

NHS Health Check (Pre-assessment questionnaire)

Name:

Date of Birth:

Address:

1 How physically active are you?

How much physical activity is involved in your work?	
I am not employed (eg retired, unemployed, full time carer etc)	
I spend most time at work sitting (eg in an office)	
I spend most time standing or walking but does not involve much physical effort (eg shop assistant, hairdresser childminder etc)	
My work involves definite physical effort eg heavy objects and tools (eg plumber, carpenter, gardener)	
My work involves physical vigorous activity including handling very heavy objects (eg scaffolder, construction worker etc)	

During the last week, how much time did you spend on each of the following activities?				
	none	Less than 1 hr	1-3 hrs	3 or more hrs
Physical exercise (swimming, jogging aerobics, tennis, football etc)				
Cycling, including to and from work				
Walking, including walking to and from work, shopping etc				
Housework/childcare				
Gardening / DIY				

How would you describe your normal walking pace?	
Slow	
Steady average	
Brisk	
Fast pace	

2a. Do you smoke? (Please circle) **Yes / No** **If yes how many per day?**

2b. If you no longer smoke in what year did you quit? Year:

3a. How often do you have a drink that contains alcohol?

(Please tick one box) ✓

Never	
Monthly or less	
2 – 4 times per month	
2 – 3 times per week	
4 + times per week	

- 3b. **How many units of alcohol would you drink on a typical day when you are drinking?** (One unit is about equal to half a pint of ordinary strength beer, lager or cider, a standard pub measure of spirits or small glass of ordinary strength wine).

(Please tick one box)

✓

1 - 2 per day	<input type="checkbox"/>
3 - 4 per day	<input type="checkbox"/>
5 - 6 per day	<input type="checkbox"/>
7 - 9 per day	<input type="checkbox"/>
10+ per day	<input type="checkbox"/>

- 3c. **How often in the past year have you found that you were unable to stop drinking once you had started??**

(Please tick one box)

✓

Never	<input type="checkbox"/>
Less than monthly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Weekly	<input type="checkbox"/>
Daily or almost daily	<input type="checkbox"/>

- 3d. **How often during the past year have you failed to do what was normally expected of you because of drinking?**

(Please tick one box)

✓

N/A	<input type="checkbox"/>
Never	<input type="checkbox"/>
Less than monthly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Weekly	<input type="checkbox"/>
Daily or almost daily	<input type="checkbox"/>

- 3e. **Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

(Please tick one box)

✓

N/A	<input type="checkbox"/>
No	<input type="checkbox"/>
Yes, but not in the past year	<input type="checkbox"/>
Yes, during the past year	<input type="checkbox"/>

4. **Has an immediate family member suffered from either a heart attack or angina under 60 years of age?** (Your parents, brother or sister) (Please circle) **Yes / No**

- 5a. **Has an immediate family member been diagnosed with diabetes ?** Yes / No

- 5b. **Have you been diagnosed with diabetes during pregnancy in the past?** Yes / No

What ethnic group are you from? *(Please tick the appropriate box)*

It is important for us to know this as risks for some diseases changes depending on your ethnicity.

	✓		✓
White British		Indian	
White Irish		Pakistani	
Other white background		Bangladeshi	
White and Black African		Caribbean (Black / Black British)	
White and Asian		African (Black /Black British)	
Other Mixed background		Other Black background	
Chinese		Other ethnic Group	
White British		Indian	