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 about 5 minutes to complete. When you have completed the questionnaire, please return to the researchers at the University of Sheffield. You do not need a stamp. Please return the questionnaire as soon as you can, or you can fill it in online at www.yorkshirehealthstudy.org

About you

Your sex ☐ Male ☐ Female

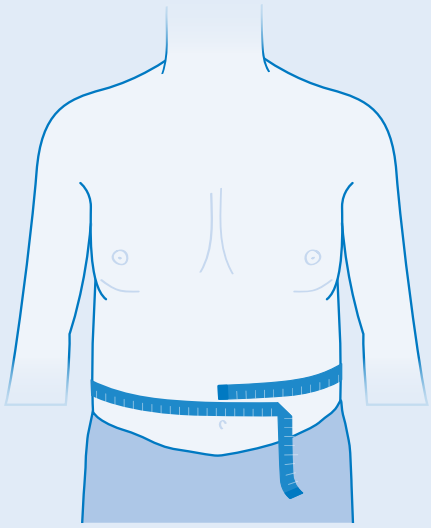
Your date of birth ☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y)

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

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

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

If you have a tape measure please use it to measure the narrowest point between your hips and your ribs, usually just above the belly button.



The University Of Sheffield.

NHS National Institute for Health Research

Your ethnicity

Which ethnic group do you belong to?

White

- ☐ British
- ☐ Irish
- ☐ Other white background

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Other Asian background

Black or Black British

- ☐ Caribbean
- ☐ African
- ☐ Other Black background

Mixed

- ☐ White and Asian
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ Other mixed background

Chinese or other ethnic group

- ☐ Chinese
- ☐ Other ethnic group

Gypsy / traveller

- ☐ Gypsy / traveller

Your health

Here are some simple questions about your health in general. By ticking one answer in each group below, please indicate which statements best describe your own health state TODAY.

Mobility	Please tick one:
I have no problems in walking about	☐
I have some problems in walking about	☐
I am confined to bed	☐
Self-care	Please tick one:
I have no problems with self-care	☐
I have some problems washing or dressing myself	☐
I am unable to wash or dress myself	☐
Usual Activities	Please tick one:
I have no problems with performing my usual activities (e.g. work, study, housework, family or leisure activities)	☐
I have some problems with performing my usual activities	☐
I am unable to perform my usual activities	☐
Pain / Discomfort	Please tick one:
I have no pain or discomfort	☐
I have moderate pain or discomfort	☐
I have extreme pain or discomfort	☐
Anxiety / Depression	Please tick one:
I am not anxious or depressed	☐
I am moderately 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	☐		

Alcohol

Please tell us about your alcohol intake. *Tick 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 exercise

During the last WEEK, how many hours did you spend on each of the following activities? *(Please tick)*

	None	Upto 1 hour	1-3 hours	Over 3 hours
Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.	☐	☐	☐	☐
Cycling, including cycling to work and during leisure time	☐	☐	☐	☐
Walking, including walking to work, shopping, for pleasure etc.	☐	☐	☐	☐

And, finally, thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?

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

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.

May we contact you again?

☐ Yes ☐ No

May we look at your health records?

☐ Yes 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.

☐ No

Please fill in your **forename**, **surname** and **address** if different to those printed to the left:

Forename (print)

Surname (print)

Address

Postcode

Please fill in your preferred contact details below:

Telephone Mobile phone*

Email*

*Optional

Signature ..... **Date** .....

Thank you for completing the Health Questionnaire. Please put it in the prepaid envelope and post it to the researchers. NO STAMP NEEDED.

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