Study Number: | | | | | | | | | | □

Serno q05coder

BRITISH REGIONAL HEART STUDY

2005 QUESTIONNAIRE

Thank you very much for taking the time to complete this questionnaire, which will bring us up to date with your present health and lifestyle. All the information will be treated as **strictly confidential** and will only be seen by the Research Team.

Most questions can be answered by ticking the correct box ☑

Please check that you have answered as many questions as you can and return it to us in the envelope provided – you do not need to use a stamp.

If you have any trouble answering the questions, or would like a large-print copy, please phone us on 020 7830 2335 and give us your telephone number. We will then call you back to answer your query.

THANK YOU FOR YOUR HELP

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London NW3 2PF

PART 1

DATES

1.0 Please enter today's date q05q1_0day (day) q051_0month (month) 2005

1.1 Please give your Date of Birth q05q1_1day (day) q051_1month (month) 19 q05q1_1year (year)

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

Conditions affecting the heart or circulation

2.0 Have you **ever** been told by a doctor that you have or have had any of the following conditions? If Yes, please give the year this last happened.

		Yes	No	Year of last occurrence
a	Heart attack (coronary thrombosis or myocardial infarction)	☐	☐ q05q2_0a	q05q2_0a_y
b	Heart failure	☐	☐ q05q2_0b	q05q2_0b_y
c	Angina	☐	☐ q05q2_0c	q05q2_0c_y
d	Other heart trouble	☐	☐ q05q2_0d	q05q2_0d_y
e	High blood pressure	☐	☐ q05q2_0e	q05q2_0e_y
f	High blood cholesterol	☐	☐ q05q2_0f	q05q2_0f_y
g	Aortic Aneurysm	☐	☐ q05q2_0g	q05q2_0g_y
h	Narrowing or hardening of the leg arteries (including claudication)	☐	☐ q05q2_0h	q05q2_0h_y
i	Deep Vein Thrombosis (clot in the deep leg vein)	☐	☐ q05q2_0i	q05q2_0i_y
j	Pulmonary Embolism (clot on the lung)	☐	☐ q05q2_0j	q05q2_0j_y

		Yes	No	Year
2.1	Do you have any other problems of the heart and circulation	☐	☐ q05q2_1	q05q2_1_y

If Yes please give details q05q2_1det

Office Use ☐

Stroke

		Yes	No	Year of last occurrence
3.0	Have you **ever** been told by a doctor that you have had a stroke?	☐	☐ q05q3_0	q05q3_0_y
	If Yes,			
3.1	Did the symptoms last for more than 24 hours?	☐	☐ q05q3_1	
3.2	Have you made a complete recovery from your stroke?	☐	☐ q05q3_2	
3.3	Following your stroke, do you still need any help in carrying out everyday activities?	☐	☐ q05q3_3	

Investigations and special treatment for conditions affecting the heart and circulation

4.0 Have you **ever** had one of the following?

		Yes	No	Year of last occurrence
a	A referral to a heart specialist	☐	☐	q05q4_0a q05q4_0a_y
b	A referral to a chest pain clinic	☐	☐	q05q4_0b q05q4_0b_y
c	An exercise ECG ("stress" or "treadmill") test	☐	☐	q05q4_0c q05q4_0c_y
d	Angiogram or X-ray of coronary arteries (using a dye)	☐	☐	q05q4_0d q05q4_0d_y
e	Angioplasty (balloon treatment of coronary artery for angina)	☐	☐	q05q4_0e q05q4_0e_y
f	Coronary artery bypass graft operation ("heart bypass" or "CABG")	☐	☐	q05q4_0f q05q4_0f_y
g	Other tests, investigations or operations on the heart, arteries or veins?	☐	☐	q05q4_0g q05q4_0g_y

If Yes, please give details:

Office Use

q05q4_0g_d ☐

Diabetes

		Yes	No	Year of diagnosis
5.0	Have you **ever** been told by a doctor that you have or have had diabetes?	☐	☐	q05q5_0 q05q5_1

If Yes,

5.1 Do you have any complications of diabetes affecting your (Please tick whichever apply)

feet	☐1	q05q5_1f
nerves	☐1	q05q5_1n
kidneys	☐1	q05q5_1k
eyes	☐1	q05q5_1e

Cancer

		Yes	No	Year of diagnosis
6.0	Have you **ever** been told by a doctor that you have or have had cancer?	☐	☐	q05q6_0 q05q6_0y

6.1 If Yes, please give the Cancer Site (parts of the body affected)

Office Use

q05q6_1a ☐☐☐

q05q6_1b ☐☐☐

Other medical conditions

7.0 Have you **ever** been told by a doctor that you have or have had any of the following conditions? If Yes, please give the year this last happened.

		Yes	No	Year	
a	Asthma	☐	☐	q05q7_0a	q05q7_0a_y
b	Bronchitis	☐	☐	q05q7_0b	q05q7_0b_y
c	Cataract	☐	☐	q05q7_0c	q05q7_0c_y
d	Depression	☐	☐	q05q7_0d	q05q7_0d_y
e	Emphysema	☐	☐	q05q7_0e	q05q7_0e_y
f	Gall bladder disease	☐	☐	q05q7_0f	q05q7_0f_y
g	Gastric, peptic or duodenal ulcer	☐	☐	q05q7_0g	q05q7_0g_y
h	Glaucoma	☐	☐	q05q7_0h	q05q7_0h_y
i	Gout	☐	☐	q05q7_0i	q05q7_0i_y
j	Osteoporosis	☐	☐	q05q7_0j	q05q7_0j_y
k	Parkinson's disease	☐	☐	q05q7_0k	q05q7_0k_y
l	Pneumonia	☐	☐	q05q7_0l	q05q7_0l_y
m	Prostate trouble	☐	☐	q05q7_0m	q05q7_0m_y

n Other conditions, please give details ..... q05q7_0n_y q05q7_0n q05q7_0n2_y q05q7_0n2

Office Use

Liver Disease

		Yes	No	Year of diagnosis	
8.0	Have you **ever** been told by a doctor that you have an illness or disease affecting the liver?	☐	☐	q05q8_0	q05q8_0_y

If Yes, please give the name of the condition ..... q05q8_0n

Office Use

Arthritis

		Yes	No	Year of diagnosis	
9.0	Have you **ever** been told by a doctor that you have or have had arthritis?	☐	☐	q05q9_0	q05q9_0_y

9.1 If Yes, please give the type of arthritis if known,:

Osteoarthritis	☐1	q05q9_1
Rheumatoid arthritis	☐2	
Other (please give details)		q05q9_1o

Office Use

9.2 Which joints are affected: (Please tick whichever apply)

Knees	☐1 q05q9_2k	Back	☐1 q05q9_2b
Hips	☐1 q05q9_2h	Neck	☐1 q05q9_2n
Feet	☐1 q05q9_2f q05q9_2hw	Shoulders	☐1 q05q9_2s
Hands and / or wrists	☐1	Other (please specify)	q05q9_2o

Office Use

Joint pain, swelling or stiffness

10.0 During **the past year** have you had pain, aching, stiffness or swelling on most days for at least one month, in your: (Please tick whichever apply)

Knees	☐1	q05q10_0k	Back	☐1	q05q10_0b
Hips	☐1	q05q10_0h	Neck	☐1	q05q10_0n
Feet	☐1	q05q10_0f q05q10_0hw	Shoulders	☐1	q05q10_0s
Hands and / or wrists	☐1		Other (please specify)		q05q10_0o

Office Use ☐

Lower back pain

		Yes	No	
11.0	Have you **ever** had pain in your lower back on most days for at least one month?	☐	☐	q05q11_0
11.1	If Yes, have you had this in the **last year**?	☐	☐	q05q11_1

Fractures and falls

		Yes	No	Please give year	
12.0	Have you **ever** fractured your hip?	☐	☐	q05q12_0	q05q12_0_y
12.1	Have you **ever** fractured your wrist?	☐	☐	q05q12_1	q05q12_1_y
12.2	Have you had a fall in the **last year**?	☐	☐	q05q12_2	
12.3	If Yes, how many times ___ ___			q05q12_3	
12.4	Did you receive medical attention for any of these falls?	☐	☐	q05q12_4	

Operations

		Yes	No		
13.0	Have you had any major operations in the **last 5 years**?	☐	☐	q05q13_0	Office Use
	If Yes, please give details:			q05q13_0xa	☐☐☐
				q05q13_0xb	☐☐☐
				q05q13_0xc	

Chest Pain

		Yes	No		
14.0	Do you **ever** have any pain or discomfort in your chest?	☐	☐	q05q14_0	
	If Yes,	Yes	No	Unable to walk on level	
14.1	When you walk at an ordinary pace on the level, does this produce the pain?	☐1	☐2	☐3	q05q14_1
		Yes	No	Unable to walk uphill	
14.2	When you walk uphill or hurry, does this produce the pain?	☐1	☐2	☐3	q05q14_2

Breathlessness

		Yes	No	Unable to walk	
15.0	Do you **ever** get short of breath walking with other people of your own age on level ground?	☐1	☐2	☐3	q05q15_0
15.1	On walking uphill or upstairs, do you get more breathless than people of your own age?	☐1	☐2	☐3	q05q15_1
15.2	Do you **ever** have to stop walking because of breathlessness?	☐	☐		q05q15_2
15.3	In the **past year** have you at any time been awoken at night by an attack of shortness of breath?	☐	☐		q05q15_3

Cough and Wheeze

		Yes	No	
15.4	Do you usually bring up phlegm (or spit) from your chest first thing in the morning in the winter?	☐	☐	q05q15_4
15.5	Do you bring up phlegm like this on most days for as much as 3 months in the winter each year?	☐	☐	q05q15_5

15.6 In the **past two years** have you had a period of increased cough and phlegm lasting for 3 weeks or more? q05q15_6

Yes, once	☐1
Yes, twice or more	☐2
Never	☐3

		Yes	No	
15.7	Does your chest ever sound wheezy or whistling?	☐	☐	q05q15_7
15.8	If Yes, does this happen on most days or nights?	☐	☐	q05q15_8

15.9 How many times in the past year have you had a chest infection requiring antibiotic treatment from your doctor? q05q15_9

None	☐1
Once	☐2
More than once	☐3

Eyesight

		Yes	No	
16.0	Using glasses or corrective lenses if needed, can you see well enough to recognise a friend at a distance of 12 feet/ four yards (**across a road**)?	☐	☐	q05q16_0
16.1	If No, can you see well enough to recognise a friend at a distance of one yard?	☐	☐	q05q16_1

16.2 In the **past two years** has your sight: q05q16_2

deteriorated	☐1
improved	☐2
stayed the same	☐3

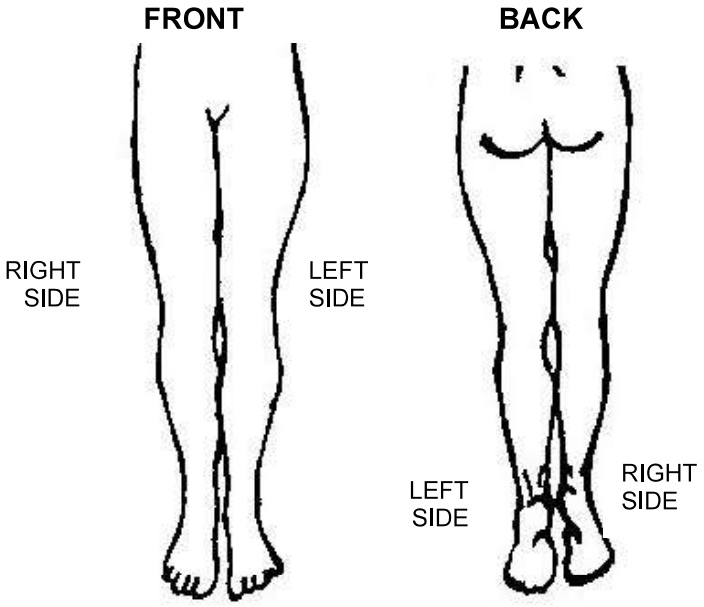
Hearing

			Yes	No	
16.3	Is your hearing good enough to follow a TV programme at a volume others find acceptable (using a hearing aid if needed)?		☐	☐	q05q16_3
16.4	If No, can you follow a TV programme with the volume turned up?		☐	☐	q05q16_4
16.5	In the **past two years** has your hearing:	deteriorated	☐1		q05q16_5
		improved	☐2		
		stayed the same	☐3		
			Yes	No	Occasionally
16.6	Do you use a hearing aid?		☐1	☐2	☐3 q05q16_6

Leg Pain

			Yes	No	
17.0	Do you get pain or discomfort in your leg or legs when you walk?		☐	☐	q05q17_0
	If Yes,				
17.1	Do you know the cause of the pain?		☐	☐	q05q17_1 Office Use q05q17_1x ☐
	If Yes, please state cause ----------				
			Yes	No	
17.2	Does this pain ever begin when you are standing still or sitting?		☐	☐	q05q17_2
			Yes	No	Unable to walk
17.3	Do you get the pain if you walk uphill or hurry?		☐1	☐2	☐3 q05q17_3
17.4	Do you get the pain walking at an ordinary pace on the level?		☐1	☐2	☐3 q05q17_4
17.5	What happens to the pain if you stand still?				
		Usually continues more than 10 minutes	☐1		q05q17_5
		Usually disappears in 10 minutes or less	☐2		

17.6 Please mark on the diagram below where you get the pain.



Office Use

q05q17_6l L ☐

q05q17_6r R ☐

Weight

18.0 What is your present weight (indoor clothes, without shoes)?

q05q18_0st ___ ___ Stones q05q18_0lb ___ ___ Pounds **or** q05q18_0kg ___ ___ ___ Kilograms

18.1 If you have no scales and have made an estimate please tick here ☐ q05q18_1

		Yes	No	
18.2	Have you tried to lose weight in the **last two years**?	☐	☐	q05q18_2

If Yes, did you: (Please tick whichever apply)

Change your diet?	☐1	q05q18_2c
Take more exercise?	☐1	q05q18_2t

		Yes	No	
18.3	Have you been advised by a doctor or other health professional to lose weight in the **last two years**?	☐	☐	q05q18_3

18.4 Has your weight changed in the **last two years**?

Not changed	☐1	q05q18_4
Increased	☐2	
Decreased	☐3	
Both increased and decreased	☐4	
Don't know	☐5	

If your weight has changed

		Yes	No	
18.5	was this change intentional?	☐	☐	q05q18_5

18.6 was it the result of

Personal choice	☐1	q05q18_6p
Medical advice	☐1	q05q18_6m
Illness or ill health	☐1	q05q18_6i

18.7 Do you consider your present weight to be

about right	☐1	
too high	☐2	q05q18_7
too low	☐3	

Cigarette smoking

		Yes	No	
19.0	Do you smoke cigarettes at present?	☐	☐	q05q19_0

If Yes,

19.1 How many cigarettes do you smoke a day at present? q05q19_1 ___ ___

19.2 If hand-rolled, how much tobacco do you use a week? q05q19_2oz ___ ___ oz **or** q05q19_2gr ___ ___ ___ grams

		Yes	No	
19.3	Do you want to give up smoking?	☐	☐	q05q19_3

19.4 Have you been offered any of the following to help you stop smoking? (Please tick whichever apply)

q05q19_4a	Advice from a health professional (e.g. doctor or nurse)	☐1
q05q19_4r	Referral to a stop-smoking clinic	☐1
q05q19_4n	Nicotine replacement treatment (including sprays, patches etc)	☐1
q05q19_4o q05q19_4o_x	Other treatment (please specify)	☐1

Office Use ☐

19.5 Have you changed your cigarette smoking habits during the **past two years**?

No	☐1	q05q19_5
Yes, increased	☐2	
Yes, cut down	☐3	
Yes, given up	☐4	

Pipe and cigar smoking

		Yes	No	
20.0	Do you currently smoke a pipe?	☐	☐	q05q20_0
20.1	Do you currently smoke cigars?	☐	☐	q05q20_1

Alcohol Intake

21.0 Would you describe your present alcohol intake as

Daily/most days	☐1	q05q21_0
Weekends only	☐2	
Occasionally once or twice a month	☐3	
Special occasions only	☐4	
None	☐5	

One drink is **HALF A PINT** of beer/lager/cider, a **SINGLE** whisky, gin, etc. or **ONE GLASS** of wine or sherry

21.1 How much do you usually drink on the days when you drink alcohol?

More than 6 drinks	☐1	
5-6 drinks	☐2	q05q21_1
3-4 drinks	☐3	
1-2 drinks	☐4	

21.2 How many alcoholic drinks do you have during an average week? ___ ___ q05q21_2

21.3 What type of drink do you usually take?

Beers, Lagers	☐1	q05q21_3a
Wines, Sherry	☐1	q05q21_3b
Spirits	☐1	q05q21_3c
Combination of Beers, Wines or Spirits	☐1	q05q21_3d
Low alcohol drinks	☐1	q05q21_3e

21.4 What is your usual consumption of these alcoholic beverages?

(please tick boxes)

Type of Drink		PER WEEK					
		Never / hardly ever	Less than 1	1-6	7-13	14-20	21+
Beer or Lager pints	q05q21_4a	☐	☐	☐	☐	☐	☐
Red Wine single glass	q05q21_4b	☐	☐	☐	☐	☐	☐
White Wine single glass	q05q21_4c	☐	☐	☐	☐	☐	☐
Spirits 1 drink / shot	q05q21_4d	☐	☐	☐	☐	☐	☐

21.5 Is the alcohol which you drink usually taken (Please tick whichever apply)

before meals	☐1	q05q21_5a
with meals	☐1	q05q21_5b
after meals	☐1	q05q21_5c
separate from meals	☐1	q05q21_5d

21.6 Have you changed your alcohol intake in the **last two years**?

No	☐1	
Yes, increased	☐2	q05q21_6
Yes, cut down	☐3	
Yes, given up	☐4	

21.7 If you have **CUT DOWN** or **GIVEN UP**, was this due to (Please tick whichever apply)

Personal choice	☐1	q05q21_7a
Doctor's advice	☐1	q05q21_7b
Illness or ill health	☐1	q05q21_7c
Health precaution	☐1	q05q21_7d
Being on medication	☐1	q05q21_7e
Financial reasons	☐1	q05q21_7f
Other	☐1	q05q21_7g

Disability

		Yes	No	
22.0	Do you have any **long-standing** illness, disability or infirmity?	☐	☐	q05q22_0

"long-standing" means anything which has troubled you over a period of time or is likely to do so

If Yes,

		Yes	No	
a	Does this illness or disability limit your activities in any way?	☐	☐	q05q22_0a
b	Do you receive a disability allowance?	☐	☐	q05q22_0b

22.1 Do you currently have difficulty carrying out any of the following activities on your own as a result of a **long term** health problem?

		Yes	No	
a	Going up or down stairs	☐	☐	q05q22_1a
b	Bending down	☐	☐	q05q22_1b
c	Straightening up	☐	☐	q05q22_1c
d	Keeping your balance	☐	☐	q05q22_1d
e	Going out of the house	☐	☐	q05q22_1e
f	Walking 400 yards	☐	☐	q05q22_1f

22.2 Is your present state of health causing problems with any of the following:-

		Yes	No	Does not apply	
a	Job at work paid employment	☐1	☐2	☐3	q05q22_2a
b	Household chores	☐	☐		q05q22_2b
c	Social life	☐	☐		q05q22_2c
d	Sex life	☐	☐		q05q22_2d
e	Interests and hobbies	☐	☐		q05q22_2e
f	Holidays and outings	☐	☐		q05q22_2f

Your overall health

Please indicate which statements best describe your health **TODAY.**

Please tick **only one box**

23.0 **General Health**

- Excellent ☐1
- Good ☐2
- Fair ☐3
- Poor ☐4

q05q23_0

23.1 **Pain/Discomfort**

- I have no pain or discomfort ☐1
- I have moderate pain or discomfort ☐2
- I have extreme pain or discomfort ☐3

q05q23_1

23.2 **Mobility**

- I have no problems in walking about ☐1
- I have some problems in walking about ☐2
- I am confined to a chair/wheelchair ☐3

q05q23_2

23.3 **Anxiety/Depression**

- I am not anxious or depressed ☐1
- I am moderately anxious and/or depressed ☐2
- I am extremely anxious and/or depressed ☐3

q05q23_3

Sleeping patterns

23.4 On average, how many hours of sleep do you have in a **24 hour period**?
Please include day-time and night-time sleep ___ ___ hours

q05q23_4

23.5 During **the last month**, did you have difficulties falling asleep?

- almost never ☐1
- sometimes ☐2
- often ☐3

q05q23_5

23.6 During **the last month**, how often did you wake up during the night?

- almost never ☐1
- sometimes ☐2
- often ☐3

q05q23_6

Your Memory

23.7 Compared to five years ago, is your memory

- improved ☐1
- the same ☐2
- almost as good ☐3
- worse ☐4
- much worse ☐5

q05q23_7

23.8 **Health Scale**

We have drawn a health scale (rather like a thermometer) on which perfect health is 100 and very poor health is 0.
Please put a cross (**X**) on the scale to reflect how good or bad your health is today.

Worst Imaginable Health State — Best Imaginable Health State

0 10 20 30 40 50 60 70 80 90 100

Office Use

q05q23_8 ☐☐☐

Physical activity

24.0 Do you make regular journeys every day or most days either walking or cycling?

No ☐1
Walk ☐2
Cycle ☐3
Both ☐4

q05q24_0

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

q05q24_1

24.2 Which of the following best describes your usual walking pace?

Slow ☐1
Steady average ☐2
Fast ☐3

q05q24_2

q05q24_3

24.3 How long do you spend cycling in an average week? ___ ___ hours

24.4 Compared with a man who spends two hours on most days 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

q05q24_4

24.5 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

q05q24_5

24.6 If you ticked **frequently** please state type of activities:

q05q24_6

Office Use ☐☐

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

(please give overall total)

In winter q05q24_7w ___ ___ times

In summer q05q24_7s ___ ___ times

24.8 Do you engage in exercises to increase muscle strength and endurance such as lifting weights, doing push-ups, using exercise machines?

Yes ☐ No ☐

q05q24_8

24.9 If Yes, on average how many **hours per week** do you engage in these exercises?

q05q24_9 ___ Hours

Preventive Health Care

25.0 Approximately how many times in the **last year** have you consulted your GP about a health problem? q05q25_0 ___ ___ times

25.1 If none, in what **year** did you last consult a GP about a health problem? q05q25_1 _____

25.2 Have you had any of the following in the **last two years**:

		Yes	No	
a	Blood pressure check	☐	☐	q05q25_2a
b	Blood cholesterol check	☐	☐	q05q25_2b
c	Flu vaccination	☐	☐	q05q25_2c
d	Dental check	☐	☐	q05q25_2d
e	Foot care from a chiropodist	☐	☐	q05q25_2e

Medicines

		Yes	No	Year started	
26.0	Do you take any regular medication?	☐	☐	q05q26_0	
	If Yes, do you take any of the following medicines regularly?	Yes	No	Year started	
a	Treatment for any form of heart disease	☐	☐	q05q26_0a	q05q26_0a_y
b	Treatment to lower blood pressure	☐	☐	q05q26_0b	q05q26_0b_y
c	Treatment to lower blood cholesterol	☐	☐	q05q26_0c	q05q26_0c_y

26.1 If you are on treatment to lower your blood cholesterol:-

a Please give the name of this medicine: q05q26_1a ---------- Office Use ☐☐

b Please give the amount you take each day: q05q26_1b
(details of the amount in each tablet should be on the bottle) ___ ___ ___ mg

Aspirin

		Yes	No	Year started	
26.2	Do you take aspirin regularly?	☐	☐	q05q26_2	q05q26_2_y
	If Yes,				
a	Is this prescribed by your doctor?	☐	☐	q05q26_2a	

b What dose do you take?
(details of the amount in each tablet should be on the bottle) ___ ___ ___ mg q05q26_2b

c How often do you take it? q05q26_2c

Daily	☐1
Every other day	☐2
Weekly	☐3

d Why do you take it? q05q26_2d ---------- Office Use ☐☐☐

Details of ALL medicines

27.0 Please write down details of all medicines– including tablets, injections, inhalers, eye-drops etc – which you take regularly. Please also include any medications which you buy for yourself.

	Name of medicine	Reason for taking (if known)	Year started	Is this prescribed? Yes	No	Office Use
1	q05q27_0_bnf12_1 q05q27_0_bnf34_1 q05q27_0_bnf5_1 q05q27_0_bnf6_1	q05q27_0_icd1 q05q27_0_x4d1	q05q27_0_med_year1	☐	☐	q05q27_0_medpr1
2	q05q27_0_bnf12_2 q05q27_0_bnf34_2 q05q27_0_bnf5_2 q05q27_0_bnf6_2	q05q27_0_icd2 q05q27_0_x4d2	q05q27_0_med_year2	☐	☐	q05q27_0_medpr2
3	q05q27_0_bnf12_3 q05q27_0_bnf34_3 q05q27_0_bnf5_3 q05q27_0_bnf6_3	q05q27_0_icd3 q05q27_0_x4d3	q05q27_0_med_year3	☐	☐	q05q27_0_medpr3
4	q05q27_0_bnf12_4 q05q27_0_bnf34_4 q05q27_0_bnf5_4 q05q27_0_bnf6_4	q05q27_0_icd4 q05q27_0_x4d4	q05q27_0_med_year4	☐	☐	q05q27_0_medpr4
5	q05q27_0_bnf12_5 q05q27_0_bnf34_5 q05q27_0_bnf5_5 q05q27_0_bnf6_5	q05q27_0_icd5 q05q27_0_x4d5	q05q27_0_med_year5	☐	☐	q05q27_0_medpr5
6	q05q27_0_bnf12_6 q05q27_0_bnf34_6 q05q27_0_bnf5_6 q05q27_0_bnf6_6	q05q27_0_icd6 q05q27_0_x4d6	q05q27_0_med_year6	☐	☐	q05q27_0_medpr6
7	q05q27_0_bnf12_7 q05q27_0_bnf34_7 q05q27_0_bnf5_7 q05q27_0_bnf6_7	q05q27_0_icd7 q05q27_0_x4d7	q05q27_0_med_year7	☐	☐	q05q27_0_medpr7
8	q05q27_0_bnf12_8 q05q27_0_bnf34_8 q05q27_0_bnf5_8 q05q27_0_bnf6_8	q05q27_0_icd8 q05q27_0_x4d8	q05q27_0_med_year8	☐	☐	q05q27_0_medpr8
9	q05q27_0_bnf12_9 q05q27_0_bnf34_9 q05q27_0_bnf5_9 q05q27_0_bnf6_9	q05q27_0_icd9 q05q27_0_x4d9	q05q27_0_med_year9	☐	☐	q05q27_0_medpr9
10	q05q27_0_bnf12_10 q05q27_0_bnf34_10 q05q27_0_bnf5_10 q05q27_0_bnf6_10	q05q27_0_icd10 q05q27_0_x4d10	q05q27_0_med_year10	☐	☐	q05q27_0_medpr10

Vitamins, minerals and complementary therapies

28.0 Do you regularly take any vitamins, minerals and complementary therapies? Yes ☐ No ☐ q05q28_0

If Yes, please give details: please include homeopathic and herbal treatments

	Name of medicine		Reason for taking (if known)		Year started	Office Use
1	q05q28_0_2 q05q28_0_3 q05q28_0_4 q05q28_0_5		q05q28_0_6 q05q28_0_7		q05q28_0_vit_year	
2		q05q28_0_9 q05q28_0_10 q05q28_0_11 q05q28_0_12		q05q28_0_13 q05q28_0_14	q05q28_0_8_vit_year	
3	q05q28_0_16 q05q28_0_17 q05q28_0_18 q05q28_0_19		q05q28_0_20 q05q28_0_21		q05q28_0_15_vit_year	
4		q05q28_0_23 q05q28_0_24 q05q28_0_25 q05q28_0_26		q05q28_0_27 q05q28_0_28	q05q28_0_22_vit_year	
5	q05q28_0_30 q05q28_0_31 q05q28_0_32 q05q28_0_33		q05q28_0_34 q05q28_0_35		q05q28_0_29_vit_year	
6		q05q28_0_37 q05q28_0_38 q05q28_0_39 q05q28_0_40		q05q28_0_41 q05q28_0_42	q05q28_0_36_vit_year	

Present circumstances

29.0 Are you at present:-

- single ☐1
- married ☐2
- widowed ☐3
- divorced or separated ☐4
- other ☐5

q05q29_0

29.1 If you are widowed or divorced/separated, please give the year when this occurred:- q05q29_1

29.2 Are you at present:-

- living alone ☐1
- living with a partner or spouse ☐2
- living with other family members ☐3
- living with other people ☐4

q05q29_2

Your accommodation

29.3 Are you:-

- an owner occupier ☐1
- renting from the local authority ☐2
- renting privately ☐3
- living in a residential home ☐4
- living in a nursing home ☐5
- living in sheltered accommodation ☐6
- other please give details ☐7

q05q29_3

q05q29_3o

Office Use ☐

29.4 During the winter, is your accommodation usually:

Very warm	☐1	q05q29_4
Warm	☐2	
Medium	☐3	
Cold	☐4	
Very cold	☐5	

		Yes	No	
29.5	Do you have a car available for your own use?	☐	☐	q05q29_5car
29.6	Do you have private medical insurance?	☐	☐	q05q29_5pmi

29.6 Which of the following phrases best describes how you are managing financially these days?

manage very well	☐1	
manage quite well	☐2	q05q29_6
get by alright	☐3	
don't manage very well	☐4	
have some financial difficulties	☐5	
have severe financial difficulties	☐6	

29.7 What type of financial support do you currently have?

(Please tick whichever apply)

State pension	☐1	q05q29_7a
Employer provided occupational pension scheme	☐1	q05q29_7b
Private Personal Pension	☐1	q05q29_7c
Group Personal Pension	☐1	q05q29_7d
Stakeholder pension	☐1	q05q29_7e
S226 plan self-employed personal pension	☐1	q05q29_7f
Retirement Annuity pensions pre 86 PPPs	☐1	q05q29_7g
Other retirement saving scheme	☐1	q05q29_7h
Earnings from paid employment	☐1	q05q29_7i

Recent major life events

30.0 Have you experienced any of the following **major** life events in the **last two years**?

(Please tick whichever apply)

death of a spouse	☐1	q05q30_0a
death of a close relative/friend	☐1	q05q30_0b
illness/accident to a family member	☐1	q05q30_0c
financial difficulties	☐1	q05q30_0d
Personal illness, accident or injury	☐1	q05q30_0e
moving house	☐1	q05q30_0f
divorce	☐1	q05q30_0g
addition to family circle eg grandchild	☐1	q05q30_0h
other please give details	☐1	q05q30_0i

Office Use

q05q30_0i_o ☐

Activities of daily living

The following questions will help us to understand difficulties people may have with various everyday activities

31.0 What is the furthest you can walk on your own without stopping and without discomfort? q05q31_0

- 200 yards or more ☐1
- More than a few steps but less than 200 yards ☐2
- Only a few steps ☐3

31.1 Can you walk up and down a flight of 12 stairs without resting? q05q31_1

- Yes ☐1
- Only if I hold on and take a rest ☐2
- Not at all ☐3

31.2 Can you, when standing, bend down and pick up a shoe from the floor? q05q31_2

- Yes ☐1
- No ☐2

32.0 Please indicate if you have difficulty doing any of the following activities:		No difficulty	Some difficulty	Unable to do or need help
		1	2	3
a q05q32_0a	Reaching or extending your arms above shoulder level	☐	☐	☐
b q05q32_0b	Pulling or pushing large objects like a living room chair	☐	☐	☐
c q05q32_0c	Walking across a room	☐	☐	☐
d q05q32_0d	Getting in and out of bed on your own	☐	☐	☐
e q05q32_0e	Getting in and out of a chair on your own	☐	☐	☐
f q05q32_0f	Dressing and undressing yourself on your own	☐	☐	☐
g q05q32_0g	Bathing or showering	☐	☐	☐
h q05q32_0h	Feeding yourself, including cutting food	☐	☐	☐
i q05q32_0i	Getting to and using the toilet on your own	☐	☐	☐
j q05q32_0j	Lifting and carrying something as heavy as 10 lbs, for example a bag of groceries	☐	☐	☐
k q05q32_0k	Shopping for personal items such as toilet items or medicine by yourself	☐	☐	☐
l q05q32_0l	Doing light housework such as washing up	☐	☐	☐
m q05q32_0m	Preparing your own meals by yourself	☐	☐	☐
n q05q32_0n	Using the telephone by yourself	☐	☐	☐
o q05q32_0o	Taking medications by yourself	☐	☐	☐
p q05q32_0p	Managing money (e.g. paying bills etc)	☐	☐	☐
q q05q32_0q	Using public transport on your own	☐	☐	☐
r q05q32_0r	Driving a car on your own	☐	☐	☐
s q05q32_0s	Gripping with hands (eg. opening a jam jar)	☐	☐	☐

Time spent on various activities

33.0 Approximately how many **hours each week** (if any) do you spend:

		Hours per week
a	Looking after wife/partner	q05q33_0a
b	Looking after other adult family member or friend	q05q33_0b
c	Looking after grandchildren	q05q33_0c
d	Spending time with family, friends and neighbours	q05q33_0d
e	In paid work	q05q33_0e
f	In voluntary work	q05q33_0f
g	On housework	q05q33_0g
h	On gardening	q05q33_0h
i	In a pub or club	q05q33_0i
j	Attending religious services	q05q33_0j
k	Playing cards, games, or bingo	q05q33_0k
l	Visiting the cinema/restaurants/sporting events	q05q33_0l
m	Watching television/videos/DVD's	q05q33_0m
n	Reading	q05q33_0n
o	Attending class or course of study	q05q33_0o
p	Using a computer	q05q33_0p

34.0 Do you go on day or overnight trips? q05q34_0

- Never ☐1
- Sometimes ☐2
- Often ☐3

35.0 Have you been on holiday in the last year? q05q35_0

- Yes ☐
- No ☐

36.0 Do you use the internet and or email? q05q36_0

- Yes ☐
- No ☐

PART II : YOUR DIET

How to fill in the diet questionnaire

The following questions are mostly about how often you **USUALLY** eat different sorts of food each week.
If you usually eat a food **every day**, ring **7** days a week.
If you usually eat a food on **three days a week**, ring **3**, and so on.

For foods which you eat **less than once a week:-**
Ring **M** if you eat it **at least** once a month.
Ring **R** if you eat it **less than** once a month, or if you **never** eat it at all.

Please ring **one** answer for each of the foods listed. Remember to circle **R** if you never eat a food.

EXAMPLE

	Number of days each week							Monthly	Rarely / Never
Food eaten every day 7 days a week	(7)	6	5	4	3	2	1	M	R
Food eaten on three days a week	7	6	5	4	(3)	2	1	M	R
Food eaten less often than once a week but at least once a month	7	6	5	4	3	2	1	(M)	R
Food eaten never or less than once a month	7	6	5	4	3	2	1	M	(R)

Diet

		Yes	No		
D1.0	Are you on any special diet eg vegetarian, low fat, diabetic?	☐	☐	q05D1_0	Office Use
D1.1	If Yes, please give details:			q05D1_1	☐

Meat			Number of days each week							Monthly	Rarely / Never
D2.0	q05D2_0	Beef including minced beef, beef burgers	7	6	5	4	3	2	1	M	R
D2.1	q05D2_1	Lamb	7	6	5	4	3	2	1	M	R
D2.2	q05D2_2	Pork, bacon, ham, salami	7	6	5	4	3	2	1	M	R
D2.3	q05D2_3	Chicken, turkey, other poultry	7	6	5	4	3	2	1	M	R
D2.4	q05D2_4	Tinned meat all types, corned beef, etc	7	6	5	4	3	2	1	M	R
D2.5	q05D2_5	Pork Sausages	7	6	5	4	3	2	1	M	R
D2.6	q05D2_6	Beef Sausages	7	6	5	4	3	2	1	M	R
D2.7	q05D2_7	Meat Pie, Pasties	7	6	5	4	3	2	1	M	R
D2.8	q05D2_8	Liver, kidney, heart	7	6	5	4	3	2	1	M	R

Fish			Number of days each week							Monthly	Rarely / Never
D3.0	q05D3_0	White fish cod, haddock, hake, plaice, fish fingers, etc	7	6	5	4	3	2	1	M	R
D3.1	q05D3_1	Kippers, herrings, pilchards, tuna, sardines, salmon, mackerel including tinned	7	6	5	4	3	2	1	M	R
D3.2	q05D3_2	Shellfish	7	6	5	4	3	2	1	M	R

Please remember to circle ® if you never eat a food

Please remember to circle ® if you never eat a food

Vegetables fresh, tinned, dried, frozen		Number of days each week							Monthly	Rarely / Never
D4.0 q05D4_0	**Potatoes:** boiled, baked, mashed	7	6	5	4	3	2	1	M	R
D4.1 q05D4_1	chips or fried from shop	7	6	5	4	3	2	1	M	R
D4.2 q05D4_2	chips or fried cooked at home	7	6	5	4	3	2	1	M	R
D4.3 q05D4_3	roast potatoes	7	6	5	4	3	2	1	M	R
D4.4 q05D4_4	Green vegetables, salads	7	6	5	4	3	2	1	M	R
D4.5 q05D4_5	Carrots	7	6	5	4	3	2	1	M	R
D4.6 q05D4_6	Parsnips, swedes, turnips, beetroot, And other root vegetables	7	6	5	4	3	2	1	M	R
D4.7 q05D4_7	Baked or butter beans, lentils, peas, chickpeas, sweetcorn	7	6	5	4	3	2	1	M	R
D4.8 q05D4_8	Onions cooked, raw, pickled	7	6	5	4	3	2	1	M	R
D4.9 q05D4_9	Garlic	7	6	5	4	3	2	1	M	R
D4.10 q05D4_10	Spaghetti and other pasta	7	6	5	4	3	2	1	M	R
D4.11 q05D4_11	Rice all types except pudding rice	7	6	5	4	3	2	1	M	R
D4.12 q05D4_12	Tomatoes fresh, tinned, pureed	7	6	5	4	3	2	1	M	R
	How often do you eat fresh vegetables in:									
D4.13 q05D4_13	summer	7	6	5	4	3	2	1	M	R
D4.14 q05D4_14	winter	7	6	5	4	3	2	1	M	R

Fresh Fruit		Number of days each week							Monthly	Rarely / Never
	How often do you eat fresh fruit in :									
D5.0 q05D5_0	summer	7	6	5	4	3	2	1	M	R
D5.1 q05D5_1	winter	7	6	5	4	3	2	1	M	R

D5.2 Number of apples eaten a week ___ q05D5_2 ___

D5.3 Number of pears eaten a week ___ q05D5_3 ___

D5.4 Number of oranges or grapefruit eaten a week ___ q05D5_4 ___

D5.5 Number of bananas eaten a week ___ q05D5_5 ___

D5.6 Number of other fruits eaten a week (please give name and quantity)

NAME OF FRUIT	QUANTITY	Office Use
	q05D5_6a	
	q05D5_6b	
	q05D5_6c	
	q05D5_6d	
	q05D5_6e	

Please remember to circle ® if you never eat a food

Please remember to circle ® if you never eat a food

Cheese			Number of days each week							Monthly	Rarely / Never
D6.0	q05D6_0	Full- fat cheese eg Cheddar, Leicester, Stilton, Brie, soft cheeses	7	6	5	4	3	2	1	M	R
D6.1	q05D6_1	Low-fat cheese eg Edam, Cottage cheese, reduced fat cheeses	7	6	5	4	3	2	1	M	R

Bread			Number of days each week							Monthly	Rarely / Never
D7.0	q05D7_0	White bread	7	6	5	4	3	2	1	M	R
D7.1	q05D7_1	Brown bread	7	6	5	4	3	2	1	M	R
D7.3	q05D7_3	Wholemeal	7	6	5	4	3	2	1	M	R
D7.4	q05D7_4	Bread rolls	7	6	5	4	3	2	1	M	R
D7.5	q05D7_5	Crispbread Ryvita, cream crackers, etc	7	6	5	4	3	2	1	M	R
D7.6		please give name of crispbread etc: _____									

Further details about your bread

			How many slices/ rolls per day?	Are the slices thick, medium or thin? Please circle your answer.		
D7.7	q05D7_7	White Bread	q05D7_7s	$THICK_1$	$MEDIUM_2$	$THIN_3$
D7.8	q05D7_8	Brown Bread	q05D7_8s	$THICK_1$	$MEDIUM_2$	$THIN_3$
D7.9	q05D7_9	Wholemeal Bread	q05D7_9s	$THICK_1$	$MEDIUM_2$	$THIN_3$
D7.10	q05D7_10	Bread Rolls	q05D7_10s	$LARGE_1$	$MEDIUM_2$	$SMALL_3$

Breakfast Cereals			Number of days each week							Monthly	Rarely / Never
D8.0	q05D8_0	Grapenuts, Porridge, Ready Brek, Special K, Sugar Puffs, Rice Crispies	7	6	5	4	3	2	1	M	R
D8.1	q05D8_1	Cornflakes, Muesli, Shredded Wheat, Sultana Bran, Weetabix	7	6	5	4	3	2	1	M	R
D8.2	q05D8_2	Bran Flakes, Puffed wheat	7	6	5	4	3	2	1	M	R
D8.3	q05D8_3	All Bran, Wheat Bran	7	6	5	4	3	2	1	M	R
D8.4	q05D8_4	Another Cereal please give name: _____	7	6	5	4	3	2	1	M	R

Biscuits, puddings and sweets			Number of days each week							Monthly	Rarely / Never
D9.0	q05D9_0	Digestive biscuits, plain biscuits	7	6	5	4	3	2	1	M	R
D9.1	q05D9_1	Sweet biscuits, sponge cakes, scones, buns	7	6	5	4	3	2	1	M	R
D9.2	q05D9_2	Ice cream, sweet yoghurts, trifle	7	6	5	4	3	2	1	M	R
D9.3	q05D9_3	Fruit cake, fruit bread, plum pudding	7	6	5	4	3	2	1	M	R
D9.4	q05D9_4	Fruit tart, jam tart, fruit crumble	7	6	5	4	3	2	1	M	R
D9.5	q05D9_5	Milk puddings rice, tapioca	7	6	5	4	3	2	1	M	R
D9.6	q05D9_6	Tinned fruit, jellies	7	6	5	4	3	2	1	M	R
D9.7	q05D9_7	Sweet sauces chocolate, custard	7	6	5	4	3	2	1	M	R
D9.8	q05D9_8	Chocolate, chocolate bars, sweets all types	7	6	5	4	3	2	1	M	R

Please remember to circle ® if you never eat a food

Please remember to circle ® if you never eat a food

Eggs		Number of days each week	Monthly	Rarely / Never
D10.0 q05D10_0	Eggs boiled, poached, fried, scrambled	7 6 5 4 3 2 1	M	R
D10.1 q05D10_1	Eggs in baked dishes eg flans, quiches, soufflés, egg custard, etc	7 6 5 4 3 2 1	M	R

Other foods		Number of days each week	Monthly	Rarely / Never
D11.0 q05D11_0	Soups all kinds, home-made, tinned, packet	7 6 5 4 3 2 1	M	R
D11.1 q05D11_1	Nuts, nut butter eg salted or unsalted peanuts	7 6 5 4 3 2 1	M	R
D11.2 q05D11_2	Savoury snacks eg potato crisps, corn chips, crackers	7 6 5 4 3 2 1	M	R
D11.3 q05D11_3	Chutney, brown sauce, tomato sauce	7 6 5 4 3 2 1	M	R
D11.4 q05D11_4	Sweet spreads eg jam, honey, marmalade chocolate spread	7 6 5 4 3 2 1	M	R

Drinks and Juices non-alcoholic		Number of days each week	Monthly	Rarely / Never
D12.0 q05D12_0	Natural fruit juices including tomato juice	7 6 5 4 3 2 1	M	R
D12.1 q05D12_1	Fizzy drinks and Non-diet squashes	7 6 5 4 3 2 1	M	R
D12.2 q05D12_2	**Low calorie** (diet) squashes and fizzy drinks	7 6 5 4 3 2 1	M	R

Milk

D13.0 What type of milk do you usually drink?

Cow's Milk ☐1
Soya Milk ☐2
Other, please give details .....

q05D13_0

q05D13_0o

Office Use ☐

D13.1 Roughly how much milk do you drink a day in tea, coffee, milky drinks or cereals?

none at all ☐1
half pint or less ☐2
between half and one pint ☐3
more than one pint ☐4

q05D13_1

D13.2 What kind of milk do you usually use?

full fat milk, fresh or dried ☐1
semi-skimmed milk, fresh or dried ☐2
fully skimmed milk, fresh or dried ☐3
other kinds of milk, eg condensed, evaporated ☐4

q05D13_2

Salt

D14.0 How much salt is added to your food in cooking?

a lot ☐1
a little ☐2
none ☐3

q05D14_0

D14.1 How much salt is added to your food on your plate?

a lot ☐1
a little ☐2
none ☐3

q05D14_1

Fats

D15.0 What do you usually spread on bread?

		Give brand name	Office Use
butter	☐1	q05D15_0b	
full-fat soft margarine	☐1	q05D15_0ff q05D15_0ff_n	☐
low-fat soft margarine	☐1	q05D15_0lf q05D15_0lf_n	☐
hard margarine	☐1	q05D15_0h	

D15.1 How do you normally spread the fat?

thinly ☐1
average ☐2
thickly ☐3
q05D15_1

How often do you eat home-fried food including chips, cooked with :-

		Number of days each week							Monthly	Rarely / Never	
		7	6	5	4	3	2	1			
D15.2	Lard, dripping, solid vegetable oil								M	R	
	Give brand name and type q05D15_2								q05D15_2_n		☐
D15.3	Liquid vegetable oil								M	R	
	Give brand name and type q05D15_3								q05D15_3_n		☐

Your household

D16.0 How many people normally eat in your household?

Number of adults including yourself q05D16_0a
Number of children 1 to 4 years old q05D16_0b
Number of children 5 to 16 years old q05D16_0c
Number of babies under 1 year old q05D16_0d

How much of the following foods does **your household** use on average **each week** including cooking and baking? If you live on your own, please give the amounts which you yourself eat a week.

			If Rarely or never used tick here					
D16.1	q05D16_1x	Butter	☐1	q05D16_1lb lbs	q05D16_1oz ozs	or	q05D16_1gr	grams
D16.2	q05D16_2x	Margarine	☐1	q05D16_2lb lbs	q05D16_2oz ozs	or	q05D16_2gr	grams
D16.3	q05D16_3x	Lard and solid vegetable oil	☐1	q05D16_3lb lbs	q05D16_3oz ozs	or	q05D16_3gr	grams
D16.4	q05D16_4x	Liquid vegetable oil eg Sunflower, Corn, Groundnut oil	☐1		q05D16_4oz ozs	or	q05D16_4ml	ml
D16.5	q05D16_5x	Olive Oil	☐1		q05D16_5oz ozs	or	q05D16_5ml	ml
D16.6	q05D16_6x	Cream	☐1		q05D16_6oz ozs	or	q05D16_6ml	ml
D16.7	q05D16_7x	Full- fat cheese eg Cheddar, Leicester, Stilton, Brie, & soft cheeses	☐1	q05D16_7lb lbs	q05D16_7oz ozs	or	q05D16_7gr	grams
D16.8	q05D16_8x	Low-fat cheese eg reduced fat cheddar, reduced fat soft cheeses, Edam	☐1	q05D16_8lb lbs	q05D16_8oz ozs	or	q05D16_8gr	grams
D16.9	q05D16_9x	Sugar	☐1	q05D16_9lb lbs	q05D16_9oz ozs	or	q05D16_9gr	grams

Hot drinks

Coffee

D17.0 How many cups of **coffee** do you have a day ? ___ ___ Cups per day q05D17_0

D17.1 Is this: Ground coffee ☐1 Instant coffee ☐2 q05D17_1

D17.2 Is it decaffeinated: Yes ☐1 No ☐2 q05D17_2

D17.3 How many teaspoons of **sugar** do you take in each cup? ___ Teaspoons q05D17_3
Do not count artificial sweeteners

Tea

D17.4 How many cups of **tea** do you have a day ? ___ ___ Cups per day q05D17_4

D17.5 How many teaspoons of **sugar** do you take in each cup? ___ Teaspoons q05D17_5
Do not count artificial sweeteners

Other Hot Drinks

D17.7 How many cups of other hot drinks (e.g. hot chocolate, malted milk, Horlicks) do you have a day ? ___ ___ Cups per day q05D17_7

Alcoholic Drinks

		Yes	No		
18.0	Have you ever consumed alcoholic drinks?	☐	☐	Seldom	q05D18_0
18.1	Do you take alcoholic drinks at present?	☐1	☐2	☐3	q05D18_1

Think back carefully over the last seven days. Please write the number of alcoholic drinks you have consumed on each day during the past week. It may help if you try to remember where you were and who you were with on each day. For each day, write in how much you have drunk:

(i) the **number** of **half pints** of non-alcoholic beer, lager, etc
(ii) the **number** of **half pints** of low-alcohol beer, lager, etc
(iii) the **number** of **half pints** of beer, lager, shandy, cider, stout, etc
(iv) the **number** of **single glasses** of whisky, vodka, gin, rum, etc
(v) the **number** of **single glasses** of wine, sherry, martini, port, etc

	Half-pints of **non-alcoholic** beer	Half-pints of **low-alcohol** beer	Half-pints of beer, lager, shandy	Single glasses of Spirits	Single glasses of wine
Monday	q05D18_1mon_i	q05D18_1mon_ii	q05D18_1mon_iii	q05D18_1mon_iv	q05D18_1mon_v
Tuesday	q05D18_1tue_i	q05D18_1tue_ii	q05D18_1tue_iii	q05D18_1tue_iv	q05D18_1tue_v
Wednesday	q05D18_1wed_i	q05D18_1wed_ii	q05D18_1wed_iii	q05D18_1wed_iv	q05D18_1wed_v
Thursday	q05D18_1thu_i	q05D18_1thu_ii	q05D18_1thu_iii	q05D18_1thu_iv	q05D18_1thu_v
Friday	q05D18_1fri_i	q05D18_1fri_ii	q05D18_1fri_iii	q05D18_1fri_iv	q05D18_1fri_v
Saturday	q05D18_1sat_i	q05D18_1sat_ii	q05D18_1sat_iii	q05D18_1sat_iv	q05D18_1sat_v
Sunday	q05D18_1sun_i	q05D18_1sun_ii	q05D18_1sun_iii	q05D18_1sun_iv	q05D18_1sun_v

		Yes	No	
D18.2	Would you say last week was fairly typical of what you usually have to drink in one week?	☐1	☐2	q05D18_2

		More	Less	
D18.3	If last week was not typical, would you normally drink more or less in a week?	☐1	☐2	q05D18_3

Thank you very much for completing the questionnaire.
Please return it to us in the envelope provided. No stamp is needed.