

# Questionnaire

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ e-Mail: \_\_\_\_\_

## 1. Age and Gender

Age	
Gender	

## 2. Profession

Qualifications		
Current Job description		
Previous Jobs		

## 3. Stress Levels

Personal (Away from Work)

Professional (Workplace)

Low	
Average	
High	

Low	
Average	
High	

## 4. Fatigue Levels (Drained/Tired)

Personal (Away from Work)

Professional (Workplace)

Low	
Average	
High	

Low	
Average	
High	

## 5. Eating Habits

	Time	
Breakfast		
Lunch		
Supper		
Other		
Do you enjoy cooking yourself?		
Favourite Foods		
What do you eat at work? (Lunch)		
What do you like to snack?		

**6. Time Allocation**

**Personal (Away from Work) Daily**

	Time
Personal Time	
Family Time	
Rest	
Hobby	
Travel	
Exercise	

**Professional (Workplace) Daily**

	Time
Execution of job	
Planning	
Meetings	
Travel	
Training	
Exercise	

**7. General**

Are you properly trained for the job?	
Do you exercise?	
What sport do you do? How often?	
How is your health?	
What medication do you take?	
When was your last medical?	
Are you satisfied with your life?	
What would you change about your life?	
How are your family relations?	
Belief system. (Belief in God or not)	
The last book you have read?	

**8. Would you like to be contacted to discuss the Questionnaire? Yes / No**

**Please forward completed Form to the following Fax number:**

**086 537 7777**