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

q14coder

UCL

BRITISH REGIONAL HEART STUDY

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2014

Thank you very much for taking the time to complete this questionnaire, which will bring us up to date with your present health and circumstances. 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

Professor Peter Whincup & Ms Lucy Lennon
on behalf of the British Regional Heart Study research team

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Dates

1.0 Please enter today's date q14q1_0day _____ q14q1_0month _____ **20** q14q1_0year _____

day month

1.1 Please give your Date of Birth q14q1_1_day ____ q14q1_1_month 19 q14q1_1_year ____

day month 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?

		Yes	No	
a	Angina	☐	☐	q14q2_0a
b	Aortic Aneurysm	☐	☐	q14q2_0b
c	Atrial Fibrillation	☐	☐	q14q2_0c
d	Deep Vein Thrombosis (clot in the deep leg vein)	☐	☐	q14q2_0d
e	Heart attack (coronary thrombosis or myocardial infarction)	☐	☐	q14q2_0e
f	Heart failure	☐	☐	q14q2_0f
g	High blood cholesterol	☐	☐	q14q2_0g
h	High blood pressure	☐	☐	q14q2_0h
i	Narrowing or hardening of the leg arteries (including claudication)	☐	☐	q14q2_0i
j	Pulmonary Embolism (clot on the lung)	☐	☐	q14q2_0j
k	Stroke	☐	☐	q14q2_0k
l	TIA (Transient Ischaemic Attack, Mini stroke)	☐	☐	q14q2_0l
m	Other problems of the heart and circulation	☐	☐	q14q2_0m
n	**If yes** , please give details _____			q14q2_0n_box

Investigations and special treatment for conditions affecting your heart and circulation

		Yes	No	
3.0	Have you **ever** had one of the following?			
a	Angiogram or X-ray of coronary arteries (using a dye)	☐	☐	q14q3_0a
b	Angioplasty (balloon treatment of coronary artery for angina)	☐	☐	q14q3_0b
c	Coronary artery bypass graft operation ("heart bypass" or "CABG")	☐	☐	q14q3_0c

Diabetes

		Yes	No	Year of diagnosis
		q14q4_0		
4.0	Have you **ever** been told by a doctor that you have or have had diabetes?	☐	☐	q14q4_0y _____

4.1 **If yes**, do you have any complications of diabetes affecting your:

(Tick whichever apply)

a	feet	☐ 1	q14q4_1a
b	kidneys	☐ 1	q14q4_1b
c	eyes	☐ 1	q14q4_1c
d	nerves	☐ 1	q14q4_1d
e	none	☐ 1	q14q4_1e

Cancer

		Yes	No	Year of diagnosis
		q14q5_0		
5.0	Have you **ever** been told by a doctor that you have or have had cancer?	☐	☐	q14q5_0y _____

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

q14q5_1Canser_site1 _____ q14q5_1Canser_site2 _____

Other medical conditions

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

		Yes	No	
a	Alzheimer's disease	☐	☐	q14q6_0a
b	Anaemia	☐	☐	q14q6_0b
c	Asthma	☐	☐	q14q6_0c
d	Bronchitis	☐	☐	q14q6_0d
e	Cataract	☐	☐	q14q6_0e
f	Chronic Kidney disease	☐	☐	q14q6_0f
g	Chronic obstructive pulmonary disease (COPD)	☐	☐	q14q6_0g
h	Dementia	☐	☐	q14q6_0h
i	Depression	☐	☐	q14q6_0i
j	Emphysema	☐	☐	q14q6_0j
k	Gall bladder disease	☐	☐	q14q6_0k
l	Gastric, peptic or duodenal ulcer	☐	☐	q14q6_0l
m	Glaucoma	☐	☐	q14q6_0m
n	Gout	☐	☐	q14q6_0n
o	Liver disease, cirrhosis or hepatitis	☐	☐	q14q6_0o
p	Macular degeneration	☐	☐	q14q6_0p
q	Osteoporosis	☐	☐	q14q6_0q
r	Parkinson's disease	☐	☐	q14q6_0r
s	Pneumonia	☐	☐	q14q6_0s
t	Prostate trouble	☐	☐	q14q6_0t

u Other medical conditions, please give details

q14q6_0uOther1 q14q6_0uOther2 _____

Lower back pain

		Yes	No	
7.0	Have you **ever** had pain in your lower back on most days for at least one month?	☐	☐	q14q7_0
7.1	**If yes**, have you had this in the **last year**?	☐	☐	q14q7_1

Fractures

		Yes	No	
8.0	Have you **ever** fractured your hip (as an adult)?	☐	☐	q14q8_0
8.1	Have you **ever** fractured your wrist (as an adult)?	☐	☐	q14q8_1

Arthritis

		Yes	No	
9.0	Have you **ever** been told by a doctor that you <u>have or have had</u> arthritis?	☐	☐	q14q9_0

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

Osteoarthritis	☐ 1	q14q9_1
Rheumatoid arthritis	☐ 2	
Other, please give details	☐ 3	q14q9_1other
Don't know	☐ 4	

9.2 Which joints are affected: (Tick whichever apply)

Knees	☐ 1	q14q9_2knees	Back	☐ 1	q14q9_2back
Hips	☐ 1	q14q9_2hips	Neck	☐ 1	q14q9_2neck
Feet	☐ 1	q14q9_2feet	Shoulders	☐ 1	q14q9_2shoulder
Hands and / or wrists	☐ 1	q14q9_2wrist	Other, please specify	☐ 1	q14q9_2oth
					q14q9_2oth_box

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 , **if yes**, which joints are affected: (Tick whichever apply)

Knees	☐ 1	q14q10_0knees	Back	☐ 1	q14q10_0back
Hips	☐ 1	q14q10_0hips	Neck	☐ 1	q14q10_0neck
Feet	☐ 1	q14q10_0feet	Shoulders	☐ 1	q14q10_0shoulder
Hands and / or wrists	☐ 1	q14q10_0wrist	Other, please specify	☐ 1	q14q10_0oth
					q14q10_0oth_box

Chest Pain

		Yes	No		
11.0	Do you **ever** have any pain or discomfort in your chest?	☐	☐		q14q11_0
11.1	When you walk at an ordinary pace on the level, does this produce the chest pain?	☐	☐	☐ 3 Unable to walk on level	q14q11_1
11.2	When you walk uphill or hurry, does this produce the chest pain?	☐	☐	☐ 3 Unable to walk uphill	q14q11_2

Cough and Wheeze

		Yes	No	
12.0	Do you usually bring up phlegm (or spit) from your chest first thing in the morning in the winter?	☐	☐	q14q12_0
12.1	Do you bring up phlegm like this on **most days** for as much as three months in the winter each year?	☐	☐	q14q12_1

Breathlessness

		Yes	No	Unable to walk	
13.0	Do you **ever** get short of breath walking with other people of your own age on level ground?	☐	☐	☐ 3	q14q13_0
13.1	On walking uphill or upstairs, do you get more breathless than people of your own age?	☐	☐	☐ 3	q14q13_1
13.2	Do you **ever** have to stop walking because of breathlessness?	☐	☐	☐ 3	q14q13_2
13.3	In the **past year** have you at any time been awoken at night by an attack of shortness of breath?	☐	☐		q14q13_3

Dizziness and Falls

		Yes	No	
14.0	Have you had spells of dizziness, loss of balance or a sensation of spinning in the **last year**?	☐	☐	q14q14_0

14.1 At the present time, are you afraid that you may fall over? (Tick **one** box) — q14q14_1

- Very fearful ☐ 1
- Somewhat fearful ☐ 2
- Not fearful ☐ 3

		Yes	No	
14.2	Have you had a fall in the **last year**?	☐	☐	q14q14_2
a	**If yes**, how many times in the **past year**?	_____		q14q14_2a
14.3	Did you receive medical attention for any of these falls?	☐	☐	q14q14_3

14.4 Did you suffer any of the following as a result of a fall in the **past year**? (Tick **all** that apply)

a	cuts and bruises	☐ 1	q14q14_4a
b	damage to muscle or ligament	☐ 1	q14q14_4b
c	Broken or fractured **hip** bone	☐ 1	q14q14_4c
d	Broken or fractured **wrist** bone	☐ 1	q14q14_4d
e	Other broken or fractured bone	☐ 1	q14q14_4e

Leg Pain

		Yes	No	Unable to walk	
15.0	Do you get pain or discomfort in your leg or legs when you walk?	☐	☐	☐ 3	q14q15__0
a	**If yes,** do you know the cause of the pain?	☐	☐		q14q15__0a
b	**If yes**, please state cause _____				q14q15__0b

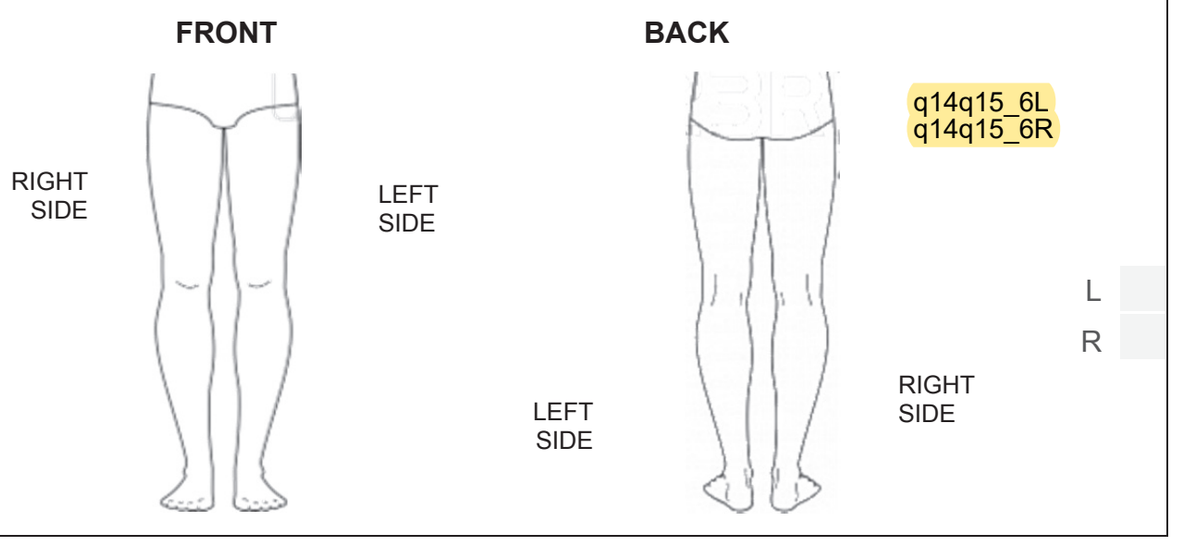
		Yes	No	Unable to walk	
15.2	Does this pain ever begin when you are standing still or sitting?	☐	☐		q14q15_2
15.3	Do you get the pain if you walk uphill or hurry?	☐	☐	☐ 3	q14q15_3
15.4	Do you get the pain walking at an ordinary pace on the level?	☐	☐	☐ 3	q14q15_4

15.5 What happens to the pain if you stand still?

Usually continues more than 10 minutes ☐ 1 q14q15_5

Usually disappears in 10 minutes or less ☐ 2

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



q14q15_6L
q14q15_6R

L
R

Eyesight

16.1 Is your eyesight (with your glasses or lenses, if you wear them)

Excellent/ good ☐ 1
Fair ☐ 2 q14q16_1
Poor ☐ 3
Very poor ☐ 4

16.2 In the **past four years** has your eyesight: stayed the same ☐ 1 q14q16_2
improved ☐ 2
worsened ☐ 3

		Yes	No	
16.3	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**)?	☐	☐	q14q16_3
16.4	**If no**, can you see well enough to recognise a friend at a distance of one yard?	☐	☐	q14q16_4

Hearing

17.0 Is your hearing (using a hearing aid if needed) — q14q17_0

- Excellent/ good ☐ 1
- Fair ☐ 2
- Poor ☐ 3
- Very poor ☐ 4

17.1 In the **past four years** has your hearing: — q14q17_1

- stayed the same ☐ 1
- improved ☐ 2
- worsened ☐ 3

		Yes	No	Occasionally	
17.2	Do you use a hearing aid?	☐	☐	☐ 3	q14q17_2
17.3	Is your hearing good enough to follow a TV programme at a volume others find acceptable (using a hearing aid if needed)?	☐	☐		q14q17_3
17.4	**If no**, can you follow a TV programme with the volume turned up?	☐	☐		q14q17_4

Weight

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

q14q18_0st ___ Stones q14q18_0lb Pounds **or** q14q18_0kg Kilograms

18.1 If you have no scales and have made an estimate please tick here ☐ 1 — q14q18_1

18.2 Has your weight changed in the **last four years**? — q14q18_2

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

If your weight has changed in the **last four years**:

		Yes	No	
18.3	was this change intentional?	☐	☐	q14q18_3

was it the result of: (Tick whichever apply)

18.4	Personal choice	☐ 1	q14q18_4
18.5	Medical advice	☐ 1	q14q18_5
18.6	Illness or ill health	☐ 1	q14q18_6

Appetite

19.0 Have you noticed any change in your appetite over the past three months? q14q19_0

- no change in my appetite ☐ 1
- moderate loss of appetite ☐ 2
- severe loss of appetite ☐ 3
- improvement of appetite ☐ 4

19.1 How often do you skip a meal? q14q19_1

- Never ☐ 1
- Once a week ☐ 2
- 2-3 times a week ☐ 3
- More than 3 times a week ☐ 4

19.2 If you skip a meal, what is the most common reason for doing so? q14q19_2

_____

19.3 Do you need outside help preparing a meal? Yes ☐ No ☐ q14q19_3

If yes, who provides help? (Tick **all** that apply)

a Family, friends or neighbours ☐ 1 q14q19_3a

b Social services (home help, meals on wheels) /care staff ☐ 1 q14q19_3b

c Privately paid help ☐ 1 q14q19_3c

d I need help, but no help is received ☐ 1 q14q19_3d

Cigarette Smoking

20.0 Have you ever smoked cigarettes? Yes ☐ No ☐ q14q20_0

20.1 Do you smoke cigarettes at present? ☐ ☐ q14q20_1

20.2 If you smoke cigarettes, how many do you smoke a day? ____ ____ q14q20_2

Alcohol Intake

21.0 Would you describe your present alcohol intake as

Daily/most days	☐ 1	q14q21_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	q14q21_1
3-4 drinks	☐ 3	
1-2 drinks	☐ 4	

21.2 How many alcoholic drinks do you have during an **average week**? q14q21_2 ___ ___

21.3 What type of drink do you usually take?

a	Beers, Lagers	☐ 1	q14q21_3a
b	Wines, Sherry	☐ 1	q14q21_3b
c	Spirits	☐ 1	q14q21_3c
d	Combination of Beers, Wines or Spirits	☐ 1	q14q21_3d
e	Low alcohol drinks	☐ 1	q14q21_3e

		Yes	No	**If yes**, number of glasses per week	
21.4	Do you drink white wine?	☐	☐	q14q21_4 ___	q14q21_4glasses
21.5	red wine?	☐	☐	q14q21_5 ___	q14q21_5glasses

21.6 Have you reduced your alcohol intake in the last **four years?** Yes ☐ No ☐ q14q21_6

Grip Strength

22.0 How would you rate your hand grip strength compared to other people your age?

Very good	☐ 1	
Good	☐ 2	q14q22_0
Fair	☐ 3	
Poor	☐ 4	

Physical activity

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

No ☐ 1 — q14q23_0
Walk ☐ 2
Cycle ☐ 3
Both ☐ 4

23.1 How many hours do you normally spend walking e.g. on errands or for leisure in an **average week**? q14q23_1 _____ Hours/ week

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

Slow ☐ 1 — q14q23_2
Steady average ☐ 2
Fast ☐ 3

23.3 How long do you spend cycling in an **average week**? q14q23_3 _____ Hours/ week

23.4 On a normal day, how many **times** do you climb a flight of stairs (assuming that 1 flight of stairs has 10 steps)?

q14q23_4times _____ times /day

q14q23_4climb_stairs Do not climb stairs ☐ 0

23.5 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 — q14q23_5
Less active ☐ 4
Much less active ☐ 5

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

No ☐ 1 — q14q23_6
Occasionally less than once a month ☐ 2
Frequently once a month or more ☐ 3

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

a q14q23_6a _____

b q14q23_6b _____

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

(please give overall total)

a q14q23_7a In winter _____ times/ month

b q14q23_7b In summer _____ times/ month

		Yes	No	
23.8	Do you engage in exercises to increase muscle strength and endurance such as lifting weights, doing push-ups, using exercise machines?	☐	☐	q14q23_8

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

q14q23_9hours _____ hours q14q23_9mins _____ minutes

24.0 **Strengthening and Balance Exercises**

We are interested to know about activities that you do, either through exercise or part of your everyday living, that use your muscles. Please circle the number of times you do the activity.

		Number of days each week							Monthly 0	Rarely/ Never 8	
a	Carrying or moving heavy loads -eg carrying shopping or grandchildren, pushing a wheelchair or lawnmower.	7	6	5	4	3	2	1	M	R	q14q24_0a
b	Doing exercises – eg. push ups, sit ups, chair aerobics, an exercise routine.	7	6	5	4	3	2	1	M	R	q14q24_0b
c	Balance and co-ordination - eg dancing, standing on one leg, or Tai Chi style exercises.	7	6	5	4	3	2	1	M	R	q14q24_0c

General Fitness

Can you do any of the following activities:

		Yes	No	
25.0	run a short distance?	☐	☐	q14q25_0
25.1	do heavy work around the house (eg lifting & moving heavy furniture)	☐	☐	q14q25_1
25.2	do gardening (eg raking leaves, weeding & pushing the lawn mower)	☐	☐	q14q25_2
25.3	participate in moderate activities like golf, bowling, dancing or doubles tennis?	☐	☐	q14q25_3
25.4	participate in strenuous sports like swimming or singles tennis?	☐	☐	q14q25_4
25.5	have sexual relations?	☐	☐	q14q25_5

Mobility Aids

		Yes	No	
26.0	Do you use any mobility aids?	☐	☐	q14q26_0

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

a	Walking stick	☐ 1	q14q26_1a
b	Walking frame	☐ 1	q14q26_1b
c	Wheelchair/ mobility scooter	☐ 1	q14q26_1c
d	Other	☐ 1	q14q26_1d

Your overall health

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

27.0 **General health**

Excellent	☐ 1	q14q27_0
Good	☐ 2	
Fair	☐ 3	
Poor	☐ 4	

27.1 **Pain/discomfort**

I have no pain or discomfort	☐ 1	q14q27_1
I have moderate pain or discomfort	☐ 2	
I have extreme pain or discomfort	☐ 3	

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

I have no problems with performing my usual activities	☐ 1	q14q27_2
I have some problems with performing my usual activities	☐ 2	
I am unable to perform my usual activities	☐ 3	

27.3 **Mobility**

I have no problems in walking about	☐ 1	q14q27_3
I have some problems in walking about	☐ 2	
I am confined to a chair/wheelchair	☐ 3	

27.4 **Anxiety/depression**

I am not anxious or depressed	☐ 1	q14q27_4
I am moderately anxious and/or depressed	☐ 2	
I am extremely anxious and/or depressed	☐ 3	

27.5 **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.

q14q27_5

Worst Imaginable Health State — 0 — 10 — 20 — 30 — 40 — 50 — 60 — 70 — 80 — 90 — 100 — Best Imaginable Health State

Long standing illness, disability or infirmity

28.0 Do you have any **long-standing** illness, disability or infirmity? Yes ☐ No ☐ q14q26_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?	☐	☐	q14q26_1a
b	do you receive a disability allowance?	☐	☐	q14q26_1b

Disability

29.1 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	q14q29_1a	Going up or down stairs	☐	☐
b	q14q29_1b	Bending down	☐	☐
c	q14q29_1c	Straightening up	☐	☐
d	q14q29_1d	Keeping your balance	☐	☐
e	q14q29_1e	Going out of the house	☐	☐
f	q14q29_1f	Walking 400 yards	☐	☐

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

			Yes	No	Does not apply
a	q14q29_2a	Job at work paid employment	☐ 1	☐ 2	☐ 3
b	q14q29_2b	Household chores	☐	☐	
c	q14q29_2c	Social life	☐	☐	
d	q14q29_2d	Interests and hobbies	☐	☐	
e	q14q29_2e	Holidays and outings	☐	☐	

29.3 Do you have any difficulties getting about outdoors? (Tick **one** box only)

q14q29_3

- No difficulty ☐ 1
- Slight ☐ 2
- Moderate ☐ 3
- Severe ☐ 4
- Unable to do ☐ 5

Activities of daily living

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

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

- 200 yards or more ☐ 1
- More than a few steps but less than 200 yards ☐ 2 — q14q30_0
- Only a few steps ☐ 3

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

- Yes ☐ 1 — q14q30_1
- Only if I hold on and take a rest ☐ 2
- Not at all ☐ 3

30.2 When standing, can you bend down and pick up a shoe from the floor? Yes ☐ No ☐ q14q30_2

31.0 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	☐	☐	☐	q14q31_0a
b	Pulling or pushing large objects like a living room chair	☐	☐	☐	q14q31_0b
c	Walking across a room	☐	☐	☐	q14q31_0c
d	Getting in and out of bed on your own	☐	☐	☐	q14q31_0d
e	Getting in and out of a chair on your own	☐	☐	☐	q14q31_0e
f	Dressing and undressing yourself on your own	☐	☐	☐	q14q31_0f
g	Bathing or showering	☐	☐	☐	q14q31_0g
h	Feeding yourself, including cutting food	☐	☐	☐	q14q31_0h
i	Getting to and using the toilet on your own	☐	☐	☐	q14q31_0i
j	Lifting and carrying something as heavy as 10 lbs, (eg a bag of groceries)	☐	☐	☐	q14q31_0j
k	Shopping for personal items such as toilet items or medicine by yourself	☐	☐	☐	q14q31_0k
l	Doing light housework (eg washing up)	☐	☐	☐	q14q31_0l
m	Preparing your own meals by yourself	☐	☐	☐	q14q31_0m
n	Using the telephone by yourself	☐	☐	☐	q14q31_0n
o	Taking medications by yourself	☐	☐	☐	q14q31_0o
p	Managing money (e.g. paying bills etc)	☐	☐	☐	q14q31_0p
q	Using public transport on your own	☐	☐	☐	q14q31_0q
r	Driving a car on your own	☐	☐	☐	q14q31_0r
s	Gripping with hands (eg. opening a jam jar)	☐	☐	☐	q14q31_0s

Sleeping Patterns

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

Excellent ☐ 1 — q14q32_0
Good ☐ 2
Fair ☐ 3
Poor ☐ 4

32.1 On average how many hours of sleep do you have at: Night time? q14q32_2Night hours

32.2 Day time? q14q32_2Day hours

During **the last month**,

32.3 Did you have difficulties falling asleep at night?

rarely ☐ 1 — q14q32_3
sometimes ☐ 2
often ☐ 3

		Yes	No	
32.4	Do you often wake up during the early hours and are unable to get back to sleep?	☐	☐	q14q32_4

32.5 Do you have trouble maintaining sleep at night?

rarely ☐ 1 — q14q32_5
sometimes ☐ 2
often ☐ 3

33.0 Do you snore while asleep?

Yes, regularly ☐ 1 — q14q33_0
Yes, occasionally ☐ 2
No, never ☐ 3
Don't know ☐ 4

		Yes	No	Don't Know	
33.1	**If yes**, do you snore loudly?	☐	☐	☐	q14q33_1
33.2	Have you ever been told that you hold your breath during sleep? (stop breathing for at least 10 seconds)	☐	☐		q14q33_2
33.3	Have you ever woken short of breath during sleep?	☐	☐		q14q33_3

Tiredness / Exhaustion

		Rarely or never (less than 1 day)	Sometimes (1-2 days)	Often (more than 3 days)	
		1	2	3	
34.0	During the **past week**, how often did you feel that everything you did was an effort?	☐	☐	☐	q14q34_0
34.1	During the **past week**, how often did you feel that you could not get "going"?	☐	☐	☐	q14q34_1

Dental Health (mouth, teeth and or dentures)

General Dental Health

35.0 Would you say that your **dental health** is: q14q35_0

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

35.1 Please indicate which of the following statements applies to you: q14q35_1

- I have only natural teeth (including crowns) ☐ 1
- I have both natural teeth and dentures ☐ 2
- I have no natural teeth, and wear dentures ☐ 3
- I have neither natural teeth or dentures ☐ 4

Dental service use

36.0 How long has it been since you **last** visited a dentist? q14q36_0

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

Pain/ discomfort

In the past 6 months,

37.0 have you experienced toothache or severe discomfort with your teeth? Yes ☐ No ☐ q14q37_0

37.1 how often were your teeth or gums sensitive to hot or cold or sweets? q14q37_1

- Never ☐ 1
- Occasionally ☐ 2
- Often ☐ 3

37.2 In the **past 6 months,** which of the following dental conditions have caused you difficulties or problems?

(Tick **all** that apply)

- a Toothache, sensitive tooth, tooth decay (hole in tooth) ☐ 1 q14q37_2a
- b Bleeding gums ☐ 1 q14q37_2b
- c Loose tooth, other gum problems (receding, swelling, abscess), bad breath ☐ 1 q14q37_2c
- d Fractured tooth ☐ 1 q14q37_2d
- e Loose ill-fitting dentures ☐ q14q37_2e
- f Bad position of teeth (eg. crooked or gap), deformity of mouth ☐ q14q37_2f
- g Or any other dental condition, please specify_____ ☐ 1 q14q37_2g
- h No dental difficulties or problems ☐ 1 q14q37_2h

In the past 6 months:

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

(Tick **all** that apply)

a	Difficulty eating food	☐ 1	q14q37_3a
b	Difficulty speaking clearly	☐ 1	q14q37_3b
c	Difficulty going out, for example to shop or visit someone	☐ 1	q14q37_3c
d	Difficulty relaxing (including sleeping)	☐ 1	q14q37_3d
e	Problems with smiling, laughing and showing teeth without embarrassment	☐ 1	q14q37_3e
f	Emotional problems eg becoming more easily upset than usual	☐ 1	q14q37_3f
g	Problems enjoying the company of others eg. family, friends or neighbours	☐ 1	q14q37_3g
h	No dental problems affecting my daily life	☐ 1	q14q37_3h

38.0 **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.**

(Tick **one** box for each statement)

		Never 1	Hardly ever 2	Occasionally 3	Fairly often 4	Very often 5	
a	My mouth feels dry	☐	☐	☐	☐	☐	q14q38_0a
b	I have difficulty in eating dry foods	☐	☐	☐	☐	☐	q14q38_0b
c	I get up at night to drink	☐	☐	☐	☐	☐	q14q38_0c
d	My mouth feels dry when eating a meal	☐	☐	☐	☐	☐	q14q38_0d
e	I sip liquids to aid in swallowing food	☐	☐	☐	☐	☐	q14q38_0e
f	I suck sweets to relieve dry mouth	☐	☐	☐	☐	☐	q14q38_0f
g	I have difficulties swallowing certain foods	☐	☐	☐	☐	☐	q14q38_0g
h	The skin of my face feels dry	☐	☐	☐	☐	☐	q14q38_0h
i	My eyes feel dry	☐	☐	☐	☐	☐	q14q38_0i
j	My lips feel dry	☐	☐	☐	☐	☐	q14q38_0j
k	The inside of my nose feels dry	☐	☐	☐	☐	☐	q14q38_0k

Present circumstances

39.0 Are you at present:-

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

q14q39_0

39.1 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

q14q39_1

Recent major life events

40.0 Have you experienced any of the following **major** life events in the **last two years**?
(Tick **all** that apply)

a	death of a spouse	☐ 1	q14q40_0a
b	death of a close relative/friend	☐ 1	q14q40_0b
c	illness/accident to a family member	☐ 1	q14q40_0c
d	financial difficulties	☐ 1	q14q40_0d
e	Personal illness, accident or injury	☐ 1	q14q40_0e
f	moving house	☐ 1	q14q40_0f
g	divorce	☐ 1	q14q40_0g
h	addition to family circle eg grandchild	☐ 1	q14q40_0h
i	other please give details	☐ 1	q14q40_0i q14q40_0i_box
j	none	☐ 1	q14q40_0j

Your accommodation

41.0 Are you:-

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

q14q41_0

41.1 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

q14q41_1

Heating

		Yes	No	
42.0	During the cold winter weather, can you normally keep comfortably warm in your living room?	☐	☐	q14q42_0
	If no, is this because...			
a	it costs too much to keep your heating on?	☐ 1		q14q42_0a
b	it is not possible to heat the room to a comfortable standard?	☐ 1		q14q42_0b

42.1 Do you experience any difficulties meeting your heating/fuel costs?

No difficulty	☐ 1	q14q42_1
Minor difficulty	☐ 2	
Moderate difficulty	☐ 3	
Serious difficulty	☐ 4	

Keeping warm

42.2 How often, if at all, did you do each of the following **last winter**.

		Often 1	Sometimes 2	Rarely/ Never 3	
a	Stayed in bed longer in order to stay warm?	☐	☐	☐	q14q42_2a
b	Went without food or other essential items because you were worried about the cost of heating your home?	☐	☐	☐	q14q42_2b
c	Turned off the heating, even when you were cold, because you were worried about the cost?	☐	☐	☐	q14q42_2c

Heating System

42.3 Which **form** of heating do you use **most often** at home?

(Tick only **one** box)

Central heating	☐ 1	q14q42_3
Electric storage heaters	☐ 2	
Fixed gas fire	☐ 3	
Plug in electric fire or heater	☐ 4	
Other, (please give details below)	☐ 5	q14q42_3_box

_____

Home Insulation

42.4 Which of these do you have in your home? (Tick **all** that apply)

a	Double or secondary glazing	☐ 1	q14q42_4a
b	loft insulation	☐ 1	q14q42_4b
c	Cavity or solid wall insulation	☐ 1	q14q42_4c_cavity
c	None of the above	☐ 1	q14q42_4c_none

Transport

		Yes	No	
43.0	Do you have a car available for your own use?	☐	☐	q14q43_0
43.1	Do you drive yourself?	☐	☐	q14q43_1
43.2	Have you given up driving?	☐	☐	q14q43_2
43.3	**If yes**, at what age did you give up driving?	_____ years		q14q43_3
43.4	Why did you give up driving? _____			q14q43_4

Wellbeing

Please put a circle on these scales of 0-10 to reflect how you feel.

44.0 How **satisfied** are you with your life nowadays? q14q44_0

Dis-satisfied 0 1 2 3 4 5 6 7 8 9 10 **Satisfied**

44.1 Overall, how **happy** did you feel yesterday? q14q44_1

Unhappy 0 1 2 3 4 5 6 7 8 9 10 **Happy**

44.2 How **anxious** did you feel yesterday? q14q44_2

Not Anxious 0 1 2 3 4 5 6 7 8 9 10 **Anxious**

44.3 To what extent do you feel the things you do in your life are **worthwhile**? q14q44_3

Not Worthwhile 0 1 2 3 4 5 6 7 8 9 10 **Worthwhile**

Social contact

		Hardly ever /Never 1	Sometimes 2	Often 3	
45.0	How often do you feel you lack companionship?	☐	☐	☐	q14q45_0
45.1	How often do you feel isolated from others?	☐	☐	☐	q14q45_1
45.2	How often do you feel left out?	☐	☐	☐	q14q45_2
45.3	How often do you feel in tune with the people around you?	☐	☐	☐	q14q45_3

Time spent on various activities

46.0 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	q14q46_0a	Looking after wife/partner	☐	☐	_____	q14q46_0ah
b	q14q46_0b	Looking after other adult family member or friend	☐	☐	_____	q14q46_0bh
c	q14q46_0c	Looking after grandchildren	☐	☐	_____	q14q46_0ch
d	q14q46_0d	Spending time with family, friends and neighbours	☐	☐	_____	q14q46_0dh
e	q14q46_0e	Talking with friends/relatives on the telephone	☐	☐	_____	q14q46_0eh
f	q14q46_0f	In paid work	☐	☐	_____	q14q46_0fh
g	q14q46_0g	In voluntary work	☐	☐	_____	q14q46_0gh
h	q14q46_0h	On housework	☐	☐	_____	q14q46_0hh
i	q14q46_0i	On light gardening (pruning and weeding)	☐	☐	_____	q14q46_0ih
j	q14q46_0j	On heavy gardening (digging & mowing)	☐	☐	_____	q14q46_0jh
k	q14q46_0k	In a pub or club	☐	☐	_____	q14q46_0kh
l	q14q46_0l	Attending religious services	☐	☐	_____	q14q46_0lh
m	q14q46_0m	Playing cards, games, or bingo	☐	☐	_____	q14q46_0mh
n	q14q46_0n	Visiting the cinema/restaurants/sporting events	☐	☐	_____	q14q46_0nh
o	q14q46_0o	Watching television/videos/DVD's	☐	☐	_____	q14q46_0oh
p	q14q46_0p	Reading	☐	☐	_____	q14q46_0ph
q	q14q46_0q	Attending class or course of study	☐	☐	_____	q14q46_0qh
r	q14q46_0r	Using a computer	☐	☐	_____	q14q46_0rh
s	q14q46_0s	Driving or sitting in a car	☐	☐	_____	q14q46_0sh

		Yes	No	
46.1	Have you been on any day or overnight trips in the last year?	☐	☐	q14q46_1
46.2	Have you been on holiday in the last year?	☐	☐	q14q46_2
46.3	Are you planning to go on holiday next year?	☐	☐	q14q46_3

		Yes	No	
46.4	Do you use the internet and or email?	☐	☐	q14q46_4
46.5	Have you written a personal letter / email in the last week?	☐	☐	q14q46_5
46.6	Do you take a weekly or monthly magazine or journal?	☐	☐	q14q46_6
46.7	Did you vote in the last general or local elections?	☐	☐	q14q46_7

Memory

In the past year,

47.0 How often did you have trouble remembering things? q14q47_0

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

		Yes	No	
47.1	Did you have more trouble than usual remembering recent events?	☐	☐	q14q47_1
47.2	Did you have more trouble than usual remembering a short list of items such as a shopping list?	☐	☐	q14q47_2
47.3	Did you have trouble remembering things from one second to the next?	☐	☐	q14q47_3
47.4	Did you have any difficulty in understanding or following spoken instruction?	☐	☐	q14q47_4
47.5	Did you have more trouble than usual following a group conversation or a plot on TV due to your memory?	☐	☐	q14q47_5
47.6	Did you have trouble finding your way around familiar streets?	☐	☐	q14q47_6
47.7	Did you have trouble getting things organised/ organising your day?	☐	☐	q14q47_7
47.8	Did you have trouble concentrating on things eg reading a book?	☐	☐	q14q47_8

Your Feelings

48.0 In the **past week,** please tell us about how you have been feeling

		Yes	No	
a	Were you basically satisfied with your life?	☐	☐	q14q48_0a
b	Did you feel that your life is empty?	☐	☐	q14q48_0b
c	Were you afraid that something bad is going to happen to you?	☐	☐	q14q48_0c
d	Did you feel happy most of the time?	☐	☐	q14q48_0d
e	Did you drop many of your activities and interests?	☐	☐	q14q48_0e
f	Did you prefer to stay at home, rather than going out to do new things?	☐	☐	q14q48_0f
g	Did you feel full of energy?	☐	☐	q14q48_0g

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

(Tick **one** box for each statement)

		Strongly agree 1	Agree 2	Neither agree nor disagree 3	Disagree 4	Strongly disagree 5	
a	I enjoy my life overall	☐	☐	☐	☐	☐	q14q49_0a
b	I look forward to things	☐	☐	☐	☐	☐	q14q49_0b
c	I am healthy enough to get out and about	☐	☐	☐	☐	☐	q14q49_0c
d	My family, friends or neighbours would help me if needed	☐	☐	☐	☐	☐	q14q49_0d
e	I have social or leisure activities/hobbies that I enjoy doing	☐	☐	☐	☐	☐	q14q49_0e
f	I try to stay involved with things	☐	☐	☐	☐	☐	q14q49_0f
g	I am healthy enough to have my independence	☐	☐	☐	☐	☐	q14q49_0g
h	I can please myself what I do	☐	☐	☐	☐	☐	q14q49_0h
i	I feel safe where I live	☐	☐	☐	☐	☐	q14q49_0i
j	I get pleasure from my home	☐	☐	☐	☐	☐	q14q49_0j
k	I take life as it comes and make the best of things	☐	☐	☐	☐	☐	q14q49_0k
l	I feel lucky compared to most people	☐	☐	☐	☐	☐	Type text he q14q49_0l
m	I have enough money to pay for household bills	☐	☐	☐	☐	☐	q14q49_0m

Health Care

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

_____ times q14q50_0

50.1 If none, in what **year** did you last consult a GP about a health problem? _____ q14q50_1

50.2 How would you rate your local health service (e.g. your GP or the local hospital)

Very Good/Good ☐ 1

Average ☐ 2

Poor/Very Poor ☐ 3 q14q50_2

Medicines

		Yes	No	
51.0	Do you take any regular medication?	☐	☐	q14q51_0
	If yes, do you take any of the following medicines regularly?			
51.1	Treatment to lower **blood pressure**	☐	☐	q14q51_1
51.2	Treatment to lower **blood cholesterol**	☐	☐	q14q51_2

52.0 **Details of ALL medicines**

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

	Name of medicine	Reason for taking (if known)	Is this prescribed? Yes	No
1	q14q52_0_bnf12_1 q14q52_0_bnf34_1 q14q52_0_bnf5_1 q14q52_0_bnf6_1	q14q52_0_icd1	☐	☐ q14q52_0_medpr1
2	q14q52_0_bnf12_2 q14q52_0_bnf34_2 q14q52_0_bnf5_2 q14q52_0_bnf6_2	q14q52_0_icd2	☐	☐ q14q52_0_medpr2
3	q14q52_0_bnf12_3 q14q52_0_bnf34_3 q14q52_0_bnf5_3 q14q52_0_bnf6_3	q14q52_0_icd3	☐	☐ q14q52_0_medpr3
4	q14q52_0_bnf12_4 q14q52_0_bnf34_4 q14q52_0_bnf5_4 q14q52_0_bnf6_4	q14q52_0_icd4	☐	☐ q14q52_0_medpr4
5	q14q52_0_bnf12_5 q14q52_0_bnf34_5 q14q52_0_bnf5_5 q14q52_0_bnf6_5	q14q52_0_icd5	☐	☐ q14q52_0_medpr5
6	q14q52_0_bnf12_6 q14q52_0_bnf34_6 q14q52_0_bnf5_6 q14q52_0_bnf6_6	q14q52_0_icd6	☐	☐ q14q52_0_medpr6
7	q14q52_0_bnf12_7 q14q52_0_bnf34_7 q14q52_0_bnf5_7 q14q52_0_bnf6_7	q14q52_0_icd7	☐	☐ q14q52_0_medpr7
8	q14q52_0_bnf12_8 q14q52_0_bnf34_8 q14q52_0_bnf5_8 q14q52_0_bnf6_8	q14q52_0_icd8	☐	☐ q14q52_0_medpr8
9	q14q52_0_bnf12_9 q14q52_0_bnf34_9 q14q52_0_bnf5_9 q14q52_0_bnf6_9	q14q52_0_icd9	☐	☐ q14q52_0_medpr9
10	q14q52_0_bnf12_10 q14q52_0_bnf34_10 q14q52_0_bnf5_10 q14q52_0_bnf6_10	q14q52_0_icd10	☐	☐ q14q52_0_medpr10

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

Vitamins, minerals and complementary therapies

		Yes	No	
53.0	Do you regularly take any vitamins, minerals and complementary therapies?	☐	☐	q14q530

52.1 Which vitamin or minerals do you take? (Tick **all** that apply)

Vitamin C	☐ 1	q14q52_1_vitC
Vitamin D	☐ 1	q14q52_1_vitD
Cod liver Oil	☐ 1	q14q52_1_vit_Cod_LIVER
Fish Oil	☐ 1	q14q52_1_vit_fish_oil
multi vitamin & minerals	☐ 1	q14q52_1_vit_multi_vit_mins
Other, please give details		q14q52_1vit_other

_____

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.

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

		Number of days each week							Monthly	Rarely/ Never	
D1	**Meat**								0	8	
	Red meat (including beef, minced beef, beef burgers, lamb, pork, bacon, ham, salami)	7	6	5	4	3	2	1	M	R	q14D1_Read_meat
	Chicken, turkey, other poultry	7	6	5	4	3	2	1	M	R	q14D1_Chicken
	Tinned meat (all types, corned beef, etc)	7	6	5	4	3	2	1	M	R	q14D1_Tinned_meat
	Pork sausages, beef sausages, pies, pasties	7	6	5	4	3	2	1	M	R	q14D1_Pork_Sausages
	Liver, kidney, heart	7	6	5	4	3	2	1	M	R	q14D1_Liver
D2	**Fish**										
	White fish (cod, haddock, hake, plaice, fish fingers, etc)	7	6	5	4	3	2	1	M	R	q14D2_Fish_white
	Kippers, herrings, pilchards, tuna, sardines, salmon, mackerel (including tinned)	7	6	5	4	3	2	1	M	R	q14D2_Fish_Kipper
	Shellfish	7	6	5	4	3	2	1	M	R	q14D2_Fish_Shellfish
D3	**Fruit and vegetables**										
	Fresh fruit in the **summer**	7	6	5	4	3	2	1	M	R	q14D3_Fresh_Fruit_SUMMER
	Fresh fruit in the **winter**	7	6	5	4	3	2	1	M	R	q14D3_Fresh_Fruit_WINTER
	Fresh vegetables in the **summer**	7	6	5	4	3	2	1	M	R	q14D3_Fresh_Vegetables_SUMMER
	Fresh vegetables in the **winter**	7	6	5	4	3	2	1	M	R	q14D3_Fresh_Vegetables_WINTER
	Legumes (e.g. baked or butter beans, lentils, peas, chickpeas)	7	6	5	4	3	2	1	M	R	q14D3_legumes

Please ring the correct number or letter for every food item (one circle only per line)

Please ring the correct number or letter for every food item (one circle only per line)

D4	**Bread**									
	White bread / bread rolls q14D4_Bread_WHITE	7	6	5	4	3	2	1	M	R
	Brown or wholemeal bread / bread rolls q14D4_Bread_BROWN	7	6	5	4	3	2	1	M	R
D5	**Dairy**									
	Full-fat cheese (e.g. Cheddar, Leicester, Stilton, Brie, soft cheese) q14D5_Dairy_FULL_FAT	7	6	5	4	3	2	1	M	R
	Low-fat cheese (e.g. Edam, Cottage cheese, reduced fat cheese) q14D5_Dairy_LOW_FAT	7	6	5	4	3	2	1	M	R
D6	**Cereals**									
	Spaghetti and other pasta q14D6_Cereals_SPAGHETTI	7	6	5	4	3	2	1	M	R
	Rice (all types exc. pudding rice) q14D6_Cereals_RICE	7	6	5	4	3	2	1	M	R
	Crispbread (Ryvita, cream crackers, etc) q14D6_Cereals_CRISPBREAD	7	6	5	4	3	2	1	M	R
	Breakfast cereal (all types inc. porridge) q14D6_Cereals_BREAKFAST_CEREAL	7	6	5	4	3	2	1	M	R
D7	**Olive oil** (for cooking, salads etc) q14D7_OLIVE_OIL	7	6	5	4	3	2	1	M	R
D8	**Snacks**									
	Savoury snacks (e.g. crisps/ salted nuts) q14D8_Snacks_SAVOURY	7	6	5	4	3	2	1	M	R
	Sweet snacks (e.g. biscuits/cakes/ chocolate/sweets) q14D8_Snacks_SWEET	7	6	5	4	3	2	1	M	R

D9 **Milk**

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

(Tick only **one** box)

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

q14D9

D9.1 What kind of milk do you usually use? (Tick only **one** box)

- 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

q14D91

D10 **Snacks**

How many times **a day** do you snack on

Savoury snacks (e.g. crisps/ salted nuts)? q14D10_TIMES_SNACKS_SAVOURY _____ times per day

Sweet snacks (e.g. biscuits/cakes/ chocolate/sweets)? q14D10_TIMES_SNACKS_SWEET _____ times per day

D11 **Alcoholic drinks**

How much did you drink in the **last seven days?** Number of drinks

Number of half pints of beers or lagers _____ q14D11_Pints_BEERS

Number of glasses of wine or sherry _____ q14D11_Glasses_WINE

Number of singles glasses of spirits _____ q14D11_sglasses_SPIRITS

Participants' views on research topics

We would value your views on research areas in relation to the health of older people

We carry out research which aims to improve our understanding of preventing heart disease and improving the health and well-being of older people. Please rank in order of what you consider important areas of research for the health and well-being of older people, by circling 1 (most important) to 5 (least important).

	Most important				Least important
The effects of lifestyle factors (for example diet and physical activity) on health	1	2	3	4	5
q14PPR1_LIFESTYLE					
Developing new methods for the diagnosis and treatment of health problems	1	2	3	4	5
q14PPR2_NEW_METHODS					
The effects of social activities and social support on health	1	2	3	4	5
q14PPR3_SOCIAL_ACTIVITIES					
Preventing mobility problems and improving independent living	1	2	3	4	5
q14PPR4_MOBILITY					
Factors affecting quality of life	1	2	3	4	5
q14PPR5_QUALITY_OF_LIFE					

Are there any specific areas of research relating to heart disease or remaining healthy in later life which you consider important to research further?

q14PPr6_comment

_____

_____

General comments:

q14PPr7_General_comment

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

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