

Questionnaire for statutory checkup Climbing with large height difference

Name	Social Security Number		Date
CARDIOVASCULAR RISK ASSESSME	NT		
Anamnesis			
Heredity. Has a close relative been affected	d by?	yes	s no
Diabetes			
Hyperlipidemia			
Hypertension			
Myocardial infarction or Angina pectoris bef	ore the age of 60		
Sudden death			
Known other heart disease before the age of	of 60		
Marfan syndrome			
Other cardiovascular disease			
If yes to any of the above, describe here:			
Symptoms. Have you felt?		yes	s no
Chest pain or chest discomfort with exertion?			
Severe "abnormal" shortness of breath/fatigue on exertion?			
Heart palpitations or dysrhythmias during exertion?			
Fainting or feeling faint when exerting yourself?			
Dizziness on exertion?			
That your fitness has deteriorated for an unknown reason?			
If yes to any of the above, describe here:			
Medical history. Do you have or have you	had?	yes	s no
High blood pressure at some point in your li	fe?		
Heart murmur?			
Myocarditis?			
Pericarditis?			
Other heart or lung disease?			
Asthma?			
Chemotherapy-treated cancer?			
Another illness or other thing that you think			
If yes to any of the above, describe here:			



HEALTH DECLARATION

Have you sought care due to illness or the equivalent as follows in the past year??

	yes	no
Occupational injury or accident		
Other injury/accident		
Discomfort from the musculoskeletal system		
Headache		
Neurological disease (paralysis, epilepsy, chronic pain)		
Hearing loss or other hearing/sense of balance problems		
Vision impairment or other vision problems		
Psychological problems (especially cell fear)		
Skull injury/unconsciousness		
Discomfort associated with diving or flying		
Eczema/skin problems		
Allergic complaints		

	yes	no
Do you use glasses/lenses?		
Have you been treated in hospital or sought a doctor in the past year? It yes, why?		
Have you been absent from work due to illness in the past year? If yes - how many days?		
Do you use medicine regularly? If yes - which medicines do you use, strength and dose?		
Do you feel completely healthy?		



Exercise and movement

How much time do you spend in a typical week on everyday exercise, for example walking, biking or gat No time at all 30 min 60 min 90 min 120 min 120 min 110 me/day A few times/week 0 or less often alm 110 me/day A few times/week 0 or less often alm 110 me/day A few times/week 0 or less often alm 110 me/day A few times/week 0 or less often alm 110 me/day A few times/week 0 or less often alm 110 me/day A few times/week 0 or less often alm 110 me/day A few times/week 0 or less often alm 110 me/day A few times/week 0 or less often alm 110 me/day A few times/week 0 or less often alm 110 me/day A few times/week <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>					
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No time at all 30 min 60 min 90 min 120 min 150 min Eating habits How often do you eat fruit and vegetables? 2 times/day 1 time/day A few times/week Once a week or less often N 2 times/day 1 time/day A few times/week Once a week or less often N Hur ofta äter du kaffebröd, choklad/godis, chips eller läsk/saft? Image: Comparison of the or less often N 2 times/day 1 time/day A few times/week Once a week or less often N alm Image: Comparison of the or less often Image: Comparison of the or less often N N Tobacco Image: Comparison of the or less often Image: Comparison of the or less often N N I have never I quit smoking less I smoke 1-9 I smoke 10-19 I sm I sm I have never I quit smoking less I smoke 1-9 I smoke 10-19 I sm Snuff habits Image: I	NO LIME AL AII	30 mm 60	90 mm	120 11111	150 min or more
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been a smoker than 6 months ago cigarettes/day cigarettes/day ciga Snuff habits					
					I smoke ≥ 20 cigarettes/day
	nuff habits				
	l have never been a snuffer	l stopped using snuff less than 6 months ago	l snuff 1-3 packs/week	l snuff 4-6 packs/week	l snuff ≥ 7 packs/week



Alkohol

How often do you drink alcohol?					
Never	1 time/month or more rarely	2–4 times/month	2–3 times/week	4 times/week or more	
How many "glasses" do you drink on a typical day when you drink alcohol?					
1–2	3–4	5–6	7–9	10 or more	
Examples of glass m	neant: 50 cl beer about 3% alcohol	33 cl beer about 5% alcohol	1 glass of fortified wine (shery, port) (8 cl) 4 cl of distilled spirits (glin, num, whiskey etc.)		
Drugs			yes	no	
Have you tried drugs	s?				
If YES, what, when a	and to what extent??				