

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. How old are you? years.

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

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 carer ₈
long term sick or incapacity benefit ₉ other ₁₀

If you are working, what is your principal employment? _____

4. Could you tell us the highest level of educational qualification which you have?
(Please tick one box)

none ₁ school level (GCE O or A level, GCSE, CSE, etc.) ₂
university degree ₃ other profession qualification (nursing diploma, etc.) ₄

5. Which of these terms best describes you?

black ₁ white ₂ south Asian ₃
east Asian ₄ other ₅

6. Do you live

alone ₁ with family ₂
with friends ₃ with others ₄

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

7. How would you describe your physical health? (Please mark on the line the point which best represents the state of your health.)

very poor |-----| excellent

8. Can you do the following unaided?

get out of bed ₁ wash yourself ₂ walk down a flight of stairs ₃
walk up a flight of stairs ₄ walk a short distance ₅

9. How often have you consulted a doctor about your health in the past year?

not at all ₁ once ₂ twice ₃
3 or 4 times ₄ 5 to 9 times ₅ 10 or more times ₆

10. Have you ever been diagnosed as having:
(please tick all that apply)
- | | | | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|----------|--------------------------|
| asthma/lung disease | <input type="checkbox"/> | cancer | <input type="checkbox"/> | diabetes | <input type="checkbox"/> |
| heart disease | <input type="checkbox"/> | high blood pressure | <input type="checkbox"/> | stroke | <input type="checkbox"/> |
| other long-term disease | <input type="checkbox"/> | (please write in) _____ | | | |
-

11. Are you taking any long-term prescribed medication? Yes No
-

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

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

14. How happy are you? (Please mark on the line the point which best represents your happiness.)
very happy |-----| very unhappy
-

15. How would describe your usual mental state? (Please mark on the line the point which best represents your mental state.)
anxious |-----| relaxed
-

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

16. Which of these terms best describes your tobacco smoking?:
(please tick one box)
current smoker ex-smoker non-smoker
- For current smokers only, how many packs of cigarettes or equivalent do you smoke in a week?
_____ packs/week
-

17. 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.)
-

18. Do you think you drink:
less than you should? about the right amount? more than you should?
-

19. On a typical day, how much gentle exercise do you do?
- | | | | |
|---------------------------------|--------------------------|----------------------|--------------------------|
| none | <input type="checkbox"/> | less than 20 minutes | <input type="checkbox"/> |
| between 20 minutes and one hour | <input type="checkbox"/> | more than one hour | <input type="checkbox"/> |
-

20. On a typical day, how much vigorous exercise do you do?
- | | | | |
|---------------------------------|--------------------------|----------------------|--------------------------|
| none | <input type="checkbox"/> | less than 20 minutes | <input type="checkbox"/> |
| between 20 minutes and one hour | <input type="checkbox"/> | more than one hour | <input type="checkbox"/> |
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Thank you very much for your help. Now put the questionnaire in the envelope and seal it.