

## Resting Metabolic Rate Pre-test Questionnaire

1. Have you eaten or drank anything (*other than water*) in the last 4 hours?  Yes  No  
*If yes please list.*

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2. Have you consumed caffeine of any type in the last 4 hours?  Yes  No

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3. Have you participated in strenuous exercise in the last 48 hours?  Yes  No  
*If yes, please list activity and duration.*

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4. Have you consumed any nicotine in the last 12 hours?  Yes  No  
*If yes, please list.*

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5. Have you consumed any other products (supplements, drugs, vitamins, etc.) 4 hours?  Yes  No  
*If yes, please list.*

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