

# 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. What is your gender? (Please tick one box)                      female <sub>1</sub>    male <sub>2</sub>

---

2. What age are you? \_\_\_\_\_ years

---

3. Please describe your ethnicity? (Please tick one box)

black                      <sub>1</sub>                      white British                      <sub>2</sub>                      white other                      <sub>3</sub>  
south Asian                      <sub>4</sub>                      east Asian                      <sub>5</sub>                      other                      <sub>6</sub>

---

4. Are you disabled?                      yes <sub>1</sub>                      no <sub>2</sub> (Please tick one box)

---

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>  
unemployed                      <sub>4</sub>                      retired                      <sub>5</sub>                      carer                      <sub>6</sub>  
homemaker                      <sub>7</sub>                      other                      <sub>8</sub>

---

## ***Next we would like to ask you some questions about how you live.***

6. Do you eat 5 or more portions of fruit or vegetables per day? (Please tick one box)  
yes <sub>1</sub>                      no <sub>2</sub>

---

7. How often do you eat fried food? (Please tick one box)

less than once a week                      <sub>1</sub>                      about once a week                      <sub>2</sub>  
twice or more a week, but not every day                      <sub>3</sub>                      daily                      <sub>4</sub>

---

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

vegan                      <sub>1</sub>                      vegetarian                      <sub>2</sub>                      neither                      <sub>3</sub>

---

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

non-smoker                      <sub>1</sub>                      current smoker                      <sub>2</sub>                      ex smoker                      <sub>3</sub>

---

10. 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.)

---

11. In a typical week, how often do you exercise for at least 30 minutes, so as to get out of breath or sweat? (Please circle the number of times.)

0                      1                      2                      3                      4                      5                      6                      7 or more

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

12. Would you rate your health as: (Please tick one box.)

excellent <sub>1</sub>      good <sub>2</sub>      fair <sub>3</sub>      poor <sub>4</sub>

---

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

---

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

---

15. Have you consulted a doctor or other health professional about your health  
(Please tick one box.)

in the past month <sub>1</sub>  
in the past six months but not the past month <sub>2</sub>  
in the past year but not the past six months <sub>3</sub>

---

16. Are you currently prescribed any medication? (Please tick one box.)

yes <sub>1</sub>      no <sub>2</sub>

If you are prescribed medication, could you tell us what this is for? (Please tick all that apply.)

anxiety <sub>1</sub>      arthritis/rheumatism <sub>2</sub>      asthma <sub>3</sub>  
depression <sub>4</sub>      diabetes <sub>5</sub>      heart conditions <sub>6</sub>  
high blood pressure <sub>7</sub>      other <sub>8</sub>      rather not say <sub>9</sub>  
no prescription at the moment <sub>10</sub>

---

17. How often do you suffer from headaches? (Please tick one box)

at least once a week <sub>1</sub>  
at least once a month but not every week <sub>2</sub>  
less than once a month <sub>3</sub>

---

18. Do you feel that stress affects your health (Please tick one box)

often <sub>1</sub>      sometimes <sub>2</sub>      never <sub>3</sub>

---

19. How many hours do you sleep on a typical night? \_\_\_\_\_ hours

---

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