|  |  |  |  |
| --- | --- | --- | --- |
| Questions | | Yes | No |
| 1. | Do you have a long-term medical condition which requires, or has required, treatment such as diabetes, heart disease, cancer, high blood pressure, or uncontrolled asthma? |  |  |
| 2. | Do you currently have Covid-19 infection or any febrile illness, or have done so in the last 14 days? |  |  |
| 3. | Do you currently have pain that would prevent you from undertaking gentle-moderate exercise? |  |  |
| 5. | Do you have any history of significant problems with your arteries or veins? |  |  |
| 6. | Are you needlephobic? |  |  |
| 7. | Have you had bleeding or fainting spells when blood has been taken? |  |  |
| 8. | Do you have a personal history of a blood clot (Deep vein thrombosis or Pulmonary embolism) or Blood clotting disorder (thrombophilia) or other bleeding disorder? |  |  |
| 9. | Do you have any other conditions or limitations that might affect your ability to perform this study? |  |  |
| 10. | Do you currently take any medications? |  |  |
| 11. | Are you allergic to anything? |  |  |
| If you have answered yes to any of the questions above, please discuss this with the research team as it may mean you are unable to be a participant in this study. | | | |

Height: ……………………………. Cm

Weight: …………………………… kg

BMI: …………………………………. Kg/m2

Recruited? YES NO

Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ Name: \_\_\_\_\_ \_\_\_\_\_\_Signature: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_