

SMOKING

<10/DAY >10/DAY >20/DAY STOPPED SMOKING MONTHS AGO NON-SMOKER

ALCOHOL CONSUMPTION

DO YOU USE ALCOHOL Y N IF YES, HOW MANY GLASSES PER WEEK? WINE
BEER
SPIRITUAL ALC.

EXERCISE

DO YOU EXERCISE YES NO IF SO, WHAT KIND OF EXERCISE?

1.	HOW MANY SESSIONS PER WEEK?	<input type="checkbox"/>	HOW LONG PER SESSION?	<input type="checkbox"/>
2.	HOW MANY SESSIONS PER WEEK?	<input type="checkbox"/>	HOW LONG PER SESSION?	<input type="checkbox"/>
3.	HOW MANY SESSIONS PER WEEK?	<input type="checkbox"/>	HOW LONG PER SESSION?	<input type="checkbox"/>

ACTIVITIES

WORK ENVIRONMENT
OFFICE ENVIRONMENT HOW MANY HOURS PER DAY DO YOU SIT
ACTIVE ENVIRONMENT HOW MANY HOURS PER DAY DO YOU WALK
COMBINATION

HOME & LEISURE ACTIVITIES

DO YOU WATCH TV, READ, SIT AND CHAT? SELDOM OFTEN QUITE OFTEN
DO YOU WORK IN THE GARDEN, WASH CAR, CLEAN HOUSE? SELDOM OFTEN QUITE OFTEN
DO YOU WORK AFTER HOURS AT HOME? SELDOM OFTEN QUITE OFTEN
DO YOU THINK YOU TAKE TIME TO RELAX? SELDOM OFTEN QUITE OFTEN
DO YOU TAKE HOLIDAYS OFTEN ENOUGH? SELDOM OFTEN QUITE OFTEN
IF YOU ARE ON HOLIDAY, ARE YOU: ACTIVE PASSIVE

GENERAL

CAN YOU WALK 2-3km WITHOUT GETTING ANXIOUS, PAIN IN THE CHEST, SHORT OF BREATH? Y N
DO YOU GET FREQUENT CRAMPS IN THE LEGS? Y N DIZZINESS/FAINTING? Y N
FREQUENT HEADACHES/MIGRAINES Y N EXPERIENCE FREQUENT TIREDNESS WITHOUT REASON? Y N
ARE YOU A STRESSED PERSON? MODERATE ABOVE MODERATE
DO YOU LOOSE YOUR TEMPER VERY EASILY? SELDOM SOMETIMES QUITE OFTEN

FAMILY HISTORY

HAVE ANY DIRECT FAMILY (FATHER, MOTHER, BROTHER, SISTER) EXPERIENCED ANY OF THE FOLLOWING CONDITIONS?
HYPERTENSION CHOLESTEROL DIABETES M DEPRESSION ARTHRITIS GOUT OBESITY
CARDIOVASCULAR DISEASE OTHER SERIOUS (SPECIFY) CONDITIONS

SIGNATURE OF APPLICANT DATE

Send Application Form to: P.O. Box 6559 Ausspannplatz • Tel: 264-61 287 6174/2
Fax: 264-61 287 6071 • E-mail: wellness@methealth.com.na

METHEALTH
MANAGED CARE 