

Health Questionnaire

We are members of the health professions who are following a research course. As a research 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 Male ₁ or Female ₂? (Please tick one box)

3. Which of these terms best describes you? (Please tick one box)

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

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

4. How would rate your general health? Please mark on the line below the position which best represents your health.

Very poor health |-----| Excellent health

5. In general, how happy would you say you are? Could you please mark on the line below the position which best represents your present happiness.

Very happy indeed |-----| Very unhappy indeed

6. How recently did you ask for medical advice, including from a GP, hospital, nurse, NHS direct, or similar?

In the past week ₁
Not in the past week, but in the past two weeks ₂
Not in the past two weeks, but in the past month ₃
Not in the past month, but in the past three months ₄
Not in the past three months, but in the past year ₅
Not in the past year ₆

7. Have you ever been told by a doctor or other health worker that you have any of the following? (Please tick all that apply to you)

Asthma	<input type="checkbox"/> ₁	Other lung disease	<input type="checkbox"/> ₂
Anxiety or depression	<input type="checkbox"/> ₃	Back pain	<input type="checkbox"/> ₄
High blood pressure	<input type="checkbox"/> ₅	Diabetes	<input type="checkbox"/> ₆
Heart Disease	<input type="checkbox"/> ₇	HIV	<input type="checkbox"/> ₈
Thyroid disease	<input type="checkbox"/> ₉	Swine 'flu	<input type="checkbox"/> ₁₀
Epilepsy	<input type="checkbox"/> ₁₁	Stroke	<input type="checkbox"/> ₁₂

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

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

10. How many hours do you sleep each night? _____ hours

11. Do you think you get enough sleep? Yes ₁ No ₂ Don't know ₃

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

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

13. Have any of your family or friends ever suggested that you drink too much?
Yes ₁ No ₂

14. How many units of alcohol do you think it is safe to drink in a typical week? _____ units

15. How often do you exercise for 30 minutes or longer so as to get out of breath or sweat?
(Please tick one box)

Never	<input type="checkbox"/> ₁	Less than once a week	<input type="checkbox"/> ₂
Once a week	<input type="checkbox"/> ₃	Twice a week	<input type="checkbox"/> ₄
Three or four times a week	<input type="checkbox"/> ₅	Five or six times a week	<input type="checkbox"/> ₆
Daily	<input type="checkbox"/> ₇		

16. 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.)

17. Have you ever smoked tobacco? Yes ₁ No ₂

18. Do you smoke now: Yes ₁ No ₂

19. If you smoke now, what do you usually smoke? (Please write in)

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