

ID number

/

A feasibility study of weight loss interventions in people with diabetes

Baseline Questionnaire

Remark : Questions repeated in visits after baseline are shown in red

Date of completion

Socio-demographics

1. Gender Male Female

2. Age years

3. Live with others Yes No

Live with..... Spouse/ partner Child/ children Parent(s)
tick all that apply

Other
Please specify

4. Please tick one of the housing tenures below that applies to you?

Owned outright Mortgage / loan Shared ownership

Rented Live rent free

Other

Please specify

ID number

		/			
--	--	---	--	--	--

5. Which of the following best describes your ethnicity?

White

British

Irish

Gypsy or Irish Traveller

Any other white background

Specify

Prefer not to say

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

Specify

Asian/ Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

Specify

Black or Black British

African

Caribbean

Any other Black background

Specify

Other ethnic group

Arab

Any other ethnic group

Specify

ID number

		/			
--	--	---	--	--	--

6. Education: Please tick all that apply

1-4 O levels/ CSEs/ GCSEs any grades NVQ Level1 Foundation GNVQ

5+ O levels (passes)/ CSEs (grade1)/ GCSEs (grades A*-C) School Certificate, 1A level/ 2-3 AS levels

2+ A levels/ VCEs, 4+ AS levels, Higher School Certificate

Degree (E.g. BA, BSc)

Higher degree (E.g. MA, PhD, PGCE)

Professional qualifications (E.g. teaching, nursing, accountancy)

NVQ Level 1 Foundation GNVQ

NVQ Level 2, Intermediate GNVQ

NVQ Level 3, Advanced GNVQ, ONC, OND

NVQ Level 4-5, HNC, HND

Apprenticeship

Other qualifications (E.g. City & Guilds, RSA/OCR, BTEC)

Willingness to Change

7. In the past month, have you been actively trying to lose weight?

Yes.....

No.....

8. In the past month, have you been actively trying to keep from gaining weight?

Yes.....

No.....

ID number

		/			
--	--	---	--	--	--

9. Are you seriously considering trying to lose weight to reach your goal in the next 6 months?

Yes.....

No.....

10. Have you maintained your desired weight for more than 6 months?

Yes.....

No.....

Physical activity

11. During a typical 7-day period, how many times on average do you do the following kinds of exercise for more than 15 minutes (write on each line the appropriate number).

Times per week

a) Strenuous exercise (heart beats rapidly)

(e.g. Running, jogging, hockey, football, squash, rugby, swimming, long distance cycling)

b) Moderate exercise (not exhausting)

(e.g. fast walking, baseball, tennis, easy cycling, badminton, easy swimming, dancing)

c) Mild exercise (minimum effort)

(e.g. yoga, bowling, easy walking, golf)

12. During a typical 7 day period, in your leisure time, how often do you engage in any regular activity long enough to work up a sweat (heart beats rapidly?)

Often

Sometimes

Never/Rarely

1.

2.

3.

ID number

		/			
--	--	---	--	--	--

13. Which of the following best describes your daily work activity?

Please tick one box only

I am usually sitting and do not walk about much.

I stand or walk quite a lot but do not have to carry or lift things very often.

I usually lift or carry light loads or have to climb the stairs or hill often.

I do heavy work or carry heavy loads often.

Diet

14. Do you follow a special diet?

Please tick all that apply.

No.....

Yes, because of a medical condition/allergy.....

Yes, to lose weight.....

Yes, because of personal beliefs (religion, vegetarian).....

Yes, other.....

15. Have you taken any of the following during the past year?

a) Vitamins (e.g. multivitamins, vitamin B, vitamin C, folic acid)

Yes.....

No.....

ID number

		/			
--	--	---	--	--	--

b) Minerals (e.g. iron, calcium, zinc, magnesium)

Yes.....

No.....

c) Fish oils (e.g. cod liver oil, omega-3)

Yes.....

No.....

d) Other food supplements (e.g. oil of evening primrose, starflower oil, royal jelly, ginseng)

Yes.....

No.....

16. During the course of the last 12 weeks, on average, how many times did you eat the following foods? Please give your answers in the boxes provided.

Food Type	Times/week	Examples of a typical portion
Vegetables (not including potatoes)	<input type="text"/>	medium serving eg 2 broccoli spears, 3 sticks of celery, 3 heaped tablespoons of tinned peas or sweet corn
Salads	<input type="text"/>	medium serving eg 1 desert bowl of mixed salad
Fruit and fruit products (not fruit juice)	<input type="text"/>	medium serving eg 1 apple, 1 pear, 2 satsumas, 1 heaped tablespoon of raisins, currant or 1 handful of dried banana chips
Fish and fish products	<input type="text"/>	medium serving eg 1 salmon, steak, 1 can of tuna, 1 fish from fish & chip shop

ID number

/

Meat, meat products and meat dishes

medium serving eg 1 medium size chicken breast, a lamb chop, 3-4 rashers of bacon, a quarter pound of beef burger

17. In the past 12 weeks have you taken an alcoholic drink:

Please tick one box.

- Twice a day or more.....
- Almost daily
- Once or twice a week.....
- Once or twice a month.....
- Special occasions only.....
- Not at all.....

18. In a typical 7-day week, including the weekend, how many standard drinks of alcohol do you drink? (see the table below)

Please write the number in the box below.

I usually drink ____ standard drinks of alcohol per week

ONE STANDARD DRINK = ½ pint of beer
 or ½ pint cider
 or ½ pint lager
 or 1 (125ml) glass of wine, martini, or cinzano
 or 1 small glass of Sherry or Port
 or 1 measure of Spirits (gin, whiskey, vodka etc.)
 or 1 measure liquor

***A PINT OF BEER, CIDER, OR LAGER COUNTS AS TWO STANDARD DRINKS**

***A DOUBLE MEASURE OF SPIRITS COUNTS AS TWO STANDARD DRINKS**

19. Do you smoke?

ID number

/

Yes, I smoke daily.....

Yes, I smoke occasionally.....

No, I used to smoke.....

No, I have never smoked.....

20. If yes or you used to smoke, how much, on average, do you (or did you) smoke a day?

Please write in the amount for each; if none write "0"

cigarettes _____

cigars _____

ounces tobacco _____

21. Are you intending to stop smoking in the next six months?

Yes.....

No.....

Lifestyle Information

Please circle the answer you find most fitting to the circumstance.

22. How often do you use the internet in a week?

1-2 days 3-4 days 5-6 days Everyday

Yes No

23. Do you own a smartphone?

Yes No

24. Do you use a device or app to track physical activity levels?

25. Do you use a device or app for calorie counting and expenditure?

Yes No

ID number

		/			
--	--	---	--	--	--

26. Do you use a diary for calorie counting and/or energy expenditure?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Previous dieting history

27. Have you tried dieting in the past?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, what dieting programmes have you tried?

Please tick all that apply

- BBC healthy living plan
- NHS choices 12 week weight loss plan
- Jenny Craig UK
- Lighter life
- Sainsbury's Diet
- Diet chef
- Dr Atkins diet
- Slimming world
- Weight watchers programme
- Slim-fast plan
- Tony ferguson weight loss programme
- Rosemary Conley's eat yourself slim diet and fitness plan

Other, please specify

28. Were you successful in losing some weight?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

29. Have you lost 10% or more of your weight in the last 6 months?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Medication history

ID number

		/			
--	--	---	--	--	--

30. What medication(s) for diabetes are you currently taking?

Please tick all that apply

- | | | | |
|--------------------------|-----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Metformin | <input type="checkbox"/> | Pioglitazone |
| <input type="checkbox"/> | Glibenclamide | <input type="checkbox"/> | Vildagliptin |
| <input type="checkbox"/> | Gliclazide | <input type="checkbox"/> | Sitagliptin |
| <input type="checkbox"/> | Glimepiride | <input type="checkbox"/> | Byetta ^R |
| <input type="checkbox"/> | Tolbutamide | <input type="checkbox"/> | Victoza ^R |
| <input type="checkbox"/> | Acarbose | <input type="checkbox"/> | Repaglinide |
| <input type="checkbox"/> | Insulin | <input type="checkbox"/> | Nateglinide |
| <input type="checkbox"/> | Diet only, no tablets | | |

Other, please specify

--

31. Are you taking medications regularly for any condition other than diabetes? Yes No

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, please specify the condition(s)

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Heart disease |
| <input type="checkbox"/> | High blood pressure |
| <input type="checkbox"/> | High cholesterol |
| <input type="checkbox"/> | COPD or asthma |
| <input type="checkbox"/> | Kidney disease |
| <input type="checkbox"/> | Chronic pain |
| <input type="checkbox"/> | Arthritis |

Other, please specify

--

Thank you for completing this questionnaire!

ID number

		/			
--	--	---	--	--	--

This questionnaire is part of an independent research project within the Collaboration for Leadership in Applied Health Research and Care for South Yorkshire (NIHR CLAHRC SY). The views and opinions expressed are those of the authors, and not necessarily those of the NHS, the NIHR or the Department of Health. CLAHRC SY would also like to acknowledge the participation and resources of our partner organisations. Further details can be found at www.clahrc-sy.nihr.ac.uk. © University of Sheffield 2013