

PFC • Performance Fitness Concepts

1. Do you suffer from any of the following? Yes ___ No ___

- Alcoholism (physiological dependence upon alcohol)
- Diabetes type 1 (juvenile onset)
- Diabetes type 2 (adult onset)

2. Do either of your parents suffer from the following? Yes ___ No ___

- Alcoholism (physiological dependence upon alcohol)
- Diabetes type 1 (juvenile onset) (at least one parent)
- Diabetes type 2 (adult onset) (both parents)

3. Is your sleep restful?

(If you are a parent and have to wake up during the night to attend to your children, choose a night when this does not happen. If you have to get up several times a night to feed a newborn, try to remember what your sleep patterns were like in general before you had a child.)

Points (choose one) Actual points

Restful, I rarely wake up during the night.

I wake up feeling energized. 0

Restless, I usually wake up one or more times during the night. I wake up feeling tired. 2

4. Do you get cravings¹ for certain types of foods?

Points (choose one) Actual points

Yes, daily or weekly 0

No, once a month or less -4

5. If “Yes,” what longings are most common?

Points (choose one) Actual points

Cheese, French fries, fried food 2

Candy, cookies, ice cream 4

Steak 2

6. How many times do you urinate during the night?

Points (choose one) Actual points

Two times or fewer 0

Three times or more 2

7. Which of the following three body types best describes you?

(If you are currently overweight, which one described you in your prime? Be honest.)

Points (choose one) Actual points

Long and lean, difficult to gain weight -4

Sturdy, stocky frame that is naturally strong 4

A frame that is smaller through the waist and the hips, larger in the shoulders -1

8. Which activities are more comfortable for you?

Points (choose one) Actual points

Strength activities (e.g., power yoga, push-ups, weight training, sprinting) 2

Endurance activities (e.g., jogging, cycling, rollerblading) -4

Equally comfortable with both strength and endurance 0

9. Are any of your siblings (from the same parents) affected by the following?

Points (choose one) Actual points

Diabetes type 1 (juvenile onset) 1

Diabetes type 2 (adult onset) 1

10. Do you or your parents have a history of heart disease (e.g., high cholesterol levels, coronary episode/heart attack prior to age 65, cardiac procedures such as angioplasty or coronary bypass surgery)?

Points (choose one) Actual points

Heart disease—you are affected -5

Heart disease—mother is/was affected -2

Heart disease—father is/was affected -2