**NHS Health Check** (pre-assessment questionnaire)

**Name:**

**Date of Birth:**

**Address:**

**How much physical activity is involved in your work**? **Please tick**

-I am not employed (e.g: retired, unemployed, fulltime carer etc.)

-I spend most time at work sitting (eg: work in an office)

-I spend most time standing or walking but does not involve much

Physical effort (hairdresser, shop assistant, childminder etc.)

-My work involves definite physical activity (e.g: lifting heavy objects

and tools (eg: plumber, gardener, carpenter)

-My work involves physical vigorous activity including handling heavy

Objects (e.g.: scaffolder, construction worker etc)

**During the Last week, how much time did you spend on each none 1 hr 1-3 hrs 3+hrs**

**Of the following activities?**

-Physical exercise (swimming, jogging, aerobics, tennis etc.)

-Cycling including to and from work.

-Walking including to and from work, shopping etc.

-Housework, childcare.

-Gardening, DIY.

**How would you describe you normal walking pace?**

-Slow

-Steady average

-Brisk

-Fast pace

**Do you smoke?**

-Yes **If yes how many per day?**

-No

**If you no longer smoke in what year did you quit?**

**How often do you drink alcohol?**

-Never

-Monthly or less

-2-3 times per month

-2-3 times per week

-4+ times per week

**How many units of alcohol would you drink on a typical day when you are drinking?**

(1 unit is about equal to half a pint of ordinary strength beer, lager, cider or a standard pub measure of spirits or small glass of ordinary wine)

- 1-2 per day

- 3-4 per day

- 5-6 per day

- 7-9 per day

- 10+ per day

**How often in the past year have you found that you were unable to stop drinking once you had started?**

- Never

- Less than monthly

- Monthly

- Weekly

- Daily or almost daily

**How often during the past year have you failed to do what was normally expected of you because of drinking?**

- N/A

- Never

- Less than monthly

- Monthly

- Weekly

- Daily or almost daily

**Has a relative, friend or a doctor or any other health worker been concerned about your drinking or suggested cutting down?**

- N/A

- No

- Yes, but not in the past year

- Yes, during the past year

**Has an immediate family member suffered from either a heart attack or angina under 60 years of age?** (Your parents, brother or sister) (**Please circle**) Yes/No

**Has an immediate family member been diagnosed with diabetes?** Yes/No

**Have you been diagnosed with diabetes during pregnancy in the past?** N/A Yes No

**What ethnic group are you from?** (it is important for us to know this as risks from some diseases changes depending on your ethnicity)

(Please tick)

White British Indian

White Irish Pakistani

Other white background Bangladeshi

White and Black African Caribbean (black/black British)

White and Asian African (black/black British)

Other mixed background Other black background

Chinese Other ethnic group