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Prediction and management of cardiovascular risk
for people with severe mental illnesses

Patient Questionnaires BASELINE ASSESSMENT

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Section: Study Entry

Patient identification number

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Date of study entry

D	D	M	M	Y	Y	Y	Y
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GP Practice Number

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Researcher Initials

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Signature of Assessor

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Questionnaire 1: Employment, Housing, Health and Leisure (EHHaL)

1a. Tell me about the place you live. Who else lives here with you? (Please tick as many that apply to you)

- Partner or spouse 1 []
- Children (under 18) 2 []
- Other adults including family and friends 3 []
- Live alone 4 []

1b. Please tick the type of accommodation you live in (please tick one)

- Parents home 5 []
- Other family carers home 6 []
- Lives independently, without any paid support 7 []
- Supported group living (shared tenancy, with paid support) 8 []
- Supported living – individual (single tenancy, with paid support) 9 []
- Residential care (registered home) 10 []
- Nursing home 11 []
- NHS accommodation 12 []
- Other & specify..... 13 []

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2. If you live in supported accommodation or residential care how much support do you get each week? Is there someone there overnight? (Please tick one)

- | | |
|---|-------|
| Part-time support (less than daily) | 1 [] |
| Part-time support (daily) | 2 [] |
| 24 hour support, sleep-in nights | 3 [] |
| 24 hour support, including wake at night | 4 [] |
| Organisation providing support package..... | |

3. Are you in paid employment? Are you in education, training or retired? What employment type/s do you have? (Please tick as many that apply to you)

- | | |
|--|--------|
| None | 0 [] |
| Part time paid employment (30 hours / week or less) | 1 [] |
| Full time paid employment (more than 30 hours / week) | 2 [] |
| Paid employment with paid support / employment training | 3 [] |
| Employed, but only paid up to the allowed limit without affecting benefits | 4 [] |
| Voluntary work | 5 [] |
| Education including school, college, or other training | 6 [] |
| Internship | 7 [] |
| Looking after home and family | 8 [] |
| Retired from paid work | 9 [] |
| Other, please give details..... | 10 [] |

4. Do you have a family member or friend who helps you with daily activities like shopping, cooking, cleaning, looking after yourself or leisure activities? (Please tick)

- | | |
|--|-------|
| No (if no please go to question 8) | 0 [] |
| Yes | 1 [] |

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5. Is the family member or friend employed? (please tick)

- No 0 []
- Part time paid employment (30 hours / week or less) 1 []
- Full time paid employment (more than 30 hours / week) 2 []
- Retired from paid work 3 []
- In education 4 []
- Other, please give details 5 []

6. Thinking about a typical week in the last 6 months, how many hours of care or support were provided by your family member or friend?

_____ hours per week

7. Thinking about a typical week in the last 6 months, approximately how many hours per week does your family member or friend spend helping you with the following activities?

- (a) Shopping for food _____ hours per week
- (b) Cooking _____ hours per week
- (c) Exercising or playing sports _____ hours per week
- (d) Other leisure activities _____ hours per week

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8. Have you accessed NHS stop smoking services? (Please tick)

- No (if no please go to **question 11**) 0 []
- Yes 1 []
- Not Applicable 2 []

9. Which of the following NHS stop smoking services have you used? (Please tick as many that apply to you). Please give details of the total number of contacts (in 6 months) in the box provided.

- One-to-one meetings with a trained advisor 0 []
- Group meetings with a trained advisor 1 []
- Quit smoking application (app) on your phone or computer 2 []
- Quit kit (a box with practical tools and advice) 3 []

10. In the last 6 months, have you been prescribed or used any nicotine replacement therapies (NRT) such as gum, patches, inhalers, lozenges, spray or e-cigarettes?

- No 0 []
- Yes 1 []

If yes, please complete below for all of the types of nicotine replacement therapies (NRT) you have used in the last 6 months. Leave blank if you have not used that type of NRT

Type of nicotine replacement therapy (NRT)	For how many months have you taken the NRT?	How often do you buy or have a prescription filled for? Please tick one	Do you, your family or carer pay for the NRT, or is it free to you on the NHS? Please tick one
Gum		Once a week []	Free on the NHS Yes [] No [] If no, average amount you pay per month _____
		Once every two weeks []	
		Once a month []	
		Once every two months []	
		Less than once every two months []	
		Only got it once []	

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Patches		Once a week [] Once every two weeks [] Once a month [] Once every two months [] Less than once every two months [] Only got it once []	Free on the NHS Yes [] No [] If no, average amount you pay per month _____
Inhalers		Once a week [] Once every two weeks [] Once a month [] Once every two months [] Less than once every two months [] Only got it once []	Free on the NHS Yes [] No [] If no, average amount you pay per month _____
Tablets/ lozenges		Once a week [] Once every two weeks [] Once a month [] Once every two months [] Less than once every two months [] Only got it once []	Free on the NHS Yes [] No [] If no, average amount you pay per month _____
Spray		Once a week [] Once every two weeks [] Once a month [] Once every two months [] Less than once every two months [] Only got it once []	Free on the NHS Yes [] No [] If no, average amount you pay per month _____
Electronic cigarettes known as e-cigarettes		Once a week [] Once every two weeks [] Once a month [] Once every two months []	Free on the NHS Yes [] No [] If no, average amount

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		Less than once every two months []	you pay per month
		Only got it once []	_____

11. Have you accessed NHS alcohol services? (Please tick)

- No (if no please go to **question 13**) 0 []
- Yes 1 []
- Not Applicable 2 []

12. Which of the following NHS alcohol services have you received? (Please tick as many that apply to you). Please specify the total number of contacts (in 6 months) in the box provided.

- One-to-one meetings 0 []
- Group meetings 1 []
- Alcohol rehabilitation services 2 []
- Cognitive behavioural therapy (CBT) 3 []
- Family therapy 4 []
- Other, please give details..... 5 []

13. Have you accessed NHS weight management services? (Please tick)

- No (if no please go to **question 15**) 0 []
- Yes 1 []
- Not Applicable 2 []

14. Which of the following NHS weight management services have you received? (Please tick as many that apply to you). Please specify the total number of contacts (in 6 months) in the box provided.

- One-to-one meetings with a trained advisor 0 []
- Group meetings with a trained advisor 1 []
- Slimming world and their food optimising plan 2 []

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- Weight watchers 3 []
- Dietician 4 []
- Other, please give details..... 5 []

15. Have you accessed NHS diabetes management services? (Please tick)

- No (if no please go to **Section B**) 0 []
- Yes 1 []
- Not Applicable 2 []

16. Which of the following NHS diabetes management services have you received? (Please tick as many that apply to you). Please specify the total number of contacts (in 6 months) in the box provided.

- One-to-one meetings with a trained advisor 0 []
- Group meetings with a trained advisor (eg Diabetes UK voluntary groups) 1 []
- Newsletters 2 []
- Diabetes UK Careline 3 []
- Online communities and forums (eg www.diabetessupport.co.uk) 4 []
- Diabetes UK tracker application (app) on your phone 5 []
- Eye tests for diabetic retinopathy 6 []
- Other, please give details..... 7 []

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SECTION B: OTHER DAYTIME ACTIVITIES

Please complete below for all of the types of activities and daytime services that you have used in the last 6 months. Leave blank if you have not participated in that activity or used that type of service

<i>Service</i>	<i>Name of service</i>	<i>Who runs the service?</i> 1 NHS 2 Local authority 3 Voluntary organisation 4 Private 5 Community group 6 Other, please give details	<i>How many months have you been using the service?</i>	<i>In the average week, how many hours do you use the service?</i>
Leisure centre or Gym				
Sports club or other leisure activities (e.g. football, netball, tennis, horse-riding) please specify				
Day centre				
Voluntary work				
Adult education				
Drop-in centre				
Social club				
One-to-one activities (e.g. Goldhurst: please give details)				
Other service (please give details)				