

Date : \_\_\_\_\_

## Lifestyle Questionnaire

Welcome to your free NHS Health Check.

The questions you answer here and your blood test results will be entered into a calculator that will show your risk of heart disease and stroke over the next 10 years. The questions are asked because the answers directly affect your risk of having a heart attack or stroke. The information given here is confidential and will only be used by your GP surgery and the local Public Health department.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Telephone/Mobile number: \_\_\_\_\_

		Yes	No
<u>Smoking</u>	Are you a current smoker?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes how many do you smoke a day? .....

If you smoked in the past, when did you stop? .....

<u>Alcohol</u>	How much alcohol do you drink per week? .....
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<u>Family History</u>	Do you have a close relative (father, mother, brother, sister) who has had angina or a heart attack before the age of 60?	<input type="checkbox"/>	<input type="checkbox"/>
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<u>Medical History</u>	Have you ever had angina/heart attack or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
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<u>Ethnicity</u>	How would you describe your Ethnic group?
	<input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani
	<input type="checkbox"/> Asian Other <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean
	<input type="checkbox"/> Black Other <input type="checkbox"/> Chinese <input type="checkbox"/> White British
	<input type="checkbox"/> White Irish <input type="checkbox"/> White other <input type="checkbox"/> Mixed White and Asian
	<input type="checkbox"/> Mixed White and Black African
	<input type="checkbox"/> Mixed White and Black Caribbean

Other, please state .....

Postcode \_\_\_\_\_

**PTO**

Date : \_\_\_\_\_

## General Practice Physical Activity Questionnaire (GPPAQ)

Name : \_\_\_\_\_ DoB: \_\_\_\_\_

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer, etc.	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers, etc.)	
e	My work involves vigorous physical activity including of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the *last week*, how many hours did you spend on each of the following activities?  
*Please answer whether you are in employment or not*

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 mph)	<input type="checkbox"/>	Steady average pace	<input type="checkbox"/>
Brisk pace	<input type="checkbox"/>	Fast pace (i.e. over 4mph)	<input type="checkbox"/>

**(Score to be calculated electronically during the Health Check appointment)**

For the following questions please circle the answer which best applies to you.

**1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits**

1. MEN: How often do you have EIGHT or more drinks on one occasion?  
WOMEN: How often do you have SIX or more drinks on one occasion?

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

3. How often during the last year have you failed to do what was normally expected of you because of your drinking?

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No                      Yes, on one occasion                      Yes, on more than one occasion

## Free NHS Health Check

Helping you prevent heart disease, stroke,  
diabetes and kidney disease

