

Health State Preference Project Survey

Please answer the following questions.

What is your gender?

- Male
- Female

What is your date of birth?:

Are you:

- Single
- Married/Partner
- Separated
- Divorced
- Widowed
- Prefer not to say

Which of the following best describes your main activity?

- In employment or self-employment
- Retired
- Homemaker
- Student
- Seeking work
- Unemployed
- Long-term sick
- Other

Did your education continue after the minimum school leaving age?

- Yes
- No

Previous Next Question

Undo All