



# Bureau of Corrections

Document Reference Code  
NBP-PR-006-F052

Revision No.  
0

Effectivity Date  
01/05/2018

## WELLNESS DATA FORM

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Name: \_\_\_\_\_ Prison Number \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Chest \_\_\_\_\_ Hips \_\_\_\_\_ Waist Line \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

1. Do you easily get tired? \_\_\_\_\_
2. Do you feel sick or get sick often? \_\_\_\_\_
3. Do you feel your life stressful? \_\_\_\_\_
4. Do you often feel hungry or have a constant craving for food (esp. sweet/salty)? \_\_\_\_\_
5. Do you eat instant food or processed food regularly? \_\_\_\_\_
6. Do you believe there is a connection between the food you eat and the level of your health? \_\_\_\_\_
7. Do you drink at least eight glasses of water each day? \_\_\_\_\_
8. Do you often feel sleepy especially after eating? \_\_\_\_\_
9. Would you like to lose inches and pounds? \_\_\_\_\_
10. Would you like to add some pounds to your weight? \_\_\_\_\_
11. Do you smoke? \_\_\_\_\_

DATE	BODY FATS	VISCERAL FATS%	BONE MASS	RESTING METABOLIC RATE (Calories burned at rest)	METABOLIC AGE	MUSCLE MASS	PHYSIQUE RATING	WATER PERCENT AGE

### Remarks

Present Weight	Ideal Weight	Excess/Deficient	Ideal Visceral
<b>FAT IN KG</b>		<b>EXCESS/DEFICIENT</b>	

### Recommended Program

Weight Loss \_\_\_\_\_ Weight Gain \_\_\_\_\_ Weight Maintain \_\_\_\_\_

### Recommended SARO Activities

\_\_\_\_\_  
\_\_\_\_\_



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### PROGRESS SUMMARY

Measurement	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Chest												
Waist Line												
Hips												
Weight												
Body Fats												
Visceral Fats												
RMR												
Metabolic Age												
Muscle Mass												
Physique Rating												
Water Percentage												
<b>Remarks</b>												

### EVALUATION:

### SUBMITTED BY:

\_\_\_\_\_  
Chief, Sports and Reformation Program