

BIO | ANALOGICS®
MEDICAL RISK ANALYSIS
PATIENT QUESTIONNAIRE

____/____/____
DATE OF ANALYSIS

NAME

ADDRESS

CITY STATE ZIP

(____) _____ (____) _____
HOME PHONE WORK PHONE

AGE

Male Female
SEX

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.

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

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

Notes: _____

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

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)? _____

