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 **no** problems walking about
- I have **some** problems walking about
- I have **a lot** of problems walking about

**LOOKING AFTER MYSELF**

- I have **no** problems washing or dressing myself
- I have **some** problems washing or dressing myself
- I have **a lot** 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 **no** problems doing my usual activities
- I have **some** problems doing my usual activities
- I have **a lot** of problems doing my usual activities

**HAVING PAIN OR DISCOMFORT**

- I have **no** pain or discomfort
- I have **some** pain or discomfort
- I have **a lot** of pain or discomfort

**FEELING WORRIED, SAD OR UNHAPPY**

- I am **not** worried, sad or unhappy
- I am **a bit** worried, sad or unhappy
- I am **very** worried, sad or unhappy
• We would like to know how good or bad your health is TODAY.

• This line 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 line that shows how your health is TODAY.

• Now, write the number you marked on the line in the box below.

YOUR HEALTH TODAY =