
















Primary Care Outcomes Questionnaire

This questionnaire asks you about your health and feelings. For each question, please tick in the one box that best describes your answer. Please answer the questions as you feel best. There are no right or wrong answers.






At the moment:






	Not at all 	Slightly 	Moderately 	Quite a bit 	Extremely 
How much are you <u>currently affected</u> by ...					
1 Pain or discomfort	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2 Other physical symptoms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3 Feeling low in mood or depressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4 Feeling anxious or stressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅






	Not at all 	Slightly 	Moderately 	Quite a bit 	Extremely 
How much does your physical or mental health <u>currently prevent</u> you from ...					
5 Enjoying life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6 Doing your normal activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

	Not at all 	Slightly 	Moderately 	Quite a bit 	Extremely 
How <u>worried or concerned</u> are you ...					
7 About your current state of health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8 That your symptoms might indicate an undetected serious illness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

At the moment ...






Thinking about the doctors and nurses you usually see, how <u>confident</u> are you that ...		Extremely confident 	Very confident 	Moderately confident 	Not very confident 	Not at all confident 
9	They will listen when you need them to	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10	They will do their best to help you if you need it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11	They have good medical knowledge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12	They would spot it if you were seriously ill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13	You can trust them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14	You can get good health care when you need it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Thinking about your level of <u>knowledge</u> : How much do you...		I know as much as I want 	Slightly less than I want 	Somewhat less than I want 	Quite a bit less than I want 	Very much less than I want 
15	Know how to prevent future problems with your health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16	Know how best to look after yourself and stay healthy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅






Thinking about your level of <u>understanding</u> : How much do you...		I understand as much as I want 	Slightly less than I want 	Somewhat less than I want 	Quite a bit less than I want 	Very much less than I want 	Not applicable: I have no current health problems
17	Understand your current illness or health problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
18	Understand how to manage the symptoms of your illness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

At the moment






Thinking about the support you have in life, from both your health centre and elsewhere, How much support do you have to help you...

	As much support as I need 	Slightly less than I need 	Somewhat less than I need 	Quite a bit less than I need 	Very much less support than I need 	Not applicable: I do not have or need any support
19 Manage in your daily life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
20 Deal with any anxieties or worries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

How confident are you that you are ...

	Extremely confident 	Very confident 	Moderately confident 	Not very confident 	Not at all confident 	Not applicable: I have no current health problems
21 Dealing with the cause of your health problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
22 On the right path to dealing with your health problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

For a variety of reasons, people don't always follow medical advice. How much of your doctors or nurses advice are you following on:

	All of the advice 	Most of the advice 	Some of the advice 	Not much of the advice 	None of the advice 	Not applicable: I have not received such advice
23 Your medication or treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
24 Leading a healthy lifestyle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆