# Box 10.4a: Questionnaires with negative answers

| **Health** By each question fill in a ✓ for 'yes' and a ✗ for 'no' | Name: | Name: | Name: | Name: |
|---|---|---|---|---|
| 1 Have you been to the doctor's in the last six months? | | | | |
| 2 Do you have a healthy diet? | | | | |
| 3 Did you sleep at least eight hours last night? | | | | |
| 4 Do you exercise for at least one hour every day? | | | | |
| 5 Do you spend a lot of time sitting down every day? | | | | |
| 6 Do you laugh a lot? | | | | |
| 7 Have you missed any work/studies because of illness in the last month? | | | | |
| 8. Have you spent more than two weeks in hospital in the last year? | | | | |

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