



Wellness Profile - Answer Sheet

Date: _____

Group Name: _____

ID Number: _____

Last Name: _____

First Name: _____

Address: _____

DOB: _____

Gender: **M** **F**

Email: _____

HT: _____ **ft** _____ **in**

WT: _____ **lbs**

Please fill in the correct box that corresponds to your answer

1 G1 1 2 3 4

18 NU3 1 2 3 4

35 TB3 1 2 3

2 GG2 1 2 3 4 5

19 NU4 1 2 3 4

36 TB4 1 2 3 4

3 G3 1 2 3 4 5 6

20 NU5 1 2 3

37 ST1 1 2 3

4 WM1 1 2

21 NU6 1 2 3

38 ST2 1 2 3

5 WM2 1 2

22 NU7 1 2 3

39 ST3 1 2 3 4

6 WM3 1 2 3

23 NU8 1 2 3 4

40 ST4 1 2 3

7 EX1 1 2

24 NU9 1 2 3

41 ST5 1 2 3

8 EX2 1 2 3 4

25 NU10 1 2 3 4

42 ST6 1 2

9 EX3 1 2 3 4

26 SF1 1 2

43 ST7 1 2 3

10 EX4 1 2 3

27 SF2 1 2 3 4 5

44 ST8 1 2 3

11 EX5 1 2 3

28 SF3 1 2 3

45 ST9 1 2 3

12 EX6 1 2

29 SF4 1 2 3 4

46 ST10 1 2 3

13 EX7 1 2 3

30 SF5 1 2 3 4 5

14 EX8 1 2 3

31 SF6 1 2 3

15 EX9 1 2 3 4 5 6

32 SF7 1 2 3

16 NU1 1 2 3 4

33 TB1 1 2 3

17 NU2 1 2 3

34 TB2 1 2

-----Physiologist use only-----
 47 UD1 1 2 3 4
 48 UD2 1 2 3 4
 49 UD3 1 2 3 4
 50 UD4 1 2 3 4