

Family Information:

Spouse name: _____

Spouse Employer: _____

Occupation: _____

Anniversary Date: _____ Number of Children _____

Boys: _____ Ages _____ Girls: _____ Ages: _____

How many children in household? _____

Personal Habits?

Do you exercise? _____ If yes, how often? _____

Run: _____ Walk: _____ Aerobics: _____ Cycling: _____

Other: _____

Do you belong to a gym? _____ If yes, do you have a personal trainer? _____

Do you currently smoke cigarettes? _____ If yes, how many per day? _____

If you ever smoked regularly, how long since you quit? _____

When you smoked, how many cigarettes per day? _____

Do you consume alcoholic beverages? _____ If yes, how many per day? _____

Is a well balanced diet part of your daily routine? _____