

P2496/GREEN

Serial number

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1-9

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10

Person

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11-12

First name

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13-14

Batch 15-19

# Health and lifestyles of people aged 50 and over

## Health Self-Completion Questionnaire

In Confidence

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### HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this

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### HOW TO RETURN THIS QUESTIONNAIRE

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to them. If not, please return the completed questionnaire in the pre-paid envelope as soon as you can.

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**PLEASE START THE QUESTIONNAIRE AT QUESTION **1** ON PAGE 3**

**THANK YOU AGAIN FOR YOUR HELP**

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# We would like to ask you questions about your own health.

Please tick one box for each question.

1

Overall in the last 30 days, what degree of aches and pains have you had?

20

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

2

In the last 30 days, how much difficulty have you had with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

21

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

3

Overall in the last 30 days, how much of a problem have you had with moving around?

22

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

4

Overall in the last 30 days how much difficulty have you had with concentrating or remembering things?

23

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

5

In the last 30 days, how much of a problem have you had because of shortness of breath?

24

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

6

Overall in the last 30 days, how much of a problem have you had with feeling sad, low, or depressed?

25

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

7

How much are you limited in the kind or amount of work that you can do due to an impairment or health problem?

26

Not limited      Mildly      Moderately      Severely      Extremely

1       2       3       4       5

**We will give you some examples of people with serious and less serious health problems. We would like to know how you evaluate the health of these people. Please assume that the people have the same age and background that you have.**

**Please tick one box for each question.**

**8**

**Paul has a headache once a month that is relieved after taking a pill. During the headache he can carry on with his day-to-day affairs.**

27

Overall in the last 30 days, what degree of aches and pains did Paul have?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**9**

**Carol takes about two hours to fall asleep every night. She wakes up once or twice a night feeling panicked and takes more than an hour to fall asleep again.**

28

In the last 30 days, how much difficulty did Carol have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**10**

**Henry has pain that radiates down his right arm and wrist during his day at work. This is slightly relieved in the evenings when he is no longer working on his computer.**

29

Overall in the last 30 days, what degree of aches and pains did Henry have?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**11**

**Margaret wakes up almost once every hour during the night. When she wakes up in the night, it takes around 15 minutes for her to go back to sleep. In the morning she does not feel well-rested.**

30

In the last 30 days, how much difficulty did Margaret have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**12**

**John has pain in his knees, elbows, wrists and fingers, and the pain is present almost all the time. Although medication helps, he feels uncomfortable when moving around, holding and lifting things.**

31

Overall in the last 30 days, what degree of aches and pains did John have?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**13**

**Alice falls asleep easily at night, but two nights a week she wakes up in the middle of the night and cannot go back to sleep for the rest of the night.**

32

In the last 30 days, how much difficulty did Alice have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**14**

**Tom has a lot of swelling in his legs due to his health condition. He has to make an effort to walk around his home as his legs feel heavy.**

33

Overall in the last 30 days, how much of a problem did Tom have with moving around?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**15**

**Mary can concentrate while watching TV, reading a magazine or playing a game of cards or chess. Once a week she forgets where her keys or glasses are, but finds them within five minutes.**

34

Overall in the last 30 days, how much difficulty did Mary have with concentrating or remembering things?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**16**

**David does not exercise. He cannot climb stairs or do other physical activities because he is obese. He is able to carry the groceries and do some light household work.**

35

Overall in the last 30 days, how much of a problem did David have with moving around?

None

Mild

Moderate

Severe

Extreme

1

2

3

4

5

**17**

**Sue is keen to learn new recipes but finds that she often makes mistakes and has to reread them several times before she is able to do them properly.**

36

Overall in the last 30 days, how much difficulty did Sue have with concentrating and remembering things?

None

Mild

Moderate

Severe

Extreme

1

2

3

4

5

**18**

**Robert is able to walk distances of up to 200 metres without any problems but feels tired after walking one kilometre or climbing more than one flight of stairs. He has no problems with day-to-day activities, such as carrying food from the market.**

37

Overall in the last 30 days, how much of a problem did Robert have with moving around?

None

Mild

Moderate

Severe

Extreme

1

2

3

4

5

**19**

**Eve cannot concentrate for more than 15 minutes and has difficulty paying attention to what is being said to her. When she starts a task, she never manages to finish it and often forgets what she was doing. She is able to learn the names of people she meets.**

38

Overall in the last 30 days, how much difficulty did Eve have with concentrating or remembering things?

None

Mild

Moderate

Severe

Extreme

1

2

3

4

5

**20****Eric has no problems with walking slowly. He gets out of breath easily when climbing uphill for 20 metres or a flight of stairs.**

39

In the last 30 days, how much of a problem did Eric have because of shortness of breath?

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

**21****Ann feels depressed most of the time. She weeps frequently and feels hopeless about the future. She feels that she has become a burden on others and that she would be better dead.**

40

Overall in the last 30 days, how much of a problem did Ann have with feeling sad, low, or depressed?

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

**22****Michael suffers from respiratory infections about once every year. He is short of breath 3 or 4 times a week and had to be admitted to hospital twice in the past month with a bad cough that required treatment with antibiotics.**

41

In the last 30 days, how much of a problem did Michael have because of shortness of breath?

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

**23****Patricia feels nervous and anxious. She worries and thinks negatively about the future, but feels better in the company of people or when doing something that really interests her. When she is alone she tends to feel useless and empty.**

42

Overall in the last 30 days, how much of a problem did Patricia have with feeling sad, low, or depressed?

None      Mild      Moderate      Severe      Extreme

1       2       3       4       5

**24**

**Peter has been a heavy smoker for 30 years and wakes up with a cough every morning. He gets short of breath even while resting and does not leave the house anymore. He often needs to be put on oxygen.**

43

In the last 30 days, how much of a problem did Peter have because of shortness of breath?

None

Mild

Moderate

Severe

Extreme

1

2

3

4

5

**25**

**Jean enjoys her work and social activities and is generally satisfied with her life. She gets depressed every three weeks for a day or two and loses interest in what she usually enjoys but is able to carry on with her day-to-day activities.**

44

Overall in the last 30 days, how much of a problem did Jean have with feeling sad, low, or depressed?

None

Mild

Moderate

Severe

Extreme

1

2

3

4

5

**26**

**If there is anything else you would like to tell us on this topic, please write in the space below. We shall be very interested to read what you have to say.**

45

**Thank you very much for taking the time to answer our questions. Please give the questionnaire to the interviewer or post it back in the envelope provided. All your answers will remain confidential.**