

Family Whānau Intervention for the Prevention of Dementia

Personal Details: Mr Miss Mrs Ms Other:

Last Name: First Name/s:

Date of Birth: / / Age: Gender: Male Female

Contact Details:

Home Phone: Work Phone: Mobile:

Email Address:

Address:

Number and Street: Suburb:

Town/ City: Post Code:

Postal Address: *(if different)*

Number and Street/ P O Box: Suburb:

Town/ City: Post Code:

Family Doctor: Practice Name:

Ethnic Group:

NZ European Māori Samoan Cook Island Māori Tongan

Niuean Chinese Indian Other: please state

Relationship Status:

Never been married/ civil union Divorced or marriage/ civil union dissolved

Widow/ widower/ surviving civil union partner permanently separated

Married Registered civil union

Medical History:

1. Do you smoke cigarettes? Yes No

If yes, how many cigarettes have you smoked per day on average in the last 28 days?

Questionnaire: Family Whānau Intervention and Prevention of Dementia Study

2. Alcohol:

In the past 4 weeks how many days did you drink alcohol?

How many standard drinks did you consume on a typical drinking day?

3. Weight: kg

4. Height:cm

5. Medical conditions:

Do you have? Hypertension

Diabetes or prediabetes

Hyperlipidaemia

Ischaemic heart disease

Cerebrovascular disease

List all medications that you take:

(prescribed or over-the-counter)

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Health Survey

This survey asks for your views about your health. For each of the following questions, please circle the number that best describes your answer.

1. In general, would you say your health is:	
Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
2. Compared to one year ago,	
Much better now than one year ago	1
Somewhat better now than one year ago	2
About the same	3
Somewhat worse now than one year ago	4
Much worse now than one year ago	5

3. The following items are about activities you might do during a typical day

Does your health now limit you in these activities? If so, how much?

(Circle one number on each line)

	Yes, limited a lot (1)	Yes, limited a little (2)	No, not limited at all (3)
a. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing several flights of stairs	1	2	3
e. Climbing one flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking more than a mile	1	2	3
h. Walking several blocks	1	2	3
i. Walking one block	1	2	3
j. Bathing or dressing yourself	1	2	3

4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? **(Circle one number on each line)**

	Yes (1)	No (2)
a. Cut down the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Were limited in the kind of work or other activities	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

5. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? **(Circle one number on each line)**

	Yes	No
a. Cut down the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Didn't do work or other activities as carefully as usual	1	2
6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?		
Not at all	1	
Slightly	2	
Moderately	3	
Quite a bit	4	
Extremely	5	

7. How much bodily pain have you had during the past 4 weeks?	
None	1
Very mild	2
Mild	3
Moderate	4
Severe	5
Very severe	6

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	
Not at all	1
A little bit	2
Moderately	3
Quite a bit	4
Extremely	5

9. How much of the time during the past 4 weeks . . .

	All of the time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives etc.)? (circle one number)

All of the time	1
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Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5

**11. How TRUE or FALSE is each of the following statements for you.
(Circle One Number on Each Line)**

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. Have you felt downhearted and blue?					
b. Did you feel worn out?					
c. Have you been a happy person?					
d. Did you feel tired?					

Diet	
1. Do you use olive oil as main culinary fat?	
2. How much olive oil do you consume in a given day? (including oil used for frying, salads, take away meals etc.)	tbsp
3. How many vegetable servings do you consume per day? (1 serving: 200g [consider side dishes as half a serving])	
4. How many fruit units do you consume per day? (including natural fruit juices)	
5. How many servings of red meat, hamburger, or meat products (ham, sausage, etc) do you consume per day? (1 serving: 100–150g)	
6. How many servings of butter, margarine, or cream do you consume per day? (1 serving is 12g)	
7. How many sweet or carbonated beverages do you drink per day?	
8. How much wine do you drink per week?	glasses
9. How many servings of legumes do you consume per week? (1 serving : 150g)	
10. How many servings of fish or shellfish do you consume per week? (1 serving 100–150g of fish or 4–5 units or 200g of shellfish)	
11. How many times per week do you consume commercial sweets or pastries (not homemade), such as cakes, cookies, biscuits, or custard?	
12. How many servings of nuts (including peanuts) do you consume per week? (1 serving is 30g)	
13. Do you preferentially consume; chicken, turkey, or rabbit meat instead of veal, pork, hamburger, or sausage?	
14. How many times per week do you consume vegetables, pasta, rice, or other dishes seasoned with a sofrito (sauce made with tomato and onion, leek or garlic and simmered with olive oil)?	

Physical Activity

'I am going to ask you about the time you spent being physically active in the last 7 days, from last xxx to yesterday. Do not include activity undertaken today.

By 'active' I mean doing anything using your muscles.

'Think about activities at work or home, getting from place to place, and any activities you did for exercise, sport, recreation or leisure.

'I will ask you separately about brisk walking, moderate activities, and vigorous activities.'

Walking

1. During the last 7 days, on how many days did you walk at a brisk pace - a brisk pace is a pace at which you are breathing harder than normal? This includes walking at work or school, while getting from place to place, at home and at any activities that you did solely for recreation, sport, exercise or leisure.

Think only about brisk walking done for at least 10 minutes at a time.

Days per week (GO TO 2)

None (GO TO 3)

2. How much time did you typically spend walking at a brisk pace on each of those days?

Hours minutes

Moderate Physical Activity

3. During the last 7 days, on how many days did you do moderate physical activities? 'Moderate' activities make you breathe harder than normal, but only a little - like carrying light loads, bicycling at a regular pace, or other activities like those on this card (*Showcard 1 - Moderate Physical Activity*). Do not include walking of any kind.

Think only about those physical activities done for at least 10 minutes at a time.

Days per week (GO TO 4)

None (GO TO 5)

4. How much time did you typically spend on each of those days doing moderate physical activities?

Hours minutes

Vigorous Physical Activity

5. During the last 7 days, on how many days did you do vigorous physical activities? 'Vigorous' activities make you breathe a lot harder than normal ('huff and puff') - like heavy lifting, digging, aerobics, fast bicycling, or other activities like those shown on this card

(Showcard 2 - Vigorous Physical Activity)

Think only about those physical activities done for at least 10 minutes at a time.

Days per week (GO TO 6)

None (GO TO 7)

6. How much time did you typically spend on each of those days doing vigorous physical activities?

Hours minutes

Frequency of Activity

7. Thinking about all your activities over the last 7 days (including brisk walking), on how many days did you engage in:
- At least 30 minutes of moderate activity (including brisk walking) that made you breathe a little harder than normal, or
 - At least 15 minutes of vigorous activity that made you breathe a lot harder than normal ('huff and puff')?

Days per week

None

Short-Form Showcards

Showcard 1: Moderate Physical Activity

Carrying light loads

Cycling (recreational - less than 15 km/hr - not mountain biking)

Showcard 2: Vigorous Physical Activity

Carrying heavy loads

Boxing

Mountain biking

Cycling - competitive

Race walking

Running/jogging/cross country Judo, karate, other martial arts

Triathlon

<https://epi.grants.cancer.gov/paq/q084s.html>