

# OVERWEIGHT QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. When did you first notice that your weight was changing? \_\_\_\_\_  
\_\_\_\_\_
2. What is your highest weight? \_\_\_\_\_
3. Have you ever been under doctor's supervision for your weight? \_\_\_\_\_  
\_\_\_\_\_
4. Are you currently on a diet or under doctor's supervision for weight loss? \_\_\_\_\_
5. Are you currently taking any medication for weight loss? \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any problems with your thyroid? \_\_\_\_\_
7. Has your blood pressure ever been elevated, if so, please indicate below what it was? \_\_\_\_\_  
\_\_\_\_\_
8. Have you ever been told that you have heart disease, kidney disease, diabetes or any other impairment? \_\_\_\_\_  
\_\_\_\_\_
9. Are you a smoker? \_\_\_\_\_
10. Do you have any problems catching your breath? \_\_\_\_\_  
\_\_\_\_\_
11. Have you ever had any surgeries due to your weight? \_\_\_\_\_
12. Are you able to exercise, if so, what and how often? \_\_\_\_\_  
\_\_\_\_\_
13. Have you ever been advised not to do something due to your build? \_\_\_\_\_
14. Has your employment ever suffered due to your weight? \_\_\_\_\_  
\_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please circle the associate you work with. Russ, Rhonda, Leo