

	
Health Questionnaire English version for India	Health Questionnaire Version (Target Language) Version (English) Subtitle (if applicable) Description (if applicable)
Please tap the ONE box that best describes your health TODAY.	Instruction
MOBILITY I have no problems in walking I have slight problems in walking I have moderate problems in walking I have severe problems in walking I am unable to walk	MOBILITY MO1 MO2 MO3 MO4 MO5
SELF-CARE I have no problems bathing or dressing myself I have slight problems bathing or dressing myself I have moderate problems bathing or dressing myself I have severe problems bathing or dressing myself I am unable to bathe or dress myself	SELF-CARE SC1 SC2 SC3 SC4 SC5
USUAL ACTIVITIES <i>(e.g. work, study, housework, family or leisure activities)</i> I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I am unable to do my usual activities	USUAL ACTIVITIES UA1 UA2 UA3 UA4 UA5
PAIN / DISCOMFORT I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have extreme pain or discomfort	PAIN / DISCOMFORT PD1 PD2 PD3 PD4 PD5
ANXIETY / DEPRESSION I am not anxious or depressed I am slightly anxious or depressed I am moderately anxious or depressed I am severely anxious or depressed I am extremely anxious or depressed	ANXIETY / DEPRESSION AD1 AD2 AD3 AD4 AD5
We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine. Please tap on the scale to indicate how your health is TODAY.	VAS Line 1 VAS Line 2 VAS Line 3a VAS Line 3b VAS Line 4
The best health you can imagine The worst health you can imagine YOUR HEALTH TODAY =	Top Anchor Bottom Anchor Health Box
Previous Next This item is blank, please complete it.	Button 'Previous' Button 'Next' Error Message
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