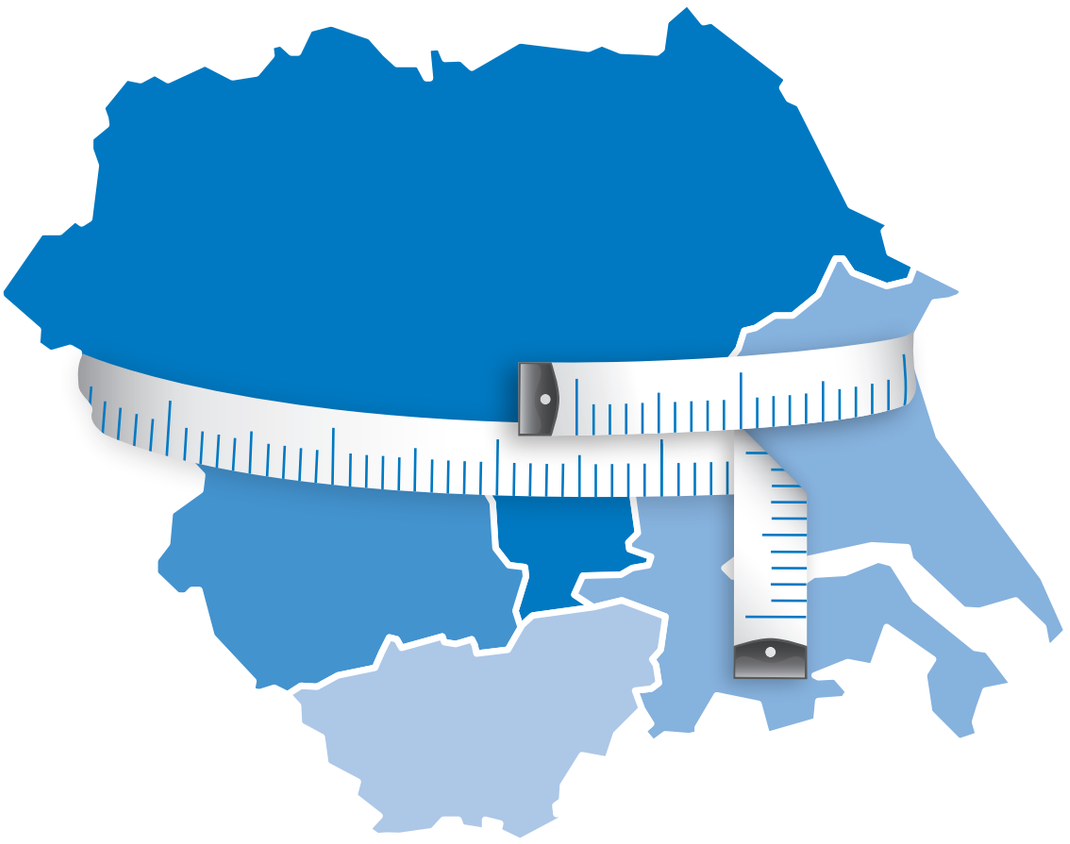
Yorkshire Health Study

Your health, your research

Health Questionnaire

for the Yorkshire Health Study

Welcome to the Yorkshire Health Study. Please help us by filling in this questionnaire. Your answers will help us understand how we can improve the health of people living in Yorkshire. The questionnaire will take 10-20 minutes to complete.



The University Of Sheffield.

NHS National Institute for Health Research

You and your health

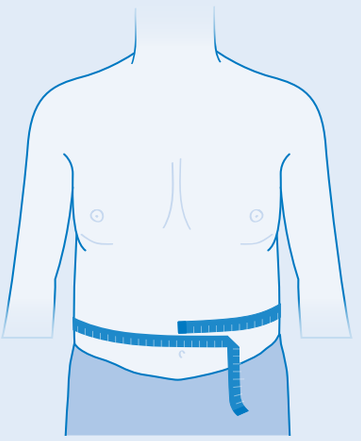
Your sex ☐ Male ☐ Female

Your date of birth ☐☐ ☐☐ ☐☐☐☐ (D D M M Y Y Y Y)

Your height ☐ feet ☐☐ inches **OR** ☐☐☐ cm

Your weight ☐☐ stone ☐☐ lbs **OR** ☐☐☐ kgs

Your waist measurement ☐☐ inches **OR** ☐☐☐ cm



If you don't know your average waist measurement, what is your UK shirt / trouser size? ☐☐

Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole? *Please indicate by ticking one box below:*

Completely Dissatisfied										Completely Satisfied
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

The following questions ask about your own health.

By placing a tick in one box in each group below, please indicate which statements best describe your own health TODAY

Mobility	Please tick one:
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	☐
Self-care	Please tick one:
I have no problems washing or dressing myself	☐
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	☐

(Table continues overleaf)

Your health

Usual Activities *(e.g. work, study, housework, family or leisure activities)*	Please tick one:
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	☐
Pain / Discomfort	Please tick one:
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	☐
Anxiety / Depression	Please tick one:
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	☐

Long standing conditions

Do you have any long-standing illness, health problem, condition or disability? ☐ Yes ☐ No
If yes, please tick all that apply:

Tiredness / Fatigue	☐	High blood pressure	☐
Pain	☐	Heart disease	☐
Insomnia	☐	Osteoarthritis	☐
Anxiety / Nerves	☐	Stroke	☐
Depression	☐	Cancer	☐
Memory problems	☐	Other *(please state):*	☐
Diabetes	☐		
Breathing problems e.g. chronic bronchitis, asthma or emphysema	☐		

Overall, how bothersome has your long standing condition been in the last 2 weeks?
Name the one or two that bother you the most here and then tick your response:

Illness	Not at all	Slightly	Moderately	Very much	Extremely
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Your food and drink

Please tell us about your diet by ticking one option for each of the food types below:

	Never/ Occasionally	1-3 times a week	4-6 times a week	Daily	More than once a day
Bacon or ham	☐	☐	☐	☐	☐
Chicken (coated, fried)	☐	☐	☐	☐	☐
Oily fish (sardines, salmon, mackerel, herring)	☐	☐	☐	☐	☐
White bread	☐	☐	☐	☐	☐
Wholemeal bread	☐	☐	☐	☐	☐
Chips	☐	☐	☐	☐	☐
Salad or raw vegetables	☐	☐	☐	☐	☐
Crisps and savoury snacks	☐	☐	☐	☐	☐
Biscuits, cakes and pastries	☐	☐	☐	☐	☐
Sugary drinks (fizzy pop, squash)	☐	☐	☐	☐	☐
Beer, lager or cider	☐	☐	☐	☐	☐

How many pieces of fruit, of any sort, do you eat on a typical day? ☐☐ pieces

How many portions of vegetables, excluding potatoes, do you eat on a typical day? ☐☐ portions

Please tell us about your alcohol intake by ticking one option for each of the options below:

How often do you have a drink containing alcohol?	Never ☐	Monthly or less ☐	2-4 times per month ☐	3-4 times per week ☐	4+ times per week ☐
How many units of alcohol do you drink on a typical day when you are drinking?*	1-2 units ☐	3-4 units ☐	5-6 units ☐	7-9 units ☐	10+ units ☐
How often have you had 6 or more units (if female) or 8 or more units (if male) on a single occasion in the last year?	Never ☐	Less than monthly ☐	Monthly ☐	Weekly ☐	Daily or almost daily ☐

* **A unit of alcohol is equal to:** ½ a pint of ordinary beer, lager or cider; 1 single measure of spirits; 1 small glass of wine; or 1 measure of fortified wine.

Smoking

Which of these best describes you?

☐ I smoke daily

☐ I smoke occasionally but not every day

☐ I used to smoke daily but now not at all

☐ I used to smoke occasionally but now not at all

☐ I have never smoked

Your work and exercise

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	At least 1 hour 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.	☐	☐	☐	☐

During the last 3 MONTHS, on how many days has your ill health prevented you from carrying out your:

Household tasks: ☐☐ days

Leisure activities: ☐☐ days

Paid work: ☐☐ days

Please tell us the type and amount 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 (such as in an office)	☐
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc)	☐
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 worker, etc)	☐
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc)	☐

Your healthcare and medication

In the last 3 MONTHS, how many times have you visited the following:

Hospital	Times
Accident & Emergency (A&E)	☐☐
Hospital - day case	☐☐
Hospital - outpatients	☐☐
Hospital - in-patients (*how many nights*)	☐☐

Other healthcarers	Times
GP	☐☐
Nurse	☐☐
Physiotherapist	☐☐
Dietitian	☐☐
Midwife	☐☐
Mental health worker	☐☐
Psychotherapist	☐☐
Dentist	☐☐
Chiropodist/Podiatrist	☐☐
Optician	☐☐

Other carers	Times
Counsellor	☐☐
Care worker	☐☐
Social worker	☐☐
Health visitor	☐☐
Community health champion	☐☐
Health trainer	☐☐

Alternative therapist	Times
Acupuncturist	☐☐
Chiropractor	☐☐
Herbalist	☐☐
Homeopath	☐☐
Osteopath	☐☐

Other (please describe)	Times
	☐☐

Do you buy any medications not prescribed by your doctor (e.g. vitamins and mineral supplements, dietary supplements, diet pills, herbal or homeopathic remedies)? ☐ Yes ☐ No

If yes, please describe:

Name and strength of any medications not prescribed by your doctor	What is this for?
(Example) Cod liver oil 550mg capsule	*Nutritional supplement*

You and others

About you

Do you have a carer? ☐ Yes ☐ No

If yes, who cares for you? ☐ Spouse ☐ Friends/relatives ☐ Paid carers

Where do you live? ☐ At home ☐ In a care home

How many hours of care have you received over the past week ☐☐☐ hours

Which of the following best describes your main activity?

In employment/self-employment	☐	Unemployed	☐
Retired	☐	Long-term sick	☐
Homemaker	☐	Carer for someone over 18 years	☐
Student	☐	Other: *(please state)*	☐
Seeking work	☐		

Which of the options below represents your household's total monthly or weekly income after tax, national insurance etc? *Please include income from all sources (e.g. earnings, pension, benefits, investment income).*

Monthly			
Less than £500	☐	£2,000 to £2,499	☐
£500 to £999	☐	£2,500 to £2,999	☐
£1,000 to £1,499	☐	£3,000 to £3,999	☐
£1,500 to £1,999	☐	£4,000 or more	☐
Prefer not to answer			☐

Weekly			
Less than £125	☐	£500 to £624	☐
£125 to £249	☐	£625 to £749	☐
£250 to £374	☐	£750 to £999	☐
£375 to £499	☐	£1,000 or more	☐
Prefer not to answer			☐

About others

Including yourself, how many people live in your household? ☐☐

Do you have a spouse or partner living with you? ☐ Yes ☐ No

How many children (under 18) do you have living with you? ☐☐

Have you given first aid to anyone in the last year? ☐ Yes ☐ No

If yes, did you know the person? ☐ Yes ☐ No

Does anyone in your family have diabetes? ☐ Yes ☐ No ☐ Don't know

If you are a carer for someone else, then how many hours have you spent caring for them over the past week? ☐☐☐ hours

Consent Form

Thank you for your answers. These will be combined with thousands of others. What we learn will help us understand how we can improve the health of people living in Yorkshire.

If you agree to be contacted again we will send you a questionnaire every 3-5 years. You may also have the opportunity to take part in research studies in the region, but this is completely up to you.

May we contact you again?

☐ Yes ☐ No

May we look at your health records?

☐ Yes ☐ No

If I tick **Yes** I understand that the information held and maintained by The Health and Social Care Information Centre and other central UK NHS bodies may be used to help contact me or provide information about my health status.

If you have ticked **'Yes'** to one or both of the above questions, please fill in your contact details:

Forename (print)

Surname (print)

Address

Postcode

Please fill in your preferred contact details below:

Telephone

Mobile phone

Email

Signature

Date D D M M Y Y Y Y (2 0 1)

Thank you for completing the Health Questionnaire.

If you have any queries or require further information about this study please contact:
Dr Clare Relton at ScHARR, University of Sheffield, Regent Court, 30 Regent Street, S1 4DA

Tel: 0114 222 0796 **Email:** yhs@sheffield.ac.uk

If you would like to complete this questionnaire online please email us.

This questionnaire presents independent research by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (NIHR CLAHRC YH) www.clahrc-yh.nihr.ac.uk. The views and opinions expressed are those of the authors, and not necessarily those of the NHS, the NIHR or the Department of Health.