generation SCOTLAND

Scottish Family Health Study

PRE-CLINIC QUESTIONNAIRE

We would be grateful if you would answer the questions on this form before you attend the GENERATION SCOTLAND clinic. Don't worry if you cannot answer all the questions, any information you can provide will be helpful. You should bring your completed form with you when you attend your clinic appointment.

Instructions to help complete this questionnaire:

- *Please use a blue or black pen ONLY.*
- *Please mark your responses by filling in the boxes like this:* ⟹
- *If you make a mistake and want to change an entry, please cross through your original entry like this and then mark the correct answer :* ⟹
- *To record a date, mark the appropriate date, month and year boxes e.g. 02 Feb 2003*
- *If any part of a date is not known, please mark as NK*
- *If a question is not applicable, please mark as NA*

DAY		MONTH	YEAR			
0	0	Jan	0	0	0	0
1	1	Feb	1	1	1	1
2	2	Mar	2	2	2	2
3	3	Apr	3	3	3	3
NK		NK	NK			

FOR OFFICE USE ONLY

For Researcher No., please mark as 3 digits e.g. No. 13 should be entered as shown in the example below

0	0	0
1	1	1
2	2	2
3	3	3

Today's Date:

DAY		MONTH	YEAR
0	0	Jan	2008
1	1	Feb	
2	2	Mar	2009
3	3	Apr	
	4	May	2010
	5	Jun	
	6	Jul	2011
	7	Aug	
	8	Sep	
	9	Oct	
		Nov	
		Dec	

Centre No.
1
2
3
4
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7
8
9

Researcher No.		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

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Funded by Scottish Executive Health Department, Chief Scientist Office

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A. PERSONAL DETAILS

1. Where were you born, and your father and mother living at the time of your birth?

YOU	FATHER	MOTHER	
○	○	○	Scotland
○	○	○	England
○	○	○	Wales
○	○	○	Northern Ireland
○	○	○	Republic of Ireland
○	○	○	Elsewhere
○	○	○	Not disclosed
○	○	○	NK/NA

If you selected 'Scotland' GO TO QUESTION 2.
Otherwise GO TO QUESTION 3.

2. Where in Scotland were you born, and your father and mother living at the time of your birth?

YOU	FATHER	MOTHER	
○	○	○	Aberdeen City
○	○	○	Aberdeenshire
○	○	○	Angus
○	○	○	Argyll & Bute
○	○	○	Clackmannanshire
○	○	○	Dumfries & Galloway
○	○	○	Dundee City
○	○	○	East Ayrshire
○	○	○	East Dunbartonshire
○	○	○	East Lothian
○	○	○	East Renfrewshire
○	○	○	Edinburgh City
○	○	○	Eilean Siar
○	○	○	Falkirk
○	○	○	Fife
○	○	○	Glasgow City
○	○	○	Highland
○	○	○	Inverclyde
○	○	○	Midlothian
○	○	○	Moray
○	○	○	North Ayrshire
○	○	○	North Lanarkshire
○	○	○	Orkney Islands
○	○	○	Perth & Kinross
○	○	○	Renfrewshire
○	○	○	Scottish Borders
○	○	○	Shetland Islands
○	○	○	South Ayrshire
○	○	○	South Lanarkshire
○	○	○	Stirling
○	○	○	West Dunbartonshire
○	○	○	West Lothian
○	○	○	Other
○	○	○	NK/NA

3. Were you born outside the UK?

○ Yes
○ No
○ Not known
○ Prefer not to answer

If No, Not Known or Prefer not to answer, GO TO QUESTION 4

If born outside the UK, when did you come to live here?
(e.g. 04 Oct 1945)

DAY	MONTH	YEAR
0○ 0○	Jan ○	0○ 0○ 0○ 0○
1○ 1○	Feb ○	1○ 1○ 1○ 1○
2○ 2○	Mar ○	2○ 2○ 2○ 2○
3○ 3○	Apr ○	3○ 3○ 3○ 3○
4○	May ○	4○ 4○ 4○ 4○
5○	Jun ○	5○ 5○ 5○ 5○
6○	Jul ○	6○ 6○ 6○ 6○
7○	Aug ○	7○ 7○ 7○ 7○
8○	Sep ○	8○ 8○ 8○ 8○
9○	Oct ○	9○ 9○ 9○ 9○
	Nov ○	
	Dec ○	
NK ○	NK ○	NK ○

4. What is your ethnic background?

○ White - Scottish
○ White - English
○ White - Welsh
○ White - Irish
○ White - other
○ Mixed
○ Asian - Indian
○ Asian - Pakistani
○ Asian - Bangladeshi
○ Asian - Chinese
○ Asian - other
○ Black - Caribbean
○ Black - African
○ Black - other
○ Other
○ Not disclosed
○ Not known

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B1. FAMILY HISTORY - FATHER

1. Where were your father and his parents born?

FATHER	FATHER'S FATHER	FATHER'S MOTHER	
○	○	○	Scotland
○	○	○	England
○	○	○	Wales
○	○	○	Northern Ireland
○	○	○	Republic of Ireland
○	○	○	Elsewhere
○	○	○	Not disclosed
○	○	○	Not known

If you selected 'Scotland' GO TO QUESTION 2.
Otherwise GO TO QUESTION 3.

2. Where in Scotland were your father and his parents born?

FATHER	FATHER'S FATHER	FATHER'S MOTHER	
○	○	○	Aberdeen City
○	○	○	Aberdeenshire
○	○	○	Angus
○	○	○	Argyll & Bute
○	○	○	Clackmannanshire
○	○	○	Dumfries & Galloway
○	○	○	Dundee City
○	○	○	East Ayrshire
○	○	○	East Dunbartonshire
○	○	○	East Lothian
○	○	○	East Renfrewshire
○	○	○	Edinburgh City
○	○	○	Eilean Siar
○	○	○	Falkirk
○	○	○	Fife
○	○	○	Glasgow City
○	○	○	Highland
○	○	○	Inverclyde
○	○	○	Midlothian
○	○	○	Moray
○	○	○	North Ayrshire
○	○	○	North Lanarkshire
○	○	○	Orkney Islands
○	○	○	Perth & Kinross
○	○	○	Renfrewshire
○	○	○	Scottish Borders
○	○	○	Shetland Islands
○	○	○	South Ayrshire
○	○	○	South Lanarkshire
○	○	○	Stirling
○	○	○	West Dunbartonshire
○	○	○	West Lothian
○	○	○	Other
○	○	○	Not known

3. What was your father's date of birth?
(e.g. 04 Oct 1923)

DAY		MONTH	YEAR			
0○	0○	Jan ○	0○	0○	0○	0○
1○	1○	Feb ○	1○	1○	1○	1○
2○	2○	Mar ○	2○	2○	2○	2○
3○	3○	Apr ○	3○	3○	3○	3○
	4○	May ○	4○	4○	4○	4○
	5○	Jun ○	5○	5○	5○	5○
	6○	Jul ○	6○	6○	6○	6○
	7○	Aug ○	7○	7○	7○	7○
	8○	Sep ○	8○	8○	8○	8○
	9○	Oct ○	9○	9○	9○	9○
		Nov ○				
		Dec ○				
NK ○		NK ○	NK ○			

4. Is your father still alive?
○ Yes
○ No
○ Not known
○ Prefer not to answer

If not alive, GO TO QUESTION 5
otherwise GO TO NEXT PAGE.

5a. If your father has died, what was the date of his death?

DAY		MONTH	YEAR			
0○	0○	Jan ○	0○	0○	0○	0○
1○	1○	Feb ○	1○	1○	1○	1○
2○	2○	Mar ○	2○	2○	2○	2○
3○	3○	Apr ○	3○	3○	3○	3○
	4○	May ○	4○	4○	4○	4○
	5○	Jun ○	5○	5○	5○	5○
	6○	Jul ○	6○	6○	6○	6○
	7○	Aug ○	7○	7○	7○	7○
	8○	Sep ○	8○	8○	8○	8○
	9○	Oct ○	9○	9○	9○	9○
		Nov ○				
		Dec ○				
NK ○		NK ○	NK ○			

5b. What was the cause of his death?

○ Accident
○ Alzheimer's Disease
○ Assault
○ Blood poisoning
○ Cancer
○ Diabetes
○ Heart Disease
○ Infectious Disease
○ Flu or pneumonia
○ Kidney Disease
○ Liver Disease
○ Lung Disease
○ Stroke
○ Suicide
○ Other cause
○ Not disclosed
○ Not known

B2. FAMILY HISTORY - MOTHER

1. Where were your mother and her parents born?

MOTHER	MOTHER'S FATHER	MOTHER'S MOTHER	
○	○	○	Scotland
○	○	○	England
○	○	○	Wales
○	○	○	Northern Ireland
○	○	○	Republic of Ireland
○	○	○	Elsewhere
○	○	○	Not disclosed
○	○	○	Not known

If you selected 'Scotland' GO TO QUESTION 2.
Otherwise GO TO QUESTION 3.

2. Where in Scotland were your mother and her parents born?

MOTHER	MOTHER'S FATHER	MOTHER'S MOTHER	
○	○	○	Aberdeen City
○	○	○	Aberdeenshire
○	○	○	Angus
○	○	○	Argyll & Bute
○	○	○	Clackmannanshire
○	○	○	Dumfries & Galloway
○	○	○	Dundee City
○	○	○	East Ayrshire
○	○	○	East Dunbartonshire
○	○	○	East Lothian
○	○	○	East Renfrewshire
○	○	○	Edinburgh City
○	○	○	Eilean Siar
○	○	○	Falkirk
○	○	○	Fife
○	○	○	Glasgow City
○	○	○	Highland
○	○	○	Inverclyde
○	○	○	Midlothian
○	○	○	Moray
○	○	○	North Ayrshire
○	○	○	North Lanarkshire
○	○	○	Orkney Islands
○	○	○	Perth & Kinross
○	○	○	Renfrewshire
○	○	○	Scottish Borders
○	○	○	Shetland Islands
○	○	○	South Ayrshire
○	○	○	South Lanarkshire
○	○	○	Stirling
○	○	○	West Dunbartonshire
○	○	○	West Lothian
○	○	○	Other
○	○	○	Not known

3. What was your mother's date of birth?
(e.g. 04 Oct 1935)

DAY		MONTH	YEAR			
0○	0○	Jan ○	0○	0○	0○	0○
1○	1○	Feb ○	1○	1○	1○	1○
2○	2○	Mar ○	2○	2○	2○	2○
3○	3○	Apr ○	3○	3○	3○	3○
	4○	May ○	4○	4○	4○	4○
	5○	Jun ○	5○	5○	5○	5○
	6○	Jul ○	6○	6○	6○	6○
	7○	Aug ○	7○	7○	7○	7○
	8○	Sep ○	8○	8○	8○	8○
	9○	Oct ○	9○	9○	9○	9○
		Nov ○				
		Dec ○				
NK	○	NK ○	NK	○		

4. Is your mother still alive?
○ Yes
○ No
○ Not known
○ Prefer not to answer

If not alive, GO TO QUESTION 5
otherwise GO TO NEXT PAGE.

5a. If your mother has died, what was the date of her death?

DAY		MONTH	YEAR			
0○	0○	Jan ○	0○	0○	0○	0○
1○	1○	Feb ○	1○	1○	1○	1○
2○	2○	Mar ○	2○	2○	2○	2○
3○	3○	Apr ○	3○	3○	3○	3○
	4○	May ○	4○	4○	4○	4○
	5○	Jun ○	5○	5○	5○	5○
	6○	Jul ○	6○	6○	6○	6○
	7○	Aug ○	7○	7○	7○	7○
	8○	Sep ○	8○	8○	8○	8○
	9○	Oct ○	9○	9○	9○	9○
		Nov ○				
		Dec ○				
NK	○	NK ○	NK	○		

5b. What was the cause of her death?

○ Accident
○ Alzheimer's Disease
○ Assault
○ Blood poisoning
○ Cancer
○ Diabetes
○ Heart Disease
○ Infectious Disease
○ Flu or pneumonia
○ Kidney Disease
○ Liver Disease
○ Lung Disease
○ Stroke
○ Suicide
○ Other cause
○ Not disclosed
○ Not known

INTENTIONALLY LEFT BLANK

C. MEDICATION

1. Are you regularly taking any of the following medications?

Yes	No	
( )	( )	Cholesterol lowering medication (e.g. Simvastatin)
( )	( )	Blood pressure lowering medication
( )	( )	Insulin
( )	( )	Hormone replacement therapy
( )	( )	Oral contraceptive pill or mini pill
( )	( )	Aspirin
( )	( )	Antidepressants
( )	( )	Mood stabilisers

D. FAMILY HEALTH

1. Have you, your father, mother, brother(s), sister(s) or grandparents been affected by any of these conditions?

YOU	FATHER	MOTHER	BROTHER(S)	SISTER(S)	GRAND PARENTS	
( )	( )	( )	( )	( )	( )	Heart Disease
( )	( )	( )	( )	( )	( )	Stroke
( )	( )	( )	( )	( )	( )	High Blood Pressure
( )	( )	( )	( )	( )	( )	Diabetes
( )	( )	( )	( )	( )	( )	Alzheimer's disease
( )	( )	( )	( )	( )	( )	Parkinson's disease
( )	( )	( )	( )	( )	( )	Severe Depression
( )	( )	( )	( )	( )	( )	Breast Cancer
( )	( )	( )	( )	( )	( )	Bowel Cancer
( )	( )	( )	( )	( )	( )	Lung Cancer
( )	( )	( )	( )	( )	( )	Prostate Cancer
( )	( )	( )	( )	( )	( )	Hip Fracture
( )	( )	( )	( )	( )	( )	Osteoarthritis
( )	( )	( )	( )	( )	( )	Rheumatoid arthritis
( )	( )	( )	( )	( )	( )	Asthma
( )	( )	( )	( )	( )	( )	COPD including chronic bronchitis and emphysema
( )	( )	( )	( )	( )	( )	Any other serious illness which runs in your family

2. How many brothers do you have? (Please include those who have died and half-brothers. Do not include step-brothers or adopted brothers)

	0	1	2	3	4	5	6	7	8	9	10+	Not known
Brothers	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

3. How many sisters do you have? (Please include those who have died and half-sisters. Do not include step-sisters or adopted sisters)

	0	1	2	3	4	5	6	7	8	9	10+	Not known
Sisters	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

E. CHEST PAIN

1. Have you ever had any pain or discomfort in your chest?

   ○ **Yes**
   ○ **No** ⟶ If **No**, GO TO SECTION F

2. Do you get this pain or discomfort when you walk uphill or hurry?

   ○ **Yes**
   ○ **No** ⟶ If **No**, GO TO QUESTION 7

3. Do you get it when you walk at an ordinary pace on the level?

   ○ **Yes**
   ○ **No**

4. When you get any pain or discomfort in your chest what do you do?

   ○ **Stop**
   ○ **Slow Down**
   ○ **Continue at the same pace**

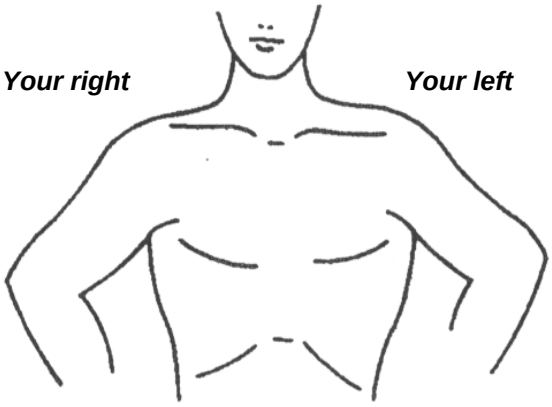
5. Does it go away when you stand still?

   ○ **Yes**
   ○ **No**

   If Yes, how soon?

   ○ **10 minutes or less**
   ○ **More than 10 minutes**

6. Where do you get this pain or discomfort?
   (Mark the nearest place(s) on the picture)



7. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

   ○ **Yes**
   ○ **No**

F. MUSCULOSKELETAL HISTORY

1. Have you ever suffered a fracture (broken bone)?

- ○ **Yes**
- ○ **No**
- ○ **Not Known**

a) If Yes, at what age?
(you may mark more than one age range)

Age Range (years)										
0 -9	**10 -19**	**20 -29**	**30 -39**	**40 -49**	**50 -59**	**60 -69**	**70 -79**	**80+**		Fracture due to road traffic accident or other serious incident
○	○	○	○	○	○	○	○	○	Arm	○
○	○	○	○	○	○	○	○	○	Wrist	○
○	○	○	○	○	○	○	○	○	Shoulder	○
○	○	○	○	○	○	○	○	○	Spine	○
○	○	○	○	○	○	○	○	○	Hip	○
○	○	○	○	○	○	○	○	○	Leg	○
○	○	○	○	○	○	○	○	○	Ankle	○
○	○	○	○	○	○	○	○	○	Other	○

b) Did the fracture occur as a result of a road traffic accident or other serious incident?
If so, please mark in right hand column above.

2. Have you ever been diagnosed as suffering from Osteoarthritis (wear and tear arthritis)?

- ○ **Yes**
- ○ **No**
- ○ **Not Known**

If Yes, please tell us which joints are affected and your age at onset:

Age Range (years)									
0 -9	**10 -19**	**20 -29**	**30 -39**	**40 -49**	**50 -59**	**60 -69**	**70 -79**	**80+**	
○	○	○	○	○	○	○	○	○	Neck
○	○	○	○	○	○	○	○	○	Shoulder
○	○	○	○	○	○	○	○	○	Elbows
○	○	○	○	○	○	○	○	○	Wrist
○	○	○	○	○	○	○	○	○	Hands
○	○	○	○	○	○	○	○	○	Lower Back
○	○	○	○	○	○	○	○	○	Hips
○	○	○	○	○	○	○	○	○	Knees
○	○	○	○	○	○	○	○	○	Ankles
○	○	○	○	○	○	○	○	○	Feet
○	○	○	○	○	○	○	○	○	Other

3. Have you been diagnosed as suffering from Rheumatoid Arthritis?

- ○ **Yes**
- ○ **No**
- ○ **Not Known**

If Yes, please tell us your age at onset:

Age Range (years)

	0 -9	**10 -19**	**20 -29**	**30 -39**	**40 -49**	**50 -59**	**60 -69**	**70 -79**	**80+**
Age at onset	○	○	○	○	○	○	○	○	○

G. CHRONIC PAIN

1. Are you currently troubled by pain or discomfort, either all the time or on and off?

   ○ **Yes**
   ○ **No** → If **No**, GO TO SECTION H

2. Have you had this pain or discomfort for more than 3 months?

   ○ **Yes**
   ○ **No** → If **No**, GO TO SECTION H

3. Where is this pain or discomfort?
   (You may mark more than one box)

   ○ **Back pain**
   ○ **Neck or shoulder pain**
   ○ **Headache, facial or dental pain**
   ○ **Stomach ache or abdominal pain**
   ○ **Pain in arms, hands, hips, legs or feet**
   ○ **Chest pain**
   ○ **Other pain**

4. Which ONE of these pains or discomforts has bothered you the most in the **past 3 months**? (Please mark only one box)

   ○ **Back pain**
   ○ **Neck or shoulder pain**
   ○ **Headache, facial or dental pain**
   ○ **Stomach ache or abdominal pain**
   ○ **Pain in arms, hands, hips, legs or feet**
   ○ **Chest pain**
   ○ **Other pain**

5. How would you rate your pain on a 0-10 scale at the **present time**, that is right now, where 0 is 'no pain' and 10 is 'pain as bad as could be'?

0 = No Pain	0	1	2	3	4	5	6	7	8	9	10	**10 = Pain as bad as could be**
	○	○	○	○	○	○	○	○	○	○	○	

6. In the **past 3 months** how intense was your **worst** pain rated on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'?

0 = No Pain	0	1	2	3	4	5	6	7	8	9	10	**10 = Pain as bad as could be**
	○	○	○	○	○	○	○	○	○	○	○	

7. In the **past 3 months, on average,** how intense was your pain rated on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'? (That is, your usual pain at times you were experiencing pain)

0 = No Pain	0	1	2	3	4	5	6	7	8	9	10	**10 = Pain as bad as could be**
	○	○	○	○	○	○	○	○	○	○	○	

8. About how many days in the **past 3 months** have you been kept from your usual activities (work or housework) because of this pain?

   ○ **0-6 days** ○ **7-14 days** ○ **15-30 days** ○ **31 or more days**

9. In the **past 3 months,** how much has this pain interfered with your daily activities rated on a 0-10 scale, where 0 is 'no interference' and 10 is 'unable to carry on any activities'?

0 = No Interference	0	1	2	3	4	5	6	7	8	9	10	**10 = Unable to carry on any activities**
	○	○	○	○	○	○	○	○	○	○	○	

10. In the **past 3 months,** how much has this pain changed your ability to take part in recreational, social and family activities where 0 is 'no change' and 10 is 'extreme change'?

0 = No Change	0	1	2	3	4	5	6	7	8	9	10	**10 = Extreme Change**
	○	○	○	○	○	○	○	○	○	○	○	

11. In the **past 3 months,** how much has this pain changed your ability to work (including housework) where 0 is 'no change' and 10 is 'extreme change'?

0 = No Change	0	1	2	3	4	5	6	7	8	9	10	**10 = Extreme Change**
	○	○	○	○	○	○	○	○	○	○	○	

H. PHYSICAL ACTIVITY

Please record the numbers of days, hours and minutes in one of the ranges provided. If you DO NOT SPEND ANY TIME on the activity, record 0.

For how long do YOU USUALLY...

1. Work in paid employment EACH WEEK?

Hours each week

	0	1 -4	5 -9	10 -14	15 -19	20 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50 -54	55 -59	60+
Paid employment	○	○	○	○	○	○	○	○	○	○	○	○	○	○

2. Do housework EACH WEEK?

Hours each week

	0	1 -4	5 -9	10 -14	15 -19	20 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50 -54	55 -59	60+
Housework	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Physical activity in last 7 days:

In the next set of questions we are interested in the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house or garden work, to get from place to place, and in your spare time for recreation, exercise or sport.

Vigorous activities: Think about all vigorous physical activities that you did in the **last 7 days**. These are activities which take hard physical effort and make you breathe much harder than normal and may include heavy lifting, digging, aerobics (exercise) or fast cycling.
Think only about those physical activities that you did for **at least 10 minutes at a time**.

3. During the **last 7 days** on how many days did you do **vigorous** physical activities (activity that lasted for at least 10 minutes at a time)?

Days in last 7 days

	0	1	2	3	4	5	6	7
Vigorous physical activity	○	○	○	○	○	○	○	○

If no activity GO TO QUESTION 5

4. On one of those days, how much time (hours and minutes) did you spend doing **vigorous** activities?

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16+
Hours	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

	0	10	20	30	40	50
Minutes	○	○	○	○	○	○

Not known/ Not sure ○

Moderate activities: Think about activities which take moderate physical effort that you did in the **last 7 days**. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, cycling at a regular pace, or light housework.
Do not include walking (as included in next section) and think only about those physical activities that you did for **at least 10 minutes at a time**.

5. During the **last 7 days** on how many days did you do **moderate** physical activities (activity that lasted for at least 10 minutes at a time)?

Days in last 7 days

	0	1	2	3	4	5	6	7
Moderate physical activity	○	○	○	○	○	○	○	○

If no activity GO TO QUESTION 7

6. How much time (hours and minutes) did you spend doing **moderate** activities on one of those days?

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16+
Hours	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

	0	10	20	30	40	50
Minutes	○	○	○	○	○	○

Not known/ Not sure ○

H. PHYSICAL ACTIVITY - continued

Please record the numbers of days, hours and minutes in one of the ranges provided. If you DO NOT SPEND ANY TIME on the activity, record 0.

Walking: Think about the time you spent walking in the **last 7 days**.
This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise or leisure.

7. During the **last 7 days** on how many days did you walk for **at least 10 minutes at a time**?

Days in last 7 days

	0	1	2	3	4	5	6	7
Walking	○	○	○	○	○	○	○	○

If no walking, GO TO QUESTION 9

8. How much time (hours and minutes) did you spend walking on one of those days?

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16+
Hours	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

	0	10	20	30	40	50
Minutes	○	○	○	○	○	○

Not known/ Not sure ○

Sitting: Think about the time you spent sitting on week days during the **last 7 days**.
Include time spent at work, at home and leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch TV.

9. During the **last 7 days,** how much time (hours and minutes) did you usually spend sitting on a week day?

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16+
Hours	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

	0	10	20	30	40	50
Minutes	○	○	○	○	○	○

Not known/ Not sure ○

I. THOUGHTS AND EXPERIENCES

SPQ-B

Please answer each item Yes or No. Answer all items even if unsure of your answer. When you have finished, check over each one to make sure you have answered them all.

		Yes	No
1.	Have you ever had the sense that some person or force is around you, even though you cannot see anyone?	( )	( )
2.	Are you sometimes sure that other people can tell what you are thinking?	( )	( )
3.	Have you ever noticed a common event or object that seemed to be a special sign for you?	( )	( )
4.	Do you often pick up hidden threats or put-downs from what people say or do?	( )	( )
5.	When shopping do you get the feeling that other people are taking notice of you?	( )	( )
6.	Have you had experiences with astrology, seeing the future, UFOs, ESP, or a sixth sense?	( )	( )
7.	Do you ever suddenly feel distracted by distant sounds that you are not normally aware of?	( )	( )
8.	Do you often have to keep an eye out to stop people from taking advantage of you?	( )	( )
9.	People sometimes find me aloof and distant.	( )	( )
10.	I feel I have to be on my guard even with friends.	( )	( )
11.	I feel very uncomfortable in social situations involving unfamiliar people.	( )	( )
12.	Have you found that it is best not to let other people know too much about you?	( )	( )
13.	I tend to keep in the background on social occasions.	( )	( )
14.	Do you feel that you are unable to get "close" to people?	( )	( )
15.	I feel very uneasy talking to people I do not know well.	( )	( )
16.	I tend to keep my feelings to myself.	( )	( )
17.	People sometimes comment on my unusual mannerisms and habits.	( )	( )
18.	Some people think that I am a very bizarre person.	( )	( )
19.	Some people find me a bit vague and elusive during a conversation.	( )	( )
20.	I sometimes use words in unusual ways.	( )	( )
21.	I am an odd, unusual person.	( )	( )
22.	I find it hard to communicate clearly what I want to say to people.	( )	( )

I. THOUGHTS AND EXPERIENCES - continued

MDQ

A.	Has there ever been a period of time when you were not your usual self and...	Yes	No
1.	...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	☐	☐
2.	...you were so irritable that you shouted at people or started fights or arguments?	☐	☐
3.	...you felt much more self-confident than usual?	☐	☐
4.	...you got much less sleep than usual and found you didn't really miss it?	☐	☐
5.	...you were much more talkative or spoke faster than usual?	☐	☐
6.	...thoughts raced through your head or you couldn't slow your mind down?	☐	☐
7.	...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
8.	...you had much more energy than usual?	☐	☐
9.	...you were much more active or did many more things than usual?	☐	☐
10.	...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
11.	...you were much more interested in sex than usual?	☐	☐
12.	...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
13.	...spending money got you or your family into trouble?	☐	☐

B. If you ticked YES to more than one of the above, have several of these ever happened during the same period of time? *Please choose one response only*.

☐ **Yes**
☐ **No**

C. How much of a problem did any of these cause you - like being unable to work; having family, money, or legal troubles; getting into arguments or fights? *Please choose one response only*.

☐ **No problem**
☐ **Minor problem**
☐ **Moderate problem**
☐ **Serious problem**

J. DIETARY INTAKE

1. IN GENERAL, **how often** do you eat.....?

	Daily	5-6 days per week	2-4 days per week	1 day per week	Less than once per week	Less than once per month	Never
a. Fresh fruit	○	○	○	○	○	○	○
b. Green leafy vegetables	○	○	○	○	○	○	○
c. Other types of vegetables	○	○	○	○	○	○	○
d. Oily fish (e.g. sardines, mackerel, salmon, herring)	○	○	○	○	○	○	○
e. Other types of fish (e.g. cod, tuna (including tinned), haddock)	○	○	○	○	○	○	○
f. Chicken, turkey or other poultry	○	○	○	○	○	○	○
g. Liver (including liver pate, liver sausage)	○	○	○	○	○	○	○
h. Other types of meat (including bacon, sausages, ham)	○	○	○	○	○	○	○
i. Eggs (including eggs in quiche, cakes, omelettes)	○	○	○	○	○	○	○
j. Dairy products (including milk, yoghurt, cheese, butter)	○	○	○	○	○	○	○
k. Brown or wholemeal bread	○	○	○	○	○	○	○

2. On days you eat **Fresh Fruit**, on average how many **pieces** would you eat **per day**?
(Count one apple, one banana, 10 grapes etc as one piece. If none, please enter 0)

		Pieces per day					
	0	**1**	**2**	**3**	**4**	**5**	**6+**
Fresh Fruit	○	○	○	○	○	○	○

3. On days you eat **vegetables**, on average how many **heaped tablespoons** would you eat **per day**?
(If none, please enter 0)

		Heaped tablespoons per day					
	0	**1**	**2**	**3**	**4**	**5**	**6+**
Green leafy vegetables	○	○	○	○	○	○	○
Other types of vegetables	○	○	○	○	○	○	○

K. ALCOHOL CONSUMPTION

1. Have you **ever** had an alcoholic drink?

○ **Yes, currently drink**	GO TO QUESTION 2a
○ **Yes, but stopped within past 12 months**	GO TO QUESTION 4a
○ **Yes, but stopped more than 12 months ago**	GO TO QUESTION 4a
○ **No, never drank**	GO TO SECTION L

CURRENT ALCOHOL CONSUMPTION:

2a. On average how often do you drink alcohol?

Daily or almost daily	3 or 4 days per week	1 or 2 days per week	1 to 3 days per month	Special occasions only	Rarely
○	○	○	○	○	○

2b. During the **past week**, how many glasses of RED wine have you had?
There are six glasses in an average bottle. (If none, please enter 0)

Glasses of RED wine in past week

0	1 -2	3 -4	5 -6	7 -8	9 -10	11 -12	13 -14	15 -16	17 -18	19 -20	21 -22	23 -24	25+
○	○	○	○	○	○	○	○	○	○	○	○	○	○

2c. During the **past week**, how many glasses of WHITE wine or champagne have you had?
There are six glasses in an average bottle. (If none, please enter 0)

Glasses of WHITE wine or champagne in past week

0	1 -2	3 -4	5 -6	7 -8	9 -10	11 -12	13 -14	15 -16	17 -18	19 -20	21 -22	23 -24	25+
○	○	○	○	○	○	○	○	○	○	○	○	○	○

2d. During the **past week**, how many pints, bottles and cans of beer or cider have you had?
Include bitter, lager, stout, ale and Guinness. (If none, please enter 0)

Pints in past week

0	1 -2	3 -4	5 -6	7 -8	9 -10	11 -12	13 -14	15 -16	17 -18	19 -20	21 -22	23 -24	25+
○	○	○	○	○	○	○	○	○	○	○	○	○	○

Bottles or cans in past week

0	1 -2	3 -4	5 -6	7 -8	9 -10	11 -12	13 -14	15 -16	17 -18	19 -20	21 -22	23 -24	25+
○	○	○	○	○	○	○	○	○	○	○	○	○	○

2e. During the **past week**, how many measures of spirits or liqueurs have you had?
There are 28 standard (25ml) measures in a 70cl bottle. Spirits include whisky, gin, rum, vodka, brandy etc. (If none, please enter 0)

Measures in past week

0	1 -2	3 -4	5 -6	7 -8	9 -10	11 -12	13 -14	15 -16	17 -18	19 -20	21 -22	23 -24	25+
○	○	○	○	○	○	○	○	○	○	○	○	○	○

3a. How does this compare to what you usually drink in a week? ○ **More** ○ **Same** ○ **Less**

3b. Have you ever been advised by your doctor to reduce or stop drinking?

○	**Yes**
○	**No**
○	**Not Known**
○	**Prefer not to answer**

Current Alcohol Drinkers GO TO SECTION L

PAST ALCOHOL CONSUMPTION:

4a. Why did you stop drinking alcohol? (Please give main reason)

Illness or ill health	On Doctor's advice	Health precaution	Financial reasons	Other reason	Do not know	Prefer not to answer
( )	( )	( )	( )	( )	( )	( )

4b. How often did you drink alcohol in the past?

Daily or almost daily	3 or 4 days per week	1 or 2 days per week	1 to 3 days per month	Special occasions only	Rarely
( )	( )	( )	( )	( )	( )

L. SMOKING HISTORY

1. Have you **ever** smoked tobacco?

( ) **Yes, currently smoke** GO TO QUESTION 2
( ) **Yes, but stopped within past 12 months** GO TO QUESTION 2
( ) **Yes, but stopped more than 12 months ago** GO TO QUESTION 2
( ) **No, never smoked** GO TO SECTION M

2. What age were you when you started smoking?

Age started (years)

<5	5 -9	10 -14	15 -19	20 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50+	Not known
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

3. What is the **AVERAGE** amount you currently smoke or smoked in the past (if now stopped)?

Cigarettes PER DAY

	0	Less than daily	1 -4	5 -9	10 -14	15 -19	20 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50+
Cigarettes:	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Cigars PER DAY

	0	Less than daily	1	2	3	4	5	6	7	8	9	10+
Cigars:	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Packets of pipe tobacco PER WEEK (Using 1 packet as equivalent to 25 grams of tobacco)

	0	Less than 1	1	2	3	4	5	6	7	8	9	10+
Pipe tobacco:	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Packets of rolling tobacco PER WEEK (Using 1 packet as equivalent to 25 grams of tobacco)

	0	Less than 1	1	2	3	4	5	6	7	8	9	10+
Rolling tobacco:	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Current Smokers GO TO SECTION M

EX-SMOKERS:

4. How long (in years) is it since you gave up smoking?

Number of Years

	0	1 -4	5 -9	10 -14	15 -19	20 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50+
Time since giving up	○	○	○	○	○	○	○	○	○	○	○	○

5. Why did you give up smoking? (Please give main reason)

Illness or ill health	On Doctor's advice	Health precaution	Financial reasons	Other reason	Do not know	Prefer not to answer
○	○	○	○	○	○	○

M. EXPOSURE TO TOBACCO SMOKE

1. Are you **regularly** exposed to **other people's tobacco smoke**?

	Yes, a lot	Yes, some	Yes, a little	No, none at all
a. at work	○	○	○	○
b. in your home	○	○	○	○
c. in other places (eg social groups)	○	○	○	○

2. On **average** for how many **hours per week** are you exposed to other people's tobacco smoke? (If exposed for NO hours per week, please enter 0)

Hours PER WEEK

	0	1 -4	5 -9	10 -19	20 -29	30 -39	40 -49	50 -59	60 -69	70+
Hours exposed	○	○	○	○	○	○	○	○	○	○

3. Do you live with anyone who smokes?

○ **Yes**
○ **No**
○ **Prefer not to answer**

N1. EDUCATIONAL AND OCCUPATIONAL HISTORY

1. How many years altogether did you attend school/study full-time?

Total number of Years

Time attended school or full-time study	0	1 -4	5 -9	10 -11	12 -13	14 -15	16 -17	18 -19	20 -21	22 -23	24+
	○	○	○	○	○	○	○	○	○	○	○

2. What is the **highest** educational qualification you have obtained?

- ○ **College or University degree**
- ○ **Other professional or technical qualification**
- ○ **NVQ or HND or HNC or equivalent**
- ○ **Higher grade, A levels, AS levels or equivalent**
- ○ **Standard grade, O levels, GCSEs or equivalent**
- ○ **CSEs or equivalent**
- ○ **School leavers certificate**
- ○ **Other**
- ○ **No qualifications**

3. What is your and your spouse's or partner's **current** employment?
(If currently UNEMPLOYED, give details of your last job. If more than one job, select the **main** employment.)

YOU	SPOUSE/ PARTNER	
○	○	Architecture and Engineering
○	○	Arts, Design, Entertainment, Sports, and Media
○	○	Building and Grounds Cleaning and Maintenance
○	○	Business and Financial Operations
○	○	Community and Social Services
○	○	Computer and Mathematical
○	○	Construction and Extraction
○	○	Education, Training, and Library
○	○	Farming, Fishing, and Forestry
○	○	Food Preparation and Serving Related
○	○	Healthcare Practitioner and Technical
○	○	Healthcare Support
○	○	Installation, Maintenance, and Repair
○	○	Legal
○	○	Life, Physical, and Social Science
○	○	Management
○	○	Military Specific
○	○	Office and Administrative Support
○	○	Personal Care and Service
○	○	Production
○	○	Protective Service
○	○	Retail, Sales and Marketing
○	○	Transportation and Material Moving
○	○	Never worked
○	○	Other
○	○	Not applicable

If you do not have a spouse or partner, mark 'Not Applicable'

4. What is your and your spouse's or partner's **current** employment status?
(you may select more than one answer)

YOU	SPOUSE/ PARTNER	
○	○	Self-employed employing others
○	○	Self-employed not employing others
○	○	Paid employee supervising others
○	○	Paid employee not supervising
○	○	In unpaid employment
○	○	Housewife/homemaker
○	○	Retired
○	○	Full-time student
○	○	Unemployed as sick or disabled
○	○	Unemployed but seeking work
○	○	Other
○	○	Not applicable

If you do not have a spouse or partner, mark 'Not Applicable'

N2. EDUCATIONAL AND OCCUPATIONAL HISTORY - continued

5 i. IF YOU ARE CURRENTLY UNEMPLOYED, please state for how long in years

Number of Years

	0	<1 year	1 -4	5 -9	10 -14	15 -19	20 -24	25+
Time unemployed	○	○	○	○	○	○	○	○

5 ii. IF YOU ARE EMPLOYED, what best describes the type of work your job MAINLY INVOLVES?

- ○ **Sedentary, spend most of the time sitting down (eg office worker)**
- ○ **Standing, spend most of the time standing or walking (eg hairdresser)**
- ○ **Manual, involves physical effort (eg plumber)**
- ○ **Heavy manual, involves vigorous effort (eg miner)**

5 iii. IF YOU ARE EMPLOYED, how many hours in a typical week would you work in the **evening/nightshift** between 7pm-7am?
(If you do not work **evenings/nightshift**, mark 0)

Hours per week

	0	1 -4	5 -9	10 -14	15 -19	20 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50+
Hours worked evening/overnight	○	○	○	○	○	○	○	○	○	○	○	○

6. What is the average total income before tax of your entire household?

- ○ **less than £10,000**
- ○ **between £10,000 and £30,000**
- ○ **between £30,000 and £50,000**
- ○ **between £50,000 and £70,000**
- ○ **more than £70,000**
- ○ **not known**
- ○ **prefer not to answer**

O. HOUSEHOLD HISTORY

1. **Including yourself**, how many people live in your household?

	Number of People									
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10+**
People in household	○	○	○	○	○	○	○	○	○	○

2. Are you living with anyone in your household as a couple?

- ○ **Yes**
- ○ **No**
- ○ **Prefer not to answer**

3. What type of accommodation do you live in?

- ○ **House or bungalow**
- ○ **Flat or apartment**
- ○ **Hostel**
- ○ **Mobile or caravan**
- ○ **Sheltered house**
- ○ **Homeless**
- ○ **Other**

4. What is the status of the accommodation in which you and your household live?

- ○ **Own outright**
- ○ **Own with mortgage**
- ○ **Rent from local authority/housing association**
- ○ **Rent from private landlord or agency**
- ○ **Pay part rent and part mortgage**
- ○ **Live rent free**
- ○ **Other**

5. How many cars/vans are available to you and your household?
(If no cars/vans available, please enter 0)

	Number of cars/vans									
	0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10+**
	○	○	○	○	○	○	○	○	○	○	○

If Male, GO TO LAST PAGE OF QUESTIONNAIRE

P. WOMEN ONLY
(This section should only be completed by women)

1. Have you ever had a period?
- ○ **Yes**
- ○ **No** → If **No**, GO TO QUESTION 3a
- ○ **Prefer not to answer**

2. a) What age were you when you had your first period?

	Age (years)								
	<8	**8 -9**	**10 -11**	**12 -13**	**14 -15**	**16 -17**	**18 -19**	**20+**	**Not known**
Age first period	○	○	○	○	○	○	○	○	○

b) Are you still having periods?

- ○ **Yes**
- ○ **No - had menopause**
- ○ **No - had a hysterectomy**
- ○ **No - had ovaries removed**
- ○ **No - other reason**
- ○ **Not sure**
- ○ **Prefer not to answer**

c) If you no longer have periods, what age were you when they stopped?

	Age (years)									
	<20	**20 -24**	**25 -29**	**30 -34**	**35 -39**	**40 -44**	**45 -49**	**50 -54**	**55 -59**	**60+**	**Not known**
Age periods stopped	○	○	○	○	○	○	○	○	○	○	○

3a. Have you ever taken the contraceptive pill or had contraceptive injections or implants?
- ○ **Yes**
- ○ **No** → If **No**, GO TO QUESTION 4a
- ○ **Prefer not to answer**

3b. If so, how old were you when you first went on the contraceptive pill or had contraceptive injections or implants?

	Age (years)									
	<20	**20 -24**	**25 -29**	**30 -34**	**35 -39**	**40 -44**	**45 -49**	**50 -54**	**55 -59**	**60+**	**Not known**
Age first used pill	○	○	○	○	○	○	○	○	○	○	○

3c. For about how many years in total were you taking the contraceptive pill or having contraceptive injections or implants?

	Total years								
	<1	**1 -2**	**3 -4**	**5 -9**	**10 -14**	**15 -19**	**20 -24**	**25+**	**Not known**
Total years taking the pill	○	○	○	○	○	○	○	○	○

4a. Have you ever used hormone replacement therapy (HRT)?
- ○ **Yes**
- ○ **No** → If **No**, GO TO END
- ○ **Prefer not to answer**

4b. If so, how old were you when you first used HRT?

	Age (years)									
	<20	**20 -24**	**25 -29**	**30 -34**	**35 -39**	**40 -44**	**45 -49**	**50 -54**	**55 -59**	**60+**	**Not known**
Age first used HRT	○	○	○	○	○	○	○	○	○	○	○

4c. For about how many years in total were you taking HRT?

	Total years								
	<1	**1 -2**	**3 -4**	**5 -9**	**10 -14**	**15 -19**	**20 -24**	**25+**	**Not known**
Total years taking HRT	○	○	○	○	○	○	○	○	○

GO TO END OF QUESTIONNAIRE

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

PLEASE BRING YOUR COMPLETED QUESTIONNAIRE WITH YOU WHEN YOU ATTEND YOUR APPOINTMENT WITH THE GENERATION SCOTLAND SCOTTISH FAMILY HEALTH STUDY

OR

IF PROVIDING A POSTAL SAMPLE, PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE WITH YOUR SAMPLES