

Lifestyle Questionnaire

Genetics of Diabetes Audit and Research Tayside Scotland Go-DARTS

Try to answer every question (unless told to skip one).
If you don't know the answer to any question, simply do not select an answer.

Smoking history

- Q1 (a) Do you smoke at present (a pipe, cigar or cigarettes)?
 yes, no If no, go to Q2
- (b) If you smoke cigarettes, approximately how many packs per week do you smoke?
- Q2 (a) Have you smoked in the past?
 yes, no If no, go to Q3
- (b) If you smoked cigarettes in the past, approximately how many packs per week did you smoke?

- (c) At what age did you start smoking?

Women only (Men, go to Q4)

- Q3 (a) Have you stopped having normal periods?
 yes, no If no, go to Q4
- (b) At what age were you when your periods stopped (to the nearest year)?
- (c) Did your periods stop naturally?
 yes, no If yes, go to Q4
- (d) Was this due to a medical or surgical procedure?
 yes, no

Physical activities

- Q4 This question attempts to assess your level of physical activity over your entire life. Below you will find a table showing three periods of your life (columns) along with three periods in your day (rows). For each entry in the table we would like you to score your level of activity by placing a tick in one of the boxes. (Examples are provided in the notes for each option.)

| | Recently | Past (10 years) | Youth |
|---|--|---|---|
| At work, educational establishment or Housework | <input type="checkbox"/> very active ¹ <input type="checkbox"/> moderately active ² <input type="checkbox"/> Inactive ³ <input type="checkbox"/> N/A | <input type="checkbox"/> very active <input type="checkbox"/> moderately active <input type="checkbox"/> Inactive <input type="checkbox"/> N/A | <input type="checkbox"/> very active <input type="checkbox"/> moderately active <input type="checkbox"/> Inactive <input type="checkbox"/> N/A |
| Travel to/from work or educational establishment | <input type="checkbox"/> very active ⁴ <input type="checkbox"/> moderately active ⁵ <input type="checkbox"/> Inactive ⁶ <input type="checkbox"/> N/A | <input type="checkbox"/> very active <input type="checkbox"/> moderately active <input type="checkbox"/> Inactive <input type="checkbox"/> N/A | <input type="checkbox"/> very active <input type="checkbox"/> moderately active <input type="checkbox"/> Inactive <input type="checkbox"/> N/A |
| Leisure and home life | <input type="checkbox"/> very active ⁷ <input type="checkbox"/> moderately active ⁸ <input type="checkbox"/> Inactive ⁹ <input type="checkbox"/> N/A | <input type="checkbox"/> very active <input type="checkbox"/> moderately active <input type="checkbox"/> Inactive <input type="checkbox"/> N/A | <input type="checkbox"/> very active <input type="checkbox"/> moderately active <input type="checkbox"/> Inactive <input type="checkbox"/> N/A |

Notes to question 4

1. For example, heavy lifting or carrying, hurried walking, going upstairs and ladders, digging, strenuous exercise, heavy housework, etc.
2. Light lifting or carrying, moderate walking, light housework, shopping, painting, decorating, etc.
3. Sitting, standing, light arm movements, unhurried walking, driving, etc
4. Hurried walking, cycling, etc.
5. Paced walking.
6. Driving to work, bus, etc.
7. Competitive sports (football, tennis, squash, etc.), hill walking, cycling, swimming, running, aerobics, heavy gardening, etc.
8. Moderate walking, golf, light gardening, dancing, shopping, sailing, etc.
9. Sitting, standing, watching TV, listening to music, cooking, visiting pub, drinking, eating, driving.
10. Do not count time in bed.

Thank you for completing this Lifestyle Questionnaire.

The contents of this questionnaire will be considered as medically confidential and will be covered by the Data Protection Act 1998.

Form Completed By _____

Date _____

Form Checked By _____

Date _____

(Addendum: Since 2018 the regulations covering data protection have been amended and are now the Data Protection act 2018 and the EU's General Data Protection Regulations (GDPR)).