

Transport _____

Serial No

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Clinic appt _____

HERTFORDSHIRE 31-39 HEALTH QUESTIONNAIRE

Name: _____

Address: _____

Telephone: _____

GP _____

Interviewer _____

--

Date of Interview:

d	d	m	m	y	y

SECTION 1 GENERAL

Q1 What is your date of birth?

--	--	--	--	--	--

d d m m y y

Q2 Where were you born? _____

Q3 Are you

1. Single?
2. Married?
3. Divorced or separated?
4. Widowed?
5. Cohabiting?

--

Q4a What is your current or most recent full-time job? **(Probe if necessary)**

b What industry was that in?

If an ever married woman, continue, otherwise go to Q7

Q5 What was your maiden name?

Q6a What is/was your husband's current or most recent full-time job? **(Probe if necessary)**

b What industry was that in?

Q7 Please count the number of rooms your household has for its own use.

Do not count: small kitchens (under 2 metres wide), bathrooms or toilets

Do count: Living rooms, kitchens (at least 2 metres wide) bedrooms and all other rooms

The total number of rooms is:

--	--

Q8 Is your accommodation owned/mortgaged or rented by your household?

Owned/Mortgaged

☐

Rented

☐

Other

☐

Q9 How old were you when you finished continuous full-time education?

years old

Q10 How many cars and vans would you normally have available for use by you or other members of your household?

None

☐

One

☐

Two

☐

Three or more

☐

SECTION 2 FAMILY HISTORY

Q11 Where was your mother born?

Q12 What was your mother's year of birth?

Q13 Where was your father born?

Q14 What was your father's year of birth?

Q15 How many babies did your mother have? *(including stillbirths and babies that died)*

Order	Name	Date of birth	Sex	Year of death	Cause of death	Live in Herts Y/N

SECTION 3 - CHILDHOOD

Q16 What was your father's job when you were born? (if unemployed, last full-time job)

Q17 Did your father smoke regularly during your childhood?

0. No 1. Yes

☐

Q18 Did your mother smoke regularly during your childhood?

0. No 1. Yes

☐

Q19 Did your family have a cat when you were a child?

0. No 1. Yes

☐

Q20 Did your family keep a dog when you were a child?

0. No 1. Yes

☐

Q21 Did you share a bedroom with your brothers/sisters before you started school?

0. No 1. Yes

☐

Q22 Do you know how much you weighed when you were born?

0. No 1. Yes

☐

If yes, how much did you weigh?

.....lbsozs

Q23 Were you born early, on time, or late?

SECTION 4 PHYSICAL ACTIVITY

Q24 Do you have any problems walking?

- 0. No limiting abnormality
- 1. Abnormal gait/walking problems/no aid
- 2. Uses walking aid
- 3. Requires help from another person
- 4. Unable to walk

☐

Q25a Walking out of doors: record all walking yesterday lasting longer than 5 minutes

i Before 9.00 a.m.

--	--	--

 mins

ii Between 9.00 a.m. and 12.00 p.m.

--	--	--

 mins

lii Between 12.00 p.m. and 2.00 p.m.

--	--	--

 mins

iv Between 2.00 p.m. and 6.00 p.m.

--	--	--

 mins

v Between 6.00 p.m. and 7.00 p.m.

--	--	--

 mins

vi After 7.00 p.m.

--	--	--

 mins

vii Total

--	--	--

 mins

b Was this day unusual?

0. No 1. Yes

☐

If yes, did you walk less or more than usual?

1. Less 2. More

☐

Q26 Which of the following best describes your walking speed?

- 0. Unable to walk
- 1. Very slow
- 2. Stroll at an easy pace
- 3. Normal speed
- 4. Fairly brisk
- 5. Fast

☐

Q27 Which of the following activities do you do at least once a month on average or at least 12 times per year?

Bowls 0. No 1. Yes

☐

Cycling 0. No 1. Yes

☐

Swimming 0. No 1. Yes

☐

Golf 0. No 1. Yes

☐

Fishing 0. No 1. Yes

☐

Dancing 0. No 1. Yes

☐

Other physically active sports 0. No 1. Yes
or hobbies except gardening
(please specify)

☐

Q28 How much time do you spend gardening in a typical week?

- 0. Less than 1 hour per week
- 1. 1-4 hours per week
- 2. 5-8 hours per week
- 3. More than 8 hours per week

☐

Q29 How much time do you spend doing housework in a typical week?

- 0. Less than 1 hour per week
- 1. 1-4 hours per week
- 2. 5-8 hours per week
- 3. More than 8 hours per week

☐

Q30 Do you climb stairs?

- 0. Never
- 1. Occasionally
- 2. Once/several times per week
- 3. Daily
- 4. Several times per day

Q31 Do you carry loads (equivalent to a full shopping bag or 10 lbs)?

- 0. Never
- 1. Occasionally
- 2. Once/several times per week
- 3. Daily
- 4. Several times per day

Q31a Have you had any falls in the last year?

0. No 1. Yes

b *If yes*, how many?

--	--

SECTION 5 - SOCIAL

Q32a Have you ever smoked regularly?
(i.e. at least once a day for a year or more)

0. No 1. Yes

If yes, continue

If no, Go to Q34

B How old were you when you first smoked regularly?

--	--

C If you added up all the years that you smoked, how many would it make in total?

--	--

D What was the average amount you smoked over this time?

Cigarettes/day

--	--	--

Roll-ups (ozs)/week

--	--

Cigars/week

--	--

Pipe tobacco (ozs)/week

--	--

e Do you still smoke regularly?

0. No 1. Yes

☐

If yes, Go to Q33
If no, continue

f How old were you when you last smoked regularly?

--	--

Q33 How much do you smoke now?

Cigarettes/day

--	--	--

Roll-ups tobacco/week (oz)

--	--

Cigars/week

--	--

Pipe tobacco/week (oz)

--	--

If appropriate, between what ages did you cut down?

--	--

to

--	--

Q34a Apart from your own smoking are you regularly exposed to tobacco smoke at home?

0. No 1. Yes

☐

If yes,

b Not counting yourself, how many people in your household smoke regularly?

--	--

Q35a Do you ever drink alcohol?

0. No 1. Yes

☐

If no, go to 36a

How often do you currently drink shandy/low alcohol beer/lager/cider? (don't include alcohol free lager etc.)

- 0. Never
- 1. Once every 2-3 months
- 2. Once a month
- 3. Once a fortnight
- 4. 1-2 times per week
- 5. 3-6 times per week
- 6. Once a day
- 7. More than once a day

When you drink these, how many pints would you normally have? (if range given code mid-point; 1 average can = 0.8 pints, 1 small can = 0.5 pints)

 •

35b How often do you currently drink beer/stout/lager/cider? (don't include alcohol free lager etc.)

- 0. Never
- 1. Once every 2-3 months
- 2. Once a month
- 3. Once a fortnight
- 4. 1-2 times per week
- 5. 3-6 times per week
- 6. Once a day
- 7. More than once a day

When you drink these, how many pints would you normally have? (if range given code mid-point; 1 average can = 0.8 pints, 1 small can = 0.5 pints)

 •

35c How often do you currently drink low alcohol wine?

- 0. Never
- 1. Once every 2-3 months
- 2. Once a month
- 3. Once a fortnight
- 4. 1-2 times per week
- 5. 3-6 times per week
- 6. Once a day
- 7. More than once a day

☐

When you drink these, how many glasses would you normally have? (if range given code mid-point)

 •

35d How often do you currently drink Wine/Sherry/Port /Martini /Cinzano?

- 0. Never
- 1. Once every 2-3 months
- 2. Once a month
- 3. Once a fortnight
- 4. 1-2 times per week
- 5. 3-6 times per week
- 6. Once a day
- 7. More than once a day

☐

When you drink these, how many glasses would you normally have? (if range given code mid-point)

 •

35e How often do you currently drink spirits/liqueurs?

- 0. Never
- 1. Once every 2-3 months
- 2. Once a month
- 3. Once a fortnight
- 4. 1-2 times per week
- 5. 3-6 times per week
- 6. Once a day
- 7. More than once a day

When you drink these, how many measures would you normally have? (if range given code mid-point)

 •

SECTION 6 – CHEST PAIN

Q36a Do you get pain or discomfort in your chest

- 1. Yes **go to c**
- 0. No **go to b**

b Do you get any pressure or heaviness in your chest?

- 1. Yes **go to c**
- 0. No **go to f**

c Do you get it when you walk uphill or hurry?

- 0. No
- 1. Yes
- 2. Never hurry or walk uphill

d Do you get it when you walk at an ordinary pace on the level?

- 0. No
- 1. Yes

If No to c and d, go to h

e What do you do if you get it while you are walking?

- 1. Stop or slow down
- 2. Carry on

(Record stop or slow down if the subject carried on after taking nitro-glycerine)

f If you stand still or slow down what happens to it?

1. Relief
0. No relief

g How long does it take to get relief?

1. 10 minutes or less
2. More than 10 minutes

h Will you show me where it was? Note the number(s) of the site(s) from the chest diagram

i Do you feel it anywhere else?

0. No 1. Yes

If yes, please specify

j Did you see a doctor because of this pain/discomfort

0. No 1. Yes

If yes, what did he/she say that it was?

k How many years ago did this pain or discomfort start?

--	--

l Have you ever had severe pain across the front of your chest lasting for half an hour or more?

0. No 1. Yes

If yes, go to m, **if no** go to o

m Did you see a doctor because of this pain?

0. No

1. Yes

☐

If yes, what did he/she say that it was?

n How many of these attacks/episodes have you had?

1. Date 1 (year)

Duration of pain

☐

2. Date 2 (year)

Duration of pain

3. Date 3 (year)

Duration of pain

If subject feels unsure enter 9 here

☐

o Have you ever had an operation to clear the arteries in your heart (coronary artery bypass graft or angioplasty)?

0. No

1. Yes

☐

If yes, go to p, if no go to q

p In what year did it occur for the first time?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

q Have either of your parents or any of your brothers or sisters suffered from a heart attack?

0. No

1. Yes

☐

If yes, please give details

Relative	Age of first attack

Q37a Do you get pain or discomfort in your legs when you walk?

0. No

1. Yes

☐

If no, go straight to Q39

b Does this pain ever begin when you are standing still or sitting?

0. No

1. Yes

☐

c Do you get it when you walk uphill or hurry?

0. No

1. Yes

☐

d Do you get it when you walk at an ordinary pace on the level?

0. No

1. Yes

☐

e What do you do if you get it when you are walking?

1. Stop

☐

2. Slow down

☐

3. Continue at
same pace

☐

f Does the pain ever disappear while you are still walking?

0. No

1. Yes

☐

g What happens to it if you stop or slow down?

1. Usually continues for more than 10 minutes

☐

2. Usually disappears in 10 minutes

h Where do you get this pain or discomfort? (**show card and tick box**)

1. Calf

☐

2. Thighs

☐

3. Buttock

☐

4. Groin

☐

5. Knee

☐

6. Ankle

☐

Q38 Have you ever had surgery to your aorta or to the arteries in your legs?

0. No

1. Yes

9. Don't know

☐

SECTION 7 – RESPIRATORY

Cough

Q39a Do you **usually** cough first thing in the morning in winter?

0. No

1. Yes

☐

b	Do you usually cough during the day - or at night in the winter?	0. No	1. Yes	<input type="checkbox"/>
----------	--	-------	--------	--------------------------

If yes, go to c, if no, go to d

c	Do you cough like this on most days for as much as 3 months of each year?	0. No	1. Yes	<input type="checkbox"/>
----------	--	-------	--------	--------------------------

Phlegm

d	Do you usually bring up any phlegm from your chest first thing in the morning in winter?	0. No	1. Yes	<input type="checkbox"/>
----------	---	-------	--------	--------------------------

e	Do you usually bring up any phlegm from your chest during the day or at night in the winter	0. No	1. Yes	<input type="checkbox"/>
----------	--	-------	--------	--------------------------

If yes, go to f, if no, go to Q40a

f	Do you bring up phlegm like this on most days for as much as 3 months each year?	0. No	1. Yes	<input type="checkbox"/>
----------	---	-------	--------	--------------------------

Q40a	Have you had wheezing or whistling in your chest at any time during the last year	0. No	1. Yes	<input type="checkbox"/>
-------------	--	-------	--------	--------------------------

If yes, continue, if no, go to Q40b

i)	Have you had this wheezing when you did not have a cold?	0. No	1. Yes	<input type="checkbox"/>
----	---	-------	--------	--------------------------

ii)	Have you been at all breathless when the wheezing noise was present?	0. No	1. Yes	<input type="checkbox"/>
-----	---	-------	--------	--------------------------

b	Have you woken with a feeling of chest tightness first thing in the morning at any time in the last year?	0. No	1. Yes	<input type="checkbox"/>
----------	---	-------	--------	--------------------------

Q41	Have you been woken by an attack of shortness of breath at any time during the last year	0. No	1. Yes	<input type="checkbox"/>
------------	---	-------	--------	--------------------------

Q42a Are you often troubled by shortness of breath when hurrying on level ground or walking up a slight hill? 0. No 1. Yes ☐

If yes, continue, if no, go to Q43

b Do you often get short of breath walking with other people of your own age on level ground? 0. No 1. Yes ☐

If yes, continue, if no, go to Q43

c Do you often have to stop for breath when walking at your own pace on level ground? 0. No 1. Yes ☐

If yes, continue, if no, go to Q43

d Do you often have to stop for breath after walking about 100 yards (or after a few minutes) on the level? 0. No 1. Yes ☐

If yes, continue, if no, go to Q43

e Do you get breathless on washing or dressing? 0. No 1. Yes ☐

Q43 Have you had to see your doctor in the last year for your chest 0. No 1. Yes ☐

Have you been admitted to hospital for your chest in the last year? 0. No 1. Yes ☐

Q44 What kind of cooker do you MOSTLY use for cooking? (Choose one method only)
1. Gas 2. Electricity 3. Other (specify below) ☐

SECTION 8 – IMMUNITY

Q45 Did you have eczema as a child? 0. No 1. Yes ☐

Q46 Have you ever had hay fever, rhinitis or other nasal allergies?

0. No

1. Yes

Q47 Have you ever had glandular fever?

0. No

1. Yes

If yes, at what age?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Q48 Have you ever had your appendix out?

0. No

1. Yes

If yes, at what age?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Q49 Have you ever had shingles?

0. No

1. Yes

If yes, at what age?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Q50 Have you ever had hepatitis A vaccine e.g. for travel purposes?

0. No

1. Yes

Q51 Have either of your parents, or any of your brothers or sisters ever had asthma, hayfever or childhood eczema?

0. No

1. Yes

If yes, please give details

Relative	Illness

SECTION 9 – BONE

Q52 Have you broken any bones since the age of 45?

If yes, please give details

0. No

1. Yes

☐

Bone	Age when fracture occurred	How did fracture occur?

Q53 Have either of your parents or any of your brothers or sisters fractured a bone when they were more than 45 years old?

If yes, please give details

0. No

1. Yes

☐

Which relative?	Bone	Age when fracture occurred	How did fracture occur?

Q54 Have you ever had back pain in the area shown on the card, which lasted for more than a day? *(do not include pain occurring only during pregnancy, during menstrual periods, or during the course of a feverish illness such as flu)*

If yes, please answer questions below

If no. go to Q57

0. No

1. Yes

☐

Q55 Has the pain ever spread to your legs?

0. No

1. Yes

☐

If yes, please tell me the furthest point down your leg that the pain reached

Buttock

☐

Thigh

☐

Knee

☐

Calf

☐

Ankle

☐

Q56 When did you last have the pain?

Last week ☐

Last month ☐

Last year ☐

More than a year ago ☐

Occupational History

Q57 Record all jobs/occupations of greater than 1 years duration since the person left full-time education.

Job Title	Age started	Age stopped	Part time/ Full time	Activity		
				Standing	Lifting	Sweating

Record in activity column if the job involved:

1. Standing/walking for 4+ hours per day
2. Lifting 25kg +
3. Physical work enough to make the subject sweat

SECTION 10 OBSTETRIC

MEN ONLY

Q58 How many children have you fathered?

--	--

WOMEN ONLY. For men go to SECTION 11

Q59 How many times have you been pregnant?

--	--

Details:

Pregnancy Number	Liveborn (L) Stillborn (S) Miscarriage(M)	If liveborn:		Currently living in Herts	
		Male (M) Female (F)	Birthweight	Name	D.O.B.
1					
2					
3					
4					
5					
6					
7					
8					

Q60a At what age did your periods start?

--	--

b At what age did your periods stop?

--	--

c Have you had a hysterectomy (removal of the womb)?

0. No

1. Yes

--

d *If yes* how old were you?

--	--

e Did the hysterectomy include removal of the ovaries?

0. No

1. Yes

2. Don't know

--

Q61a Have you ever taken an oral contraceptive pill?

0. No

1. Yes

--

b *If yes*, at what age did you start?

--	--

c How long in total did you take it for (months)?

--	--	--

Q62a Have you ever taken hormone replacement therapy?

0. No

1. Yes

--

b *If yes*, at what age did you start?

--	--

c How long in total did you take it for (months)?

--	--	--

Q63 have you ever taken tamoxifen (eg for a breast lump)?

0. No

1. Yes

9. Don't know

--

SECTION 11 – MEDICAL

Q64 Have you ever been told by a doctor or other health professional that you have ever had any of the following:-

a High blood pressure (out of pregnancy only)

0. No

1. Yes

9. Don't know

--

b Stroke/Transient ischaemic attack

0. No

1. Yes

9. Don't know

--

c Diabetes (out of pregnancy)

0. No

1. Yes

9. Don't know

--

If yes, how long have you been diabetic?

--	--

 years

Are you controlled by:

Diet alone

--

Tablets

--

Insulin injections

--

d Have you ever had a head injury severe enough to cause unconsciousness or to require admission to hospital?

0. No

1. Yes

9. Don't know

☐

Q65 Have either of your parents or any of your brothers or sisters had high blood pressure or diabetes?

0. No

1. Yes

9. Don't know

☐

If yes, please give details

Which relative?	Illness	Age when illness occurred	Form of treatment

SECTION 12 - MEDICATION

Q66 What regular medicines/tablets/eye drops/inhalers etc. do you use?

PLEASE USE BLOCK CAPITALS

Please include regular pain killers such as paracetamol

1

2

3

4

5

6

7

8

9

10

11

12

SECTION 13 HEALTH AND DAILY ACTIVITIES

Q67 In general how would you say your health is:

- | | |
|--------------|--------------|
| 1. Excellent | 2. Very good |
| 3. Good | 4. Fair |
| 5. Poor | |

Q68 Compared to one year ago, how would you rate your health in general now?

Please indicate only one

- | | |
|--------------------------------------|-------------------------------------|
| 1. Much better than one year ago | 2. Somewhat worse than one year ago |
| 3. Somewhat better than one year ago | 4. Much worse than one year ago |
| 5. About the same as one year ago | |

Q69 The following items are about activities you might do during a typical day
Does **your health now limit you** in these activities? If so, please indicate how much?

	Yes limited a lot	Yes limited a little	No, not limited at all
a) Vigorous activities , such as running, lifting heavy objects, Participating in strenuous sports	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Moderate activities, such as moving a table, pushing a vacuum cleaner, Bowling or playing golf	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Lifting or carrying groceries	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Climbing several flight of stairs	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Climbing one flights of stairs	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Bending, kneeling or stooping	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Walking more than one mile	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Walking half a mile	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Walking one hundred yards	<input type="text"/>	<input type="text"/>	<input type="text"/>
j) Bathing or dressing yourself	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q70 During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? *Please indicate one answer for each question*

- | | | | |
|----|---|--------------|--------------------------|
| a) | Cut down the amount of time you spent on work or other activities | 0. No 1. Yes | <input type="checkbox"/> |
| b) | Accomplished less than you would like | 0. No 1. Yes | <input type="checkbox"/> |
| c) | Were limited in the kind of work or other activities | 0. No 1. Yes | <input type="checkbox"/> |
| d) | Had difficulty performing the work or other activities (for example, it took extra effort) | 0. No 1. Yes | <input type="checkbox"/> |

Q71 During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems**? *Please indicate one answer for each question*

- | | | | |
|----|--|--------------|--------------------------|
| a) | Cut down the amount of time you spent on work or other activities | 0. No 1. Yes | <input type="checkbox"/> |
| b) | Accomplished less than you would like | 0. No 1. Yes | <input type="checkbox"/> |
| c) | Didn't do work or other activities as carefully as usual. | 0. No 1. Yes | <input type="checkbox"/> |

Q72 During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? *Please indicate one only*

- | | | |
|---------------|----------------|--------------------------|
| 1. Not at all | 2. Slightly | <input type="checkbox"/> |
| 3. Moderately | 4. Quite a bit | |
| 5. Extremely | | |

Q73 During the **past 4 weeks**, how much bodily pain have you had? *Please indicate one only*

- | | | |
|-----------|----------------|--------------------------|
| 1. None | 2. Very mild | <input type="checkbox"/> |
| 3. Mild | 4. Moderate | |
| 5. Severe | 6. Very severe | |

Q74 During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? **Please indicate one only**

- | | |
|---------------|-----------------|
| 1. Not at all | 2. A little bit |
| 3. Moderately | 4. Quite a bit |
| 5. Extremely | |

Q75 During the **past 4 weeks**, how much of the time?
Please indicate one answer for each question

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a) Did you feel full of life?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Have you been a very Nervous person?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Have you felt so down in the dumps that nothing could cheer you up?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Have you felt calm and peaceful?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Did you have a lot of energy?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Have you felt downhearted and low?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Did you feel worn out?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Have you been a happy person?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Did you feel tired	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q76 During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc)? **Please indicate one only**

- | | |
|---------------------|-------------------------|
| 1. All of the time | 2. Most of the time |
| 3. Some of the time | 4. A little of the time |
| 5. None of the time | |

Q77 Please choose the answer that best describes how TRUE or FALSE each of the following statements is for you. *Please indicate one answer for each question.*

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely false
a) I seem to get sick a little easier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 14

"The following questions will help you to let us know how you are. Please give the response which comes closest to how you have felt in the last few days. Don't take too long over your replies, your immediate reaction will probably be more accurate than a long thought out response"

Q78 I feel tense or 'wound up':

- | | | |
|------------------------------------|----------------------|--------------------------|
| 1. Most of the time | 2. A lot of the time | <input type="checkbox"/> |
| 3. From time to time, occasionally | 4. Not at all | |

Q79 I feel as if I am slowed down:

- | | | |
|------------------------|---------------|--------------------------|
| 1. Nearly all the time | 2. Very often | <input type="checkbox"/> |
| 3. Sometimes | 4. Not at all | |

Q80 I still enjoy the things I used to enjoy:

- | | | |
|-----------------------|----------------------|--------------------------|
| 1. Definitely as much | 2. Not quite so much | <input type="checkbox"/> |
| 3. Only a little | 4. Hardly at all | |

Q81 I get a sort of frightened feeling like butterflies in the stomach:

- | | | |
|----------------|-----------------|--------------------------|
| 1. Not at all | 2. Occasionally | <input type="checkbox"/> |
| 3. Quite often | 4. Very often | |

Q82 I get a sort of frightened feeling as if something awful is about to happen::

- | | | |
|---|---------------------------|--------------------------|
| 1. Very definitely and quite badly | 2. Yes, but not too badly | <input type="checkbox"/> |
| 3. A little bit but it doesn't worry me | 4. Not at all | |

Q83 I have lost interest in my appearance:

- | | | |
|--------------------------------------|--|--------------------------|
| 1. Definitely | 2. I don't take so much care as I should | <input type="checkbox"/> |
| 3. I may not take quite as much care | 4. I take just as much care as ever | |

Q84 I can laugh and see the funny side of things:

- | | |
|-------------------------------|--------------------------|
| 1. As much as I always could | 2. Not quite so much now |
| 3. Definitely not so much now | 4. Not at all |

Q85 I feel restless as if I have to be on the move:

- | | |
|---------------------|----------------|
| 1. Very much indeed | 2. Quite a lot |
| 3. Not very much | 4. Not at all |

Q86 Worrying thoughts go through my mind:

- | | |
|--|----------------------|
| 1. A great deal of time | 2. A lot of the time |
| 3. From time to time but not too often | 4. Only occasionally |

Q87 I look forward with enjoyment to things:

- | | |
|-----------------------------------|-------------------------------|
| 1. As much as I ever did | 2. Rather less than I used to |
| 3. Definitely less than I used to | 4. Hardly at all |

Q88 I feel cheerful:

- | | |
|---------------|---------------------|
| 1. Not at all | 2. Not often |
| 3. Sometimes | 4. Most of the time |

Q89 I get sudden feelings of panic:

- | | |
|----------------------|----------------|
| 1. Very often indeed | 2. Quite often |
| 3. Not very often | 4. Not at all |

Q90 I can sit at ease and feel relaxed:

- | | |
|---------------|---------------|
| 1. Definitely | 2. Usually |
| 3. Not often | 4. Not at all |

Q91 I can enjoy a good book or radio or TV programme:

- | | |
|--------------|----------------|
| 1. Often | 2. Sometimes |
| 3. Not often | 4. Very seldom |

Thank you