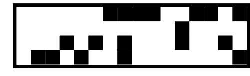
StudyID

Questionnaire Part 1a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SABRE STUDY

Diabetes and heart disease research study

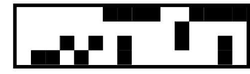
Thank you for taking the time to fill in this questionnaire.

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

You can visit our website at www.sabrestudy.org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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

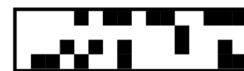
Please print any text answers in capitals LIKE THIS

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 return the questionnaire 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		

1.3 Your sex

☐ Male ☐ Female

1.4 Which one of the following best describes you at present

☐ Single
☐ Married or living with partner
☐ Widowed
☐ Divorced or separated
☐ I have a partner, but we don't live together
☐ Other, please state

1.5 May we send you some more questionnaires about your lifestyle, physical functioning and disability, family history of illness and other topics which affect health?

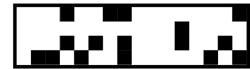
☐ Yes, I am willing for the SABRE study team to send me questionnaires in the future
☐ No, I would prefer not to receive further questionnaires

(If you agree, we expect to send 2 more questionnaires within the next 2-3 months and may send similar questionnaires on a yearly basis. You will receive a £5 gift voucher for each questionnaire completed)

1.6 We would like to access information from your medical records and link this data with other health-related records.

For example, linking your study records with information from your GP records or from hospital admissions or national database records (such as heart attacks or cancer). This information will be treated with the utmost care and attention to confidentiality. *(See section 'Your medical and health-related records' under 'Taking part in the SABRE Study' in the participant information booklet)*

If you DO NOT want us to have access to your records please tick the box ☐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Section 2: Ethnicity and country of birth

2.1 To which of these ethnic groups do you feel you belong?

☐ I do not wish to answer this question

Black or Black British

☐ Black Caribbean

☐ Black African

☐ Any other Black background (Please specify) [ ]

Asian or Asian British

☐ Bangladeshi

☐ East African Asian

☐ Indian

☐ Pakistani

☐ Sri Lankan

☐ Tamil

☐ Chinese

☐ Any other Asian background (Please specify) [ ]

White or White British

☐ English

☐ Irish

☐ Scottish

☐ Welsh

☐ Eastern European

☐ Any other White background (Please specify) [ ]

Mixed

☐ Mixed Asian (Please specify) [ ]

☐ Mixed Black (Please specify) [ ]

☐ Mixed White (Please specify) [ ]

☐ Any other mixed background (Please specify) [ ]

2.2 In which country were you born?

- ☐ England
- ☐ Scotland
- ☐ Northern Ireland
- ☐ Wales
- ☐ Eire
- ☐ India
- ☐ Bangladesh
- ☐ Kenya
- ☐ Tanzania
- ☐ China
- ☐ Jamaica
- ☐ Barbados
- ☐ Pakistan
- ☐ Sri Lanka
- ☐ Uganda
- ☐ Malaysia
- ☐ Trinidad
- ☐ Guyana
- ☐ Other (Please specify) ____________

2.3 If you were not born in England, how old were you when you first moved here?

☐☐ years

2.4 Were both your parents born in the same country as you?

- ☐ Yes
- ☐ No →

What country was your father born in? ____________

What country was your mother born in? ____________

Section 3: Your health

3.1 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

3.2 Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole? Please circle a number.

1	2	3	4	5	6	7	8	9	10
Not at all satisfied									Extremely Satisfied

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

- ☐ No
- ☐ Yes → In what year did this first happen? ☐☐☐☐

Have you had any more heart attacks (confirmed by a doctor) since then?

- ☐ No
- ☐ Yes → Year of most recent heart attack: ☐☐☐☐

3.4 Have you ever had angina (chest pain from the heart) which was confirmed by a doctor)?

- ☐ No
- ☐ Yes → In what year did this first happen? ☐☐☐☐

And when did you last have angina?

- ☐ Within the past month
- ☐ 1-12 Months Ago
- ☐ More than a year ago

3.5 Do you have heart failure which has been confirmed by a doctor? (symptoms may include shortness of breath or swelling of your ankles or feet)

☐ No

☐ Yes → In what year did this first happen? ☐☐☐☐

3.6 Have you ever had narrowing or hardening of the arteries in the leg which has been confirmed by a doctor? (This could be called claudication or peripheral arterial disease or peripheral vascular disease)

☐ No

☐ Yes → In what year did this first happen? ☐☐☐☐

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

☐ No

☐ Yes → In what year did this first happen? ☐☐☐☐

Have you had any more CABG operations since then?

☐ No

☐ Yes → Year of most recent CABG: ☐☐☐☐

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

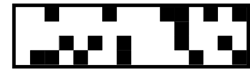
☐ No

☐ Yes → In what year did this first happen? ☐☐☐☐

Have you had any more angioplasty operations since then?

☐ No

☐ Yes → Year of most recent angioplasty: ☐☐☐☐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3.9 Have you ever had an operation called an angiogram to look at the coronary arteries (in your heart)?

☐ No
☐ Yes → Please give year of most recent angiogram: [ ][ ][ ][ ]

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

☐ No
☐ Yes → In what year were you first told? [ ][ ][ ][ ]

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

☐ No
☐ Yes

3.11 Do you have diabetes which was confirmed by a doctor?

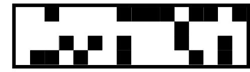
☐ No
☐ Yes → In what year were you first told? [ ][ ][ ][ ]

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

☐ No
☐ Yes

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

☐ No
☐ Yes



3.12 Have you ever had a stroke or TIA (transient ischaemic attack or mini-stroke) which was confirmed by a doctor?

☐ No
☐ Yes → Please give year of first stroke/TIA [ ][ ][ ][ ]

How long did the symptoms last?

☐ Less than 24 Hours
☐ 24 Hours or more

Have you had any more strokes or TIAs (confirmed by a doctor) since then?

☐ No
☐ Yes → Year of most recent stroke/TIA [ ][ ][ ][ ]

Have you made a complete recovery from your stroke(s)?

☐ No
☐ Yes

Because of your stroke(s), do you need help carrying out your usual activities?

☐ No
☐ Yes

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

☐ No
☐ Yes → Which year did this first happen? [ ][ ][ ][ ]

Do you still have cancer?

☐ No
☐ Yes

Which parts of your body are or were affected?

[ ]

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3.14 Have you ever been told by a doctor that you have any of the following problems?

	No	Yes
Kidney Disease	☐	☐
Lung problems such as chronic bronchitis or emphysema	☐	☐
Asthma	☐	☐
Arthritis	☐	☐
Osteoporosis	☐	☐

3.15 Please list any other serious health problems not yet mentioned:

3.16 Have you been admitted to hospital during the past year?

☐ No ☐ Yes

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

Month (1-12)	Reason you were admitted (brief)

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Section 4: Medication

Are you currently taken any regular medication?

☐ No ☐ Yes

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.

Name of medication	Reason for taking (if known)	Year Started (if known)				Is this medication prescribed? Yes	No
						☐	☐
						☐	☐
						☐	☐
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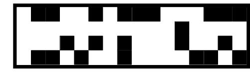
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Thank you very much for taking the time to fill in this questionnaire.

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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