epic
Study of Nutrition and Health

Please see our newsletter inside

To help us read your answers, please write as clearly as possible with a black pen and complete the questionnaire by putting a cross in the appropriate box(es)

e.g. Yes [X] No [ ]

OR putting numbers in the appropriate box(es)

e.g. 0 8 / 2 0 0 6

We would like you to answer every question.
If you are uncertain please do the best you can.

If you have any queries you can telephone us
(01865) 289611
or email us *queries@epic-oxford.org*

If your name and/or your address has changed or is incorrect, please give the correct details below:

Surname: ______ Forename(s): ______

Address: ______

______ Postcode: ______

If you have an email address, would you be prepared for the study organisers to contact you about this study in the future? If yes, please write down your email address: ______

PLEASE COMPLETE USING A BLACK PEN IF POSSIBLE

1. What is your date of birth? __ __ / __ __ / 1 9 Y Y

2. What is today's date? __ __ / __ __ / 2 0 Y Y

3. Do you eat any meat? Yes [ ] No [ ]
(including bacon, poultry, game, meat pies, sausages)

If yes, how many times a week do you eat meat? __ __ *times a week*
(remember bacon for breakfast and meat in sandwiches)

If no, how old were you when you last ate meat? __ __ *years old*

4. Do you eat any fish? Yes [ ] No [ ]

If yes, how many times a month do you eat the following?
put '0' if eaten less than once a month

Fatty fish *(e.g. sardines, salmon, mackerel, herring)* __ __ *times a month*

Other fish *(e.g. cod, tuna, haddock)* __ __ *times a month*

If no, how old were you when you last ate fish? __ __ *years old*

5. Do you eat any dairy products? Yes [ ] No [ ]
(including milk, cheese, butter, yoghurt)

If no, how old were you when you last ate dairy products? __ __ *years old*

6. Do you eat any eggs? Yes [ ] No [ ]
(including eggs in cakes and other baked foods)

If yes, how many eggs do you eat each week? __ __ *eggs each week*
put '0' if eaten less than once a week

If no, how old were you when you last ate eggs? __ __ *years old*

7. What type of milk do you use most often?

- Full cream [ ]
- Semi-skimmed [ ]
- Skimmed/fat-free [ ]
- Goat's or sheep's milk [ ]
- Soya milk fortified with calcium [ ]
- Soya milk not fortified with calcium [ ]
- Other [ ]
- None [ ]

How much milk do you drink each day, including milk with tea, coffee, cereals, etc.?

- Less than quarter of a pint (<150 ml) [ ]
- Quarter of a pint (150 ml) [ ]
- Half a pint (300 ml) [ ]
- Three quarters of a pint (450 ml) [ ]
- One pint or more (>600 ml) [ ]
- None [ ]

EPIC in Oxford is supported by Cancer Research UK, the Medical Research Council, the World Health Organization, and the European Commission.
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8. What type of spread do you normally use on bread, crispbreads, etc. ?

- Butter ☐
- Dairy spread *e.g. Clover* ☐
- Low or reduced fat spread ☐
- Olive oil based spread ☐
- Polyunsaturated margarine ☐
- Soya margarine or other dairy free margarine ☐
- Cholesterol lowering spread *e.g. Benecol, Flora pro-activ* ☐
- Other margarine ☐
- None ☐

9. Which type of bread do you normally eat?

- White bread ☐
- Wholemeal bread ☐
- Brown bread ☐
- Other ☐

10. What type of breakfast cereal do you normally eat?

- Bran cereal *e.g. Branflakes* ☐
- Wholewheat cereal *e.g. Weetabix* ☐
- Porridge, hot oat cereal ☐
- Muesli, oat clusters, etc. ☐
- Other *e.g. cornflakes, Rice Krispies* ☐
- None ☐

11. How often do you eat the following foods?

	Never	Seldom	Once a week	2-4 times a week	5-6 times a week	Once or more a day
Fresh fruit	☐	☐	☐	☐	☐	☐
Dried fruit	☐	☐	☐	☐	☐	☐
Salad/raw vegetables	☐	☐	☐	☐	☐	☐
Cooked vegetables	☐	☐	☐	☐	☐	☐
Peanut butter, salted nuts	☐	☐	☐	☐	☐	☐
Other nuts and seeds	☐	☐	☐	☐	☐	☐

12. How often do you eat the following soya foods?

	Never	Seldom	Once a week	2-4 times a week	5-6 times a week	Once or more a day
Tofu	☐	☐	☐	☐	☐	☐
Soya meat, burgers, TVP	☐	☐	☐	☐	☐	☐
Soya cheese	☐	☐	☐	☐	☐	☐
Soya yoghurt, soya desserts	☐	☐	☐	☐	☐	☐

13. How much alcohol do you drink each week?

- Beer, lager or cider *pints each week* ☐☐
- Sherry or fortified wine *glasses each week* ☐☐
- Spirits - whisky, gin, brandy *glasses each week* ☐☐
- Red wine *glasses each week* ☐☐
- White wine *glasses each week* ☐☐

QUESTIONS ABOUT YOUR LIFESTYLE

14. Have you ever smoked cigarettes?

Yes ☐ No ☐

If you have stopped smoking cigarettes, how old were you when you gave up? ☐☐ *years old*

If you smoke now, how many cigarettes do you usually smoke each day? ☐☐ *cigarettes a day*

15. Do you smoke cigars?

Yes ☐ No ☐

16. Do you smoke a pipe?

Yes ☐ No ☐

17. Do you currently have a paid job?

Yes, full-time ☐ Yes, part-time ☐ No ☐

If yes, we would like to know the type and amount of physical activity involved in your work. *Please put a cross in the appropriate box*

Sedentary occupation ☐
you spend most of your time sitting (such as in an office)

Standing or walking occupation ☐
you spend most of your time standing or walking, but your work does not require intense physical effort (e.g. shop assistant, hairdresser, guard)

Manual work ☐
this involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter)

Heavy manual work ☐
this involves very vigorous physical activity including handling very heavy objects (e.g. bricklayer, construction worker)

18. How do you normally travel to work?

- Car or motorbike ☐
- Public transport ☐
- Do not have to travel to work ☐
- Walking ☐
- Bicycle ☐

19. How would you describe your normal walking pace?

Slow ☐ Steady average ☐ Brisk ☐

20. In a typical week during the past year, how many hours did you spend per week on each of the following activities? *put '0' if none*

	In Summer	In Winter
Walking, including to work, shopping and during leisure time	☐☐ *hours per week*	☐☐ *hours per week*
Cycling, including cycling to work and during leisure time	☐☐ *hours per week*	☐☐ *hours per week*
Gardening	☐☐ *hours per week*	☐☐ *hours per week*
Physical exercise such as keep-fit/aerobics, swimming, jogging, tennis, etc.	☐☐ *hours per week*	☐☐ *hours per week*

21. In a typical week during the past 12 months, did you practise any activity vigorously enough to cause sweating or a faster heart beat?

Yes ☐ No ☐

If yes, for how many hours per week in total did you practise such vigorous activity? ☐☐ *hours per week*

22. What is your weight now?

☐☐ *stones* ☐☐ *pounds* **or** ☐☐☐.☐ *kilograms*

23. Compared with two years ago, has your weight changed?

- No ☐
- Yes, gained weight ☐
- Yes, lost weight through dieting/exercise ☐
- Yes, lost weight for other reason ☐

24. What are your present waist and hip measurements?

waist ☐☐ inches or ☐☐☐ centimetres

hip ☐☐ inches or ☐☐☐ centimetres

25. Has your height decreased since you were 20 years old?

Yes ☐ No ☐ Don't know ☐

26. What is your marital status?

Single ☐ Widowed ☐ Divorced ☐

Married or living as married ☐ Separated ☐

QUESTIONS ABOUT YOUR HEALTH

27. Do you regularly take any vitamins, minerals or other supplements?

Yes ☐ No ☐

If yes, do you take: *(you can cross more than one box)*

multivitamins ☐	vitamin A ☐	chromium ☐
multivitamins with iron ☐	vitamin B6 ☐	magnesium ☐
multivitamins with calcium ☐	vitamin B12 ☐	selenium ☐
multivitamins with multiminerals ☐	vitamin C ☐	calcium ☐
fish oil (including cod liver oil) ☐	vitamin D ☐	garlic ☐
glucosamine/chondroitin ☐	vitamin E ☐	iron ☐
soya isoflavones ☐	folic acid ☐	zinc ☐
starflower/evening primrose oil ☐	flax/linseed ☐	

Other *(name and brand)*

28. Have you taken any medications for most of the last 4 weeks?

Yes ☐ No ☐

If yes, was it: *(you can cross more than one box)*

alendronate *(Fosamax)* ☐	digoxin ☐	paracetamol ☐
amlodipine ☐	enalapril ☐	paroxetine *(Seroxat)* ☐
amitriptyline *(Tryptizol)* ☐	etidronate *(Didronel)* ☐	prednisolone ☐
aspirin ☐	frusemide ☐	propranolol ☐
atenolol ☐	HRT ☐	Prozac ☐
atorvastatin *(Lipitor)* ☐	ibuprofen ☐	risedronate *(Actonel)* ☐
beclomethasone *(Becotide)* ☐	insulin ☐	salbutamol *(Ventolin)* ☐
bendrofluazide ☐	lisinopril ☐	simvastatin *(Zocor)* ☐
co-codamol/ co-dydramol ☐	lithium ☐	sleeping pills ☐
contraceptive pill ☐	Losec/Zoton ☐	tamoxifen ☐
co-proxamol ☐	metformin ☐	thyroxine ☐
diclofenac *(Voltarol)* ☐	nifedipine ☐	warfarin ☐

Other *(name and brand)*

29. Have you had a hip replacement?

Yes ☐ No ☐ **if yes**, in what year? ☐☐☐☐

30. Have you had a knee replacement?

Yes ☐ No ☐ **if yes**, in what year? ☐☐☐☐

31. Has your doctor ever told you that you had any of the following?

	Yes	*Year first diagnosed*	No
Cancer	☐	☐☐☐☐	☐
type of cancer:			
Blood clot in leg	☐	☐☐☐☐	☐
Blood clot in lung or elsewhere	☐	☐☐☐☐	☐
Stroke	☐	☐☐☐☐	☐
TIA (transient ischaemic attack)	☐	☐☐☐☐	☐
Angina	☐	☐☐☐☐	☐
Heart attack	☐	☐☐☐☐	☐
Palpitations/irregular heart beat (cardiac arrhythmia)	☐	☐☐☐☐	☐
Diabetes	☐	☐☐☐☐	☐
High blood cholesterol	☐	☐☐☐☐	☐
High blood pressure	☐	☐☐☐☐	☐
Asthma	☐	☐☐☐☐	☐
Emphysema/chronic bronchitis	☐	☐☐☐☐	☐
Thyroid problem	☐	☐☐☐☐	☐
Cataract in eye	☐	☐☐☐☐	☐
Stomach or duodenal ulcer	☐	☐☐☐☐	☐
Bowel polyps	☐	☐☐☐☐	☐
Diverticular disease	☐	☐☐☐☐	☐
Crohn's disease/Ulcerative colitis	☐	☐☐☐☐	☐
Coeliac disease	☐	☐☐☐☐	☐
Osteoporosis	☐	☐☐☐☐	☐
Rheumatoid arthritis	☐	☐☐☐☐	☐
Osteoarthritis	☐	☐☐☐☐	☐
Depression/anxiety	☐	☐☐☐☐	☐
Gallstones	☐	☐☐☐☐	☐
Gallbladder removed	☐	☐☐☐☐	☐
Epilepsy	☐	☐☐☐☐	☐
Multiple Sclerosis	☐	☐☐☐☐	☐
Enlarged prostate (men only)	☐	☐☐☐☐	☐

Other significant illnesses or operations, excluding hysterectomy - see Q.42

Please give details, including year first diagnosed.

32. ***In the last ten years,*** **have you had any broken/fractured bones?** Yes, once ☐ Yes, more than once ☐ No ☐

If yes, please indicate which bones you have fractured/broken:

	Year of fracture	*Please cross this box if the fracture was the result of a fall*
hip		☐
wrist		☐
arm		☐
ankle		☐
leg		☐
finger/toe		☐
rib		☐
other		☐

33. How would you describe your health now?

excellent ☐ good ☐ fair ☐ poor ☐

QUESTIONS FOR MEN ONLY

34. Have you had a vasectomy? Yes ☐ No ☐

If yes, at what age? ☐ *years old*

35. Have you had a PSA (prostate specific antigen) test? Yes ☐ No ☐

If yes, at what age? ☐ *years old*

QUESTIONS FOR WOMEN ONLY

35. Have you been through your menopause?

☐ No

☐ Not sure because I had a hysterectomy

☐ Not sure because of irregular periods, taking HRT etc.

☐ Yes - **If yes,** how old were you when you had your menopause? ☐ *years old*

36. How many natural periods have you had in the last 12 months? (put '0' if none) ☐ *periods*

Do not count bleeding while taking the pill or HRT

37. Have you ever taken the contraceptive pill? Yes ☐ No ☐

If yes, at what age did you first use the pill? ☐ *years old*

For how long altogether have you used the pill? ☐ *years*

Are you currently taking the contraceptive pill? Yes ☐ No ☐

If yes, is it the "mini pill"? Yes ☐ No ☐

e.g. Micronor, Noriday, Femulen, Microval, Norgeston, Cerazette

If no, at what age did you stop? ☐ *years old*

38. Have you ever taken Hormone Replacement Therapy (HRT)? Yes ☐ No ☐

If yes, at what age did you first use HRT? ☐ *years old*

For how long altogether have you used HRT? ☐ *years*

Are you currently taking HRT? Yes ☐ No ☐

If yes, what brand of HRT are you currently using?

Prempak C 0.625mg ☐	Estraderm patch ☐	Estracombi ☐
Prempak C 1.25mg ☐	Trisequens ☐	Kliofem ☐
Evorel (25, 50, 75, 100 mcg) ☐	Premique ☐	Livial ☐
Evorel conti or sequi ☐	Nuvelle ☐	Implants ☐
Premarin 0.625mg ☐	Climesse ☐	Other ☐
Premarin 1.25mg ☐	Oestrogel ☐	Don't know ☐

If you no longer take HRT, at what age did you stop? ☐ *years old*

39. ***During the last six years,*** **have you had any children?** Yes ☐ No ☐

If yes, please enter the year(s) of birth and sex below:

1. ☐ Boy ☐ Girl ☐
2. ☐ Boy ☐ Girl ☐
3. ☐ Boy ☐ Girl ☐

40. Are you currently pregnant? Yes ☐ No ☐

41. Have you ever had a son born with either of the following conditions?

	Yes	Year of birth	No
Hypospadias (hole for urinating in the wrong place)	☐		☐
Undescended testicles (Cryptorchidism)	☐		☐

42. Have you had a hysterectomy (womb removed)? Yes ☐ No ☐

If yes, at what age? ☐ *years old*

43. Have you had an operation to remove one or both ovaries? Yes ☐ No ☐ Don't know ☐

If yes, were one or both ovaries removed? One ☐ Both ☐ Don't know ☐

At what age? ☐ *years old*

44. Have you ever had breast screening by mammography (x-ray)? Yes ☐ No ☐

If yes, how many times in the last ten years? ☐

When did you last have a breast screen? (please enter year) ☐

THANK YOU VERY MUCH FOR YOUR HELP Please return this questionnaire in the pre-paid envelope

We guarantee that all information will be treated with absolute confidentiality and will only be used for medical research

PROF T KEY, EPIC STUDY, EPIDEMIOLOGY UNIT, UNIVERSITY OF OXFORD, RICHARD DOLL BUILDING, ROOSEVELT DRIVE, HEADINGTON, OXFORD OX3 7LF