

## Healthy Eating Healthy Living Course questionnaire checklist

This check list is to help the course leader focus on the, abilities, needs and medical conditions people may have.

Please make sure the questionnaires have been filled out at least 8 weeks before the course starts. This will allow you time to get a response from the person's doctor.

Questionnaire checklist - Tick Yes or No to record what the learner said on their individual questionnaire.

### Questions about their health

	Yes	No
<b>Diabetes</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Epilepsy</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Allergy</b>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Finds standing and walking for long lengths of time hard work</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did the person say anything that you need to know?	<input type="checkbox"/>	<input type="checkbox"/>

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With thanks to

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## Questions about cooking and trying foods

**Does not feel comfortable about  
using knives and kitchen equipment.**

**Yes**

**No**

**Yes**

**No**

**Diet needs**

**Does the person find it difficult to  
swallow some foods**

**Hard to breathe sometimes**

Did the person say anything that you need to know?

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With thanks to

## Questions about exercise

	Yes	No
<b>Any big operations</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heart problems</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Asthma</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Serious illness</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Serious injuries</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>High Blood Pressure</b>	<input type="checkbox"/>	<input type="checkbox"/>

Did the person say anything that you need to know?

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Does the person's doctor need to be contacted?

With thanks to

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