

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)

Working full time	<input type="checkbox"/> ₁	Working part time	<input type="checkbox"/> ₂	Student	<input type="checkbox"/> ₃
Looking for work	<input type="checkbox"/> ₄	Retired	<input type="checkbox"/> ₅	Carer	<input type="checkbox"/> ₆
Homemaker	<input type="checkbox"/> ₇	Other	<input type="checkbox"/> ₈		

4. Are you: (Please tick one box)

Single	<input type="checkbox"/> ₁	Married	<input type="checkbox"/> ₂	Living with a partner	<input type="checkbox"/> ₃
Divorced/separated	<input type="checkbox"/> ₄	Widowed	<input type="checkbox"/> ₅		

5. Would you consider yourself to have a disability? (Please tick one box)

Yes ₁ No ₂

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

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

Non-smoker ₁ Current smoker ₂ Ex smoker ₃

7. Do you live with a smoker? (Please tick one box)

Yes ₁ No ₂

8. 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.)

9. How often do you exercise 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 or three times a week	<input type="checkbox"/> ₄
Four or five times a week	<input type="checkbox"/> ₅	More than five times a week	<input type="checkbox"/> ₆

10. If you do take exercise, do you usually do this for (Please tick one box)

Less than 15 minutes	<input type="checkbox"/> ₁	Between 15 and 30 minutes	<input type="checkbox"/> ₂
Between 31 and 60 minutes	<input type="checkbox"/> ₃	More than 60 minutes	<input type="checkbox"/> ₄
Don't do any exercise	<input type="checkbox"/> ₅		

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

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

Poor ₁ Fair ₂ Good ₃ Excellent ₄

12. How would rate your general health? Use a scale 0 to 10 where 0 is very poor health and 10 is perfect health: (Please circle best answer)

0 1 2 3 4 5 6 7 8 9 10
Very poor health Excellent health

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

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

15. Do you think that your weight is: (Please tick one box.)

Too little ₁ About right ₂ Too much ₃

16. How many times in last 12 months have you visited a doctor's surgery?
_____ times

17. 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	Cancer	<input type="checkbox"/> ₂
Depression	<input type="checkbox"/> ₃	Diabetes	<input type="checkbox"/> ₄
Heart Disease	<input type="checkbox"/> ₅	Hepatitis	<input type="checkbox"/> ₆
High blood pressure	<input type="checkbox"/> ₇	Kidney disease	<input type="checkbox"/> ₈

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

very happy |-----| very unhappy

19. 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

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