SPIRiTT Unique Identification Number: _ _ _ C **Assessment time-point 1**

ABOUT YOU

In answering the questions below, please place checkmarks/ticks √ in the relevant boxes.

1) **Are you** ☐ Male? ☐ Female?

2) **When were you born?** Day _ _ Month _ _ _ Year 19_ _

3) **What is your height? *(please specify centimetres or feet)*** _ _ _ centimetres (cm) or _ feet _ _ inches

4) **What is your weight? *(please specify kilograms or pounds)*** _ _ _ kilograms (kg) or _ _ stones _ _ pounds (lbs) or _ _ _ lbs

5) **Have you ever smoked?** ☐ Yes ☐ No

6) **If yes (you have smoked), are you** ☐ A current smoker? ☐ An ex-smoker? ☐ Not relevant

7) **If you are a current or an ex-smoker, how long have (did) you smoke(d) for in years?** ________________ years ☐ Not relevant

8) **Has the doctor ever told you that you have any of the following conditions: *(please tick all that applies)***

☐ Heart attack?	☐ Stroke?	☐ Dementia or Alzheimer's?
☐ Joint problems (such as arthritis, osteoarthritis, rheumatoid arthritis)?	☐ Problems with blood vessels (such as thrombosis, embolism, claudication, aneurysm, blood clots)?	☐ Visual problems (such as cataracts, glaucoma, age related macular degeneration)?
☐ Heart trouble (such as angina, valve disease, palpitations, chest pains)?	☐ High blood pressure or hypertension?	☐ Neurological problems (such as multiple sclerosis)?
☐ Bone problems (such as osteoporosis)?	☐ Emotional or psychiatric problems?	☐ Chest problems (such as bronchitis, asthma, wheeze)?
☐ Depression?	☐ Broken bones or fractures?	☐ Hearing problems?
☐ Cancer?	☐ Diabetes?	☐ Other (please specify): ____________________

9) **Which ethnic group best describes you?**

☐ White ☐ Chinese ☐ Asian ☐ Black ☐ Mixed ☐ Other (please specify): ______________________

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1) What is the highest level of education that you have completed?

- ☐ Primary level up to age 12 years
- ☐ Secondary level up to age 16 years
- ☐ Secondary level up to age 18 years
- ☐ Vocational/further education
- ☐ University
- ☐ Other (please specify): ____________________

2) What is your household income EACH YEAR before tax?

☐ Less than £12,000   ☐ £12,000 to £20,000   ☐ £20,001 to £30,000   ☐ £30,001 to £45,000   ☐ More than £45,001

3) Do you receive any benefits (not including child benefit or state pension)? ☐ Yes ☐ No

4) If yes (you are receiving benefits), please tick all those relevant to you to below:

- ☐ Attendance allowance
- ☐ Council tax benefit
- ☐ Carer's allowance
- ☐ Social fund
- ☐ Disability living allowance
- ☐ Other (please specify): ____________
- ☐ Housing benefit
- ☐ Other (please specify): ____________

5) In the LAST 3 MONTHS, have you received direct payments or a personal budget? ☐ Yes ☐ No

6) If yes, which of these following were received?

- ☐ Direct payment (means tested cash payment made in place of regular social services provision)
- ☐ Other (please specify): ____________
- ☐ Personal budget (funding received is managed by the individual)
- ☐ Not relevant

7) If yes, how much do you receive EVERY WEEK?

£____________   ☐ Not relevant

THANK YOU for taking the time to complete this questionnaire.

Please check through to ensure that you have answered all of the questions.

Your input is extremely valued and very much appreciated.

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