UCL

<u>British Regional Heart Study</u>
<u>Post examination: Activity survey questionnaire</u>

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 green activity diary 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.

British Regional Heart Study
Department of Primary Care & Population Health
UCL Medical School
Royal Free Campus
Rowland Hill Street.
London NW3 2PF

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 MOBILITY

2.0 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

GOING OUT OF THE HOUSE

3.0 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
Tuesday ☐1
Wednesday ☐1
Thursday ☐1
Friday ☐1
Saturday ☐1
Sunday ☐1
I did not go out of the house in the last seven days ☐1

MOBILITY AIDS

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

4.1 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
Toilet raised seat ☐1
Bath board/shower ☐1
Extra rails in bathroom ☐1
Stair lift ☐1

FALLS

		Yes	No
5.0	Have you had a fall in the past 12 months?	☐	☐

5.1 If **yes,** How many falls have you had in past 12 months? ______falls

		Yes	No
5.2	Did you receive medical attention for any of these falls?	☐	☐

5.3 Did you suffer any of the following:

a Cuts and bruises ☐1
b Damage to muscle or ligament ☐1
c Broken or fractured **hip** bone ☐1
d Broken or fractured **wrist** bone ☐1
e **Other** Broken or fractured bone(s) ☐1

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

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

PET DOGS AND ACTIVITIES

		Yes	No
5.0	Do you own a dog at the moment?	☐	☐
5.1	Do you regularly walk a dog at the moment?	☐	☐

6.0 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 ☐

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

______ hours ______ minutes/day   None ☐

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

7.0 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

8.0 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:

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

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

FAMILY AND FRIENDS

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

		None	1	2	3 or 4	5 to 8	9 or more
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?	☐	☐	☐	☐	☐	☐

10.0	**FRIENDS**: Considering all of your friends including those who live in your neighbourhood:	**None**	**1**	**2**	**3 or 4**	**5 to 8**	**9 or more**
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?	☐	☐	☐	☐	☐	☐

SHOPPING

		Yes	**No**	**Someone else shops for me**
11.0	Do you do most of your shopping (food, household necessities etc) at shops within easy walking distance (less than 15 minutes) of your home?	☐	☐	☐

11.1 How do you mostly go shopping?(tick **one** box only)

- Walking ☐1
- By bus ☐2
- other public transport ☐3
- dial a ride ☐4
- By taxi ☐5
- Drive myself ☐6
- A friend / relative drives me ☐7
- Internet delivery ☐8
- I don't go shopping……………………………………………… ☐9

TRANSPORT

		Yes	**No**
12.0	Do you own a car?	☐	☐
12.1	Do you drive a car?	☐	☐

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

- Car ☐1
- public transport ☐1
- Cycle ☐1
- walk ☐1
- Dial a ride ☐1
- Not applicable ☐1

MEMORY: Questions about your memory

13.0		Very Often 1	Quite often 2	Occasionally 3	Very rarely 4	Never 5
a	Do you read something and find you haven't been thinking about it and must read it again?	☐	☐	☐	☐	☐
b	Do you find you forget why you went from one part of the house to the other?	☐	☐	☐	☐	☐
c	Do you fail to notice signposts on the road?	☐	☐	☐	☐	☐
d	Do you find you confuse right and left when giving directions?	☐	☐	☐	☐	☐
e	Do you bump into people?	☐	☐	☐	☐	☐
f	Do you find you forget whether you've turned off a light or a fire or locked the door?	☐	☐	☐	☐	☐
g	Do you fail to listen to people's names when you are meeting them?	☐	☐	☐	☐	☐
h	Do you say something and realize afterwards that it might be taken as insulting?	☐	☐	☐	☐	☐
i	Do you fail to hear people speaking to you when you are doing something else?	☐	☐	☐	☐	☐
j	Do you lose your temper and regret it?	☐	☐	☐	☐	☐
k	Do you leave important letters unanswered for days?	☐	☐	☐	☐	☐
l	Do you find you forget which way to turn on a road you know well but rarely use?	☐	☐	☐	☐	☐
m	Do you fail to see what you want in a supermarket (although it's there)?	☐	☐	☐	☐	☐
n	Do you find yourself suddenly wondering whether you've used a word correctly?	☐	☐	☐	☐	☐
o	Do you have trouble making up your mind?	☐	☐	☐	☐	☐

MEMORY: Questions about your memory continued

13.0		Very Often	Quite often	Occasionally	Very rarely	Never
		1	2	3	4	5
p	Do you find you forget appointments?	☐	☐	☐	☐	☐
q	Do you forget where you put something like a newspaper or a book?	☐	☐	☐	☐	☐
r	Do you find you accidentally throw away the thing you want and keep what you meant to throw away – as in the example of throwing away the matchbox and putting the used match in your pocket?	☐	☐	☐	☐	☐
s	Do you daydream when you ought to be listening to something?	☐	☐	☐	☐	☐
t	Do you find you forget people's names?	☐	☐	☐	☐	☐
u	Do you start doing one thing at home and get distracted into doing something else (unintentionally)?	☐	☐	☐	☐	☐
v	Do you find you can't quite remember something although it's "on the tip of your tongue"?	☐	☐	☐	☐	☐
w	Do you find you forget what you came to the shops to buy?	☐	☐	☐	☐	☐
x	Do you drop things?	☐	☐	☐	☐	☐
y	Do you find you can't think of anything to say?	☐	☐	☐	☐	☐

Thank you very much for completing the questionnaire.
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http://www.ucl.ac.uk/pcph/research/brhs