



Exercise serum skin study: screening questionnaire

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Participant name:

(For staff only) Participant ID no:

(For staff only) Participant acrostic:

Questions

1) What is your age?

2) Are you currently being treated for, or have any previous history of cardiovascular disease? (Yes/No). If Yes, provide brief details.

3) Are you currently being treated for, or have any previous history of Diabetes Mellitus? (Yes/No) If Yes, provide brief details.

4) Are you currently being treated for, or have any previous history of any other chronic health conditions? (Yes/No) If Yes, provide brief details.

5) Are you currently being treated for, or have any previous history of any cancer including any form of skin cancer (e.g. melanoma, cutaneous squamous cell carcinoma, basal cell carcinoma)? Yes/No (If Yes, provide brief details)

6) Do you get annual skin checks? (Yes/No)

7) Roughly how many hours per week do you participate in social sports or physical recreational activities?

8) What types of recreational activities/ social sports do you participate in, and approximately how many hours per week?
