Please Write
SABRE ID below:

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Imperial College London

sabre

Southall and Brent Revisited

Diabetes & Heart Disease Research Study

Questionnaire

SABRE STUDY

Diabetes and heart disease research study

Thank you for taking the time to fill in this questionnaire.

In this study we are following up people who took part in a health survey in West London between 1989 and 1991. By following up the people who took part then, we will be able to find out whether the measurements that were taken at that time can help to explain illnesses or good health now.

We want to continue to study the differences in health that occur in people from different ethnic origins. The research will build on the findings from 1988 – 1991 and help us to find out whether and why some groups of people are healthy and why some are more at risk of diabetes, heart disease, strokes and other serious illnesses.

If you would like some help with filling in the questionnaire, one of the study team will be happy to help you to fill it in when you visit the clinic or to go through it with you by telephone – please do contact:

Claire Tuson (research nurse) on 020 7594 5947
or email: sabre@imperial.ac.uk
You can visit our website at www.sabrestudy.org.uk

International Centre for Circulatory Health
59-61 North Wharf Road
London W2 1LA

General instructions

Please answer all the questions, except where the instructions indicate otherwise.

Most questions can be answered by ticking one of the boxes or by writing a number or short answer

Please bring the questionnaire with you when you come for your clinic visit. If you are not going to visit our clinic, then please return the questionnaire to us in the stamped addressed envelope.

If you would like some help with filling in the questionnaire, one of the study team will be happy to help you to fill it in when you visit the clinic or to go through it with you by telephone.

All information that you give will be treated as strictly confidential.

Section 1: Your health

1.1 Compared with others your age, would you say that your health over the last 12 months has been:

- ☐ Very good
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Very poor

1.2 Have you ever had a heart attack (coronary thrombosis or myocardial infarction-MI) which was confirmed by a doctor?

No ☐ →please go to 1.3

Yes ☐ If '***yes'***: When did this *first* happen? Please give year: ☐

Have you ever been admitted to hospital because of a heart attack?

No ☐

Yes ☐

1.3 Do you ever have angina (chest pain from the heart which was confirmed by a doctor)?

No ☐ →please go to 1.4

Yes ☐ If '***yes'***: When did this *first* happen? Please give year: ☐

1.4 Have you ever had heart failure (shortness of breath or swelling of your ankles or feet) which was confirmed by a doctor ?

No ☐ →please go to 1.5

Yes ☐ If '***yes'***: When did this *first* happen? Please give year: ☐

Section 1: Your health

1.5 Do you have narrowing or hardening of the arteries in the leg (this could be called claudication) which has been confirmed by a doctor?

No ☐ → please go to 1.6

Yes ☐ If '***yes***': When did this *first* happen? Please give year: ☐

1.6 Have you ever had an operation called a coronary artery bypass graft (or CABG) for heart trouble/ angina?

No ☐ → please go to 1.7

Yes ☐ If *yes*: When did you *first* undergo CABG? Please give year: ☐

1.7 Have you ever had an operation called an angiogram to look at the coronary arteries?

No ☐ → please go to 1.8

Yes ☐ If '***yes***': When did you first have an angiogram?
Please give year: ☐

1.8 Have you ever had an operation called an angioplasty where tubes (stents or balloons) were placed in the coronary arteries for heart trouble?

No ☐ →please go to 1.9

Yes ☐ If '***yes'*:** When did you *first* have the balloon/stents?
Please give year: ☐

1.9 Have you ever had high blood pressure which was confirmed by a doctor?

No ☐ →please go to 1.10

Yes ☐

If '***yes'***:

a) when were you *first* told? Please give year: ☐

b) are you *now* receiving any tablets or medicines to help control your blood pressure?

Yes ☐ No ☐

Section 1: Your health

1.10 Do you have diabetes which has been confirmed by a doctor?

No ☐ →please go to 1.11

Yes ☐

If '***yes'***:

a) when were you *first* told? Please give year: ☐

b) are you *now* receiving any tablets to help control your diabetes?

Yes ☐ No ☐

c) are you *now* receiving any injections to help control your diabetes?

Yes ☐ No ☐

1.11 Have you ever had a stroke which was confirmed by a doctor ?

No ☐ →please go to 1.12

Yes ☐

If '***yes'***: a) When did this *first* happen? Please give year: ☐

b) How long did the symptoms last? Less than 24 hours ☐
24 hours or more ☐

c) Have you made a complete recovery from your stroke?

Yes ☐ No ☐

d) Following your stroke, do you need help carrying out your usual activities?

Yes ☐ No ☐

1.12 Have you ever had cancer which was confirmed by a doctor ?

No ☐ →please go to 1.13

Yes ☐

If '***yes'***: a) When did this *first* happen? Please give year: ☐

b) Do you still have the cancer?

Yes ☐ No ☐

c) Which parts of your body are or were affected?.....

Section 1: Your health

1.13 Do you have any other serious health problems?

No ☐ →please go to 1.14

Yes ☐

If '***yes'***: please briefly describe your other health problems:

……

……

1.14 Have you been admitted to hospital during the *past year*?

Yes ☐

No ☐

If '***yes'*,** please give some details for each admission to hospital:

Month	Name of Hospital	Reason you were admitted (briefly)
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……
……..	……..	……

Section 2: Chest pain

2.1 Have you ever had any pain or discomfort or heaviness in your chest?

Yes ☐ → If '*Yes*': please go to next question (2.2)

No ☐ → if 'No': please go to section 3 (next page)

2.2 Do you get the chest pain or discomfort or heaviness when you walk uphill or hurry?

☐ Yes
☐ No
☐ I am unable to hurry or walk up uphill

2.3 Do you get it when you walk at an ordinary pace on the level?

☐ Yes
☐ No
☐ I am unable to walk

2.4 What do you do if you get it while you are walking (tick any that apply)?

☐ Stop or slow down
☐ Take medication for the pain
☐ Carry on

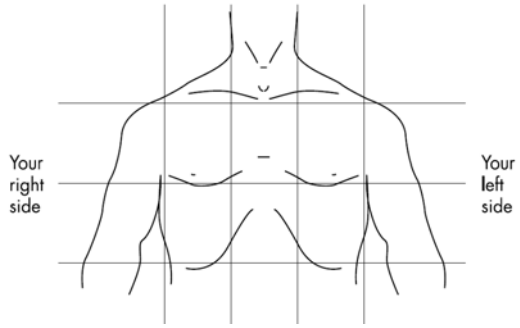
2.5 If you stand still and/or take medication, what happens to it?

☐ Relieved
☐ Not relieved

2.6 How long does the pain usually last?

☐ 10 minutes or less
☐ More than 10 minutes

2.7 Please shade on the picture where you feel the pain:



2.8 Do you feel it anywhere else?

Yes ☐ If ***'Yes'***, where else do you feel it?.....

No ☐

Section 3: Leg pain

3.1 Do you get a pain or discomfort in your leg(s) when you walk?

Yes ☐ If '***Yes***': please go to next question
No ☐ if no: please go to section 4, next page (breathlessness)

3.2 Does this pain ever begin when you are standing still or sitting?

☐ Yes
☐ No

3.3 Do you get it if you walk uphill or hurry?

☐ Yes
☐ No
☐ I am unable to hurry or walk up uphill

3.4 Do you get it if you walk at an ordinary pace on the level?

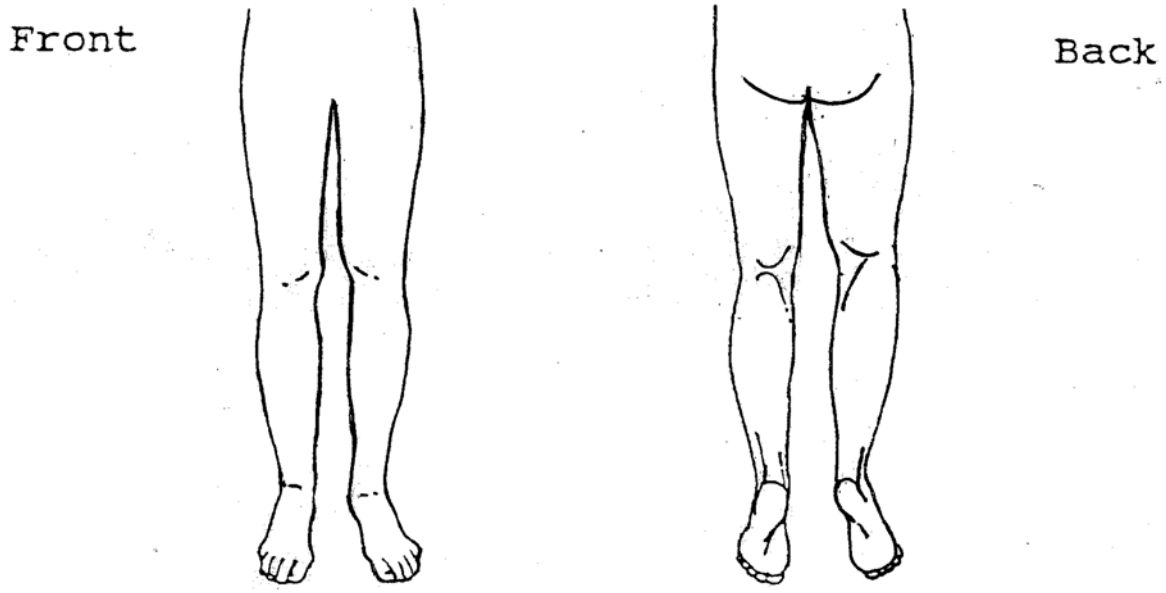
☐ Yes
☐ No
☐ I am unable to walk

3.5 What happens to it if you stand still?

☐ Usually continues for more than 10 minutes
☐ Usually disappears in 10 minutes or less

3.6 Where do you get this pain or discomfort?

(mark diagram front and back)



Section 4: Breathlessness and ankle swelling

4.1 Do you ever get short of breath walking with other people of your own age on level ground?

- ☐ Yes
- ☐ No
- ☐ I am unable to walk

4.2 On walking uphill or upstairs, do you get more breathless than other people of your own age?

- ☐ Yes
- ☐ No
- ☐ I am unable to walk

4.3 Do you ever have to stop walking because of breathlessness?

- ☐ Yes
- ☐ No
- ☐ I am unable to walk

4.4 In the past year, have you at any time been woken at night by an attack of breathlessness?

- ☐ Yes
- ☐ No

4.5 Do you suffer from swollen ankles?

- ☐ Yes
- ☐ No

Section 5: Weight and size

5.1 What is your present weight (indoor clothes, without shoes)?

__ __ stones__ __ pounds or ___ ___ ___ kilograms

Is this based on weighing scales? ☐

5.2 How much did you weigh when you were 21?

__ __ stones__ __ pounds or ___ ___ ___ kilograms Don't know ☐

5.3 For **MEN** only:

a) What is your present trouser waist size?

___ ___ inches or ___ ___ ___ centimetres Don't know: ☐

What is your present inside leg measurement?

___ ___ inches or ___ ___ ___ centimetres Don't know ☐

What is your present collar size?

___ ___ Don't know ☐

b) What was your trouser waist size when you were 21?

___ ___ inches or ___ ___ ___ centimetres Don't know: ☐

Section 5: Weight and size

5.4 For **WOMEN** only:

a) What is your present waist size?

___ ___ inches or ___ ___ ___ centimetres Don't know: ☐

What is your bra size?

___ ___ inches or ___ ___ ___ centimetres

and cup size ___ ___ (for example: C or DD)

What is your dress size (in British sizes)?

___ ___ (for example: size 16)

b) What was your waist size when you were 21?

___ ___ inches or ___ ___ ___ centimetres Don't know: ☐

What was your dress size when you were 21 (in British sizes)?

___ ___ Don't know: ☐

Section 6: Smoking

6.1 Have you ever smoked cigarettes?

Yes ☐ →If '***Yes'***: please go to next question (6.2)
No ☐ →If **'No'**, please go to section 7, page 15 (physical activity)

6.2 Do you smoke cigarettes at present?

Yes ☐ →If '***Yes'***: please go to next question (6.3: 'current smokers')
No ☐ →If **'No'**, please go to question 6.6 ('ex smokers')

Current smokers:

6.3 Do you smoke cigarettes:

☐ Daily
☐ 4-5 days a week
☐ Only occasionally

6.4 About how many cigarettes do you usually smoke each day that you smoke?

____ ____ (give number)

6.5 How old were you when you started smoking regularly?

____ ____ years of age please tick box if you can't remember ☐

Now please go to question 6.9 on next page (for current and ex-smokers)

Ex smokers:

6.6 When you smoked, how many cigarettes did you usually smoke in a day:

___ ___

6.7 How old were you when you started smoking regularly? ___ ___

6.8 How old were you when you stopped smoking regularly? ___ ___

Section 6: smoking

Current and ex-smokers

6.9 Have you changed your smoking habits during the past 5 years?

- ☐ No → please go to next section, page 15(physical activity)
- ☐ Yes, increased → please go to next section, page 15(physical activity)
- ☐ Yes, cut down → please go to next question (6.10)

6.10 If you have cut down or given up smoking , was this due to (please tick all that apply)

- ☐ Personal choice
- ☐ Doctor's advice
- ☐ Illness or ill health
- ☐ Health precaution
- ☐ Being on medication
- ☐ Financial reasons
- ☐ Other

Section 7: Physical activity

7.1 On a typical day for you, how often do you do the following activities: (please tick one box for each activity)

	Never	Seldom	Sometimes	Often	Always
Do you sit					
Do you stand					
Do you walk					
Do you lift heavy loads					

7.2 How many miles do you walk on an average weekday?

- ☐ less than half a mile
- ☐ between half a mile and one mile
- ☐ 1-3 miles
- ☐ 4 miles or more

Half a mile is about the distance from Southall railway station to the Broadway or the distance between Wembley Central and Wembley Stadium railway stations. Oxford Street is about one and a quarter miles end to end.

7.3 How many miles do you walk on an average day at the weekend?

- ☐ less than half a mile
- ☐ between half a mile and one mile
- ☐ 1-3 miles
- ☐ 4 miles or more

7.4 How fast do you usually walk?

- ☐ slow
- ☐ medium
- ☐ fast

7.5 Do you ride a bicycle regularly (at least once a week)?

Yes ☐ →please go to next question (7.6)

No ☐ →please go to question 7.7

7.6 How many miles do you cycle during an average week?

___ ___

Section 7: Physical activity

7.7 Do you play any sport (or take other recreational exercise such as swimming or dancing)?

Yes ☐ →please go to next question (7.8)

No ☐ →please go to question 7.11

7.8 Which sport or other exercise do you play/do **most** frequently

……

7.9 How many hours a week do you play this sport or take this exercise?

☐ Less than 1hr/wk

☐ 1-2 hrs/wk

☐ 3-4 hrs/wk

☐ 5 or more hrs/wk

7.10 How many months a year do you play this sport or take this exercise?

☐ Less than one month a year

☐ 1-3 months a year

☐ 4-5 months a year

☐ 6 months or more a year

7.11 How many hours <u>a day</u> do you sit and watch television or use a computer (on a typical day)?

☐ less than 2 hours

☐ 2-3 hours

☐ 4-8 hours

☐ More than 8 hours a day.

Section 8: Alcohol intake

8.1 Have you ever had a drink containing alcohol in your life?

Yes ☐ →please go to next question (8.2)

No ☐ →please go to Section 9, page 19 (Medicines)

8.2 How often do you normally have an alcoholic drink?

- ☐ Daily
- ☐ 4-5 times a week
- ☐ Once or twice a week
- ☐ Once or twice a month
- ☐ Special occasions only

8.3 What is your preferred drink?

- ☐ Wine
- ☐ Beer
- ☐ Spirits
- ☐ Combination of beers, wines or spirits
- ☐ Low alcohol drinks
- ☐ Other

8.4 One drink is half a pint of beer/lager/cider,
or a single whisky, gin, brandy, vodka or other spirit
or one glass of wine (one bottle of wine contains 6 glasses)

How much do you usually drink on the days when you drink alcohol?

- ☐ More than 6 drinks
- ☐ 5-6 drinks
- ☐ 3-4 drinks
- ☐ 1-2 drinks

8.5 How many alcoholic drinks do you have during an average week?

___ ___ drinks

8.6 What type of drink do you usually take? (please tick one box only)

- ☐ Beers, lagers
- ☐ Wines, sherry
- ☐ Spirits
- ☐ Combination of beers, wines or spirits
- ☐ Low alcohol drinks

Section 8: Alcohol intake

8.7 What is your usual consumption of these drinks in a week? Please tick one box for each type of drink.

Type of drink	Never/ hardly ever	Less than 1	1-6	7-13	14-21	21+
Beer or lager, pints						
Red wine, single glass						
White wine, single glass						
Spirits, single shots						

One bottle of wine contains 6 glasses

8.8 Is the alcohol which you drink usually taken (tick all that apply)

- ☐ before meals
- ☐ with meals
- ☐ after meals
- ☐ separate from meals

8.9 Have you changed your alcohol intake during the past five years?

- ☐ No → please go to section 9 (next page)
- ☐ Yes, increased → please go to section 9, next page (medicines)
- ☐ Yes, cut down→ please go to next question (8.10)
- ☐ Yes, given up→ please go to next question (8.10)

8.10 If you have cut down or given up, was this due to (please tick all that apply)

- ☐ Personal choice
- ☐ Doctor's advice
- ☐ Illness or ill health
- ☐ Health precaution
- ☐ Being on medication
- ☐ Financial reasons
- ☐ Driving
- ☐ Other reason, please describe……..

Section 9: Medicines

Please list below the names of **ALL** medications that you take regularly. Make sure to include all medications including drops, inhalers, vitamins, ointments. Please also list any medicines which you buy yourself.

Please tick this box if you are taking no regular medications: ☐

Name of medicine	Reason for taking (if known)	Year started (if known)	Is this medicine prescribed? Yes	No	Office use
			☐	☐	1 ☐
			☐	☐	2 ☐
			☐	☐	3 ☐
			☐	☐	4 ☐
			☐	☐	5 ☐
			☐	☐	6 ☐
			☐	☐	7 ☐
			☐	☐	8 ☐
			☐	☐	9 ☐
			☐	☐	10 ☐

Section 10: Home, work and social circumstances

Research has shown that peoples' health may be affected by their personal, financial and social circumstances - this is why we are asking the questions in Section 10.

10.1 Are you at present:

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Divorced or separated
- ☐ Other

10.2 If you are widowed or divorced, please give the year when this occurred:

☐

10.3 Are you at present :

- ☐ Living alone
- ☐ Living with a partner or spouse
- ☐ Living with other family members
- ☐ Living with other people

10.4 Your accommodation: are you at present :

- ☐ An owner occupier
- ☐ Renting from the local authority or a housing association
- ☐ Renting privately
- ☐ Living in a residential home
- ☐ Living in a nursing home
- ☐ Living in sheltered accommodation
- ☐ Other, please describe……

10.5 Do you have a car or van available for your own use?

- ☐ Yes
- ☐ No

10.6 Do you have private medical insurance?

- ☐ Yes
- ☐ No

Section 10: Home, work and social circumstances

10.7 What type of financial support do you have now? (please tick all that apply)

- ☐ Earnings from paid employment
- ☐ State pension
- ☐ Employer provided occupational pension scheme
- ☐ Private personal pension
- ☐ Self-employed personal pension
- ☐ Other pension or retirement saving scheme
- ☐ Other→ please describe……..

10.8 Have you experienced any of the following **major** life events in the last **two years**?

- ☐ Death of a spouse or partner
- ☐ Death of a close relative or friend
- ☐ Illness /accident of a family member
- ☐ Financial difficulties
- ☐ Personal illness, accident or injury
- ☐ Moving house
- ☐ Divorce
- ☐ Addition to family circle, for example, a grandchild
- ☐ Other→ please describe……..
- ☐ None of these

10.9 Are you currently employed?

- ☐ Yes → please go to 10.11
- ☐ No → please go to next question (10.10)

10.10 If you are not employed, which of the following applies?

- ☐ Retired
- ☐ Waiting to take up a job you've accepted
- ☐ Unemployed and seeking work
- ☐ Temporary sick/disabled
- ☐ Permanently sick/disabled
- ☐ House-wife/house-husband
- ☐ Not working for some other reason

Section 10: Home, work and social circumstances

10.11 What is your current job or your most recent job? Please name your most recent job even if you are retired or not working now.

……

10.12 What kind of work do you do / did you do? Please answer for your most recent job if you are retired or not working now.

Your main activity: ……

10.13 Is your current or most recent job full time or part-time? Please answer for your most recent job if you are not working now.

☐ Full-time

☐ Part-time→ how many hours per week on average? ___ ___ hours

10.14 Are you/were you self employed? Please answer for your most recent job if you are not working now.

☐ Yes

☐ No

10.15 If you have a partner or spouse, what is his/her current or most recent job? (most recent job if they are not working now)

……

10.16 What is your highest level qualification?

☐ No qualifications
☐ Don't know
☐ School leaving certificate (age 14-16) or CSEs (lower than grade 1) or GCSEs (lower than grade C) or equivalent.
☐ GCE 'O' levels/GCSEs grades A-C
☐ Trade apprenticeship
☐ 'A' levels or equivalent
☐ ONC/OND/BTEC or equivalent
☐ HNC/HND or equivalent
☐ Teaching: primary or secondary school
☐ Teaching: further education
☐ Other higher qualifications below degree
☐ Nursing (RN/SRN/SEN), with or without degree
☐ First degree
☐ Higher degree
☐ Other qualifications, please describe……

Section 11: Activities of daily living

11.1 What is the furthest you can walk on your own without stopping and without discomfort?

- ☐ 200 yards(metres) or more
- ☐ More than a few steps but less than 200 yards (metres)
- ☐ Only a few steps

11.2 Can you walk up and down a flight of 12 stairs without resting?

- ☐ Yes
- ☐ Only if I hold on and take a rest
- ☐ Not at all

11.3 Can you when standing, bend down and pick up a shoe from the floor?

- ☐ Yes
- ☐ No

11.4 Please indicate if you have difficulty doing any of the following activities	No difficulty	Some difficulty	Unable to do or need some help
Reaching or extending your arms above shoulder level	☐	☐	☐
Pulling or pushing large objects like a living room chair	☐	☐	☐
Walking across a room	☐	☐	☐
Getting in and out of bed on your own	☐	☐	☐
Getting in and out of a chair on your own	☐	☐	☐
Dressing or undressing yourself on your own	☐	☐	☐
Bathing or showering	☐	☐	☐
Feeding yourself , including cutting food	☐	☐	☐
Getting to and using the toilet on your own	☐	☐	☐
Lifting and carrying something as heavy as 10 lbs (for example, a bag of groceries)	☐	☐	☐
Shopping for personal items such as toilet items or medicines by yourself	☐	☐	☐
Doing light housework such as washing up	☐	☐	☐
Preparing your own meals by yourself	☐	☐	☐
Using the telephone by yourself	☐	☐	☐
Taking medications by yourself	☐	☐	☐
Managing money (for example, paying bills)	☐	☐	☐
Using public transport on your own	☐	☐	☐
Driving a car on your own	☐	☐	☐
Gripping with hands (for example, opening a jam jar)	☐	☐	☐

Section 12: Family and leisure

12.1 Approximately how many hours (if any) do you spend each week:

	Hours per week
Looking after spouse/partner	____ ____
Looking after other adult family member or friend	____ ____
Looking after grandchildren	____ ____
Spending time with family, friends and neighbours	____ ____
In paid work	____ ____
In voluntary work	____ ____
On housework	____ ____
On gardening	____ ____
In a pub or club	____ ____
Attending religious services	____ ____
Playing cards, games or bingo	____ ____
Visiting the cinema/restaurants/sporting events	____ ____
Watching television/videos/DVDs and /or listening to radio /listening to CDs	____ ____
Reading	____ ____
Attending class or course of study	____ ____
Using a computer	____ ____

12.2 Have you had any children of your own?

☐ No → please go to 12.5 (next page)

☐ Yes → please go to next question (12.3)

12.3 How many children have you had ?

Total number of children ☐

How many are still alive? ☐ How old are they now? (please list their ages)

…….....years

How many of your children live nearby?(within about 20 miles of your home) ☐

12.4 How many grandchildren do you have (if any)?

Total number of grandchildren ☐

Section 12: Family and leisure

12.5 Do you go on day or overnight trips?

- ☐ Never
- ☐ Sometimes
- ☐ Often

12.6 Have you been on holiday in the last year?

- ☐ Yes
- ☐ No

12.7 Do you use the internet and / or email?

- ☐ Yes
- ☐ No

Please indicate which statements best describe your health TODAY

Mobility

- ☐ I have no problems in walking about
- ☐ I have some problems in walking about
- ☐ I am confined to bed/cannot walk at all

Self care

- ☐ 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

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems with performing my usual activities
- ☐ I am unable to perform my usual activities

Pain/discomfort

- ☐ I have no pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have extreme pain or discomfort

Anxiety/depression

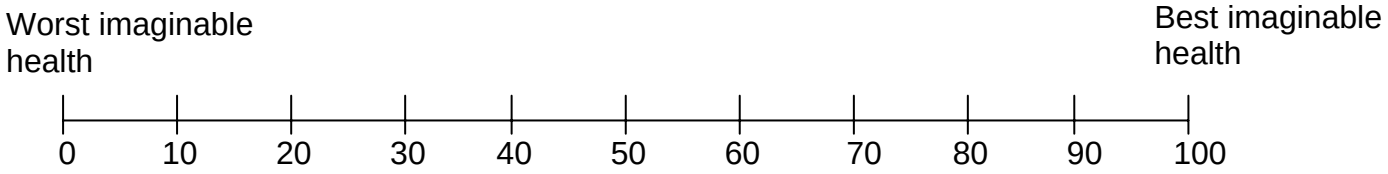
- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

Health scale

Thermometer

We have drawn a health scale rather like a thermometer on which perfect health is 100 and 0 is the worst state you can imagine.

Please put a cross (**X)** on the scale below to reflect how good or bad your health is today



Office use ☐☐☐

Section 14: Your family history

14.1 Does/did your father have diabetes diagnosed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

If ***Yes***, does he/did he use insulin?

- ☐ Yes
- ☐ No
- ☐ Don't know

14.2. Does/did your father have hypertension (high blood pressure) diagnosed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

If ***Yes***, is/was he on treatment for this?

- ☐ Yes
- ☐ No
- ☐ Don't know

14.3. Does/did your father have angina or a heart attack diagnosed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

If ***Yes***, what age was he when he was first diagnosed? ☐ Don't know ☐

14.4 Does/did your father have any forgetfulness or loss of memory which caused him difficulties?

- ☐ Yes
- ☐ No
- ☐ Don't know

14.5. Is your father still alive?

- ☐ Yes→please go to 14.8
- ☐ No → please go to next question (14.6)
- ☐ Don't know→ please go to 14.7

Section 14: Your family history

14.6. If your father has died, what did he die of?

- ☐ Heart Attack
- ☐ Stroke
- ☐ Diabetes
- ☐ Cancer
- ☐ Don't Know
- ☐ Other

If 'other', please describe……..

_____

14.7. How old was your father when he died (please write age in years)? ☐

_____

14.8. Does/did your mother have diabetes diagnosed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

If ***Yes***, does she/did she use insulin?

- ☐ Yes
- ☐ No
- ☐ Don't know

_____

14.9. Does/did your mother have hypertension (high blood pressure) diagnosed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

If ***Yes***, is/was she on treatment for this?

- ☐ Yes
- ☐ No
- ☐ Don't know

Section 14: Your family history

14.10. Does/did your mother have angina or a heart attack diagnosed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

If ***Yes***, what age was she when this was first diagnosed? ☐ Don't know ☐

14.11. Does/did your mother have any forgetfulness or loss of memory which caused her difficulties?

- ☐ Yes
- ☐ No
- ☐ Don't know

14.12. Is your mother still alive?

- ☐ Yes→please go to 14.15
- ☐ No → please go to next question (14.13)
- ☐ Don't know→ please go to 14.15

14.13. If your mother has died, what did she die of?

- ☐ Heart Attack
- ☐ Stroke
- ☐ Diabetes
- ☐ Cancer
- ☐ Don't Know
- ☐ Other

If 'other', please describe……..

14.14. How old was your mother when she died? Please write age in years. ☐

Section 14: Your family history

14.15. Do/did any of your brothers or sisters have diabetes diagnosed by a doctor?

- ☐ I don't have any brothers or sisters→ end of questionnaire
- ☐ Yes→ please go to next question
- ☐ No → please go to next question
- ☐ Don't know → please go to next question

14.16. Do/did any of your brothers or sisters have hypertension (high blood pressure) diagnosed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

14.17. Do/did any of your brothers or sisters have angina or a heart attack diagnosed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know

Thank you very much for taking the time to fill in this questionnaire.

Please bring it with you when you come to our clinic OR

if you are not going to visit our clinic please return the questionnaire to us in the stamped addressed envelope