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 □
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 □
• We would like to know how good or bad your health is TODAY.
• This scale is numbered from 0 to 100.
• 100 means the best health you can imagine.
  0 means the worst health you can imagine.
• Mark an X on the scale to indicate how your health is TODAY.
• Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = 

The best health you can imagine

The worst health you can imagine