StudyID

Questionnaire Part 1b

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

You can visit our website at www.sabrestudy.org.uk

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		

Please continue to the next page

Section 5: Sleep

5.1 Do you have difficulty falling asleep?

☐ No ☐ Yes

5.2 Do you usually wake up too early?

☐ No ☐ Yes

5.3 Do you usually still feel tired when you wake up in the morning?

☐ No ☐ Yes

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

☐ No ☐ Yes

5.5 How often do you snore at night? (If you are not sure, please ask someone who is likely to know)

☐ Never snore
☐ Occasionally snore
☐ Often snore
☐ Almost always snore
☐ Don't know

5.6 How many hours do you usually sleep at night?

		hours

5.7 Have you ever been told that you hold your breath during sleep? (stop breathing for at least 10 seconds)

☐ No ☐ Yes

Section 6: Tiredness, breathlessness and other symptoms

6.1 Do you regularly feel tired when carrying out usual daily activities?

☐ No ☐ Yes

6.2 Do you regularly have any swelling in your feet, ankles, legs or abdomen?

(Please tick all that apply)

☐ No swelling
☐ Swelling in feet
☐ Swelling in ankles
☐ Swelling in legs
☐ Swelling in abdomen

6.3 Do you ever get breathless when you are lying down?

☐ No ☐ Yes

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

☐ No
☐ Yes
☐ I am unable to walk

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

☐ No
☐ Yes
☐ I am unable to walk

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

☐ No
☐ Yes
☐ I am unable to walk

6.7 Have you ever been told by a doctor that you have had any of the following:

	No	Yes
Atrial Fibrillation	☐	☐
Deep vein thrombosis (clot in a deep leg vein)	☐	☐
Pulmonary embolism (clot on the lung)	☐	☐

Section 7: Women Only

MEN- please go to section 8

7.1 Have you ever used birth control pills or had birth control injections?

☐ No

☐ Yes →

7.2 How old were you when you began using birth control pills/injections?

☐☐ years of age

7.3 For how many years did you use birth control pills/injections?

☐☐ years

7.4 Have you ever used hormone replacements (HRT) to help you with the menopause?

☐ No

☐ Yes →

For how long? ☐☐ years

7.5 Are you still taking HRT?

☐ No → At what age did you stop? ☐☐ years of age

☐ Yes

7.6 Have you ever been pregnant?

☐ No

☐ Yes →

7.7 Did you ever have a miscarriage or stillbirth?

☐ No

☐ Yes → please state how many ☐☐

7.8a How many live-born babies have you had? ☐☐

7.8b. What were their birth weights (if applicable)?

1	☐☐	pounds	☐☐	ounces
2	☐☐	pounds	☐☐	ounces
3	☐☐	pounds	☐☐	ounces
4	☐☐	pounds	☐☐	ounces

7.9 Did you ever have high blood pressure during pregnancy?

☐ No

☐ Yes

7.10 Did you ever have diabetes during pregnancy?

☐ No

☐ Yes

Section 8: Smoking

8.1 Have you ever smoked cigarettes?

☐ No

☐ Yes →

8.2 How old were you when you started smoking regularly?

☐☐

8.3 Do you smoke cigarettes at present?

☐ No →

☐ Yes

8.4 How old were you when you stopped smoking regularly?

☐☐ years of age

8.5 When you smoked, how many cigarettes did you usually smoke in a day?

☐☐ cigarettes

8.6 How often do you smoke cigarettes?

☐ Daily

☐ 4-5 days a week

☐ Only occasionally

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

☐☐ cigarettes

or if tobacco

☐☐ ounces

Section 9: Alcohol

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

☐ No

☐ Yes, but given up completely

☐ Yes →

9.2 How often do you normally have an alcoholic drink?

☐ Daily

☐ 4-5 days a week

☐ Once or twice a week

☐ Once or twice a month

☐ Special occasions only

9.3 What is your preferred drink?

☐ Wine

☐ Beer

☐ Spirits

☐ Combination of beers, wines or spirits

☐ Low alcohol drinks

☐ Other ☐ (please specify)

9.4 If 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

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

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

☐ Before meals

☐ With meals

☐ After meals

☐ Separate from meals

Section 10: Diet and weight

10.1 How much do you weigh now?

☐☐ stone ☐☐ pounds or ☐☐☐ kg

10.2 Are you on any of the following diets?

- ☐ Weight reduction diet
- ☐ Diabetic diet
- ☐ Cholesterol-lowering diet
- ☐ Fasting or abstaining for religious reasons
- ☐ Other diet ☐☐☐☐☐☐☐☐☐☐ (please specify)
- ☐ Not on a diet

10.3 Which of the following do you think best describes your weight?

- ☐ Underweight
- ☐ About the right weight
- ☐ A little overweight
- ☐ Very overweight

10.4 In total, how many teaspoons of sugar do you usually use each day in drinks like tea and coffee or on food at a table (e.g. breakfast cereal)?

- ☐ None
- ☐ 1-2 teaspoons
- ☐ 3-5 teaspoons
- ☐ 6-10 teaspoons
- ☐ 11-20 teaspoons
- ☐ More than 20 teaspoons

10.5 What type of milk do you usually use?

- ☐ None
- ☐ Whole milk (full fat/full cream) - blue top
- ☐ Semi-skimmed-green top
- ☐ Skimmed - red top
- ☐ Soya
- ☐ Other ☐☐☐☐☐☐☐☐☐☐ (please specify)

10.6 In a typical week during the past month or so, how often did you eat each of the following foods?

Meat, eggs and dairy	Rarely or never	Less than 1 a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ a day
Eggs	☐	☐	☐	☐	☐	☐	☐	☐
Milk, butter or cheese	☐	☐	☐	☐	☐	☐	☐	☐
Fish or seafood	☐	☐	☐	☐	☐	☐	☐	☐
Chicken	☐	☐	☐	☐	☐	☐	☐	☐
Lamb	☐	☐	☐	☐	☐	☐	☐	☐
Beef (inc. burgers)	☐	☐	☐	☐	☐	☐	☐	☐
Pork, ham or bacon	☐	☐	☐	☐	☐	☐	☐	☐
Processed meats such as salami, corned beef, luncheon meat etc	☐	☐	☐	☐	☐	☐	☐	☐

Fruit and vegetables	Rarely or never	Less than 1 a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ a day
Fruit	☐	☐	☐	☐	☐	☐	☐	☐
Green vegetables (tinned frozen/fresh)	☐	☐	☐	☐	☐	☐	☐	☐
Boiled, mashed or jacket potatoes	☐	☐	☐	☐	☐	☐	☐	☐
Fried or roast potatoes or fried chips	☐	☐	☐	☐	☐	☐	☐	☐
Oven-cooked chips	☐	☐	☐	☐	☐	☐	☐	☐

Bread, rice, pasta, pulses	Rarely or never	Less than 1 a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ a day
Bread/chapattis/parathas/puris /nan/pittas etc	☐	☐	☐	☐	☐	☐	☐	☐
Boiled rice	☐	☐	☐	☐	☐	☐	☐	☐
Fried rice	☐	☐	☐	☐	☐	☐	☐	☐
Pasta (spaghetti etc)	☐	☐	☐	☐	☐	☐	☐	☐
Pulses (such as lentils, kidney beans, soya beans etc)	☐	☐	☐	☐	☐	☐	☐	☐

10.6 Continued

Other	Rarely or never	Less than 1 a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ a day
Breakfast cereals	☐	☐	☐	☐	☐	☐	☐	☐
Savoury snacks (e.g. crisps or corn snacks, Bombay mix, etc)	☐	☐	☐	☐	☐	☐	☐	☐
Samosas, pakoras, spring rolls	☐	☐	☐	☐	☐	☐	☐	☐
Sausage rolls, pasties, pork pies	☐	☐	☐	☐	☐	☐	☐	☐
Ready meals(take-away, chip shop, supermarket chilled meals etc	☐	☐	☐	☐	☐	☐	☐	☐

10.7 In a typical week what type of fat or oil did you use when preparing food?

Please tick one or more boxes in each column where applicable.

Fat/oils	Baking	Frying	Spreading	Salads
Butter/Ghee	☐	☐	☐	☐
Low far spread	☐	☐	☐	☐
Margarine soft tub	☐	☐	☐	☐
Hard margarine - brick	☐	☐	☐	☐
Other vegetable oil	☐	☐	☐	☐
Palm / coconut oil	☐	☐	☐	☐
Lard	☐	☐	☐	☐
Other	☐	☐	☐	☐

10.8 What is your favourite meal?

10.9 How often do you have your favourite meal?

☐ 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

Section 11: Physical activity

11.1 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	☐	☐	☐	☐	☐

11.2 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.

11.3 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

11.4 How fast do you usually walk?

☐ Slow
☐ Medium
☐ Fast

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

☐ No
☐ Yes →

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

11.7 Do you play any sport (or take other recreational exercise such as going to the gym, swimming or dancing)?

☐ No

☐ Yes →

11.8 Which sport or other exercise do you play/do most frequently?

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

☐ Less than 1 hour/week
☐ 1-2 hours/week
☐ 3-4 hours/week
☐ 5 or more hours/week

11.10 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

11.11 How many hours a day 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 12: Activites of daily living

12.1 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

12.2 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

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

- ☐ No
- ☐ Yes

12.4 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 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 13: Memory and falls

In the past year:

13.1 How often did you have trouble remembering things?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

13.2	No	Yes
Did you have more trouble than usual remembering recent events?	☐	☐
Did you have more trouble than usual remembering a short list of items such as a shopping list?	☐	☐
Did you have trouble remembering things from one second to the next?	☐	☐
Did you have any difficulty in understanding or following spoken instruction?	☐	☐
Did you have more trouble than usual following a group conversation or a plot on TV due to your memory?	☐	☐
Did you have trouble finding your way around familiar streets or places?	☐	☐
Did you have trouble getting things organised/organising your day?	☐	☐
Did you have trouble concentrating on things e.g reading a book?	☐	☐

13.3 Have you had spells of dizziness, loss of balance or a sensation of spinning in the past year?

- ☐ No
- ☐ Yes

13.4 At the present time are you afraid that you may fall over?

- ☐ Very fearful
- ☐ Somewhat fearful
- ☐ Not fearful

13.5 Have you had a fall in the past year?

☐ No

☐ Yes →

13.6 How many falls in the past year?

13.7 Did you receive medical attention for any of these falls?

☐ No

☐ Yes

13.8 Did you suffer any of the following as a result of a fall in the past year? *(tick all that apply)*

☐ Cuts and bruises

☐ Damage to muscle or ligament

☐ Broken or fractured hip bone

☐ Broken or fractured wrist

☐ Other broken or fractured bone

Section 14: Your health overall

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

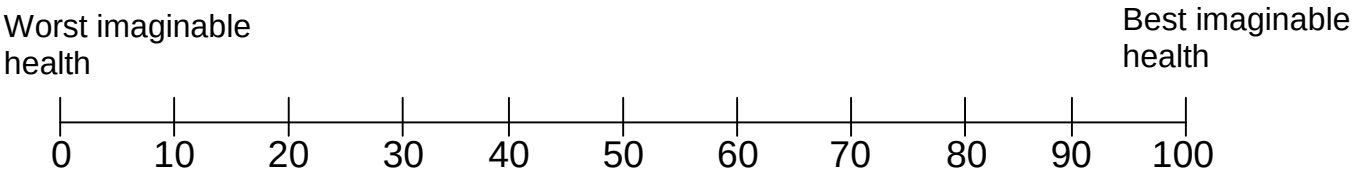
- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

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



Section 15: The way you have been feeling recently

15.1 Are you basically satisfied with your life?
☐ No
☐ Yes

15.2 Have you dropped many of your activities and interests?
☐ No
☐ Yes

15.3 Do you feel that your life is empty?
☐ No
☐ Yes

15.4 Are you afraid that something bad is going to happen?
☐ No
☐ Yes

15.5 Do you feel happy most of the time?
☐ No
☐ Yes

15.6 Do you often feel helpless?
☐ No
☐ Yes

15.7 Do you often feel that you have more problems with memory than most?
☐ No
☐ Yes

15.8 Do you feel full of energy?
☐ No
☐ Yes

15.9 Do you feel that your situation is hopeless?

☐ No

☐ Yes

15.10 Do you think that most people are better off then you are?

☐ No

☐ Yes

Section 16: 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 this section.

16.1 Are you at present:

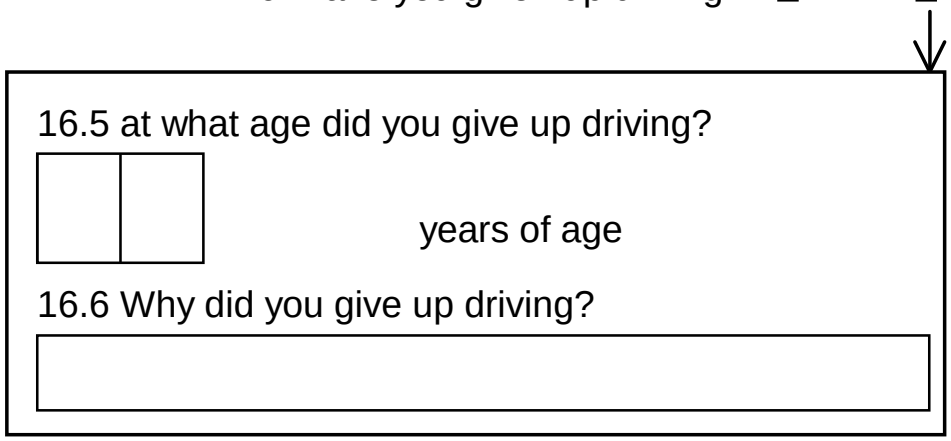
- ☐ Living alone
- ☐ Living with a partner or spouse
- ☐ Living with other family members
- ☐ Living with other people

16.2 How many people live in your household? ☐☐

16.3 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 specify)

	No	Yes
16.4 a. Do you have a car or van available for your own use?	☐	☐
b. Do you drive yourself?	☐	☐
c. Have you given up driving?	☐	☐



16.7 Do you have private medical insurance?

- ☐ No
- ☐ Yes

16.8 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 specify)
- ☐ None of these

16.9 Are you currently employed?

- ☐ No
- ☐ Yes

16.10 What kind of work do you do (or did you do in your most recent job) ?

Your main activity is/was: [ ]

16.11 Is your current or most recent job full-time or part-time?

- ☐ Full-time
- ☐ Part-time → 16.12 How many hours per week on average? [ ][ ]

16.13 In your current or most recent job: are you/were you self-employed?

- ☐ No
- ☐ Yes

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

- ☐ 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 ☐ (please specify)
- ☐ Retired → At what age did you retire? ☐☐ years of age

16.15 If you have a partner or spouse, what is his/her current or most recent job?

☐

16.16 At what age did you start school? ☐☐ years of age

16.17 At what age did you finish your full-time education? ☐☐ years of age

16.18 What is your highest level qualification? (please tick one only)

- ☐ No qualifications
- ☐ Don't know
- ☐ GCE 'O' levels/ GCSE/CSE or equivalent
- ☐ Apprenticeship
- ☐ ONC/OND/BTEC, NVQ level 3, City and Guilds advanced craft or equivalent
- ☐ HNC/HND, NVQ level 4-5, BTEC higher level or equivalent
- ☐ Professional qualification, for example teaching, nursing, accountancy
- ☐ Degree or higher degree, for example BA, BSc, MA, PhD)
- ☐ Other qualifications ☐ (please specify)

16.19 What is your household's total gross income (before tax)?

Per week	or	Per year (approximately)
Nil	☐	Nil
Up to £99	☐	Up to £5,199
£100 to £199	☐	£5,200 to £10,399
£200 to £299	☐	£10,400 to £15,599
£300 to £399	☐	£15,600 to £20,799
£400 to £499	☐	£20,800 to £25,999
£500 to £599	☐	£26,000 to £31,999
£600 to £999	☐	£31,200 to £51,999
£1000 or more	☐	£52,000 or more
	☐	I do not wish to answer this question

16.20 What level of financial stress or anxiety do you feel?

☐ Little / None
☐ Moderate
☐ High / Severe

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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