

Data collection schedule

Eligibility form

Inclusion criteria (must all be answered YES for patient to be included in the study)

1. Has the participant received >20% risk of fatal or not fatal cardiovascular event?

Yes

No

2. Is the participant between the ages of 40 – 74 years old at screening?

Yes

No

3. Is the participant a permanent UK resident and planning to stay in UK for next 9 months?

Yes

No

4. Is the participant fluent in conversational English?

Yes

No

Exclusion criteria

1. Does the participant have established Cardiovascular disease?

Yes

No

2. Is the participant on the diabetes, kidney, arterial fibrillation or stroke register?

Yes

No

3. Does the participant have severe mental illness? (i.e. psychosis, learning difficulty dementia, cognitive impairment)?

Yes

No

4. Is the participant registered blind?

Yes

No

5. Is the participant housebound, resident in a nursing home, had >3 falls in the past year of is unable to move about independently?

Yes

No

6. Is the participant pregnant?

Yes

No

7. Does the participant have a BMI > 50 kg/m²?

Yes

No

8. Has the participant taken part in another lifestyle intervention using MI in the last 3 months?

Yes

No

Consent Form

1a. Has the participant given informed consent?

Yes (Proceed with questionnaire)

No

1b. Date of consent

(dd / mm / yyyy)

		/			/				
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1c. What is the main reason for taking part in study?

not

Non-contactable

Refused

Did not respond to GP letter

Time constraints/work commitment

Other

1d. If other, please specify:

Socio-Demographics

1. Participant date of birth
(dd / mm / yyyy)

		/			/				
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2. Gender Male
 Female

3a. GP Borough Bexley
 Bromley
 Lewisham
 Southwark
 Croydon
 Richmond & Twickenham
 Sutton and Merton
 Kingston
 Wandsworth
 Other

3b. GP Surgery Name

3c. Enter GP code

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4a. Ethnicity White – British
 White – Irish
 White – Any other white background
 Mixed – White and Black Caribbean
 Mixed – White and Black African
 Mixed – White and Asian
 Mixed – Any other mixed background
 Asian or Asian British – Indian
 Asian or Asian British – Pakistani

- Asian or Asian British – Bangladeshi
- Asian or Asian British – Any other Asian background
- Black or Black British – Caribbean
- Black or Black British – African
- Black or Black British – Any other Black background
- Other Ethnic Groups - Chinese
- Other Ethnic Groups – Any other ethnic group
- Not stated

4b. Country of birth:

5. Level of literacy

Ask patient to read Range (0-66)
 aloud the REALM word list and record raw score

6. Level of literacy

- Using REALM score
- Score 0-18 (*Will not be able to read most low literacy materials: will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes.*)
 - Score 19-44 (*Will need low literacy materials, may not be able to read prescription labels*)
 - Score 45-60 (*Will struggle with most patient materials*)
 - Score 61-66 (*Will be able to read most patient literature*)

7. Have you spent any time in full time education?

- Yes (Go to 8)
- No (Go to 10)

8. How many years did you spend in full time education?

5-12=7 years

years

5-16=11 years

5-18=13 years

5-21=16 years

Include **any** years spent in full time education in adulthood.

9. What is the highest examination level you achieved?

- None
- CSE/NVQ Level 1 (usually aged 12)
- GCSE/0 Level/NVQ Level 2 (usually aged 15 or 16)
- A Level/BTEC/Diploma/NVQ Level3

- Degree level
 - Masters degree/Doctorate
10. Regular employment status (*tick one only*)

- Paid employment (Go to Q12)
- Retired (Go to Q11)
- Housewife/husband (Go to Q14)
- Unemployed/Student (Go to Q14)

11. Did you retire early due to your medical condition?

- Yes (Go to Q14)
- No (Go to Q14)

12. Please give details of all periods (including current one of employment that you have had during the past 12 months).

Occupation	Full time or Part time	Category*	Date started	Ongoing? <i>If no, enter date finished</i>	Date finished	Reason for end of employment
	FT/PT			Yes / No		
	FT/PT			Yes / No		
	FT/PT			Yes / No		
	FT/PT			Yes / No		
	FT/PT			Yes / No		
	FT/PT			Yes / No		

***Categories:**

11=Management

13= Business and Financial (Event Planners, Fundraisers),

15= Computer and Mathematical,

17=Architecture and Engineering, (Surveyors, Technicians)

19=Life, Physical, and Social Science(Foresters, Economists, Geographers, Historians, Archaeologists)

21=Community and Social Service(Counsellors, Social/health Workers, Clergy)

23=Legal

25=Education, Training, and Library

27=Arts, Design, Entertainment, Sports, and Media (Actors, Athletes)

29=Healthcare Practitioners and Technical (Opticians)

31=Healthcare Support (Health Aides/Assistants, Phlebotomists)

33=Protective Service (Jailers, Security)

35=Food Preparation and Serving

37=Building and Grounds Cleaning and Maintenance (Maids and Housekeeping, Pest Control)

39=Personal Care and Service (Animal Trainers Ushers, Hairdressers, Travel Guides,

Childcare Workers)

41=Sales (Travel Agents, Models, Real Estate Sales Agents)

43=Office and Administrative (Telephone Operators, Financial Clerks Dispatchers, Secretaries)

45=Farming, Fishing, and Forestry

47=Construction and Extraction (Carpenters, Electricians, painters)

49=Installation, Maintenance, and Repair(Mechanics, Locksmiths)

51=Production (Machine Assemblers, Bakers, Meat Packers, Machinists, Welders, Printing Workers, Dry-Cleaning Workers, Tailors)

53=Transportation and Material Moving (Pilots, Drivers, Traffic Technicians)

55=Military Specific

13. If you have been in employment at any time in the last 12 months, how many days have you taken off work due to ill health?

If no long term sick leave for past 12 months but not medically retired, enter 183

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days

14. What is your **current** primary relationship status?

Married/civil partnership

Cohabiting

Spouse/partner deceased

Separated

Divorced

Single/non-cohabiting partner

15. Do you have any dependants (adults or children)?

Yes (Go to Q16)

No (Go to Q17)

16. Please enter total number of dependants in each category

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Aged 17 years and over

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Aged 5-16 years

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Aged under 5 years

17. Who do you usually live with?

- Husband/wife/steady partner
- Spouse/partner **and** child or children
- Child or children (but no spouse/partner)
- Parents
- Flatmates
- Alone
- Other (specify) (Go to Q17a)

17a. If other, please specify:

18. Usual place of residence during the **12 months**?

- Owner occupied house/flat (Go to Q19)
- Privately rented house/flat (Go to Q19)
- House/flat rented from housing associated/local authority (Go to Q19)
- Sheltered housing/warden control (Go to Q20)
- Residential home (Go to Q20)
- Nursing home (Go to Q20)
- Other (specify) (Go to Q18a)

18a. If other, please specify:

19. Type of accommodation?

- Detached house (Go to Q23)
- Semi-detached house (Go to Q23)
- End terrace (Go to Q23)
- Mid terrace (Go to Q23)
- Flat/maisonette (Go to Q23)
- Bed-sitter (Go to Q23)
- Hostel (Go to Q23)
- Halls of residence (Go to Q23)
- No fixed abode (Go to Q23)
- Other (Go to Q19a)

19a. If other, please specify:

d. Sister (n)									
e. Child (n)									

Client Service Receipt Inventory

In the last 12 months, you had any contact with hospital services?

Yes (Go to Q24)

No (Go to Q25)

Please provide details of hospital services you have used in the past 12 months below:		Accident and emergency		Code 01
		Day hospital		Code 02
		Inpatient care		Code 03
		Outpatient care		Code 04
Code	Reason for attendance / stay (please enter different reasons/events on separate lines)	Code reason 01 Coronary heart disease 02 Depression 03 Accident 04 Known medical condition 05 New medical condition	Number of attendances / overnight stays in last 12 months	

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In the last 12 months, you had any contact with **community based services**?

Yes (Go to Q26)

No (Go to Q27)

Please provide details of any of the following community based services that you have used in the last 12 months (not from family or friends):							Cod
Code							
MEDICAL CARE			Occupational therapist			11	
General practitioner		01	Physiotherapist			12	
Psychiatrist (community or primary care based)		02	'Alternative' medicine or therapy (specify below)			13	
Other community based doctor (specify below)		03	Other therapist (specify below)			14	
NURSING CARE			OTHER				
District nurse		04	Social worker			15	
Practice nurse (at the GP Clinic)		05	Housing worker			16	
Community mental health nurse		06	Home help / home care worker			17	
Health visitor		07	Care attendant			18	
Other nurse (specify)		08	Community support worker			19	
THERAPISTS			Voluntary worker (including priest etc, spe				20
Psychologist		09	Day centre/drop-in/social club (specify be				21
Counsellor		10	Any other community based service (speci				22
Code	Specify <i>Only:</i> <i>03=Other community based doctor,</i> <i>08=Other nurse,</i> <i>14=Other therapist,</i> <i>15=Social worker,</i> <i>21=Day centre/drop-in /social club,</i> <i>22=Any other community based service</i>	Number of contacts in past 12 months	Typical duration of each contact (minutes)	Was the contact at home? <i>circle</i>	Was the service privately funded?	If yes, specify cost per visit	
				Yes	Yes		
				No	No		
				Yes	Yes		
				No	No		
				Yes	Yes		
				No	No		
				Yes	Yes		
				No	No		
				Yes	Yes		

EQ-5D questionnaire

*The questionnaire's content has not been reproduced here.

Biomedical data

	Value	Unit
1a. Stadiometer ID <i>Please enter SECA stadiometers ID code</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1b. Height <i>(using SECA stadiometers with the supported stretch stature method)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cm (range 130.0-210.0)
2a. Scale ID <i>(Please enter Class 3 Tanita SC240 weighing digital scale ID code)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2b. Weight <i>(using Class 3 Tanita SC240 weighing digital scale)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Kg (range 41.0-150.0)
2c. BMI	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	kg/m ² (range 19.0-49.9)
2d. Fat Range	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	% (range 1.0-45.0)
2e. Fat Mass	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Kg (range 1.0-40.0)
2f. Visceral Fat	<input type="text"/> <input type="text"/>	Level (range 0-59)
2g. Fat Free Mass	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Kg (range 30.0-70.0)
2h. Total Body Water	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	kg (range 30.0-70.0)
2i. Total Muscle Mass	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Kg (range 30.0-70.0)
2j. Total Bone Mass	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Kg (range 1.0-10.0)
2k. Basal Metabolic Rate	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Kj (range 1000-2500)

2i. Impedance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ohm (range 150-900)
3a. Waist circumference <i>(measured horizontally halfway between the lowest rib and the upper prominence of the pelvis using a non-extensible steel tape against the bare abdomen)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cm (range 65.0-120.0)
3b. Waist circumference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cm (range 65.0-120.0)
3c. Waist circumference <i>(if difference between 3a and 3b is greater than 0.5cm)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cm (range 65.0-120.0)
4a. Hip circumference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cm (range 80.0-150.0)
4b. Hip circumference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cm (range 80.0-150.0)
4c. Hip circumference <i>(if difference between 4a and 4b is greater than 0.5cm)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cm (range 80.0-150.0)
5. Waist to hip ratio Waist circumference / hip circumference <i>Using GNOM software body measures</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cm (range 0.6-1.0)
6a. Arm circumference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cm (range 20.0-44.0)
6b. Arm circumference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cm (range 20.0-44.0)
6c. Arm circumference <i>(if difference between 6a and 6b is greater than 0.5cm)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cm (range 20.0-44.0)
7a. Temperature	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	° Centigrade (range 15.0-30.0)
7b. Please enter the time of your last meal	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	24 hour clock
8a. Blood Pressure Machine ID <i>Please enter Omron BP Monitor ID code</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8b. Blood Pressure Cuff ID <i>Please enter cuff ID code</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

8c. Has the participant smoked either a cigarette or pipe in the last hour?

Yes

No

8d. Has the participant drunk any tea, coffee or cola in the past hour?

Yes

No

8e. Has the participant engaged in any vigorous physical activity in the last hour?

Yes

No

8f. Has the participant been resting for 3 minutes?

Yes

No

8g. Blood pressure				
	First reading	Systolic	<input type="text"/>	Range (50-240)
8h.		diastolic	<input type="text"/>	Range (30-140)
8i.		Heart rate (resting)	<input type="text"/>	bpm Range (50-200)
8j.	Second Reading (at least 1 minute between first and second reading)	Systolic	<input type="text"/>	Range (50-240)
8k.		diastolic	<input type="text"/>	Range (30-140)
8l.		Heart rate (resting)	<input type="text"/>	bpm Range (50-200)
8m.	Third reading (at least 1 minute between second and third reading)	Systolic	<input type="text"/>	Range (50-240)
8n.		Diastolic	<input type="text"/>	Range (30-140)
8o.		Heart rate (resting)	<input type="text"/>	bpm Range (50-200)

9a. Did you take a blood sample?

Yes

No

9b. Is this sample fasting? (At least 6 hours)

Yes

No

9c. Has a sample been stored?

Yes

No

10a. What was the participant's cardiovascular risk score at search?

% (>20%)

		.	
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10b. What date was this calculated?

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

an accelerometer been issued?

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Accelerometer number

No

11. Has

Yes

12. Does the patient have rheumatoid arthritis? Yes No

Biomedical data – Blood results

1. Date of blood collection

(dd / mm / yyyy)

		/			/				
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	Value	Units				
2a. Lipids (cholesterol total)	<table border="1"><tr><td></td><td></td><td>.</td><td></td></tr></table>			.		mmol / L (Range 0.1-15.0)
		.				
2b. Lipids (HDL cholesterol)	<table border="1"><tr><td></td><td>.</td><td></td></tr></table>		.		mmol / L (Range 0.1 – 10.0)	
	.					
2c. Lipids (LDL cholesterol)	<table border="1"><tr><td></td><td>.</td><td></td></tr></table>		.		mmol / L (Range 0.1 – 10.0)	
	.					
2d. Lipids (Triglycerides)	<table border="1"><tr><td></td><td>.</td><td></td></tr></table>		.		mmol / L (Range 0.1 – 10.0)	
	.					
2e. Lipids (Total Chol / HDL Ratio)	<table border="1"><tr><td></td><td>.</td><td></td></tr></table>		.		mmol / L (Range 0.1 – 10.0)	
	.					
3. Plasma Glucose	<table border="1"><tr><td></td><td></td><td>.</td><td></td></tr></table>			.		mmol/L (Range 3.0-10.0)
		.				

4. HbA1c/FCC (haemoglobin + glucose)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				mmol / mol (Range 20 – 128)

5. QRISK2 score (10 year risk of heart attack or stroke)

%

		.	
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6a. Has the participant returned their accelerometer?

Yes

No

6b. Please enter the number of days the participant has greater than 600 minutes wear time.

days

6c. Please enter the number of days the participant has greater than 540 minutes

wear

time.

days

7. Based on the results of the QRISK and accelerometer, is the participant eligible to be randomised?

Yes (Randomised)

No (Not randomised)

Record of past intervention

1. Have you ever taken part in a lifestyle intervention before?

Yes (Go to Q2)

No

2. When did you start the last intervention you took part in?

		/		
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3. When did you stop the last intervention you took part in?

If current, please enter today's month and year

		/		
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3a. What was the main target of the intervention?

Weight reduction

Healthy eating

Alcohol reduction

Smoking cessation

Walk for life

Exercise

Other

3b. If "other" for the question above, please specify:

4. Was the intervention private or provided through NHS?

Private

NHS

5a. What was the main reason you stopped the intervention?

The course finished

The free sessions had finished

Too expensive

Did not have time

Lost interest

Too much commitment

Injury

Weather

Embarrassment

Other

5b. If "other" for the question above, please specify:

Alcohol Use Disorder Identification Test (AUDIT)

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

5. How often during the last year have you failed to do what was normally expected of you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never

- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because of your drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

9. Have you or someone else been injured because of your drinking?

- No
- Yes, but not in the last year
- Yes, during the last year

10. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the last year
- Yes, during the last year

Smoking Status

1. What is your smoking status?

Current (Go to Q2, 3, 4)

Ex-smoker (Go to Q4, 5)

Never smoked

2. How many cigarettes do you smoke per day?

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3. Do

--	--	--

 you have an intention to quit smoking?

Yes

No

4. At what age did you start smoking?

--	--

years

5. At what age did you stop smoking?

--	--

years

6. At follow up: Has your smoking status changed since your last visit?

Yes

No

Patient Health Questionnaire 9 (PHQ-9)

*The questionnaire's content has not been reproduced here.

General Practice Physical Activity Questionnaire (GPPAQ)

*The questionnaire's content has not been reproduced here.

International Physical Activity Questionnaire (IPAQ)

*The questionnaire's content has not been reproduced here.

Brief Illness Perception Questionnaire

1. How much does having a high risk for CVD affect your life?

No effect at all 0 1 2 3 4 5 6 7 8 9 10

Severely affects my life

2. How long do you think having a high risk for CVD will last?

A very short time 1 2 3 4 5 6 7 8 9 10

Forever

3. How much control do you feel you have over your high risk for CVD?

Absolutely no 1 2 3 4 5 6 7 8 9 10

Extreme amount of control

4. How much do you think your treatment can help lower your high risk for CVD?

Not at all 0 1 2 3 4 5 6 7 8 9 10

Extremely helpful

5. How much do you experience symptoms related to having a high risk for CVD?

No symptoms at all 0 1 2 3 4 5 6 7 8 9 10

Many severe symptoms

6. How concerned are you about having a high risk for CVD?

Not at all concerned 0 1 2 3 4 5 6 7 8 9 10

Extremely

7. How well do you feel you understand what having a high risk for CVD means?

Don't understand at all 1 2 3 4 5 6 7 8 9 10

Understand very clearly

8. How much does having a high risk for CVD affect you emotionally? (e.g. does it make you angry, scared, upset or depressed?)

Not at all affected emotionally 1 2 3 4 5 6 7 8 9 10

Extremely affected emotionally

9. Please list in rank-order the three most important factors that you believe cause your high risk for CVD. The most important causes for me:

- a) _____
- b) _____
- c) _____

Self-efficacy scale - exercise

How confident are you right now that you could exercise three times per week for 20 minutes if:

1. The weather was bothering you

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

2. You were bored by the program or activity

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

3. You felt pain when exercising

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

4. You had to exercise alone

Not confident 0 1 2 3 4 5 6 7 8 9 10 Very confident

5. You did not enjoy it

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

6. You were too busy with other activities

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

7. You felt tired

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

8. You felt stressed

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

9. You felt depressed

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

0 1 2 3 4 5 6 7 8 9 10

Self-efficacy scale - diet

How confident are you right now that you could follow a healthy diet (high in fruit, vegetables and wholegrains; low in saturated fat, sugar and salt) if:

1. You were feeling bored and restless

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

2. You were eating with friends

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

3. You were feeling angry

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

4. You were feeling depressed

Not confident 0 1 2 3 4 5 6 7 8 9 10 Very confident

5. You were eating at a party or celebration

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

6. You were on holiday

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

7. You were busy and unable to have a sit-down meal

Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

8. You were bored by your diet and wanted some variety

Very confident

Not
confident

1 2 3 4 5 6 7 8 9 10

3. **You were cooking for yourself**

Not
confident

1 2 3 4 5 6 7 8 9 10

Very
confident

1. Has the participant completed a 24hour dietary recall? Yes, specify below No
2. Was the amount of food that you had yesterday what you usually have, less than usual, or more than usual?
 Usual amount Less than usual More than usual
 Don't know Refused to answer
3. Was the amount of drink you had yesterday what you usually have, less than usual, or more than usual?
 Usual amount Less than usual More than usual
 Don't know Refused to answer
4. Overall how well do you think the record reflects what the respondent ate and drank over the 24 hour period?
 Good Moderate Poor

Use the pictures to help you to indicate the size of the portion you have eaten.
Write on the food record the picture number and size A, B or C nearest to your own helping.

The pictures could also be used for foods not shown, e.g. pasta shapes similar to spaghetti, ham pie similar to quiche and peas similar to baked beans.

Remember that the pictures are much smaller than life size.
The actual size of the dinner plate is 10 inches (25cm), the side plate, 7 inches (18cm), and the bowl, 6.3 inches (16cm).

The tables on pages 10-13 also give examples of foods that you might eat and how much information is required about them.

1. Rice



2. Spaghetti



3. Cheese



4. Boiled Potatoes



5. Chips



6. Baked Beans



7. Broccoli



8. Quiche / Pie



9. Sliced Meat



10. Stew



11. Battered Fish



12. Cornflakes



13. Fruit Cake



14. Sponge Cake



15. Ice Cream



Adverse events questionnaire

Patient ID		CTU ID	
Date of Entry		Date of final follow-up appointment	

1. Have you had any injuries since joining the MOVE IT study (date of entry)?

YES/NO

- If yes (circle):**
- Fracture
 - Dislocation
 - Open Wound (cut/laceration)
 - Sprain/Strain
 - Injury to muscle/tendon
 - Other

If yes: Which part(s) of the body was affected?

If yes: Provide following information
 Date of event:.....

Circumstances (if a fall, was it inside or outside the home):

- Setting for treatment (circle all that apply):
- Home (e.g. first aid)
 - GP practice
 - A&E
 - Hospital inpatient
 - Other (please specify).....

Treatment(s):.....

Source(s) of information:

2. Have you noticed any improvement in health problems (including physical and mental health) you already had at the start of the study?

YES/NO

If yes, please give details:

.....
.....
.....
.....
.....

3. Have you noticed any deterioration in health problems (including physical and mental health) you already had at the start of the study?

YES/NO

If yes, please give details:

.....
.....
.....
.....
.....

4. Have you had any cardiovascular events (e.g. heart attack, stroke, atrial fibrillation) since joining the study?

If yes: Provide following information

Details:.....

Date of event:.....

Researcher check medical records

Researcher add to CTU

5. Any other adverse events since joining the study?

If yes: Provide following information

Details:.....

Date of event:.....

Researcher check medical records

Researcher add to CTU

Participant feedback questionnaire

Thank you for participating in the MOVE IT study. We would be grateful if you could provide us with some feedback on your experience of participating in the study by answering the following questions. Please be as honest as possible (there will be an opportunity for additional comments at the end).

Please indicate how much you agree with each of the following statements:

		Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree	N/A
	Question	1	2	3	4	5	0
1	I have made changes to my lifestyle as a result of taking part						
2	My motivation to change my lifestyle has increased as a result of taking part						
3	Finding out my risk of developing cardiovascular disease (CVD) within the next 10 years has increased my motivation to make changes to my lifestyle						
4	I plan to maintain the healthy lifestyle changes I have made in the future, as a result of taking part						

The following questions relate to the intervention sessions only. If you did not receive sessions with a healthy lifestyle facilitator, please go to question 19.

We are interested to know how helpful you found each of the following aspects of the study:

		Very unhelpful	Somewhat unhelpful	Neither helpful or unhelpful	Somewhat helpful	Very helpful	N/A
	Question	1	2	3	4	5	0
5	Receiving information about the relationship between CVD and lifestyle						
6	Receiving the recommended guidelines for a healthy lifestyle (diet, food labelling, and exercise)						
7	Working with action plans to set specific goals						

8	Weekly review of goals						
		Very unhelpful	Somewhat unhelpful	Neither helpful or unhelpful	Somewhat helpful	Very helpful	N/A
	Question	1	2	3	4	5	0
9	Planning how to respond to setbacks (e.g., the 'wiggly line' graph, cheerleading statements)						
10	Receiving the 'More Active Health Kit'						
11	Use of the pedometer						
12	Use of the diary sheets (at the back of the workbook)						
13	Having a dedicated healthy lifestyle facilitator						
14	Being able to contact the healthy lifestyle facilitator between sessions						
15	The communication style used by the healthy lifestyle facilitator						

The following questions relate to the group sessions only. If you did not attend group sessions, please go to question 19.

		Very unhelpful	Somewhat unhelpful	Neither helpful or unhelpful	Somewhat helpful	Very helpful	N/A
	Question	1	2	3	4	5	0
16	Group activities during sessions						
17	Sharing experiences with others in the group						
18	Being able to contact fellow group members between sessions						

If you have any comments to expand on your responses above, or any general comments about the study (including suggested improvements), please enter them in the space below:

19	
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