

Questionnaire Code: CFU2INT Participant ID:

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The University Of Sheffield.



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 xxxxxxxxxxxxxx (Administrator for The Healthlines Study) on 0117 331 xxxx, or email on: xxxxxxxxxxxxxxxx

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, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol, BS8 2PS.

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

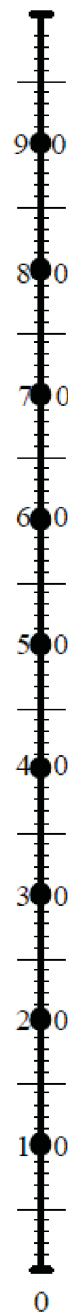
1.2 We would like to know how good or bad your health is today.

- 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

100



The worst health

SECTION 2: DIET

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

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.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
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.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c) How many fizzy drinks (not diet) or cups of tea/coffee with sugar did you drink each day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d) How many times a week did you eat fast food meals or fast food snacks?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e) How many times a week did you eat beans, chicken, or fish?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f) How many times a week did you eat snack crisps or crackers (not low-fat)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g) How many times a week did you eat puddings, cakes, and other desserts (not the low-fat kind)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h) How much margarine or butter do you put on bread, potatoes, or to season vegetables?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> 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)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) On most days of the week, I do at least one activity to improve my health (e.g. walking, relaxation, exercise)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) On most days of the week, I set aside time for healthy activities (e.g. walking, relaxation exercise)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> 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 <input type="checkbox"/> ₀ Yes <input type="checkbox"/> ₁
b) Are you careless at times about taking your blood pressure medication? No <input type="checkbox"/> ₀ Yes <input type="checkbox"/> ₁
c) When you feel better, do you sometimes stop taking your blood pressure medication? No <input type="checkbox"/> ₀ Yes <input type="checkbox"/> ₁
d) Sometimes if you feel worse when you take your blood pressure medication, do you stop taking it? No <input type="checkbox"/> ₀ Yes <input type="checkbox"/> 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.

Please remember that all questions are completely confidential. We will not share your answers with your doctor or other members of staff at your surgery or health centre. We want to reassure you that your answers will not affect the care you receive from your doctor or nurse(s).

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?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) The nurse(s) at your GP surgery or health centre?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) NHS Direct health advisors?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

As part of the Healthlines Study, you were randomly allocated to receive a treatment of either usual care (support and advice from your GP or nurses at your surgery) or usual care plus the NHS Direct Healthlines Service (phone and online support, as well as advice from NHS Direct Healthlines Advisors).

The following questions refer to the last 6 months. They ask about your experience of the treatment you received for your heart health (lowering your blood pressure or cholesterol, quitting smoking, or losing weight). If you were in the usual care group, please tell us your views about that treatment. If you received usual care plus the NHS Direct Healthlines Service, please tell us your views about that treatment.

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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) The treatment has improved my health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) The treatment has improved my mood	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) I am satisfied with the quality of the support and advice I received	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e) I would recommend this kind of treatment to others with similar health needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f) If I needed treatment again, I would use this method of treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> 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
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> 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:

good were they at doing each of the following? (Please tick one answer for each question.)

	Very good	Good	Neither good nor poor	Poor	Very poor	Does not apply
a) Listening to you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) Explaining tests and treatments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) Involving you in decisions about your care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) Treating you with care and concern	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

5.6 Thinking about the nurse(s) that you saw at your surgery in the last 6 months, how good were they at doing each of the following? (Please tick one answer for each question.)

	Very good	Good	Neither good nor poor	Poor	Very poor	Does not apply
a) Listening to you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) Explaining tests and treatments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) Involving you in decisions about your care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) Treating you with care and concern	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

5.7 Thinking about the NHS Direct Healthlines Advisors that you had contact with in the last 6 months, how good were they at doing each of the following? (Please tick one answer for each question.)

	Very good	Good	Neither good nor poor	Poor	Very poor	Does not apply
a) Listening to you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) Explaining tests and treatments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) Involving you in decisions about your care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) Treating you with care and concern	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

The NHS Direct Healthlines Service is a new service. For this reason, it is especially important to get feedback from people who have actually used it. Please tell us what you think by selecting one answer to each statement below. Please remember – all of these answers are completely confidential.

5.8 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 use the feature listed in the statement, please tick ‘Did not use this’.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Did not use this
a) Information on the NHS Direct Healthlines Service website was helpful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) The NHS Direct Healthlines Service website was easy to use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) The webpage to record my blood pressure was helpful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) The webpage to record my blood pressure was easy to use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

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 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?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b) Getting health support and advice from the particular health professionals that you want to see?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
c) Getting health support and advice when you feel you need it most?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
d) Getting health support and advice that is convenient for you, according to your needs, lifestyle, and preferences?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> 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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) I can tell high quality from low quality health information	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) I feel confident using health information to make health decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) How often do you use the Internet (not including email)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b)	Sending and receiving emails	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
c)	Using a 'chat room' or forum on the Internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
d)	Using social networking sites on the Internet (e.g. Facebook)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
e)	Using a telephone (landline)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
f)	Using a mobile phone for phone calls	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
g)	Using a mobile phone to send and receive text messages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> 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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b)	Searching online for health information for yourself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c)	Online forum or support group for your physical or mental health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) I have very positive relationships with my healthcare professionals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) I communicate very confidently with my doctor about my healthcare needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) I confidently give healthcare professionals the information they need to help me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) I have a good understanding of equipment that could make my life easier	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f) If others can cope with problems like mine, I can too	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g) I feel I have a very good life even when I have health problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h) When I have symptoms, I have skills that help me cope	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i) I carefully watch my health and do what is necessary to keep as healthy as possible	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j) My health problems do not ruin my life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k) I have a very good idea of how to manage my health problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l) With my health in mind, I have realistic expectations of what I can and cannot do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m) I get my needs met from available healthcare resources (e.g. doctors, hospitals and community services)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n) I try not to let my health problems stop me from enjoying life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o) I work in a team with my doctors and other healthcare professionals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p) I do not let my health problems control my life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q) I have a very good understanding of when and why I am supposed to take my medication	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> 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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
s) When I have health problems, I have a clear understanding of what I need to do to control them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
t) I know what things can trigger my health problems and make them worse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> 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?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) Did not seem to work well together?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Did not seem to know who should be doing what in your healthcare?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) Explained to you why you should take the treatment or medication and how?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c) Explained the tests that you should do to check on your health?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d) Explained about referral visits to other healthcare professionals: why and how?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e) Asked you what personal goals you would like to achieve for your health?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f) Discussed with you how you could reach your personal goals?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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

Yes	No	Does not apply
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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

Hardly at all	Somewhat	Moderately	Very well	Totally
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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	<input type="checkbox"/> ₁
No, a healthcare professional sometimes does it for me	<input type="checkbox"/> ₂
Yes, but it is my choice to do so	<input type="checkbox"/> ₃
Yes, I have to organise my care more than I would like	<input type="checkbox"/> ₄
Yes, I have to organise my care too much and it is too difficult	<input type="checkbox"/> ₅
Any comments:	

SECTION 12: USE OF HEALTHCARE

Section A: Use of NHS Services

The questions in the next few sections 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 Please tell us how many face-to-face or telephone contacts you have had with each of the following NHS healthcare professionals during the past 6 months related to high blood pressure, high cholesterol, giving up smoking, or being overweight. Appointments with these healthcare professionals are provided by the NHS (not paid for by you).**

Please write the number of contacts you have had with each person in the appropriate box.

Person contacted in the past 6 months	No contact (tick here)	CONTACTS		
		At surgery or clinic	Home visit	Phone consultation
a) District nurse	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls
b) NHS Counsellor/ Psychologist	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls
c) NHS Direct (phone)	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls
d) NHS walk-in centre	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls
e) GP out-of-hours service	<input type="checkbox"/> number of visits	..... number of visits	..... number of calls

Please turn over the page



12.2 In the last 6 months, have you been to an NHS hospital for an overnight stay because of high blood pressure, high cholesterol, smoking, or being overweight?

No ₀  Please go to Question 12.3

Yes ₁  Please answer all the questions in the box below

a) 1st Visit: Number of nights _____ nights Please briefly tell us the reason for the first stay:
b) 2nd Visit: Number of nights _____ nights Please briefly tell us the reason for the second stay:
c) 3rd Visit: Number of nights _____ nights Please briefly tell us the reason for the third stay:

12.3 In the last 6 months, have you received day care in an NHS hospital because of high blood pressure, high cholesterol, smoking, or being overweight?

No ₀  Please go to Question 12.4

Yes ₁  Please answer all the questions in the box below

a) 1st Visit: Please briefly tell us the reason for the first visit:
b) 2nd Visit: Please briefly tell us the reason for the second visit:
c) 3rd Visit: Please briefly tell us the reason for the third visit:

.....

12.4 In the last 6 months, have you been to an outpatient clinic at an NHS hospital because of high blood pressure, high cholesterol, smoking, or being overweight?

No ₀  Please go to Question 12.5

Yes ₁  Please answer all the questions in the box below

a) **1st Visit:** Please briefly tell us the reason for the first visit:

b) **2nd Visit:** Please briefly tell us the reason for the second visit:

c) **3rd Visit:** Please briefly tell us the reason for the third visit:


d) **4th Visit:** Please briefly tell us the reason for the fourth visit:

e) **5th Visit:** Please briefly tell us the reason for the fifth visit:

f) **6th Visit:** Please briefly tell us the reason for the sixth visit:

12.5 In the last 6 months, have you been to an A&E (casualty) department because of high blood pressure, high cholesterol, smoking, or being overweight?

No ₀  Please go to Question 12.6

Yes ₁  Please answer all the questions in the box below

a) 1st Visit: Please briefly tell us the reason for the first visit:	..... ..... ..... .....
b) 2nd Visit: Please briefly tell us the reason for the second visit:	..... ..... .....
c) 3rd Visit: Please briefly tell us the reason for the third visit:	..... ..... ..... .....

12.6 In the last 6 months, have you used any other hospital services because of high blood pressure, high cholesterol, smoking, or being overweight?

No ₀  Please go to Question 12.7

Yes ₁  Please answer all the questions in the box below

Please specify which service and why you used it .	
Service used:	..... ..... .....
Reason used:	..... ..... .....

12.7 In the last 6 months, have you used an ambulance because of high blood pressure, high cholesterol, smoking, or being overweight?

No ₀  Please go to Question 12.8

Yes ₁  Please answer all the questions in the box below

a) **1st Use:** Please briefly tell us the reason for the first use:

.....

.....

.....

b) **2nd Use:** Please briefly tell us the reason for the second use:

.....

.....

.....

c) **3rd Use:** Please briefly tell us the reason for the third use:

.....

.....


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
12.8 Are you in paid work (including self-employed)?

No ₀  Please go to Section B, *Use of Private Healthcare*

Yes ₁  Please answer all the questions in the box below

a) Have you had to take any time off work to attend any healthcare appointments related to high blood pressure, high cholesterol, smoking, or being overweight during the last 6 months?

No ₀  Please go to Section B, *Use of Private Healthcare*

Yes ₁  Please answer all the questions in the box

b) How much time in total have you had to take off work to attend any healthcare appointments related to high blood pressure, high cholesterol, smoking, or being overweight during the last 6 months?

.....hoursminutes

c) Were you paid during this time off?

No ₀ Yes ₁ I am self-employed ₂

Section B: Use of Private Healthcare

This next set of questions is about your use of private healthcare services for high blood pressure, high cholesterol, smoking, or being overweight. These are services that you pay for yourself. This is not about care provided by NHS healthcare professionals.

12.9 In the last 6 months, have you spent any money on the following?

	No	Yes		In total, approximately how much did you spend?
a) Private counselling or psychotherapy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
b) Private nutritionist or dietician	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
c) Complementary or alternative therapies (e.g. acupuncture, hypnotherapy)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
d) Over-the-counter (without a prescription) medication, remedies, or treatments	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
e) Exercise equipment (e.g. bicycle, running machine, free weights)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
f) Wii Fit or similar product(s)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
g) Other (please specify):	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	⇒	Total cost £.....
.....				
.....				

Section C: Looking After Your Health

12.10 In the last 6 months, have you bought or been given any lifestyle improvement books (e.g. for heart health, quitting smoking, weight management)?

No ₀ ⇒ Please go to 12.11

Yes ₁ ⇒ Please answer all the questions in the box below

a) Who paid for these? (Tick all that apply)

I paid	<input type="checkbox"/>	₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/>	₁	⇒	Total cost	£.....
The NHS	<input type="checkbox"/>	₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/>	₃	⇒	Total cost	£.....

(If unsure, please estimate total cost)

12.11 In the last 6 months, have you bought or been given a home blood pressure monitor?

No ₀ ⇒ Please go to 12.12

Yes ₁ ⇒ Please answer all the questions in the box below

a) Who paid for this? (Tick all that apply)

I paid	<input type="checkbox"/>	₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/>	₁	⇒	Total cost	£.....
The NHS	<input type="checkbox"/>	₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/>	₃	⇒	Total cost	£.....

(If unsure, please estimate total cost)

12.12 In the last 6 months, did you visit a quitting smoking group on the Internet?

No ₀ ⇒ Please go to 12.13

Yes ₁ ⇒ Please answer all the questions in the box below

a) Who paid for this? (Tick all that apply)

I paid	<input type="checkbox"/>	₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/>	₁	⇒	Total cost	£.....
The NHS	<input type="checkbox"/>	₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/>	₃	⇒	Total cost	£.....
Free website	<input type="checkbox"/>	₄			

(If unsure, please estimate total cost)

12.13 In the last 6 months, have you attended a quitting smoking session at your GP surgery or walk-in centre?

No ₀ ⇒ Please go to 12.14

Yes ₁ ⇒ Please answer all the questions in the box below

a) It was a... (Tick one answer only)

Group session	<input type="checkbox"/>	₀
---------------	--------------------------	--------------

One-to-one session ₁

b) Who paid for this? (Tick all that apply)

I paid	<input type="checkbox"/> ₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/> ₁	⇒	Total cost	£.....
The NHS	<input type="checkbox"/> ₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/> ₃	⇒	Total cost	£.....

(If unsure, please estimate total cost)

12.14 In the last 6 months, did you ask the pharmacist for advice about giving up smoking?

No ₀

Yes ₁

12.15 In the last 6 months, did you take out or renew a gym or leisure centre membership to help improve your health?

No ₀ ⇒ Please go to 12.16

Yes ₁ ⇒ Please answer all the questions in the box below

a) For how many months did you purchase a membership?

.....number of months

b) Who paid for this? (Tick all that apply)

I paid	<input type="checkbox"/> ₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/> ₁	⇒	Total cost	£.....
The NHS	<input type="checkbox"/> ₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/> ₃	⇒	Total cost	£.....

(If unsure, please estimate total cost)

12.16 In the last 6 months, did you attend any exercise classes, dance classes, swimming, team sports, or other kinds of fitness activities to help improve your health?

No ₀ ⇒ Please go to 12.17

Yes ₁ ⇒ Please answer all the questions in the box below

a) Who paid for this? (Tick all that apply)

I paid	<input type="checkbox"/> ₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/> ₁	⇒	Total cost	£.....

The NHS	<input type="checkbox"/> ₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/> ₃	⇒	Total cost	£.....

(If unsure, please estimate total cost)

12.17 In the last 6 months, did you join a weight loss group on the Internet (e.g. Weight Watchers online, Slimming World online)?

No ₀ ⇒ Please go to 12.18

Yes ₁ ⇒ Please answer all the questions in the box below

a) Who paid for this? (Tick all that apply)

I paid	<input type="checkbox"/> ₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/> ₁	⇒	Total cost	£.....
The NHS	<input type="checkbox"/> ₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/> ₃	⇒	Total cost	£.....

(If unsure, please estimate total cost)

Free website ₄

12.18 In the last 6 months, did you join a face-to-face weight loss group (e.g. Weight Watchers, Slimming World, Rosemary Conley)?

No ₀ ⇒ Please go to Section D, *Financial Impact*

Yes ₁ ⇒ Please answer all the questions in the box below

a) It was a... (Tick one answer only)

Group session	<input type="checkbox"/> ₀
One-to-one session	<input type="checkbox"/> ₁

b) Who paid for this? (Tick all that apply)

I paid	<input type="checkbox"/> ₀	⇒	Total cost	£.....
Friend/relation	<input type="checkbox"/> ₁	⇒	Total cost	£.....
The NHS	<input type="checkbox"/> ₂	⇒	Total cost	£.....
Someone else	<input type="checkbox"/> ₃	⇒	Total cost	£.....

(If unsure, please estimate total cost)

Please turn over the page ➡

Section D: Financial Impact

In Section A (Use of NHS Services), we asked whether attending healthcare appointments for your heart health issues (high blood pressure, high cholesterol, smoking, or being overweight) has affected your work. We would also like to find out whether your health condition itself has affected your work. For this set of questions, we will refer to your heart health issues as 'your health condition'.

12.19 Are you in paid work (including self-employed)?

No _0 ➡ Please go to Question 12.20

Yes _1 ➡ Please answer all the questions in the box below

a) Has your ability to work been affected <u>by your health condition</u> ?	
No	<input type="checkbox"/> _0 ➡ Go to Question 12.20
Yes, I have had to take sick leave	<input type="checkbox"/> _1
Yes, I have reduced my hours	<input type="checkbox"/> _2
Yes, my activities at work have been restricted or changed	<input type="checkbox"/> _3
	} PI ea se co
b) Approximately how much time have you lost from work during the last 6 months <u>due to your health condition</u> ?	
..... working days	
c) What was the main way your employer dealt with your absence from work?	
Work was done by colleagues in addition to their own work	<input type="checkbox"/> _1
Someone was employed temporarily to cover	<input type="checkbox"/> _2
I had to catch up by doing extra hours when I returned to work	<input type="checkbox"/> _3
The work was not done or it was put off until a further date	<input type="checkbox"/> _4
Other, please specify:	<input type="checkbox"/> _5
.....	
.....	
d) Have you lost any income as a result of this time off work during the last 6 months?	
No	<input type="checkbox"/> _0 ➡ Please go to Question 12.20
Yes	<input type="checkbox"/> _1 ➡ Please continue to answer the questions
e) In total , approximately how much income have you lost during the last 6 months?	
£..... (If unsure, please estimate)	

12.20 Do you receive any disability benefits as a consequence of having high blood pressure, high cholesterol, smoking, or being overweight (e.g. Disability Living Allowance, Statutory Sick Pay, or Employment and Support Allowance)?

No ₀

Yes ₁



Please answer all the questions in the box below

- a) Which benefits do you receive?
-
-
- b) Approximately how much have you been paid in benefits per week during the last 6 months?
- £..... per week

SECTION 13: Any other comments

13.1 Finally, if you have any further comments that you would like to add, then please use the space below.

Thank you for taking the time to complete this questionnaire