

Version 2 – 20/06/2011

REFERENCE RANGE PROJECT

HEALTH QUESTIONNAIRE

Confidential (when completed)

1.1.1.1 DEMOGRAPHIC DETAILS

Title Mr Mrs Miss Ms Dr Professor (delete as appropriate)
 Surname or family name
 All other names in full
 Date of birth: Male or Female (delete as appropriate)
 Current Contact Address:

 Occupation.....
 Contact telephone number:
 Doctor name and address:

 Time of last meal.....
 Blood Pressure
 Pulse
 Height.....
 Weight.....
 Waist circumference.....

1. General health screening questionnaire

Do you consider yourself to be healthy?	Yes / No
Are you vegetarian (no meat or fish)	Yes / No
Do you eat a special diet?	Yes / No If yes, specify
Do you exercise regularly?	Yes / No If yes, answer questions on next page
Have you been sick within the past 4 weeks?	Yes / No
If yes, when Describe illness	

Do you have high blood pressure?	Yes / No
Are you exposed to any hazardous chemicals in your job?	Yes / No
If yes, what?	
Do you use tobacco?	Yes / No If yes, answer questions on next page
Do you drink alcoholic beverages?	Yes / No If yes, answer questions on next page
Are you currently under a doctor's care?	Yes / No
If yes, why?	
Have you been hospitalised in the last 6 months?	Yes / No
If yes, why and when?	
Are there any inherited health problems in your family?	Yes / No If yes, describe
Have you taken aspirin or any pain relievers in the past 4 weeks?	Yes / No If yes, what and when?
Are you taking any prescribed medication? Including diet pills, antacids / stomach medicine, cold or allergy medicine	Yes / No
If yes, what?	
Do you take vitamin supplements or herbal remedies?	Yes / No
If yes, what?	

For women:

When was your last period?	
Are you on hormone replacement therapy?	
Are you breast-feeding?	
Are you pregnant?	
Are you using oral or implant contraceptives?	

2. Lifestyle screening questionnaire

Alcohol

1: Have you had a drink in the last 48 hours Y/N

If yes, what

2: How much do you drink in a typical week?

Nothing

Beerpints litres

Ciderpints litres

Wineglasses (assume 6 glasses per standard sized bottle)

Spiritsbottles

For how many years has this been typical

Smoking

1: How many cigarette pack years have you smoked?

A pack year is 20 cigarettes per day for one year

2: If you roll your cigarettes how many ounces per week do you smoke?

3: If you smoke cigars and pipes, how many days per week do you smoke

How many years have you smoked for?

Exercise

1: How many days in the past week have you performed physical activity where your heart beats faster and your breathing is harder than normal for 30 minutes or more? (In 3 ten minutes bouts or one 30 minute bout).

2: How many days in a typical week have you performed activity such as this?

3. Ethnicity monitoring questionnaire

A : White	
British	
Irish	
Any other White background	(please write in)
B : Mixed	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background	(please write in)
C : Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background	(please write in)
D : Black or Black British	
Caribbean	
African	
Any other Black background	(please write in)
E : Chinese or other ethnic group	
Chinese	
Any other (please write in)	
Not stated	
Not stated	

Time of sample collection