**Questionnaire to study demographic, physical activities and lifestyle impacts in Alzheimer’s Disease (AD) patients**

**Patient Information**

|  |  |
| --- | --- |
| Name |  |
| Age | [ ]  < 47 years[ ]  47 – 53 years[ ]  >53 years |
| Gender | [ ]  Male [ ]  Female  |
| Race | [ ]  Malay [ ]  Chinese [ ]  Indian [ ]  Others:  |
| Nationality | [ ]  Malaysian [ ]  Others: *Please specify*  |
| Address |  |
| Living area | [ ]  City centre[ ]  Town centre[ ]  Village[ ]  Isolated residency (e.g. farm, beach house, etc)  |
| Marital status | [ ]  Single [ ]  Married [ ]  Divorced [ ]  Widow |
| Living situation | [ ]  Living alone[ ]  Living with spouse[ ]  Living with family members (e.g. children, relative, etc)[ ]  Others: *Please specify* |
| Highest education level | [ ]  No formal[ ]  Primary[ ]  Secondary[ ]  Pre-university[ ]  Polytechnique/ University/ College[ ]  Others: *Please specify*  |
| Highest certificate | [ ]  None[ ]  UPSR[ ]  PMR[ ]  SPM/ IGCSE/ ‘O’ level/ equivalent[ ]  STPM/ Matriculation/ ‘A’ level/ equivalent[ ]  Diploma[ ]  Bachelor’s Degree[ ]  Master’s Degree[ ]  Doctorate[ ]  Professional |

**Physical Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Height |  cm | BMI |  kg/m2 |
| Weight |  kg | Systolic BP |  mmHg |
| Waist |  cm | Total Cholesterol |  mmol/l |
| Hip |  cm |  |  |

**Clinical Characteristic**

|  |  |
| --- | --- |
| Family history of Alzheimer’s Disease  | [ ]  Yes Please state the relation: [ ]  No |
| Medical conditions/ History | *(You may tick more than one)*[ ]  Diabetes mellitus[ ]  Hearing disease[ ]  Hypertension[ ]  Visual disease[ ]  Cerebrovascular disease[ ]  Cataract[ ]  Myocardial infarction[ ]  Gastrointestinal disease[ ]  Heart failure[ ]  Renal disease[ ]  Atrial fibrillation[ ]  Hepatitis[ ]  Peripheral vascular disease[ ]  Asthma[ ]  Epilepsy[ ]  Arthritis[ ]  Parkinsonism [ ]  Osteoporosis[ ]  Hyperthyroid[ ]  Others: Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| History of head injury | [ ]  Yes[ ]  No |

**Physical Activities**

|  |
| --- |
| **Part 1: Job Related Physical activity** |
| 1. | Employment status | [ ]  Employee[ ]  Self-EmploymentSkip to Part2, Question 7 if: [ ]  Unemployed[ ]  Retired |
| 2.  | Occupation |  |
| 3.  | How many days do you involve physical activities (e.g. loads lifting, climbing upstairs, etc) for more than 10 mins in your work?  | [ ]  Never[ ]  1 to 3 times[ ]  4 to 5 times[ ]  More than 5 times |
| 4.  | How many days do you walk for more than 10 mins (excluding travel to or from work) in your work?  | [ ]  Never[ ]  1 to 3 times[ ]  4 to 5 times[ ]  More than 5 times |
| **Part 2: Transportation Related Physical Activity** |
| 5.  | What is your mode of the transportation for going work? | [ ]  Public transport (e.g. train, bus, taxi)[ ]  Private transport (e.g. motorbike, car, etc)[ ]  Cycling[ ]  Walking |
| 6. | How much time do you usually spend on travelling for work in one time?  | [ ]  less than 10 minutes[ ]  10 to 20 minutes[ ]  20 to 30 minutes[ ]  more than 30 minutes |
| 7.  | Other than going for work, how many days that you go outside of your house a week? | [ ] Never ---Skip to Part 3[ ]  2 to 3 days[ ]  4 to 5 days[ ]  Everyday |
| 8.  | What is your mode of transportation (excluding the transportation you take to work)? *You may tick more than one option.*  | [ ]  Public transport (e.g. train, bus, taxi) [ ]  Private transport (e.g. motorbike, car, etc) [ ]  Cycling [ ]  Walking |
| 9.  | How many days do you travel in a motor vehicle like train, bus or car in a week (excluding the transportation you take to work)?  | [ ]  Never[ ]  1 to 3 times[ ]  4 to 5 times[ ]  More than 5 times |
| 10.  | On average, how much time do you spend on traveling in a motor vehicle like train, bus or car in one time (excluding the transportation you take to work)?  | [ ]  less than 10 minutes[ ]  10 to 30 minutes[ ]  30 minutes to 1 hour[ ]  more than 1 hour |
| 11.  | Do you ride bicycle from place to place?  | [ ]  Yes[ ]  No ---Skip to Part2, Question 13  |
| 12.  | How much time do you usually spend on cycle in one time (excluding the transportation you take to work)? | [ ]  less than 10 minutes [ ]  10 to 20 minutes[ ]  20 to 30 minutes[ ]  more than 30 minutes |
| 13.  | How much time do you usually spend on walking from place to place in one time (excluding the transportation you take to work)?  | [ ]  less than 10 minutes [ ]  10 to 20 minutes[ ]  20 to 30 minutes[ ]  more than 30 minutes |
| **Part 3: Housework, Recreation, Sport and Leisure-time Physical activity** |
| 14.  | What kind of activity do you normally carry out when you are outside? | [ ]  Dining[ ]  Exercise[ ]  House visit[ ]  Entertainment (e.g. watch movie, picnic, music concert, etc)[ ]  Run errands (e.g. groceries shopping, paying bills, dry cleaning, etc)[ ]  Doctor’s medical appointment |
| 15.  | What kind of exercise that you normally participate in? | [ ]  Light exercise (e.g. walking, housework, etc)[ ]  Moderate exercise (e.g. jogging, cycling, tai chi, gardening, etc)[ ]  Vigorous exercise (e.g. running, weight training, basketball, etc) |
| 16.  | How much time do you usually spend on the exercise per day?  | [ ]  less than 10 minutes[ ]  10 to 30 minutes[ ]  more than 30 minutes |
| 17.  | How much time do you spend sitting per day?  | [ ]  less than 1 hours[ ]  2 to 3 hours[ ]  more than 3 hours |

**Lifestyle and diet**

|  |  |  |
| --- | --- | --- |
| 1.  | How many hours do you sleep at night?  | [ ]  less than 5 hours[ ]  5 to 6 hours[ ]  6 to 7 hours[ ]  7 to 8 hours[ ]  more than 8 hours |
| 2.  | How many times do you wake up at night? | [ ]  Never[ ]  1 to 2 times[ ]  3 times or more |
| 3.  | Are you a smoker? | [ ]  Current [ ]  Ex-smoker/ quit (less than a year ago)[ ]  Ex-smoker/ quit (more than a year)[ ]  Never smoke --Skip to Question 6  |
| 4.  | How long have you been smoking?  | [ ]  less than 10 years[ ]  10 to 20 years[ ]  more than 20 years |
| 5.  | How many cigarettes do you smoke per day?  | [ ]  1 to 10 [ ]  11 to 20[ ]  20+ |
| 6.  | How often do you skip breakfast? | [ ]  Never[ ]  Once to twice per week[ ]  More than twice per week |
| 7.  | How often do you skip lunch?  | [ ]  Never[ ]  Once to twice per week[ ]  More than twice per week |
| 8.  | How often do you skip dinner?  | [ ]  Never[ ]  Once to twice per week[ ]  More than twice per week |
| 9.  | Do you eat snacks instead of proper meals on most days?  | [ ]  Never[ ]  Once to twice per week[ ]  More than twice per week |
| 10.  | What style of eating habit do you have? | [ ]  Vegetarian[ ]  Less vegetable / Mostly meat[ ]  Mostly carbohydrates (e.g. rice, noodle, etc)[ ]  Well balance (vegetables, meat, carbohydrates) |
| 11.  | How many times a week do you eat fast food/ fried food/ food in high fat/salt?  | [ ]  Once or less[ ]  2 to 3 times[ ]  4 to 5 times[ ]  6 to 7 times[ ]  more than 7 times |
| 12.  | How many sweeten drinks/ food (e.g. soda, dessert and etc) that you have in a week?  | [ ]  Once or less[ ]  2 to 3 times[ ]  4 to 5 times[ ]  6 to 7 times[ ]  more than 7 times |
| 13.  | How many fruits do you consume per day?  | [ ]  Not at all[ ]  Once[ ]  2 to 3 [ ]  More than 3 |
| 14.  | Do you consume drinks containing alcohol?  | [ ]  Yes [ ]  No --- End of survey |
| 15.  | How often do you drink alcoholic beverages? | [ ]  Every day[ ]  4 to 6 times per week [ ]  1 to 3 times per week[ ]  On special occasions  |
| 16.  | How many drinks do you have each time? \*one unit= one pint/ one can of beer/ one small glass of wine/ one small glass of liquor  | [ ]  1 to 3 [ ]  4 to 6[ ]  7 to 9[ ]  more than 10 |

\*\*THANK YOU FOR TAKING THIS SURVEY\*\*