

Health Questionnaire

We are members of the health professions who are following a research course. As a project, we are asking people to answer a few questions about their health and things which may affect it. Your answers will be completely confidential and anonymous.

First we would like to ask you some questions about yourself.

1. Are you female ₁ or male ₂?
(please tick one box)
-

2. How old are you? years.
-

3. Which of these terms best describes you?

full time employed ₁ part time employed ₂ student ₃ retired ₄
self-employed ₅ unemployed ₆ homemaker ₇

If you are working, what is your current occupation? _____

Now we would like to ask some questions about your current health.

4. How would you describe your health:
(please tick one box)

excellent ₁ good ₂
fair ₃ poor ₄

5. Have you ever been diagnosed as having:
(please tick all that apply)

asthma ₁ cancer ₁
diabetes ₁ heart disease ₁
high blood pressure ₁ other long-term disease ₁
(please write in) _____

6. Are you currently taking any prescribed medication? Yes ₁ No ₂
-

7. Are you registered disabled? Yes ₁ No ₂
-

8. What is your height? feet and inches
OR centimetres.
-

9. What is your weight? stones and pounds
OR pounds
OR kilogrammes.
-

Now we would like to ask you some questions about how you live

10. Which of these terms best describes your tobacco smoking?:
(please tick one box)

- current smoker ₁
ex-smoker ₂
non-smoker ₃

11. How many units of alcohol do you usually drink in a week?
(One unit of alcohol is half a pint of beer, a small glass of wine, or a standard measure of spirits.)

12. Which of these terms best describes your use of illegal recreational drugs?:
(please tick one box)

- current user ₁
ex- user ₂
non-user ₃

13. Do you do more than 20 minutes of gentle exercise:

- never ₁ less than once per week ₂
one to three times a week ₃ four or more times per week ₄

14. Do you do more than 20 minutes of moderate exercise:

- never ₁ less than once per week ₂
one to three times a week ₃ four or more times per week ₄

15. Do you do more than 20 minutes of strenuous exercise:

- never ₁ less than once per week ₂
one to three times a week ₃ four or more times per week ₄

16. How much stress do you experience in your life at the moment?
(Please mark on the line the point which best represents the stress.)

a lot |-----| none at all

17. How well do you feel you cope with stress?
(Please mark on the line the point which best represents your ability to cope.)

very well |-----| very badly

Thank you very much for your help. Now put the questionnaire in the envelope and seal it.