

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 some questions about your current health.

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

Excellent ₁ Good ₂
Fair ₃ Poor ₄

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2. Do you suffer from any of the following:
(please tick all that apply)

Bronchitis ₁ Diabetes ₁
Hypertension ₁ Asthma ₁
Heart problems ₁ Other longterm disease ₁
(please write in) _____

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3. Do you suffer from any allergies? Yes ₁ No ₂

If yes, to what are you allergic? _____

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4. Where do you go for information about health?
(please tick all that apply)

Books ₁ Magazines ₁ Doctor ₁ Nurse ₁
Friends ₁ Family ₁ Television ₁ Internet ₁

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5. Over the past year, how many times do you think you have visited your GP or practice nurse?

None at all ₁ Once or twice ₂
Three or four times ₃ Five or six times ₄
Seven or eight times ₅ Nine or ten times ₆
More than ten times ₇

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6. Over the last seven days, have you taken any medication,
either prescribed by a doctor or bought over the counter? Yes ₁ No ₂

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

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8. What is your weight? stones and pounds
OR pounds
OR kilogrammes.

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

9. How old are you? years.

10. Are you Female ₁ or Male ₂?
(please tick one box)

11. Which term best describes the place you live:
(please tick one box)

Urban ₁

Mixed urban and rural ₂

Rural ₃

12. 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? _____

13. Which of these statements best describes you:
(please tick one box)

I have never smoked ₁

I have only ever tried smoking a few times ₂

I use to smoke regularly but don't smoke now ₃

I smoke now ₄

If you do smoke now, do you smoke:
(please tick all that apply)

cigarettes ₁

pipe ₁

cigars ₁

If you do smoke now, how often do you smoke?
(please tick one box)

every day ₁

at least once a week but not every day ₂

occasionally but less than once a week ₃

14. 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.)

15. How often do you exercise enough to make you breathless?
Never ₁ Less than once per month ₂
Less than once per week ₃ Once or twice a week ₃
Three to five times per week ₅ More than five times per week ₆

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