

Has anyone in your family (ie) Parent, Grandparent, Brother, Sister (not husband or wife) had any of the following? Please circle yes or no.

- 1. Heart attack Yes No
- 2. A stroke Yes No
- 3. Diabetes (Sugar Disorders) Yes No
- 4. Asthma Yes No

Have you ever had any of the following? Please circle yes or no

- 1. Heart attack Yes No
- 2. A Stroke Yes No
- 3. Diabetes Yes No
- 4. Asthma Yes No

Do you have any allergies? Yes No

If yes please state what you are allergic to.....

Do you have a social worker? Yes No

Do you have a carer? Yes No

If yes please provide more details.....

.....

Do you act as a carer for anyone else? Yes No

If yes please provide more details.....

.....

Have you ever been admitted to hospital? Yes No

If yes please give more details.....

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Emergency Contact Information

Please can you provide contact information of someone we can contact in an emergency.

Name.....Relationship.....

Tel.....2nd Tel.....

Address.....

.....

Email.....

If you have any questions or need any help please call the surgery on 0161 622 2760



General Practice Physical Activity Questionnaire

Date.....

Name.....

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the *last week*, how many hours did you spend on each of the following activities?
Please answer whether you are in employment or not

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 mph)	<input type="checkbox"/>	Steady average pace	<input type="checkbox"/>
Brisk pace	<input type="checkbox"/>	Fast pace (i.e. over 4mph)	<input type="checkbox"/>

Please complete the following questions regarding alcohol and drinking habits

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.

