

## HEALTH SERVICE USE

During the **2 weeks ending yesterday**, did you talk to a family doctor (GP) about your own health either in **person** or by **telephone**?

**Tick one only**

Yes

No

How many times did you talk to a family doctor (GP) about your own health in these **2 weeks**?

**Please write in number**

During the **2 weeks ending yesterday**, did you see a practice nurse or other nurse at the GP surgery about your own health?

**Tick one only**

Yes

No

How many times did you see a practice nurse or other nurse at the GP surgery about your own health in these **2 weeks**?

**Please write in number**

During the **last 12 months**, did you attend any department of a hospital as a patient?

**Tick one only**

Yes

No

How many times did you attend a hospital about your own health in these **12 months**?

**Please write in number**

During the **last 12 months**, have **you** used any of these services for **yourself**?

**Tick one box on each row**

	Yes	No
Optician	<input type="checkbox"/>	<input type="checkbox"/>
Health Visitor, District Nurse or other community nurse	<input type="checkbox"/>	<input type="checkbox"/>
GP out of hours services	<input type="checkbox"/>	<input type="checkbox"/>
NHS Direct (National NHS telephone helpline)	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist <i>including local pharmacists and those in large stores and supermarkets</i> (eg picked up prescribed medicine, asked for advice, bought medicines kept behind the counter)	<input type="checkbox"/>	<input type="checkbox"/>

In general, would you say your health is ... ?

**Tick one only**

**Excellent**

**Very Good**

**Good**

**Fair**

**Poor**

**Compared to one year ago**, how would you rate your health in general now?

**Tick one only**

Much better now than one year ago	<input type="checkbox"/>
Somewhat better now than one year ago	<input type="checkbox"/>
About the same as one year ago	<input type="checkbox"/>
Somewhat worse now than one year ago	<input type="checkbox"/>
Much worse now than one year ago	<input type="checkbox"/>

**ABOUT YOU**

**Are you:**

**Male**

**Female**

How old were you on your last birthday?

**Please write in whole years**

**Age**

How tall are you?

**feet**

**inches**

**Or cm**

<input type="text"/>	<input type="text"/>
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How much do you weigh?

**stone**

**pounds**

**Or kg**

<input type="text"/>	<input type="text"/>
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**Does anyone come to your home to help you out?**

**Yes**

**No**

**Is that a:**

friend

neighbour

social care

voluntary worker

**How many times a week does the person come to your home?**

once

twice

three times

four times

every day