

## ***Health and physical activity survey***

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

Although you have decided not to take part in our research project, it would be very helpful if you could answer the questions below. We will then be able to see what sort of people did NOT take part and why not. This could help us to improve our research in future to make it suitable to a wider range of people. You do not have to answer any questions if you prefer not to.

**Thank you for filling in this questionnaire.  
It will take you about 5 to 10 minutes.**

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 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 Approximately how tall are you?.....**

**4 Approximately how much do you weigh?.....**

**5 Do you currently smoke?**

- Yes  No

**6 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 B)

**6a If yes, approximately how many times did this happen in the last 3 months?**

- Once  Twice  Three times  Four or more times

## 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 .....                          | <input type="checkbox"/> |
| A heart attack .....                  | <input type="checkbox"/> |
| Other heart problems.....             | <input type="checkbox"/> |
| Stroke.....                           | <input type="checkbox"/> |
| High blood pressure.....              | <input type="checkbox"/> |
| Chronic bronchitis.....               | <input type="checkbox"/> |
| Asthma .....                          | <input type="checkbox"/> |
| Diabetes.....                         | <input type="checkbox"/> |
| Arthritis .....                       | <input type="checkbox"/> |
| Cancer (apart from skin cancer) ..... | <input type="checkbox"/> |
| Depression.....                       | <input type="checkbox"/> |
| Parkinson's Disease.....              | <input type="checkbox"/> |

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

Yes, without glasses       Yes, with glasses       No

**14 Do you have any problems with your balance?**

Yes       No

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

None   
Once or twice   
Three times or more   
Not sure

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

None     One     Two     Three     Four or more

# 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 D - Some questions about physical activity

**1 Please tell us about the type of physical activity involved in your work** (Please tick 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 (e.g. shop assistant, hair-dresser, security guard).
- d) My work involves definite physical effort including handling of heavy objects & 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 only.

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

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

Always	Often	Sometimes	Never

## Section E – Some questions about why you do not want to take part in this physical activity trial

**I do not want to take part in this physical activity trial because:**

(Please tick one box on each line)

	Yes	No	Not sure
1 I do not have time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I cannot increase my physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I am not interested in increasing my physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I am already very physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I am not interested in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I do not want to be put in a group by chance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following reasons are important to me for not wanting to take part in the trial:

.....

.....

**Could we contact you sometime in the next 3 months to arrange an interview to ask you in more detail about your reasons for not wanting to take part in the trial?**

Yes, you can contact me  No, you cannot contact me

**If yes please provide contact details below:**

Home Tel..... Mobile..... Email.....

## Section F- 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. Exercising regularly can be helpful for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Doing exercise is satisfying and rewarding to 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 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 G – 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 At what age did you finish your continuous full-time education at school, college or university?**

14 or under  15

16  17

18  19 or over

**4 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) .....

**5 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 What is your ethnic group?**

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

**A White groups**

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

**B Mixed /multiple ethnic**

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

**C Asian / Asian British Caribbean /**

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

**D Black / African / Black British**

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

**E Other ethnic group**

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

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

**Thank you for filling in this questionnaire, please return it in the freepost envelope**