



ADDITION Study, Leicester

Participant Identification Label:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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The ADDITION Study:

A study about screening for diabetes

Baseline Questionnaire booklet

Section A - Ethnicity

Please tick the box that best describes your ethnic origin

WHITE:

White British

White Irish

Any other white background

MIXED:

White and Black Caribbean

White and Black African

White and Asian

Any other mixed race

ASIAN OR ASIAN BRITISH:

Indian

Pakistani

Bangladeshi

Any other Asian background

CHINESE:

Chinese

Any other

BLACK OR BLACK BRITISH:

Caribbean

African

Any other black background

Section B - Alcoholic drinks and smoking.

Smoking

B1. Do you smoke?

Yes, daily []

Yes, occasionally (less than one cigarette, cigar or pipe a day) []

No, I have never smoked []

No, but previously I was a smoker. I quit in – year

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If your answer is No, please go to B2

If Yes

B1b. How much do you smoke a day on average?

No. cigarettes a day []

No. cheroots a day []

No. cigars a day []

No. grams tobacco in a week []

Alcoholic Drinks

B2. How many units of alcohol do you consume in an average week?

1 unit is equivalent to: ½ pint of beer
1 glass of wine
1 single measure of spirits

Units per week

Beer _____

Wine _____

Spirits _____

Section C- Occupation

C1. What is your current work status ?

- In work - full time ie more than 30 hours per week []
- part time work ie less than 30 hours per week []
- keeping house []
- wholly retired from work []
- waiting to start a new job already obtained []
- unemployed and looking for work []
- out of work as temporarily sick []
- permanently sick or disabled []

other please specify _____

C2. Please could you give us some details about your present/or last job.

What is (was) the name or title of your job ?

What kind of work do (did) you do in your job ?

What training or qualifications are (were) needed for your job ?

Are (were) you working..... as an employee []
as self-employed []

Do (did) you supervise or have management responsibility for the work of other people ?

- No []
- Yes 1-24 people []
- Yes 25 or more people []

C3. Do you have a partner?

Yes [] No []

If your answer is No, please go to C4

If yes

C3a. What kind of work does (did) s/he do in his/her job?

C3b. What training or qualifications are (were) needed for his/her job ?

C3c. Is (was) s/he working..... as an employee []
as self-employed []

C3d. Does (did) s/he supervise or have management responsibility for the work of other people?

No []
Yes; 1-24 people []
Yes; 25 or more people []

C4. At what age did you finish full time education? _____ years

C5. Does your household have any cars or vans normally available for its use?

Yes No

Do you own or rent your home?

Own it/buying it Yes No

Rent it Yes No

C6a. What is your legal marital status?

- Married
- Unmarried
- Divorced/Separated
- Widow/Widower

C6b. Have you ever cohabited with someone without being married?

- I am cohabiting with someone now
- I have cohabited with someone in the past
- I have never cohabited with someone

Section D

Please take a few minutes to answer the questions below about the feeling in your legs and feet. Check yes or no based on how you usually feel.

1. Are your legs and /or feet numb? Yes No
2. Do you ever have any burning pain in your legs and/or feet? Yes No
3. Are your feet sensitive to touch? Yes No
4. Do you get muscle cramps in your legs and/or feet? Yes No
5. Do you ever have any prickling feelings in your legs or feet? Yes No
6. Does it hurt when the bedcovers touch your skin? Yes No
7. When you get into the tub or shower, are you able to tell the hot water from the cold water? Yes No
8. Have you ever had an open sore on your foot? Yes No
9. Has your doctor ever told you that you have diabetic neuropathy? Yes No
10. Do you feel weak all over most of the time? Yes No
11. Are your symptoms worse at night? Yes No
12. Do your legs hurt when you walk? Yes No
13. Are you able to sense your feet when you walk? Yes No
14. Is the skin on your feet so dry that it cracks open? Yes No
15. Have you ever had an amputation? Yes No

Total _____/15pts

Section E

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives.

The questions are about the time you spend being physically active in the last 7 days. They include questions about activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Your answers are important. Please answer each question even if you do not consider yourself to be an active person.

- ◆ **vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.
- ◆ **moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

E1a During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling,? Think about *only* those physical activities that you did for at least 10 minutes at a time.

_____ days per week

None (Go to question 2a.)

E1b How much time in total did you usually spend on one of those days doing vigorous physical activities?

_____ hours _____ minutes

E2a Again, think *only* about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

_____ days per week

None (Go to question 3a.)

E2b How much time in total did you usually spend on one of those days doing moderate physical activities?

_____ hours _____ minutes

E3a During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time? This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure.

_____ days per week

None (Go to question 4.)

E3b How much time in total did you usually spend walking on one of those days?

_____ hours ____ minutes

E4 The last question is about the time you spent sitting on weekdays while at work, at home, while doing course work and during leisure time. This includes time spent sitting at a desk, visiting friends, reading travelling on a bus or sitting or lying down to watch television.

During the last 7 days, how much time in total did you usually spend *sitting* on a **week day**?

_____ hours ____ minutes

Section F

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the most appropriate number to the right to indicate how you feel right now, at this moment.

There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	Not at all	Somewhat	Moderately	Very much
I feel calm	1	2	3	4
I am tense	1	2	3	4
I feel upset	1	2	3	4
I am relaxed	1	2	3	4
I feel content	1	2	3	4
I am worried	1	2	3	4

Section G - EuroQol

Please indicate which statements best describe your health state, today, by marking one box in each group with a cross like this:



MOBILITY

I have no problems in walking about

I have some problems in walking about

I am confined to bed

SELF CARE

I have no problems with self-care

I have some problems washing and dressing myself

I am unable to wash or dress myself

USUAL ACTIVITIES

(eg work, study, housework, family or leisure 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

Section H – Patient Costs

This part of the questionnaire asks about the costs of attending the hospital

1. Please circle the number that best describes how you travelled from your home to the hospital. If you used more than one form of transport please indicate the way you travelled for the **main** (longest in terms of distance) part of your journey.

Walked	1
Cycled	2
Bus	3
Train.....	4
Taxi.....	5
Private car.....	6
Motorbike.....	7
Other (please specify).....	8

2. If you travelled by public transport (e.g. bus, train, taxi) for part or the entire journey, what was the cost of the return fare? Please write the cost in the space below.
Please put Zero if you did not travel by public transport at all or if you did not pay a fare.

£ _____

3. If you travelled by private car or motorbike for part of or the entire journey how many miles did you travel **one way**? Please write the number of miles in the space below.
Put Zero if you did not travel by private car or motorbike at all.

Number of miles _____

If you traveled by private car or motorbike for part of or the entire journey and had to pay parking fees how much did these amount to? Please write the cost in the space below.
Put zero if you did not travel by private car or motorbike at all or did not pay parking fees.

Expenditure on parking fees (£) _____

4. How long did it take to travel from your home to the hospital? Please write the number of hours and minutes in the space below.

Number of _____ hours _____ minutes

5 Did anyone come with you to the hospital? Please circle the appropriate answer below.

- Yes (please continue with question 6).....1
- No (go to question 7).....2

6 Who accompanied you to the hospital? Please circle the number(s) that best describe the person(s) who accompanied you to the hospital? You may circle more than one answer.

- Partner/Spouse..... 1
 - Child/Children under 16 years.....2
 - Other relative..... 3
 - Paid caregiver.....4
 - Other (**Please specify**)5
-

1. Did you get someone to look after your child/children or other dependants (if you have any) while you were at the hospital? Please circle the appropriate answer.

- Yes 1
- No 2
- Not applicable (no children or dependants).. 3

Section H – BFI 44

Here are a number of ways to describe people that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please tick the box next to each statement to indicate the extent to which you agree or disagree with that statement. There are no right or wrong answers, we are just interested to know how you see yourself.

	Disagree Strongly	Disagree a little	Neither agree or disagree	Agree a little	Agree strongly
1. Is talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tends to find fault with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does a thorough job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is depressed, blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is original, comes up with new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is reserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is helpful and unselfish with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can be somewhat careless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is relaxed, handles stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is curious about many different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is full of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Starts quarrels with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is a reliable worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Can be tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is ingenious, a deep thinker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Generates a lot of enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Has a forgiving nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Tends to be disorganised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has an active imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Tends to be quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is generally trusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Tends to be lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is emotionally stable, not easily upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is inventive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Has an assertive personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Can be cold and aloof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Perseveres until the task is finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Can be moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Values artistic aesthetic experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Is sometimes shy, inhibited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Is considerate and kind to almost everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Does things efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Remains calm in tense situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Prefers work that is routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Is outgoing, sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Is sometimes rude to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Makes plans and follows through with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Gets nervous easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Likes to reflect, play with ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Has a few artistic interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Likes to co-operate with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Is easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is sophisticated in art, music and literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I – Jaako

What is your age?

Below 45 years

45-54 years

55-64 years

Above 64 years

Do you exercise or exert yourself in your spare time or at work at least 30 minutes on most days?

Yes

No

How often do you eat vegetables and fruits or berries?

Everyday

No everyday

Have you ever used drugs for high blood pressure?

No

Yes

Has a physician or other health care provider ever told you that you have high blood glucose (in a medical check-up, during an illness or pregnancy?)

No

Yes

Do any of your family members have diabetes?

No

Yes Grandparent, uncle, aunt or cousin (but no parent or own child)

Yes Biological father, mother, sibling or own child

Has a doctor ever told you that you have any of the following?

	Yes	No	Age first Diagnosed		If treated in which hospital
High blood cholesterol (hyperlipidaemia)	[]	[]	[] yrs		[]
High blood pressure (hypertension)	[]	[]	[] yrs	[]	[]
Angina	[]	[]	[] yrs	[]	[]
Heart Attack (myocardial infarction)	[]	[]	[] yrs	[]	[]
Stroke	[]	[]	[] yrs	[]	[]
Cardiac arrhythmia/ palpitations/ irregular heartbeat	[]	[]	[] yrs	[]	[]

Please give details.....

Have you ever had an operation for coronary arteriosclerosis (balloon dilation of the coronary arteries or by pass-graft)?

Yes [] No []

Section J

The five questions below are about your overall well-being.

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

Over the last two weeks.....	All of the Time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1. I have felt cheerful & in good spirits	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰
2. I have felt calm and relaxed	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰
3. I have felt active and vigorous	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰
4. I woke up feeling fresh and rested	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰
5. My daily life has been filled with things that interest me	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰

Please make sure all questions are completed

MANY THANKS FOR YOUR HELP