

Health Questionnaire

English version for the UK

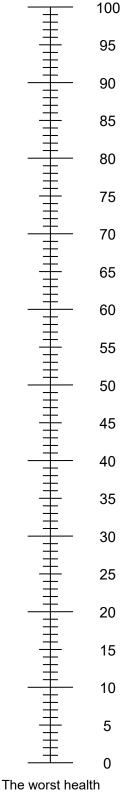
Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY (walking about)	
I have <u>no</u> problems walking about	
I have <u>some</u> problems walking about	
I have <u>a lot</u> of problems walking about	
LOOKING AFTER MYSELF	
I have <u>no</u> problems washing or dressing myself	
I have <u>some</u> problems washing or dressing myself	
I have <u>a lot</u> of problems washing or dressing myself	
DOING USUAL ACTIVITIES (for example, going to school, hobbies, sports, playing, doing things with family or friends)	
I have <u>no</u> problems doing my usual activities	
I have some problems doing my usual activities	
I have <u>a lot</u> of problems doing my usual activities	
HAVING PAIN OR DISCOMFORT	
I have <u>no</u> pain or discomfort	
I have <u>some</u> pain or discomfort	
I have <u>a lot</u> of pain or discomfort	
FEELING WORRIED, SAD OR UNHAPPY	
I am <u>not</u> worried, sad or unhappy	
I am <u>a bit</u> worried, sad or unhappy	
I am <u>very</u> worried, sad or unhappy	

The best health you can imagine

- We would like to know how good or bad your health is TODAY.
- This line is numbered from 0 to 100.
- 100 means the <u>best</u> health you can imagine. 0 means the worst health you can imagine.
- Please mark an X on the line that shows how your health is TODAY.
- Now, write the number you marked on the line in the box below.

YOUR HEALTH TODAY =



you can imagine