

THE CROOKES PRACTICE NHS Health Check Questionnaire

TITLE _____ NAME _____ Date of Birth _____

Gender Male/Female

Number of portions of fruit and vegetables daily _____

Do you smoke? Never Ex-smoker Current smoker

If current - how many per day? _____

If stopped smoking please give date _____

Do you enjoy light moderate heavy exercise

Are you unable to exercise – Yes/No I do not exercise – Yes/No

Family History

Ischaemic heart disease at less than 60 years old Yes/No

High cholesterol Yes/No

High cholesterol in first degree relative (Parents/siblings) Yes/No

Diabetes mellitus in first degree relative (Parents/siblings) Yes/No

Weekly Alcohol Intake

Pints of beer _____

Bottles of Wine _____

Measures of spirits _____

PLEASE COMPLETE PHYSICAL ACTIVITY QUESTIONNAIRE OVER LEAF

General Practice Physical Activity Questionnaire



1. Physical Activity at Work

Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following five possibilities:

- a. I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)
- b. I spend most of my time at work sitting (such as in an office)
- c. I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)
- d. My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)
- e. My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)

2. Physical Exercise

During the last week, how many hours did you spend on each of the following activities?

	None	Less than 1 hour	Between 1 and 3 hours	3 or more hours
a. Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cycling, including cycling to work and during leisure time	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Walking, including walking to work, shopping, for pleasure etc.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Housework/Childcare	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Gardening/DIY	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Walking Pace

How would you describe your usual walking pace?

- Slow pace (less than 3 mph)
 Steady average pace
 Brisk pace
 Fast pace (over 4mph)

Result

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