**Health Questionnaire**

# STRICTLY CONFIDENTIAL

Participant Code:

Please answer these questions truthfully and completely. The purpose of this questionnaire is to ensure that you are fit and healthy to follow the research programme.

1. How often do you engage in exercise lasting longer than 30 minutes?

Less than 1x per month Once a month

Once a week Two/three times a week

Four/five times a week More than five times a week

1. Are you currently taking any form of medication? If yes, please give brief details.

#  Yes No

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1. Have you suffered from a bacterial or viral infection in the last two weeks?

###### Yes No

1. Have you had cause to suspend physical activity in the last two weeks?

###### Yes No

1. If you currently suffer from or have previously suffered from any of the following conditions you will be unable to take part in the study. Please inform the researcher (without specifics) if as a result you will now be unable to take part in the study.
* heart complaint/condition
* Uncontrolled asthma
* diabetes (Type 1 or 2)
* high blood pressure
* blood borne disease or infection
* osteoporosis
* osteoarthritis
* blood clotting disorders
* food intolerances/allergies (these may not specifically exclude you- please talk to the investigator)
* sensitivity or allergy to anaesthetic
1. Is there any reason why you should not embark on this research programme?

You are not required to provide specifics of any condition that precludes you from taking part in the study. However, if you are not sure if any such condition will affect your ability to participate, please feel free to discuss this with the research team, although you are not obliged to do so.

Participant Signature:

Date:

Investigator Signature:

Date: