



Physical Activity, Lifestyle and Nutrition Screening Questionnaire

This questionnaire provides information to your instructor on your current physical activity levels. Whilst physical activity includes activities of daily living, eg, gardening and occupational tasks, exercise is structured and purposeful.

Name: _____ Address: _____
Date of Birth: _____
Contact Number: _____
Email: _____ Postcode: _____
Last Delivery Date: _____ Type of Delivery: _____
Recovery: _____ Had post natal 8 week check? _____

Physical Activity (Please tick)

Does your occupation involve physical activity?

How do you travel to and from work?

How would you rate the physical activity you perform at work?

Very little little moderate active very active

How would you rate the physical activity you perform when not at work?

Very little little moderate active very active

Are you currently performing any fitness programme: Yes No

If "yes", what and how often do you do it?

How physically fit do you feel at present

Unfit below average average above average very fit

Sport

Do you currently take part in any sport or exercise at any level? Yes No

If "yes", what does the training for your sport involve?

Exercise Preferences (please tick)

Walking Toning aqua aerobics running Weights
 aerobics circuits cycling dancing yoga
 stretch and tone pilates

Other:

Are there any forms of activity which you dislike or cause you pain?

Continued...

Availability:

How many times a week would you like to take part in an activity or exercise programme?

Circle days best for you? Mon Tues Weds Thurs Fri Sat Sun

What time of day is best for you?

What are the reasons for you taking part in an exercise programme and what do you hope to achieve?

Lifestyle:

Do you regularly feel stressed?

Do you feel that you generally have adequate amounts of sleep?

Do you allocate time for relaxation?

Do you smoke? How many each day?

If yes, would you like to stop?

Have you ever smoked? How long for?

When did you quit?

Do you drink alcohol? Units Per week?
(1 unit = a measure of spirits or a glass of wine or ½ pint of beer)

Diet and Nutrition

How many drinks containing caffeine do you drink each day?

How much water do you drink in a day?

How many portions of fruit and vegetables do you eat each day?

How many times a day do you eat or drink snacks (choc, crisps, sweets, sugary drinks)

How often do you eat fried food?

Do you add salt to your food?

At what time of day do you eat?

Breakfast:

Lunch:

Evening Meal:

Do you eat between meals? (specify)

What time of day do you have your largest meal?

How many times a week do you eat out or have takeaways?

Continued...

Please list what and when you ate and drank yesterday:

Aims

What would you like to achieve by following a healthy eating programme?

Is there anything you would like to change about your lifestyle?

(Lifestyle refers to anything you wish to change about your lifestyle other than your diet or physical activity levels, eg. Smoking, relaxation, stress)

Current Weight:

Height:

Clients Signature

Date:

This information is highly confidential and will be kept in a private and secure environment, released only to individuals approved by the client, e.g. physiotherapists, nutrition, fitness or medical advisors. Written consent from client is expected before any information is released.