

ALTA AIM TO WINN

QUESTIONNAIRE

Diet and Eating Habits

1. Do you eat Fast Food? Yes or No
How often
() Meals/Day
() Days/Week
2. Do you eat in Restaurants? Yes or No
() Meals/Day
() Days/Week
3. Do you drink juice or sweetened drinks daily? Yes or No
If so, how many glasses or ounces per day? _____
4. Do you drink soda drinks? Yes or No
If so, how many glasses or ounces per day? _____
5. Do you skip breakfast? Yes or No
6. Do you eat less than 5 servings of fruits or vegetables per day?
Yes or No

Physical Activity

1. Do you perform any physical activity?
 Walking Running
 Bicycling Weightlifting
How often do you exercise? _____
What is the duration of your exercise per session? _____
2. Do you have any barriers to exercise? Yes or No
3. Do you have leisure time with electronics (i.e. TV, video games)? Yes or No
4. Do you have any paused breathing while sleeping (sleep apnea)? Yes or No
5. Are you dissatisfied with your weight? Yes or No

Past Medical/Surgical History

1. Do **you** have any significant past medical history? Yes or No
Heart Disease/Heart Attack Genetic Disease
Diabetes Coronary Disease
Anemia Cancer
Thyroid problems Please write any problems not listed

2. Do you a history of any surgical procedures? Yes or No

3. Do you have any medication or other allergies? Yes or No

4. Are you on any medication? Yes or No

Family History

Do you have a family history of the following?

- High blood pressure _____
- Genetic Disease _____
- Coronary Artery Disease _____
- Thyroid Disease _____
- Heart Attack _____
- Stroke under age 50 _____
- Diabetes/Glucose intolerance _____

Review of Symptoms (check those that apply)

- Fever Rash/Skin condition
- Headache
- Snoring
- Frequently thirsty and drinking a lot
- Increased appetite
- Diarrhea
- Constipation
- Cold Intolerance
- Frequent Urination
- Menses abnormal (menstrual cycle)
- Problems with your hips
- Problems with your knees

