EXERCISE & SPORTS SCIENCE CENTER
POWERED BY THE SUMMIT

REE Questionnaire

1. **Have you ever been diagnosed with any of the following conditions? (please check all that apply)**

_____ Hyperthyroidism	_____ Eating Disorder	_____ Depression
_____ Hypothyroidism	_____ Menopause	_____ Recent injury
_____ Cancer (any type)	_____ Metabolic disorder	_____ Recent infection/illness

2. **Are you over the age of 25 years?** Yes or No

3. **Are you currently taking any medications?** Yes or No
   If yes, please describe:
   _____
   _____
   _____

4. **Are you currently taking any nutrition/herbal supplements?** Yes or No
   If yes, please describe:
   _____
   _____
   _____

5. **Do you exercise at least 150 minutes per week?** Yes or No

6. **Do you regularly drink caffeinated beverages on a daily basis?** Yes or No
   If yes, please describe the source, amount, and frequency:
   _____
   _____
   _____

7. **Do you use any form of tobacco products?** Yes or No
   If yes, please describe what type (smoke, vape, chew, etc.) and frequency:
   _____
   _____
   _____