BRHS BASELINE Q1

Questionnaire- Nurse Administered

DATE: 1978-1980

REGIONAL
HEART
STUDY
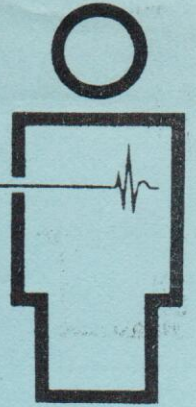
THIS IS A MEDICAL RESEARCH SURVEY

ALL THE INFORMATION IS CONFIDENTIAL

PERSONAL HEALTH RECORD

All the information recorded in this personal health record will be
treated as strictly confidential and will be available only to your own
doctor and the Regional Heart Study team. The results of the analysis
of your replies to the questionnaire and the physical measurements made
will be used by your own doctor as part of the individual health care
which he provides for you. The results of the research involving all
the men taking part in the study will appear only in the form of general
statistics from which it will be impossible to identify you as an
individual.

If you have any questions or problems about any of the procedures included
in your examination, do not hesitate to ask the members of the Study
team.

THANK YOU FOR YOUR CO-OPERATION IN THIS STUDY. THE FINDINGS WILL HELP
TO IMPROVE THE HEALTH OF MEN THROUGHOUT THE COUNTRY.

1

| Serial Number | | | | | | | | | 1 | serial |

Card Number | 0 | 1 | 9   q1card1

q1xd   q1xm   q1xy

Date of Screening | | | | | | 11

q1_xtime_hour   q1_xtime_min

Time of Screening | | | | | 17

1.   GENERAL

What is your date of birth?   Day   [ ]   21   q1q1DOB_day

Month   [ ]   23   q1q1DOB_month

Year   19   [ ]   25   q1q1DOB-year

Where were you born?

Town …… See BRHS Migration file ……..

County …....………………………….

Country ………………………………

1.2   How many years have you lived within 10 miles of this town?
If you have moved to this area <u>within the last five years</u>, where did you move from?
…………………………………………………………

[ ]   27

years

q1q1_2

1.3   What is your marital status?

Single	1
Married	2
Widowed	3
Other	4

[ ]   29

q1q1_3

**Note
Codes 5 and 7 are data entry errors.
Recode to Marital status=2**

1.4   How many children do you have?

			M	F	
q1q1_4_lt5m	q1q1_4_lt5f	<5 yrs			30
q1q1_4_5to10m	q1q1_4_5to10f	5-10 yrs.			32
q1q1_4_11to16m	q1q1_4_11to16f	11-16 yrs.			34
q1q1_4_gt16m	q1q1_4_gt16f	> 16 yrs.			36

**Note
See coding protocol for known data entry errors**

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2   YOUR FATHER

2.1   Where was your Father born?   See BRHS Migration file

Town ………………………………..

County ……………………………

Country ……………………………

q1q2_2

2.2   Is your father alive? (Y/N)   [ ]   38

1=yes
2=No
9=Don't

q1q2_3

2.3   How old is he now? / How old was he when he died?   [ ]   39

years

2.4 If your father has died, what were you told was the cause of his death?

Heart trouble	1
High blood pressure	2
Stroke	3
Respiratory disease	4
Cancer of lung	5
Other cancer	6
Accident or injury	7
Other	8
Don't know	9
Alive	**0 or .**

q1q2_4

41

3 YOUR MOTHER

3.1 Where was your mother born?

Town …… **See BRHS Migration file** …………..

County ……………………………………

Country …………………………………

3.2 Is your mother alive? (Y/N)   q1q3_2

42   **1=yes
2=No
9=Don't know**

3.3 How old is she now? / How old was she when she died?   q1q3_3

years   43

3.4 If your mother has died, what were you told was the cause of her death?

Heart trouble	1
High blood pressure	2
Stroke	3
Respiratory disease	4
Cancer of breast	5
Other cancer	6
Accident or injury	7
Other	8
Don't know	9
Alive	**0 or .**

q1q3_4

45

4. OCCUPATION

4.1 What is your present job? …………………………………………….

If employed go to question 4.4

4.2 If you are unemployed, for how long has this been?

<6weeks	1
6wk.-5mo.	2
6mo. –1yr.	3
> 1 year	4

q1q4_2

46

Extra codes added ==> Employed =0 or "."

Retired =5

4.3	Is this because of ill health? (Y/N) **Extra codes: Employed =0 or "."** **missing =9**		47
	…………………………………………………………………………	q1q4_3	
4.4	What kind of work have you done for the longest period of time?		
	…………………………………………………………………………		
4.5	What business or industry is this?	q1q4_6	
	…………………………………………………………………………		
4.6	How many years have you done this kind of work?		
		years	48

4.7   Are / were you:

SELF-EMPLOYED	with 25 or more employees	1	
	with less than 25 employees	2	q1q4_7
	without employees	3	
MANAGER	of 25 or more people	4	50
	of less than 25 people	5	
FOREMAN	……………………………....	6	
ORDINARY EMPLOYEE	………..…………………….	7	
ARMED SERVICES	……………………………...	8	

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5   SEVERE CHEST PAIN (See BRHS Baseline Q1 Derived variables for summary variable)

5.1	Have you <u>ever</u> had a <u>severe</u> pain in your chest lasting for half an hour or more? (Y/N) **Extra codes: 9=missing** If NO, go to question 6.	q1q5_1	51
5.2	Where did you get this severe pain?	q1q5_2_box1	
	(Show chart.) **See APPENDIX 1 - Coding protocol**	q1q5_2_box2	52
		q1q5_2_box3	
5.3	Did you see a doctor because of this pain? (Y/N)	q1q5_3	55

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6   CHEST PAIN (See BRHS Basline (Q1) Derived variables for summary variables)

6.1	Do you ever have any pain or discomfort in your chest? (Y/N)		56
	If NO, go to question 7.	q1q6_1	
6.2	When last did you get the pain?		

Within 1 month	1	
1-5 months ago	2	57
6-12 months ago	3	
Over 1 year ago	4	q1q6_2
Occasionally	5	

6.3   How often do you get it?

Daily	1
Weekly	2
Monthly	3
Once only	4
Occasionally	5

q1q6_3

☐ 58

6.4   Where do you get this pain or discomfort?

(Show chart.)

☐ q1q6_4_box1

☐ 59 q1q6_4_box2

☐ q1q6_4_box3

6.5   When you walk at an ordinary pace on the level, does this produce the pain? (Y/N)

☐ 62 q1q6_5

6.6   When you walk uphill or hurry, does this produce the pain? (Y/N)

☐ 63 q1q6_6

6.7   When you get any pain or discomfort in your chest on walking, what do you do?

Stop	1
Slow down	2
Continue at the same pace	3

☐ 64 q1q6_7

6.8   Does the pain or discomfort in your chest go away if you stand still? (Y/N)

☐ 65 q1q6_8

6.9   How long does it take to go away?

10 minutes or less	1
more than 10 minutes	2

☐ 66 q1q6_9

7.0   PHLEGM, COUGH AND BREATHING

7.1   Do you usually bring up phlegm (spit) from your chest first thing in the morning in the winter? (Y/N)

If NO, go to question 7.4

☐ 67 q1q7_1

7.2   Do you bring up phlegm like this on most days for as much as 3 months in the winter each year? (Y/N)

☐ 68 q1q7_2

7.3   In the past 3 years have you ever had a period of increased cough and phlegm lasting 3 weeks or more?

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

☐ 66 q1q7_3

7.4   Does your chest sound wheezy or whistling on most days (or nights)? (Y/N)

☐ 70 q1q7_4

7.5   Does the weather affect your breathing?
And if so, at what season of the year is it most affected?

Not affected	1	
Winter	2	
Summer	3	
Both	4	

71   q1q7_1

8   BREATHLESSNESS

8.1   Do you get short of breath walking with people your own age on level ground? (Y/N)

72   q1q8_1

8.2   On walking up hills or stairs, do you get more breathless than people you on age? (Y/N)

73   q1q8_2

8.3   Do you ever have to stop walking because of breathlessness? (Y/N)

74   q1q8_3

See APPENDIX 1 (Coding protocol) for coding details of SEG and Social class

Socio-economic group(SEG) and Social Class are also included in the BRHS Baseline 1978-80 (Q1)Participant profile data.

S.E.G.   75   q1SEG

Social class   77   q1SocialClass_OPCS

~~Activity score~~ Removed. Data unreliable.   ~~78~~

Serial Number

Card Number | 0 | 2 | q1card2

9 LEG PAIN

9.1 Do you ever get pain in your calf muscles on walking at an ordinary pace, on the level? (Y/N) | 11 | q1q9_1

9.2 Do you get pain in your calf muscles when you walk uphill or hurry? (Y/N) **Note: This question (9.2) was added after the first 3 towns.** | 12 | q1q9_2

10 MEDICAL HISTORY

10.1 Have you ever been told by a doctor that you have, or have had, any of the following?

Angina	q1q10_1angina	(Y/N)		13
Heart attack	q1q10_1heart_attack	(Y/N)		14
Coronary thrombosis	q1q10_1Coronary_thromb	(Y/N)		15
Myocardial infarction	q1q10_1MI	(Y/N)		16
Other heart trouble	q1q10_1other_heart	(Y/N)		17
High blood pressure	q1q10_1hbp	(Y/N)		18
Stroke	q1q10_1stroke	(Y/N)		19
Diabetes	q1q10_1diabetes	(Y/N)		20
Peptic ulcer	q1q10_1peptic_ulcer	(Y/N)		21
Gout	q1q10_1Gout	(Y/N)		22
Gall bladder disease	q1q10_1Gall_bladder	(Y/N)		23
Thyroid disease	q1q10_1Thyroid	(Y/N)		24
Arthritis	q1q10_1Arthritis	(Y/N)		25
Bronchitis	q1q10_1Brronchitis	(Y/N)		26
Asthma	q1q10_1Asthma	(Y/N)		27
Other condition (s) including surgery……………………………………	q1q10_1other_cond	(Y/N)		28

10.2 Are you on any regular medical treatment from a doctor for any condition? (Y/N) | 29 | q1q10_2

If NO, go to question 10.3

Do you know if the pills / medicines /injections are:-

q1q10_2_tranquilizers	Tranquillizers	Y/N		30
q1q10_2_pain_killers	Pain killers	Y/N		31
q1q10_2_antihyp_drugs	Antihypertensive drugs	Y/N		32
q1q10_2_anticoagulants	Anti coagulants	Y/N		33
q1q10_2_lipid_lowering	Lipid lowering drugs	Y/N		34

q1q10_2_oral_antidiab	Oral antidiabetics	Y/N		35
q1q10_2_inj_insulin	Injection of insulin	Y/N		36
q1q10_2_any_other	Any others	Y/N		37
q1q10_2_dont_know	Don't know	Y/N		38

10.3 Have you taken any of these in the last 48 hours?

q1q10_3_tranquilizers	Tranquillizers	Y/N		39
q1q10_3_pain_killers	Pain killers	Y/N		40
q1q10_3_antihyp_drugs	Antihypertensive drugs	Y/N		41
q1q10_3_anticoagulants	Anti coagulants	Y/N		42
q1q10_3_lipid_lowering	Lipid lowering drugs	Y/N		43
q1q10_3_oral_antidiab	Oral antidiabetics	Y/N		44
q1q10_3_inj_insulin	Injection of insulin	Y/N		45
q1q10_3_any_other	Any others	Y/N		46
q1q10_3_dont_know	Don't know	Y/N		47

11   DIET & ALCOHOL   q1q11_1_bf_cereal_fibre_kind

11.1 How many times during an average week would you have the following foods?

q1q11_1_meat	Meat (including beef, lamb, pork, bacon in any form)		48
q1q11_1_chicken	Chicken		50
q1q11_1_Fish	Fish		52
q1q11_1_Eggs	Eggs - how many eggs do you eat in a week		54
q1q11_1_Cheese	Cheese – how often do you eat cheese, including cheese dishes?		56
q1q11_1_breakfast_cereals	Breakfast cereals – how often do you eat these (porridge included)? State kind …(See Note 1 on right margin)…………		58

q1q11_1_bf_cereal_fibre_kind

11.2 What kinds of bread do you eat ? (See Note 2)

q1q11_2_white	White	Y/N		60
q1q11_2_brown	Brown	Y/N		61
q1q11_2_wholemeal	Wholemeal	Y/N		62
q1q11_2_other	Other	Y/N		63

11.3 Spreading fats: What kinds do you use at home?

| q1q11_3_butter | Butter   (See Note 3) | Y/N | | 64 |
| q1q11_3_marg | Margarine (.See.Note.4.)…….. | Y/N | | 65 |

(State kind or brand name.)

11.4 Do you take sugar?

q1q11_4_tea	In tea	Y/N		66
q1q11_4_coffee	In coffee	Y/N		67
q1q11_4_other	In other drinks	Y/N		68

Note 1
Cereal kind/
Fibre content
0= not eaten
1= low fibre
2= low/medium
3= medium
4= low/high
5= low/medium/high
6= medium/high
7= high
8= don't know type
9=doesn't know if cereal eaten

Note 2:
Each bread type
Coded as:
1= yes predominately
2= not eaten
3=not predominant type
9=not known

Note3
Codes for butter same as for bread Note 2 above

Note 4
Margarine kind:
Coded as:
2= not eaten (check this)
3= low P/S
4= medium P/S
5= high P/S
8= type not known
9= don't know if eaten
0=? (only 1 man)

11.5   Do you use milk?

q1q11_5_cereals	On cereals	Y/N		69
q1q11_5_tea	In tea	Y/N		70
q1q11_5_coffee	In coffee	Y/N		71
q1q11_5_milkdrink	As a milk drink	Y/N		72

11.6   (i)   Would you describe your present alcohol intake as: ------------------------------> See

BRHS Baseline(Q1) derived variables for summary alcohol variable

	None	1
q1q11_6_i	On special occasions only	2
	Once or twice a month	3
	Weekends	4
	Daily / most days	5

73

If NONE, go to question 12

(ii)   What type of drink do you usually take?

	Beer	1
q1q11_6_ii	Spirits	2
	Wine/sherry	3
	Mixed beer & spirits	4
	Mixed beer, spirits, wine and sherry	5

74

(iii)   How much do you usually take?

	2 drinks a day or less	1
q1q11_6_iii	3-6 drinks a day	2
	more than 6 drinks a day	3

75

(One drink is a single whisky, gin or brandy, a glass of wine, sherry or port or half a pint of beer.)

Serial Number

Card Number

| 0 | 3 | q1card3 |

12 SMOKING **Note: See BRHS Baseline (Q1) derived variables file for Smoking categories variable**

12.1 (i) Do you smoke at present?

Yes, regularly	1	
No	2	q1q12_1_i (11)
Occasionally	3	

If NO, go to question 12.6

(ii) How old were you when you started? — years (12) — q1q12_1_ii

(iii) Have you ever given up smoking? (Y/N) — (14) — q1q12_1_iii

(iv) If yes, what is the maximum time for which you have given up smoking? — years (15) — q1q12_1_iv

12.2 (i) Do you smoke cigarettes now?

Yes regularly	1	
No	2	q1q12_2_i (17)
Occasionally (<1 day)	3	

If NO, or OCCASIONALLY go to question 12.3

(ii) How many cigarettes do you usually smoke a day? — (18) q1q12_2_ii

(iii) If hand rolled, how much tabacco do you use a week? (ozs.) — ozs. (20) q1q12_2_iii

Now proceed to 12.4

12.3 (i) Were you previously a regular cigarette smoker? (Y/N) — (22) q1q12_3_i

(ii) If Yes, how many cigarettes did you usually smoke a day? — (23) q1q12_3_ii

(iii) At what age did you change to a pipe and / or cigars? — years (25) q1q12_3_iii

12.4 (i) Do you smoke a pipe now?

Yes regularly	1	
No	2	q1q12_4_i (27)
Occasionally	3	

If NO or OCCASIONALLY go to question 12

(ii) If YES, how many ozs. a week do you smoke? — ozs. (20) q1q12_4_ii

12.5 (i) Do you smoke a pipe now?

Yes regularly	1	
No	2	q1q12_5_i (30)
Occasionally	3	

(ii) If YES, how many cigars do you smoke a day?

q1q12_5_ii_large Large — (31)

q1q12_5_ii_small Small — (32)

If you smoke ANYTHING currently, go to question 13.

12.6 (i) Have you ever smoked for a more than 1 month ? (Y/N)   ☐ 35   q1q12_6_i

How much did you <u>usually</u> smoke

     q1q12_6_i_cigarettes   Cigarettes (per day)   36

     q1q12_6_i_pipe   Pipe (ozs) (per week)   38 / 40

     q1q12_6_i_cigars_large   Cigars (per day)   Large   42

     q1q12_6_i_cigars_small   Small

<u>If NO, go to question 13.</u>

(ii) At what age did you start smoking?   ☐ q1q12_6_ii
                                            years   44

(iii) At what age did you finally stop smoking?   ☐ q1q12_6_iii
                                            years   46

(iv) What was the maximum time between these two ages for which you gave up smoking?   ☐ q1q12_6_iv
                                            years   48

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13   <u>EXERCISE</u>   **Note: See BRHS Baseline (Q1) derived variables file for Physical activity categories variable**

13.1 (i) Do you usually walk or cycle in the course of your journeys to or from work each day?

                               No   1
                               Walk   2   ☐ 50   q1q13_1_i
                               Cycle   3
        Added code: **Walk and Cycle**   **4**
If YES, how many minutes do these journeys take?   ☐☐ q1q13_1_i_mins
                                            mins   51

(ii) Apart from your journeys to or from work, do you usually walk or cycle on weekdays?

                               No   1
                               Walk   2   ☐ 50   q1q13_1_ii
                               Cycle   3
        Added code: Walk and Cycle   **4**
If YES, how many minutes do you walk/cycle each day?   ☐☐ q1q13_1_ii_mins
                                            mins   51

(iii) Would you say that in your occupation you are physically :

                               Very active   1
                               Fairly active   2
                               Average   3   ☐ 56   q1q13_1_iii
                               Fairly inactive   4
                               Very inactive   5

13.2 On average, a man of your age spends 4 hours on most weekends on some of the following activities: walking, gardening, household chores, DIY projects. Compared to such a man, how physically active do you consider yourself?

                               Very active   1
                               Fairly active   2
                               Average   3   ☐ 57   q1q13_2
                               Fairly inactive   4
                               Very inactive   5

13.3   Apart from these activities, do you take active physical exercise, e.g. running, digging, swimming, tennis, golf, sailing, etc.

No	1
Occassionally	2
Frequently	3

58   q1q13_3

<u>If NO or Occasionally – stop here.</u>

13.4   Please state type of activity……………………………………………

13.5   How many years have you been involved in this activity?

years   59   q1q13_5

13.6   How many times a month (on average) do you undertake these activities?

Winter   61   q1q13_6_winter

Summer   63   q1q13_6_summer

Administrator   65   q1_administrator

Coder   66   q1_coder