

## Health Assessment Questionnaire

### *Personal Information*

Full Name			
Age	Sex	Height	Weight
Address			
Phone Number		Email-ID	

### *Health Assessment Information*

What was your recent blood pressure reading	
Are you taking any medical prescription for blood pressure	
How often do you take alcohol	
What is your latest cholesterol level	
Do you smoke, if yes than how often	
Do you take food/meals regularly/on time	
Do you take enough sleep or do you suffer from any sleeping disorder	
Do you workout or indulge in physical activities at a regular basis	
How you will rate your physical fitness level according to your age and lifestyle	
Do you think that your work is causing a pressure/depression?	