

Health and Lifestyle Assessment Questionnaire

This questionnaire asks in detail about your health history and about aspects of your lifestyle that are important influences upon people's health. The questionnaire does contain sensitive questions such as whether you suffer from any specific illness. Although we would like you to attempt each question, you can leave questions blank if you do not wish to answer. If you feel distressed by any of the questions, there are sources of support at the end of the questionnaire.

Even if you start answering the questions you can withdraw by simply not returning this questionnaire. After you have sent the questionnaire back we cannot withdraw your information as we do not take your name.

Please read the instructions on the top of each page as the instructions will differ slightly for each questionnaire. Some questions are meant for women or men only, and these will tell you not to answer them if they do not apply to you. Please answer as accurately as possible, and if you don't know the answer please leave the question blank.

The answers that you give are anonymous and you will only be identified by a participant number (the one at the top of the page). The only people who will see this information are the members of the research team.

Thank you for taking part. If you have any questions about the study please contact a member of the research team.

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Health Care Access

| | | |
|----------|---|--|
| 1 | About how long has it been since you last visited a doctor for a routine check-up? A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition. (please circle) | |
| | a. Within past year (anytime less than 12 months ago) | c. Within past 5 years (2 years but less than 5 years ago) |
| | b. Within past 2 years (1 year but less than 2 | d. 5 or more years ago |
| 2 | How often have you attended your doctor within the last year to seek help with a medical condition, illness, or injury? (please circle) | |
| | a. At least once a week | d. At least four times in the last 12 months |
| | b. At least once every two weeks | e. Once or twice in the last 12 months |
| | c. At least once a month | f. Don't know / Not sure |
| 3 | Have you had a medical condition, illness, or injury for which you have attended an accident and emergency or other trauma centre in the last 12 months? (please circle) | |
| | a. Yes (if yes how many times ___) | |
| | b. No | |
| | c. Don't know / Not sure | |
| 4 | How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (please circle) | |
| | a. Within past year (anytime less than 12 months ago) | c. Within past 5 years (2 years but less than 5 years ago) |
| | b. Within past 2 years (1 year but less than 2 years ago) | d. 5 or more years ago |
| | | e. Don't know / Not sure |
| | | f. Never |
| 5 | Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (please circle) | |
| | a. Yes | |
| | b. No | |
| | c. Don't know / Not Sure | |

Physical Activity

| | | |
|---|--|--|
| 1 | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, aerobics, golf, gardening, or walking for exercise? (please circle) | |
| | <ul style="list-style-type: none"> a. Yes (if yes how many times ____) b. No c. Don't know / Not sure | |
| 2 | About how much do you weigh without shoes? | |
| | <p align="center">_____ Weight (<i>kilograms</i>)</p> <p>OR _____ Weight (<i>Stones / lbs</i>)</p> | Don't know / Not sure |
| 3 | About how tall are you without shoes? | |
| | <p align="center">__ / __ Height (<i>meters/centimeters</i>)</p> <p>OR __ / __ Height (<i>feet /inches</i>)</p> | Don't know / Not sure |
| 4 | Has a doctor, nurse, or other health professional ever said that you have any of the following health problems? (Circle any that apply) | |
| | <ul style="list-style-type: none"> a. Lung problems, including asthma b. Heart problems c. Diabetes d. Kidney problems | <ul style="list-style-type: none"> e. Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids f. Sickle Cell Anemia or other anemia g. Don't know / Not sure |

Health Behaviours

Please circle and specify if applicable.

| | | |
|-----------|---|---|
| 1 | Have you smoked at least 100 cigarettes in your entire life? | |
| | a. Yes b. No c. Don't know / Not sure | |
| 2 | Do you now smoke cigarettes every day, some days, or not at all? | |
| | a. Every day b. Some days | c. Not at all d. Don't know/Not sure |
| 3 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | |
| | a. Yes b. No c. Don't know / Not sure | |
| 4 | During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, etc? | |
| | a. Yes b. No c. Don't know / Not sure | |
| 5 | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (circle and specify if relevant) | |
| | Days per week ___ Days in past 30 days ___ | No drinks in past 30 days Don't know / Not sure |
| 6 | One unit of alcohol is equivalent to half a pint of normal strength beer, a small glass of wine, or a single measure of spirits. During the past 30 days, on the days when you drank, about how many units of alcohol did you drink on the average? | |
| | a. ___ Number of drinks | b. Don't know / Not sure |
| 7 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more units of alcohol on an occasion? | |
| | a. ___ Number of times b. None | c. Don't know / Not sure d. Refused |
| 8 | During the past 30 days, what is the largest number of units of alcohol you had on any occasion? | |
| | ___ Number of drinks | b. Don't know / Not sure |
| 9 | How often do you use seat belts when you drive or ride in a car? Would you say: | |
| | a. Always b. Nearly always c. Sometimes d. Seldom | e. Never f. Don't know / Not sure g. Never drive or ride in a car |
| 10 | During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (Please circle and include number of days if applicable) | |
| | a. ___ Number of times b. None c. Don't know / Not sure | |

Health Questions for Women
(Please skip this page if it doesn't apply to you)

| | | |
|----------|--|--|
| 1 | To your knowledge, are you now pregnant? (please circle) | |
| | <ul style="list-style-type: none"> a. Yes b. No c. Don't know / Not sure | |
| 2 | A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (please circle) | |
| | <ul style="list-style-type: none"> a. Yes b. No c. Don't know / Not sure | |
| 3 | How long has it been since you had your last mammogram? (please circle) | |
| | <ul style="list-style-type: none"> a. Within the past year (anytime less than 12 months ago) b. Within the past 2 years (1 year but less than 2 years ago) c. Within the past 3 years (2 years but less than 3 years ago) | <ul style="list-style-type: none"> d. Within the past 5 years (3 years but less than 5 years ago) e. 5 or more years ago f. Don't know / Not sure |
| 4 | A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (please circle) | |
| | <ul style="list-style-type: none"> a. Yes b. No c. Don't know / Not sure | |
| 5 | How long has it been since you had your last breast exam? (please circle) | |
| | <ul style="list-style-type: none"> a. Within the past year (anytime less than 12 months ago) b. Within the past 2 years (1 year but less than 2 years ago) c. Within the past 3 years (2 years but less than 3 years ago) | <ul style="list-style-type: none"> d. Within the past 5 years (3 years but less than 5 years ago) e. 5 or more years ago f. Don't know / Not sure |
| 6 | A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (please circle) | |
| | <ul style="list-style-type: none"> a. Yes b. No c. Don't know / Not Sure | |
| 7 | How long has it been since you had your last Pap test? (please circle) | |
| | <ul style="list-style-type: none"> a. Within the past year (anytime less than 12 months ago) b. Within the past 2 years (1 year but less than 2 years ago) c. Within the past 3 years (2 years but less than 3 years ago) | <ul style="list-style-type: none"> d. Within the past 5 years (3 years but less than 5 years ago) e. 5 or more years ago f. Don't know / Not sure |

Health Questions for Men
(Please skip this page if it doesn't apply to you)

| | | |
|----------|--|--|
| 1 | A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (please circle) | |
| | <ul style="list-style-type: none"> a. Yes b. No c. Don't Know / Not Sure | |
| 2 | How long has it been since you had your last PSA test? (please circle) | |
| | <ul style="list-style-type: none"> a. Within the past year (anytime less than 12 months ago) b. Within the past 2 years (1 year but less than 2 years ago) c. Within the past 3 years (2 years but less than 3 years ago) | <ul style="list-style-type: none"> d. Within the past 5 years (3 years but less than 5 years ago) e. 5 or more years ago f. Don't know / Not sure |
| 3 | A Testicular Self-Examination is used by men to check for testicular cancer. Have you ever done a testicular self-examination? (please circle) | |
| | <ul style="list-style-type: none"> a. Yes b. No c. Don't Know / Not Sure | |
| 4 | How long has it been since you did a testicular self-examination? (please circle) | |
| | <ul style="list-style-type: none"> a. Within the past week b. Within the past month c. Within the past year | <ul style="list-style-type: none"> d. Within the past 2 - 3 years e. More than 3 years ago f. Don't know / Not sure |

Depression Questionnaire

Below is a list of ways you might have felt or behaved.
Please tell me how often you felt this way during the past week.

Please circle the answer.

- | | |
|---------------------------------|------------------------------------|
| 1 = None of the time | 5 = A good part of the time |
| 2 = Very rarely | 6 = Most of the time |
| 3 = A little of the time | 7 = All of the time |
| 4 = Some of the time | |

| | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|
| 1 | I was bothered by things that usually don't bother me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2 | I did not feel like eating; my appetite was poor. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3 | I felt like I could not shake off the blues even with help from my family or friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4 | I felt that I was just as good as other people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5 | I had trouble keeping my mind on what I was doing. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6 | I felt depressed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7 | I felt that everything I did was an effort. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | I felt hopeful about the future. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9 | I thought my life had been a failure. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10 | I felt fearful. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11 | My sleep was restless. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12 | I was happy. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13 | I talked less than usual. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14 | I felt lonely. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15 | People were unfriendly. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16 | I enjoyed life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17 | I had crying spells. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18 | I felt sad. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19 | I felt that people dislike me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20 | I could not get 'going'. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Health Perceptions Questionnaire

Please circle the answer.

| | |
|----------|--|
| 1 | In general, would you say your health is excellent, good, fair, or poor? |
| | <ul style="list-style-type: none"> a. Excellent b. Good c. Fair d. Poor |
| 2 | During the past 3 months, how much pain have you had? |
| | <ul style="list-style-type: none"> a. A great deal of pain b. Some pain c. A little pain d. No pain at all |
| 3 | During the past 3 months, how much has your health worried or concerned you? |
| | <ul style="list-style-type: none"> a. A great deal b. Somewhat c. A little d. Not at all |

Please read each of the following statements, and then circle one of the numbers on each line to indicate whether the statement is true or false for you. There are no right or wrong answers.

Some of the statements may look or seem like others, but each statement is different and should be rated by itself.

1 = Definitely false. **4 = Mostly true.**
2 = Mostly false. **5 = Definitely true.**
3 = Don't know.

| | | | | | | |
|-----------|--|---|---|---|---|---|
| 4 | According to the doctors I've seen, my health is now excellent. | 1 | 2 | 3 | 4 | 5 |
| 5 | I seem to get sick a little easier than other people. | 1 | 2 | 3 | 4 | 5 |
| 6 | I feel better now than I ever have before. | 1 | 2 | 3 | 4 | 5 |
| 7 | I will probably be sick a lot in the future. | 1 | 2 | 3 | 4 | 5 |
| 8 | I never worry about my health. | 1 | 2 | 3 | 4 | 5 |
| 9 | Most people get sick a little easier than I do. | 1 | 2 | 3 | 4 | 5 |
| 10 | I am somewhat ill. | 1 | 2 | 3 | 4 | 5 |
| 11 | In the future, I expect to have better health than other people I know. | 1 | 2 | 3 | 4 | 5 |
| 12 | I was so sick once I thought I might die. | 1 | 2 | 3 | 4 | 5 |
| 13 | I'm not as healthy now as I used to be. | 1 | 2 | 3 | 4 | 5 |
| 14 | I worry about my health more than other people worry about their health. | 1 | 2 | 3 | 4 | 5 |
| 15 | My body seems to resist illness very well. | 1 | 2 | 3 | 4 | 5 |
| 16 | Getting sick once in a while is a part of my life. | 1 | 2 | 3 | 4 | 5 |
| 17 | I'm as healthy as anybody I know. | 1 | 2 | 3 | 4 | 5 |
| 18 | I think my health will be worse in the future than it is now. | 1 | 2 | 3 | 4 | 5 |
| 19 | I've never had an illness that has lasted a long period of time. | 1 | 2 | 3 | 4 | 5 |
| 20 | Others seem more concerned about their health than I'm about mine. | 1 | 2 | 3 | 4 | 5 |

Please read each of the following statements, and then circle one of the numbers on each line to indicate whether the statement is true or false for you.

1 = Definitely false. **4 = Mostly true.**
2 = Mostly false. **5 = Definitely true.**
3 = Don't know.

| | | | | | | |
|-----------|---|---|---|---|---|---|
| 21 | My health is excellent. | 1 | 2 | 3 | 4 | 5 |
| 22 | I expect to have a very healthy life. | 1 | 2 | 3 | 4 | 5 |
| 23 | My health is a concern in my life. | 1 | 2 | 3 | 4 | 5 |
| 24 | I accept that sometimes I'm just going to be sick. | 1 | 2 | 3 | 4 | 5 |
| 25 | I have been feeling bad lately. | 1 | 2 | 3 | 4 | 5 |
| 26 | I have never been seriously ill. | 1 | 2 | 3 | 4 | 5 |
| 27 | When there is something going around, I usually catch it. | 1 | 2 | 3 | 4 | 5 |
| 28 | Doctors say that I am now in poor health. | 1 | 2 | 3 | 4 | 5 |
| 29 | I feel about as good now as I ever have. | 1 | 2 | 3 | 4 | 5 |

Thank you for taking part, it is much appreciated.

Please return the completed questionnaire using the Stamped Addressed Envelope provided.

If you feel concerned about your health please contact your GP for professional advice.

You can also contact NHS direct, a 24 hour nurse led telephone advice and information service. They can advise which symptoms can be managed safely at home and which symptoms need professional help.

Tel: 0845 4647

Web: nhsdirect.nhs.uk

If you would like more information about the study please contact one of the research team

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