Comorbidity and General health questionnaire

These questions apply to the past 12 months. Please answer these to the best of your knowledge.

Please indicate if you have had any of the following diagnoses (underline which one):

- Hypertension
- Diabetes mellitus (without – with end-organ damage)
- Hypothyroidism
- Obesity (BMI>30)
- High cholesterol
- Myocardial infarction (heart attack) or ischaemic heart disease
- Congestive Heart Failure
- Cardiac arrhythmias /atrial fibrillation
- Other heart disease
- Stroke or Cerebrovascular Disease
- Peripheral Vascular Disease
- Rheumatoid arthritis/Connective Tissue Disease
- (Osteo-) arthritis
- COPD/asthma/chronic lung disease
- Chronic Kidney Disease (moderate – severe)
- Chronic liver Disease (mild – moderate – severe)
- Chronic gastrointestinal disease (e.g. Crohn’s disease)
- Peptic Ulcer Disease
- Urinary system disorder
- Blood clotting disorder/deep vein thrombosis
- Fluid and electrolyte disorders
- Anemia
- Leukemia
- Malignant Lymphoma
- Solid tumor without metastasis
- Metastatic cancer
- Recurrent infections
- HIV
- Epilepsy
- Unexplained falls
- Parkinson’s
- Dementia
- Learning disability
- Other neurological disorder
- Depression
- Anxiety
- Alcohol problem
- Schizophrenia