

# PACE-UP study

## *Health and lifestyle survey*

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Study IDNO \_\_\_\_\_

Thank you for filling in this questionnaire.

It will take you about 15-20 minutes to complete.

Please feel free to write comments by any question.

All information will be kept strictly confidential.

Please enter your date of birth    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please enter today's date        \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Thank you

## Section A - Some general questions about your health

Please put a tick in the box next to the most appropriate answer for each question.



How is your health in general?

- Very good
- Good
- Fair
- Poor
- Very poor

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? *(Include problems related to old age.)*

- Yes, limited a lot
- Yes, limited a little
- No

**3** How much physical or bodily pain have you had in the past 4 weeks?

- None
- Very mild or mild
- Moderate
- Severe or very severe

**4** In the past four weeks, how much did pain interfere with your normal activities?

- Not at all
- A little bit
- Moderately
- Quite a bit or extremely

## Section B - specific questions about your health

Have you ever been told by a doctor or nurse that you have any of these conditions?  
(Please tick all that apply to you)

YES

- Angina .....
- A heart attack .....
- Other heart problems.....
- Stroke.....
- High blood pressure.....
- Chronic bronchitis.....
- Asthma .....
- Diabetes.....
- Arthritis .....
- Cancer (apart from skin cancer) .....
- Depression.....
- Parkinson's Disease.....

**13 How many times have you fallen over in the last year ?**

- None
- Once or twice
- Three times or more
- Not sure

**14 How many different medications do you take every day?**

- None  One  Two  Three  Four or more

**15 Have you ever smoked?**

- Yes  No  (please go to question 17)

**16 Do you currently smoke?**

- Yes  No

**17** *One unit of alcohol is approximately half a pint of beer / cider, one glass of wine or sherry, or a single whisky, gin etc.*

**Approximately how many units of alcohol do you have during the average week?..... units.**

# Section C - Questions about your health today

Under each heading, please tick the ONE box that best describes your health TODAY

## 1 Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

## 2 Self-care

- I have no problems with self-care
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

## 3 Usual activities (e.g. work, study, housework, family or leisure)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

## 4 Pain / discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

## 5 Anxiety / depression

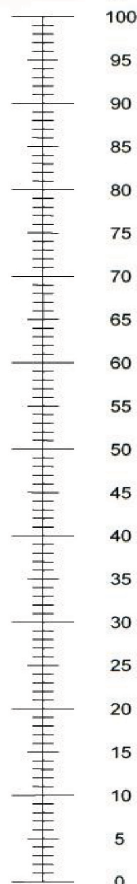
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

## Section C - Your health today (continued)

- We would like to know how good or bad your health is TODAY
- The scale is numbered 0 to 100
- 100 means the best health you can imagine
- 0 means the worst health you can imagine
- Mark an X on the scale to indicate how your health is TODAY
- Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY =

The best health  
you can imagine



The worst health  
you can imagine

## Section D - Your contact with your GP surgery

1. During the last 3 months did you talk to a doctor or nurse at your general practice on your own behalf, either in person or by telephone?

Yes  No  (If no, please go to section E)

If yes, approximately how many times did this happen in the last 3 months?

- Once   
Twice   
Three times   
Four or more times

## Section E - Some questions on how you feel

For each item below, please tick the box opposite the reply that comes closest to how you have been feeling over the past week. Don't take too long over the answers: your immediate reaction will probably be most accurate.

**Tick only one box in each section**

**1. I feel tense or 'wound up':**

- Most of the time
- A lot of the time
- From time to time
- Not at all

**2. I feel as if I am slowed down:**

- Nearly all of the time
- Very often
- Sometimes
- Not at all

**3. I still enjoy things I used to:**

- Definitely as much
- Not quite as much
- Only a little
- Hardly at all

**4. I get a sort of frightened feeling like butterflies in the stomach:**

- Not at all
- Occasionally
- Quite often
- Very often

**5. I get a sort of frightened feeling as if something bad is about to happen:**

- Very definitely
- Yes, but not too badly
- A little, but it doesn't worry me
- Not at all

**6. I have lost interest in my appearance:**

- Definitely
- I don't take so much care as I should do
- I might not take quite as much care
- I take just as much care

**7. I can laugh and see the funny side of things:**

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

**8. I feel restless, as if I have to be on the move**

- Very much indeed
- Quite a lot
- Not very much
- Not at all

**9. Worrying thoughts go through my mind:**

- A great deal of the time
- A lot of the time
- From time to time but not too often
- Only occasionally

**10. I look forward with enjoyment to things:**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

**11. I feel cheerful:**

- Not at all
- Not often
- Sometimes
- Most of the time

**12. I get sudden feelings of panic**

- Very often indeed
- Quite often
- Not very often
- Not at all

**13. I can sit at ease and feel relaxed:**

- Definitely
- Usually
- Not often
- Not at all

**14. I can enjoy a good book, radio or TV programme:**

- Often
- Sometimes
- Not often
- Very seldom

**15. I feel lonely:**

- All the time
- Often
- Sometimes
- Never

## Section F - Some questions about difficulties you may have

Here are a few things some people find difficult to do without help.

Do you or *would* you have difficulty with these activities?

	No Difficulty	Some Difficulty	Unable to do alone
1 Washing yourself all over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Cutting your own toenails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Getting on a bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Going up and down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Doing heavy housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Shopping & carrying heavy bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Preparing and cooking a hot meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Reaching an overhead shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Tying a good knot in a piece of string	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Do you have any problems with your balance?

No  Yes

11 Can you see well enough to recognise a friend across a road?

Yes, without glasses  Yes, with glasses  No



## Section G- Some questions about your attitudes to exercise and health

Please tick one box to indicate how strongly you agree or disagree with each statement

	<i>Strongly agree</i>	<i>Slightly agree</i>	<i>Unsure</i>	<i>Slightly disagree</i>	<i>Strongly disagree</i>
1. Doing exercise is satisfying and rewarding to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Doing exercise regularly is good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There is little I can do to make up for the physical losses that come with age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Exercising regularly can be helpful for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exercising regularly can help me to get out of doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Exercising regularly can help me to control my weight or to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section H - Some questions about physical activity

- 1 **How many times did you take a walk outside *during the last week*?**  
(include walking related to other activities e.g. for shopping, travel to work etc)  
.....times last week
- 2 **How long did such a walk usually last? .....**minutes
- 3 **Did you take a walk that lasted longer than 1 hour *during the last month*?**  
Yes  No
- 3a **If yes, how many times did you do that? .....**times in the last month
- 4 **Do you walk a dog?**  
Yes  No
- 5 **Do you have someone with whom you can go for a walk, or do other physical activities?**  
Always   
Often   
Sometimes   
Never
- 6 **Do you ride a bicycle?**  
Yes  No  (please go to question 7)
- 6a **If yes, how many times did you cycle last week? .....**times
- 6b **How long on average did you cycle for each time? .....**minutes
- 6c **How would you describe your cycling pace?**  
Slow   
Average   
Fast
- 7 **Do you go swimming?**  
Yes  No  (please go to question 8)
- 7a **If yes, how many times did you swim last week? .....**times
- 7b **How long on average did you swim for each time?.....**minutes

**7c How would you describe your swimming speed?**

- Slow
- Average
- Fast

**8 Do you have a garden or allotment?**

- Yes  No  (please go to question 9)

**8a If yes, how many hours, on average, a week do you spend doing gardening?**

In summer.....hours In winter.....hours

**9 Have you participated in any sporting activities in the last week?**

- Yes  No  (if no, please go to question 10)

**9a If yes, what kind of sporting activity? .....**

**9b How many hours approximately did you spend participating in sporting activities in the last week?**

- Less than 1 hour in the last week   
..... hours in the last week

**10 How often did you perspire during physical activity in the last week?**

- Never
- 1-2 times
- 3-4 times
- 5 or more times

**11 Do you have a staircase in your home?**

- Yes  No

**11a Do you climb stairs regularly (at least once per day)?**

- Yes  No  (go to section I)

**11b If yes, approximately how many times per day do you climb the stairs?**

..... times per day

# Section I – Some questions about your belief in your ability to exercise

How sure are you that you will do each of the following:

		<b>Very Sure</b>	<b>Pretty Sure</b>	<b>A little Sure</b>	<b>Not at all Sure</b>
1	Exercise regularly (3 times a week for 20 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Exercise when you are feeling tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Exercise when you are feeling under pressure to get things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Exercise when you are feeling down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Exercise when you have too much work to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Exercise when there are other more interesting things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Exercise when your family or friends do not provide any support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Exercise when you don't really feel like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Exercise when you are away from home (e.g. visiting, on holiday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Section J – Finally, some questions about you & your living circumstances

**1 What is your current marital status?**

- Married (or living with someone as a couple)
- Widowed
- Divorced or separated
- Single
- Other
- If other, please describe.....

**2 How many people in your household, including yourself, are there**

- Aged under 18 .....
- Aged 18-64.....
- Aged 65 or over.....

**3 Who lives in your household with you? (please tick all that apply)**

- I live on my own  (please go to question 4)
- My husband / wife / partner
- Other family members
- Other adults

**4 Do you have someone with whom you would be able to discuss a very personal and serious problem?**

- Yes  No

**5 At what age did you finish your continuous full-time education at school, college or university?**

- |             |                          |            |                          |
|-------------|--------------------------|------------|--------------------------|
| 14 or under | <input type="checkbox"/> | 15         | <input type="checkbox"/> |
| 16          | <input type="checkbox"/> | 17         | <input type="checkbox"/> |
| 18          | <input type="checkbox"/> | 19 or over | <input type="checkbox"/> |

# More questions about you & your living circumstances

## 6 Do you have any qualifications?

Yes  No  (Please go to question 7)

**If yes, which of these qualifications do you have?** If you have **any** of the qualifications listed, please tick **every** box that applies. If your UK qualifications are not listed, tick the box that contains its nearest equivalent. If you have qualifications from outside the UK, tick the 'Foreign qualifications' box and the nearest UK equivalents (if known).

- 1 - 4 O levels / CSEs / GCSEs (any grades), Entry Level, Foundation Diploma
- NVQ Level 1, Foundation GNVQ, Basic Skills
- 5+ O levels (passes) / CSEs (grade 1) / GCSEs (grades A\* - C), School Certificate, 1 A level / 2 - 3 AS levels / VCEs, Higher Diploma
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First / General Diploma, RSA Diploma
- Apprenticeship
- 2+ A levels / VCEs, 4+ AS levels, Higher School Certificate, Advanced Diploma
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- Degree (for example BA, BSc), Higher degree (for example MA, PhD, PGCE)
- NVQ Level 4 - 5, HNC, HND, RSA Higher Diploma, BTEC Higher Level
- Professional qualifications (for example teaching, nursing, accountancy)
- Other vocational / work-related qualifications
- Foreign qualifications
- No qualifications

## 7 What is your employment status?

- In full time employment
- In part time employment
- Seeking work
- Looking after home or family
- Retired
- Student
- Not working due to long-term sickness or disability
- Other (please describe) .....

**Answer question 8 for your main job, or if you are not working, your last main job.**

Your main job is the job in which you usually work (worked) the most hours.

**8 What is (was) your full and specific job title?**

For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, DISTRICT NURSE, STRUCTURAL ENGINEER

Do not state your grade or pay band.

.....

**8a Briefly describe what you do (did) in your main job.**

.....

**8b At your workplace, what is (was) the main activity of your employer or business?**

For example, PRIMARY EDUCATION, REPAIRING CARS, CONTRACT CATERING, COMPUTER SERVICING. If you are (were) a civil servant, write GOVERNMENT

.....

.....

**9 Do you, or the people you live with, own or rent your own home?**

Own (with or without a mortgage)

Rent from council or housing association

Rent privately

Other , please describe.....

**10 Do you have to cut back spending or borrow money to pay your electricity, gas, telephone or council tax bills?**

Always

Often

Occasionally

Never

**11 In total, how many cars or vans are owned, or available for use, by members of your household?**

None  One  Two  Three  Four or more

**11 Do you yourself drive a car or van?**

Never  Occasionally  Most days  Every day

**12 What is your ethnic group?**

Please choose **one** section from **A to E**, then tick  **one** box to best describe your ethnic group or background.

**A White**

- English / Welsh / Scottish/ Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background, write in .....
- .....

**C Asian / Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in .....
- .....

**E Other ethnic group**

- Arab
- Any other ethnic group, write in .....
- .....

**B Mixed /multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed /multiple ethnic background, write in .....

**D Black / African / Caribbean / Black British**

- African
- Caribbean
- Any other Black / African / Caribbean background, write in .....
- .....

**Please write below any other comments you have on your health or this questionnaire**

**Thank you for filling in this questionnaire.**



# PACE-UP study

## *Health and lifestyle 3 month survey*

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Study IDNO \_\_\_\_\_

Thank you for filling in this questionnaire.

It will take you about 15 minutes to complete.

Please feel free to write comments by any question.

All information will be kept strictly confidential.

Please enter your date of birth    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please enter today's date        \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Thank you**

*Usual activity group*

# Section A - Some general questions about your health

Please put a tick in the box next to the most appropriate answer for each question.



## 1 How is your health in general?

- Very good
- Good
- Fair
- Poor
- Very poor

## 2 How much physical or bodily pain have you had in the past 4 weeks?

- None
- Very mild or mild
- Moderate
- Severe or very severe

## 3 In the past four weeks, how much did pain interfere with your normal activities?

- Not at all
- A little bit
- Moderately
- Quite a bit or extremely

## Section B - Questions about your health today

Under each heading, please tick the **ONE** box that best describes your health **TODAY**

### 1 Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

### 2 Self-care

- I have no problems with self-care
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

### 3 Usual activities (e.g. work, study, housework, family or leisure)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

### 4 Pain / discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

### 5 Anxiety / depression

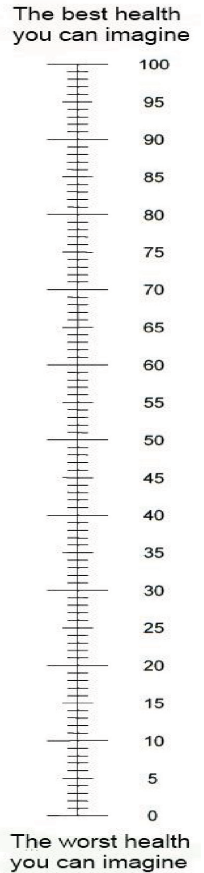
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

## Section B - Continued: about your health today

We would like to know how good or bad your health is TODAY

- The scale is numbered 0 to 100
- 100 means the best health you can imagine
- 0 means the worst health you can imagine
- Mark an X on the scale to indicate how your health is TODAY
- Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY =



## Section C - Some questions on injuries and health

These questions ask about any injuries or changes in your health that you may have had in the 3 months that you have been involved in this study.

In the last 3 months have you had any of the following:

1 A fall? Yes  No

1a If yes, how many times? .....times in the last 3 months

2 Any fractures (broken bones)? Yes  No

2a If yes, please give details of what bones were injured

.....  
 .....

3 Any sprains or injuries? Yes  No

3a If yes, please give details of the sprain or injury

.....

# Some questions on injuries and health continued

If you have not had a fall, fracture, sprain or injury, please go to question 6.

If you have had a fall, fracture, sprain or injury, please go to question 4.

4. Did you or your family have to pay for anything as a result of your fall(s), fracture(s), sprain(s) or injury (ies)? (Please consider any costs linked to your continuing care or recovery)

Yes  No

4a. If yes, roughly how much did you spend?.....

4b. What was this spent on.....  
.....

5. In the past 3 months did you have to stop doing your usual activities due to a fall, fracture, sprain or injury?

Yes  No

5a. If yes, how many days did you stop your usual activities? .....days

6. In the last 3 months have you noticed a deterioration in any health problems that you already had at the start of this research project?

Yes  No

6a. If yes, please give details  
.....  
.....

7. In the last 3 months have you noticed an improvement in any health problems that you already had at the start of this research project?

Yes  No

7a. If yes, please give details  
.....  
.....

## Section D - Some questions on how you feel

For each item below, please tick the box opposite the reply that comes closest to how you have been feeling over the past week. Don't take too long over the answers: your immediate reaction will probably be most accurate.

**Tick only one box in each section**

**16. I feel tense or 'wound up':**

- Most of the time
- A lot of the time
- Time to time
- Not at all

**17. I feel as if I am slowed down:**

- Nearly all of the time
- Very often
- Sometimes
- Not at all

**18. I still enjoy things I used to:**

- Definitely as much
- Not quite as much
- Only a little
- Hardly at all

**19. I get a sort of frightened feeling like butterflies in the stomach:**

- Not at all
- Occasionally
- Quite often
- Very often

**20. I get a sort of frightened feeling as if something bad is about to happen:**

- Very definitely
- Yes, but not too badly
- A little, but it doesn't worry me
- Not at all

**21. I have lost interest in my appearance:**

- Definitely
- I don't take so much care as I should do
- I might not take quite as much care
- I take just as much care

**22. I can laugh and see the funny side of things:**

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

**23. I feel restless, as if I have to be on the move**

- Very much indeed
- Quite a lot
- Not very much
- Not at all

**24. Worrying thoughts go through my mind:**

- A great deal of the time
- A lot of the time
- From time to time but not too often
- Only occasionally

**25. I look forward with enjoyment to things:**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

**26. I feel cheerful:**

- Not at all
- Not often
- Sometimes
- Most of the time

**27. I get sudden feelings of panic**

- Very often indeed
- Quite often
- Not very often
- Not at all

**28. I can sit at ease and feel relaxed:**

- Definitely
- Usually
- Not often
- Not at all

**29. I can enjoy a good book, radio or TV programme:**

- Often
- Sometimes
- Not often
- Very seldom

**30. I feel lonely:**

- All the time
- Often
- Sometimes
- Never

## Section E - Some questions about your attitudes to exercise and health

Please indicate how strongly you agree or disagree with each statement

Please tick one box to indicate how strongly you agree or disagree with each statement

	<i>Strongly agree</i>	<i>Slightly agree</i>	<i>Unsure</i>	<i>Slightly disagree</i>	<i>Strongly disagree</i>
7. Doing exercise is satisfying and rewarding to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Doing exercise regularly is good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. There is little I can do to make up for the physical losses that come with age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Exercising regularly can be helpful for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Exercising regularly can help me to get out of doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Exercising regularly can help me to control my weight or to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section F – Some questions about your belief in your ability to exercise

How sure are you that you will do each of the following:

		<b>Very Sure</b>	<b>Pretty Sure</b>	<b>A little Sure</b>	<b>Not at all Sure</b>
1	Exercise regularly (3 times a week for 20 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Exercise when you are feeling tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Exercise when you are feeling under pressure to get things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Exercise when you are feeling down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Exercise when you have too much work to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Exercise when there are other more interesting things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Exercise when your family or friends do not provide any support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Exercise when you don't really feel like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Exercise when you are away from home (e.g. visiting, on holiday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section G - Some questions about physical activity

- 6 How many times did you take a walk outside during the last week?  
(include walking related to other activities) .....times last week
- 2 How long did such a walk usually last? .....minutes
- 3 Did you take a walk that lasted longer than 1 hour during the last month?  
Yes  No
- 3a If yes, how many times did you do that? .....times last month
- 4 Do you have someone with whom you can go for a walk, or do other physical activities?  
Always  Often  Sometimes  Never
- 5 Do you ride a bicycle? Yes  No  (please go to question 6)
- 5a If yes, how many times did you cycle last week? .....times
- 5b How long on average did you cycle for each time? .....minutes
- 5c How would you describe your cycling pace?  
Slow  Average  Fast
- 6 Do you go swimming? Yes  No  (please go to question 7)
- 6a If yes, how many times did you swim last week? .....times
- 6b How long on average did you swim for each time?.....minutes
- 6c How would you describe your swimming speed?  
Slow  Average  Fast

**7 Have you participated in any sporting activities in the last week?**

Yes  No  (if no, please go to question 8)

**7a If yes, what kind of sporting activity? .....**

**7b How many hours approximately, did you spend participating in sporting activities in the last week?**

Less than 1 hour in the last week  ..... hours in the last week

**8 How often did you perspire during physical activity in the last week?**

Never  1-2 times  3-4 times  5 or more times

**9. In the last 3 months (since you have been taking part in the PACE-UP trial) do you think that your walking and physical activity has:**

Decreased a lot

Decreased a little

Stayed about the same

Increased a little

Increased a lot

## Section H - Some questions about the money you have spent to do with walking and other physical activity

7 In the past 3 months, did you pay for any membership fees to do with walking?

No  (please go to question 2) Yes  (please go to question 1a)

1a. If yes, how much did you spend? .....

1b. How often do you tend to pay this amount? (circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

2. In the past 3 months, did you pay for any individual classes, entrance fees or groups to do with walking?

(if not included in membership fees above)

No  (please go to question 3) Yes  (please go to question 2a)

2a. If yes, how much did you spend? .....

2b. How often do you tend to pay this amount? (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

3. In the past 3 months, did you pay for shoes or clothing to do with walk

No  (please go to question 4) Yes  (please go to question 3a)

3a. If yes, how much did you spend? .....

3b. How often do you tend to pay this amount? (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**4. In the past 3 months, did you have to pay for food or drink to do with walking?**

No  (please go to question 5) Yes  (please go to question 4a)

**4a. If yes, how much did you spend?** .....

**4b. How often do you tend to pay this amount?** (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**5. In the past 3 months, did you have to pay for anything else to do with walking?**

No  (please go to question 6) Yes  (please go to question 5a)

**5a. If yes, what else did you have to pay for?** .....

**5b. How much did you spend?** .....

**5b. How often do you tend to pay this amount?** (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**6. In the past 3 months, did you spend money on other kinds of physical activity?**

No  Yes  (please go to question 5a)

**6a. If yes, what other kinds of physical activity did you spend money on?**

(please list all that apply) .....

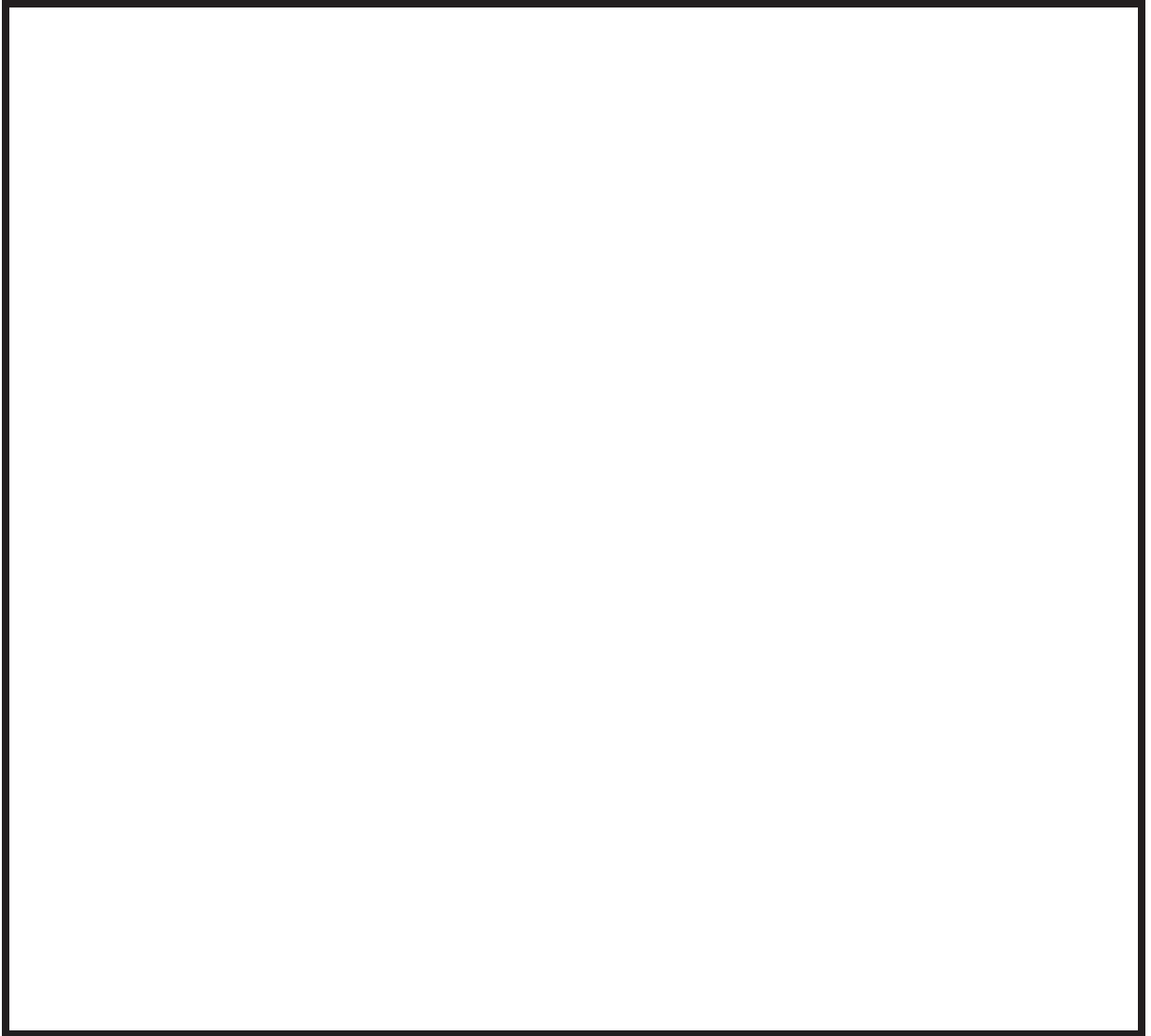
**6b. If yes, roughly how much did you spend in total on other kinds of physical activity over the past 3 months?**

.....  
.....

**13. In the past 3 months do you think that your spending on walking and physical activity has:**

Increased a lot   
Increased a little   
Stayed about the same   
Decreased a little   
Decreased a lot

**Please write below any other comments you have on  
your health or this questionnaire**

A large, empty rectangular box with a black border, intended for the respondent to write any additional comments regarding their health or the questionnaire.

**Thank you for filling in this questionnaire.**

***Health and lifestyle 3 month survey***

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**Study IDNO \_\_\_\_\_**

**Thank you for filling in this questionnaire.**

**It will take you about 15 minutes to complete.**

**Please feel free to write comments by any question.**

**All information will be kept strictly confidential.**

**Please enter your date of birth    \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**Please enter today's date        \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**Thank you**

*Pedometer by post group*

# Section A - Some general questions about your health

Please put a tick in the box next to the most appropriate answer for each question.



## 8 How is your health in general?

- Very good
- Good
- Fair
- Poor
- Very poor

## 2 How much physical or bodily pain have you had in the past 4 weeks?

- None
- Very mild or mild
- Moderate
- Severe or very severe

## 3 In the past four weeks, how much did pain interfere with your normal activities?

- Not at all
- A little bit
- Moderately
- Quite a bit or extremely



## Section B - Questions about your health today

Under each heading, please tick the **ONE** box that best describes your health **TODAY**

### 1 Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

### 9 Self-care

- I have no problems with self-care
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

### 10 Usual activities (*e.g. work, study, housework, family or leisure*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

### 11 Pain / discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

### 12 Anxiety / depression

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

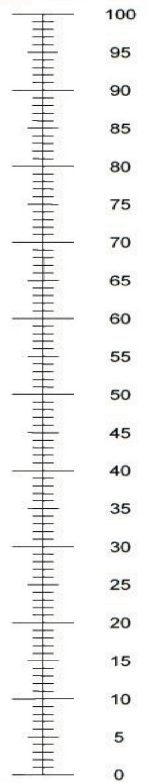
## Section B - Continued: about your health today

We would like to know how good or bad your health is TODAY

- The scale is numbered 0 to 100
- 100 means the best health you can imagine
- 0 means the worst health you can imagine
- Mark an X on the scale to indicate how your health is TODAY
- Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY =

The best health you can imagine



The worst health you can imagine

## Section C - Some questions on injuries and health

These questions ask about any injuries or changes in your health that you may have had in the 3 months that you have been involved in this study.

In the last 3 months have you had any of the following:

1 A fall? Yes  No

1a If yes, how many times? .....times in the last 3 months

2 Any fractures (broken bones)? Yes  No

2a If yes, please give details of what bones were injured

.....  
 .....

3 Any sprains or injuries? Yes  No

3a If yes, please give details of the sprain or injury

.....

# Some questions on injuries and health continued

If you have not had a fall, fracture, sprain or injury, please go to question 6.

If you have had a fall, fracture, sprain or injury, please go to question 4.

4. Did you or your family have to pay for anything as a result of your fall(s), fracture(s) sprain(s) or injury(ies)? (Please consider any costs linked to your continuing care or recovery)

Yes  No

4a. If yes, roughly how much did you spend?.....

4b. What was this spent on?.....

5. In the past 3 months did you have to stop doing your usual activities due to a fall, fracture, sprain or injury?

Yes  No

5a. If yes, how many days did you stop your usual activities? .....days

6. In the last 3 months have you noticed a deterioration in any health problems that you already had at the start of this research project?

Yes  No

6a. If yes, please give details

.....  
.....

7. In the last 3 months have you noticed an improvement in any health problems that you already had at the start of this research project?

Yes  No

7a. If yes, please give details

.....  
.....

## Section D - Some questions on how you feel

For each item below, please tick the box opposite the reply that comes closest to how you have been feeling over the past week. Don't take too long over the answers: your immediate reaction will probably be most accurate.

**Tick only one box in each section**

**31. I feel tense or 'wound up':**

- Most of the time
- A lot of the time
- Time to time
- Not at all

**32. I feel as if I am slowed down:**

- Nearly all of the time
- Very often
- Sometimes
- Not at all

**33. I still enjoy things I used to:**

- Definitely as much
- Not quite as much
- Only a little
- Hardly at all

**34. I get a sort of frightened feeling like butterflies in the stomach:**

- Not at all
- Occasionally
- Quite often
- Very often

**35. I get a sort of frightened feeling as if something bad is about to happen:**

- Very definitely
- Yes, but not too badly
- A little, but it doesn't worry me
- Not at all

**36. I have lost interest in my appearance:**

- Definitely
- I don't take so much care as I should do
- I might not take quite as much care
- I take just as much care

**37. I can laugh and see the funny side of things:**

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

**38. I feel restless, as if I have to be on the move**

- Very much indeed
- Quite a lot
- Not very much
- Not at all

**39. Worrying thoughts go through my mind:**

- A great deal of the time
- A lot of the time
- From time to time but not too often
- Only occasionally

**40. I look forward with enjoyment to things:**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

**41. I feel cheerful:**

- Not at all
- Not often
- Sometimes
- Most of the time

**42. I get sudden feelings of panic**

- Very often indeed
- Quite often
- Not very often
- Not at all

**43. I can sit at ease and feel relaxed:**

- Definitely
- Usually
- Not often
- Not at all

**44. I can enjoy a good book, radio or**

**TV programme:**

- Often
- Sometimes
- Not often
- Very seldom

**45. I feel lonely:**

- All the time
- Often
- Sometimes
- Never

## Section E - Some questions about your attitudes to exercise and health

Please indicate how strongly you agree or disagree with each statement

Please tick one box to indicate how strongly you agree or disagree with each statement

	<i>Strongly agree</i>	<i>Slightly agree</i>	<i>Unsure</i>	<i>Slightly disagree</i>	<i>Strongly disagree</i>
<b>14. Doing exercise is satisfying and rewarding to me</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Doing exercise regularly is good for me</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. There is little I can do to make up for the physical losses that come with age</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Exercising regularly can be helpful for my health</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Exercising regularly can help me to get out of doors</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. Exercising regularly can help me to control my weight or to lose weight</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section F – Some questions about your belief in your ability to exercise

How sure are you that you will do each of the following:

		<b>Very Sure</b>	<b>Pretty Sure</b>	<b>A little Sure</b>	<b>Not at all Sure</b>
1	Exercise regularly (3 times a week for 20 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Exercise when you are feeling tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Exercise when you are feeling under pressure to get things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Exercise when you are feeling down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Exercise when you have too much work to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Exercise when there are other more interesting things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Exercise when your family or friends do not provide any support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Exercise when you don't really feel like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Exercise when you are away from home (e.g. visiting, on holiday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section G - Some questions about physical activity

- 13 **How many times did you take a walk outside during the last week?**  
(include walking related to other activities e.g. for shopping, travel to work etc)  
.....times last week
- 2 **How long did such a walk usually last? .....**minutes
- 3 **Did you take a walk that lasted longer than 1 hour during the last month?**  
Yes  No
- 3a **If yes, how many times did you do that? .....**times last month
- 4 **Do you have someone with whom you can go for a walk, or do other physical activities?**  
  
Always  Often  Sometimes  Never
- 5 **Do you ride a bicycle?**  
Yes  No  (please go to question 6)
- 5a **If yes, how many times did you cycle last week? .....**times
- 5b **How long on average did you cycle for each time? .....**minutes
- 5c **How would you describe your cycling pace?**  
Slow  Average  Fast
- 6 **Do you go swimming?**  
Yes  No  (please go to question 7)
- 6a **If yes, how many times did you swim last week? .....**times
- 6b **How long on average did you swim for each time?.....**minutes
- 6c **How would you describe your swimming speed?**  
Slow  Average  Fast
- 7 **Have you participated in any sporting activities in the last week?**  
Yes  No  (if no, please go to question 8)



7a If yes, what kind of sporting activity? .....

7b How much time approximately did you spend participating in sporting activities in the last week?

.....hours .....minutes

8 How often did you perspire during physical activity in the last week?

Never  1-2 times  3-4 times  5 or more times

9. In the last 3 months (since you have been taking part in the PACE-UP trial) do you think that your walking and physical activity has:

Decreased a lot

Decreased a little

Stayed about the same

Increased a little

Increased a lot

## Section H - Some questions about the money you have spent to do with walking and other physical activity

**14 In the past 3 months, did you pay for any membership fees to do with walking?**

No  (please go to question 2) Yes  (please go to question 1a)

**1a. If yes, how much did you spend?** .....

**1b. How often do you tend to pay this amount?** (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**2. In the past 3 months, did you pay for any individual classes, entrance fees or groups to do with walking?** (if not included in membership fees above)

No  (please go to question 3) Yes  (please go to question 2a)

**2a. If yes, how much did you spend?** .....

**2b. How often do you tend to pay this amount?** (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**3 In the past 3 months, did you pay for shoes or clothing to do with walking?**

No  (please go to question 4) Yes  (please go to question 3a)

**3a. If yes, how much did you spend?** .....

**3b. How often do you tend to pay this amount?** (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**4 In the past 3 months, did you have to pay for food or drink to do with walking?**

No  (please go to question 5) Yes  (please go to question 4a)

**4a. If yes, how much did you spend?** .....

**4b. How often do you tend to pay this amount?** (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**5 In the past 3 months, did you have to pay for anything else to do with walking?**

No  (please go to question 6) Yes  (please go to question 5a)

**5a. If yes, what else did you have to pay for?** .....

**5b. How much did you spend?** .....

**5b. How often do you tend to pay this amount?** (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**6. In the past 3 months, did you spend money on other kinds of physical activity?**

No  Yes  (please go to question 5a)

**6a. If yes, what other kinds of physical activity did you spend money on?** (please list all that apply) .....

**6b. If yes, roughly how much did you spend in total on other kinds of physical activity over the past 3 months?**

.....  
.....

**20. In the past 3 months do you think that your spending on walking and physical activity has:**

- Increased a lot
- Increased a little
- Stayed about the same
- Decreased a little
- Decreased a lot

# Section I - Some questions about taking part in the PACE-UP trial

1. How did you find wearing the pedometer? (please tick as many as you feel apply)

- I found it helpful
- I found it difficult to remember to wear
- I found it difficult to use
- I found it a nuisance
- I enjoyed wearing the pedometer
- I found it uncomfortable to wear

Any other comments about wearing the pedometer?.....

.....

2. In the past 3 months, how much time have you spent working out how to use the pedometer?

..... (hours) .....(minutes)

3. In the past 3 months, how much time have you spent planning your increase in walking / step-count?

..... (hours) .....(minutes)

4. How did you find writing your step-counts in the PACE-UP physical activity diary? (please tick as many as apply)

- I found it helpful
- I found it difficult to remember to fill in
- I found it a nuisance
- I enjoyed writing in the diary

Any other comments about writing in the PACE-UP physical activity diary?

.....

.....

## **More questions about taking part in the PACE-UP trial**

5. In the past 3 months, how often did you fill out the PACE-UP physical activity diary? .....
6. In the past 3 months, how long did you spend on average filling out the PACE-UP physical activity diary each time you did it .....(minutes)

**Please write below any other comments you have on the PACE-UP trial or this questionnaire**

**Thank you for filling in this questionnaire.**

# PACE-UP study

## *Health and lifestyle 3 month survey*

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Study IDNO \_\_\_\_\_

Thank you for filling in this questionnaire.

It will take you about 15 minutes to complete.

Please feel free to write comments by any question.

All information will be kept strictly confidential.

Please enter your date of birth    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please enter today's date        \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Thank you**

*Nurse intervention group*

## Section A - Some general questions about your health

Please put a tick in the box next to the most appropriate answer for each question.



**15 How is your health in general?**

- Very good
- Good
- Fair
- Poor
- Very poor

**2 How much physical or bodily pain have you had in the past 4 weeks?**

- None
- Very mild or mild
- Moderate
- Severe or very severe

**3 In the past four weeks, how much did pain interfere with your normal activities?**

- Not at all
- A little bit
- Moderately
- Quite a bit or extremely

## Section B - Questions about your health today

Under each heading, please tick the ONE box that best describes your health TODAY

### 1 Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

### 16 Self-care

- I have no problems with self-care
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

### 17 Usual activities (e.g. work, study, housework, family or leisure)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

### 18 Pain / discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

### 19 Anxiety / depression

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

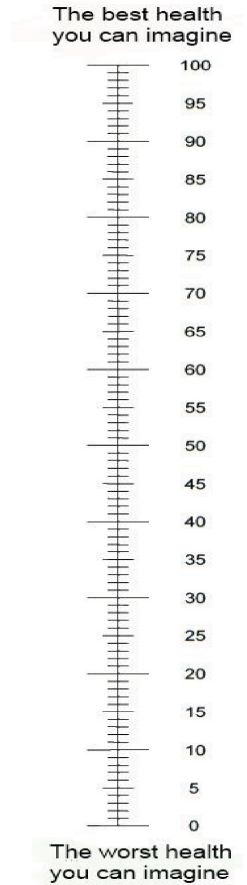


## Section B - Continued: about your health today

We would like to know how good or bad your health is TODAY

- The scale is numbered 0 to 100
- 100 means the best health you can imagine
- 0 means the worst health you can imagine
- Mark an X on the scale to indicate how your health is TODAY
- Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY =



## Section C - Some questions on injuries and health

These questions ask about any injuries or changes in your health that you may have had in the 3 months that you have been involved in this study.

In the last 3 months have you had any of the following:

1 A fall? Yes  No

1a If yes, how many times? .....times in the last 3 months

2 Any fractures (broken bones)? Yes  No

2a If yes, please give details of what bones were injured  
 .....  
 .....

3 Any sprains or injuries? Yes  No

3a If yes, please give details of the sprain or injury  
 .....

# Some questions on injuries and health continued

If you have not had a fall, fracture, sprain or injury, please go to question 6.

If you have had a fall, fracture, sprain or injury, please go to question 4.

4. Did you or your family have to pay for anything as a result of your fall(s), fracture(s), sprain(s) or injury(ies)? (Please consider any costs linked to your continuing care or recovery)

Yes  No

If yes, roughly how much did you spend?.....

What was this spent on? .....

5. In the past 3 months did you have to stop doing your usual activities due to a fall, fracture, sprain or injury?

Yes  No

If yes, how many days did you stop your usual activities? .....days

6. In the last 3 months have you noticed a deterioration in any health problems that you already had at the start of this research project?

Yes  No

6a If yes, please give details

.....  
.....

7. In the last 3 months have you noticed an improvement in any health problems that you already had at the start of this research project?

Yes  No

7a If yes, please give details

.....  
.....

## Section D - Some questions on how you feel

For each item below, please tick the box opposite the reply that comes closest to how you have been feeling over the past week. Don't take too long over the answers: your immediate reaction will probably be most accurate.

**Tick only one box in each section**

**46. I feel tense or 'wound up':**

- Most of the time
- A lot of the time
- Time to time
- Not at all

**47. I feel as if I am slowed down:**

- Nearly all of the time
- Very often
- Sometimes
- Not at all

**48. I still enjoy things I used to:**

- Definitely as much
- Not quite as much
- Only a little
- Hardly at all

**49. I get a sort of frightened feeling like butterflies in the stomach:**

- Not at all
- Occasionally
- Quite often
- Very often

**50. I get a sort of frightened feeling as if something bad is about to happen:**

- Very definitely
- Yes, but not too badly
- A little, but it doesn't worry me
- Not at all

**51. I have lost interest in my appearance:**

- Definitely
- I don't take so much care as I should do
- I might not take quite as much care
- I take just as much care

**52. I can laugh and see the funny side of things:**

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

**53. I feel restless, as if I have to be on the move**

- Very much indeed
- Quite a lot
- Not very much
- Not at all

**54. Worrying thoughts go through my mind:**

- A great deal of the time
- A lot of the time
- From time to time but not too often
- Only occasionally

**55. I look forward with enjoyment to things:**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

**56. I feel cheerful:**

- Not at all
- Not often
- Sometimes
- Most of the time

**57. I get sudden feelings of panic**

- Very often indeed
- Quite often
- Not very often
- Not at all

**58. I can sit at ease and feel relaxed:**

- Definitely
- Usually
- Not often
- Not at all

**59. I can enjoy a good book, radio or TV programme:**

- Often
- Sometimes
- Not often
- Very seldom

**60. I feel lonely:**

- All the time
- Often
- Sometimes
- Never

## Section E - Some questions about your attitudes to exercise and health

Please indicate how strongly you agree or disagree with each statement

Please tick one box to indicate how strongly you agree or disagree with each statement

	<i>Strongly agree</i>	<i>Slightly agree</i>	<i>Unsure</i>	<i>Slightly disagree</i>	<i>Strongly disagree</i>
21. Doing exercise is satisfying and rewarding to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Doing exercise regularly is good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. There is little I can do to make up for the physical losses that come with age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Exercising regularly can be helpful for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Exercising regularly can help me to get out of doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Exercising regularly can help me to control my weight or to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section F – Some questions about your belief in your ability to exercise

How sure are you that you will do each of the following:

		<b>Very Sure</b>	<b>Pretty Sure</b>	<b>A little Sure</b>	<b>Not at all Sure</b>
1	Exercise regularly (3 times a week for 20 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Exercise when you are feeling tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Exercise when you are feeling under pressure to get things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Exercise when you are feeling down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Exercise when you have too much work to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Exercise when there are other more interesting things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Exercise when your family or friends do not provide any support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Exercise when you don't really feel like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Exercise when you are away from home (e.g. visiting, on holiday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section G - Some questions about physical activity

**20 How many times did you take a walk outside during the last week?**

(include walking related to other activities e.g. for shopping, travel to work etc)

.....times last week

**2 How long did such a walk usually last? .....minutes**

**3 Did you take a walk that lasted longer than 1 hour during the last month?**

Yes  No

**3a If yes, how many times did you do that? .....times last month**

**4 Do you have someone with whom you can go for a walk, or do other physical activities?**

Always  Often  Sometimes  Never

**5 Do you ride a bicycle?**

Yes  No  (please go to question 6)

**5a If yes, how many times did you cycle last week? .....times**

**5b How long on average did you cycle for each time? .....minutes**

**5c How would you describe your cycling pace?**

Slow  Average  Fast

**6 Do you go swimming?**

Yes  No  (please go to question 7)

**6a If yes, how many times did you swim last week? .....times**

**6b How long on average did you swim for each time?.....minutes**

**6c How would you describe your swimming speed?**

Slow  Average  Fast

**7 Have you participated in any sporting activities in the last week?**

Yes  No  (if no, please go to question 8)

**7a If yes, what kind of sporting activity? .....**

**7b How many hours approximately, did you spend participating in sporting activities in the last week?**

Less than 1 hour in the last week  ..... hours in the last week

**8 How often did you perspire during physical activity in the last week?**

Never  1-2 times  3-4 times  5 or more times

**9. In the last 3 months (since you have been taking part in the PACE-UP trial) do you think that your walking and physical activity has:**

Decreased a lot

Decreased a little

Stayed about the same

Increased a little

Increased a lot



## Section H - Some questions about the money you have spent to do with walking and other physical activity

**21 In the past 3 months, did you pay for any membership fees to do with walking?**

No  (please go to question 2) Yes  (please go to question 1a)

**1a. If yes, how much did you spend? .....**

**1b. How often do you tend to pay this amount? (please circle the correct frequency below)**

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**2. In the past 3 months, did you pay for any individual classes, entrance fees or groups to do with walking? (if not included in membership fees above)**

No  (please go to question 3) Yes  (please go to question 2a)

**2a. If yes, how much did you spend? .....**

**2b. How often do you tend to pay this amount? (please circle the correct frequency below)**

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**3 In the past 3 months, did you pay for shoes or clothing to do with walking?**

No  (please go to question 4) Yes  (please go to question 3a)

**3a. If yes, how much did you spend? .....**

**3b. How often do you tend to pay this amount? (please circle the correct frequency below)**

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**4 In the past 3 months, did you have to pay for food or drink to do with walking?**

No  (please go to question 5) Yes  (please go to question 4a)

**4a. If yes, how much did you spend? .....**

**4b. How often do you tend to pay this amount? (please circle the correct frequency below)**

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**5 In the past 3 months, did you have to pay for anything else to do with walking?**

No  (please go to question 6) Yes  (please go to question 5a)

**5a. If yes, what else did you have to pay for? .....**

**5b. How much did you spend? .....**

**5b. How often do you tend to pay this amount? (please circle the correct frequency below)**

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

**6. In the past 3 months, did you spend money on other kinds of physical activity?**

No  Yes  (please go to question 5a)

**6a. If yes, what other kinds of physical activity did you spend money on? (please list all that apply) .....**

**6b. If yes, roughly how much did you spend in total on other kinds of physical activity over the past 3 months?**

.....

**27. In the past 3 months do you think that your spending on walking and physical activity has:**

- Increased a lot
- Increased a little
- Stayed about the same
- Decreased a little
- Decreased a lot

# Section I - Some questions about taking part in the PACE-UP trial

7. How did you find wearing the pedometer? (please tick as many as apply)

- I found it helpful
- I found it difficult to remember to wear
- I found it difficult to use
- I found it a nuisance
- I enjoyed wearing the pedometer
- I found it uncomfortable to wear

Any other comments about wearing the pedometer?.....

8. In the past 3 months, how much time have you spent working out how to use the pedometer? ..... (hours) .....(minutes)

9. In the past 3 months, how much time have you spent planning your increase in walking / step-count? ..... (hours) .....(minutes)

10. How did you find writing your step-counts in the PACE-UP physical activity diary? (please tick as many as apply)

- I found it helpful
- I found it difficult to remember to fill in
- I found it a nuisance
- I enjoyed writing in the diary

11. In the past 3 months, how often did you fill out the PACE-UP physical activity diary? .....

12. In the past 3 months, how long did you spend on average filling out the PACE-UP physical activity diary each time you did it ..... (minutes)

Any other comments about writing in the PACE-UP physical activity diary?

13. Did you visit the nurse for the PACE-UP trial?

- Yes  No  (If no, please go to the end of the questionnaire).

**14. How did you find seeing the nurse for the PACE-UP trial appointments?**  
(please tick as many as apply)

- I found it helpful
- I found it difficult to get to the appointments
- I found it a nuisance
- I felt that seeing the nurse helped me to walk more

**Any other comments about seeing the nurse?**.....

.....

**15. Did you travel by car to see the nurse last time you attended for the PACE-UP trial?**

Yes  No  (If no, please go to question 10).

**9a. Did you have to pay for parking while you had the consultation?**

Yes  No  (If no, please go to question 10).

**9b. If yes, how much did it cost to park?** .....

**16. Did you walk to see the nurse last time you attended for the PACE-UP trial?**

Yes  No  (If no, please go to question 11).

**10a. If yes, how long did you spend walking (there and back)?** .....(in minutes)

**17. Did you use public transport (bus, train, tram, tube, taxi) to travel to see the nurse last time you attended for the PACE-UP trial?**

Yes  No  (If no, please go to question 12).

**11a. If yes, what type of ticket or fare did you buy or use to travel to visit the nurse last time you attended for the PACE-UP trial?**

- Single ticket
- Return ticket
- Season ticket
- Other ticket type
- Don't know

**11b. What was the total cost of this journey (to and from visiting the nurse)?**

.....

## **Some more questions about taking part in the PACE-UP trial**

**18. How long did it take you, in total, to travel to and from the practice the last time you visited the nurse for the PACE-UP trial ..... minutes**

**19. How long did you have wait at the practice before meeting the nurse last time for the PACE-UP trial ? ..... minutes**

**20. Still thinking about the last time you met the nurse for the PACE-UP trial, how long did the meeting last? ..... minutes**

**21. Did you have to pay someone to look after a child or other family member in order to be able to attend the consultation?**

Yes                       No  (If no, please go to the end of the questionnaire).

**15a If yes, how much did you pay for your child or family member to be looked after the last time you visited the nurse for the PACE-UP trial? .....**

**Please write below any other comments you have on the  
PACE-UP trial or this questionnaire**

**Thank you for filling in this questionnaire.**

***Health and lifestyle 12 month survey***

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**Study IDNO** \_\_\_\_\_

**Thank you for filling in this questionnaire.**

**It will take you about 15 minutes to complete.**

**Please feel free to write comments by any question.**

**All information will be kept strictly confidential.**

**Please enter your date of birth**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please enter today's date**        \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Thank you**

## Section A - Some general questions about your health

Please put a tick in the box next to the most appropriate answer for each question.



### 22 How is your health in general?

- Very good
- Good
- Fair
- Poor
- Very poor

### 2 How much physical or bodily pain have you had in the past 4 weeks?

- None
- Very mild or mild
- Moderate
- Severe or very severe

### 3 In the past four weeks, how much did pain interfere with your normal activities?

- Not at all
- A little bit
- Moderately
- Quite a bit or extremely

## Section B - Questions about your health today

Under each heading, please tick the **ONE** box that best describes your health TODAY

### 1 Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

### 23 Self-care

- I have no problems with self-care
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

### 24 Usual activities (*e.g. work, study, housework, family or leisure*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

### 25 Pain / discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

### 26 Anxiety / depression

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

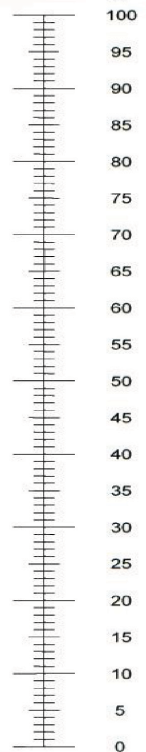


## Section B - Your health today (continued)

- We would like to know how good or bad your health is TODAY
- The scale is numbered 0 to 100
- 100 means the best health you can imagine
- 0 means the worst health you can imagine
- Mark an X on the scale to indicate how your health is TODAY
- Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY =

The best health you can imagine



The worst health you can imagine

## Section C - Some questions on injuries and health

These questions ask about any injuries or changes in your health that you may have had in the 12 months that you have been involved in this study.

In the last 12 months have you had any of the following:

1 A fall? Yes  No

1a If yes, how many times? .....times in the last 12 months

2 Any fractures (broken bones)? Yes  No

2a If yes, please give details of what bones were injured

.....  
 .....

3 Any sprains or injuries? Yes  No

3a If yes, please give details of the sprain or injury

.....

# Some more questions on injuries and health

If you have not had a fall, fracture, sprain or injury, please go to question 6.

If you have had a fall, fracture, sprain or injury, please go to question 4.

4. Did you or your family have to pay for anything as a result of your fall(s), fracture(s), sprain(s) or injury(ies)? (Please consider any costs linked to your continuing care or recovery)

Yes  No

If yes, roughly how much did you spend?.....

What was this spent on?.....

5. In the past 12 months did you have to stop doing your usual activities due to a fall. Fracture, sprain or injury?

Yes  No

If yes, how many days did you stop your usual activities? .....days

6. In the last 12 months have you noticed a deterioration in any health problems that you already had at the start of this research project?

Yes  No

6a If yes, please give details

.....  
.....

7. In the last 12 months have you noticed an improvement in any health problems that you already had at the start of this research project?

Yes  No

7a If yes, please give details

.....  
.....

## Section D - Some questions on how you feel

For each item below, please tick the box opposite the reply that comes closest to how you have been feeling over the past week. Don't take too long over the answers: your immediate reaction will probably be most accurate.

**Tick only one box in each section**

**61. I feel tense or 'wound up':**

- Most of the time
- A lot of the time
- Time to time
- Not at all

**62. I feel as if I am slowed down:**

- Nearly all of the time
- Very often
- Sometimes
- Not at all

**63. I still enjoy things I used to:**

- Definitely as much
- Not quite as much
- Only a little
- Hardly at all

**64. I get a sort of frightened feeling like butterflies in the stomach:**

- Not at all
- Occasionally
- Quite often
- Very often

**65. I get a sort of frightened feeling as if something bad is about to happen:**

- Very definitely
- Yes, but not too badly
- A little, but it doesn't worry me
- Not at all

**66. I have lost interest in my appearance:**

- Definitely
- I don't take so much care as I should do
- I might not take quite as much care
- I take just as much care

**67. I can laugh and see the funny side of things:**

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

**68. I feel restless, as if I have to be on the move**

- Very much indeed
- Quite a lot
- Not very much
- Not at all

**69. Worrying thoughts go through my mind:**

- A great deal of the time
- A lot of the time
- From time to time but not too often
- Only occasionally

**70. I look forward with enjoyment to things:**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

**71. I feel cheerful:**

- Not at all
- Not often
- Sometimes
- Most of the time

**72. I get sudden feelings of panic**

- Very often indeed
- Quite often
- Not very often
- Not at all

**73. I can sit at ease and feel relaxed:**

- Definitely
- Usually
- Not often
- Not at all

**74. I can enjoy a good book, radio or TV programme:**

- Often
- Sometimes
- Not often
- Very seldom

**75. I feel lonely:**

- All the time
- Often
- Sometimes
- Never

## Section E - Some questions about your attitudes to exercise and health

Please indicate how strongly you agree or disagree with each statement

Please tick one box to indicate how strongly you agree or disagree with each statement

	<i>Strongly agree</i>	<i>Slightly agree</i>	<i>Unsure</i>	<i>Slightly disagree</i>	<i>Strongly disagree</i>
28. Doing exercise is satisfying and rewarding to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Doing exercise regularly is good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. There is little I can do to make up for the physical losses that come with age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Exercising regularly can be helpful for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Exercising regularly can help me to get out of doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Exercising regularly can help me to control my weight or to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Section F – Some questions about your belief in your ability to exercise

How sure are you that you will do each of the following:

		<b>Very Sure</b>	<b>Pretty Sure</b>	<b>A little Sure</b>	<b>Not at all Sure</b>
1	Exercise regularly (3 times a week for 20 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Exercise when you are feeling tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Exercise when you are feeling under pressure to get things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Exercise when you are feeling down or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Exercise when you have too much work to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Exercise when there are other more interesting things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Exercise when your family or friends do not provide any support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Exercise when you don't really feel like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Exercise when you are away from home (e.g. visiting, on holiday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section G - Some questions about physical activity

- 27 **How many times did you take a walk outside *during the last week*?**  
(include walking related to other activities) .....times last week
- 2 **How long did such a walk usually last? .....minutes**
- 3 **Did you take a walk that lasted longer than 1 hour *during the last month*?**  
Yes  No
- 3a **If yes, how many times did you do that? .....times last month**
- 4 **Do you have someone with whom you can go for a walk, or do other physical activities?**  
Always  Often  Sometimes  Never
- 5 **Do you ride a bicycle? Yes  No  (please go to question 6)**
- 5a **If yes, how many times did you cycle last week? .....times**
- 5b **How long on average did you cycle for each time? .....minutes**
- 5c **How would you describe your cycling pace?**  
Slow  Average  Fast
- 6 **Do you go swimming? Yes  No  (please go to question 7)**
- 6a **If yes, how many times did you swim last week? .....times**
- 6b **How long on average did you swim for each time?.....minutes**
- 6c **How would you describe your swimming speed?**  
Slow  Average  Fast
- 7 **Have you participated in any sporting activities in the last week?**  
Yes  No  (if no, please go to question 8)
- 7a **If yes, what kind of sporting activity? .....**
- 7b **How many hours approximately, did you spend participating in sporting activities in the last week?**  
Less than 1 hour in the last month  ..... hours in the last month

8 How often did you perspire during physical activity in the last week?

Never  1-2 times  3-4 times  5 or more times

9. In the last 12 months (since you have been taking part in the PACE-UP trial) do you think that your walking and physical activity has:

Decreased a lot

Decreased a little

Stayed about the same

Increased a little

Increased a lot

## Section H - Some questions about the money you have spent to do with walking and other physical activity

28 In the past 3 months, did you pay for any membership fees to do with walking?

No  (please go to question 2) Yes  (please go to question 1a)

1a. If yes, how much did you spend? .....

1b. How often do you tend to pay this amount? (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

2. In the past 3 months, did you pay for any individual classes, entrance fees or groups to do with walking? (if not included in membership fees above)

No  (please go to question 3) Yes  (please go to question 2a)

2a. If yes, how much did you spend? .....

2b. How often do you tend to pay this amount? (please circle the correct frequency below)

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

3. In the past 3 months, did you pay for shoes or clothing to do with walking?

No  (please go to question 4) Yes  (please go to question 3a)



## Some more questions about the money you have spent to do with walking and other physical activity

3a. If yes, how much did you spend? .....

3b. How often do you tend to pay this amount? *(please circle the correct frequency below)*

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

4 In the past 3 months, did you have to pay for food or drink to do with walking?

No  *(please go to question 5)* Yes  *(please go to question 4a)*

4a. If yes, how much did you spend? .....

4b. How often do you tend to pay this amount? *(please circle the correct frequency below)*

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

5 In the past 3 months, did you have to pay for anything else to do with walking?

No  *(please go to question 6)* Yes  *(please go to question 5a)*

5a. If yes, what else did you have to pay for? .....

5b. How much did you spend? .....

5b. How often do you tend to pay this amount? *(please circle the correct frequency below)*

Weekly / Monthly/ Annually / Each time / It is a one off / Don't know / Other

If other, please specify.....

6. In the past 3 months, did you spend money on other kinds of physical activity?

No  Yes  *(please go to question 5a)*

6a. If yes, what other kinds of physical activity did you spend money on? *(please list all that apply)* .....

6b. If yes, roughly how much did you spend in total on other kinds of physical activity over the past 3 months? .....

**Thank you for filling in this questionnaire.**

## ***7 day physical activity questionnaire***

---

**Study IDNO** \_\_\_\_\_

**Please can you fill out this questionnaire just AFTER you have finished wearing the accelerometer for 7 days.**

There are 2 short sections, each asking about your physical activity over the 7 days when you were wearing the accelerometer. It will take you about 5 minutes.

Please answer each question as best you can from memory, you do not need to look back at your diary or calculate anything.

Please feel free to write comments by any question.

All information will be kept confidential.

**Please enter your date of birth**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please enter today's date**        \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Thank you**

## Section 1: International Physical Activity Questionnaire

The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be active. Please think about the activities you do at work, as part of your housework and gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

\_\_\_\_\_ **days per week**

No vigorous physical activities → **Skip to question 3**

2. How much time did you usually spend doing **vigorous** physical activities on one of those days?

\_\_\_\_\_ **hours per day**

\_\_\_\_\_ **minutes per day**

Don't know / Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

\_\_\_\_\_ **days per week**

No moderate physical activities → **Skip to question 5**

4. How much time did you usually spend doing **moderate** physical activities on one of those days?

\_\_\_\_\_ **hours per day**

\_\_\_\_\_ **minutes per day**

Don't know / Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

5. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

\_\_\_\_\_ **days per week**

No walking → ***Skip to question 7***

6. How much time did you usually spend **walking** on one of those days?

\_\_\_\_\_ **hours per day**

\_\_\_\_\_ **minutes per day**

Don't know / Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

\_\_\_\_\_ **hours per day**

\_\_\_\_\_ **minutes per day**

Don't know / Not sure

## Section 2: General Practice Physical Activity Questionnaire

1. Please tell us about the type of physical activity involved in your work

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc)	
b	I spend most of my time at work sitting (e.g. in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much physical effort (eg. shop assistant, hair dresser, security guard, childminder)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc)	
e	My work involves vigorous physical activity including handling of very heavy objects e.g. scaffolder, construction worker, refuse collector etc.)	

2. During the last week, how many hours did you spend on each of the following activities? Please answer whether you are in employment or not.

		None	Some but less than 1 hour	More than 1 but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc				
b	Cycling, including cycling to work and during leisure time				
c	Walking including walking to work, shopping, for pleasure etc				
d	Housework / Childcare				
e	Gardening / DIY				

3. How would you describe your usual walking pace? Please tick one box only.

Slow pace (i.e. less than 3 mph)	Steady average pace	Brisk pace	Fast pace (i.e. over 4 mph)