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Date

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Participant sticker

# The ADDITION Study: *a study about screening for diabetes*

ISRCTN No.

## 5 Year Questionnaire

**Please try to answer all the questions**

**If you have any queries, please ask one of the staff  
Your answers will be treated as confidential and  
will only be used for medical research**



# IPAQ Questionnaire

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.***

In answering the following questions,

- ◆ **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.

- 1a 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.*)

- 1b How much time in total did you usually spend on one of those days doing vigorous physical activities?

\_\_\_\_ hours \_\_\_\_ minutes

- 2a 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.*)

- 2b How much time in total did you usually spend on one of those days doing moderate physical activities?

\_\_\_\_ hours \_\_\_\_ minutes

3a 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.*)

3b How much time in total did you usually spend walking on one of those days?

\_\_\_\_\_ hours \_\_\_ minutes

4 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

## HEALTH SERVICE USE PREVIOUS 3 MONTHS

(Adapted from HSRU Aberdeen)

1. During the last **3 months** have you been admitted to hospital for overnight or day case care?  
Please circle the appropriate answer below.

*Yes (Please fill in the table below)*

*No (Please go to question 2)*

Name of Hospital	Date of Admission	Reason for Admission	Number of nights in hospital
Eg. Addenbrooke's Hospital Cambridge	January 2002	Hip Replacement	6

2. During the last 3 months have you visited any other healthcare professionals? Please write the information in the table below.

*The second row of the table gives an example of how we would like you to complete the table. Please write zero if there were no visits to each of the professionals listed.*

Healthcare Professional	Number of Visits	Location
Eg. General Practitioner (GP)	5	3 at Newmarket Rd Surgery, 1 home visit, 1 telephone consultation
General Practitioner (GP)		
Nurse		
Accident and Emergency department		
Hospital doctor for outpatient clinic		
Physiotherapist		
Chiropodist		
Dietician		
Optician		
Other (please specify)...		



4. During the last **3 months**, what medications or medical devices (including home blood tests, vitamins, tablets, etc) have you used on an occasional **when needed** basis?

*In the table below, please write the name, strength and dosage form of each medication and how often you have used each medication over the last 3 months*

<b>Name</b>	<b>Strength</b>	<b>Dosage form (eg tablets, injection, ointment etc)</b>	<b>How often have you used the medication over the last 3 months?</b>
Eg. Aspirin	300mg	Tablets	On 8 occasions

**Thank you for your completing this questionnaire**