LIFESTYLE QUESTIONNAIRE

Introduction:

In order to help us focus our Health Promotion activities, we would be grateful if you could fill in this short questionnaire. Please send this questionnaire to us in the prepaid envelope provided.

Name					Date of Birth
Do you smoke? Yes []	No []				
If Yes, do you –					
smoke less than 1 cigarette/day	[]				
1 – 9 cigarettes/day	[]				
10-19 cigarettes/day	[]				
20-39 cigarettes/day	[]				
more than 40 cigarettes/day	[]				
smoke a pipe	[]				
smoke cigars	[]				
If No, have you –					
never ever smoked	[]				
given up smoking in the last year	[]				
not smoked for more than 1 year	[]				
Do you have high blood pressure?			Yes[]	No []	
Have you ever had a heart attack or suffered from angina?				No []	
Have you ever had a stroke, "shock" or any weakness down one side?				No []	
Have any of the following – mother,	father.				
brothers or sisters had –	,				
a heart attack below the age of 60	Yes[]	No []			
a heart attack above the age of 60		No []			
a stroke		No []			
very high cholesterol (hyperlipidaen		No []			
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EXERCISE

Healthy exercise usually involves activity that lasts for at least 20 minutes, raises your pulse and produces hard breathing. In younger people this might be running, cycling or sport, or brisk walking for older people.

Do you take this type of exercise –						
daily	[]					
3 times weekly	[]					
once weekly	[]					
once monthly	[]					
seldom	[]					
I cannot take exercise because of disability	[]					
DIET						
Please tick the one category which is closes	t to your usual	eating patte	ern.			
I eat no meat, fish or dairy produce		[]				
I eat no meat	[]					
I eat a mixture including daily fruit and veget	ables	[]				
I eat a mixture including regular chips and fr	[]					
I eat frozen meals (eg TV dinners) 3 or 4 times/week		[]				
I eat mainly snacks		[]				
I eat a special medical diet		[]				
Please specify						
ALCOHOL						
Please tick the statement which most closely beer or a single measure of spirit.)	y describes you	ur usual ave	erage alcoho	ol intake. (1	unit is 1 gla	ss wine, 1/2 pint
I never drink alcohol	[]					
I drink less than 1 unit per day	[]					
I drink between 1 and 2 units a day	[]					
I drink between 3 and 6 units a day	[]					
I drink between 7 and 9 units a day	[]					
I drink more than 9 units a day on average	[]					