PRE EXERCISE QUESTIONNAIRE

The following details are for your Instructor Jenny, and will be treated in confidence

Name			
Address Postcode			
Phone		Mobile	
Email			
Sign up to Ashford Place Newsletter	Yes ☐ No ☐		

DEMOGRAPHICS

Gender	Male ☐ Female ☐	Other ☐ Please specify:			
Birthdate			Age		
Ethnic Origin					
Arab	☐	Black/Black British - African	☐	Mixed - Other	☐
Asian/Asian British - Bangladeshi	☐	Black/Black British - Caribbean	☐	White - British	☐
Asian/Asian British - Pakistani	☐	Black/Black British - Other	☐	White - Irish	☐
Asian/Asian British - Indian	☐	Mixed – Asian & White	☐	White - Other	☐
Asian/Asian British - Other	☐	Mixed – Black African & White	☐	Kurdish	☐
Chinese	☐	Mixed – Black Caribbean & White	☐	Pashtun	☐
Gypsy/Romany/Irish Traveller	☐	Prefer not to say	☐	Persian	☐

IN CASE OF EMERGENCY

Name OF Contact		Relationship	
Contact Number			

MEDICAL HISTORY

Have you been hospitalised recently? **Yes** ☐ **No** ☐ If 'YES' for what reason? Date of discharge from hospital:
Has your doctor ever said you have a heart or lung condition? **Yes** ☐ **No** ☐ If 'YES', please describe:
Is your blood pressure **High** ☐ **Low** ☐ **Normal** ☐
Has your doctor ever said that you must limit your physical activity? **Yes** ☐ **No** ☐ If 'YES', why?
Do you feel pain in your chest or skipped heart beats when you exercise? **Yes** ☐ **No** ☐
Do you have pain anywhere when you're not exercising? **Yes** ☐ **No** ☐
Do you feel faint or dizzy if you exercise? **Yes** ☐ **No** ☐
Do you get shortness of breath or asthma? **Yes** ☐ **No** ☐
Do you suffer from epilepsy **Yes** ☐ **No** ☐
Do you get pain in your calves or lower legs during exercise which is not due to stiffness or soreness? **Yes** ☐ **No** ☐
Do you have diabetes? **Yes** ☐ **No** ☐ If 'YES', **Type 1** ☐ **Type 2** ☐ If so, have you attended diabetes education **Yes** ☐ **No** ☐
Do you have any muscle, bone or joint problems? (e.g. arthritis) **Yes** ☐ **No** ☐
Are there any other medical reasons not mentioned above that may prevent you from commencing an exercise program? **Yes** ☐ **No** ☐ If 'YES', please give details:

PLEASE LIST ALL YOUR MEDICATIONS	
Name of Medication	**Reason for taking**

In general, how would you rate your current health: 0=Worst 10=Best Your answer:
Have you fallen in the last 12 months? **Yes** ☐ **No** ☐
Do you smoke? **Yes** ☐ **No** ☐ How many per day? Would you like to quit? **Yes** ☐ **No** ☐
What is the hardest activity of daily living that you are able to do at home (inside or outside your house)? How long can you do it for? How often?
What other exercise have you been doing lately? What intensity is that for you? Hard ☐ Medium ☐ Light ☐ How long can you do it for? How often?
How did you hear about this class?
How long have you been attending this class?

To the best of my knowledge, the personal details on this form are accurate and complete. I note that these details will be processed by Ashford Place under the principle of the 2016 General Data Protection Regulation GDPR. I understand that Ashford Place is require to provide my personal information for statistical purposes to Ashford Place contracted funders. This data will be retained while I am an active client and 24 months thereafter.

I recognise that the instructor is not able to provide me with medical advice in regard to my medical health.

The information in this form is used as a guide to the limitation of my ability to exercise, I have answered the questions as accurately as possible and understand the advice above.

Participant's Signature		Date	
Instructor Signature		Date	

For more information on how and why we store data please see our transparency notice on the Ashford Place website: http://www.ashfordplace.org.uk/about-us/summary-transparency-notice