

HEALTH/LIFESTYLE EVALUATION 体检问卷调查 Ref.No: _____

NAME 姓名:	EMPLOYED 就业: Yes or No	AGE 年龄:
ADDRESS 地址: (City required only)	PHONE 电话:	EMAIL 电邮:
	BEST TIME TO REACH YOU 最佳联络时间:	

I AM COMMITTED TO 我非常需要: (Erase what does NOT apply to you and leave what does)

- Lose Weight 减重
 Gain Weight/Body Build 增重
 Maintain Weight 维持体重
 Improve Health 改善健康

How long has losing / gaining weight been a concern? _____ Week 星期 _____ Month 月 _____ Year 年 您几时开始想要增/减/体重/改善健康?		
What have you tried before and how much it cost? 您尝试过什么方法, 花了多少钱?		
Why do you feel these attempts did not work? 为什么没有效果呢?		
Why do you want to lose weight NOW? What is being overweight COSTING you? What has it stopped you from doing or being? 为什么你现在想要减重/增重/改善健康?		
Are you serious about losing / gaining weight now? 您是非常认真地想要增重/减重/改善健康吗?	Current weight 体重:	Ideal weight: 最佳体重
How often do you exercise? 您有时常运动吗? 多久运动一次?		Height: 身高
Wake up time: 起身时间	Sleep time: 睡觉时间	Sleep quality: Bad Average Good Excellent 睡觉素质: 不好 中等 好 很好

EATING HABITS 饮食习惯 (If food is made at home, estimate the cost as if you were to eat out 如果在家进餐, 请以户外进餐花费为准)

	TIME 时间	TYPE OF FOOD 食物	DRINKS 饮品	FRUITS 水果	PRICE 花费
BREAKFAST 早餐					
LUNCH 午餐					
TEA 下午茶					
DINNER 晚餐					
SUPPER 夜宵					

Do you have a snacking problem? 有吃零食的习惯吗 No Yes When 什么时候? _____

- Biscuits / Chips 饼干
 Chocolate 巧克力
 Ice cream 冰淇淋
 Alcohol 酒
 Coffee 咖啡/Tea 茶 _____ cups/ day
 Soft Drinks 汽水
 Water 白开水 _____ cups 杯/ 每天 day
 Smoking habits 抽烟 _____ sticks 支/day 每天

THE HEALTH ISSUES I WANT TO TACKLE ARE 我现在想要解决的健康问题:

Do you OR ANYONE YOU KNOW suffer from these health-related concerns? Indicate relationship (mom, dad etc) next to the ailment.

- | | | |
|--|--|---|
| <input type="checkbox"/> Migraines 偏头痛 | <input type="checkbox"/> Sinusitis 鼻子敏感 | <input type="checkbox"/> Sore Throat 喉咙痛 |
| <input type="checkbox"/> Asthma 哮喘 | <input type="checkbox"/> Skin Allergies 皮肤敏感 | <input type="checkbox"/> Food Allergies 食物敏感 |
| <input type="checkbox"/> High / Low Blood Pressure 高/低血压 | <input type="checkbox"/> High Cholesterol 高胆固醇 | <input type="checkbox"/> Heart Problem 心脏病 |
| <input type="checkbox"/> Gastric 胃痛 | <input type="checkbox"/> Stomach Bloated 大肚腩 | <input type="checkbox"/> Stomach Ulcers 胃胀风 |
| <input type="checkbox"/> Diabetes 糖尿病 | <input type="checkbox"/> Constipation 便秘 | <input type="checkbox"/> Piles 痔疮 |
| <input type="checkbox"/> Hormone Imbalance 荷尔蒙失调
节痛 | <input type="checkbox"/> Fatigue / Low Energy 精神不足 | <input type="checkbox"/> Joint / Knee / Back Pain (Arthritis) 关 |
| <input type="checkbox"/> Contraceptive Pill 服用避孕药 | <input type="checkbox"/> Thyroid Gland 甲状腺 | <input type="checkbox"/> Anemia 白血病 |

BODY SCAN RESULT 身体扫描结果

	WEIGHT 体重	BODY FAT 脂肪含量	WATER 水份含量	PHYSICAL RATING 肌肉质量	METABOLISM(age) 新陈代谢/年龄	BONE MASS 骨骼硬度	VISCERAL FAT 内脏脂肪
PRESENT 现况							
IDEAL 标准							

