

ID:
Date:

Hearty Lives Participant Questionnaire

Easy Read Version



HEARTY LIVES GREAT YARMOUTH
British Heart Foundation

What is Hearty Lives?

 A project to support people with learning disabilities to be more healthy.

 The project lasts for 3 years. The project is for people with learning disabilities in Great Yarmouth.

 This project can work with your carers or support workers. We can show them how to support you to be more healthy.

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This Participant Questionnaire is for people who want to take part in the **Hearty Lives** project in Great Yarmouth.

We need to ask some questions about you. This is so we can look back after 3 months and see if the project is helping you.

We will be looking at whether **Hearty Lives** has improved how much you know about heart disease. We will be looking at whether **Hearty Lives** means you are being supported to live more healthily.



Questions



1. What do you think about it?

Good

Bad

Not sure

We will only use the information you give us to look at how well the Hearty Lives project is working. We will share this information with Mytime Active and the British Heart Foundation. Mytime Active are running this project and they need to know if it is working.

For any more information please contact Kelly Rayson.



Kelly.rayson@mytimeactive.co.uk



07917 138904

What will happen to my information?



- Your answers on this questionnaire **will not** affect your usual care.
- We will keep your answers safely and securely.
- We will not put your name on any reports about this project.
- You can change your mind about giving us information at any time. You can ask us not to contact you again.

If you understand this and are happy to take part please sign and date this form.



Today's Date

Your details



Your Name



Your Address

Your postcode



Your telephone number



Your Date of Birth



Your NHS number if you know it

Please ask for support if you do not understand any of these questions

Who is filling in this questionnaire?



Person with a learning difficulty



Carer

If you are a carer, what type of carer are you?

Unpaid carer



Paid - social worker



Paid - healthcare worker



What do you know about heart disease?

Draw a circle to say if it is true or false



As you get older you are more likely to get heart disease.

True



False



Don't know



If you stop smoking you are less likely to get heart disease.



If you are overweight you are more likely to get heart disease.



If you do exercise regularly you are less likely to get heart disease.



A person will always know when they have heart disease.



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Diet and smoking

Thinking about each type of food, please tell us which days you ate each type of food by putting a tick in the box.





Please tell us how many drinks and how many cigarettes you had each day.

Foods	Number of portions	
 Fruit		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 Vegetables		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 Fried foods		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 High fat dairy foods		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 Snacks		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Alcohol 	Number of drinks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Smoking 	Do you smoke?	<p style="text-align: center;">Yes No</p> <input type="checkbox"/> <input type="checkbox"/>
Smoking 	Number of cigarettes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please ask for support if you do not understand any of these questions

Cooking

How much confidence do you have about cooking meals from raw ingredients?

	A lot	A bit	Not much	None at all	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Wellbeing

This is about how you are feeling.

Think about the last two weeks and how you have felt.

Read each statement and then tick the box which shows how you have felt.

Over the last two weeks	All of the time	Most of the time	More than half	Less than half	Some of the time	Not at all
 I have felt cheerful and happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 I have felt calm and relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 I have felt active and lively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 I woke up feeling fresh and rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 My daily life has been filled with things I am interested in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please ask for support if you do not understand any of these questions

Physical activity

This is about what **activity or exercise** you have done in the last week. We only want you to tell us about things you have done for **10 minutes** or more.

Some examples are:



Gardening



Exercise sessions



Walking



Housework



Cycling

Can you tell us about how hard the activity or exercise was?

This is about how hard you had to work at it and how much effort it took.

- **Easy** Your exercise was easy, you were not puffed out afterwards
- **Medium** You felt warm afterwards and were a bit puffed out
- **Hard** You were puffed out and sweaty afterwards

What activity or exercise I did	How many times I did this	How long I did this for each time	How hard was the exercise

Please ask for support if you do not understand any of these questions

About your health today

We would like to know how good or bad your health is **TODAY**.

The Number 10 box is the **BEST** you could imagine your health being.
The number 1 box is the **WORST** you could imagine your health being.



Put a ✓ in the box that shows how your health is today


1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Worst ←————→ Best



Thank you

Thank you for filling in this questionnaire.



Having our say
as people first

Opening Doors

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