

THE EFFORT OF LOOKING AFTER YOUR HEALTH

We are interested in finding out about the effort you have to make to look after your health and how this impacts on your day-to-day life.

Please tell us how much difficulty you have with the following:

(Please tick the box that most applies to you)

| | Extremely Difficult | Very Difficult | Quite Difficult | A little Difficult | Not Difficult | Does not apply |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. Taking lots of medications | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| 2. Remembering how and when to take medication | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| 3. Collecting prescription medication | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| 4. Monitoring your medical conditions (e.g. checking your blood pressure or blood sugar, monitoring your symptoms etc.) | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| 5. Arranging appointments with health professionals | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| 6. Seeing lots of different health professionals | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| 7. Attending appointments with health professionals (e.g. getting time off work, arranging transport etc.) | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| 8. Obtaining clear and up-to-date information about your condition | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| 9. Making recommended lifestyle changes (e.g. diet and exercise etc.) | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| 10. Having to rely on help from family and friends | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |