

The Baton Rouge Clinic Health and Fitness History Assessment

Please read and fill out the following questionnaire

- 1. How often do you walk for relaxation or exercise?
 - a. 3 times or more per week
 - b. Once or twice a week
 - c. Once or twice a month
 - d. Rarely
 - e. Never
- 2. How often do you do activities that increase your breathing? For example: jogging, swimming, cycling, squash, vigorous team games.
 - a. 3 times or more per week
 - b. Once or twice a week
 - c. Once or twice a month
 - d. Rarely
 - e. Never
- 3. How often do you do any other sporting or keep-fit activates? For example: golf, yoga, hiking.
 - a. 3 times or more per week
 - b. Once or twice a week
 - c. Once or twice a month
 - d. Rarely
 - e. Never
- 4. How often do you do any other active hobbies? For example: dancing, home improvements physically active part-time job or volunteering, gardening.
 - a. 3 times or more per week
 - b. Once or twice a week
 - c. Once or twice a month
 - d. Rarely
 - e. Never
- 5. If you are employed either full or part-time work, would you say that your job requires little, moderate, or heavy physical exertion?
 - a. Little
 - b. Moderate
 - c. Heavy
 - d. Not employed

Detailed Diet History

Fill in the dates you participated in the following diet programs, the pounds lost, pounds regained and the time spent in each program.

| Name of Diet Program | Dates Followed/Taken | | Number of | Pounds | Pounds |
|---------------------------------|-------------------------|----|-----------|--------|----------|
| J T | From | То | Months | Lost | Regained |
| Acupuncture | | | | | |
| American Heart Association | | | | | |
| Atkins | | | | | |
| Cabbage Diet | | | | | |
| Calorie Counting | | | | | |
| Carefast | | | | | |
| Dexatrim | | | | | |
| Diet Center | | | | | |
| Duke University Programs | | | | | |
| Exercise | | | | | |
| Fastin | | | | | |
| Grapefruit Diet | | | | | |
| Herbal Diets | | | | | |
| Hypnosis | | | | | |
| Inpatient psychiatric programs | | | | | |
| Ionamin | | | | | |
| Jenny Craig | | | | | |
| Low Fat | | | | | |
| Medifeast | | | | | |
| Meridia | | | | | |
| Nutrisystem | | | | | |
| O.A. | | | | | |
| Optifast | | | | | |
| Outpatient Psychiatric Programs | | | | | |
| Phenteramine/Fenfluramine | | | | | |
| Pritikin | | | | | |
| Radar Institute | | | | | |
| Redux | | | | | |
| Rice | | | | | |
| Richard Simmons | | | | | |
| Slimfast | | | | | |
| Scarsdale | | | | | |
| Structure House | | | | | |
| Teeth Wiring | | | | | |
| Tops | | | | | |
| Weight Watchers | | | | | |
| Zenical | | | | | |

Details of any other weight loss measures (including surgery)

| Weight and Weight Loss History |
|--------------------------------|
|--------------------------------|

Height: ft. in Weight:

Age of obesity onset:

0-2 years old 12-18 years old Pregnancy

2-12 years old Young Adult Middle Age

How many years have you been at your present weight? Years

Greatest single weight loss: pounds

Weight loss was sustained for: months

Were there any particular events that lead to significant weight gain?

Loss of a loved one

Pregnancy

Trauma-accident or illness

Loss of employment