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| Health Questionnaire |
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| English version for the UK |

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| Under each heading, please tick the ONE box that best describes your health TODAY. |
| MOBILITY |  |
| I have no problems in walking about | ❑ |
| I have slight problems in walking about | ❑ |
| I have moderate problems in walking about | ❑ |
| I have severe problems in walking about | ❑ |
| I am unable to walk about | ❑ |
| SELF-CARE |  |
| I have no problems washing or dressing myself | ❑ |
| I have slight problems washing or dressing myself | ❑ |
| I have moderate problems washing or dressing myself | ❑ |
| I have severe problems washing or dressing myself | ❑ |
| I am unable to wash or dress myself | ❑ |
| USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)* |  |
| I have no problems doing my usual activities | ❑ |
| I have slight problems doing my usual activities | ❑ |
| I have moderate problems doing my usual activities | ❑ |
| I have severe problems doing my usual activities | ❑ |
| I am unable to do my usual activities | ❑ |
| PAIN / DISCOMFORT |  |
| I have no pain or discomfort | ❑ |
| I have slight pain or discomfort | ❑ |
| I have moderate pain or discomfort | ❑ |
| I have severe pain or discomfort | ❑ |
| I have extreme pain or discomfort | ❑ |
| ANXIETY / DEPRESSION |  |
| I am not anxious or depressed | ❑ |
| I am slightly anxious or depressed | ❑ |
| I am moderately anxious or depressed | ❑ |
| I am severely anxious or depressed | ❑ |
| I am extremely anxious or depressed | ❑ |

The best health you can imagine

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| We would like to know how good or bad your health is TODAY. |
| This scale is numbered from 0 to 100. |
| 100 means the best health you can imagine.0 means the worst health you can imagine. |
| Please mark an X on the scale to indicate how your health is TODAY. |
| Now, write the number you marked on the scale in the box below. |

YOUR HEALTH TODAY =

10

0

20

30

40

50

60

80

70

90

100

5

15

25

35

45

55

75

65

85

95

The worst health you can imagine