ACTIVITY & LIFESTYLE QUESTIONNAIRE

Tick the box or circle the right answer

Age _____      Gender:  Male ☐   Female ☐

Height _____ cm       Weight _____ kg

Ethnic origin:   Asia ☐ Africa ☐ Caucasian (EU) ☐ Other ☐

Home country of residence______________________

Any known medical conditions:  Yes ☐ if yes please specify____________________

No ☐ _________________________________

Do you drink alcohol?  Yes ☐ if yes, how many units per week? _________

No ☐ Calculation: strength (ABV) x volume (ml) ÷ 1,000 = units

Do you smoke currently?  Yes ☐ No ☐ if yes, how many cigarettes per day _________

Favourite sport: _____________________________

Favourite food: _____________________________

Average sleep period:  < 7 h/day ☐ > 7 h/day ☐

Weekend:  Outdoor activity:  <2hrs/day ☐ 2–4 hrs/day ☐ >4hrs/day ☐

Indoor screen time  TV hrs/day?_______  Computer hrs/day?_______

Average exercise (or sport) hours per week: ___ hours

Using local gym facilities:  Yes ☐ No ☐

Do you believe that you are physically fit:  Yes ☐ No ☐

If doing less than 3 hours moderate exercise or activity per week, what is the main reason?

Don’t want to ☐ No time ☐ No facility ☐

others (please specify) ______________________________