



Registration Form

Personal Information

User ID# _____

Cell number _____

Email _____

Zip code _____

Age _____

Gender Male Female

Household information

Household size _____

Household income _____

Education Level _____

Are you insured? Yes No

How many meals per week do you prepare? _____

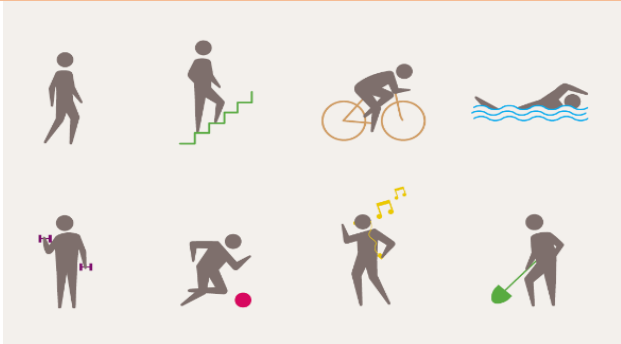
How many meals per week do you dine out? _____

Rest and Exercise *Frequency of Activities*

None Daily Moderate Heavy

What activities?

How many hours of sleep per night? _____



Health History

High Blood Pressure? Yes ___ No ___

Allergies? Yes ___ No ___

Chronic pain? Yes ___ No ___

Chronic diseases? Yes ___ No ___

Asthma Yes ___ No ___

Heart disease? Yes ___ No ___

What is important to you?

Check all that apply

1 = bad, 5 = best

Education _____

Housing _____

Financial _____

Food _____

Health and Wellness _____