

## Health questionnaire

Please indicate for each of the following topics, the statement that best describes your condition today, by checking the most appropriate box.

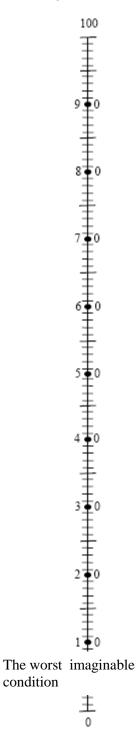
## Mobility

I have no problem to get around on foot			
I have problems to get around on foot			
I have to stay in bed			
Autonomy			
I have no problem taking care of me			
I have problems to wash or dress me alone			
I am unable to wash or dress me alone			
Day activities (eg work, study, housework, family or leisure activities)			
I have no problem in carrying out routine activities			
I have problems in carrying out routine activities			
I am unable to perform routine activities			
Pain / discomfort			
	_		
I have no pain or discomfort			
I have pain and / or moderate discomfort (s)			
I have pain and / or extreme discomfort (s)			
Anxiety depression			
I am not anxious or depressed			
I am moderately anxious and / or depressed			
I am extremely anxious and / or depressed			

To help indicate how a particular state of health is good or bad, we have drawn a scale (like a thermometer) on which 100 is the best health you can imagine and 0 the worst health than you can imagine.

We would like you to indicate on this scale where you stand your health today. For this please draw a line from the box below to the point that, on the scale corresponds to your health today.





To the extent that all the answers are anonymous, it would be helpful to have some general information about each respondent to allow better interpretation of the answers. This is why we ask you to answer the following questions:

1.	Have you had a serious illness?	Yes No	TICK APPROPRIATE BOXES
	• Youself		DOTILS
	• In your family		
	• Looking after others		
$\mathbf{r}$	Horn old are your 2		
۷.	How old are you ?	Male Female	TICK APPROPRIATE BOXES
3	Sexe :		DOALS
5.	Sexe.	Yes No	
4	You smoke		TICK APPROPRIATE
	You stopped tosmoke		BOXES
	you never smoke		
			TICK APPROPRIATE
5.	Do you work or did you work	Yes No	BOXES
	the sector of health or in		
soc	cial services ?		
If `	Yes, in what capacity?		
6.	Which of the following proposals, w	hich one best describes	
	your main activity?		TICK APPROPRIATE
	Employee or install to their account		BOXES
	Restated		
	Woman (man) at home		
	Student		
	Seeking employment		
	Other (please precised)		
			TICK APPROPRIATE
_	<b>D</b>		BOXES
7.	Do you continue your education bey		
	school time?	Yes No	
			TICK APPROPRIATE
0	De you have a graduate graduate or	qualification aquivalant	BOXES
8.	Do you have a graduate graduate or oprofessional?	Yes No	
	professional?		
9.	If you know the postcode of your lo	cation please enter	
).	here:	cation prease enter	