

INDUCTION HEALTH QUESTIONNAIRE

Name: _____ Company: _____
 Age: _____ Job title: _____ Home town _____

The Registered Nurse may be contacted in the medical room
 Before you get started, take a few minutes to answer the following questions...
 Then hand it in to the Nurse.... all information is voluntary and confidential

- | | Yes /No |
|--|---|
| 1. Have you seen your doctor in the past 6 months? | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Have you had an eye test in the past year? | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Do you know your Cholesterol number? | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Do you know your ideal weight? | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Do you know your Blood Pressure? | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Do you eat 5 portions of fruit & veg daily? | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Do you exercise regularly? | <input type="checkbox"/> <input type="checkbox"/> |

Any NO's?

See the site nurse for Advice and Information....

- | | |
|--|---|
| 1. Do you smoke? | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Do you have hearing difficulties | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Do you have back problems? | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Do you have dermatitis? | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Do you ever have numbness or tingling in your fingers, hand or arm? | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Do you have Diabetes? | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Do you have Asthma, or any difficulty breathing? | <input type="checkbox"/> <input type="checkbox"/> |
| 8. Do you or your Family have heart problems? Such as heart attack, angina or stroke | <input type="checkbox"/> <input type="checkbox"/> |
| 9. Do you consume more than 7 pints of beer or 14-spirit measures per week? | <input type="checkbox"/> <input type="checkbox"/> |
| 9. Have you ever worked with asbestos? | <input type="checkbox"/> <input type="checkbox"/> |

Any Yes's?

Please come and talk to the site nurse...soon!

Many thanks for taking the time to answer the questions