Date:

Study ID:

Time Point:

YORKSHI-RE & HUMBERSIDE HAEMATOLOGY NET WO-RK

You have been sent this questionnaire because you agreed to be part of the Yorkshire & Humberside Haematology Network.

You will already have completed one or more of these questionnaires in the past and by filling in this form now, we can monitor how your well-being has changed over time.

Please write clearly and, if choices are given, tick the appropriate box.

If you have any questions, or need help filling in this form, please contact us on our Freephone number: 0800 328 0655

Follow-up health questionnaire



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

MOBILITY

I have no problems in walking about I have slight problems in walking about I have moderate problems in walking about I have severe problems in walking about I am unable to walk about

SELF-CARE

I have no problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework,

family or leisure activities)

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

PAIN / DISCOMFORT

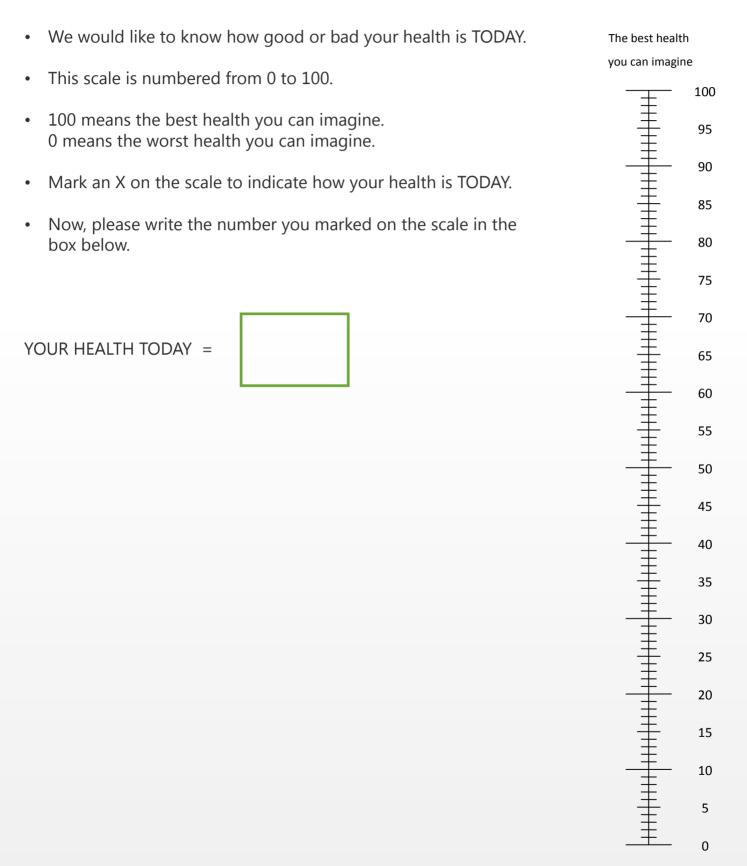
I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have extreme pain or discomfort

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







The worst health you can imagine

If there is anything else you would like to tell us, please use the space below:

Signed:	Date form completed:
Your contact telephone number (in case we have any queries):	

Once you have completed the questionnaire, please return it in the stamped addressed envelope provided to:



YHHN Area 3 Seebohm Rowntree Building Dept Health Sciences University of York Heslington, YORK YO10 5DD



Freephone: 0800 328 0655



Email: enquiries@yhhn.org