

## 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.

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

1. How old are you? \_\_\_\_\_ years

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2. Is your sex: Male <sub>1</sub> or Female <sub>2</sub>? (Please tick one box)

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

Black <sub>1</sub>      White <sub>2</sub>      South Asian <sub>3</sub>  
East Asian <sub>4</sub>      Other <sub>5</sub>

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4. Are you: (Please tick one box.)

Single <sub>1</sub>      Married <sub>2</sub>      Living with a partner <sub>3</sub>  
Divorced/separated <sub>4</sub>      Widowed <sub>5</sub>

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

Working full time <sub>1</sub>      Working part time <sub>2</sub>      Student <sub>3</sub>  
Looking for work <sub>4</sub>      Retired <sub>5</sub>      Carer <sub>6</sub>  
Homemaker <sub>7</sub>      Other <sub>8</sub>

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

6. Do you have any of the following long-term conditions? (Please tick all that apply to you.)

Heart problems <sub>1</sub>      Breathing problems? <sub>1</sub>  
Mobility problems <sub>1</sub>      Diabetes <sub>1</sub>

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7. Do you take regular medication for any of the following conditions? (Please tick all that apply to you.)

Diabetes <sub>1</sub>      High cholesterol <sub>1</sub>      High blood pressure <sub>1</sub>  
Mental health problems <sub>1</sub>      Addictions <sub>1</sub>      Pain <sub>1</sub>  
Asthma <sub>1</sub>      Infections <sub>1</sub>      Other <sub>1</sub>

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8. When did you last consult a doctor or nurse? (Please tick one box.)

In the last month <sub>1</sub>      Between one and six months ago <sub>2</sub>  
Between one and six months ago <sub>3</sub>      More than one year ago <sub>4</sub>

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9. Do you have regular health checks? (Please tick one box.)

Yes <sub>1</sub>      No <sub>2</sub>

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

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

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

11. Which of these terms best describes your use of cigarettes or tobacco?  
(Please tick one box)

Current smoker <sub>1</sub>      Ex-smoker <sub>2</sub>      Never smoked <sub>3</sub>

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12. If you do smoke now, how much tobacco do you smoke per day in cigarette packs or equivalent? \_\_\_\_\_ packs

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13. 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.)

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14. Do you use any other substances, such as cannabis, heroin, cocaine, ecstasy?  
(Please tick one box)

Every day <sub>1</sub>      At least three times a week <sub>2</sub>      At least once a week <sub>3</sub>  
Sometimes but less than once a week <sub>4</sub>      Never <sub>5</sub>

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15. What is your height? \_\_\_\_\_ feet and \_\_\_\_\_ inches  
OR \_\_\_\_\_ centimetres.

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16. What is your weight? \_\_\_\_\_ stones and \_\_\_\_\_ pounds  
OR \_\_\_\_\_ pounds  
OR \_\_\_\_\_ kilogrammes.

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17. How many hours a night do you usually sleep? \_\_\_\_\_ hours

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18. Do you do strenuous or vigorous exercise for 30 minutes or more:  
(Please tick one box)

Every day <sub>1</sub>      At least three times a week <sub>2</sub>      At least once a week <sub>3</sub>  
Sometimes but less than once a week <sub>4</sub>      Never <sub>5</sub>

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19. Do you laugh at least once a day? (Please tick one box)

Yes <sub>1</sub>      No <sub>2</sub>

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