

Weight Profile Form - Women

STEP ①: Fill out the following weight profile information

Today's date: _____
My weight is: _____ pounds
My height is: _____ inches
My body mass index is: _____
My waist size is: _____ inches

STEP ②: Consult chart below, which indicates the risk for health problems

My Body Mass Index is	My waist is 35 inches or less	My waist is more than 35 inches
18.5 or less (Underweight)		
18.5 – 24.9 (Normal)		
25.0 – 29.9 (Overweight)	Increased	High
30.0 – 34.9 (Obese)	High	Very high
36.0 – 39.9 (Obese)	Very high	Very high
40 or more (Extremely Obese)	Extremely high	Extremely high

STEP ③: Check the statement that applies to you

Based on the chart above,

- I am not overweight
- I am at **increased risk** for health problems
- I am at **high risk** for health problems
- I am at **very high risk** for health problems
- I am at **extremely high risk** for health problems