

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 female ₁ or male? 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

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

single ₁ married ₂ separated ₃
divorced ₄ widowed ₅

5. How many people share your accommodation (Please tick one box)

0 ₁ 1 ₂ 2 ₃ 3 ₄ 4 or 5 ₅
between 6 and 10 ₆ more than 10 ₇

6. How would you describe your education? (Please tick one box)

school up to earliest leaving age ₁ school beyond earliest leaving age ₂
technical or professional ₃ university degree ₄

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

non-smoker ₁ current smoker ₂ ex smoker ₃

8. If you smoke now:

How many cigarettes do you usually smoke per day? _____

How many pipes of tobacco do you usually smoke per day? _____

How many cigars do you smoke usually per day? _____

9. If you smoke now, for how long have you smoked? _____ years.

10. If you are an ex-smoker, how long ago did you last smoke?
_____ years or _____ months or _____ weeks.

11. 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.)

12. On how many days in a typical week do you drink 5 units or more? _____

13. How many hours a week do you exercise until you are out of breath or sweat?
_____ hours

14. Do you usually eat a snack between breakfast and lunch? Yes ₁ No ₂

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

15. How would you rate your own health on a scale where 1 means very poor health and 10 means the best possible health? _____

16. If we were to ask your GP to rate your health on the same scale, what do you think the answer would be? _____

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

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

19. Do you think that you are overweight? (Please tick one box) Yes ₁ No ₂

20. How many visits have you made to a health professional in past year? _____

21. How often has any illness prevented your daily routine, e.g. missed school or work, during the last year? (Please tick one box)

not at all ₁ one or two days ₂ less than a week ₃ a week or more ₄

22. Have you ever been diagnosed with the following conditions? (Please tick all that apply.)

asthma ₁ arthritis ₁ chronic kidney disease ₁

depression or anxiety ₁ diabetes ₁ high blood pressure ₁

23. How happy are you? (Please mark on the line the point which best represents your happiness.)

very happy |-----| very unhappy

24. How well do you cope with day to day activity? (Please mark on the line the point which best represents how well you cope.)

very badly |-----| very well

25. During the last month have you been feeling down, depressed or hopeless? (Please tick one box.) Yes ₁ No ₂

26. During the last month have you often been bothered by having little interest or pleasure in doing things? (Please tick one box.) Yes ₁ No ₂

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