Study Number: | | | | | | | | |

Serial

Coder

BRITISH REGIONAL HEART STUDY

30 YEAR FOLLOW UP SURVEY

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

Department of Primary Care & Population Health
UCL Medical School
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Rowland Hill Street
London NW3 2PF

Dates

1.0 Please enter today's date q30q1_0d (day) q30q1_0m (month) **20** q30q1_0y

1.1 Please give your Date of Birth q30q1_1d (day) q30q1_1m (month) 19 q30q1_1y (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 <u>have or have had</u> any of the following conditions? If **yes**, please give the year this last happened.

		Yes	No	Year of last occurrence
a	Angina	☐	☐	___ q30q2_0a q30q2_0ay
b	Aortic Aneurysm	☐	☐	___ q30q2_0b q30q2_0by
c	Atrial Fibrillation	☐	☐	___ q30q2_0c q30q2_0cy
d	Deep Vein Thrombosis (clot in the deep leg vein)	☐	☐	___ q30q2_0d q30q2_0dy
e	Heart attack (coronary thrombosis or myocardial infarction)	☐	☐	___ q30q2_0e q30q2_0ey
f	Heart failure	☐	☐	___ q30q2_0f q30q2_0fy
g	High blood cholesterol	☐	☐	___ q30q2_0g q30q2_0gy
h	High blood pressure	☐	☐	___ q30q2_0h q30q2_0hy
i	Narrowing or hardening of the leg arteries (including claudication)	☐	☐	___ q30q2_0i q30q2_0iy
j	Other heart trouble	☐	☐	___ q30q2_0j q30q2_0jy
k	Pulmonary Embolism (clot on the lung)	☐	☐	___ q30q2_0k q30q2_0ky

		Yes	No	Year
2.1	Do you have any other problems of the heart and circulation q30q2_1	☐	☐	_____ q30q2_1y

Office Use

a If **yes** please give details ---------- q30q2_1a ☐

Stroke

		Yes	No	Year of last occurrence
3.0	Have you **ever** been told by a doctor that you have had a stroke?	☐	☐	q30q3_0 q30q3_0y _____
	If **yes**,			
a	Did the symptoms last for more than 24 hours?	☐	☐	q30q3_0a
b	Have you made a complete recovery from your stroke?	☐	☐	q30q3_0b
c	Following your stroke, do you still need any help in carrying out everyday activities?	☐	☐	q30q3_0c

Investigations and special treatment for conditions affecting your heart and circulation

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

			Yes	No	Year of last occurrence	
a	q30q4_0a	A referral to a heart specialist	☐	☐	_____	q30q4_0ay
b	q30q4_0b	A referral to a chest pain clinic	☐	☐	_____	q30q4_0by
c	q30q4_0c	An exercise ECG ("stress" or "treadmill") test	☐	☐	_____	q30q4_0cy
d	q30q4_0d	Angiogram or X-ray of coronary arteries (using a dye)	☐	☐	_____	q30q4_0dy
e	q30q4_0e	Angioplasty (balloon treatment of coronary artery for angina)	☐	☐	_____	q30q4_0ey
f	q30q4_0f	Coronary artery bypass graft operation ("heart bypass" or "CABG")	☐	☐	_____	q30q4_0fy
g	q30q4_0g	Other tests, investigations or operations on your heart, arteries or veins?	☐	☐	_____	q30q4_0gy

Office Use

h If **yes**, please give details: q30q4_0h ☐

Diabetes

		Yes	No	Year of diagnosis
5.0	Have you **ever** been told by a doctor that you <u>have or have had</u> diabetes?	q30q5_0 ☐	☐	q30q5_0y _____

5.1 If **yes**, Do you have any complications of diabetes affecting your: (please tick whichever apply)

feet	☐1	q30q5_1feet
kidneys	☐1	q30q5_1kidney
eyes	☐1	q30q5_1eyes
nerves	☐1	q30q5_1nerves

Cancer

		Yes	No	Year of diagnosis
6.0	Have you **ever** been told by a doctor that you <u>have or have had</u> cancer?	q30q6_0 ☐	☐	q30q6_0y _____

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

Office Use

q30q6_1site1 ☐☐☐

q30q6_1site2 ☐☐☐

Other medical conditions

7.0 Have you **ever** been told by a doctor that you <u>have or have had</u> any of the following conditions?

		Yes	No	
a	Anaemia	☐	☐	q30q7_0a
b	Asthma	☐	☐	q30q7_0b
c	Bronchitis	☐	☐	q30q7_0c
d	Cataract	☐	☐	q30q7_0d
e	Chronic Kidney disease	☐	☐	q30q7_0e
f	Crohn's disease	☐	☐	q30q7_0f
g	Depression	☐	☐	q30q7_0g
h	Emphysema	☐	☐	q30q7_0h
i	Gall bladder disease	☐	☐	q30q7_0i
j	Gastric, peptic or duodenal ulcer	☐	☐	q30q7_0j
k	Glaucoma	☐	☐	q30q7_0k
l	Gout	☐	☐	q30q7_0l
m	Liver disease, cirrhosis or hepatitis	☐	☐	q30q7_0m
n	Macular degeneration	☐	☐	q30q7_0n
o	Osteoporosis	☐	☐	q30q7_0o
p	Parkinson's disease	☐	☐	q30q7_0p
q	Pneumonia	☐	☐	q30q7_0q
r	Prostate trouble	☐	☐	q30q7_0r
s	Shingles	☐	☐	q30q7_0s
t	Ulcerative colitis	☐	☐	q30q7_0t

u Other conditions, please give details

Office Use

q30q7_0u1

q30q7_0u2

Arthritis

8.0 Have you **ever** been told by a doctor that you <u>have or have had</u> arthritis?

Yes	No	Year of diagnosis
☐	☐	q30q8_0y
q30q8_0		

8.1 If **yes**, please give the type of arthritis if known,:

Osteoarthritis ☐1
Rheumatoid arthritis ☐2
Other (please give details) ☐3

q30q8_1

q30q8_1o

Office Use

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

Knees	☐1	Back	☐1	q30q8_2back
Hips	☐1	Neck	☐1	q30q8_2neck
Feet	☐1	Shoulders	☐1	q30q8_2shoulder
Hands and / or wrists	☐1	Other (please specify)	☐1	q30q8_2oth

q30q8_2knees

q30q8_2hips

q30q8_2feet

q30q8_2wrist

Office Use

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q30q8_2ou

Joint pain, swelling or stiffness

9.0 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)

q30q9_0knees	Knees	☐1	Back	☐1	q30q9_0back
q30q9_0hips	Hips	☐1	Neck	☐1	q30q9_0neck
q30q9_0feet	Feet	☐1	Shoulders	☐1	q30q9_0shoulder
q30q9_0wrist	Hands and / or wrists	☐1	Other (please specify)		q30q9_0other

Office Use ☐

Lower back pain

		Yes	No	
10.0	Have you **ever** had pain in your lower back on most days for at least one month?	☐	☐	q30q10_0
10.1	If **yes**, have you had this in the **last year**?	☐	☐	q30q10_1

Fractures and falls

		Yes	No		
11.0	Have you had spells of dizziness, loss of balance or a sensation of spinning in the last year?	☐	☐	q30q11_0	
		Yes	No	Please give year	
11.1	Have you **ever** fractured your hip?	☐	☐	_____	q30q11_1y
11.2	Have you **ever** fractured your wrist?	☐	☐	_____	q30q11_2y
11.3	Have you had a fall in the **last year**?	☐	☐		q30q11_3
11.4	If **yes**, how many times _____				q30q11_4
		Yes	No		
11.5	Did you receive medical attention for any of these falls?	☐	☐	q30q11_5	

Operations

		Yes	No		
12.0	Have you had any major operations since 2007?	☐	☐	q30q12_0	Office Use
12.1	If **yes**, please give details:			q30q12_1	☐

Chest Pain

		Yes	No		
13.0	Do you **ever** have any pain or discomfort in your chest?	☐	☐	q30q13_0	
	If **yes**,	Yes	No	Unable to walk on level	
13.1	When you walk at an ordinary pace on the level, does this produce the pain?	☐1	☐2	☐3	q30q13_1
		Yes	No	Unable to walk uphill	
13.2	When you walk uphill or hurry, does this produce the pain?	☐1	☐2	☐3	q30q13_2

Breathlessness

		Yes	No	Unable to walk	
14.0	Do you **ever** get short of breath walking with other people of your own age on level ground?	☐1	☐2	☐3	q30q14_0
14.1	On walking uphill or upstairs, do you get more breathless than people of your own age?	☐1	☐2	☐3	q30q14_1
14.2	Do you **ever** have to stop walking because of breathlessness?	☐	☐		q30q14_2
14.3	In the **past year** have you at any time been awoken at night by an attack of shortness of breath?	☐	☐		q30q14_3

Cough and Wheeze

		Yes	No	
15.0	Do you usually bring up phlegm (or spit) from your chest first thing in the morning in the winter?	☐	☐	q30q15_0
15.1	Do you bring up phlegm like this on most days for as much as three months in the winter each year?	☐	☐	q30q15_1

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

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

q30q15_2

		Yes	No	
15.3	Does your chest ever sound wheezy or whistling?	☐	☐	q30q15_3
15.4	If **yes**, does this happen on most days or nights?	☐	☐	q30q15_4

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

None ☐1
Once ☐2
More than once ☐3

q30q15_5

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**)?	☐	☐	q30q16_0
16.1	If **no**, can you see well enough to recognise a friend at a distance of one yard?	☐	☐	q30q16_1

16.2 In the **past four years** has your sight:

deteriorated ☐1
improved ☐2
stayed the same ☐3

q30q16_2

Hearing

		Yes	No	
17.0	Is your hearing good enough to follow a TV programme at a volume others find acceptable (using a hearing aid if needed)?	☐	☐	q30q17_0
17.1	If **no**, can you follow a TV programme with the volume turned up?	☐	☐	q30q17_1

17.2 In the **past four years** has your hearing:

deteriorated	☐1
improved	☐2
stayed the same	☐3

q30q17_2

		Yes	No	Occasionally	
17.3	Do you use a hearing aid?	☐1	☐2	☐3	q30q17_3

Leg Pain

		Yes	No	Unable to walk	
18.0	Do you get pain or discomfort in your leg or legs when you walk?	☐	☐	☐3	q30q18_0

If **yes**,

a	Do you know the cause of the pain?	☐	☐	Office Use	q30q18_0a
b	If **yes**, please state cause ----------				q30q18_0b ☐

		Yes	No	
18.2	Does this pain ever begin when you are standing still or sitting?	☐	☐	q30q18_2

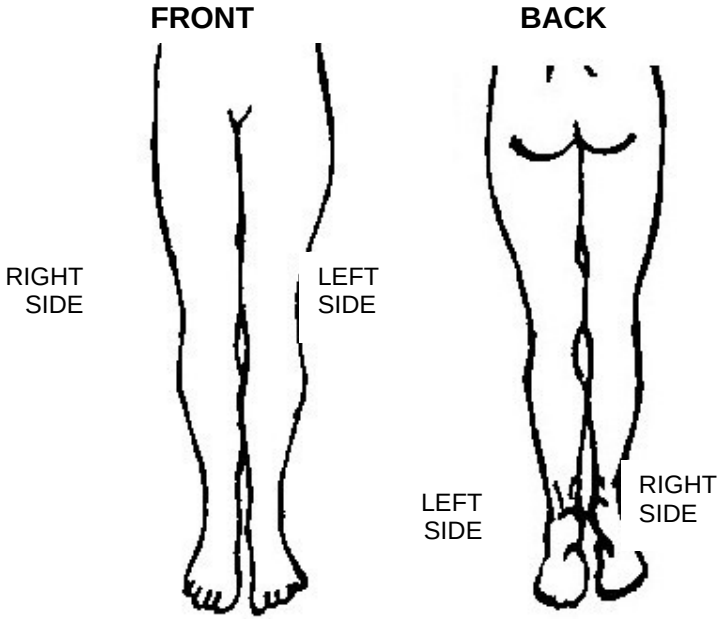
		Yes	No	Unable to walk	
18.3	Do you get the pain if you walk uphill or hurry?	☐1	☐2	☐3	q30q18_3
18.4	Do you get the pain walking at an ordinary pace on the level?	☐1	☐2	☐3	q30q18_4

18.5 What happens to the pain if you stand still?

Usually continues more than 10 minutes	☐1
Usually disappears in 10 minutes or less	☐2

q30q18_5

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



Office Use

q30q18_6l L ☐

q30q18_6r R ☐

Weight

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

q30q19_0st ___ ___ Stones q30q19_0lb ___ ___ Pounds **or** q30q19_0kg ___ ___ ___ Kilograms

19.1 If you have no scales and have made an estimate please tick here ☐ q30q19_1

		Yes	No	
19.2	Have you tried to lose weight in the **last four years**?	☐	☐	q30q19_2

19.3 If **yes**, did you: (Please tick whichever apply)

Change your diet? ☐1 q30q19_3ydiet
Take more exercise? ☐1 q30q19_3yexer

19.4 Has your weight changed in the **last four years**?

Not changed ☐1
Increased ☐2 q30q19_4
Decreased ☐3
Both increased and decreased ☐4
Don't know ☐5

If your weight has changed in the last four years:

		Yes	No	
19.5	was this change intentional?	☐	☐	q30q19_5

19.6 was it the result of (Please tick whichever apply)

Personal choice ☐1 q30q19_6pc
Medical advice ☐1 q30q19_6ma
Illness or ill health ☐1 q30q19_6ih

Smoking

Cigarette smoking

		Yes	No	
20.0	Do you smoke cigarettes at present?	☐	☐	q30q20_0

20.1 If **yes** , How many cigarettes a day do you smoke at present ____ ____ q30q20_1

20.2 Have you changed your cigarette smoking habits during the past four years?

No ☐1
Yes, increased ☐2 q30q20_2
Yes, cut down ☐3
Yes, given up ☐4

Pipe and cigar smoking

		Yes	No	
20.3	Do you currently smoke a pipe?	☐	☐	q30q20_3
20.4	Do you currently smoke cigars?	☐	☐	q30q20_4

Alcohol Intake

21.0 Would you describe your present alcohol intake as

Daily/most days	☐1	
Weekends only	☐2	q30q21_0
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	q30q21_1
5-6 drinks	☐2	
3-4 drinks	☐3	
1-2 drinks	☐4	

21.2 How many alcoholic drinks do you have during an average week? ___ ___ q30q21_2

21.3 What type of drink do you usually take?

Beers, Lagers	☐1	q30q21_3beer
Wines, Sherry	☐1	q30q21_3wine
Spirits	☐1	q30q21_3spirits
Combination of Beers, Wines or Spirits	☐1	q30q21_3combi
Low alcohol drinks	☐1	q30q21_3lowalc

			Yes	No	If **yes**, number of glasses per week	
21.4	Do you drink	white wine	q30q21_4ww ☐	☐	_____	q30q21_4wwgl
21.5		red wine	q30q21_5rw ☐	☐	_____	q30q21_5rwgl

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

before meals	☐1	q30q21_6bmeal
with meals	☐1	q30q21_6wmeal
after meals	☐1	q30q21_6ameal
separate from meals	☐1	q30q21_6smeal

		Yes	No	
21.7	Have you reduced your alcohol intake in the last four years?	☐	☐	q30q21_7

21.8 If **yes**, was this due to: (please tick whichever apply)

Personal choice	☐1	q30q21_8pc
Doctor's advice	☐1	q30q21_8da
Illness or ill-health	☐1	q30q21_8ih
Other reasons	☐1	q30q21_8or

		Yes	No	
21.9	Have you ever felt you ought to cut down on your drinking?	☐	☐	q30q21_9
21.10	Have people annoyed you by criticizing your drinking?	☐	☐	q30q21_10
21.11	Have you ever felt bad or guilty about your drinking?	☐	☐	q30q21_11
21.12	Have you had a drink first thing in the morning (eye-opener) to steady your nerves or get rid of a hangover?	☐	☐	q30q21_12

Physical activity

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

No ☐1 q30q22_0
Walk ☐2
Cycle ☐3
Both ☐4

22.1 How many hours do you normally spend walking e.g. on errands or for leisure in an average week? q30q22_1 ______ hours

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

Slow ☐1 q30q22_2
Steady average ☐2
Fast ☐3

22.3 How long do you spend cycling in an average week? q30q22_3 ______ hours

22.4 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 q30q22_4
More active ☐2
Similar ☐3
Less active ☐4
Much less active ☐5

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

No ☐1 q30q22_5
Occasionally less than once a month ☐2
Frequently once a month or more ☐3

22.6 If you ticked **frequently** please state type of activities: q30q22_6

Office Use ☐☐

- -

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

(please give overall total)

22.7 In winter q30q22_7 ______ Times

22.8 In summer q30q22_8 ______ times

22.9 Do you engage in exercises to increase muscle strength and endurance such as lifting weights, doing push-ups, using exercise machines? Yes ☐ No ☐ q30q22_9

22.10 If **yes**, on average how many **hours per week** do you engage in these exercises? q30q22_10 ______ Hours

Your overall health

Please indicate which statements best describe your health **TODAY.** (Please tick **only one box)**

23.0 **General health**

Excellent	☐1	q30q23_0
Good	☐2	
Fair	☐3	
Poor	☐4	

23.1 **Pain/discomfort**

I have no pain or discomfort	☐1	q30q23_1
I have moderate pain or discomfort	☐2	
I have extreme pain or discomfort	☐3	

23.2 **Usual activities** (eg work, study, housework, family or leisure activities):

I have no problems with performing my usual activities	☐1	q30q23_2
I have some problems with performing my usual activities	☐2	
I am unable to perform my usual activities	☐3	

23.3 **Mobility**

I have no problems in walking about	☐1	q30q23_3
I have some problems in walking about	☐2	
I am confined to a chair/wheelchair	☐3	

23.5 **Anxiety/depression**

I am not anxious or depressed	☐1	q30q23_4
I am moderately anxious and/or depressed	☐2	
I am extremely anxious and/or depressed	☐3	

23.5 **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

q30q23_5

Office use ☐☐☐

Disability

		Yes	No	
24.0	Do you have any **long-standing** illness, disability or infirmity?	☐	☐	q30q24_0

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

		Yes	No	
a	If **yes**, does this illness or disability limit your activities in any way?	☐	☐	q30q24_0a
b	do you receive a disability allowance?	☐	☐	q30q24_0b

24.1 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	☐	☐	q30q24_1a
b	Bending down	☐	☐	q30q24_1b
c	Straightening up	☐	☐	q30q24_1c
d	Keeping your balance	☐	☐	q30q24_1d
e	Going out of the house	☐	☐	q30q24_1e
f	Walking 400 yards	☐	☐	q30q24_1f

24.2 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	q30q24_2a
b	Household chores	☐	☐		q30q24_2b
c	Social life	☐	☐		q30q24_2c
d	Interests and hobbies	☐	☐		q30q24_2d
e	Holidays and outings	☐	☐		q30q24_2e

Activities of daily living

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

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

200 yards or more	☐1	q30q25_0
More than a few steps but less than 200 yards	☐2	
Only a few steps	☐3	

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

Yes	☐1	q30q25_1
Only if I hold on and take a rest	☐2	
Not at all	☐3	

		Yes	No	
25.2	Can you, when standing, bend down and pick up a shoe from the floor?	☐	☐	q30q25_2

26.0 Please indicate if you have difficulty doing any of the following activities:

		No Difficulty 1	Some difficulty 2	Unable to do or need help 3	
a	Reaching or extending your arms above shoulder level	☐	☐	☐	q30q26_0a
b	Pulling or pushing large objects like a living room chair	☐	☐	☐	q30q26_0b
c	Walking across a room	☐	☐	☐	q30q26_0c
d	Getting in and out of bed on your own	☐	☐	☐	q30q26_0d
e	Getting in and out of a chair on your own	☐	☐	☐	q30q26_0e
f	Dressing and undressing yourself on your own	☐	☐	☐	q30q26_0f
g	Bathing or showering	☐	☐	☐	q30q26_0g
h	Feeding yourself, including cutting food	☐	☐	☐	q30q26_0h
i	Getting to and using the toilet on your own	☐	☐	☐	q30q26_0i
j	Lifting and carrying something as heavy as 10 lbs, (eg a bag of groceries)	☐	☐	☐	q30q26_0j
k	Shopping for personal items such as toilet items or medicine by yourself	☐	☐	☐	q30q26_0k
l	Doing light housework (eg washing up)	☐	☐	☐	q30q26_0l
m	Preparing your own meals by yourself	☐	☐	☐	q30q26_0m
n	Using the telephone by yourself	☐	☐	☐	q30q26_0n
o	Taking medications by yourself	☐	☐	☐	q30q26_0o
p	Managing money (e.g. paying bills etc)	☐	☐	☐	q30q26_0p
q	Using public transport on your own	☐	☐	☐	q30q26_0q
r	Driving a car on your own	☐	☐	☐	q30q26_0r
s	Gripping with hands (eg. opening a jam jar)	☐	☐	☐	q30q26_0s

General Fitness

Can you do any of the following activities:

		Yes	No	
27.0	run a short distance?	☐	☐	q30q27_0
27.1	do heavy work around the house (eg lifting & moving heavy furniture)	☐	☐	q30q27_1
27.2	do gardening (eg raking leaves, weeding & pushing the lawn mower)	☐	☐	q30q27_2
27.3	participate in moderate activities like golf, bowling, dancing or doubles tennis?	☐	☐	q30q27_3
27.4	participate in strenuous sports like swimming or singles tennis?	☐	☐	q30q27_4
27.5	have sexual relations?	☐	☐	q30q27_5

Mobility Aids

		Yes	No	
28.0	Do you use any mobility aids?	☐	☐	q30q28_0

If **yes,** which aids or appliances do you use to help with day to day activities?:

Walking stick	☐1	q30q28_0ws
Walking frame	☐1	q30q28_0wf
Wheelchair	☐1	q30q28_0wch

Sleeping Patterns

29.0 On most nights, how would you rate the quality of your sleep? q30q29_0

Excellent	☐1
Good	☐2
Fair	☐3
Poor	☐4

29.1 On average: how many hours of sleep do you have each night? q30q29_1 _____ hours

29.2 how much sleep (if any) do you have during the daytime? q30q29_2 _____ hours

During **the last month**,

29.3 did you have difficulties falling asleep? q30q29_3

rarely	☐1
sometimes	☐2
often	☐3

29.4 how often did you wake up during the night? q30q29_4

rarely	☐1
sometimes	☐2
often	☐3

29.5 What are the most frequent reasons for waking? (Please tick all that apply)

To go to the bathroom	☐1	q30q29_5bath
Coughing	☐1	q30q29_5cou
Arthritis pain	☐1	q30q29_5arth
Leg cramps	☐1	q30q29_5leg
Thirsty, need a drink of water	☐1	q30q29_5thir
General worrying	☐1	q30q29_5wor
Other please specify	☐1	q30q29_5oth

Office use q30q29_5ou ☐

Snoring

29.6 Do you snore while asleep?

- Yes, regularly ☐1
- Yes, occasionally ☐2
- No, never ☐3
- Don't know ☐4

q30q29_6

		Yes	No	Don't Know	
29.7	If **yes**, do you snore loudly?	☐	☐	☐	q30q29_7
29.8	Have you ever been told that you hold your breath during sleep? (stop breathing for at least 10 seconds)	☐	☐		q30q29_8
29.9	Have you ever woken short of breath during sleep?	☐	☐		q30q29_9

Dental Health (mouth, teeth and or dentures)

General Dental Health

30.0 Would you say that your **dental health** is: (Please tick **only one box**)

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

q30q30_0

30.1 Please indicate which of the following statements applies to you:

I have ……

- …only natural teeth ☐1
- …both natural teeth and dentures ☐2
- … no natural teeth, and wear dentures ☐3
- …neither natural teeth or dentures ☐4

q30q30_1

			Don't Know	
30.2	How many of your own (natural) teeth do you have?	q30q30_2 ___	☐	q30q30_2dk
30.3	How many of your own (natural) teeth have you lost in the last five years?	q30q30_3 ___	☐	q30q30_3dk

Pain/ discomfort

	In the past 6 months:	Yes	No	
30.4	Have you experienced toothache or severe discomfort with your teeth?	☐	☐	q30q30_4

30.5 How often were your teeth or gums sensitive to hot or cold or sweets?

- Never ☐1
- Hardly ever ☐2
- Occasionally ☐3
- Fairly often ☐4
- Very often ☐5

q30q30_5

In the past 6 months:

30.6 Which of the following dental conditions have caused difficulties or problems? (please tick all that apply)

a	Toothache, sensitive tooth, tooth decay (hole in tooth)	☐1	q30q30_6a
b	Loose tooth, gum problems (bleeding, receding, swelling, abscess), bad breath	☐1	q30q30_6b
c	Bad position of teeth (eg. crooked or gap), deformity of mouth	☐1	q30q30_6c
d	Fractured tooth, loose or ill fitting dentures	☐1	q30q30_6d
e	Colour, shape or size of teeth	☐1	q30q30_6e
f	Or any other reason, please specify_____	☐1	q30q30_6f

In the past 6 months:

30.7 Have any problems with mouth, teeth or dentures caused any of the following difficulty or problem effecting your daily life?

(please tick all that apply)

a	Difficulty eating food	☐1	q30q30_7a
b	Difficulty speaking clearly	☐1	q30q30_7b
c	Difficulty going out, for example to shop or visit someone	☐1	q30q30_7c
d	Difficulty relaxing (including sleeping)	☐1	q30q30_7d
e	Problems with smiling, laughing and showing teeth without embarrassment	☐1	q30q30_7e
f	Emotional problems eg becoming more easily upset than usual	☐1	q30q30_7f
g	Problems enjoying the company of others eg. family, friends or neighbours	☐1	q30q30_7g
h	None of these	☐1	q30q30_7h

31.0 **Dry Mouth**

The following statements will help assess the extent to which you have dryness of mouth
Please tick which of the statements that apply to you over the **last 4 weeks.**

		Never	Hardly ever	Occasionally	Fairly often	Very often	
a	My mouth feels dry	☐	☐	☐	☐	☐	q30q31_0a
b	I have difficulty in eating dry foods	☐	☐	☐	☐	☐	q30q31_0b
c	I get up at night to drink	☐	☐	☐	☐	☐	q30q31_0c
d	My mouth feels dry when eating a meal	☐	☐	☐	☐	☐	q30q31_0d
e	I sip liquids to aid in swallowing food	☐	☐	☐	☐	☐	q30q31_0e
f	I suck sweets to relieve dry mouth	☐	☐	☐	☐	☐	q30q31_0f
g	I have difficulties swallowing certain foods	☐	☐	☐	☐	☐	q30q31_0g
h	The skin of my face feels dry	☐	☐	☐	☐	☐	q30q31_0h
i	My eyes feel dry	☐	☐	☐	☐	☐	q30q31_0i
j	My lips feel dry	☐	☐	☐	☐	☐	q30q31_0j
k	The inside of my nose feels dry	☐	☐	☐	☐	☐	q30q31_0k

Dental service use

32.0 In general do you go to the dentist for?

Regular check-up	☐1	q30q32_0
Occasional check up	☐2	
Only when having trouble	☐3	
Never go to the dentist	☐4	

32.1 How long has it been since you had your last dental visit?

12 months or less	☐1	q30q32_1
12 months to 2 years	☐2	
2 years to 5 years	☐3	
5 years or more	☐4	
Never	☐5	

Present circumstances

33.0 Are you at present:-

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

q30q33_0

33.1 If you are widowed or divorced/separated, please give the year when this occurred:- ____ q30q33_1

33.2 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

q30q33_2

Your accommodation

33.3 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 ☐7

q30q33_3

Offi

33.4 Do you have a car available for your own use? Yes ☐ No ☐ q30q33_4

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

- manage very well ☐1
- manage quite well ☐2
- get by alright ☐3
- don't manage very well ☐4

q30q33_5

Time spent on various activities

34.0 Do you spend any time on these activities? If **yes**, please tell us how many **hours/week** you spend on these.

			Yes	No	Hours per week	
a	q30q34_0a	Looking after wife/partner	☐	☐	_____	q30q34_0ah
b	q30q34_0b	Looking after other adult family member or friend	☐	☐	_____	q30q34_0bh
c	q30q34_0c	Looking after grandchildren	☐	☐	_____	q30q34_0ch
d	q30q34_0d	Spending time with family, friends and neighbours	☐	☐	_____	q30q34_0dh
e	q30q34_0e	Talking with friends/relatives on the telephone	☐	☐	_____	q30q34_0eh
f	q30q34_0f	In paid work	☐	☐	_____	q30q34_0fh
g	q30q34_0g	In voluntary work	☐	☐	_____	q30q34_0gh
h	q30q34_0h	On housework	☐	☐	_____	q30q34_0hh
i	q30q34_0i	On light gardening (pruning and weeding)	☐	☐	_____	q30q34_0ih
j	q30q34_0j	On heavy gardening (digging & mowing)	☐	☐	_____	q30q34_0jh

Time spent on various activities continued…..

			Yes	No	Hours per week	
k	q30q34_0k	In a pub or club	☐	☐	_____	q30q34_0kh
l	q30q34_0l	Attending religious services	☐	☐	_____	q30q34_0lh
m	q30q34_0m	Playing cards, games, or bingo	☐	☐	_____	q30q34_0mh
n	q30q34_0n	Visiting the cinema/restaurants/sporting events	☐	☐	_____	q30q34_0nh
o	q30q34_0o	Watching television/videos/DVD's	☐	☐	_____	q30q34_0oh
p	q30q34_0p	Reading	☐	☐	_____	q30q34_0ph
q	q30q34_0q	Attending class or course of study	☐	☐	_____	q30q34_0qh
r	q30q34_0r	Using a computer	☐	☐	_____	q30q34_0rh
s	q30q34_0s	Driving or sitting in a car	☐	☐	_____	q30q34_0sh

35.0 Do you go on day or overnight trips?

Never ☐1
Sometimes ☐2
Often ☐3

q30q35_0

		Yes	No	
35.1	Have you been on holiday in the last year?	☐	☐	q30q35_1
36.0	Do you use the internet and or email?	☐	☐	q30q36_0

Memory

In the past year,

37.0 How often did you have trouble remembering things?

never ☐1
rarely ☐2
sometimes ☐3
often ☐4

q30q37_0

		Yes	No	
37.1	Do you have more trouble than usual remembering recent events?	☐	☐	q30q37_1
37.2	Do you have more trouble than usual remembering a short list of items such as a shopping list?	☐	☐	q30q37_2
37.3	Do you have trouble remembering things from one second to the next?	☐	☐	q30q37_3
37.4	Do you have any difficulty in understanding or following spoken instruction?	☐	☐	q30q37_4
37.5	Do you have more trouble than usual following a group conversation or a plot on TV due to your memory?	☐	☐	q30q37_5
37.6	Do you have trouble finding your way around familiar streets?	☐	☐	q30q37_6
37.7	Do you have trouble getting things organised/ organising your day?	☐	☐	q30q37_7
37.8	Do you have trouble concentrating on things eg reading a book?	☐	☐	q30q37_8

Your Feelings

38.0 Please tell us about how you have been feeling in the **past week:**

		Yes	No	
a	Are you basically satisfied with your life?	☐	☐	q30q38_0a
b	Do you feel that your life is empty?	☐	☐	q30q38_0b
c	Are you afraid that something bad is going to happen to you?	☐	☐	q30q38_0c
d	Do you feel happy most of the time?	☐	☐	q30q38_0d
e	Have you dropped many of your activities and interests?	☐	☐	q30q38_0e
f	Do you prefer to stay at home, rather than going out to do new things?	☐	☐	q30q38_0f
g	Do you often feel helpless?	☐	☐	q30q38_0g
h	Do you feel pretty worthless the way you are now?	☐	☐	q30q38_0h
i	Do you feel full of energy?	☐	☐	q30q38_0i
j	Do you think that the most people are better off than you are?	☐	☐	q30q38_0j
k	Are you in good spirits most of the time?	☐	☐	q30q38_0k

Your local area

Services

39.0 Would you say that this is an area in which you enjoy living? Yes ☐ No ☐ q30q39_0

Please rate the following things in your local area and neighbourhood:

(tick one box on each line)

		Very Good	Good	Average	Poor	Very Poor	
a	Social and leisure activities for people like yourself	☐	☐	☐	☐	☐	q30q39_0a
b	Facilities for people of your age	☐	☐	☐	☐	☐	q30q39_0b
c	The quality & frequency of rubbish collection	☐	☐	☐	☐	☐	q30q39_0c
d	Your local health service (e.g. your GP or the local hospital)	☐	☐	☐	☐	☐	q30q39_0d
e	Local transport to where you want to go	☐	☐	☐	☐	☐	q30q39_0e
f	Your area for having somewhere nice to go for a walk	☐	☐	☐	☐	☐	q30q39_0f

Safety

40.0 In the area you live in, how safe (from crime) do you feel when:

		Very Safe	Fairly Safe	A bit unsafe	Very unsafe	Never go out alone	
a	Walking alone in the daytime	☐	☐	☐	☐	☐	q30q40_0a
b	Walking alone after dark	☐	☐	☐	☐	☐	q30q40_0b

Greenery

41.0 How much do you agree with the following statement about your neighbourhood?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
Your neighbourhood has lots of green space.	☐	☐	☐	☐	☐	q30q41_0

Environment

42.0 In your neighbourhood, how much of a problem are the following?

		Serious problem	Minor problem	Not a problem	
a	The speed of traffic?	☐	☐	☐	q30q42_0a
b	The volume of traffic?	☐	☐	☐	q30q42_0b
c	Noise (eg. neighbours, traffic)	☐	☐	☐	q30q42_0c
d	The amount of crime?	☐	☐	☐	q30q42_0d
e	The quality of air you breathe?	☐	☐	☐	q30q42_0e
f	Rubbish or litter lying around?	☐	☐	☐	q30q42_0f
g	Graffiti and vandalism?	☐	☐	☐	q30q42_0g
h	Uneven or dangerous pavements?	☐	☐	☐	q30q42_0h

Health Care

43.0 Approximately how many times in the **last year** have you consulted your GP about a health problem? q30q43_0 _____ times

43.1 If none, in what **year** did you last consult a GP about a health problem? q30q43_1 _____

	Have you had any of the following in the **last four years**:	Yes	No	
43.2	Blood pressure check	☐	☐	q30q43_2
43.3	Blood cholesterol check	☐	☐	q30q43_3

Medicines

		Yes	No		
44.0	Do you take any regular medication?	☐	☐	q30q44_0	
	If **yes**, do you take any of the following medicines regularly?			Year started	
44.1	Treatment to lower **blood pressure** (q30q44_1)	☐	☐	_____	q30q44_1y
44.2	Treatment to lower **blood cholesterol** (q30q44_2)	☐	☐	_____	q30q44_2y

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

44.3 Please give the name of this medicine: _____ q30q44_3 ☐

Aspirin

		Yes	No	Year started	
44.4	Do you take aspirin regularly? (q30q44_4)	☐	☐	_____	q30q44_4y
44.5	If **yes**, is this prescribed by your doctor? (q30q44_5)	☐	☐		

44.6 how often do you take it? q30q44_6

Daily ☐1
Every other day ☐2
Weekly ☐3
Occasionally ☐4

Office Use

44.7 Why do you take it? _____ q30q44_7 ☐

Warfarin

		Yes	No	
44.8	Are you currently taking warfarin medication?	☐	☐	q30q44_8
44.9	Have you taken warfarin in the last month?	☐	☐	q30q44_9

Medications

Details of ALL medicines

45.0 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	q30q45_0bnf12_1 q30q45_0bnf34_1 q30q45_0bnf5_1 q30q45_0bnf6_1	q30q45_0icd1	q30q45_0medyr1	☐	☐	q30q45_0medpr1
2	q30q45_0bnf12_2 q30q45_0bnf34_2 q30q45_0bnf5_2 q30q45_0bnf6_2	q30q45_0icd2	q30q45_0medyr2	☐	☐	q30q45_0medpr2
3	q30q45_0bnf12_3 q30q45_0bnf34_3 q30q45_0bnf5_3 q30q45_0bnf6_3	q30q45_0icd3	q30q45_0medyr3	☐	☐	q30q45_0medpr3
4	q30q45_0bnf12_4 q30q45_0bnf34_4 q30q45_0bnf5_4 q30q45_0bnf6_4	q30q45_0icd4	q30q45_0medyr4	☐	☐	q30q45_0medpr4
5	q30q45_0bnf12_5 q30q45_0bnf34_5 q30q45_0bnf5_5 q30q45_0bnf6_5	q30q45_0icd5	q30q45_0medyr5	☐	☐	q30q45_0medpr5
6	q30q45_0bnf12_6 q30q45_0bnf34_6 q30q45_0bnf5_6 q30q45_0bnf6_6	q30q45_0icd6	q30q45_0medyr6	☐	☐	q30q45_0medpr6
7	q30q45_0bnf12_7 q30q45_0bnf34_7 q30q45_0bnf5_7 q30q45_0bnf6_7	q30q45_0icd7	q30q45_0medyr7	☐	☐	q30q45_0medpr7
8	q30q45_0bnf12_8 q30q45_0bnf34_8 q30q45_0bnf5_8 q30q45_0bnf6_8	q30q45_0icd8	q30q45_0medyr8	☐	☐	q30q45_0medpr8
9	q30q45_0bnf12_9 q30q45_0bnf34_9 q30q45_0bnf5_9 q30q45_0bnf6_9	q30q45_0icd9	q30q45_0medyr9	☐	☐	q30q45_0medpr9
10	q30q45_0bnf12_10 q30q45_0bnf34_10 q30q45_0bnf5_10 q30q45_0bnf6_10	q30q45_0icd10	q30q45_0medyr10	☐	☐	q30q45_0medpr10

Please use the back of the questionnaire if more space is needed to record this information.

Vitamins, minerals and complementary therapies

		Yes	No	
46.0	Do you regularly (<u>at least once a week or more</u>) take any vitamins, minerals and complementary therapies?	☐	☐	q30q46_0
46.1	Do you take any **<u>multi vitamin & minerals</u>**?	☐	☐	q30q46_1

46.2 If **yes**, how often to you take them? — q30q46_2

- Daily ☐
- 1-6 times per week ☐
- Less than once per week ☐

46.3 How long have you been taking them? — q30q46_3

- Less than one year ☐
- Between 1-5 years ☐
- More than 5 years ☐

Office Use ☐

46.4 Please give the brand name/ preparation: — q30q46_4

46.5 Not counting multi vitamins, do you take any of the following vitamin/ minerals?

	Name of vitamin/ mineral	Yes	How **often** do you take them? Daily	1-6 times per week	Less than once per week	How **long** have you been taking them? Less than one year	Between 1-5 years	More than 5 years	
a	Vitamin A	q30q46_5a_name ☐	q30q46_5a_often ☐			☐	☐	☐	q30q46_5a_long
b	Vitamin B	q30q46_5b_name ☐	q30q46_5b_often ☐			☐	☐	☐	q30q46_5b_long
c	Vitamin C	q30q46_5c_name ☐	q30q46_5c_often ☐			☐	☐	☐	q30q46_5c_long
d	Vitamin D	q30q46_5d_name ☐	q30q46_5d_often ☐			☐	☐	☐	q30q46_5d_long
e	Vitamin E	q30q46_5e_name ☐	q30q46_5e_often ☐			☐	☐	☐	q30q46_5e_long
f	Calcium	q30q46_5f_name ☐	q30q46_5f_often ☐			☐	☐	☐	q30q46_5f_long
g	Cod liver C	q30q46_5g_name ☐	q30q46_5g_often ☐			☐	☐	☐	q30q46_5g_long
h	Fish oil	q30q46_5h_name ☐	q30q46_5h_often ☐			☐	☐	☐	q30q46_5h_long
i	Garlic	q30q46_5i_name ☐	q30q46_5i_often ☐			☐	☐	☐	q30q46_5i_long
j	Glucosami	q30q46_5j_name ☐	q30q46_5j_often ☐			☐	☐	☐	q30q46_5j_long
k	Magnesiun	q30q46_5k_name ☐	q30q46_5k_often ☐			☐	☐	☐	q30q46_5k_long
l	Selenium	q30q46_5l_name ☐	q30q46_5l_often ☐			☐	☐	☐	q30q46_5l_long

46.6 Other, please give details: (please include homeopathic and herbal treatments)

Name of vitamin/ mineral	How **often** do you take them? Daily	1-6 times per week	Less than once per week	How **long** have you been taking them? Less than one year	Between 1-5 years	More than 5 years
q30q46_6a_name	☐	q30q46_6a_often ☐		☐	q30q46_6a_long ☐	
q30q46_6b_name	☐	q30q46_6b_often ☐		☐	q30q46_6b_long ☐	
q30q46_6c_name	☐	q30q46_6c_often ☐		☐	q30q46_6c_long ☐	
q30q46_6d_name	☐	q30q46_6d_often ☐		☐	q30q46_6d_long ☐	
q30q46_6e_name	☐	q30q46_6e_often ☐		☐	q30q46_6e_long ☐	

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)

Note
M=0
R =8

Diet

			Yes	No
D1.0	Are you on any special diet eg vegetarian, low fat, diabetic?	q30D1_0	☐	☐
D1.1	If **yes**, please give details:			

Office Use

q30D1_1 ☐

Meat		Number of days each week	Monthly (=0)	Rarely / Never (=8)	
D2.0	Beef including minced beef, beef burgers	7 6 5 4 3 2 1	M	R	q30D2_0
D2.1	Lamb	7 6 5 4 3 2 1	M	R	q30D2_1
D2.2	Pork, bacon, ham, salami	7 6 5 4 3 2 1	M	R	q30D2_2
D2.3	Chicken, turkey, other poultry	7 6 5 4 3 2 1	M	R	q30D2_3
D2.4	Tinned meat all types, corned beef, etc	7 6 5 4 3 2 1	M	R	q30D2_4
D2.5	Pork Sausages	7 6 5 4 3 2 1	M	R	q30D2_5
D2.6	Beef Sausages	7 6 5 4 3 2 1	M	R	q30D2_6
D2.7	Meat Pie, Pasties	7 6 5 4 3 2 1	M	R	q30D2_7
D2.8	Liver, kidney, heart	7 6 5 4 3 2 1	M	R	q30D2_8

Fish		Number of days each week	Monthly	Rarely / Never	
D3.0	White fish cod, haddock, hake, plaice, fish fingers, etc	7 6 5 4 3 2 1	M=0	R=8	q30D3_0
D3.1	Kippers, herrings, pilchards, tuna, sardines, salmon, mackerel including tinned	7 6 5 4 3 2 1	M	R	q30D3_1
D3.2	Shellfish	7 6 5 4 3 2 1	M	R	q30D3_2

Please remember to circle ® if you never eat a food

NOTE : Monthy(M) is coded as 0, Rarely/Never (R) is coded as 8

Please remember to circle ® if you never eat a food

	Vegetables fresh, tinned, dried, frozen	Number of days each week	Monthly	Rarely / Never	
			M=0	**R=8**	
D4.0	**Potatoes:** boiled, baked, mashed	7 6 5 4 3 2 1	M	R	q30D4_0
D4.1	chips or fried from shop	7 6 5 4 3 2 1	M	R	q30D4_1
D4.2	chips or fried cooked at home	7 6 5 4 3 2 1	M	R	q30D4_2
D4.3	roast potatoes	7 6 5 4 3 2 1	M	R	q30D4_3
D4.4	Green vegetables, salads	7 6 5 4 3 2 1	M	R	q30D4_4
D4.5	Carrots	7 6 5 4 3 2 1	M	R	q30D4_5
D4.6	Parsnips, swedes, turnips, beetroot, And other root vegetables	7 6 5 4 3 2 1	M	R	q30D4_6
D4.7	Baked or butter beans, lentils, peas, chickpeas, sweetcorn	7 6 5 4 3 2 1	M	R	q30D4_7
D4.8	Onions cooked, raw, pickled	7 6 5 4 3 2 1	M	R	q30D4_8
D4.9	Garlic	7 6 5 4 3 2 1	M	R	q30D4_9
D4.10	Spaghetti and other pasta	7 6 5 4 3 2 1	M	R	q30D4_10
D4.11	Rice all types except pudding rice	7 6 5 4 3 2 1	M	R	q30D4_11
D4.12	Tomatoes fresh, tinned, pureed	7 6 5 4 3 2 1	M	R	q30D4_12
	How often do you eat fresh vegetables in:				
D4.13	summer	7 6 5 4 3 2 1	M	R	q30D4_13
D4.14	winter	7 6 5 4 3 2 1	M	R	q30D4_14

Fresh Fruit		Number of days each week	Monthly	Rarely / Never	
	How often do you eat fresh fruit in :		**M=0**	**R=8**	
D5.0	summer	7 6 5 4 3 2 1	M	R	q30D5_0
D5.1	winter	7 6 5 4 3 2 1	M	R	q30D5_1

D5.2	Number of apples eaten a week _____ _____		q30D5_2
D5.3	Number of pears eaten a week _____ _____		q30D5_3
D5.4	Number of oranges or grapefruit eaten a week _____ _____		q30D5_4
D5.5	Number of bananas eaten a week _____ _____		q30D5_5
D5.6	Number of other fruits eaten a week (please give name and quantity)		

NAME OF FRUIT	**QUANTITY**		Office Use
		q30D5_6ou1	
		q30D5_6ou2	
		q30D5_6ou3	
		q30D5_6ou4	
		q30D5_6ou5	

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	
			M=0	R=8	
D6.0	Full- fat cheese eg Cheddar, Leicester, Stilton, Brie, soft cheeses	7 6 5 4 3 2 1	M	R	q30D6_0
D6.1	Low-fat cheese eg Edam, Cottage cheese, reduced fat cheeses	7 6 5 4 3 2 1	M	R	q30D6_1

Bread		Number of days each week	Monthly	Rarely / Never	
D7.0	White bread	7 6 5 4 3 2 1	M	R	q30D7_0
D7.1	Brown bread	7 6 5 4 3 2 1	M	R	q30D7_1
D7.3	Wholemeal	7 6 5 4 3 2 1	M	R	q30D7_3
D7.4	Bread rolls	7 6 5 4 3 2 1	M	R	q30D7_4
D7.5	Crispbread Ryvita, cream crackers, etc	7 6 5 4 3 2 1	M	R	q30D7_5
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	White Bread	_ q30D7_7slice	$THICK_1$	$MEDIUM_2$	$THIN_3$	q30D7_7thick
D7.8	Brown Bread	_ q30D7_8slices	$THICK_1$	$MEDIUM_2$	$THIN_3$	q30D7_8thick
D7.9	Wholemeal Bread	_ q30D7_9slices	$THICK_1$	$MEDIUM_2$	$THIN_3$	q30D7_9thick
D7.10	Bread Rolls	_ q30D7_10slic	$LARGE_1$	$MEDIUM_2$	$SMALL_3$	q30D7_10thick

Breakfast Cereals		Number of days each week	Monthly	Rarely / Never	
			M=0	R=8	
D8.0	Grapenuts, Porridge, Ready Brek, Special K, Sugar Puffs, Rice Crispies	7 6 5 4 3 2 1	M	R	q30D8_0
D8.1	Cornflakes, Muesli, Shredded Wheat, Sultana Bran, Weetabix	7 6 5 4 3 2 1	M	R	q30D8_1
D8.2	Bran Flakes, Puffed wheat	7 6 5 4 3 2 1	M	R	q30D8_2
D8.3	All Bran, Wheat Bran	7 6 5 4 3 2 1	M	R	q30D8_3
D8.4	Another Cereal please give name: ----------	7 6 5 4 3 2 1	M	R	q30D8_4

Biscuits, puddings and sweets		Number of days each week	Monthly	Rarely / Never	
D9.0	Digestive biscuits, plain biscuits	7 6 5 4 3 2 1	M=0	R=8	q30D9_0
D9.1	Sweet biscuits, sponge cakes, scones, buns	7 6 5 4 3 2 1	M	R	q30D9_1
D9.2	Ice cream, sweet yoghurts, trifle	7 6 5 4 3 2 1	M	R	q30D9_2
D9.3	Fruit cake, fruit bread, plum pudding	7 6 5 4 3 2 1	M	R	q30D9_3
D9.4	Fruit tart, jam tart, fruit crumble	7 6 5 4 3 2 1	M	R	q30D9_4
D9.5	Milk puddings rice, tapioca	7 6 5 4 3 2 1	M	R	q30D9_5
D9.6	Tinned fruit, jellies	7 6 5 4 3 2 1	M	R	q30D9_6
D9.7	Sweet sauces, chocolate, custard	7 6 5 4 3 2 1	M	R	q30D9_7
D9.8	Chocolate, chocolate bars, sweets all types	7 6 5 4 3 2 1	M	R	q30D9_8

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	Eggs boiled, poached, fried, scrambled	7	6	5	4	3	2	1	M	R	q30D10_0
D10.1	Eggs in baked dishes eg flans, quiches, soufflés, egg custard, etc	7	6	5	4	3	2	1	M	R	q30D10_1

Other foods		Number of days each week							Monthly	Rarely / Never	
D11.0	Soups all kinds, home-made, tinned, packet	7	6	5	4	3	2	1	M	R	q30D11_0
D11.1	Nuts, nut butter eg salted or unsalted peanuts	7	6	5	4	3	2	1	M	R	q30D11_1
D11.2	Savoury snacks eg potato crisps, corn chips, crackers	7	6	5	4	3	2	1	M	R	q30D11_2
D11.3	Chutney, brown sauce, tomato sauce	7	6	5	4	3	2	1	M	R	q30D11_3
D11.4	Sweet spreads eg jam, honey, marmalade chocolate spread	7	6	5	4	3	2	1	M	R	q30D11_4

Drinks and Juices non-alcoholic		Number of days each week							Monthly	Rarely / Never	
D12.0	Natural fruit juices including tomato juice	7	6	5	4	3	2	1	M	R	q30D12_0
D12.1	Fizzy drinks and Non-diet squashes	7	6	5	4	3	2	1	M	R	q30D12_1
D12.2	**Low calorie** (diet) squashes and fizzy drinks	7	6	5	4	3	2	1	M	R	q30D12_2

Milk

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

Cow's Milk ☐1 q30D13_0

Soya Milk ☐2

Other, please give details ---------- q30D13_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 q30D13_1

between half and one pint ☐3

more than one pint ☐4

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

full fat milk, fresh or dried ☐1

semi-skimmed milk, fresh or dried ☐2 q30D13_2

fully skimmed milk, fresh or dried ☐3

other kinds of milk, eg condensed, evaporated ☐4

Salt

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

a lot ☐1

a little ☐2 q30D14_0

none ☐3

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

a lot ☐1

a little ☐2 q30D14_1

none ☐3

Fats

D15.0 What do you usually spread on bread? Give brand name Office Use

q30D15_0but
q30D15_0ffmarg
q30D15_0lfmarg
q30D15_0hmarg

butter ☐1 .....
full-fat soft margarine ☐1 ..... ☐ q30D15_0ffmarg_ou
low-fat soft margarine ☐1 ..... ☐ q30D15_0lfmarg_ou
hard margarine ☐1 .....

D15.1 How do you normally spread the fat? thinly ☐1 / average ☐2 / thickly ☐3 q30D15_1

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

		Number of days each week	Monthly	Rarely / Never	
D15.2	Lard, dripping, solid vegetable oil	7 6 5 4 3 2 1	M	R=0	q30D15_2
	Give brand name and type			Office Use ☐	q30D15_2_br
D15.3	Liquid vegetable oil	7 6 5 4 3 2 1	M	R	q30D15_3
	Give brand name and type			Office Use ☐	q30D15_3_br

Your household

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

Number of adults including yourself ____ q30D16_0nadul
Number of children 1 to 4 years old ____ q30D16_0nch1to4
Number of children 5 to 16 years old ____ q30D16_0nch5to16
Number of babies under 1 year old ____ q30D16_0nch_u1yr

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.

D16.1	Butter	q30D16_1lb ___ ___ lbs	q30D16_1oz ___ ___ ozs	or	q30D16_1gr ___ ___ ___ grams	
D16.2	Margarine	q30D16_2lbs ___ ___ lbs	q30D16_2ozs ___ ___ ozs	or	q30D16_2gr ___ ___ ___ grams	
D16.3	Lard and solid vegetable oil	q30D16_3lbs ___ ___ lbs	q30D16_3ozs ___ ___ ozs	or	q30D16_3gr ___ ___ ___ grams	
D16.4	Liquid vegetable oil eg Sunflower, Corn, Groundnut oil		q30D16_4ozs ___ ___ ozs	or	q30D16_4ml ___ ___ ___ ml	
D16.5	Olive Oil		q30D16_5ozs ___ ___ ozs	or	q30D16_5ml ___ ___ ___ ml	
D16.6	Cream		q30D16_6ozs ___ ___ ozs	or	q30D16_6ml ___ ___ ___ ml	
D16.7	Full- fat cheese eg Cheddar, Leicester, Stilton, Brie, & soft cheeses	q30D16_7lbs ___ ___ lbs	q30D16_7ozs ___ ___ ozs	or	q30D16_7gr ___ ___ ___ grams	
D16.8	Low-fat cheese eg reduced fat cheddar, reduced fat soft cheeses, Edam	q30D16_8lbs ___ ___ lbs	q30D16_8ozs ___ ___ ozs	or	q30D16_8gr ___ ___ ___ grams	
D16.9	Sugar	q30D16_9lbs ___ ___ lbs	q30D16_9ozs ___ ___ ozs	or	q30D16_9gr ___ ___ ___ grams	

Hot drinks

Coffee

D17.0 How many cups of **coffee** do you have a day? q30D17_0 _____ Cups per day

D17.1 Is this: Ground coffee ☐1 Instant coffee ☐2 q30D17_1

D17.2 Is it decaffeinated: Yes ☐1 No ☐2 q30D17_2

D17.3 How many teaspoons of **sugar** do you take in each cup? q30D17_3 _____ Teaspoons
Do not count artificial sweeteners

Tea

D17.4 How many cups of **tea** do you have a day? q30D17_4 _____ Cups per day

D17.5 How many teaspoons of **sugar** do you take in each cup? q30D17_5 _____ Teaspoons
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? q30D17_7 _____ Cups per day

Alcoholic Drinks

			Yes	No	
D18.0	Have you ever consumed alcoholic drinks?	q30D18_0	☐	☐	Seldom
D18.1	Do you take alcoholic drinks at present?	q30D18_1	☐1	☐2	☐3

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 (i)	Half-pints of **low-alcohol** beer (ii)	Half-pints of beer, lager, shandy (iii)	Single glasses of Spirits (iv)	Single glasses of wine (v)
Monday	q30D18_1mon_i	q30D18_1mon_ii	q30D18_1mon_iii	q30D18_1mon_iv	q30D18_1mon_v
Tuesday	q30D18_1tue_i	q30D18_1tue_ii	q30D18_1tue_iii	q30D18_1tue_iv	q30D18_1tue_v
Wednesday	q30D18_1wed_i	q30D18_1wed_ii	q30D18_1wed_iii	q30D18_1wed_iv	q30D18_1wed_v
Thursday	q30D18_1thu_i	q30D18_1thu_ii	q30D18_1thu_iii	q30D18_1thu_iv	q30D18_1thu_v
Friday	q30D18_1fri_i	q30D18_1fri_ii	q30D18_1fri_iii	q30D18_1fri_iv	q30D18_1fri_v
Saturday	q30D18_1sat_i	q30D18_1sat_ii	q30D18_1sat_iii	q30D18_1sat_iv	q30D18_1sat_v
Sunday	q30D18_1sun_i	q30D18_1sun_ii	q30D18_1sun_iii	q30D18_1sun_iv	q30D18_1sun_v

D18.2	Would you say last week was fairly typical of what you usually have to drink in one week?	Yes ☐1	No ☐2	q30D18_2
D18.3	If last week was not typical, would you normally drink more or less in a week?	More ☐1	Less ☐2	q30D18_3

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

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