

# The Nottingham Health Profile

Listed below are some problems people might have in their daily lives.

Read the list carefully and put a tick in the box under **Yes** for any problem that applies to you **at the moment**. Tick the box under **No** for any problem that does not apply to you.

**Please answer every question.** If you are not sure whether to answer yes or no, tick whichever answer you think is **most** true at the moment.

	Yes	No
<b>I'm tired all the time</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I have pain at night</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Things are getting me down</b>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>I have unbearable pain</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I take tablets to help me sleep</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I've forgotten what it's like to enjoy myself</b>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
<b>I'm feeling on edge</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I find it painful to change position</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I feel lonely</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Please turn over**