

Health Questionnaire

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	
• We would like to know how good or bad your health is TODAY.		100
• This scale is numbered from 0 to 100.	 	95
• 100 means the <u>best</u> health you can imagine.		90
0 means the <u>worst</u> health you can imagine.		85
 Mark an X on the scale to indicate how your health is TODAY. 		80
 Now, please write the number you marked on the scale in the box 	<u>+</u> +	75
below.		70
	<u>+</u> <u>+</u>	65
		60
		55
YOUR HEALTH TODAY =	 	50
	 	45
		40
		35
		30
		25
		20
	 	15
		10
		5
	<u> </u>	0
The work you can		