

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.

If there is any question you do not want to answer, just leave it blank.

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

How old are you? _____ years

Are you female ₁ or male? ₂

Which of these terms best describes you?

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

Are you working now in paid employment? Yes ₁ No ₂

What is your current occupation or was your last occupation? _____

What is the occupation of the head of your household? .. _____

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

How would you rate your physical health overall?

good ₁ moderate ₂ poor ₃

Please circle the number which best describes your current health

1 2 3 4 5 6 8 9 10
very poor very good

Have you ever been diagnosed as having any of the following?

(Please tick all that apply)

Asthma ₁ Diabetes ₁ Epilepsy ₁
Coronary Heart Disease ₁ Cancer ₁ Arthritis ₁
Allergies ₁ HIV ₁
Anything else? ₁ please write in: _____

What is your height? _____ feet and _____ inches
OR _____ centimetres.

What is your weight? _____stones and _____ pounds
OR _____ pounds
OR _____ kilogrammes.

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

On how many days in week would you eat fruit or vegetables? _____

How many portions of fruit and vegetables do you eat on a typical day? _____

(One portion of fruit is, for example, 1 medium apple, or 1 medium banana, or 2 small satsumas or 3 dried apricots. One portion of vegetables is, for example, 3 heaped tablespoonfuls of cooked carrots or peas or sweetcorn, or 1 cereal bowl of mixed salad.)

Do you do any exercise deliberately to keep fit? Yes ₁ No ₂

Do you do any of the following regularly for 20 minutes or more and how many times a week do you do it?

	Yes?	Times per week?
Walking	<input type="checkbox"/> ₁	_____
Running	<input type="checkbox"/> ₁	_____
Cycling	<input type="checkbox"/> ₁	_____
Aerobics	<input type="checkbox"/> ₁	_____
Swimming	<input type="checkbox"/> ₁	_____
Sexual intercourse	<input type="checkbox"/> ₁	_____
Playing sport	<input type="checkbox"/> ₁	_____

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

current smoker ₁
ex-smoker ₂
non-smoker ₃

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.)

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