British Regional Heart Study
Activity Survey: Questionnaire

This questionnaire asks about your health, activity and things which may affect the amount of activity you do.

Please complete this questionnaire as soon as is convenient and return it along with the red monitor and blue activity log at the end of the week. A pre-paid envelope is provided.

It is important that we receive this package as soon as possible after you have had the monitor for seven days.

All the information that you provide will be treated as strictly confidential and will only be seen by the Research Team.

If you have any questions about this survey, please phone us on 020 7830 2335.

Thank you very much for your help.

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http://www.ucl.ac.uk/pcph/research-groups-themes/brhs-pub

DATES

1.0 Please enter today's date: ……../ ……./ 20……
Day / Month / Year

1.1 Please enter your date of birth ……../ ……./ 19……
Day / Month / Year

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

YOUR CURRENT HEALTH

2.0 In the **past year**, have you been told by a doctor that you have or have had any of the following conditions?

		Yes	No
a	Heart attack (coronary thrombosis or myocardial infarction)	☐	☐
b	Heart failure	☐	☐
c	Angina	☐	☐
d	Other heart trouble	☐	☐
e	Diabetes	☐	☐
f	Stroke	☐	☐
g	Osteoporosis	☐	☐
h	Arthritis affecting knees, hips or feet	☐	☐
i	Narrowing or hardening of the leg arteries (including claudication)	☐	☐
j	Chest trouble (eg bronchitis or emphysema)	☐	☐
k	Parkinson's disease	☐	☐
l	Depression	☐	☐
m	Cancer	☐	☐

WEIGHT

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

____ ____ Stones _____ _____ Pounds or _____ _____ _____ Kilograms

3.1 If you have no scales and have made an estimate please tick here ☐1

		Yes	No
3.2	Have you lost weight in the **past year**?	☐	☐
3.3	**If yes**, was the weight loss intentional?	☐	☐

Please indicate which statements best describe your health in the **past week**

(tick **one** answer for each question)

4.0 **General Health**

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

4.1 **Pain / discomfort**

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

4.2 **Usual Activities** (e.g. work, study, housework, family or leisure activities):

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

4.3 **Self Care**

- I have no problems with washing and dressing ☐1
- I have some problems with washing and dressing myself ☐2
- I am unable to wash or dress myself ☐3

4.4 **Mobility**

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

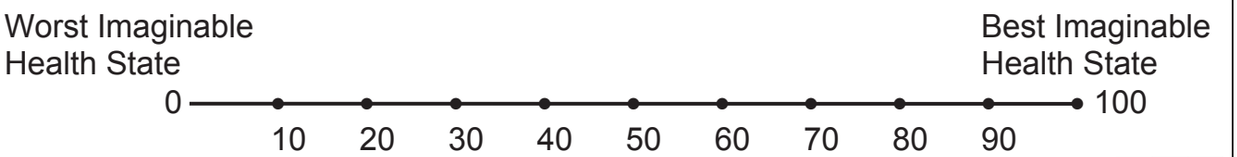
4.5 **Anxiety/Depression:-**

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

4.6 **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.



OFFICE USE

LONGSTANDING ILLNESS OR DISABILITY		Yes	No
5.0	Do you have any long-standing illness, disability or infirmity?	☐	☐
	"long-standing" means anything which has troubled you over a period of time or is likely to do so		
5.1	**If yes,** does this illness or disability limit your activities in any way?	☐	☐

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

		Yes	No
7.0	When sitting, can you rise from a chair of knee height, (such as a dining chair) without using your hands?	☐	☐

MOBILITY

8.0 Do you currently have difficulty carrying out any of the following activities on your own as a result of a **long term** health problem? (tick **one** box for each statement)

		No difficulty	Yes, a little difficulty	Yes, a lot of difficulty
		1	2	3
a	Going up or down stairs	☐	☐	☐
b	Bending down	☐	☐	☐
c	Straightening up	☐	☐	☐
d	Keeping your balance	☐	☐	☐
e	Going out of the house	☐	☐	☐
f	Walking 400 yards	☐	☐	☐

8.1 Thinking about the last seven days, on which days (if any) did you go out of your house? (tick **all** that apply, it doesn't matter if you were wearing the monitor or not)

Monday	☐1	Friday	☐1
Tuesday	☐1	Saturday	☐1
Wednesday	☐1	Sunday	☐1
Thursday	☐1		

I did not go out of the house in the last seven days ☐1

8.2 Do you have any difficulties getting about outdoors? (tick **one** box only)

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

		Yes	No
8.3	Do you use any mobility aids?	☐	☐

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

Walking stick	☐1
Walking frame	☐1
Push wheelchair	☐1
Electric wheelchair or mobility scooter	☐1

FALLS & DIZZINESS

		Yes	No
9.0	Have you had a fall in the past 12 months?	☐	☐
9.1	**If yes,** how many falls have you had in past 12 months?	_____falls	
a	did you receive medical attention for any of these falls?	☐	☐
	did you suffer any of the following:		
b	Cuts and bruises	☐1	
c	Damage to muscle or ligament	☐1	
d	Broken or fractured **hip** bone	☐1	
e	Broken or fractured **wrist** bone	☐1	
f	**Other** Broken or fractured bone(s)	☐1	

9.2 At the present time, are you afraid that you may fall over? (tick **one** box)

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

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

FEAR OF FALLING

10.0 Are you concerned about falling over while doing each of the following activities? Even if you don't currently do a particular activity (e.g. if someone does your shopping for you), please answer as if you were to do the activity.

		Not at all concerned 1	Somewhat concerned 2	Fairly concerned 3	Very concerned 4
a	Getting dressed or undressed	☐	☐	☐	☐
b	Taking a bath or shower	☐	☐	☐	☐
c	Getting in or out of a chair	☐	☐	☐	☐
d	Going up or down stairs	☐	☐	☐	☐
e	Reaching for something above your head or on the ground	☐	☐	☐	☐
f	Walking up or down a slope	☐	☐	☐	☐
g	Going out to a social event (e.g. religious service, family gathering or club meeting)	☐	☐	☐	☐

PHYSICAL ACTIVITY

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

(tick **one** box)

No ☐1
Walking ☐2
Cycling ☐3
Both ☐4

11.1 How many hours do you normally spend walking (eg. on errands or for leisure) in an average week?

_____Hours/week in winter _____Hours/week in summer

11.2 Which of the following best describes your usual walking pace? Slow ☐1
Steady average ☐2
Fast ☐3

11.3 How long do you spend cycling in an average week?

_____hours/week in Winter _____hours/week in Summer

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

_____ flights of stairs None ☐1

11.5 Compared with a man who spends four hours on most weekends on activities such as walking, gardening, household chores, DIY projects, how physically active would you consider yourself?

Much more active ☐1
More active ☐2
Similar ☐3
Less active ☐4
Much less active ☐5

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

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

11.7 If you ticked **frequently,** please list the types of activities:

_____

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

_____times /month in Winter _____times /month in Summer

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

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

_____ hours _____ minutes each week

11.11 Do you regularly walk a dog at the moment? Yes ☐ No ☐

11.12 On a normal day, how many hours do you spend sitting (eg to eat, read, watch TV) or lying down, excluding your night time sleep?

_____ hours/day None ☐1

11.13 On a normal day, how much time do you spend watching television (including videos and DVDs)?

_____ hours _____ minutes/day None ☐1

STRENGTHENING EXERCISES

We are interested to know about activities that you do, either through exercise or part of your everyday living, that use your muscles.

11.14 Thinking back to the past week, on **how many days** did you do activities that you find at least moderately hard work for your muscles? eg -carrying or moving heavy loads (eg carrying shopping or grandchildren, pushing a wheelchair or manual lawn mower), activities that involve stepping and jumping (eg dancing but not walking) or doing exercises (push ups, sit ups, chair aerobics, an exercise routine).

_____ days/ week Less than one day/ week ☐1 Never ☐2

GRIP STRENGTH

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

Very good ☐1
Good ☐2
Fair ☐3
Poor ☐4

BALANCE EXERCISES

Some activities/exercises are good for improving balance and co-ordination.

11.16 Thinking back to the past week, on **how many days** did you do activities which help to improve your balance and co-ordination? eg standing on one leg, dance or Tai Chi style exercises

_____ days/ week Less than one day /week ☐1 Never ☐2

YOUR FEELINGS ABOUT EXERCISE (eg. going for a walk, doing particular sports, gardening or DIY)

12.0 How much do you agree with the following statements about the exercise you do?

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

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
		1	2	3	4	5
a	Makes me feel better physically	☐	☐	☐	☐	☐
b	Makes my mood better in general	☐	☐	☐	☐	☐
c	Helps me feel less tired	☐	☐	☐	☐	☐
d	Makes my muscles stronger	☐	☐	☐	☐	☐
e	Is an activity I enjoy doing	☐	☐	☐	☐	☐
f	Gives me a sense of personal accomplishment	☐	☐	☐	☐	☐
g	Makes me more alert mentally	☐	☐	☐	☐	☐
h	Improves my endurance in performing daily activities	☐	☐	☐	☐	☐
i	Helps to strengthen my bones	☐	☐	☐	☐	☐
j	Helps to improve my balance and prevent me falling over	☐	☐	☐	☐	☐

HOW YOU FEEL ABOUT EXERCISE

13.0 Please indicate how confident you are that you could exercise (or walk) if you had to, for 20 minutes three times a week in each of the following cases:

(please circle **one** number for each statement)

		Not confident									Very confident
a	If the weather was bothering you	1	2	3	4	5	6	7	8	9	10
b	If you were bored by the activity	1	2	3	4	5	6	7	8	9	10
c	If you felt pain when exercising	1	2	3	4	5	6	7	8	9	10
d	If you had to exercise alone	1	2	3	4	5	6	7	8	9	10
e	If you did not enjoy it	1	2	3	4	5	6	7	8	9	10
f	If you were too busy with other activities	1	2	3	4	5	6	7	8	9	10
g	If you felt tired	1	2	3	4	5	6	7	8	9	10
h	If you felt stressed	1	2	3	4	5	6	7	8	9	10
i	If you felt depressed	1	2	3	4	5	6	7	8	9	10

GENERAL FITNESS

	Can you do any of the following activities?	Yes	No
14.0	Run a short distance	☐	☐
14.1	Do heavy work around the house (eg lift & moving heavy furniture)	☐	☐
14.2	Do gardening (eg raking leaves, weeding & pushing the lawn mower)	☐	☐
14.3	Participate in moderate activities (eg golf, bowling, dancing or doubles tennis)	☐	☐
14.4	Participate in strenuous sports (eg swimming or singles tennis)	☐	☐
14.5	Have sexual relations	☐	☐

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

(tick <u>one</u> box for each statement)

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

YOUR FEELINGS

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

		Yes	No
a	Are you basically satisfied with your life?	☐	☐
b	Do you feel that your life is empty?	☐	☐
c	Are you afraid that something bad is going to happen to you?	☐	☐
d	Do you feel happy most of the time?	☐	☐
e	Have you dropped many of your activities and interests?	☐	☐
f	Do you prefer to stay at home, rather than going out to do new things?	☐	☐
g	I felt that everything I did was an effort	☐	☐
h	I could not get going	☐	☐

FAMILY AND FRIENDS

17.0 **FAMILY**: Considering the people to whom you are related either by birth or marriage:

		None 1	**1** 2	**2** 3	**3 or 4** 4	**5 to 8** 5	**9 or more** 6
a	How many relatives do you see or hear from at least once a month?	☐	☐	☐	☐	☐	☐
b	How many relatives do you feel emotionally close to, such that you could call on them for help?	☐	☐	☐	☐	☐	☐
c	How many relatives do you feel at ease with that you can talk about private matters?	☐	☐	☐	☐	☐	☐

17.1 **FRIENDS**: Considering all of your friends including those who live in your neighbourhood:

		None 1	**1** 2	**2** 3	**3 or 4** 4	**5 to 8** 5	**9 or more** 6
a	How many friends do you see or hear from at least once a month?	☐	☐	☐	☐	☐	☐
b	How many friends do you feel emotionally close to, such that you could call on them for help?	☐	☐	☐	☐	☐	☐
c	How many friends do you feel at ease with that you can talk about private matters?	☐	☐	☐	☐	☐	☐

PRESENT CIRCUMSTANCES

18.0 Are you at present:

- Single ☐1
- Married ☐2
- Widowed ☐3
- Divorced or separated ☐4
- Other ☐5

18.1 Who do you live with at present ?

- Alone ☐1
- With spouse ☐2
- With other family ☐3
- Other ☐4

18.2 Where do you live at present ?

- In my home ☐1
- In a family members home ☐2
- In a residential home ☐3
- In a nursing home ☐4
- Other ☐5

TRANSPORT

19.0 Which of the following means of transport do you use regularly? (tick **all** that apply)

- Car ☐1
- Cycle ☐1
- Taxi/ Dial a ride ☐1
- Public transport ☐1
- Walk ☐1
- Not applicable ☐1

DAYTIME SLEEP

		Yes	No	
20.0	Do you normally have a nap during the day?	☐	☐	
20.1	**If yes**, on average, how many hours do you nap during the day?	_____		hours

Thank you very much for completing the questionnaire.
Please return it to us, along with the blue activity log and red monitor,
in the pre-paid envelope provided.