

**BIO | ANALOGICS<sup>®</sup>**  
**HEALTH MANAGEMENT SYSTEM**  
**MEDICAL RISK APPRAISAL MODULE**

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# **HEALTH MANAGEMENT SYSTEM MODULE INSTALLATION**

## **1.0 Program Module Installation**

Installing the Medical Risk Appraisal (MRA) with the System Module

Once the Health Management System program is installed, the system will automatically prompt you to install the system modules you have purchased. To install the modules, simply select the next button. You will be prompted to select your disk drive (A: or B:). Once you have input the proper selection, click the next button and the module will automatically install. You may load as many modules as you have at this time.

Installing the MRA Module at a later date

If you choose to load a module at another time, simply select the Module option from the task bar at the top of the screen and choose to Install a new module. You will be prompted to select your disk drive (A: or B:). Once you have input the proper selection, select the next button and the module will automatically install.

You should now review the following documentation for MEDICAL RISK APPRAISAL module.

## **2.0 MRA Overview**

As with all modules associated with the HMS program, before you can use the MEDICAL RISK APPRAISAL module, you must first either input information for a new patient or recall an existing patient.

Once you have selected a patient, select the MEDICAL RISK APPRAISAL program from the speed bar. Note: it is recommended that you complete a body composition test before completing the MRA data input procedures.

You will now begin the patient data input portion of the program. Note that an abbreviated copy of the lifestyle questionnaire will prompt you to input the appropriate patient data. Please review some of the system features.

### **2.1 Auto Advance**

This feature will automatically take you to the next input for the patient information once the current response has been input. If this option is not selected, you will be required to manually advance to the next input by using the mouse to advance with the >> symbol.

## **2.2 Status Bar**

Each input is numbered from 1 to 27. The current input status is prompted for you. You may move from field to field by selecting the << prompt to go back and the >> prompt to move forward.

## **2.3 Preview**

This option will allow you to review the results of the MRA report on the screen prior to printing a patient report.

## **2.4 More Information**

This option provides you with a variety of information about the program. Data and information about each of the profiles on the report are detailed in this option.

## **2.5 Data Input**

### **2.5.1 Lifestyle Questionnaire**

An important component of the MRA report is the lifestyle analysis questionnaire. Note that a sample of the questionnaire is located in section three of this manual. You may reproduce copies for your use. Once the patient has completed the questionnaire you will be required to input each response into the program. Simply right mouse click on the appropriate response for each question. To omit a question, bypass the input with the >> selection on the task bar.

### **2.5.2 Physiological Data**

The physiological data includes a lipid panel and blood pressure data. As with the lifestyle questionnaire, all of the data requested is optional. To omit any option, simply select the >> option from the task bar.

### **2.5.3 Selecting Pharmaceutical And Nutraceutical Products**

You may select products at any time during the patient data input process by using the mouse to click on the add button. An input box will then appear. First, choose if you would like a pharmaceutical or a nutraceutical product. The available products will appear in the list box.

To select a product, highlight the selection then press the right arrow key. You may also double click on the product and it will automatically transfer. The patients current recommendations will be listed in the box to the right. Select OK when completed.

### **3.0 System Set-up**

The MRA program has a special set-up feature which allows you to input pharmaceuticals (drug and dosage) and nutraceutical (nutrition supplements).

#### **3.1 System**

To input the products you wish into the MRA program, begin by using the mouse to click the System option from the top task bar.

Next, select the option to Set-up Medical Risk Analysis.

#### **3.2 Input Box**

Once you have selected the option to Set-up the program, an Input box will appear. First select the option for a Pharmaceutical or a Nutraceutical. Next, use the mouse to highlight the input for the product. Once completed, advance to the dosage field with the mouse or the tab key.

Note the list box to the right of the input fields will provide a list of products which have been input. These products will be available for selection when preparing a patient's MRA report.

**NOTE: YOU MAY ADD ANY APPROPRIATE PRODUCTS TO AN INDIVIDUAL PATIENT DURING THE DATA INPUT PROCESS; HOWEVER, THE PRODUCTS WILL NOT BE SAVED INTO THE PERMANENT DATA BASE RECORDS. TO ADD DEFAULT PRODUCTS TO THE "MASTER" RECORD, THEY MUST BE INPUT UNDER THE SET-UP OPTION.**

**YOU MAY DELETE ANY PRODUCTS BY HIGHLIGHTING THEM WITH THE MOUSE, THEN SELECTING THE DELETE OPTION.**

BIO | ANALOGICS®  
MEDICAL RISK ANALYSIS  
PATIENT QUESTIONNAIRE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF ANALYSIS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME PHONE WORK PHONE

\_\_\_\_\_  
AGE

Male  Female  
SEX

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The information you supply in the following *Medical Risk Analysis* questionnaire will be used to develop a personal profile for you. Honest and accurate answers will provide a meaningful analysis. You should read and understand each question thoroughly and then place an "X" in front of each appropriate response.

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**\*\*\* DO NOT COMPLETE THIS SECTION \*\*\***

Height	_____	Weight	_____
Impedance	_____	Body Fat	_____
Cholesterol	_____	Triglycerides	_____
DHL	_____	Systolic BP	_____
Diastolic BP	_____	Heart Rate	_____
Waist	_____	Hip	_____
Glucose	_____		

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Section A

### Exercise Habits

1.0 On the average, how many days per week do you exercise?

- 3 or more days per week
- Fewer than 3 days per week
- No regular exercise program

2.0 Do you perform stretching prior to exercise?

- Always
- Sometimes
- Never
- Currently not exercising

3.0 Do you warm-up and cool-down after exercising?

- Always
- Sometimes
- Never
- Currently not exercising

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## Section B

### Nutrition Habits

4.0 On the average how many meals do you consume per day?

- 3 meals with "healthy"
- 3 meals
- 2 meals or
- No regular eating pattern

5.0 On the average how many times per day do you eat convenience foods or forms of fast food?

- Never
- Fewer than 1 time per day
- More than 1 time per day

6.0 How many servings of grains do you have each day?

Note: A serving is 1 sl. bread, 1/3 cup beans / peas, 1/3 cup oatmeal, rice or other grain products

- Whole grains at least 6 to 11 servings per day
- Whole grains 6 or fewer servings per day
- Refined grains at least 6 to 11 servings per day
- Refined grains 6 or fewer servings per day
- Rarely consume grain products

7.0 On the average, how many servings of vegetables do you consume per day?

Note: A serving is approximately 1 cup of raw or 1/2 cup cooked.

- At least 3 to 5 servings per day
- Fewer than 3 servings per day

Rarely consume vegetables

8.0 On the average, how many servings of fruit do you consume per day?

Note: A serving is approximately 1 piece of fruit.

- At least 2 to 4 servings per day
- Fewer than 2 servings
- Hardly ever consume fruit

9.0 Indicate the type of meat you normally consume.

- Do not consume meat or meat products
- Consume fewer than 6 oz. per day
- Consume more than 6 oz. per day

10.0 Indicate the type and number of servings of fat, dressings and spreads you consume each day.

High fat examples: Butter, lard, margarine

Low fat examples: Non-fat or Low-fat salad dressing-mayonnaise-cheese

- Use low fat selections sparingly (fewer than 3 per day)
- Use both low fat and high fat about the same
- Use high fat selections (more than 3 per day)



**Section C**

**Personal Information**

11.0 How long do you feel that your weight has been a problem?

- Never overweight
- Fewer than 5 years
- 10 years or fewer
- 20 years or fewer
- More than 20 years

12.0 How many times have you been on a diet or attempted to lose weight?

- Never attempted
- 2 1 to 4 times
- 3 5 or more times

13.0 On the average, how much weight do you lose when you diet?

- Never diet
- 5 or fewer pounds
- 10 or fewer pounds
- More than 10 pounds

14.0 Describe your attempts at weight loss:

- Never attempted weight loss
- Caloric restriction alone
- Exercise alone
- Combination of diet and exercise





15.0 Have you ever experienced any bulimic events?

No  Yes

16.0 How many individuals in your direct family have a weight problem?

None  2 or fewer  More than 3

17.0 Have you ever used nutritional supplements?

Yes  No

18.0 Has your physician ever prescribed medication which was intended to help you lose weight?

Yes  No

What medication (s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

