

Healthy eating healthy living course questionnaire



Before you join the healthy eating healthy living course we need to ask you some questions about your health.



If you answer yes to any of the questions we will need to contact your Doctor.

My doctor's details are:

Name: _____

Address:

Telephone number _____



Questions about your health

Please answer the questions by putting a circle around either **yes** or **no**.



Do you have Diabetes? **Yes** **No**

If you said yes is there anything else you would like to tell us?



Do you have epilepsy? **Yes** **No**

If you said yes is there anything else you would like to tell us?



Are you allergic to anything? **Yes** **No**

If you said yes is there anything else you would to tell us



Do you find it hard to walk or stand for a long time?

Yes **No**

If you said yes is there anything else you would like to tell us?

Questions about cooking and trying foods

Do you feel confident using knives and kitchen equipment when you are with a staff member?

Yes **No**



If you said no could you please tell us more?



Do you have any diet needs such as vegetarian, halal or vegan?

Yes **No**

If you said yes could you please tell us more?



Do you find it difficult to swallow some food?

Yes **No**

If you said yes is there anything else you would like to tell us?

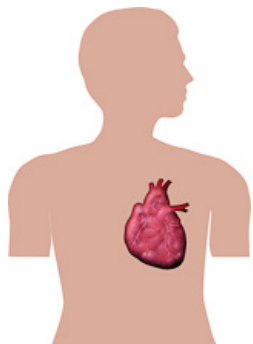
Questions about exercise



Do you find it hard to breathe sometimes?

Yes **No**

If you said yes is there anything else you would like to tell us?



Do you have heart problems?

Yes

No

If you said yes could you please tell us more?



Do you have asthma?

Yes

No

If you said yes is there anything else you would like to tell us?

Have you had any big operations?

Yes No

If you said yes could you please tell us more?



Have you ever had a serious illness?

Yes No

If you said yes could you please tell us more?





Have you ever had any serious injuries?

Yes

No

If you said yes could you please tell us more?



Do you have high blood pressure?

Yes

No

If you said yes is there anything else you would like to tell us?

Personal information about you



Your full name: _____



Your phone number: _____

Your home address





Sign your name in the box



Today's Date: _____