

Questionnaire before medical checkup

Personal information

First name	Last name	Civic registration number
E-mail		Telephone
Address	Post code	Place
Company	Department/Unit	Company telephone:
Occupation		

Exertion

How much exertion do you make in your spare time? If your activity level varies between summer and winter – enter an average for the past year.

<p>Sedentary leisure - I move very little, I take occasional walks</p> <p>Easy exercise - e.g. walking, cycling at a leisurely pace, usually 1-3 hours a week</p> <p>Moderate exercise - fast walking, cycling at a fast pace, jogging, swimming, ball sports, usually 30 minutes most days. A total of 2-3 hours a week</p> <p>Hard training - running, skiing, gymnastics, ball sports, regularly more than 3 hours a week</p>
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Alcohol

Do you or anyone close to you think you should reduce your alcohol consumption?

Yes	No
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Tobacco

Are you

A non-smoker	A former smoker	A smoker	A moist snuff user
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Background

Have any of your parents or siblings suffered from heart attack or cerebral haemorrhage / cerebrovascular disease before the age of 65?	Yes	No
Have you ever been told that you have high blood pressure?	Yes	No
Do you use any medicine?	Yes	No
If you are using medicine, indicate which:		

Symptoms

Have you ever had a serious illness?				Yes	No	
If yes, indicate which one(s):						
	Never			Often		
	0	1	2	3	4	5
Do you sleep restlessly or have trouble falling asleep?						
Do you often feel tired?						
Do you often feel restless and / or tense?						
Do you often feel depressed, uneasy or sad?						
	Excellent			Very poor		
	0	1	2	3	4	5
How do you experience your general state of health?						

This box will be filled in by Previa's staff.
The data for the investigated group as a whole will be processed and provided to the company.

Tests

Weight: kg
 Height: cm
 BMI: kg/m²
 P-Glucose: mmol/l
 Systolic blood pressure: mmHg
 Diastolic blood pressure: mmHg
 Cholesterol: mmol/l

Examination date:

Signature:

Comments/action: