

Physical activity Questionnaire

Print name:

.....

Signature:

.....

Date:

.....

1. What is your gender?
(Please select one option only)

Male

Female

2. What is your date of birth?
Please state in DD/MM/YYYY eg 17/08/1960

■ ■ / ■ ■ / ■ ■ ■ ■

3. What is your age?

4. What is your ethnicity?
(Please select one option only)

White

English/Welsh/Scottish/
Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White Background

Asian/Asian British

Bangladeshi

Indian

Pakistani

Chinese

Any other Asian or Asian British Background

Black/African/Caribbean/Black British

African

Caribbean

Any other Black/African/
Caribbean Background

Mixed/Multiple ethnic groups

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed/Multiple
ethnic background

Other ethnic groups

Arab

Any other ethnic group, please describe:

.....

5. Do you have a disability or a long standing illness, or infirmity that limits your activity in any way?

By long standing, we mean anything excluding your cancer that has troubled you over a long period of time or that is likely to affect you over a long period of time.

Yes (please go to q6)

No (please go to q7)

Prefer not to say

Under the Equality Act 2010 a person is classified as disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities.

6. Please state which of the following apply to you?

(Please select all options that apply)

Deafness or severe hearing impairment

Blindness or partially sighted

A long-standing physical condition

A learning disability

A mental health condition

A long-standing illness, such as HIV, diabetes, chronic heart disease, or epilepsy

Prefer not to say

Other, describe your disability, eg physical/sensory/learning disability?

7. What is your home postcode?

.....

8. Which of the following best describes your housing:

(Please select one option only)

Owner occupied

Private rented

Rented from local authority

Rented from housing association

Shared ownership

Residential/nursing home

Tied accommodation

Friend/relative

Homeless

Temporary accommodation

Other

Not known

9. Which of the below best describes the highest level of education you have completed?

Primary (left before 16, before finishing secondary school)

Secondary (left at 16 or 'O' Levels or GCSE's)

Further Education (after 16 or 'A' Levels/BTEC)

Undergraduate degree or equivalent

Postgraduate Degree or equivalent

Professional Qualification/PhD

Other

Prefer not to say

None of the above

10. What type of cancer are/ have you been affected by?

(Select all that apply)

Breast	<input type="checkbox"/>	Bladder	<input type="checkbox"/>
Lung, Trachea & Bronchus	<input type="checkbox"/>	Kidney	<input type="checkbox"/>
Prostate	<input type="checkbox"/>	Uterus	<input type="checkbox"/>
Colorectal (Bowel cancer)	<input type="checkbox"/>	Cervical	<input type="checkbox"/>
Melanoma	<input type="checkbox"/>	Other	<input type="checkbox"/>
Non-Hodgkin lymphoma	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Head & Neck	<input type="checkbox"/>		

11. *Thinking specifically about the location of your cancer, what is the status of your cancer?

I am undergoing testing for diagnosis/the status of my cancer is not known

My cancer is stable (the cancer is neither decreasing nor increasing)

I am living with advanced or progressive cancer (cancer that is getting worse or cannot be cured)

My cancer has come back in the same part of my body.

I am in remission or am cancer-free (cured)

Other (please specify below)

12. *How has your current cancer responded to treatment?

(Treatment refers to any chemotherapy, radiotherapy, or surgery for your cancer. Please tick ONE option that is closest to your situation)

Treatment has not yet started

I am not in active treatment but I am on "Watch and Wait"

I have had treatment, which has been effective and I have no signs or symptoms of cancer

I have finished treatment but my cancer is still present

I finished treatment, but am being treated again because the cancer has not responded fully to treatment

My cancer has not been/will not be treated at all

Don't know

13. When you were aged 20 to 24 (current age if less) how much sport or exercise did you take part in? Would you say...

(Please select one option only)

... a lot

... a moderate amount

... very little

... none at all

14. Thinking about the five years leading up to your cancer diagnosis how much sport and exercise did you take part in then? Would you say...

(Please select one option only)

... a lot

... a moderate amount

... very little

... none at all

15. *Please complete the questionnaire on the following page regarding your current physical activity.

15. *Please complete this questionnaire regarding your current physical activity.

The following questions relate to your physical activity over the **previous week**. Please mark in the appropriate box the number of minutes spent doing a particular activity. Please try and think carefully and be as accurate as possible with your answers and only include activities of either **moderate** or **vigorous** intensity. Examples are given of what should and should not be included.

- ✗ Light intensity** – Your heart rate and breathing rate are no different from what they are when you are standing, sitting, etc.
- ✓ Moderate intensity** – Your heart rate and breathing rate are faster than normal. You may also sweat a little. Brisk walking or sweeping and mopping are good examples of how you might feel.
- ✓ Vigorous intensity** – Your heart rate is much faster and you have to breathe deeper and faster than normal. You will probably sweat. Playing football or squash are good examples of how you might feel.

Leisure time physical activity – Remember, do not include light intensity activities

In the past week how many minutes did you spend each day:	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Total
Walking outside of work? DO include ✓ eg walking to the shops, walking to work, walking the dog, stairwalking ✓ DO NOT include ✗ eg standing, sitting, driving, walking whilst at work ✗								
Manual labour outside of work? DO include ✓ eg cutting grass, decorating, washing car, DIY, digging ✓ DO NOT include ✗ eg weeding, planting, pruning ✗								
Active housework? DO include ✓ eg vacuuming, scrubbing floors, bed making, hanging out washing ✓ DO NOT include ✗ eg sewing, dusting, washing dishes, preparing food ✗								
Dancing? DO include ✓ eg only include time actually spent dancing; disco, line, country ✓ DO NOT include ✗ eg time spent not actually dancing ✗								
Participating in a sport, leisure activity or training? DO include ✓ eg exercise classes, cycling, football, swimming, golf, jogging, athletics ✓ DO NOT include ✗ eg darts, snooker/pool, fishing, playing a musical instrument ✗								
Other Physical Activity if not already covered (please write in)								
								Total

Physical activity at work – Please complete this section if you are in regular employment, remember not to include light intensity activities.

In the past week how many minutes did you spend each day:	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Total
Walking whilst at work? DO include ✓ eg walking up or down stairs, to and from your desk, 'doing the rounds' ✓ DO NOT include ✗ eg standing, sitting at desk etc – ie time spent not actually walking ✗								
Manual labour whilst at work? DO include ✓ eg lifting, stacking shelves, climbing ladders, building work, cleaning ✓ DO NOT include ✗ eg sitting at desk, answering telephone, driving, check-out operation ✗								
								Total

Was last week typical of the amount of physical activity you usually do?

YES							
NO – I usually do more		Normally, how much more?		Of which activity?			
NO – I usually do less		Normally, how much less?		Of which activity?			
Additional comments/reasons?							

16. *Quality of life Health Questionnaire.

Under each of the following headings, please select the option which best describes your health today:

Mobile (please select one option only)

- I have no problems walking about

- I have some problems walking about

- I am confined to bed

Self care (please select one option only)

- I have no problems with self care

- I have some problems washing or dressing myself

- I am unable to wash or dress myself

Usual activities – eg work, study, housework, family or leisure activities
(please select one option only)

- I have no problems with performing my usual activities

- I have some problems with performing my usual activities

- I am unable to perform my usual activities

Pain/discomfort (please select one option only)

- I have no pain or discomfort

- I have moderate pain or discomfort

- I have extreme pain for discomfort

Anxiety/depression (please select one option only)

- I am not anxious or depressed

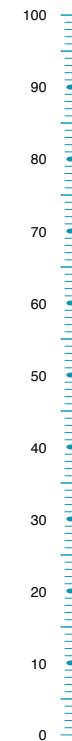
- I am moderately anxious or depressed

- I am extremely anxious or depressed

17. *To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. We would like you to indicate on this scale how good or bad your own health is today, in your own opinion. Please do this by drawing a line below at the point on the scale that indicates how good or bad your health state is.

Your own health state today

Best imaginable health state



Worst imaginable health state

18. *Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I feel fatigued	0	1	2	3	4
I feel weak all over	0	1	2	3	4
I feel listless ('washed out')	0	1	2	3	4
I feel tired	0	1	2	3	4
I have trouble starting things because I am tired	0	1	2	3	4
I have trouble finishing things because I am tired	0	1	2	3	4
I have energy	0	1	2	3	4
I am able to do my usual activities	0	1	2	3	4
I need to sleep during the day	0	1	2	3	4
I am too tired to eat	0	1	2	3	4
I need help doing my usual activities	0	1	2	3	4
I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
I have to limit my social activity because I am tired	0	1	2	3	4

19. *For each of the following statements, please circle or mark one number per line to indicate how true you think each statement is for you. The questions ask about your opinion. There are no right or wrong answers.

	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough	1	2	3	4
If someone opposes me, I can find the means and ways to get what I want	1	2	3	4
I am certain that I can accomplish my goals	1	2	3	4
I am confident that I could deal efficiently with unexpected events	1	2	3	4
Thanks to my resourcefulness, I can handle unforeseen situations	1	2	3	4
I can solve most problems if I invest the necessary effort	1	2	3	4
I can remain calm when facing difficulties because I can rely on my coping abilities	1	2	3	4
When I am confronted with a problem, I can find several solutions	1	2	3	4
If I am in trouble, I can think of a good solution	1	2	3	4
I can handle whatever comes my way	1	2	3	4

Next I'd like you to think about any sport that you have done in the last 7 days. By sport we mean any competitive or non-competitive sporting activity, including sessions of deliberate exercise such as running or jogging. Think only about those sports or exercises that you did for at least 10 minutes at a time.

20. *During the last 7 days, on how many days did you take part in any sport? Please state your answer in days per week in the box below.*

Days per week...

I did no sport

21. *How much time did you usually spend doing sport on one of those days?

Please provide the number of hours and minutes in the corresponding box below; if you don't know please tick this box.*

Hours per week...

Minutes per day...

Don't know/Not sure

Thank you for taking the time to complete this form. Please bring it along to your next meeting and hand it to your service lead. You will find their contact details on the separate sheet you were given. We look forward to supporting you to get more active.

What is respondent's unique ID?
[FOR OFFICE USE ONLY]

