

Questionnaire Health Check

1	Gender	Male / Female
2	Age	
3	Department <input type="radio"/> Support staff <input type="radio"/> Academic staff	
4	The total number of hours you exercise per week	
	Moderately intensive exercise (e.g. cycling to work, walking):	hours
	Sport:	hours
5	Have you ever had an operation?	Yes/No
	If so, what kind of operation, when and where?	
6	Do you take any medication?	Yes/No
	If so, what kind of medication?	
7	Do you smoke?	Yes/No
8	Do you have rheumatism?	Yes/No
9	Do you have diabetes?	Yes/No
10	Do you drink alcohol?	
	<input type="radio"/> I never (or hardly ever) drink alcohol	
	<input type="radio"/> 1-7 glasses per week	
	<input type="radio"/> 7-14 glasses per week	
	<input type="radio"/> 14-21 glasses per week	
	<input type="radio"/> 21+	
11	Have you been diagnosed with any illness such as high blood pressure, myocardial infarction, angina, narrowing of the arteries, etc.?	Yes/No
	If yes,...	
12	Do any such heart conditions run in your family?	Yes/No
	If yes,...	
13	Has anyone in your family died suddenly at a young age?	Yes/No
	If yes,...	
14	Do any genetic diseases run in your family?	Yes/No
	If yes, ...	
15	Do you have any other illnesses, disorders or conditions (not yet named)?	