



## **British Regional Heart Study** **Activity Survey: Questionnaire**

This questionnaire asks about your health, activity and things which may affect the amount of activity you do.

Please complete this questionnaire as soon as is convenient and return it along with the red monitor and blue activity log at the end of the week. A pre-paid envelope is provided.

It is important that we receive this package as soon as possible after you have had the monitor for seven days.

All the information that you provide will be treated as strictly confidential and will only be seen by the Research Team.

If you have any questions about this survey, please phone us on 020 7830 2335.

**Thank you very much for your help.**

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<http://www.ucl.ac.uk/pcph/research-groups-themes/brhs-pub>

## DATES

1.0 Please enter today's date: ..... / ..... / 20.....  
Day / Month / Year

1.1 Please enter your date of birth ..... / ..... / 19.....  
Day / Month / Year

(This information is necessary for us to ensure that you are the correct recipient).

2.0 Thinking about the last seven days, on which days (if any) did you go out of your house? (tick **all** that apply, it doesn't matter if you were wearing the monitor or not)

Monday <sub>1</sub> Friday <sub>1</sub>  
Tuesday <sub>1</sub> Saturday <sub>1</sub>  
Wednesday <sub>1</sub> Sunday <sub>1</sub>  
Thursday <sub>1</sub>

I did not go out of the house in the last seven days <sub>1</sub>

2.1 Do you have any difficulties getting about outdoors? (tick **one** box only)

No difficulty <sub>1</sub>  
Slight <sub>2</sub>  
Moderate <sub>3</sub>  
Severe <sub>4</sub>  
Unable to do <sub>5</sub>

## DAYTIME SLEEP

3.0 Do you normally have a nap during the day?

Yes No

**If yes**, on average, how many hours do you nap during the day? \_\_\_\_\_ hours \_\_\_\_\_ minutes

## FALLS & DIZZINESS

4.0 Have you had a fall in the past 12 months?

Yes No

4.1 **If yes**, how many falls have you had in past 12 months?

\_\_\_\_\_ falls

a did you receive medical attention for any of these falls?

Yes No

did you suffer any of the following:

b Cuts and bruises <sub>1</sub>

c Damage to muscle or ligament <sub>1</sub>

d Broken or fractured **hip** bone <sub>1</sub>

e Broken or fractured **wrist** bone <sub>1</sub>

f **Other** Broken or fractured bone(s) <sub>1</sub>

## FEAR OF FALLING

5.0 Are you concerned about falling over while doing each of the following activities? Even if you don't currently do a particular activity (e.g. if someone does your shopping for you), please answer as if you were to do the activity.

		Not at all concerned 1	Somewhat concerned 2	Fairly concerned 3	Very concerned 4
a	Getting dressed or undressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Taking a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Getting in or out of a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Going up or down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Reaching for something above your head or on the ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Walking up or down a slope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Going out to a social event (e.g. religious service, family gathering or club meeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PHYSICAL ACTIVITY

6.0 Do you make regular journeys every day or most days either walking or cycling?  
(tick **one** box)

- No <sub>1</sub>  
 Walking <sub>2</sub>  
 Cycling <sub>3</sub>  
 Both <sub>4</sub>

6.1 How many hours do you normally spend walking (e.g. on errands or for leisure) in an average week?

a \_\_\_\_\_ hours/week in Winter

b \_\_\_\_\_ hours/week in Summer

6.2 Which of the following best describes your usual walking pace? Slow <sub>1</sub>  
 Steady average <sub>2</sub>  
 Fast <sub>3</sub>

6.3 How long do you spend cycling in an average week?

a \_\_\_\_\_ hours/week in Winter

b \_\_\_\_\_ hours/week in Summer

6.4 On a normal day, how many times do you climb a flight of stairs (assuming that 1 flight of stairs has 10 steps)? \_\_\_\_\_ flights of stairs None \_1

6.5 Compared with a man who spends four hours on most weekends on activities such as walking, gardening, household chores, DIY projects, how physically active would you consider yourself?

Much more active \_1  
More active \_2  
Similar \_3  
Less active \_4  
Much less active \_5

6.6 Do you take active sporting physical exercise such as running, swimming, dancing, golf, tennis, squash, jogging, bowls, cycling, hiking, etc.?

No \_1  
Occasionally (less than once a month) \_2  
Frequently (once a month or more) \_3

6.7 If you ticked **frequently**, please list the types of activities:

\_\_\_\_\_

6.8 How many times a **month** (on average) do you take part in these activities?

a \_\_\_\_\_ times /month in Winter  
b \_\_\_\_\_ times /month in Summer

6.9 Do you engage in exercises to increase muscle strength and endurance such as lifting weights, doing push-ups, using exercise machines? Yes No

6.10 **If yes**, on average, how much time do you engage in these exercises?

\_\_\_\_\_ hours \_\_\_\_\_ minutes each week

6.11 Do you regularly walk a dog at the moment? Yes No

6.12 On a normal day, how many hours do you spend sitting (e.g. to eat, read, watch TV) or lying down, excluding your night time sleep?

\_\_\_\_\_ hours/day None \_1

6.13 On a normal day, how much time do you spend watching television (including videos and DVDs)?

\_\_\_\_\_ hours \_\_\_\_\_ minutes/day None \_1

## STRENGTHENING EXERCISES

We are interested to know about activities that you do, either through exercise or part of your everyday living, that use your muscles.

- 6.14 Thinking back to the past week, on **how many days** did you do activities that you find at least moderately hard work for your muscles? e.g. -carrying or moving heavy loads (e.g. carrying shopping or grandchildren, pushing a wheelchair or manual lawn mower), activities that involve stepping and jumping (e.g. dancing but not walking) or doing exercises (push-ups, sit ups, chair aerobics, an exercise routine).

\_\_\_\_\_ days/ week  
 Less than one day/ week <sub>1</sub>  
 Never <sub>2</sub>

## BALANCE EXERCISES

Some activities/exercises are good for improving balance and co-ordination.

- 6.15 Thinking back to the past week, on **how many days** did you do activities which help to improve your balance and co-ordination? e.g. standing on one leg, dance or Tai Chi style exercises

\_\_\_\_\_ days/ week  
 Less than one day/ week <sub>1</sub>  
 Never <sub>2</sub>

## GENERAL FITNESS

Can you do any of the following activities?

		Yes	No
7.0	Run a short distance	<input type="checkbox"/>	<input type="checkbox"/>
7.1	Do heavy work around the house (e.g. lift & moving heavy furniture)	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Do gardening (e.g. raking leaves, weeding & pushing the lawn mower)	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Participate in moderate activities (e.g. golf, bowling, dancing or doubles tennis)	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Participate in strenuous sports (e.g. swimming or singles tennis)	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Have sexual relations	<input type="checkbox"/>	<input type="checkbox"/>

## YOUR FEELINGS ABOUT EXERCISE (e.g. going for a walk, doing particular sports, gardening or DIY)

8.0 How much do you agree with the following statements about the exercise you do?  
(tick **one** box for each statement)

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
		1	2	3	4	5
a	Makes me feel better physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Makes my mood better in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Helps me feel less tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Makes my muscles stronger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Is an activity I enjoy doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Gives me a sense of personal accomplishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Makes me more alert mentally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Improves my endurance in performing daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Helps to strengthen my bones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Helps to improve my balance and prevent me falling over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HOW YOU FEEL ABOUT EXERCISE

9.0 Please indicate how confident you are that you could exercise (or walk) if you had to, for 20 minutes three times a week in each of the following cases:  
(please circle **one** number for each statement)

		Not confident					Very confident				
		1	2	3	4	5	6	7	8	9	10
a	If the weather was bothering you	1	2	3	4	5	6	7	8	9	10
b	If you were bored by the activity	1	2	3	4	5	6	7	8	9	10
c	If you felt pain when exercising	1	2	3	4	5	6	7	8	9	10
d	If you had to exercise alone	1	2	3	4	5	6	7	8	9	10
e	If you did not enjoy it	1	2	3	4	5	6	7	8	9	10
f	If you were too busy with other activities	1	2	3	4	5	6	7	8	9	10
g	If you felt tired	1	2	3	4	5	6	7	8	9	10
h	If you felt stressed	1	2	3	4	5	6	7	8	9	10
i	If you felt depressed	1	2	3	4	5	6	7	8	9	10

10.0 Please indicate how much you agree with the following statements:

(tick one box for each statement)

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	
	1	2	3	4	5	
a	I enjoy my life overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	I look forward to things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	I am healthy enough to get out and about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	My family, friends or neighbours would help me if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	I have social or leisure activities/hobbies that I enjoy doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	I try to stay involved with things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	I am healthy enough to have my independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	I can please myself what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	I feel safe where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	I get pleasure from my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	I take life as it comes and make the best of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	I feel lucky compared to most people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	I have enough money to pay for household bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n	I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FAMILY AND FRIENDS

11.0 **FAMILY:** Considering the people to whom you are related either by birth or marriage:

	None 1	1 2	2 3	3 or 4 4	5 to 8 5	9 or more 6
a	How many relatives do you see or hear from at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	How many relatives do you feel emotionally close to, such that you could call on them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	How many relatives do you feel at ease with that you can talk about private matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.1 **FRIENDS:** Considering all of your friends including those who live in your neighbourhood:

	None 1	1 2	2 3	3 or 4 4	5 to 8 5	9 or more 6
a	How many friends do you see or hear from at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	How many friends do you feel emotionally close to, such that you could call on them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	How many friends do you feel at ease with that you can talk about private matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TRANSPORT

12.0 Which of the following means of transport do you use regularly? (tick **all** that apply)

- Car <sub>1</sub>  
Cycle <sub>1</sub>  
Taxi/ Dial a ride <sub>1</sub>  
Public transport <sub>1</sub>  
Walk <sub>1</sub>  
Not applicable <sub>1</sub>

Thank you very much for completing the questionnaire.  
Please return it to us, along with the blue activity log and red monitor,  
in the pre-paid envelope provided.