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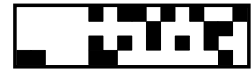
StudyID



# Questionnaire Part 2



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# 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 and between 2008 and 2011. At this new follow-up we will also invite the partners of the original study group to join in.

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 us on 020 7679 9471 or email: [sabre@ucl.ac.uk](mailto:sabre@ucl.ac.uk)

You can visit our website at [www.sabrestudy.org.uk](http://www.sabrestudy.org.uk)



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## General instructions

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

Most questions can be answered by writing a number or by putting a mark in the box like this:

One answer    Another answer

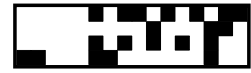
Please print any text answers in capitals *LIKE THIS*

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 by telephone or when you visit the clinic

Please bring the questionnaire with you when you come for your clinic visit or return it to us in the reply paid envelope provided.

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

**SABRE Study-Freepost  
UCL Institute of Cardiovascular Science  
Gower Street  
London WC1E 6BT**



1.1 Please enter today's date

		/			/				
(day)			(month)			(year)			

1.2 Your **year** of birth

1	9		
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Please continue to the next page

## Section 17: Physical functioning/disability

17.1 Would you say that you have a physical disability?

No

Yes → 17.2 Do you consider your disability to be a consequence of your age?

No

Yes

17.3 Do you use any of the following? *(Please tick all that apply)*

A cane or walking stick

A zimmer frame or walker

A manual wheelchair

An electric wheelchair

A buggy or scooter

Special eating utensils

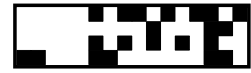
A personal alarm

None of these

17.4 Have you needed to make any changes to your home (e.g. handrails, downstairs toilet) to accommodate your needs?

No

Yes → Please describe



17.5 Do you have someone (including your partner or other people in your household) who helps you with your day-to-day activities?

No

Yes →

17.6 Who helps you with these activities?

Please tick all that apply and circle your main carer

- |   |  |
|---|--|
| <input type="checkbox"/> Husband or wife or partner | <input type="checkbox"/> Grandson                        |
| <input type="checkbox"/> Mother or father           | <input type="checkbox"/> Granddaughter                   |
| <input type="checkbox"/> Son                        | <input type="checkbox"/> Social or health service worker |
| <input type="checkbox"/> Son-in-law                 | <input type="checkbox"/> Unpaid volunteer                |
| <input type="checkbox"/> Daughter                   | <input type="checkbox"/> Privately paid employee         |
| <input type="checkbox"/> Daughter-in-law            | <input type="checkbox"/> Other relative                  |
| <input type="checkbox"/> Sister                     | <input type="checkbox"/> Friend or neighbour             |
| <input type="checkbox"/> Brother                    | <input type="checkbox"/> Other person                    |

17.7 Would you say that the help you receive meets your needs

- all the time
- usually
- sometimes
- hardly ever

17.8 Thinking about your main care-giver, how regularly does this person help you with these activities?

- often throughout the day
- from time to time throughout the day
- several times a week
- a few times a month

17.9 Does their caring/support role for you affect whether or not they engage in full-time paid employment?

- Yes, they would work if they did not need to care for me
- No, they would not work anyway
- No, they work as well



17.10 Have you received any health or disability benefits in the last year?

No

Yes →

17.11 Which of these health or disability benefits have you received in the last year?

*(Please tick all that apply)*

	Received in the past year	Receiving now
Incapacity Benefit <i>(previously invalidity Benefit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance <i>(previously Severe Disablement Allowance SDA)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory sick pay SSP	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Injuries Disablement Benefit	<input type="checkbox"/>	<input type="checkbox"/>
War Disablement Pension or War Widow's Pension	<input type="checkbox"/>	<input type="checkbox"/>
Invalid Care Allowance or Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Disabled person's tax credit <i>(previously Disability Working Allowance)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Some other benefit for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <i>(please specify)</i>		
None of these	<input type="checkbox"/>	<input type="checkbox"/>

17.12 How long have you received these health or disability benefits?

- less than 3 months     3 – 5 years  
 3 – 5 months         6 – 10 years  
 6 – 11 months         11 + years  
 1 – 2 years             Prefer not to say

17.13 How much do you receive weekly in health or disability benefits?

- Up to £25     £121 – £200  
 £26 – £40     £201 – £340  
 £46 – £80     £341 or more  
 £81 – £120    Prefer not to say





17.14 Have you ever applied for disability benefits but your claim has been rejected?

No

Yes →

17.15 What was the reason given for this?

Ineligible – disability not considered severe enough

Ineligible – family situation does not warrant additional support

Ineligible – disability hasn't been going on long enough

Incorrect completion of form/more information needed

Other reason  (please specify)

17.16 Do you feel that you are entitled to disability benefit but have not applied or do not know how to apply for it?

No

Yes →

17.17 What were your reasons for not applying?

I don't know if I'm eligible

I don't understand which allowance to apply for

I don't understand the form – English language difficulties

I don't understand the form – too complicated

I don't agree with receiving benefits from the government

I have concerns about what others might think

I don't think it will be enough extra money to be helpful

I don't need the extra support (have other support from family etc.)

Another reason?  (please specify)



17.18 Do any members of your family receive a carer's allowance with regard to your disability?

- No  
 Yes

17.19 How many times in the past 3 months have you visited your GP for problems related to a physical disability?

--	--

 times

17.20 How many times in the past 3 months have you visited any other health professional, e.g. a physiotherapist or occupational therapist, for problems related to a physical disability?

--	--

 times



### Vignettes

We will give you some examples of people with serious and less serious health problems. We would like to know how you evaluate the health of these people. Please assume that the people have the same age and background that you have.

Please tick one box for each question.

17.21 Vik lives alone and is your age. He is able to wash and dress himself, but cannot walk up the flight of stairs to his flat without stopping to rest.

Overall, how much of a physical disability does Vik have?

- None
- Mild
- Moderate
- Severe
- Extreme

Should Vik be eligible to apply for disability welfare support?

- No
- Yes

Is Vik's state normal for someone his age?

- No
- Yes

17.22 Nina lives with her husband and is your age. She needs assistance to get dressed in the morning and eat her meals.

Overall, how much of a physical disability does Nina have?

- None
- Mild
- Moderate
- Severe
- Extreme

Should Nina be eligible to apply for disability welfare support?

- No
- Yes

Is Nina's state normal for someone her age?

- No
- Yes



17.23 Ali lives with his son and is your age. He struggles when he needs to pick something off the floor, and finds it difficult to remember to take his medication and prepare his own meals, but is able to feed and dress himself.

Overall, how much of a physical disability does Ali have?

- None
- Mild
- Moderate
- Severe
- Extreme

Should Ali be eligible to apply for disability welfare support?

- No
- Yes

Is Ali's state normal for someone his age?

- No
- Yes

17.24 The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way.

	Hardly ever or never	Some of the time	Often
How often do you feel you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel in tune with the people around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



17.25 Here are a few questions about how you view the ageing process.  
Please tick the box that best matches your answer for each one

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree
As you age, the role of the family members becomes more important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ageing is a natural process, where the next generation has a duty to look after the older generation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The physical limitations that accompany old age do not matter if you have family around to help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having aches and pains is an accepted part of ageing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can learn a lot from older people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people should keep as mobile as possible to keep their bodies healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is the family's role to take over some of the activities of the older generation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree
Depending on family members in older age is a disadvantage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old age is a time of loneliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people should limit their activities to prevent injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do the things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to be able to keep doing things for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family have their own lives to lead and I don't want to them to have to look after me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section 18: Family and Leisure

18.1 How often have you talked on the phone in the last month?

- Every day
- Most days
- Some days
- Rarely
- Never

18.2 Has your health or functioning limited how often you were able to talk on the phone?

- A lot
- Some
- Not at all

18.3 How important was it to you to be able to talk on the phone?

- Very important
  - Quite important
  - Not at all important
- 

18.4 How often have you socialised in person in the last month?

- Every day
- Most days
- Some days
- Rarely
- Never

18.5 Has your health or functioning limited how often you were able to socialise in person?

- A lot
- Some
- Not at all

18.6 How important was it to you to be able to socialise in person?

- Very important
- Quite important
- Not at all important



18.7 How often have you attended religious services or organised club meetings in the last month?

- Every day
- Most days
- Some days
- Rarely
- Never

18.8 Has your health or functioning limited how often you were able to attend religious services/ organised club meetings?

- A lot
- Some
- Not at all

18.9 How important was it to you to be able to attend religious services/ organised club meetings?

- Very important
  - Quite important
  - Not at all important
- 

18.10 How often have you gone out for enjoyment in the last month?

- Every day
- Most days
- Some days
- Rarely
- Never

18.11 Has your health or functioning limited how often you were able to go out for enjoyment?

- A lot
- Some
- Not at all

18.12 How important was it to you to be able to go out for enjoyment?

- Very important
- Quite important
- Not at all important



18.13 How often have you cared for another person in the last month?

- Every day
- Most days
- Some days
- Rarely
- Never

18.14 Has your health or functioning limited how often you were able to care for another person?

- A lot
- Some
- Not at all

18.15 How important was it to you to be able to care for another person?

- Very important
  - Quite important
  - Not at all important
- 

18.16 How often have you felt stress at home in the past year?

- Never experienced stress
- Some periods of stress
- Several periods of stress
- Permanent stress

18.17 Do you go on day or overnight trips?

- Never
- Sometimes
- Often

18.18 Have you been on holiday in the last year?

- No
- Yes





18.19 Do you use the internet and / or email?

- Yes, regularly
- Yes, occasionally
- No, not at all

18.20 How many children, if any, do you have who live nearby (within about 20 miles)?

Number of children living nearby

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

Total number of grandchildren

--	--



## Section 19: Your vision, hearing, dental health and pain

19.1 Is your eyesight (using glasses or corrective lens as usual)

- Excellent
- Very good
- Good
- Fair
- Poor

19.2 Do you feel your eyesight affects your physical functioning (what you are able to do day- to-day?)

- No
- Yes

19.3 Do you feel you have a hearing loss?

- No
- Yes

19.4 Do you feel your hearing loss affects your physical functioning? (what you are able to do day-to-day?)

- No
- Yes

19.5 Would you say that your dental health(mouth, teeth and/or dentures) is

- Excellent
- Very good
- Good
- Fair
- Poor



19.6 Are you often troubled with pain?

No

Yes →

19.7 How bad is the pain most of the time? Is it...

Mild

Moderate

Severe

19.8 Do you feel your pain affects your physical functioning  
(what you are able to do day-to-day?)

No

Yes



## Section 20: Family History

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

- No
- Yes
- Don't know

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

- No
- Yes
- Don't know

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

- No
- Yes
- Don't know

What age was he when this was first diagnosed?

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

- No
- Yes
- Don't know

20.5 Is your father still alive?

- No
- Yes
- Don't know

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

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

(please specify)

20.7 How old was your father when he died?

--	--

years old



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

- No
- Yes
- Don't know

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

- No
- Yes
- Don't know

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

- No
- Yes →
- Don't know

What age was she when this was first diagnosed?

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

- No
- Yes
- Don't know

20.12 Is your mother still alive?

- No →
- Yes
- Don't know

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

- Heart Attack
- Stroke
- Diabetes
- Cancer
- Don't Know
- Other  (please specify)

20.14 How old was your mother when she died?   years old



20.15 Do/did you have any brothers or sisters?

No

Yes →

20.16 How many brothers and sisters do/did you have in total?

--	--

20.17 How many of your brothers and sisters are still alive?

--	--

20.18 Please specify which country, city or town(s) they now live in:

Brother	Sister	Country:	City or town:
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

20.19 How many of your brothers or sisters have/had diabetes diagnosed by a doctor?

0    1    2    3 or more    Don't know

20.20 How many of your brothers or sisters have/had hypertension (high blood pressure) diagnosed by a doctor?

0    1    2    3 or more    Don't know

20.21 How many of your brothers or sisters have/had angina or a heart attack diagnosed by a doctor?

0    1    2    3 or more    Don't know



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20.22 Do/did any of your children have diabetes diagnosed by a doctor?

- No
- Yes
- Don't know

20.23 Do/did any of your children have hypertension (high blood pressure) diagnosed by a doctor?

- No
- Yes
- Don't know

20.24 Do/did any of your children have angina or a heart attack diagnosed by a doctor?

- No
- Yes
- Don't know



## Section 21: Your Childhood

21.1 Were you ever short of food when you were growing up?

- Frequently
- Occasionally
- Never

21.2 Were you a vegetarian when you were growing up?

- No
- Yes

21.3 How many times a week, on average, did you eat fruit or vegetables when you were growing up?

- Never
- Once a week
- 2-3 days a week
- On most days

21.4 How many times a week did you eat meat or fish when you were growing up?

- Never
- Once a week
- 2-3 days a week
- On most days

21.5 What was your favourite meal as a child?

21.6 How often did you have your favourite meal as a child?

- Hardly ever
- Once a month or less
- Once in 2 weeks
- 1-3 times a week
- 4-7 times a week
- Once a day or more





## 21.7 How did you usually get to school every day?

	First school	Last school (if more than one)
Walking	<input type="checkbox"/>	<input type="checkbox"/>
Cycling	<input type="checkbox"/>	<input type="checkbox"/>
By car	<input type="checkbox"/>	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	<input type="checkbox"/>

Your age on leaving this school?  
(if applicable)

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 years

--	--

 years

## 21.8 How long did it take you, on average, to get to school?

	First school	Last school
Less than 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>
10 - 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
30 minutes – 1 hour	<input type="checkbox"/>	<input type="checkbox"/>
1 – 2 hours	<input type="checkbox"/>	<input type="checkbox"/>
More than 2 hours	<input type="checkbox"/>	<input type="checkbox"/>

## 21.9 How many hours a week did you play sports at school?

	First school	Last school
Less than 1 hour	<input type="checkbox"/>	<input type="checkbox"/>
1-2 hours	<input type="checkbox"/>	<input type="checkbox"/>
2-4 hours	<input type="checkbox"/>	<input type="checkbox"/>
More than 4 hours	<input type="checkbox"/>	<input type="checkbox"/>

## 21.10 How many hours a week did you play sports outside of school?

	First school	Last school
Less than 1 hour	<input type="checkbox"/>	<input type="checkbox"/>
1-2 hours	<input type="checkbox"/>	<input type="checkbox"/>
2-4 hours	<input type="checkbox"/>	<input type="checkbox"/>
More than 4 hours	<input type="checkbox"/>	<input type="checkbox"/>

## 21.11 How physically active were you as a child compared to your own children when they were school age?

- I was less physically active
- About the same
- I was more physically active



## Section 22: Religion and ethnicity

22.1 What is your religion?

- Church of England
- Roman Catholic
- Other Christian denomination
- Jewish
- Hindu
- Jain
- Sikh
- Muslim
- Other  (please specify)
- None
- I do not wish to answer this question

22.2 Many people who live in the UK think of themselves as being British in some way. On a scale of 0 to 10 where 0 means 'not at all important' and 10 means 'extremely important', how important is being British to you?

0      1      2      3      4      5      6      7      8      9      10  
Not at all      Please circle a number      Extremely  
important      important

22.3 Please answer only if your ethnicity is not White or White British

Similar to above, on a scale of 0 to 10 where 0 means 'not at all important' and 10 means 'extremely important', how important is being of your ethnic group to you?

0      1      2      3      4      5      6      7      8      9      10  
Not at all      Please circle a number      Extremely  
important      important



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

We very much appreciate your help

Please bring the questionnaire with you when you come to our clinic or return it to us in the reply paid envelope

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