

1. Health and Wellbeing

1. In general, would you say your health is:

Excellent

Very good

Good

Fair

Poor

2. Compared to one year ago, how would you rate your health in general now?

Much better than one year ago

Somewhat better than one year ago

About the same

Somewhat worse than one year ago

Much worse than one year ago

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking more than one mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Yes	No
Cut down the amount of time you spend on work or other activities	<input type="radio"/>	<input type="radio"/>
Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>
Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="radio"/>	<input type="radio"/>

5. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
Didn't do work or other activities as carefully as usual	<input type="checkbox"/>	<input type="checkbox"/>

6. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

7. How much bodily pain have you had during the past four weeks?

- None
- Very mild
- mild
- Moderate
- Severe
- Very severe

8. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

9. These questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past four weeks.....

	All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time
Did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt calm and peaceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

11. How TRUE or FALSE is each of the following statements to you?

	Definitely true	Mostly true	Dont know	Mostly false	Definitely false
I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Stress Levels

12. In each of the following questions, you will be asked to indicate how often you felt or thought a certain way during the last month. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each one fairly quickly. Don't try to count the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

	Never	Almost Never	Sometimes	Fairly often	Very often
In the last month, how often have you been upset because of something that happened unexpectedly?	1	2	3	4	5
In the last month, how often have you felt that you were unable to control the important things in your life?	1	2	3	4	5
In the last month, how often have you felt nervous and "stressed"?	1	2	3	4	5
In the last month, how often have you dealt successfully with irritating life hassles?	1	2	3	4	5
In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?	1	2	3	4	5
In the last month, how often have you felt that things were going your way?	1	2	3	4	5
In the last month, how often have you been able to control irritations in your life?	1	2	3	4	5
In the last month how often have you felt that you were on top of things?	1	2	3	4	5
In the last month, how often have you been angered because of things that happened that were outside of your control?	1	2	3	4	5
In the last month, how often have you found yourself thinking about things that you have to accomplish?	1	2	3	4	5
In the last month, how often have you been able to control the way you spend your time?	1	2	3	4	5
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	1	2	3	4	5

4. Cranial Osteopathy

13. Please indicate which of the following terms you have heard of. Tick all the boxes that apply.

- Osteopathy
- Osteopathic medicine
- Cranial osteopathy
- Craniosacral therapy
- Osteopathy in the Cranial Field
- Biodynamic Osteopathy in the Cranial Field

14. Have you ever had an osteopathic treatment?

- Yes
- No

15. Have you ever had a cranial osteopathic treatment?

- Yes
- No

16. As far as you know, have any of your close relatives, children or friends had cranial osteopathic treatment?

- Yes
- No

17. How would you rate your knowledge of cranial osteopathy?

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> I have no knowledge of cranial osteopathy at all | <input type="checkbox"/> I have a little knowledge of cranial osteopathy | <input type="checkbox"/> I have a moderate amount of knowledge of cranial osteopathy | <input type="checkbox"/> I have a lot of knowledge about cranial osteopathy, but no formal education or training | <input type="checkbox"/> I have formal education or training in cranial osteopathy |
|---|--|--|--|--|

5. Complementary and Alternative Medicine

18. Osteopathy and Cranial Osteopathy are forms of Complementary and Alternative Medicine. Other examples of Complementary and Alternative Medicine include Ayurvedic, Homeopathic, Traditional Chinese and Naturopathy.

Listed below are a number of statements concerning your health and Complementary and Alternative medicine. Please decide to what extent you agree or disagree with each statement, and indicate the answer that most closely corresponds with your own view.

	Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
Positive thinking can help you fight off a minor illness	ja	ja	ja	ja	ja	ja
Complementary and Alternative medicine should be subject to more scientific testing before it can be accepted by conventional doctors	ja	ja	ja	ja	ja	ja
When people are stressed it is important that they are careful about other aspects of their lifestyle (eg. healthy eating) as their body already has enough to cope with	ja	ja	ja	ja	ja	ja
Complementary medicine can be dangerous in that it may prevent people getting proper treatment	ja	ja	ja	ja	ja	ja
The symptoms of an illness can be made worse by depression	ja	ja	ja	ja	ja	ja
Complementary medicine should only be used as a last resort when conventional medicine has nothing to offer	ja	ja	ja	ja	ja	ja
If a person experiences a series of stressful life events, they are likely to become ill	ja	ja	ja	ja	ja	ja
It is worthwhile trying complementary medicine before going to the doctor	ja	ja	ja	ja	ja	ja
Complementary medicine should only be used for minor ailments and not for the treatment of more serious illness	ja	ja	ja	ja	ja	ja
It is important to find a balance between work and relaxation in order to stay healthy	ja	ja	ja	ja	ja	ja
Complementary medicine builds up the body's own defences, so leading to a permanent cure	ja	ja	ja	ja	ja	ja