

## 2 NHS Health Check (Pre-assessment questionnaire)

### Important information, please read.

Your doctor has invited you for a NHS cardiovascular disease health check because you do NOT have heart disease, diabetes, stroke, high blood pressure or chronic kidney disease. The purpose of this questionnaire is to help us find out your current risk of developing these diseases so it is important that you answer each question as accurately as you can.

### 1. On an average day how many portions of fruit and vegetables do you eat?

*A portion is roughly a handful e.g. a medium apple or pear, 7 strawberries or cherry tomatoes, 2 satsumas, vegetables (not potatoes) OR a glass of juice*

(Please tick one box) √

<b>Under 3</b>	<input type="checkbox"/>
<b>3 to 4</b>	<input type="checkbox"/>
<b>5 or more</b>	<input type="checkbox"/>

### 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: ....

### 3. On an average week how many days would you usually do at least 30 minutes of moderate intensity physical activity?

*Moderate intensity physical activity means working hard enough to raise your heart rate and make you feel warm, yet still being able to carry on a conversation.*

(Please tick one box) √

<b>Less than once</b>	<input type="checkbox"/>
<b>1 to 2</b>	<input type="checkbox"/>
<b>3 to 4</b>	<input type="checkbox"/>
<b>5 or more</b>	<input type="checkbox"/>

### 4a. How often do you have a drink that contains alcohol?

(Please tick one box) √

<b>Never</b>	<input type="checkbox"/>
<b>Monthly or less</b>	<input type="checkbox"/>
<b>2 – 4 times per month</b>	<input type="checkbox"/>
<b>2 – 3 times per week</b>	<input type="checkbox"/>
<b>4 + times per week</b>	<input type="checkbox"/>

### 4b. How many drinks do you have that contain at least one unit of alcohol 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).

The information collected in this questionnaire will be used for evaluation, signposting and service improvement and **will not be shared** with non NHS agencies without your permission.

Note to Health Care Professional: Health Trainers may use this information to support NHS Health Check referrals.

(Please tick one box)

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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"/>

4c. How often do you have 6 or more drinks that contain at least 1 unit of alcohol on one occasion? (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)

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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"/>

5. 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

6. Has an immediate family member been diagnosed with diabetes ? Yes / No

**Personal Information**

Your name: .....

Your date of birth: \_\_/\_\_/\_\_\_\_

First line of your address: ..... Your postcode: \_\_\_\_\_

Your Gender (Please circle) Male / Female

Today's Date: \_\_/\_\_/\_\_\_\_

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	<input checked="" type="checkbox"/>	Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Other white background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Caribbean (Black /Black British)	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	African (Black /Black British)	<input type="checkbox"/>
Other Mixed background	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other ethnic Group	<input type="checkbox"/>

For office Use only Practice Name :  Hilary Cottage Surgery Practice Code: L84053
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