

HEALTH QUESTIONNAIRE

- We are interested in what you think about health.
- This questionnaire describes a few health states that people can be in.
- We want you to indicate how good or bad each of these states would be for a person like you.
- There are no right or wrong answers.
- We are only interested in your personal views.

Your health

Which statements best describe **your own health state today**?

Mobility

- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

Self-Care

- I have no problems with self-care ☐
- I have some problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

Usual Activities

- I have no problems with performing my usual activities
(e.g. work, study, housework, family or leisure activities) ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

Pain/Discomfort

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

Anxiety/Depression

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

Compared with my general level of health over the past 12 months, my health state today is:

- Better ☐
- Much the same ☐
- Worse ☐

To help people say how good or bad a health state is, we have drawn a line (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today.

Please draw a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

<p>Your own health state today</p>
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*Best imaginable
health state*

100

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—
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90

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80

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70

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60

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50

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20

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10

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0

*Worst imaginable
health state*

Instructions: please read carefully

Now we want you to consider some other health states.

We want you to indicate how good or bad these health states are for a person like you.

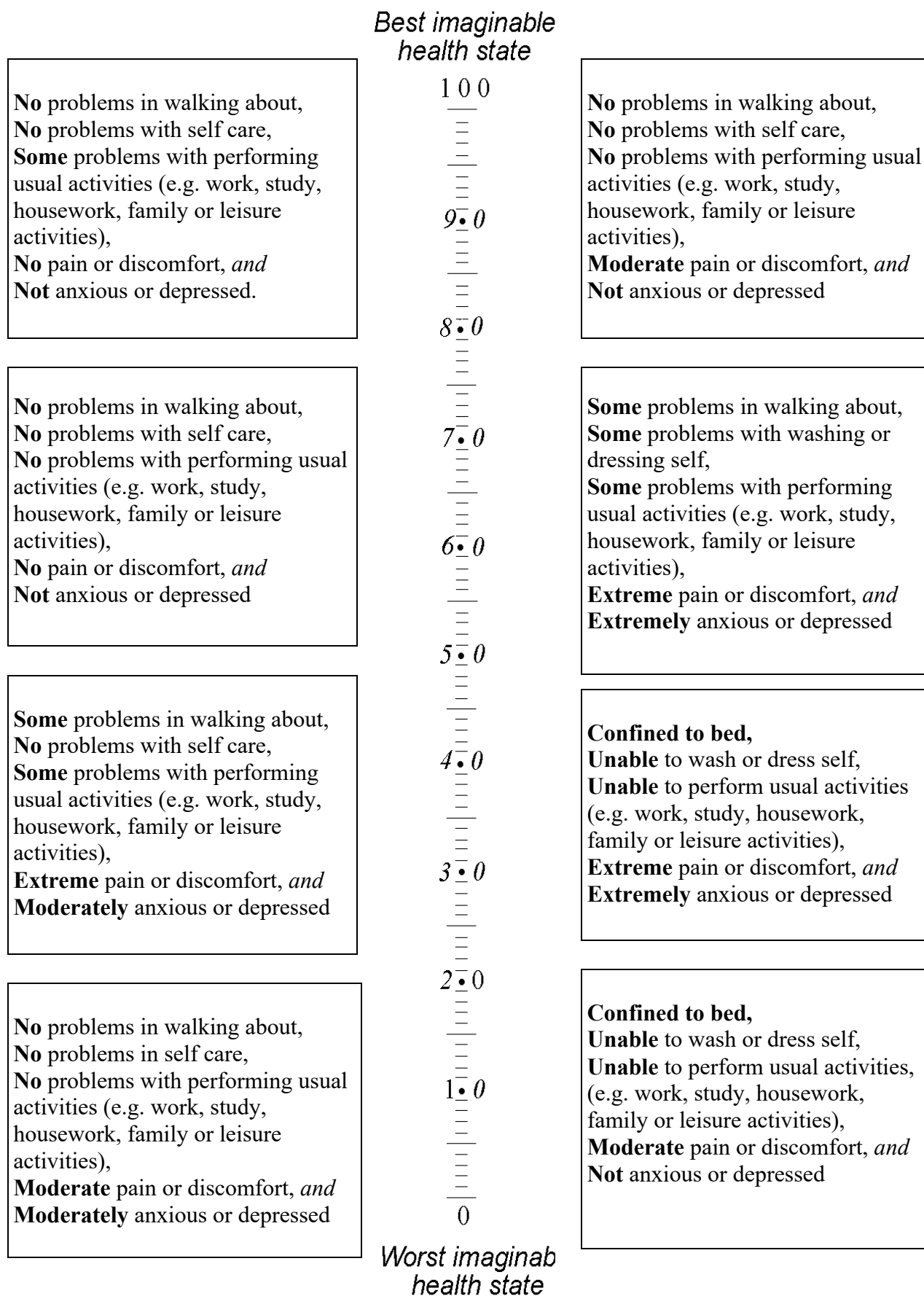
Each box describes **one** health state.

Imagine you had to live with each state of health for **one year**. What happens after that is not known and should not be taken into account.

On the page we have drawn a scale from 0 to 100. **0 is the worst** health state you can imagine, and **100 is the best** health state you can imagine.

Please draw one line from each box to whichever point on the scale indicate how good or bad each health state is.

It does not matter if your lines cross each other.



Some problems in walking about,
No problems with self care,
No problems with performing usual activities (e.g. work, study, housework, family or leisure activities),
No pain or discomfort, *and*
Not anxious or depressed.

No problems in walking about,
No problems with self care,
No problems with performing usual activities (e.g. work, study, housework, family or leisure activities),
No pain or discomfort, *and*
Not anxious or depressed.

Unconscious

No problems in walking about,
Some problems with washing or dressing self,
No problems with performing usual activities (e.g. work, study, housework, family or leisure activities),
No pain or discomfort, *and*
Not anxious or depressed.

*Best imaginable
health state*

1 0 0

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9 • 0

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8 • 0

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7 • 0

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6 • 0

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5 • 0

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4 • 0

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3 • 0

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2 • 0

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1 • 0

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—
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0

*Worst imaginable
health state*

No problems in walking about,
No problems with self care,
No problems with performing usual activities (e.g. work, study, housework, family or leisure activities),
No pain or discomfort, *and*
Moderately anxious or depressed.

Confined to bed,
Some problems with washing or dressing self,
Some problems with performing usual activities (e.g. work, study, housework, family or leisure activities),
No pain or discomfort, *and*
Not anxious or depressed.

Confined to bed,
Unable to wash or dress self,
Unable to perform usual activities (e.g. work, study, housework, family or leisure activities),
Extreme pain or discomfort, *and*
Extremely anxious or depressed

Some problems in walking about,
Some problems with washing or dressing self,
Unable to perform usual activities (e.g. work, study, housework, family or leisure activities),
Moderate pain or discomfort, *and*
Extremely anxious or depressed.

IMPORTANT: please complete this section.

1. In your view, is there **any** health state **so bad** that living with it for **one year** would be **worse than being dead**?

Yes ☐

No ☐

2. In the previous pages we asked you to say how good or bad various health states are in your view.

We would now like you to tell us how good or bad you feel the state ‘dead’ is, compared with being in the other states for one year.

Please turn back to pages 5 and 6 and draw a line across the scale at the point you would locate the state ‘dead’.

Remember we would like you to do this on **both pages 5 and 6.**

Background questions about you

1. Have you experienced serious illness ...

in you yourself	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
in your family	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
in caring for others	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2. What is your age in years?
(please write in the box)

3. Are you ...

Male ☐ Female ☐

4. Which of the following best describes your main activity?
(please tick one box)

in employment or self employment	<input type="checkbox"/>
retired	<input type="checkbox"/>
housework	<input type="checkbox"/>
student	<input type="checkbox"/>
seeking work	<input type="checkbox"/>
other (please specify) _____	<input type="checkbox"/>

5. Did your education continue after the minimum school leaving age?

Yes ☐ No ☐

6. Do you have a Degree or equivalent professional qualification?

Yes ☐ No ☐

7. Tick as many boxes as you need to show which ethnic group(s) you belong to:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

8. Are you a ...
(please tick one box)

current smoker ☐
ex-smoker ☐
never smoker ☐

9. Do you feel that the way of describing “health” used in this questionnaire covers all the aspects of your health that are important to you?

Yes ☐ No ☐

If you ticked “no”, please tell us what *other* aspects of health are important to you.

.....
.....
.....

10. Did you find filling in this questionnaire ...

Very difficult ☐

Fairly difficult ☐

Fairly easy ☐

Very easy ☐

11. Do you feel that you understood the questions pages 3 and 4?

Yes ☐

No ☐

You can use the space below to add any comments you may wish to make which might help us to understand your answers better:

Thank you for being so helpful