



Age Group	Percentage
18-24	28%
25-34	22%
35-44	18%
45-54	15%
55-64	12%
65-74	10%
75-84	8%
85+	7%

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

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Figure 1. The effect of the number of trials on the number of correct responses.

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QUESTIONNAIRE

The following questionnaire is designed to help you understand the factors that influence your health and well-being. It is a self-assessment tool and should not be used as a basis for medical diagnosis. The questionnaire is divided into several sections, each focusing on a different aspect of your health. Please answer the questions as honestly as possible.

Section 1: General Health and Well-being

How would you describe your overall health and well-being? (Please check all that apply)

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

How often do you experience the following symptoms?

Section 2: Symptoms

For each symptom, please indicate how often you experience it (Please check all that apply)

1. Fatigue or tiredness

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

2. Headaches or migraines

3. Stomach problems (e.g., indigestion, constipation, diarrhea)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

4. Sleep problems (e.g., difficulty falling asleep, waking up too early)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

5. Anxiety

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

6. Depression or feelings of sadness

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

7. Changes in weight (unintentional gain or loss)

8. Changes in appetite (loss of interest in food or eating)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

9. Changes in bowel habits (e.g., constipation, diarrhea)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

10. Changes in menstrual cycle (e.g., irregular periods, heavy bleeding)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

1. Please indicate the frequency with which you use the following services:

- ☐ Never
- ☐ Rarely (less than once a month)
- ☐ Sometimes (once a month)
- ☐ Often (more than once a month)

2. Please indicate the frequency with which you use the following services:

- ☐ Never
- ☐ Rarely (less than once a month)
- ☐ Sometimes (once a month)
- ☐ Often (more than once a month)

- ☐ Never
- ☐ Rarely (less than once a month)
- ☐ Sometimes (once a month)
- ☐ Often (more than once a month)

3. Please indicate the frequency with which you use the following services:

- ☐ Never
- ☐ Rarely (less than once a month)
- ☐ Sometimes (once a month)
- ☐ Often (more than once a month)

4. Please indicate the frequency with which you use the following services:

- ☐ Never
- ☐ Rarely (less than once a month)
- ☐ Sometimes (once a month)
- ☐ Often (more than once a month)

5. Please indicate the frequency with which you use the following services:

- ☐ Never
- ☐ Rarely (less than once a month)
- ☐ Sometimes (once a month)
- ☐ Often (more than once a month)

1. Personal Information

1. Name: _____
 2. Age: _____
 3. Gender: _____
 4. Address: _____
 5. Phone Number: _____

6. Date of Birth: _____
 7. Marital Status: _____
 8. Education Level: _____
 9. Occupation: _____
 10. Current Residence: _____

11. Number of Children: _____
 12. Number of Siblings: _____
 13. Number of Pets: _____
 14. Number of Vehicles: _____
 15. Number of Travelers: _____

16. Number of Travelers: _____
 17. Number of Travelers: _____
 18. Number of Travelers: _____
 19. Number of Travelers: _____
 20. Number of Travelers: _____

21. Number of Travelers: _____
 22. Number of Travelers: _____
 23. Number of Travelers: _____
 24. Number of Travelers: _____
 25. Number of Travelers: _____

26. Number of Travelers: _____
 27. Number of Travelers: _____
 28. Number of Travelers: _____
 29. Number of Travelers: _____
 30. Number of Travelers: _____

31. Number of Travelers: _____
 32. Number of Travelers: _____
 33. Number of Travelers: _____
 34. Number of Travelers: _____
 35. Number of Travelers: _____

2. Travel Information

36. Number of Travelers: _____
 37. Number of Travelers: _____
 38. Number of Travelers: _____
 39. Number of Travelers: _____
 40. Number of Travelers: _____

41. Number of Travelers: _____
 42. Number of Travelers: _____
 43. Number of Travelers: _____
 44. Number of Travelers: _____
 45. Number of Travelers: _____

46. Number of Travelers: _____
 47. Number of Travelers: _____
 48. Number of Travelers: _____
 49. Number of Travelers: _____
 50. Number of Travelers: _____

1. How many times have you been to the hospital in the last 12 months?
2. How many times have you been to the hospital in the last 6 months?
3. How many times have you been to the hospital in the last 3 months?
4. How many times have you been to the hospital in the last 1 month?
5. How many times have you been to the hospital in the last 2 weeks?
6. How many times have you been to the hospital in the last 1 week?
7. How many times have you been to the hospital in the last 3 days?
8. How many times have you been to the hospital in the last 24 hours?
9. How many times have you been to the hospital in the last 12 hours?
10. How many times have you been to the hospital in the last 6 hours?
11. How many times have you been to the hospital in the last 3 hours?
12. How many times have you been to the hospital in the last 1 hour?
13. How many times have you been to the hospital in the last 30 minutes?
14. How many times have you been to the hospital in the last 15 minutes?
15. How many times have you been to the hospital in the last 5 minutes?
16. How many times have you been to the hospital in the last 1 minute?
17. How many times have you been to the hospital in the last 30 seconds?
18. How many times have you been to the hospital in the last 15 seconds?
19. How many times have you been to the hospital in the last 5 seconds?
20. How many times have you been to the hospital in the last 1 second?

SECTION 2: DEMOGRAPHICS

Please provide the following information about yourself and your household.

PERSONAL INFORMATION

1. Name: _____

2. Age: _____

3. Gender: _____

4. Marital Status: _____

5. Education: _____

6. Occupation: _____

7. Annual Income: _____

8. Health Insurance: _____

9. Current Residence: _____

10. Date of Birth: _____

11. Date of Interview: _____

12. Interviewer: _____

13. Interview Location: _____

14. Interview Duration: _____

15. Interview Date: _____

16. Interview Time: _____

17. Interviewer Contact: _____

18. Interviewer Phone: _____

19. Interviewer Email: _____

20. Interviewer Address: _____

Age Group	Gender	Marital Status	Education	Occupation	Annual Income	Health Insurance	Current Residence	Date of Birth	Date of Interview	Interviewer	Interview Location	Interview Duration	Interview Date	Interview Time	Interviewer Contact	Interviewer Phone	Interviewer Email	Interviewer Address

HOUSEHOLD INFORMATION

Section 1: General Information	
Name	Mr. John Doe
	Address: 123 Main St, Anytown, USA
Age	35
	Gender: Male
Occupation	Software Engineer
	Company: ABC Corp.
Education	Bachelor's Degree in Computer Science
	University: XYZ University
Contact	Phone: (555) 123-4567
	Email: john.doe@example.com
Section 2: Medical History	
Current Conditions	None reported
	Chronic Conditions: None
Past Medical History	Appendectomy (2010)
	Allergies: None known
Medications	None
	Current Medications: None
Family History	None
	Family Medical History: None
Section 3: Physical Examination	
Vital Signs	BP: 120/80 mmHg
	HR: 75 bpm
General	Well-appearing
	Weight: 180 lbs
Cardiovascular	Normal
	Respiratory: Normal
Neurological	Normal
	Musculoskeletal: Normal
Dermatological	Normal
	Genitourinary: Normal
Section 4: Laboratory Tests	
Bloodwork	Normal
	Urine: Normal
Immunology	Normal
	Microbiology: Normal
Imaging	Normal
	Other: Normal
Section 5: Treatment Plan	
Medications	None
	Other: None
Surgery	None
	Other: None
Physical Therapy	None
	Other: None
Lifestyle Changes	None
	Other: None
Section 6: Follow-up	
Next Appointment	None
	Other: None
Referrals	None
	Other: None
Notes	None
	Other: None

Table 1: Summary of Data

Table 1: Summary of Data

Category	Value
Category 1	Value 1.1 Value 1.2 Value 1.3 Value 1.4 Value 1.5
Category 2	Value 2.1 Value 2.2 Value 2.3 Value 2.4 Value 2.5
Category 3	Value 3.1 Value 3.2 Value 3.3 Value 3.4 Value 3.5
Category 4	Value 4.1 Value 4.2 Value 4.3 Value 4.4 Value 4.5
Category 5	Value 5.1 Value 5.2 Value 5.3 Value 5.4 Value 5.5
Category 6	Value 6.1 Value 6.2 Value 6.3 Value 6.4 Value 6.5
Category 7	Value 7.1 Value 7.2 Value 7.3 Value 7.4 Value 7.5
Category 8	Value 8.1 Value 8.2 Value 8.3 Value 8.4 Value 8.5
Category 9	Value 9.1 Value 9.2 Value 9.3 Value 9.4 Value 9.5
Category 10	Value 10.1 Value 10.2 Value 10.3 Value 10.4 Value 10.5
Category 11	Value 11.1 Value 11.2 Value 11.3 Value 11.4 Value 11.5
Category 12	Value 12.1 Value 12.2 Value 12.3 Value 12.4 Value 12.5

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[illegible]

Table 1: Summary of Data

Category	Sub-category	Value
A	1	10
	2	20
B	1	30
	2	40
C	1	50
	2	60
D	1	70
	2	80

Table 2: Detailed Data

Category	Sub-category	Value
A	1	10
	2	20
B	1	30
	2	40
C	1	50
	2	60
D	1	70
	2	80

1. Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Age: _____

Gender: _____

Occupation: _____

Education: _____

Marital Status: _____

Number of Children: _____

Income: _____

Religion: _____

Political Party: _____

Interests: _____

Other: _____

Comments: _____

Signature: _____

Date: _____

Place: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Age: _____

Gender: _____

Occupation: _____

Education: _____

Marital Status: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

NAME: _____

SECTION 1: GENERAL INFORMATION

1.1. NAME: _____

1.2. ADDRESS: _____

1.3. PHONE: _____

1.4. OCCUPATION: _____

1.5. EDUCATION: _____

1.6. AGE: _____

1.7. SEX: _____

1.8. DATE OF BIRTH: _____

SECTION 2: RESEARCH OBJECTIVES

2.1. The purpose of this study is to _____

2.2. The study will be conducted in _____

2.3. The study will be conducted during _____

2.4. The study will be conducted by _____

2.5. The study will be conducted in _____

2.6. The study will be conducted by _____

2.7. The study will be conducted during _____

2.8. The study will be conducted by _____

SECTION 3: DATA COLLECTION

3.1. The data will be collected by _____

3.2. The data will be collected during _____

3.3. The data will be collected in _____

3.4. The data will be collected by _____

3.5. The data will be collected during _____

3.6. The data will be collected in _____

3.7. The data will be collected by _____

3.8. The data will be collected during _____

3.9. The data will be collected in _____

3.10. The data will be collected by _____

3.11. The data will be collected during _____

3.12. The data will be collected in _____

3.13. The data will be collected by _____

3.14. The data will be collected during _____

3.15. The data will be collected in _____

3.16. The data will be collected by _____

3.17. The data will be collected during _____

3.18. The data will be collected in _____

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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100%

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18-24	10%
25-34	25%
35-44	20%
45-54	15%
55-64	10%
65-74	5%
75-84	2%
85+	1%

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

1. *Journal of Management Studies*, 1997, 34, 1, 1-14.
 2. *Journal of Management Studies*, 1997, 34, 2, 1-14.

Figure 1. The effect of the number of trials on the number of correct responses. The number of correct responses was plotted against the number of trials for each condition. The number of correct responses increased with the number of trials for all conditions. The number of correct responses was highest for the condition with the highest number of trials (10 trials) and lowest for the condition with the lowest number of trials (2 trials).

100

Section 1: General Information

1. Name: _____

2. Age: _____

3. Gender: _____

4. Occupation: _____

5. Education Level: _____

6. Marital Status: _____

7. Number of Children: _____

8. How long have you been living in your current residence? _____

9. How long have you been working for your current employer? _____

10. How long have you been in the country? _____

Section 2: Health and Lifestyle

11. Do you have any chronic health conditions? _____

12. Do you smoke? _____

13. Do you drink alcohol? _____

14. How often do you exercise? _____

15. How often do you eat a healthy diet? _____

16. How often do you get enough sleep? _____

17. How often do you feel stressed? _____

18. How often do you feel happy? _____

19. How often do you feel sad? _____

20. How often do you feel anxious? _____

21. How often do you feel tired? _____

22. How often do you feel energetic? _____

23. How often do you feel motivated? _____

24. How often do you feel confident? _____

25. How often do you feel self-aware? _____

26. How often do you feel lonely? _____

27. How often do you feel isolated? _____

28. How often do you feel supported? _____

29. How often do you feel loved? _____

30. How often do you feel respected? _____

31. How often do you feel valued? _____

32. How often do you feel appreciated? _____

33. How often do you feel understood? _____

34. How often do you feel heard? _____

35. How often do you feel seen? _____

36. How often do you feel safe? _____

37. How often do you feel secure? _____

38. How often do you feel protected? _____

39. How often do you feel comfortable? _____

40. How often do you feel at ease? _____

41. How often do you feel relaxed? _____

42. How often do you feel calm? _____

43. How often do you feel peaceful? _____

44. How often do you feel content? _____

45. How often do you feel satisfied? _____

46. How often do you feel happy? _____

47. How often do you feel joy? _____

48. How often do you feel love? _____

49. How often do you feel compassion? _____

50. How often do you feel empathy? _____

51. How often do you feel kindness? _____

52. How often do you feel generosity? _____

53. How often do you feel helpful? _____

54. How often do you feel caring? _____

55. How often do you feel loving? _____

56. How often do you feel grateful? _____

57. How often do you feel thankful? _____

58. How often do you feel appreciative? _____

59. How often do you feel respectful? _____

60. How often do you feel understanding? _____

61. How often do you feel patient? _____

62. How often do you feel tolerant? _____

63. How often do you feel forgiving? _____

64. How often do you feel merciful? _____

65. How often do you feel compassionate? _____

66. How often do you feel loving? _____

67. How often do you feel caring? _____

68. How often do you feel helpful? _____

69. How often do you feel generous? _____

70. How often do you feel kind? _____

71. How often do you feel joyful? _____

72. How often do you feel happy? _____

73. How often do you feel content? _____

74. How often do you feel satisfied? _____

75. How often do you feel at ease? _____

76. How often do you feel relaxed? _____

77. How often do you feel calm? _____

78. How often do you feel peaceful? _____

79. How often do you feel safe? _____

80. How often do you feel secure? _____

81. How often do you feel protected? _____

82. How often do you feel comfortable? _____

83. How often do you feel at ease? _____

84. How often do you feel relaxed? _____

85. How often do you feel calm? _____

86. How often do you feel peaceful? _____

87. How often do you feel safe? _____

88. How often do you feel secure? _____

89. How often do you feel protected? _____

90. How often do you feel comfortable? _____

91. How often do you feel at ease? _____

92. How often do you feel relaxed? _____

93. How often do you feel calm? _____

94. How often do you feel peaceful? _____

95. How often do you feel safe? _____

96. How often do you feel secure? _____

97. How often do you feel protected? _____

98. How often do you feel comfortable? _____

99. How often do you feel at ease? _____

100. How often do you feel relaxed? _____

101. How often do you feel calm? _____

102. How often do you feel peaceful? _____

103. How often do you feel safe? _____

104. How often do you feel secure? _____

105. How often do you feel protected? _____

106. How often do you feel comfortable? _____

107. How often do you feel at ease? _____

108. How often do you feel relaxed? _____

109. How often do you feel calm? _____

110. How often do you feel peaceful? _____

111. How often do you feel safe? _____

112. How often do you feel secure? _____

113. How often do you feel protected? _____

114. How often do you feel comfortable? _____

115. How often do you feel at ease? _____

116. How often do you feel relaxed? _____

117. How often do you feel calm? _____

118. How often do you feel peaceful? _____

119. How often do you feel safe? _____

120. How often do you feel secure? _____

121. How often do you feel protected? _____

122. How often do you feel comfortable? _____

123. How often do you feel at ease? _____

124. How often do you feel relaxed? _____

125. How often do you feel calm? _____

126. How often do you feel peaceful? _____

127. How often do you feel safe? _____

128. How often do you feel secure? _____

129. How often do you feel protected? _____

130. How often do you feel comfortable? _____

131. How often do you feel at ease? _____

132. How often do you feel relaxed? _____

133. How often do you feel calm? _____

134. How often do you feel peaceful? _____

135. How often do you feel safe? _____

136. How often do you feel secure? _____

137. How often do you feel protected? _____

138. How often do you feel comfortable? _____

139. How often do you feel at ease? _____

140. How often do you feel relaxed? _____

141. How often do you feel calm? _____

142. How often do you feel peaceful? _____

143. How often do you feel safe? _____

144. How often do you feel secure? _____

145. How often do you feel protected? _____

146. How often do you feel comfortable? _____

147. How often do you feel at ease? _____

148. How often do you feel relaxed? _____

149. How often do you feel calm? _____

150. How often do you feel peaceful? _____

151. How often do you feel safe? _____

152. How often do you feel secure? _____

153. How often do you feel protected? _____

154. How often do you feel comfortable? _____

155. How often do you feel at ease? _____

156. How often do you feel relaxed? _____

157. How often do you feel calm? _____

158. How often do you feel peaceful? _____

159. How often do you feel safe? _____

160. How often do you feel secure? _____

161. How often do you feel protected? _____

162. How often do you feel comfortable? _____

163. How often do you feel at ease? _____

164. How often do you feel relaxed? _____

165. How often do you feel calm? _____

166. How often do you feel peaceful? _____

167. How often do you feel safe? _____

168. How often do you feel secure? _____

169. How often do you feel protected? _____

170. How often do you feel comfortable? _____

171. How often do you feel at ease? _____

172. How often do you feel relaxed? _____

173. How often do you feel calm? _____

174. How often do you feel peaceful? _____

175. How often do you feel safe? _____

176. How often do you feel secure? _____

177. How often do you feel protected? _____

178. How often do you feel comfortable? _____

179. How often do you feel at ease? _____

180. How often do you feel relaxed? _____

181. How often do you feel calm? _____

182. How often do you feel peaceful? _____

183. How often do you feel safe? _____

184. How often do you feel secure? _____

185. How often do you feel protected? _____

186. How often do you feel comfortable? _____

187. How often do you feel at ease? _____

188. How often do you feel relaxed? _____

189. How often do you feel calm? _____

190. How often do you feel peaceful? _____

191. How often do you feel safe? _____

192. How often do you feel secure? _____

193. How often do you feel protected? _____

194. How often do you feel comfortable? _____

195. How often do you feel at ease? _____

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