Questionnaire Code: BLC **Participant ID:** | | | | | | | |

Study Questionnaire

Thank you for participating in the Healthlines study. We would be grateful if you could complete and return this questionnaire. Your responses are very important to the study, so please try and answer all the questions. There are no right or wrong answers to the questions.

The questionnaire should take about 30 – 40 minutes to complete.

If you have any queries about this questionnaire or how to answer any of the questions, please phone <Local Research Administrator> (Administrator for the Healthlines study) on <telephone number>, or email on: <Email address>

Returning the Questionnaire

Please return your completed questionnaire to the research team using the FREEPOST envelope provided (no stamp is needed).

You can also contact us at any time by writing to: The Healthlines Study, <Address>

Please write today's date ⇨ ____ / ____ / ________

SECTION 1: YOUR HEALTH TODAY

1.1 Under each heading, please tick the one box that best describes your health today.

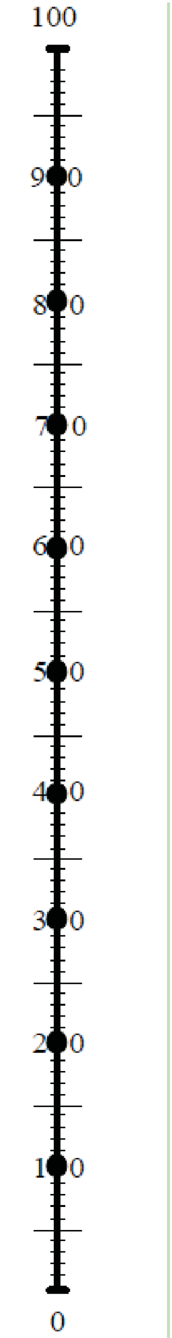
a)	Mobility	I have no problems in walking about	☐ 1
		I have slight problems in walking about	☐ 2
		I have moderate problems in walking about	☐ 3
		I have severe problems in walking about	☐ 4
		I am unable to walk about	☐ 5
b)	Self Care	I have no problems washing or dressing myself	☐ 1
		I have slight problems washing or dressing myself	☐ 2
		I have moderate problems washing or dressing myself	☐ 3
		I have severe problems washing or dressing myself	☐ 4
		I am unable to wash or dress myself	☐ 5
c)	Usual Activities (e.g. work, study, housework, family or leisure activities)	I have no problems doing my usual activities	☐ 1
		I have slight problems doing my usual activities	☐ 2
		I have moderate problems doing my usual activities	☐ 3
		I have severe problems doing my usual activities	☐ 4
		I am unable to do my usual activities	☐ 5
d)	Pain/Discomfort	I have no pain or discomfort	☐ 1
		I have slight pain or discomfort	☐ 2
		I have moderate pain or discomfort	☐ 3
		I have severe pain or discomfort	☐ 4
		I have extreme pain or discomfort	☐ 5
e)	Anxiety/Depression	I am not anxious or depressed	☐ 1
		I am slightly anxious or depressed	☐ 2
		I am moderately anxious or depressed	☐ 3
		I am severely anxious or depressed	☐ 4
		I am extremely anxious or depressed	☐ 5

1.2 We would like to know how good or bad your health is today.

- This scale is numbered 0 to 100.
- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is **today**.
- Now, please write the number marked on the scale in the box below.

Your health today = [ ]

The best health



The worst health

SECTION 2: DIET

Over the past few months...			
	2 or less	3-4	5 or more
a) How many portions of fruit did you eat each day? (1 portion = 2 plums or other small fruits, 1 apple, 1 orange, 1 banana, a glass of fruit juice, etc.)	❑ 1	❑ 2	❑ 3
	2 or less	3-4	5 or more
b) How many portions of vegetables did you eat each day? (1 portion = 4 tablespoons uncooked green vegetables or salad, 3 tablespoons cooked/tinned/ frozen vegetables, etc.)	❑ 1	❑ 2	❑ 3
	Less than 1	1-2	3 or more
c) How many fizzy drinks (not diet) or cups of tea/coffee with sugar did you drink each day?	❑ 1	❑ 2	❑ 3
	Less than 1 time	1-3 times	4 or more times
d) How many times a week did you eat fast food meals or fast food snacks?	❑ 1	❑ 2	❑ 3
	Less than 1 time	1-2 times	3 or more times
e) How many times a week did you eat beans, chicken, or fish?	❑ 1	❑ 2	❑ 3
	1 time or less	2-3 times	4 or more times
f) How many times a week did you eat snack crisps or crackers (not low-fat)?	❑ 1	❑ 2	❑ 3
	1 time or less	2-3 times	4 or more Times
g) How many times a week did you eat puddings, cakes, and other desserts (not the low-fat kind)?	❑ 1	❑ 2	❑ 3
	None/ Very little	Some	A lot
h) How much margarine or butter do you put on bread, potatoes, or to season vegetables?	❑ 1	❑ 2	❑ 3

2.1 Please tick the one answer in each row that best describes your behaviour using the scale provided.

SECTION 3: HEALTH BEHAVIOURS AND PHYSICAL ACTIVITY

3.1 This section asks about how often you exercise and do physical activity. Please tick the one answer in each row that best describes your behaviour using the scale provided.

Right NOW...	Strongly agree	Agree	Disagree	Strongly disagree
a) I walk for exercise, for at least 15 minutes per day, most days of the week	❑ 1	❑ 2	❑ 3	❑ 4
b) I do at least one type of physical activity every day for at least 30 minutes (e.g. walking, gardening, housework, golf, bowls, dancing, Tai Chi, swimming)	❑ 1	❑ 2	❑ 3	❑ 4
c) On most days of the week, I do at least one activity to improve my health (e.g. walking, relaxation, exercise)	❑ 1	❑ 2	❑ 3	❑ 4
d) On most days of the week, I set aside time for healthy activities (e.g. walking, relaxation exercise)	❑ 1	❑ 2	❑ 3	❑ 4

SECTION 4: TAKING MEDICATION

As part of your treatment, you may have been prescribed medication to lower your blood pressure or cholesterol. Knowing whether or not you are currently taking any of these medications will help us to better understand your treatment.

4.1 Are you currently taking any prescribed medication to lower your blood pressure?

No ❑ 0 ⇨ Please go to Question 4.2

Yes ❑ 1 ⇨ Please answer all the questions in the box below

a) Do you ever forget to take your blood pressure medication?

No ❑ 0 Yes ❑ 1

b) Are you careless at times about taking your blood pressure medication?

No ❑ 0 Yes ❑ 1

c) When you feel better, do you sometimes stop taking your blood pressure medication?

No ❑ 0 Yes ❑ 1

d) Sometimes if you feel worse when you take your blood pressure medication, do you stop taking it?

No ❑ 0 Yes ❑ 1

4.2 Are you currently taking any prescribed medication to lower your cholesterol?

No ☐ 0 ⇨ Please go to Section 5, *Your Treatment and Care*

Yes ☐ 1 ⇨ Please answer all the questions in the box below

a) Do you ever forget to take your cholesterol medication?

No ☐ 0 Yes ☐ 1

b) Are you careless at times about taking your cholesterol medication?

No ☐ 0 Yes ☐ 1

c) When you feel better, do you sometimes stop taking your cholesterol medication?

No ☐ 0 Yes ☐ 1

d) Sometimes if you feel worse when you take your cholesterol medication, do you stop taking it?

No ☐ 0 Yes ☐ 1

SECTION 5: YOUR TREATMENT AND CARE

This section asks for your views about the care you received from health professionals in the last 6 months. By care, we mean any treatments or advice you were given, and whether you felt your concerns were taken seriously, you were listened to and given enough time, and how well things were explained to you.

5.1 In general, how satisfied are you with the care you received in the last 6 months from:

	Extremely satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Extremely dissatisfied	Does not apply
a) The doctor(s) at your GP surgery or health centre?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) The nurse(s) at your GP surgery or health centre?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c) NHS Direct health advisors?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

The following questions refer to the last 6 months. They ask about the treatment you received from your GP or nurses at your practice for your heart health (lowering your blood pressure or cholesterol, quitting smoking, or losing weight). By treatment, we mean the support and advice they provided you with to improve your heart health.

5.2 Please read each statement carefully and tick one answer in each row using the scale from '*Strongly agree*' to '*Strongly disagree*'. If you did not receive any treatment for your heart health, tick '*Does not apply*'.

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Does not apply
a)	I am satisfied with the treatment that I received	❑1	❑2	❑3	❑4	❑5	❑6
b)	The treatment has improved my health	❑1	❑2	❑3	❑4	❑5	❑6
c)	The treatment has improved my mood	❑1	❑2	❑3	❑4	❑5	❑6
d)	I am satisfied with the quality of the support and advice I received	❑1	❑2	❑3	❑4	❑5	❑6
e)	I would recommend this kind of treatment to others with similar health needs	❑1	❑2	❑3	❑4	❑5	❑6
f)	If I needed treatment again, I would use this method of treatment	❑1	❑2	❑3	❑4	❑5	❑6

5.3 The amount of support and advice I received was:

Too much	A bit too much	Just about right	A bit too little	Too little	Does not apply
❑1	❑2	❑3	❑4	❑5	❑6

5.4 If you have any additional comments that you would like to share about your treatment experience, please use the space provided below.

Any comments:

SECTION 6: GETTING SUPPORT WITH YOUR HEALTH

In this section, we would like to find out about your experience with getting support for your health.

6.1 The statements below describe some of the thoughts a person might have when deciding to join a research study in order to address their health issues or receive treatment. Please tell us how true each statement is for you on a scale from '*Not at all true'* to '*Very true'* by ticking one box in each row.

	Not at all true →						Very true
a) I joined this study because I want to make changes in my life	❑1	❑2	❑3	❑4	❑5	❑6	❑7
b) I joined this study because I felt under pressure to go for treatment	❑1	❑2	❑3	❑4	❑5	❑6	❑7
c) I joined this study because my doctor told me I should be in treatment	❑1	❑2	❑3	❑4	❑5	❑6	❑7
d) I joined this study because I am interested in getting help	❑1	❑2	❑3	❑4	❑5	❑6	❑7

6.2 Sometimes people find it hard to get the health support and advice they would like. Using the scale from '*No difficulty at all'* to '*Extreme difficulty'*, please tick the one answer in each row that best describes your experience. In the last 6 months, have you had any difficulty with:

	No difficulty at all →						Extreme difficulty
a) Getting health support and advice at times that suit you?	❑1	❑2	❑3	❑4	❑5	❑6	❑7
b) Getting health support and advice from the particular health professionals that you want to see?	❑1	❑2	❑3	❑4	❑5	❑6	❑7
c) Getting health support and advice when you feel you need it most?	❑1	❑2	❑3	❑4	❑5	❑6	❑7
d) Getting health support and advice that is convenient for you, according to your needs, lifestyle, and preferences?	❑1	❑2	❑3	❑4	❑5	❑6	❑7

SECTION 7: HEALTH INFORMATION

People come across health information in different ways and from different sources, and this could influence what decisions people make about their health. This section asks about your experience with this process.

7.1 Please indicate how strongly you agree with the following questions about health information that you might read about (e.g. in a leaflet), hear about (e.g. from healthcare professionals, family, friends), or find on the Internet.

Using the scale from '*Strongly agree*' to '*Strongly disagree*', please tick the one answer in each row that best describes your experience.

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a)	I know how to find helpful information about my health	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
b)	I can tell high quality from low quality health information	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
c)	I feel confident using health information to make health decisions	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

SECTION 8: USING TECHNOLOGY

In this section, we would like to find out how often you use various technologies, and how confident you feel about using them.

8.1 Please tick the one answer that best describes your situation.

		Never/ almost never	Once a month (or less)	About every 2 weeks	Once or twice a week	Daily/almost daily
a)	How often do you use email?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
b)	How often do you use the Internet (not including email)?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

8.2 You may or may not have done all of the things listed in the next set of questions, but if you were asked to, how confident would you feel about doing each of the following?

Using the scale from '*Not at all confident*' to '*Extremely confident*', please tick the one answer in each row that best describes your level of confidence.

		Not at all confident →						Extremely confident
a)	Searching for information on the Internet (e.g. using Google)	❑1	❑2	❑3	❑4	❑5	❑6	❑7
b)	Sending and receiving emails	❑1	❑2	❑3	❑4	❑5	❑6	❑7
c)	Using a 'chat room' or forum on the Internet	❑1	❑2	❑3	❑4	❑5	❑6	❑7
d)	Using social networking sites on the Internet (e.g. Facebook)	❑1	❑2	❑3	❑4	❑5	❑6	❑7
e)	Using a telephone (landline)	❑1	❑2	❑3	❑4	❑5	❑6	❑7
f)	Using a mobile phone for phone calls	❑1	❑2	❑3	❑4	❑5	❑6	❑7
g)	Using a mobile phone to send and receive text messages	❑1	❑2	❑3	❑4	❑5	❑6	❑7

SECTION 9: USING THE TELEPHONE OR INTERNET FOR YOUR HEALTH

Several forms of healthcare can be accessed over the telephone or Internet. We're interested in how often you use these electronic health resources, if at all.

9.1 In the last 6 months, please indicate how often you used or did each of the following using the scale from '*Never or almost never*' to '*Daily or almost daily*'.

		Never/almost never	Once a month (or less)	About every 2 weeks	Once or twice a week	Daily/almost daily
a)	NHS Direct phone services	❑1	❑2	❑3	❑4	❑5
b)	Searching online for health information for yourself	❑1	❑2	❑3	❑4	❑5
c)	Online forum or support group for your physical or mental health	❑1	❑2	❑3	❑4	❑5

SECTION 10: LOOKING AFTER YOUR HEALTH

10.1 The questions in this section ask about how you look after your health right now. (Please tick one answer for each question.)

	Right NOW...	Strongly agree	Agree	Disagree	Strongly disagree
a)	As well as seeing my doctor, I regularly monitor changes in my health	☐1	☐2	☐3	☐4
b)	I have very positive relationships with my healthcare professionals	☐1	☐2	☐3	☐4
c)	I communicate very confidently with my doctor about my healthcare needs	☐1	☐2	☐3	☐4
d)	I confidently give healthcare professionals the information they need to help me	☐1	☐2	☐3	☐4
e)	I have a good understanding of equipment that could make my life easier	☐1	☐2	☐3	☐4
f)	If others can cope with problems like mine, I can too	☐1	☐2	☐3	☐4
g)	I feel I have a very good life even when I have health problems	☐1	☐2	☐3	☐4
h)	When I have symptoms, I have skills that help me Cope	☐1	☐2	☐3	☐4
i)	I carefully watch my health and do what is necessary to keep as healthy as possible	☐1	☐2	☐3	☐4
j)	My health problems do not ruin my life	☐1	☐2	☐3	☐4
k)	I have a very good idea of how to manage my health problems	☐1	☐2	☐3	☐4
l)	With my health in mind, I have realistic expectations of what I can and cannot do	☐1	☐2	☐3	☐4
m)	I get my needs met from available healthcare resources (e.g. doctors, hospitals and community services)	☐1	☐2	☐3	☐4
n)	I try not to let my health problems stop me from enjoying life	☐1	☐2	☐3	☐4
o)	I work in a team with my doctors and other healthcare professionals	☐1	☐2	☐3	☐4
p)	I do not let my health problems control my life	☐1	☐2	☐3	☐4
q)	I have a very good understanding of when and why I am supposed to take my medication	☐1	☐2	☐3	☐4
r)	I have effective ways to prevent my symptoms (e.g. discomfort, pain and stress) from limiting what I can do in my life	☐1	☐2	☐3	☐4
s)	When I have health problems, I have a clear understanding of what I need to do to control them	☐1	☐2	☐3	☐4
t)	I know what things can trigger my health problems and make them worse	☐1	☐2	☐3	☐4

SECTION 11: ORGANISATION OF YOUR CARE

This section is important because it will help us understand how your care is organised and how information flows between different healthcare professionals.

11.1 Have you attended an appointment or received any support or advice from healthcare professionals (including staff at your GP surgery and NHS Direct staff) in the last 6 months?

No ❑0 ⇨ Please go to Question 11.3

Yes ❑1 ⇨ Please answer all the questions below

11.2 In the last 6 months, were there times when these different healthcare professionals...

	Never	Almost never	Sometimes	Often	Very often
a) Told you different things (that didn't make sense together) about your health?	❑1	❑2	❑3	❑4	❑5
b) Did not seem to work well together?	❑1	❑2	❑3	❑4	❑5
c) Did not seem to know who should be doing what in your healthcare?	❑1	❑2	❑3	❑4	❑5

11.3 Thinking about what was done in the last 6 months for your health, has someone...

	Yes	No	Does not apply
a) Explained the consequences of your condition for your health?	❑1	❑2	❑3
b) Explained to you why you should take the treatment or medication and how?	❑1	❑2	❑3
c) Explained the tests that you should do to check on your health?	❑1	❑2	❑3
d) Explained about referral visits to other healthcare professionals: why and how?	❑1	❑2	❑3
e) Asked you what personal goals you would like to achieve for your health?	❑1	❑2	❑3
f) Discussed with you how you could reach your personal goals?	❑1	❑2	❑3

11.4 Were you told who to contact if your health condition gets worse?

Yes	No	Does not apply
❑ 1	❑ 2	❑ 3

11.5 Overall, how well organised would you say all your healthcare is?

Hardly at all	Somewhat	Moderately	Very well	Totally
❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

11.6 In general, do you feel that you yourself have to organise the healthcare you receive from different people or different places?

No, a healthcare professional always does it for me	❑ 1
No, a healthcare professional sometimes does it for me	❑ 2
Yes, but it is my choice to do so	❑ 3
Yes, I have to organise my care more than I would like	❑ 4
Yes, I have to organise my care too much and it is too difficult	❑ 5
Any comments:	

SECTION 12: USE OF HEALTHCARE

These questions are important because they will help us to understand the cost to you and to the NHS of treating factors related to heart health. Please remember - all of these answers are completely confidential.

12.1 When you visit your GP surgery, do you usually travel by...

car/van/motorbike/scooter	❑ 1
taxi/train/bus	❑ 2
on foot/by bicycle	❑ 3
transport provided by the surgery	❑ 4

If you usually travel by car, van, motorbike or scooter…		
a)	Approximately how many miles is the **return** journey?	…………………… miles
b)	For **each visit** to your surgery, approximately how much do you spend on parking?	£ : p [zero ifnothing]
If you usually travel by taxi, train or bus…		
c)	Approximately how much is the **return** fare?	£ : p [zero if nothing]

12.2 Do you normally pay a prescription charge for medication prescribed by your GP?

No	❑ 0
Yes, I pay per item	❑ 1
Yes, I pay using a prescription prepayment certificate for 3 months	❑ 2
Yes, I pay using a prescription prepayment certificate for 12 months	❑ 3

SECTION 13: GENERAL INFORMATION ABOUT YOU

Finally, we would like to ask you a few general questions about yourself. The following questions will help us to see how experiences vary between different groups of people.

13.1 Are you male or female? ❑ 0 Male ❑ 1 Female

13.2 What is your ethnic group? (Please tick one box only.)

❑ 1 White

Mixed/multiple ethnic groups

❑ 2 White and Black Caribbean

❑ 3 White and Black African

❑ 4 White and Asian

❑ 5 Any other Mixed/multiple ethnic background, write in box

Asian or Asian British

❑ 6 Indian

❑ 7 Pakistani

❑ 8 Bangladeshi

❑ 9 Chinese

❑ 10 Any other Asian background, write in box

Black/African/Caribbean/Black British

- ❑ 11 African
- ❑ 12 Caribbean
- ❑ 13 Any other Black/African/Caribbean background, write in box [ ]

Other ethnic group

- ❑ 14 Arab
- ❑ 15 Any other, write in box [ ]

13.3 How old are you? ________________ years of age

13.4 Which one of these best describes your current situation? (Please tick one box only.)

Full-time paid work, including self-employed (30 hours or more each week)	❑ 1
Part-time paid work, including self-employed (under 30 hours each week)	❑ 2
Full-time education at school, college or university	❑ 3
Unemployed	❑ 4
Unable to work due to long term illness/disability	❑ 5
Unable to work due to carer responsibilities	❑ 6
Fully retired from work	❑ 7
Looking after the home	❑ 8
Doing something else (please describe):	❑ 9

13.5 Which of the following descriptions best describes your most recent or current main job?

Option	
Administrative or secretarial (e.g. local government clerical officer, insurance clerk, legal secretary)	❑ 1
Associate professional or technical occupation (e.g. IT support, nurse, police officer, estate agent)	❑ 2
Elementary occupations (e.g. labourer, postal worker, hospital porter, cleaner)	❑ 3
Manager or senior official (e.g. senior local government official, health service manager, retail manager / proprietor)	❑ 4
Personal services (e.g., care assistant, travel agent, hairdresser)	❑ 5
Process, plant and machine operatives (e.g. machine operator, taxi driver, scaffolder)	❑ 6
Professional (e.g. doctor, teacher, accountant)	❑ 7
Sales and customer services (e.g. retail assistant, call centre operator)	❑ 8
Skilled trade (e.g. motor mechanic, computer engineer, plumber, chef)	❑ 9

13.6 Which of these qualifications do you have? (Please tick all the qualifications that apply or, if not specified, tick the nearest equivalent.)

	Qualification	
(a)	O levels, CSEs, GCSEs, O grades, or Standard grades	❑
(b)	NVQ Levels 1-3/GNVQ	❑
(c)	A levels, AS levels, Higher School Certificate or Highers (Scotland)	❑
(d)	NVQ levels 4-5, HNC, HND	❑
(e)	Degree (e.g. BA, BSc) or higher degree (e.g. MA, PhD, PGCE)	❑
(f)	Other vocational/work-related qualifications (e.g. apprenticeship, RSA/OCR, BTEC/Edexcel)	❑
(g)	No qualifications	❑

13.7 How do you and your household occupy your accommodation? (Please tick one box only.)

Option	
Own it outright	❑ 1
Buying it with the help of a mortgage or loan	❑ 2
Pay part rent and part mortgage (shared ownership)	❑ 3
Rent it	❑ 4
Live rent free (including rent free in relative's/friend's property)	❑ 5

Thank you for taking the time to complete this questionnaire