

HEALTHY WEIGHT AND WELLNESS- SURVEY



NAME: _____ Email: _____

Phone _____

ADDRESS _____

P/code: _____

1. How would you describe your life style? : Active not enough exercise no exercise

2. Do you consider your weight ideal? Yes No

Do you suffer from: Lack of energy / Stamina Yes No

Health Issues, i.e. Heart Disease, Diabetes, Cholesterol, other No Yes _____ (specify)

3. Would you like to solve these problems by natural means? Yes No

4. How much weight would you like to lose / gain? _____

Any special reason(s)? _____

Age: Height in cm: _____ Hours of exercise per week Date of birth: ____ / ____ / ____

Weight _____ kg Date: ____ / ____ / ____



% Body Fat _____



Basal Metabolic Rate _____



% Total Body Water _____



Metabolic Age _____



Muscle Mass _____



Bone Mass _____



Physique Rating 1 2 3 4 5 6 7 8 9



Visceral Fat _____

Please help us help others: You may list family, friends or work colleagues who you think would appreciate the same free wellness evaluation. Thank you.

1. Name: _____ Telephone: _____ Relationship to you: _____

2. Name: _____ Telephone: _____ Relationship to you: _____

3. Name: _____ Telephone: _____ Relationship to you: _____