

Please answer the following questions:

BACKGROUND INFORMATION

1. What is your date of birth? / /
- day month year
2. Are you? Male Female
- 3 a) Over the past month have you been bothered by feeling down, depressed or hopeless? Yes No
- b) Over the past month have you been bothered by having little or no interest or pleasure in doing things? Yes No
4. Have you fallen in the last 12 months? Yes No Can't recall
5. Are you a carer?
6. Are you a smoker? Yes No Don't know
7. On average, do you drink 3 or more units of alcohol each day? (1½ pints of beer or 3 glasses of wine or 3 short measures of spirits) Yes No Don't know
8. Do you experience any of the following health problems? (tick all that apply)
- | | | | | |
|-----------------------------------|---------------------------------------|---|--|--|
| Diabetes <input type="checkbox"/> | Osteoporosis <input type="checkbox"/> | High blood pressure <input type="checkbox"/> | Rheumatoid arthritis <input type="checkbox"/> | Osteoarthritis <input type="checkbox"/> |
| Stroke <input type="checkbox"/> | Cancer <input type="checkbox"/> | Respiratory conditions (e.g. COPD, asthma, bronchitis) <input type="checkbox"/> | Eye condition (e.g.cataract, glaucoma macular degeneration) <input type="checkbox"/> | Heart disease (e.g.heart attack, heart failure, angina) <input type="checkbox"/> |
| Other <input type="checkbox"/> | Please state: _____ | | | |
9. Did your education continue after the minimum school leaving age? Yes No
10. Do you have a degree or equivalent professional qualification? Yes No
11. To which of these ethnic groups do you consider you belong? (Please tick one box)
- | | | |
|---|---|---|
| White <input type="checkbox"/> | Asian or Asian British <input type="checkbox"/> | Black or Black British <input type="checkbox"/> |
| Other ethnic group <input type="checkbox"/> | Please describe: _____ | |