

## Health Questionnaire

English version for the UK

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

## MOBILITY

| I have no problems in walking about<br>I have slight problems in walking about<br>I have moderate problems in walking about<br>I have severe problems in walking about<br>I am unable to walk about |   |
|---|---|
| SELF-CARE   | _ |
| I have no problems washing or dressing myself<br>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   |   |

