

**THE ST. GEORGE'S HEALTH CHECK QUESTIONNAIRE**



How are you feeling now?

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Have you any long-standing health problems?  
*If yes, give details*

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Are you allergic to anything?  
*If yes, give details*

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Do you need help to go out?  
*If yes, give details*

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Do you visit hospital a lot?  
*If yes, give details*

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Have you seen anyone for help with worries or feelings recently?  
*If yes, give details*

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When did you last see your own doctor?

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Do you take medicine or tablets from the doctor often?  
*If yes, give details*

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Do you buy any other medicines or drugs?  
*If yes, give details*

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Do you smoke?  
*If yes, give details*

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Have you had injections? Tick boxes, putting dates, if known

- As a child
- TB
- Hepatitis A/B
- Tetanus
- Flu


Has anyone you know died recently?  
*Give details*

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Have any near relatives died young?  
*Give details if aged less than 60*

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