LIFESTYLE QUESTIONNAIRE

1. Age: ________

2. Gender: ☐ Male ☐ Female

3. How would you describe your ethnic group? The categories below were those used in the 2001 census and are recommended by the Commission for Racial Equality.
   A  White
      ☐ British
      ☐ Irish
      ☐ Other White background (please state) ________________________________
   B  Mixed
      ☐ White and Black Caribbean
      ☐ White and Black African
      ☐ White and Asian
      ☐ Other Mixed background (please state) ________________________________
   C  Asian or Asian British
      ☐ Indian
      ☐ Pakistani
      ☐ Bangladeshi
      ☐ Other Asian background (please state) ________________________________
   D  Black or Black British
      ☐ Caribbean
      ☐ African
      ☐ Other Black background (please state) ________________________________
   E  Chinese or other ethnic group
      ☐ Chinese
      ☐ Any Other (please state) ____________________________________________

4. Height: ________

5. Weight: ________

6. Iris colour: ☐ Black/dark brown ☐ Brown ☐ Light brown ☐ Hazel
               ☐ Green ☐ Grey ☐ Blue
               ☐ Other (please state, e.g. light brown/hazel) __________________________
7. Do you smoke? □ Yes □ No
   If yes, please go to question 8. If no, please go to question 9.

8. a) Approximately how many cigarettes do you smoke in a week? ________
    b) What brand(s) of cigarette do you smoke most regularly?
       ______________________
    c) How many years have you smoked for? ________

9. Have you ever been a regular smoker in the past? □ Yes □ No
   If yes, please go to question 10. If no, please go to question 11.

10. a) Approximately how many cigarettes did you smoke in a week? ________
    b) What brand(s) of cigarette did you smoke most regularly?
       ______________________
    c) How many years did you smoke for? ________
    d) How long has it been since you stopped smoking? ________

11. Do you drink alcohol? □ Yes □ No
    If yes, approximately how many units do you consume in a week? ________
    1 alcopop bottle = 1.4 units.
    1 bottle of average strength beer/lager/cider = 1.7 units.
    1 can of average strength beer/lager/cider = 2.2 units.
    1 pint (568 ml) of average strength beer/lager/cider = 2.8 units.
    1 strong cocktail = 4 units.
    25 ml spirit/shot = 1 unit (gin, rum, sambuca, tequila, vodka, whisky).
    35 ml spirit/shot = 1.3 units.
    1 bottle of average strength wine (12% vol) = 9 units.
    1 small glass (125 ml) of wine = 1.5 units.
    1 standard glass (175 ml) of wine = 2.1 units.
    1 large glass (250 ml) of wine = 3 units.
    For more information, go to www.units.nhs.uk/howMany.html

12. a) Which of the following best describes your dietary background?
    □ Meat eater □ Vegetarian □ Partly vegetarian □ Vegan
    Please specify as appropriate, e.g. ‘meat eater but no beef’ or ‘vegetarian but eat
    eggs’ or ‘partly vegetarian (eat fish)’: ______________________________
    b) Has this been your dietary background for at least one year?
    □ Yes □ No If no, how long? ________
13. On average, how many servings of vegetable do you eat per week? ________

14. On average, how many servings of fruit do you eat per week? ________

15. On average, how many eggs (including yolks) do you eat per week? ________

16. On average, how many servings of oily fish do you eat per week? ________
   For a list of what counts as oily fish, please go to
   http://www.eatwell.gov.uk/healthydiet/nutritionessentials/fishandshellfish/

17. Do you exercise regularly? ☐ Yes ☐ No
   (The government recommends 30 minutes of moderate exercise five days a week.)

18. Approximately how many daylight hours per week do you spend outdoors
   (i.e. outside of buildings/vehicles and therefore exposed to light) in:
   Autumn/Winter months? ________ Spring/Summer months? ________

19. Are you exposed to strong sunlight regularly (e.g. more than 1 sunny holiday
    per year)? ☐ Yes ☐ No

20. Do you use sunbeds or tanning booths regularly? ☐ Yes ☐ No

21. Is your skin particularly sensitive to sunlight? ☐ Yes ☐ No

22. In bright conditions, how often do you wear sunglasses?
   ☐ Always ☐ Most of the time ☐ Sometimes
   ☐ Occasionally ☐ Very rarely ☐ Never

23. Do you have any kind of medical condition? ☐ Yes ☐ No
   If yes, what? __________________________________________________________

24. Do you take any regular medication? ☐ Yes ☐ No
   If yes, what? __________________________________________________________

25. Do you take any regular vitamins or supplements? ☐ Yes ☐ No
   If yes, what? (Please include as much detail as possible, e.g. Superboots
   Multivitamin A-Z, 1 tablet three times per week, and Seven Oceans 650mg fish
   oils, 1 capsule daily.)
   __________________________________________________________
26. **Do you wear glasses or contact lenses?** □ Yes □ No
   If yes, please go to question 27. If no, please go to question 28.

27. **a) Are your glasses/contact lenses worn:**
   □ Full-time?
   □ Part-time (e.g. just for distance activities)?
   □ Occasionally?
   **b) In public, do you mainly wear:**
   □ Glasses? □ Contact lenses? □ Both equally? □ Neither?
   **c) For contact lens wearers, if you know the brand and/or the power of your lenses, please give the details here:**
   ____________________________________________________________
   ____________________________________________________________
   **d) If you know approximately or exactly what your glasses prescription is, please write it here:**
   ____________________________________________________________
   ____________________________________________________________

28. **Do you have any kind of eye condition, besides refractive error?**
   □ Yes □ No
   If yes, what? _______________________________________________  

29. **Are you aware of any history of age-related macular degeneration in your family?** □ Yes □ No
   If yes, who? _______________________________________________

If you have any further comments regarding any of the questions above, please write them here:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Thank you for taking the time to complete this questionnaire. If you need any help or advice with any of the questions, please contact Olivia Howells by telephone: 0121 204 4135, or email: o.howells@aston.ac.uk.