

Instructions

- Use a #2 soft pencil for marking
- Text answers must be entered with the web interface.
- Completely fill in boxes to record answers

Question types

- only 1 answer allowed
- multiple answers allowed

Internal use only.
Not read by scanner.

Last name		First name		Gender
Street			M.R.N.	
Zip code		City		
Occupation	Birthdate (DD.MM.YYYY)		Telephone	

General Health Questionnaire

Examination date

Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
 Month 1 2 3 4 5 6 7 8 9 10 11 12 Year 04 05 06 07 08 09 10 11 12 13 14 15 16

Examination interval after surgery

- | | | |
|--------------------------------------|--------------------------------|---------------------------------------|
| <input type="radio"/> before surgery | <input type="radio"/> 4 years | <input type="radio"/> 11 years |
| <input type="radio"/> 6 weeks | <input type="radio"/> 5 years | <input type="radio"/> 12 years |
| <input type="radio"/> 3 months | <input type="radio"/> 6 years | <input type="radio"/> 13 years |
| <input type="radio"/> 6 months | <input type="radio"/> 7 years | <input type="radio"/> 14 years |
| <input type="radio"/> 9 months | <input type="radio"/> 8 years | <input type="radio"/> 15 years |
| <input type="radio"/> 1 year | <input type="radio"/> 9 years | <input type="radio"/> >15 years |
| <input type="radio"/> 2 years | <input type="radio"/> 10 years | |
| <input type="radio"/> 3 years | | |

Please indicate which statements best describe your own health state today.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some 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 with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Visual analog scale (VAS) regarding health

Please indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

