



PATIENT'S QUESTIONNAIRE

This questionnaire asks for some background information about you, especially about what you eat. Please fill it in at home and bring it with you to the surgery.

Please answer every question. If you are uncertain about how to answer a question then do the best you can, but please do not leave a question blank. If you have any problems with the questions please ask the nurse to help when you come for your appointment.

Your answers will be treated as strictly confidential and will be used only for medical research.

Surname:

Forename(s):

Address:

Postcode:

Please complete this section before going to question 1.

Date of birth: day month 19 year

Are you male or female? Male ☐ Female ☐

How tall are you? feet and inches or centimetres

How much do you weigh? stones and pounds or kilograms

How old were you when you left school? years old

Do you eat any meat (including bacon, ham, poultry, game, meat pies, sausages)? Yes ☐ No ☐

If no, how old were you when you last ate meat? years old

Do you eat any fish? Yes ☐ No ☐

If no, how old were you when you last ate fish? years old

Do you eat any dairy products (including milk, cheese, butter, yogurt)? Yes ☐ No ☐

If no, how old were you when you last ate dairy products? years old

Do you eat any eggs (including eggs in cakes and other baked foods)? Yes ☐ No ☐

If no, how old were you when you last ate eggs? years old

Listed below are 130 food items divided into sections according to food type. For each food there is an amount shown, either a "medium serving" or a common household unit such as a slice or teaspoon. Please put a tick (✓) in the box to indicate how often, **on average**, you have eaten the specified amount of each food **during the last 12 months**.

EXAMPLES:

For white bread the amount is one slice, so if you ate 4 or 5 slices a day, you should put a tick in the column headed "4-5 per day".

FOODS AND AMOUNTS	AVERAGE USE IN LAST 12 MONTHS								
BREAD AND SAVOURY BISCUITS (one slice or biscuit)	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
White bread and rolls								✓	

For chips, the amount is a "medium serving", so if you had a helping of chips twice a week you should put a tick in the column headed "2-4 per week".

FOODS AND AMOUNTS	AVERAGE USE IN LAST 12 MONTHS									
POTATOES, RICE AND PASTA (medium serving)	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day	
Chips				✓						

For very seasonal fruits such as strawberries and raspberries you should estimate your average use when the fruits are in season, so if you ate strawberries or raspberries about once a week when they were in season you should put a tick in the column headed "once a week"

FOODS AND AMOUNTS	AVERAGE USE IN LAST 12 MONTHS									
FRUIT (1 fruit or medium serving)	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day	
Strawberries, raspberries, kiwi fruit			✓							

1. Please estimate your average food use as best you can, and please answer every question.

MEAT AND FISH

Did you eat any meat or fish in the last 12 months?

Yes ☐ No ☐

If no, please go to next page

If yes, please fill in this page

PLEASE PUT A TICK (✓) ON EVERY LINE

FOODS AND AMOUNTS	AVERAGE USE IN LAST 12 MONTHS								
MEAT AND FISH (medium serving)	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Beef: roast, steak, mince, stew or casserole									
Beefburgers									
Pork: roast, chops, stew or slices									
Lamb: roast, chops or stew									
Chicken or other poultry e.g. turkey									
Bacon									
Ham									
Corned beef, Spam, luncheon meats									
Sausages									
Savoury pies, e.g. meat pie, pork pie, pasties, steak & kidney pie, sausage rolls									
Liver, liver paté, liver sausage									
Fried fish in batter, as in fish and chips									
Fish fingers, fish cakes									
Other white fish, fresh or frozen, e.g. cod, haddock, plaice, sole, halibut									
Oily fish, fresh or canned, e.g. mackerel, kippers, tuna, salmon, sardines, herring									
Shellfish, e.g. crab, prawns, mussels									
Fish roe, taramasalata									
	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day

What did you do with the visible fat on your meat?

Ate most of the fat ☐

Ate some of the fat ☐

Ate as little as possible ☐

Did not eat meat ☐

How often did you eat grilled or roast meat?

times a week

How well cooked did you usually have grilled or roast meat?

Well done /dark brown ☐

Medium ☐

Lightly cooked/rare ☐

Did not eat meat ☐

PLEASE PUT A TICK (✓) ON EVERY LINE

FOODS AND AMOUNTS	AVERAGE USE IN LAST 12 MONTHS									
BREAD AND SAVOURY BISCUITS (one slice or biscuit)	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day	
White bread and rolls										
Brown bread and rolls										
Wholemeal bread and rolls										
Cream crackers, cheese biscuits										
Crispbread, e.g. Ryvita										
CEREALS (one bowl)										
Porridge, Readybrek										
Breakfast cereal such as cornflakes, muesli etc.										
POTATOES, RICE AND PASTA (medium serving)										
Boiled, mashed, instant or jacket potatoes										
Chips										
Roast potatoes										
Potato salad										
White rice										
Brown rice										
White or green pasta, e.g. spaghetti, macaroni, noodles										
Wholemeal pasta										
Lasagne, moussaka										
Pizza										
	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day	

Please check that you have a tick (✓) on EVERY line

PLEASE PUT A TICK (✓) ON EVERY LINE

FOODS AND AMOUNTS	AVERAGE USE IN LAST 12 MONTHS									
DAIRY PRODUCTS AND FATS	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day	
Single or sour cream (tablespoon)										
Double or clotted cream (tablespoon)										
Low fat yogurt, fromage frais (125g carton)										
Full fat or Greek yogurt (125g carton)										
Dairy desserts (125g carton)										
Cheese, e.g. Cheddar, Brie, Edam (medium serving)										
Cottage cheese, low fat soft cheese (medium serving)										
Eggs as boiled, fried, scrambled, etc. (one)										
Quiche (medium serving)										
Low calorie, low fat salad cream (tablespoon)										
Salad cream, mayonnaise (tablespoon)										
French dressing (tablespoon)										
Other salad dressing (tablespoon)										
The following on bread or vegetables										
Butter (teaspoon)										
Block margarine, wrapped, NOT tub, e.g. Stork, Krona (teaspoon)										
Polyunsaturated margarine, in tub, e.g. Flora, sunflower (teaspoon)										
Other soft margarine, dairy spreads, in tub, e.g. Blue Band, Clover (teaspoon)										
Low fat spread, in tub, e.g. Outline, Gold (teaspoon)										
Very low fat spread, in tub (teaspoon)										
	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day	

Please check that you have a tick (✓) on EVERY line

PLEASE PUT A TICK (✓) ON EVERY LINE

FOODS AND AMOUNTS	AVERAGE USE IN LAST 12 MONTHS								
SWEETS AND SNACKS (medium serving)	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Sweet biscuits, chocolate , e.g. digestive (one)									
Sweet biscuits, plain, e.g. Nice, ginger (one)									
Cakes e.g. fruit, sponge, home baked									
Cakes e.g. fruit, sponge, ready made									
Buns, pastries e.g. scones, flapjacks, home baked									
Buns, pastries e.g. croissants, doughnuts, ready made									
Fruit pies, tarts, crumbles, home baked									
Fruit pies, tarts, crumbles, ready made									
Sponge puddings, home baked									
Sponge puddings, ready made									
Milk puddings, e.g. rice, custard, trifle									
Ice cream, choc ices									
Chocolates, single or squares									
Chocolate snack bars e.g. Mars, Crunchie									
Sweets, toffees, mints									
Sugar added to tea, coffee, cereal (teaspoon)									
Crisps or other packet snacks, e.g. Wotsits									
Peanuts or other nuts									
SOUPS, SAUCES, AND SPREADS									
Vegetable soups (bowl)									
Meat soups (bowl)									
Sauces, e.g. white sauce, cheese sauce, gravy (tablespoon)									
Tomato ketchup (tablespoon)									
Pickles, chutney (tablespoon)									
Marmite, Bovril (teaspoon)									
Jam, marmalade, honey (teaspoon)									
Peanut butter (teaspoon)									
	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day

Please check that you have a tick (✓) on EVERY line

PLEASE PUT A TICK (✓) ON EVERY LINE

FOODS AND AMOUNTS	AVERAGE USE IN LAST 12 MONTHS								
DRINKS	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day
Tea (cup)									
Coffee, instant or ground (cup)									
Coffee, decaffeinated (cup)									
Coffee whitener, e.g. Coffee-mate (teaspoon)									
Cocoa, hot chocolate (cup)									
Horlicks, Ovaltine (cup)									
Wine (glass)									
Beer, lager or cider (half pint)									
Port, sherry, vermouth, liqueurs (glass)									
Spirits, e.g. gin, brandy, whisky, vodka (single)									
Low calorie or diet fizzy soft drinks (glass)									
Fizzy soft drinks, e.g. Coca cola, lemonade (glass)									
Pure fruit juice (100%) e.g. orange, apple juice (glass)									
Fruit squash or cordial (glass)									
FRUIT (1 fruit or medium serving) For very seasonal fruits such as strawberries, please estimate your average use when the fruit is in season									
Apples									
Pears									
Oranges, satsumas, mandarins									
Grapefruit									
Bananas									
Grapes									
Melon									
Peaches, plums, apricots									
Strawberries, raspberries, kiwi fruit									
Tinned fruit									
Dried fruit, e.g. raisins, prunes									
	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day

Please check that you have a tick (✓) on EVERY line

PLEASE PUT A TICK (✓) ON EVERY LINE

FOODS AND AMOUNTS	AVERAGE USE IN LAST 12 MONTHS									
VEGETABLES Fresh, frozen or tinned (medium serving)	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day	
Carrots										
Spinach										
Broccoli, spring greens, kale										
Brussels sprouts										
Cabbage										
Peas										
Green beans, broad beans, runner beans										
Marrow, courgettes										
Cauliflower										
Parsnips, turnips, swedes										
Leeks										
Onions										
Garlic										
Mushrooms										
Sweet peppers										
Beansprouts										
Green salad, lettuce, cucumber, celery										
Watercress										
Tomatoes										
Sweetcorn										
Beetroot										
Coleslaw										
Avocado										
Baked beans										
Dried lentils, beans, peas										
Tofu , soya meat, TVP, Vegeburger										
	Never or less than once/month	1-3 per month	Once a week	2-4 per week	5-6 per week	Once a day	2-3 per day	4-5 per day	6+ per day	

Please check that you have a tick (✓) on EVERY line

Your diet last year, continued

2. Are there any **other** foods which you ate more than once a week?

Yes ☐ No ☐

If **yes**, please list below

Food	Usual serving size	Number of times eaten each week
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. What type of milk did you most often use?

Select one only

Full cream, silver ☐

Semi-skimmed, red/white ☐

Skimmed/fat free ☐

Channel Islands, gold ☐

Dried milk ☐

Soya ☐

Other ☐

specify

None ☐

If you used soya milk, please describe brand and type

4. How much milk did you drink each day, including milk with tea, coffee, cereals etc?

None ☐

Three quarters of a pint ☐

Quarter of a pint ☐

One pint ☐

Half a pint ☐

More than one pint ☐

5. Did you usually eat breakfast cereal, excluding porridge and Ready Brek mentioned earlier?

Yes ☐ No ☐

If **yes**, which brand and type of breakfast cereal, including muesli, did you usually eat?

List the one or two types most often used

Brand

Type

6. What kind of fat did you most often use for frying, roasting, grilling etc?

Select one only

Butter ☐

Solid white vegetable fat ☐

Lard/dripping ☐

Margarine ☐

Vegetable oil ☐

None ☐

If you used vegetable oil, please give type e.g. corn, sunflower

7. What kind of fat did you most often use for baking cakes etc?

Select one only

Butter ☐

Solid white vegetable fat ☐

Lard/dripping ☐

Margarine ☐

Vegetable oil ☐

None ☐

If you used margarine, please give type e.g. Flora, Stork

8. How often did you eat food that was fried at home?

Daily ☐
4-6 times a week ☐
1-3 times a week ☐

Less than once a week ☐
Never ☐

9. How often did you eat fried food away from home?

Daily ☐
4-6 times a week ☐
1-3 times a week ☐

Less than once a week ☐
Never ☐

10. How often did you add salt to food while cooking?

Always ☐
Usually ☐
Sometimes ☐

Rarely ☐
Never ☐

11. How often did you add salt to any food at the table?

Always ☐
Usually ☐
Sometimes ☐

Rarely ☐
Never ☐

12. Did you regularly use a salt substitute (e.g. LoSalt)?

Yes ☐ No ☐

If yes, which brand?

13. Have you regularly taken any vitamins, minerals, fish oils, fibre or other food supplements during the last 12 months?

Yes ☐ No ☐

If yes, list brand and daily dose

Name and brand of supplements

Daily dose

14. In the last 12 months, have you eaten a modified diet for any of these reasons?

Tick more than one box if applicable

High blood pressure <input type="checkbox"/>	High blood cholesterol <input type="checkbox"/>
Stomach problems (e.g. ulcer or gastritis) <input type="checkbox"/>	Overweight/obesity <input type="checkbox"/>
Bowel problems (e.g. irritable bowel or diverticulitis) <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Allergies (e.g. skin rash) <input type="checkbox"/>	Concern over eating a healthy diet <input type="checkbox"/>
Concern over a family history of illness <input type="checkbox"/>	Not modified my diet <input type="checkbox"/>
Other <input type="checkbox"/> specify <input type="text"/>	

15. When you were aged 20, about how many alcoholic drinks did you have each week?

Put "0" if none, "occ" if occasional but less than one drink a week

Please answer EACH line

Beer or cider	<input type="text"/>	pints each week
Wine	<input type="text"/>	glasses each week
Sherry or other fortified wine	<input type="text"/>	glasses each week
Spirits	<input type="text"/>	glasses (singles) each week

16. When you were aged 30, about how many alcoholic drinks did you have each week?

Put "0" if none, "occ" if occasional but less than one drink a week

Please answer EACH line

Beer or cider	<input type="text"/>	pints each week
Wine	<input type="text"/>	glasses each week
Sherry or other fortified wine	<input type="text"/>	glasses each week
Spirits	<input type="text"/>	glasses (singles) each week

Not yet aged 30

17. Have you ever smoked as much as one cigarette a day for as long as a year? Yes ☐ No ☐

If no, please go to question 18

If yes, how old were you when you started smoking cigarettes regularly? years old

Did you smoke at the following ages? If so, how many cigarettes did you smoke and were they usually filter cigarettes?

Age 20	<input type="text"/> <input type="text"/> <input type="text"/>	cigs per day	Filter <input type="checkbox"/>	No filter <input type="checkbox"/>	Non smoker <input type="checkbox"/>
Age 30	<input type="text"/> <input type="text"/> <input type="text"/>	cigs per day	Filter <input type="checkbox"/>	No filter <input type="checkbox"/>	Non smoker <input type="checkbox"/>
Age 40	<input type="text"/> <input type="text"/> <input type="text"/>	cigs per day	Filter <input type="checkbox"/>	No filter <input type="checkbox"/>	Non smoker <input type="checkbox"/>
Age 50	<input type="text"/> <input type="text"/> <input type="text"/>	cigs per day	Filter <input type="checkbox"/>	No filter <input type="checkbox"/>	Non smoker <input type="checkbox"/>

Do you smoke cigarettes now?

Yes ☐ No ☐

If yes, how many cigarettes do you smoke each day?

cigarettes

Do you usually smoke filter cigarettes?

Yes ☐ No ☐

Do you usually smoke low tar cigarettes?

Yes ☐ No ☐

Which brand do you normally smoke?

How deeply do you inhale? Deeply into the lungs ☐ A little ☐ Not at all ☐

If you have stopped smoking, how old were you when you last smoked? years old

18. Do you currently smoke cigars? Yes ☐ No ☐

19. Do you currently smoke a pipe? Yes ☐ No ☐

20. Approximately how much did you weigh when you were 20 years old?

stones lbs or kg

21. What is your present waist size? inches or centimetres

22. What is your present hip size? inches or centimetres

23. In a typical week during the last 12 months, how many hours did you spend on each of the following activities? **Put "0" if none**

Housework, such as cleaning, washing, cooking, child care			hours per week
Do-it-yourself			hours per week
Gardening	in summer		hours per week
	in winter		hours per week
Walking, including walking to work, shopping and leisure	in summer		hours per week
	in winter		hours per week
Cycling, including cycling to work and leisure	in summer		hours per week
	in winter		hours per week
Other physical exercise, such as keep-fit, aerobics, swimming, jogging, tennis	in summer		hours per week
	in winter		hours per week

24. In a typical week during the last 12 months, did you practise any of these activities vigorously enough to cause sweating or a faster heartbeat? Yes ☐ No ☐

If **yes**, for how many hours each week did you practise such vigorous physical activity?

hours per week

25. In a typical day during the last 12 months, how many floors of stairs did you climb up?

Put "0" if none

floors per day

26. Have you ever been told by a doctor that you have, or had, any of the following conditions? **Please tick all which apply and give the age at which each condition was first diagnosed.**

Heart attack, coronary thrombosis, myocardial infarction	Yes <input type="checkbox"/>	at age <input type="text"/>	<input type="text"/> yrs old	No <input type="checkbox"/>
Angina	Yes <input type="checkbox"/>	at age <input type="text"/>	<input type="text"/> yrs old	No <input type="checkbox"/>
Stroke	Yes <input type="checkbox"/>	at age <input type="text"/>	<input type="text"/> yrs old	No <input type="checkbox"/>
High blood pressure (hypertension)	Yes <input type="checkbox"/>	at age <input type="text"/>	<input type="text"/> yrs old	No <input type="checkbox"/>
High blood cholesterol, hyperlipidaemia	Yes <input type="checkbox"/>	at age <input type="text"/>	<input type="text"/> yrs old	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	at age <input type="text"/>	<input type="text"/> yrs old	No <input type="checkbox"/>
Gallstones	Yes <input type="checkbox"/>	at age <input type="text"/>	<input type="text"/> yrs old	No <input type="checkbox"/>
Polyps in the large intestine	Yes <input type="checkbox"/>	at age <input type="text"/>	<input type="text"/> yrs old	No <input type="checkbox"/>
Cancer	Yes <input type="checkbox"/>	at age <input type="text"/>	<input type="text"/> yrs old	No <input type="checkbox"/>

If **yes**, what type of cancer?

Any other illnesses or operations?

Do not include hysterectomy or breast surgery. These are covered in the women's section later in the questionnaire.

	Age first diagnosed
<input type="text"/>	<input type="text"/> <input type="text"/> yrs old
<input type="text"/>	<input type="text"/> <input type="text"/> yrs old
<input type="text"/>	<input type="text"/> <input type="text"/> yrs old
<input type="text"/>	<input type="text"/> <input type="text"/> yrs old

27. Are you currently receiving long-term treatment for any illness or condition? Yes ☐ No ☐

If yes, please give details:

Illness or condition	Treatment	Dose	Frequency

28. Please give details of the ages of your mother and father, and whether they have ever had cancer or a heart attack. If you are adopted or if your parents remarried, please give details of your blood relatives only.

Details of any cancer and/or heart attacks

Mother	Age now	OR	Age at death	Disease type	Age first diagnosed
	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
Father	Age now	OR	Age at death	Disease type	Age first diagnosed
	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>

29. Do you have any brothers or sisters ? Yes ☐ No ☐

If yes, please give their ages, whether they are full or half brothers or sisters, and whether they have ever had cancer or a heart attack.

Details of any cancer and/or heart attacks

Brother	OR	Sister	Full	OR	Half	Age now	OR	Age at death	Disease type	Age first diagnosed
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>

30. How old were you when you finished full time education? years old
 Not yet finished ☐

31. Do you have any of the following qualifications? **Tick all applicable**

CSE ☐ GCE "O" level ☐ "A" level, Highers ☐
 Teaching diploma, HNC ☐ Degree ☐ None of these ☐
 Other ☐ describe

32. Have you ever had a paid job ? Yes ☐ No ☐

If yes, please answer for you current or most recent job

What is/was your job title?

What do/did you do in your job?

What does/did the organization you work for make or do?

How many hours do/did you work each week? hours

Are/were you a Manager? ☐ Foreman/woman? ☐ Supervisor? ☐ None of these? ☐

Are/were you self-employed? Yes ☐ No ☐

In this job, which of the following best describes your physical activity. **Tick one only**

Sedentary occupation. You spend most of your time sitting (such as in an office). ☐

Standing occupation. You spend most of your time standing or walking.
 However, your work does not require intense physical effort
 (e.g. shop assistant, hairdresser, guard). ☐

Manual work. This involves some physical effort including handling of heavy
 objects and use of tools (e.g. plumber, electrician, carpenter). ☐

Heavy manual work. This involves very vigorous physical activity including
 handling very heavy objects (e.g. docker, miner, bricklayer, construction worker). ☐

Do you have a paid job at present ? Yes ☐ No ☐

If no, how would you describe yourself?

Housewife/husband ☐ Unemployed ☐

Retired ☐ Student ☐

Other ☐ describe

When did you last work? year Never ☐

33. What is your marital status?

Married or living as married ☐

Widowed ☐

Separated ☐

Divorced ☐

Single ☐

If you are not married or living as married, please go to question 34

If married or living as married, has your partner ever had a paid job? Yes ☐ No ☐

If yes, please answer for your partner's current or most recent job.

What is/was your partner's job title?

What does/did your partner do in this job?

What does/did the organization your partner works for make or do?

Is/was your partner a Manager? ☐ Foreman/woman? ☐ Supervisor? ☐ None of these? ☐

Is/was your partner self-employed? Yes ☐ No ☐

Does your partner have a paid job at present? Yes ☐ No ☐

If no, how would you describe your partner?

Housewife/husband ☐ Unemployed ☐ Retired ☐ Student ☐

Other ☐ describe

When did your partner last work? 1 9 year Never ☐

34. To which of these groups do you consider you belong?

White ☐

Indian ☐

Pakistani ☐

Bangladeshi ☐

Chinese ☐

Black - Caribbean ☐

Black - other ☐ describe

Other ☐ describe

Question 35 is for men only. Women please go to question 36

35. Have you had a vasectomy? Yes ☐ No ☐

If yes, at what age? years old

Now please go to question 52 on page 18

Questions 36 to 51 are for women only.

36. How old were you when you had your first menstrual period? years old

37. When you were aged between thirty and forty, how many days were there between the start of one menstrual period and the start of the next? **Ignore times when you were pregnant, breastfeeding or taking an oral contraceptive (the pill)**

24 days or less ☐

25 to 26 days ☐

27 to 29 days ☐

30 to 31 days ☐

32 or more days ☐

Irregular ☐

No menstrual cycles ☐

Used the pill continuously ☐

Don't know ☐

Not yet aged 30 ☐

38. Have you ever been pregnant? Yes ☐ No ☐

If yes, please go to question 39

If no, have you ever tried to become pregnant? Yes ☐ No ☐

Please go to question 43

39. Have you had any children? Yes ☐ No ☐

If yes, fill in one line for each child you have had.

If twins or triplets, fill in one line per child.

	Date of birth (day/month/year)						Boy (tick as applicable)	Girl (tick as applicable)	Number of weeks breastfed even if only occasional (put "0" if none, "1 week" if 1 to 6 days)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> weeks

40. Have you had any stillbirths? Yes ☐ No ☐

If yes, please record the year(s)

1	9	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
---	---	----------------------	----------------------	---	---	----------------------	----------------------	---	---	----------------------	----------------------

41. Have you had any miscarriages? Yes ☐ No ☐

If yes, please record the year(s)

1	9	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
1	9	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>

42. Have you had any **other** pregnancies that lasted less than 28 weeks? Yes ☐ No ☐

If yes, please record the year(s)

1	9	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
---	---	----------------------	----------------------	---	---	----------------------	----------------------	---	---	----------------------	----------------------

43. Have you ever seen a doctor because of fertility problems? Yes ☐ No ☐

If yes, has a doctor ever told you that you were infertile?

Have you ever had surgery for infertility?

Have you ever been treated with drugs for infertility?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

44. Have you ever used oral contraceptives (the pill)? Yes ☐ No ☐

If yes, how old were you when you first used the pill?

For how long altogether did you use the pill?

Are you currently using the pill?

If no, how old were you when you last used it?

years old

years

Yes ☐ No ☐

years old

45. Have you ever used a coil or intra-uterine device (IUD)? Yes ☐ No ☐

If yes, do you have a coil or IUD at present?

Yes ☐ No ☐

46. How many "natural" menstrual periods have you had in the last 12 months?
Do not count bleeding while using the pill or HRT (hormone replacement therapy)
 None ☐ 1 to 3 ☐ 4 to 5 ☐ 6 to 9 ☐ 10 or more ☐
 Not applicable because using the pill or HRT ☐
47. What was the date of the start of your last "natural" menstrual period? **Do not count bleeding while using the pill or HRT (hormone replacement therapy). Record as fully as possible**
 Date / / 1 9 or age years old Don't know ☐
48. Have you ever used HRT (hormone replacement therapy for menopause)? Yes ☐ No ☐
If yes, how old were you when you first used HRT? years old
 For how long altogether have you used HRT? years and months
 Are you currently using HRT? Yes ☐ No ☐
If no, how old were you when you last used HRT? years old
 In what form do/did you take HRT? **Tick all which apply**
 By mouth (pill form) ☐ By injection ☐
 By implantation under the skin ☐ By cream (vaginal or skin) ☐
 By adhesive patches on the skin ☐ By pessary (vaginal) ☐
 Other ☐ describe
- What brand name are you currently using or did you last use?
 Cyclo-Progynova ☐ Harmogen ☐ Prempak-C ☐
 Estracombi ☐ Livial ☐ Progynova ☐
 Estraderm ☐ Nuvelle ☐ Trisequens ☐
 Estrapak ☐ Premarin ☐ don't know ☐
 Other ☐ describe
- Do/did you have periods or bleeding while taking HRT?
 Not at all ☐ Some spotting ☐ Light bleeding ☐ Heavy bleeding ☐
49. Have you had a hysterectomy (womb removed)? Yes ☐ No ☐
If yes, how old were you when you had your hysterectomy? years old
50. Have you had an operation to remove one or both ovaries? Yes ☐ No ☐ Don't know ☐
If yes, how old were you? years old
 Were one or both ovaries removed? One ☐ Both ☐ Don't know ☐
51. Have you ever had a breast biopsy (minor surgery to remove tissue from your breast for diagnostic purposes)? Yes ☐ No ☐ Don't know ☐
If yes, how old were you (first occurrence)? years old

Questions 52 is for men and women.

52. If we have any queries about your answers to this questionnaire, would you be happy for us to contact you? Yes ☐ No ☐

If **yes**, please give your telephone number

Telephone: Daytime ☐ Evening ☐ Anytime ☐
Dialling code Number

We would like to write to you again to tell you about the progress of EPIC and to find out whether your diet has changed.

In case you change your address and we lose contact with you, could you give us the name and address of a friend or relative who would know your new address? Please inform them that you have done this.

Contact name
Contact address

Postcode

Please go back and check that you have answered all the questions, then bring this questionnaire with you for your appointment with the nurse.
If you have any questions about the study you can telephone us on 0865 516329

Thank you for your help

**Section to be completed with the nurse during your appointment -
please leave blank**

Patient's consent

I agree to participate in the study and:

- i) give my doctor permission to provide clinical information from my medical records;
- ii) understand that personal details will be used only for research;
- iii) agree to provide a blood sample for research purposes.

Signature

Date / /

NHS No.

Blood pressure

1st reading mmHg

2nd reading mmHg

Resting pulse

per minute

Height without shoes

cm

Weight in light indoor clothing

kg

Waist circumference

cm

Hip circumference

cm

Date of blood sample

Date / /

Time of blood sample (24hr clock)

hours minutes

Number of cigarettes smoked in last 24 hours

cigarettes

Put 'nil' if none

Were any prescription medicines, over the counter medicines or nutritional supplements taken today or yesterday? Yes ☐ No ☐

If yes, record

Name of prescription	Dose	Tick if taken	
		Today	Yesterday
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

For women only

Please check through the answers to questions 46, 47, 48, 49, 50 and update the date of the start of the last "natural" menstrual period if applicable.

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British Heart Foundation



Cancer Research Campaign



Department of Health



Europe Against Cancer Programme
Commission of the European Communities



Imperial Cancer Research Fund

MRC

Medical Research Council



Ministry of Agriculture Fisheries & Food



World Health Organization