



A PROJECT OF THE BRITISH ASSOCIATION OF DERMATOLOGISTS

Patient initials:	
Patient study ID:	
Name of visit:	
Date of completion: / /	

Health Questionnaire

English version for the UK

Describing your	health	TODAY	

Under each heading, please tick the ONE box that best describes your health TODAY.

TODAY.	
Mobility (walking about)	
I have <u>no</u> problems walking about	
I have <u>some</u> problems walking about	
I have <u>a lot</u> of problems walking about	
Looking after myself	
I have <u>no</u> problems washing or dressing myself	
I have <u>some</u> problems washing or dressing myself	
I have <u>a lot</u> of problems washing or dressing myself	
Doing usual activities (for example, going to school, hobbies, sports, playing, doing things with family or friends)	
I have <u>no</u> problems doing my usual activities	
I have <u>some</u> problems doing my usual activities	
I have <u>a lot</u> of problems doing my usual activities	
Having pain or discomfort	
I have <u>no</u> pain or discomfort	
I have <u>some</u> pain or discomfort	
I have <u>a lot</u> of pain or discomfort	
Feeling worried, sad or unhappy	
I am <u>not</u> worried, sad or unhappy	
I am <u>a bit</u> worried, sad or unhappy	
I am very worried, sad or unhappy	

How good is your health TODAY

- We would like to know how good or bad your health is TODAY.
- This line is numbered from 0 to 100.
- 100 means the <u>best</u> health you can imagine.
 0 means the <u>worst</u> health you can imagine.
- Please mark an X on the line that shows how good or bad your health is TODAY.

The best health you can imagine

