

ASSIGNMENT

1) Prepare a questionnaire for a survey on topics related to health.

Sleep

Food habits

Physical activity

Hygiene

Use of drugs

Mental health

1. How healthy do you consider yourself on a scale of 1 to 10?

**2. How often do you get a health
checkup?**

- Once in 3 months
- Once in 6 months
- Once a year
- Only when needed
- Never get it done
- Other

**3. What do you say about your overall
health?**

- Having Good Physical Health
- Moderately physically impaired
- Severely physically impaired
- Totally physically impaired

4. Do you have any chronic diseases?

- Yes
- No

5. Do you have any hereditary conditions/diseases?

- High blood pressure
- Diabetes
- Hemophilia
- Thalassemia
- Huntington
- Other (Please specify)

6. Are you habitual to drugs and alcohol?

- Yes to both
- Only to drugs
- Only to alcohol
- I am not habituated to either

7. Over the past 2 weeks, how often have you felt nervous, anxious, or on edge?

- Not all
- Several days
- More days than not
- Nearly every day

8. Over the past 2 weeks, how often have you felt down, depressed, or hopeless?

- Not all
- Several days
- More days than not
- Nearly every day

9. Over the past 2 weeks, how often have you felt little interest or pleasure in doing things?

- Not all
- Several days
- More days than not
- Nearly every day

10. How would you describe the condition of your mouth and teeth, including false teeth or dentures?

- Excellent
- Good
- Average
- Poor