

## 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. Are you: Male <sub>1</sub>      Female <sub>2</sub>      Other <sub>3</sub>  
If other, please write in: \_\_\_\_\_

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3. Which of these terms best describes your education:  
secondary school <sub>1</sub>    higher <sub>2</sub>    post-graduate <sub>3</sub>

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4. What is your ethnic group? Please tick one box which best describes your background:  
White <sub>1</sub>      Mixed / multiple ethnic groups <sub>2</sub>      Asian <sub>3</sub>  
Black / African / Caribbean / Black British <sub>4</sub>      Other <sub>5</sub>

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5. Which of these best describes you?  
Employed <sub>1</sub>      Self employed <sub>2</sub>      Retired <sub>3</sub>      Student <sub>4</sub>  
Not employed but seeking work <sub>5</sub>      Not employed and not seeking work <sub>6</sub>

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

6. How would describe your health over the past month?  
Excellent <sub>1</sub>    Good <sub>2</sub>    Fair <sub>3</sub>    Poor <sub>4</sub>

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7. In the past month, how often were you prevented from doing your usual activities by ill health?  
Never <sub>1</sub>      A little <sub>2</sub>      Quite a bit <sub>3</sub>      A lot <sub>4</sub>

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8. Have you ever been diagnosed with a chronic disease (such as asthma, diabetes, or arthritis)?  
Yes <sub>1</sub>      No <sub>2</sub>

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9. About how often did you visit your GP in the past six months?  
Never <sub>1</sub>    Once <sub>2</sub>    Two or three times <sub>3</sub>    Four or five times <sub>4</sub>    Six or more times <sub>5</sub>

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

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

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

12. How many times in a typical week do you exercise for more than 15 minutes?  
None <sub>1</sub> Once <sub>2</sub> Twice <sub>3</sub> Three or four times <sub>4</sub> Five times or more <sub>5</sub>

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13. How many times in a typical week do you exercise vigorously, enough to make yourself breathless?  
None <sub>1</sub> Once <sub>2</sub> Twice <sub>3</sub> Three or four times <sub>4</sub> Five times or more <sub>5</sub>

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14. Have you ever smoked cigarettes regularly? Yes <sub>1</sub> No <sub>2</sub>  
(At least one a cigarette a day for a year)

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15. Do you smoke now? Yes <sub>1</sub> No <sub>2</sub>

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16. How often do you have a drink containing alcohol?  
Never <sub>1</sub> Monthly or less <sub>2</sub> 2–4 times a month <sub>3</sub>  
2–3 times a week <sub>4</sub> 4 or more times a week <sub>5</sub>

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17. How many standard drinks containing alcohol do you have on a typical day when drinking?  
1 or 2 <sub>1</sub> 3 or 4 <sub>2</sub> 5 or 6 <sub>3</sub> 7 to 9 <sub>4</sub>  
10 or more <sub>5</sub> I never drink alcohol <sub>6</sub>

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18. How often do you have six or more alcoholic drinks on one occasion?  
Never <sub>1</sub> Less than monthly <sub>2</sub> Monthly <sub>3</sub> Weekly <sub>4</sub> Daily or almost daily <sub>5</sub>

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19. How often do you eat take away food?  
None <sub>1</sub> Once <sub>2</sub> Twice <sub>3</sub> Three or four times <sub>4</sub> Five times or more <sub>5</sub>

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20. Do you eat five portions of fruit and vegetables a day? Yes <sub>1</sub> No <sub>2</sub>

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21. How stressed do you feel? Please mark on the line below the position which best represents your feeling of stress.  
Not at all stressed |-----| Very stressed

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22. How much TV do you watch in a week? \_\_\_\_\_ hours

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