



Pre-Assessment Questionnaire

Please use this space to write down information that will help you to answer questions when you come to the assessment centre. If you do not know the answer, do not be concerned. Any information you can provide will be useful.

(1) Medications: Please list the names of any medications that you regularly take. Remember to include all prescribed medicines (including the oral contraceptive pill or hormone replacement therapy), over-the-counter medicines (e.g. aspirin or vitamins), regular injections, and inhalers/puffers (e.g. Ventolin). Alternatively, you may bring your prescriptions or medication packets with you to the assessment centre.

(2) Operations: Please list any major operations you have had (that is, operations where you had to stay in hospital for at least one night).

(3) Family History: Please write down if your father, mother, brother(s) or sister(s) have had any of the following illnesses: lung, bowel, breast or prostate cancer; heart disease; stroke; high blood pressure; diabetes; emphysema; dementia or Alzheimer's disease; Parkinson's disease.

Relative	Illness

(4) At and after your birth

How much did you weigh when you were born? _____

Were you breastfed when you were a baby? _____

What was your address when you were born (an approximate answer is better than none)?

Please remember to bring this completed form to your assessment visit