sweets such as ice cream, cake/ pie/ pastry, or candy bars?

- I avoid sweets
- 1-2 days per week
- 3-5 days per week
- Once a day
- More than once a day

What about carbohydrates like white bread or rolls, potatoes, French fries, pasta, white rice (basically anything white)? If one meal's worth of each one of these counted as 1 serving of simple carbohydrate, how many servings of these do you have?

- 3 or more servings a day
- 1-2 servings a day
- 1 serving every other day
- 1 serving twice a week
- 1 or fewer servings a week

Do you have a diet that leads to weight gain, or do you have a diet that maintains a healthy weight or is conducive to healthy weight loss?

- I eat too much everyday, making it easy for me to stay overweight or to gain more weight
- I eat such that I am losing weight with a target of reaching a healthy weight
- I am maintaining a healthy weight with the way I currently eat

Do you take iron either as a supplement or part of a multivitamin?

- Yes
- No
- Yes, but it relieves symptoms related to my anemia (low blood count) or I am taking it temporarily after surgery

How many days a week do you exercise (strength training, aerobic exercises or activities such as swimming, running, strenuous walking and biking) for at least 30 minutes a day?

- 7 days per week
- 6 days per week
- 5 days per week
- 4 days per week
- 3 days per week
- 2 days per week
- 1 day per week
- I get the equivalent of 30 or more minutes of exercise that significantly raises my heart rate through my job
- I don't exercise

Aside from exercise, during your leisure time, are you:

- Generally engaged in some physically active activity
- Not at all
- Something in between

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Medical

Do you have a bowel movement at least once every two days?

- Yes
- No, I have a bowel movement less frequently than every two days

Do you regularly screen for skin cancer by doing self-examinations and have regular screenings by your health care provider for breast or testicular cancer?

- Yes
- No
- I am 20 years or younger

What is your HDL cholesterol (good cholesterol):

- Lower than 40 mg/dl (1.0 mmol/L)
- Higher than 40 mg/dl (1.0 mmol/L)
- I haven't checked it in the last 3 years
- I have had the test done within the past 3 years but don't remember the results

What is your LDL cholesterol (bad cholesterol):

- Lower than 100 mg/dl (3.4 mmol/L)
- Higher than 100 mg/dl (3.4 mmol/L)
- I haven't checked it in the last 3 years
- I have had the test done within the past 3 years but don't remember the results

What is your total cholesterol level:

- Lower than 180 mg/dl (5 mmol/L)
- Higher than 180 mg/dl (5 mmol/L)
- I haven't checked it in the last 3 years
- I have had the test done within the past 3 years but don't remember the results

What is your systolic blood pressure (the number stated first and the higher value):

- Lower than 85
- 86-100
- 101-119
- 120-129
- 130-139
- 140-189
- Higher than 230
- I don't remember or haven't had it checked in the past year
- 211-230

What is your diastolic blood pressure (the number stated second and the lower value):

- Lower than 80
- 80-89
- 90-105
- 106-115
- Higher than 116

- I don't remember or haven't had it checked in the past year

Do you know whether you have diabetes? What is your fasting blood sugar level?

- I have not had it checked in the past 3 years
- No diabetes (<120)
- 120-200
- >200

Have you had a heart attack (answer only one)?

- No heart attack
- Yes, I had a heart attack more than 2 years ago, and I took action to reduce my risk factors for another one (regular exercise, stop smoking, lose weight, changed diet)
- Yes, I had a heart attack within the past 2 years, and I took action to reduce my risk factors for another one (regular exercise, stop smoking, lose weight, changed diet)
- Yes, I had a heart attack within the past 2 years, and I HAVE NOT taken action to reduce my risk factors for another one (regular exercise, stop smoking, lose weight, changed diet)

When did you have your last doctor's appointment for your regular medical check-up (which includes blood pressure check, age- and gender-appropriate screenings, immunizations, review of medical history, and analysis about your risk factors)?

- My last preventive care visit was over 3 years ago.
- My last preventive care visit was between 1 - 3 years ago.
- My last preventive care visit was within the past year.

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Family

How many members of your immediate family (parents and brothers and sisters) have diabetes or have had a heart attack?

- None
- One
- Two
- Three or more
- I don't know

Does cancer run in your family? How many non-smoking members of your family (grandparents, parents, brothers and sisters) were diagnosed with cancer (other than benign skin cancers)?

- None
- One
- Two
- Three or more
- I don't know

How old and how healthy is/was your mother?

- Under the age of 80/healthy
- Age 80-89 and healthy
- Age 90-94 and healthy
- Age 95-99, no matter what health
- Age 100+, no matter what the health
- Mother has or died of a smoking related (cancer, heart attack, stroke, emphysema) illness OR trauma prior to age 80
- Under the age of 80 and dependent on others
- Age 81-89 and dependent on others
- Age 90-94, dependent on others
- Died before age 80 (not from trauma or accident)
- Died age 80-89
- Died age 90-94
- Died age 95-99
- Died age 100 or older
- Adopted / I don't know

How old and how healthy is/was your father?

- Under the age of 80/healthy
- Age 80-89 and healthy
- Age 90-94 and healthy
- Age 95-99, no matter what health
- Age 100+, no matter what health
- Father has or died of a smoking related (cancer, heart attack, stroke, emphysema) illness OR trauma prior to age 80
- Under the age of 80 and dependent on others
- Age 81-89 and dependent on others
- Age 90-94, dependent on others
- Died before age 80 (not from trauma or accident)
- Died age 80-89
- Died age 90-94
- Died age 95-99
- Died age 100 or older

- Adopted / I don't know

Did any of your grandparents or great-grandparents live to age 98 years or older?

- Yes
- No

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Your calculated life expectancy is

78 years!