

PACE-UP+3

Health and lifestyle survey

Study IDNO _____

Thank you for filling in this questionnaire.

It will take you about 10-15 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.



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 What is your current weight?

_____ kg

or _____ stones and _____ pounds

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 C - Some questions on how you feel

Please tick the reply that comes closest to how you have been feeling over the past week. Don't take too long: your immediate reaction will probably be most accurate.

Tick only one box for each question

1. I feel tense or 'wound up':

Most of the time	<input type="checkbox"/>	A lot of the time	<input type="checkbox"/>
From time to time	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

2. I feel as if I am slowed down:

Nearly all of the time	<input type="checkbox"/>	Very often	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

3. I still enjoy things I used to:

Definitely as much	<input type="checkbox"/>	Not quite as much	<input type="checkbox"/>
Only a little	<input type="checkbox"/>	Hardly at all	<input type="checkbox"/>

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

Not at all	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>
Quite often	<input type="checkbox"/>	Very often	<input type="checkbox"/>

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

Very definitely	<input type="checkbox"/>	Yes, but not too badly	<input type="checkbox"/>
A little, but it doesn't worry me	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

6. I have lost interest in my appearance:

Definitely	<input type="checkbox"/>	I don't take so much care as I should	<input type="checkbox"/>
I might not take as much care	<input type="checkbox"/>	I take just as much care	<input type="checkbox"/>

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

As much as I always could	<input type="checkbox"/>	Not quite so much now	<input type="checkbox"/>
Definitely not so much now	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

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

Very much indeed	<input type="checkbox"/>	Quite a lot	<input type="checkbox"/>
Not very much	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

9. Worrying thoughts go through my mind:

A great deal of the time	<input type="checkbox"/>	A lot of the time	<input type="checkbox"/>
From time to time, not too often	<input type="checkbox"/>	Only occasionally	<input type="checkbox"/>

10. I look forward with enjoyment to things:

As much as I ever did	<input type="checkbox"/>	Rather less than I used to	<input type="checkbox"/>
Definitely less than I used to	<input type="checkbox"/>	Hardly at all	<input type="checkbox"/>

11. I feel cheerful:

Not at all	<input type="checkbox"/>	Not often	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	Most of the time	<input type="checkbox"/>

12. I get sudden feelings of panic

Very often indeed
Not very often

Quite often
Not at all

13. I can sit at ease and feel relaxed:

Definitely
Not often

Usually
Not at all

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

Often
Not often

Sometimes
Very seldom

15. I feel lonely:

All the time
Sometimes

Often
Never

Section D – Some questions about your belief in your ability to exercise

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

	Very Sure	Pretty Sure	A little Sure	Not Sure
1. Exercise regularly(3 times weekly for 20 mins)	<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 under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Exercise when you are feeling down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exercise when you have too much work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Exercise when there are more interesting things to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Exercise when 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E - Some questions on falls, injuries & illnesses

These questions ask about any falls, injuries or illnesses that you may have had in the last 12 months.

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

.....

6 Have you attended an Accident and Emergency department? Yes No

If yes, please give details of what this was for and when.....

.....
.....

5 Have you been admitted to hospital? Yes No

If yes, please give details of what this was for and when.....

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.....

Section F - 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)times last week
- 2 How long did such a walk usually last?minutes
- 3 Did you take a walk lasting 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 to go for a walk, or do other physical activities with?
Always Often Sometimes Never
- 5 Do you ride a bicycle? Yes No (please go to Qu. 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
- 6 Do you go swimming? Yes No (please go to Qu.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
- 7 Do you have a garden or allotment? Yes No
- 7a If yes, how many hours, on average, a week do you spend gardening?
In summerhours In winterhours
- 8 Have you participated in any sporting activities in the last week?
Yes No (if no, please go to Qu. 9)
- 8a If yes, what kind of sporting activity?
- 8b 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

9 Do you have a hobby? (other than gardening or sports)?
Yes No (if no, please go to Qu.10)

9a If yes, what kind of hobby?
.....

9b How many hours a week approximately do you spend on it?

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

10 Do you do odd jobs around the house yourself (e.g. painting and carpentry)?

Yes No (if no, please go to question 11)

If yes, for how many hours a week?hours weekly

11 Do you do light housework, such as dusting and washing dishes?

Yes No (if no, please go to question 12)

If yes, for how many hours a week?hours weekly

12 Do you do heavy housework, such as vacuuming, scrubbing floors?

Yes No (if no, please go to question 13)

If yes, for how many hours a week?hours weekly

13 Did you use a pedometer during the last 12 months?

Yes (please go to Qu. 14) No (please go to Qu. 15)

14 If yes, how often did you use a pedometer during the last 12 months?

All the time

About once a week

About once a month

Less frequently than once per month

15 Have you used any other device to measure or monitor your physical activity in the last 12 months?

Smart Phone

Wrist worn device (e.g. fitbit, jawbone, axivity)

Waist worn device

Clip on device

Other-Please specify below

None

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16. Have you had any significant life events in the last 12 months that you think may have affected your physical activity levels? (Some examples are family bereavement, retirement, moved house, new long-term illness or disability, new grandchild).

If yes, please give details of what has happened and how it has affected your physical activity.

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Thank you for filling in this questionnaire