HelpMeDoIt! Study

BASELINE CASE REPORT FORM

Date completed   ☐☐ / ☐☐ / ☐☐☐☐
d d   m m   y y y y

Fieldworker code and initials   ☐

Participant ID   ☐☐☐   **Example:** | 0 | 1 | 2 | 3 |

Participant initials   ☐☐☐   **Example:** | R | L | M | **OR** | R | - | M |

Participant DOB   ☐☐ / ☐☐ / ☐☐☐☐
d d   m m   y y y y

Instructions for completion of CRF

All information should be completed by the Researcher, with the participant. This form should be completed using **BLACK INK**. Please write clearly using **BLOCK** capitals and keep all responses within the boxes provided.

Options should be selected by putting a cross (X) in the appropriate box. If you need to correct an item draw a single line through it and initial and date as shown:

☒   RM 25/11/10

If for any reason compulsory fields are not completed/you do not have the necessary information, please write 'ND' (Not Done) **NEXT TO** the relevant item as shown:
PLEASE LEAVE ALL NON-APPLICABLE FIELDS BLANK
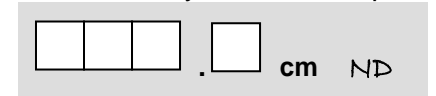
☐☐☐ . ☐ **cm** ND

Participant ID ☐☐☐

Title ☐ **Mr** ☐ **Mrs** ☐ **Miss**

☐ **Ms** ☐ **Dr** ☐ **Other** *Please specify* ☐

First name/s

Surname

Home address ☐ **Address line 1**

☐ **Address line 2**

☐ **Address line 3**

☐ **Address line 4**

Post code ☐☐☐☐☐☐☐

Mobile telephone number ☐☐☐☐☐☐☐☐☐☐☐

Home telephone number ☐☐☐☐☐☐☐☐☐☐☐

Alternative telephone number ☐☐☐☐☐☐☐☐☐☐☐ *(e.g. work)*

Email address

Preferred method of contact *(e.g. mobile, email)*

Additional contact (name)

Additional contact (number) ☐☐☐☐☐☐☐☐☐☐☐

Name of GP

GP surgery address ☐ **Address line 1**

☐ **Address line 2**

☐ **Address line 3**

Post code ☐☐☐☐☐☐☐

Participant ID ⬚⬚⬚

Participant ID ⬚⬚⬚⬚

Where did you hear about the HelpMeDoIt! study?

Letter from GP ☐

Exercise Referral Scheme ☐

Facebook ☐

Twitter ☐

Gumtree ☐

Word of mouth ☐

Saw a poster/leaflet advert ☐   Where? _____

SECTION 2: Anthropometry and body composition measurements

BMI (for fieldworker use) ⬚⬚⬚ . ⬚ kg/m^2

BMI (for office use) ⬚⬚⬚ . ⬚ kg/m^2

Example: | 0 | 8 | 1 | . | 3 | **cm**

Measure	1st measure	2nd measure	3rd measure (if different)	Equipment serial number
Height (cm)				
Weight (kg)				
Waist circumference (cm)				
Hip circumference (cm)				

Participant ID ☐☐☐

SECTION 3: Demographic and occupational information

1. Age ☐☐ **Years**

   Example: | 3 | 2 |

2. Gender ☐ **Male** ☐ **Female**

   Example: | X | **Male** ☐ **Female**

3. Marital/relationship status (<u>tick any that apply</u>):

   ☐ **Married**
   ☐ **Civil partnership**
   ☐ **Cohabiting**
   ☐ **Single**
   ☐ **Widowed**
   ☐ **Divorced**
   ☐ **Separated**

   Example:

   | X | **Married**
   ☐ **Civil partnership**
   ☐ **Cohabiting**

4. Ethnicity ('Which of these groups do you regard yourself as belonging to?')

   ☐ **White - British**
   ☐ **White - Irish**
   ☐ **Any other White background**
   ☐ **Mixed - White and Black Caribbean**
   ☐ **Mixed - White and Black African**
   ☐ **Mixed - White and Asian**
   ☐ **Any other mixed background**
   ☐ **Asian/Asian British - Indian**
   ☐ **Asian/Asian British - Pakistani**
   ☐ **Asian/Asian British - Bangladeshi**
   ☐ **Any other Asian background**
   ☐ **Black/Black British - Caribbean**
   ☐ **Black/Black British - African**
   ☐ **Any other Black background**
   ☐ **Chinese**
   ☐ **Other (please specify)**

   Example:

   | J | A | P | A | N | E | S | E | | | | | | | |

Participant ID ☐☐☐

5. Educational status: Do you have any of the following qualifications? Tick all that apply.

☐	**A higher degree, like a master's degree, or a PhD**
☐	**A first degree, like a BA, BSc or MA**
☐	**A certificate or diploma in higher education**
☐	**A or AS or S levels**
☐	**O levels or GCSE grades A-C**
☐	**Other qualifications (please specify)** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐	**None of these qualifications**

Please answer these questions (6-10) about your occupation. If you are currently unemployed answer them for your most recent job. If you have never been employed please complete the questions for the main earner in the household.

6. Employment status: Do (did) you work as an employee or are (were) you self-employed?

☐	**Employee**	**Go to question 7**
☐	**Self-employed with employees**	**Go to question 9**
☐	**Self-employed/freelance without employees**	**Go to question 10**

7. **For employees**: How many people work (worked) for your employer at the place where you work (worked)?

☐☐☐☐☐

Example: | 0 | 0 | 1 | 5 | 5 |
|---|---|---|---|---|

8. **Supervisory status**: Do (did) you supervise any employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day to day basis)

☐ **Yes** ☐ **No**

Now go to question 10.

9. **For self-employed**: How many people do (did) you employ?

☐ **1 to 24** ☐ **25 or more**

10. Select **ONE** box that best describes the work that you do / did in your last job:

☐ **Modern professional occupations such as: teacher – nurse – physiotherapist – social worker – welfare officer – artist – musician – police officer (sergeant and above) – software designer**

☐ **Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre agent – nursing auxilliary – nursery nurse**

☐ **Senior manager or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) - finance manager – chief executive – project manager**

☐ **Technical and craft occupations such as: motor mechanic – fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver**

☐ **Semi-routine manual and service occupations such as: postal worker – machine operative – security guard – caretaker – farm worker – catering assistant – receptionist – sales assistant**

☐ **Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter – packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff**

☐ **Middle or junior managers such as: office manager – retail manager – bank manager – restaurant manager – warehouse manager – publican**

☐ **Traditional professional occupations such as: accountant – solicitor – medical practitioner – scientist – civil/mechanical engineer**

11. Have you recently or are you currently involved in any research studies?

☐ **Yes**   ☐ **No**

If so, can you give us some brief details about the research? *(please write in block capitals)*

```
[                                                                    ]
[                                                                    ]
[                                                                    ]
```

12. Which best represents your **TOTAL ANNUAL HOUSEHOLD INCOME** from all sources. Do not deduct Tax, National Insurance, Health Insurance payments, or your contributions to pension schemes. Also do not count loans.

☐ Less than £14,999

☐ £15,000 - £29,999

☐ £30,000 - £49,999

☐ £50,000 or more

Participant ID ☐ ☐ ☐

SECTION 4: Weight loss/management

1. Has your weight changed in the last three months?

    Yes ☐   No ☐

a) **If YES** can you say how much you have gained or lost in pounds **OR** kilogrammes?

Gained

Pounds:
OR
Kilogrammes:

Lost

Pounds:
OR
Kilogrammes:

2. Are you **currently** attending a weight loss group (e.g. Weight Watchers) or a physical activity group or gym?

    ☐ **Yes**   ☐ **No**   *If NO, go to Q3.*

    b) **If YES,** can you give details of the group/gym you are attending? *(please write in block capitals)*

    c) How often do you attend?

☐	**More than once a week**
☐	**Once a week**
☐	**Every other week**
☐	**Once a month**
☐	**Other (please specify)** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. How often do you weigh yourself?

☐	**Daily**
☐	**Once a week**
☐	**Every other week**
☐	**Once a month**
☐	**Other (please specify)** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Participant ID ☐☐☐

4. How motivated do you feel to lose weight?

Not at all motivated				Very motivated
1	**2**	**3**	**4**	**5**
☐	☐	☐	☐	☐

5. How confident do you feel that you are able to lose weight?

Not at all confident				Very confident
1	**2**	**3**	**4**	**5**
☐	☐	☐	☐	☐

Section 5: Health status

1. a) Have you taken weight loss medication **in the last 12 months**?   YES ☐   NO ☐

If NO, go to Q2.

b) If YES, please specify:

Example:

O	R	L	I	S	T	A	T								

Medication 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Medication 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Medication 3 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

c) **If YES**, are you still taking weight loss medication?   YES ☐   NO ☐

If YES, please specify any weight loss medication/s you are still taking:

Medication 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Medication 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Medication 3 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

d) If you answered **NO to Q1c** above, how long did you take weight loss medication for?

☐☐ **Months**

Participant ID

2. Have you been diagnosed with any of the following health problems in the last 12 months (select **all** that apply)? If none apply please leave blank.

- ☐ **Heart disease**
- ☐ **Diabetes**
- ☐ **Depression**
- ☐ **Stroke**
- ☐ **Arthritis**
- ☐ **Hypertension (high blood pressure)**
- ☐ **High cholesterol**
- ☐ **Asthma**
- ☐ **Chronic Obstructive Pulmonary Disease (COPD)**
- ☐ **Back pain**
- ☐ **Other (please specify)**

Section 6: Resource use

In the last 3 months, have you:

1.
a) Seen **any** health professional at your GP surgery?   YES ☐   NO ☐

If NO, go to Q2a.

b) **If YES**, how many times were you seen by:

| | | **Example:** | 0 | 2 |

Your/another GP

Practice nurse

Other health professional

If other please specify:

2.   a) Seen **any** health professional at your home?   YES ☐   NO ☐

If NO, go to Q3a.

Participant ID ☐ ☐ ☐

b) **If YES**, how many times were you seen by:

Your/another GP ☐ ☐

Practice nurse ☐ ☐

Other health professional ☐ ☐

If other, please specify ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. a) In the last 3 months have you attended an Accident and Emergency (Casualty) department?

☐ Yes ☐ No *If NO, go to Q4a.*

b) **If YES**, how many times ☐ ☐

a) In the last 3 months were you admitted to hospital as an in-patient?

YES ☐ NO ☐

If NO, go to Q5a.

b) **If YES**, how many times ☐ ☐

c) **If YES,** how many nights did you spend in hospital in total in the last 3 months? ☐ ☐

4. a) In the last 3 months have you received any prescriptions for medicine?

YES ☐ NO ☐

If NO, go to Q6a.

b) **If YES**, which drugs were you prescribed:

Example:

1. Drug name

T	H	Y	R	O	X	I	N	E																		

Drug dose

5	0	M	C	G		1	X	D	A	I	L	Y														

Participant ID

1. **Drug name**

Drug dose

2. **Drug name**

Drug dose

3. **Drug name**

Drug dose

4. **Drug name**

Drug dose

5. **Drug name**

Drug dose

6. **Drug name**

Drug dose

7. **Drug name**

Drug dose

8. **Drug name**

Drug dose

Participant ID ☐☐☐

9. **Drug name**

Drug dose

10. **Drug name**

Drug dose

5. a) **In the last 3 months** did you **pay** for any services for the specific purpose of helping you with your lifestyle – for example slimming clubs, health clubs, gyms, swimming pools, exercise classes?

YES ☐   NO ☐

b) **If YES**, approximately how much did you pay in total for all of these services **in the last 3 months**?

£ ☐☐☐ ☐☐

Example: | 0 | 3 | 5 | . | 5 | 0 |

6. a) **In the last 3 months** did your GP or practice nurse refer you to an Exercise Referral Service? (e.g. LiveActive)

YES ☐   NO ☐

b) **If YES**, approximately how often did you attend the Exercise Referral Service **in the last 3 months**? (e.g. once per month, five visits in total, twice per week).

Participant ID

SECTION 7: Computer and Phone Use

1.   Do you have a computer (PC) or laptop at home?

Yes ☐   No ☐

2.   How often do you use the internet?

Every day ☐

Once a week or more ☐

Once a month ☐

Less than once a month ☐

3.   What features do you use the internet for?

Education ☐

Work ☐

Shopping ☐

Social networking ☐

Chat room ☐

Gaming ☐

Music ☐

News ☐

Blogs ☐

Internet TV ☐

Other (please write what you use in the box below).

Participant ID ☐☐☐

4. What features do you use on your phone?

Phone calls ☐

Texting (SMS) ☐

Internet access ☐

Apps ☐

Email ☐

Instant messaging (WhatsApp) ☐

Other (please write what you use in the box below).

Please now complete the baseline questionnaire booklet.

Participant ID

Scribble page for fieldworkers (if needed)

Participant ID