

Gym and Exercise Class Questionnaire

This Questionnaire will help us here at the KMSTC to establish how able you are and make the best decision about what kind of exercise you can take part in. Please give us as much detail as you can as it will help us devise the best programme of activities for you. We should be able to determine from this questionnaire about how best to get you involved in some exercise here at KMSTC but you may need a more detailed assessment before this can happen. We will discuss this with you before any decisions are made.

Thank you.

Name and Address	D.O.B.	Date

General Health
<p>Other than MS are there any other health problems that you currently are having treatment for? Please give details below.</p>
<p>When did you last see your GP or a consultant and what was this for? Please give details below.</p>
<p>Have you ever been told to seek medical advice or attention if you plan to engage in regular exercise? YES/NO. If yes, please give details.</p>

Please tick the box if any of these conditions apply to you	
<input type="checkbox"/>	Heart disease or other cardiac problems
<input type="checkbox"/>	Any blood pressure problems (high, low, postural hypertension, etc.)
<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Rheumatoid Arthritis
<input type="checkbox"/>	Details of any medication you are currently taking
Please describe below any health or physical problems that you feel need to be considered before you take up regular exercise. In particular do you have any orthopaedic problems like osteoarthritis, joint problems or back or neck pain.	
Please describe your mobility and ability to transfer. i.e. I use a stick and can walk around indoors independently or I need a wheelchair for mobility but can stand and transfer.	
Can you stand up and remain standing independently? YES/NO	
If so for how long?	
If you need support to stand then how much support do you need? i.e. a little or a lot.	
How is your balance? Have you had any recent falls? Please give details below.	

Can you get onto the floor and get up again independently? If you require some help then please describe how much i.e. minimal, moderate or maximum assistance.

What sort of exercise or sport have you taken part in either previously or still do now?

What type of exercise classes or physical activities would you like to see at KMSTC?

Please sign here: