Weigh to Go
Assessment

Study Number:

**HSCP**

- East Dunbartonshire
- East Renfrewshire
- Glasgow North East
- Glasgow North West
- Glasgow South
- Inverclyde
- Renfrewshire
- West Dunbartonshire

Version 1.0.7
Participant Details

Date:

Forename:     Surname:

Date of birth:   Gender:

Address:

Postcode:

Telephone Number:
   Home:      Other:

Sometimes we require to contact you, are we able to contact by: (please tick all that apply)
   Mobile   / Home Phone   / Letter   / Through Referrer

Referral Details:

How did you hear about us / Referred By:

Personal Information

Employment Status:
   □ Full time employed         □ At school
   □ Part time employed         □ Student – full time
   □ Self employed             □ Student – part time
   □ Government/training scheme   □ Not working due to ill health
   □ Unemployed and looking for work   □ Unemployed
   □ Permanently sick/disable   □ Asylum seeker/refugee
   □ Other non working looking after family / carer
   □ Other

Do you consider yourself to have:
   □ No disability or impairment
   □ A sensory impairment
   □ A learning disability
   □ Don't wish to say
   □ A physical impairment
   □ A mental health condition
   □ Any other disability or impairment

Which of the following best describes you?
   □ I am attracted to the opposite sex
   □ I am attracted to both sexes equally
   □ I prefer not to say
   □ I am not attracted to either sex
   □ I am attracted to the same sex

How would you describe your gender identity?
   □ Boy/Man (including female-to-male trans man)
   □ Girl/Woman (including male-to-female trans woman)
   □ In another way (for example, non-binary)
   □ If another way, please describe:

Do you identify, or have you ever identified as transgender?
   □ Yes   □ No
What is your ethnic group?
Choose one option that best describes your ethnic group or background

White
☐ Scottish
☐ Irish
☐ Polish
Any other White ethnic group, please describe

Mixed or Multiple ethnic groups
Any Mixed or Multiple ethnic groups, please describe

Asian, Asian Scottish or Asian British:
☐ Pakistani, Pakistani Scottish or Pakistani British
☐ Indian, Indian Scottish or Indian British
☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
☐ Chinese, Chinese Scottish or Chinese British
Any other Asian, please describe

African, African Scottish or African British:
☐ African, African Scottish or African British
Any other African, please describe

Caribbean, Caribbean Scottish, Caribbean British or Black, Black Scottish, Black British:
☐ Caribbean, Caribbean Scottish or Caribbean British
☐ Black, Black Scottish or Black British
Any other Caribbean or Black, please describe

Other ethnic group:
☐ Arab, Arab Scottish or Arab British
Any other ethnic group, please describe

Are you looked after?
☐ Yes
☐ No

If yes, where?
☐ In a residential unit
☐ In foster care
☐ In kinship care
☐ At home

Do you care for anyone with additional needs or disability*?
☐ Yes
☐ No

*You’re disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.
**Inclusion Details – week 0**

**GP Name:**  
**GP Address:**  
**GP Post Code:**

**Lifestyle/Physical Health**

Height: cm Weight: kg BMI:

**Aged 12-18 during programme?**

- [ ] Yes  
- [ ] No

**Do you live within one of the HSCPs listed on page 1?**

- [ ] Yes  
- [ ] No

**Are you pregnant?**

- [ ] Yes  
- [ ] No

**Do you have any health issues that you know of?**

_____

**Do you take any tablets/medicines?**

- [ ] Yes  
- [ ] No

**If yes (please describe)**

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**Do you go to a local gym?**

- [ ] Yes  
- [ ] No