

Kathryn J. Wood, M.D.  
3550 Parkwood Blvd., Suite 205  
Frisco, TX 75034  
972-769-9663  
972-769-9664-Fax

## HEALTH QUESTIONNAIRE

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

- 1.) How many servings of fresh, raw fruit do you have daily?  
\_\_\_\_\_
- 2.) How many servings of fresh, raw, or cooked vegetables do you have daily? \_\_\_\_\_
- 3.) Do you exercise on a regular basis? \_\_\_\_\_ If yes, what kind, how often and how long?  
\_\_\_\_\_
- 4.) How much water do you drink daily? \_\_\_\_\_
- 5.) Are you concerned about your weight? \_\_\_\_\_
- 6.) Are you concerned about a family history of health problems? \_\_\_\_\_ If yes, what illnesses have your family members had? \_\_\_\_\_  
\_\_\_\_\_
- 7.) Are you concerned about your cholesterol? \_\_\_\_\_ When was the last time you had your Cholesterol checked? \_\_\_\_\_
- 8.) Do you ever tan in a tanning bed? \_\_\_\_\_ If yes, how often? \_\_\_\_\_
- 9.) Do you use sunscreen? \_\_\_\_\_ If yes, do you use in on a regular basis? \_\_\_\_\_
- 10.) What type of sunscreen do you use? \_\_\_\_\_
- 11.) If you take any nutritional or herbal supplements, what do you take and how regularly do you take them? \_\_\_\_\_
- 12.) When was the last time you had a tetanus booster? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_