

Health Questionnaire

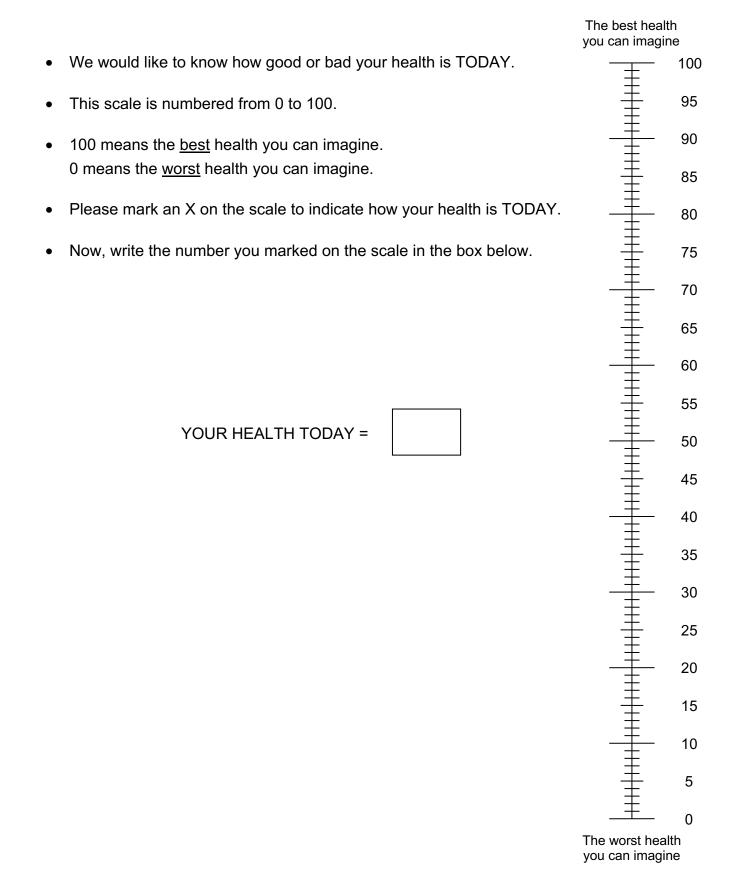
English version for the UK

(Validated for Ireland)

Under each heading, please tick the ONE box that best describes your health 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 (e.g. work, study, housework, family or leisure activities)	
I have no problems with performing my usual 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	



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