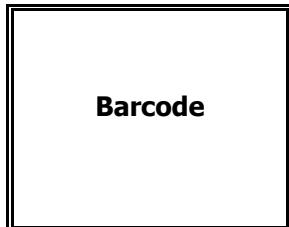


Participant ID number:

<input type="text"/>						
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Date:

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## **ADDITION *Plus*: Follow-Up Study**

ISRCTN99175498

## **5-Year Questionnaire**

version 1.0 28-03-09

**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**

*This study is supported by the National Institute for Health Research School for Primary Care Research, the Medical Research Council and the University of Cambridge*

## SECTION A: PHYSICAL ACTIVITY

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.

<b>1a</b>	<p>During the last 7 days, on how many days did you do <b>vigorous</b> physical activities like heavy lifting, digging, aerobics, or fast bicycling,? Think about <i>only</i> those physical activities that you did for at least 10 minutes at a time.</p> <p>_____ days per week</p> <p><input type="checkbox"/> None (<i>Go to question 2a.</i>)</p>
<b>1b</b>	<p>How much time in total did you usually spend on one of those days doing vigorous physical activities?</p> <p>_____ hours _____ minutes</p>
<b>2a</b>	<p>Again, think <i>only</i> 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 <b>moderate</b> physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.</p> <p>_____ days per week</p> <p><input type="checkbox"/> None (<i>Go to question 3a.</i>)</p>
<b>2b</b>	<p>How much time in total did you usually spend on one of those days doing moderate physical activities?</p> <p>_____ hours _____ minutes</p>

## SECTION A: PHYSICAL ACTIVITY Continued

<b>3a</b>	<p>During the last 7 days, on how many days did you <b>walk</b> 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.</p> <p>_____ days per week</p> <p><input type="checkbox"/> None <i>(Go to question 4.)</i></p>
<b>3b</b>	<p>How much time in total did you usually spend walking on one of those days?</p> <p>_____ hours _____ minutes</p>
<b>4</b>	<p>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.</p> <p>During the last 7 days, how much time in total did you usually spend <i>sitting on a week day?</i></p> <p>_____ hours _____ minutes</p>

IPAQ: Last 7 days, Short Instrument, Self-Administered Format

## SECTION B: HEALTH SERVICE USE IN THE PREVIOUS 3 MONTHS

<b>1</b>	During the last <b>3 months</b> have you been admitted to hospital for overnight or day case care? Please tick the appropriate answer below:		
	<input type="checkbox"/> <b>Yes (Please fill in the table below)</b> <input type="checkbox"/> <b>No (Please go to question 2)</b>		

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

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

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)...		

(Adapted from HSRU Aberdeen)

## **SECTION B: HEALTH SERVICE USE IN THE PREVIOUS 3 MONTHS**

### **Continued**

<b>3</b>	During the last 3 months, what medications (including vitamins, tablets, capsules, inhalers, injections, creams, lotions and mixtures) have you used on a regular basis (ie more than once a week)? Please write the information in the table below. The drug 'Glucophage' is given as an example of how we would like you to complete the table.
<b><i>You may find it helpful to look at your repeat prescription for some of the details.</i></b>	

<b>Name</b>	<b>Strength</b>	<b>Dosage form</b> (eg tablets, injection, ointment, etc)	<b>Number of times daily that you normally use this medication</b>	<b>How many weeks ago did you start using the medication?</b> (If more than 3 months, please write 'more than 3 months')	<b>How many weeks ago did you stop using the medication?</b> (If you still use the medication please write 'continuing')
Eg. Glucophage	500mg	Tablets	3	More than 3 months	Continuing

**SECTION B: HEALTH SERVICE USE IN THE PREVIOUS 3 MONTHS**  
**Continued**

<b>4</b>	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?
<p><b><i>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</i></b></p>	

<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

(Adapted from HSRU Aberdeen)

## SECTION C: YOUR MEDICATION

- Many people find a way of using their medicines or pills which suits them.
- This may differ from the instructions on the label or what their doctor has said.
- We would like to ask you a few questions about how you use your medicines or pills.
- Here are some ways in which other people have said they use their medicines.

For each of the statements, please tick the box that best describes how you have used your medicines or pills in the **last month**.

There are no right or wrong answers. We are interested in your personal views.

### Questions about using medicines prescribed for you

For each statement, please place a tick in one box

In relation to the last month:		Always	Often	Sometimes	Rarely	Never
1	I forgot to take my medicines					
2	I altered the dose of my medicines					
3	I stopped taking my medicines for a while					
4	I decided to miss out a dose					
5	I took less than instructed					

**Thank you for your completing this questionnaire**