APPENDIX 2: GENERAL PRACTICE PHYSICAL ACTIVITY QUESTIONNAIRE

General Practice Physical Activity Questionnaire

Date ………………………………..

Name……………………………….

1 Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following five possibilities:

|  |  |  |
| --- | --- | --- |
|  |  | Please tick 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, child minder, 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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | None | Some but less than an 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 cycle 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 less than 3mph | Steady average pace | Brisk pace | Fast pace over 4 mph |
|  |  |  |  |

Standard alcoholic units

|  |  |
| --- | --- |
| **unit is typically:** Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)  |  |
| **The following drinks have more than one unit:** A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml “super” lager, 250ml glass of wine (12%)  |  |

Appendix 3: Alcohol screening using **FAST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |   |   | Scoring system |   |   |
| **Questions** | **0** | **1** | **2** | **3** | **4** | **your score** |
| 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 |   |
| How often during the last year have you failed to do what was normally expected from you because of drinking? | Never | less than monthly | monthly | weekly | daily or almost daily |   |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | less than monthly | monthly | weekly | daily or almost daily |   |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | NO |   | Yes, but not in the last year |   | Yes, during the last year |   |

**Scoring:**

A total of 5+ indicates increasing or higher risk drinking.

Score

An overall total score of 5 or above is AUDIT-C positive.