

Health Questionnaire

INSTRUCTIONS: If you can answer YES to the question asked, put a circle around the Yes.

If you have to answer NO to the question asked, put a circle around the No.

Answer all questions. If you are not sure, guess.

- A**
1. Do you need glasses to read? YES NO
 2. Do you need glasses to see things at a distance? YES NO
 3. Has your eyesight often blacked out completely? YES NO
 4. Do your eyes continually blink or water? YES NO
 5. Do you often have bad pains in your eyes? YES NO
 6. Are your eyes often red or inflamed? YES NO
 7. Are you hard of hearing? YES NO
 8. Have you ever had a bad running ear? YES NO
 9. Do you have constant noises in your ears? YES NO
- B**
10. Do you have to clear your throat frequently? YES NO
 11. Do you often feel a choking lump in your throat? YES NO
 12. Are you often troubled with bad spells of sneezing? YES NO
 13. Is your nose continually stuffed up? YES NO
 14. Do you suffer from a constantly running nose? YES NO
 15. Have you at times had bad nose bleeds? YES NO
 16. Do you often catch severe colds? YES NO
 17. Do you frequently suffer from heavy chest colds? YES NO
 18. When you catch a cold, do you always have to go to bed? YES NO
 19. Do frequent colds keep you miserable all winter? YES NO
 20. Do you get hay fever? YES NO
 21. Do you suffer from asthma? YES NO
 22. Are you troubled by constant coughing? YES NO
 23. Have you ever coughed up blood? YES NO
 24. Do you sometimes have severe soaking sweats at night? YES NO
 25. Have you ever had a chronic chest condition? YES NO
 26. Have you ever had T.B. (Tuberculosis)? YES NO
 27. Did you ever live with anyone who had T.B.? YES NO
- C**
28. Has a doctor ever said your blood pressure was too high? YES NO
 29. Has a doctor ever said your blood pressure was too low? YES NO
 30. Do you have pains in the heart or chest? YES NO
 31. Are you often bothered by thumping of the heart? YES NO

42.	Are you troubled by bleeding gums?	YES	NO
43.	Have you often had severe toothaches?	YES	NO
44.	Is your tongue usually badly coated?	YES	NO
45.	Is your appetite always poor?	YES	NO
46.	Do you usually eat sweets or other food between meals?	YES	NO
47.	Do you always gulp your food in a hurry'?	YES	NO
48.	Do you often suffer from an upset stomach?	YES	NO
49.	Do you usually feel bloated after eating?	YES	NO
50.	Do you usually belch a lot after eating?	YES	NO
51.	Are you often sick to your stomach?	YES	NO
52.	Do you suffer from indigestion?	YES	NO
53.	Do severe pains in the stomach often double you up?	YES	NO
54.	Do you suffer from constant stomach trouble?	YES	NO
55.	Does stomach trouble run in your family?	YES	NO
56.	Has a doctor ever said you had stomach ulcers?	YES	NO
57.	Do you suffer from frequently loose bowel movements?	YES	NO
58.	Have you ever had severe bloody diarrhea?	YES	NO
59.	Were you ever troubled with intestinal worms?	YES	NO
60.	Do you constantly suffer from bad constipation?	YES	NO
61.	Have you ever had piles (rectal hemorrhoids)?	YES	NO
62.	Have you ever had jaundice (yellow eyes and skin)?	YES	NO
63.	Have you ever had serious liver or gall bladder trouble?	YES	NO

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64.	Are your joints often painfully swollen?	YES	NO
65.	Do your muscles and joints constantly feel stiff?	YES	NO
66.	Do you usually have severe pains in the arms or legs?	YES	NO
67.	Are you crippled with severe rheumatism (arthritis)?	YES	NO
68.	Does rheumatism (arthritis) run in your family?	YES	NO
69.	Do weak or painful feet make your life miserable?	YES	NO
70.	Do pains in the back make it hard for you to keep up with your work?	YES	NO
71.	Are you troubled with a serious bodily disability or deformity?	YES	NO

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72.	Is your skin very sensitive or tender?	YES	NO
73.	Do cuts in your skin usually stay open a long time?	YES	NO
74.	Does your face often get badly flushed?	YES	NO
75.	Do you sweat a great deal even in cold weather? .	YES	NO
76.	Are you often bothered by severe itching?	YES	NO
77.	Does your skin often break out in a rash?	YES	NO
78.	Are you often troubled with boils?	YES	NO

89.	Have you at times had a twitching of the face or head?	YES	NO
90.	Did you ever have a fit or convulsion (epilepsy)?	YES	NO
91.	Has anyone in your family ever had fits or convulsions (epilepsy)?	YES	NO
92.	Did you bite your nails badly?	YES	NO
93.	Are you troubled by stuttering or stammering?	YES	NO
94.	Are you a sleep walker?	YES	NO
95.	Are a bed wetter?	YES	NO
96.	Were you a bed wetter between the ages of 8 and 14?	YES	NO

H - FEMALES

97.	Have your menstrual periods usually been painful?	YES	NO
98.	Have you often felt weak or sick with your periods?	YES	NO
99.	Have you often had to lie down when your periods came on?	YES	NO
100.	Have you usually been tense or jumpy with your periods?	YES	NO
101.	Have you ever had constant severe hot flashes and sweats?	YES	NO
102.	Have you often been troubled with vaginal discharge?	YES	NO
103.	Do you have to get up every night and urinate?	YES	NO
104.	During the day, do you usually have to urinate frequently?	YES	NO
105.	Do you often have severe burning paw when you urinate?	YES	NO
106.	Do you sometimes lose control of your bladder?	YES	NO
107.	Has a doctor ever said you had kidney or bladder disease?	YES	NO

H - MALES

97.	Have you ever had anything seriously wrong with your genitals (privates)?	YES	NO
98.	Are your genitals often painful or sore?	YES	NO
99.	Have you ever had treatment for your genitals?	YES	NO
100.	Has a doctor ever said you had a hernia (rupture)?	YES	NO
101.	Have you ever passed blood while urinating (passing water)?	YES	NO
102.	Do you have trouble starting your stream when urinating?	YES	NO
103.	Do you have to get up every night and urinate?	YES	NO
104.	During the day, do you usually have to urinate frequently?	YES	NO
105.	Do you often have severe burning pain when you urinate?	YES	NO
106.	Do you sometimes lose control of your bladder?	YES	NO
107.	Has a doctor ever said you had kidney or bladder disease?	YES	NO

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108.	Do you often get spells of complete exhaustion or fatigue?	YES	NO
109.	Does working tire you out completely?	YES	NO
110.	Do you usually get up tired and exhausted in the morning?	YES	NO
111.	Does every little effort wear you out?	YES	NO
112.	Are you constantly too tired and exhausted even to cat?	YES	NO
113.	Do you suffer from severe nervous exhaustion?	YES	NO
114.	Does nervous exhaustion run in your family?	YES	NO

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| 122. | Are you always ill and unhappy? | YES | NO |
| 123. | Are you constantly made miserable by poor health? | YES | NO |

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| 124. | Did you ever have scarlet fever? | YES | NO |
| 125. | As a child, did you have rheumatic fever, growing pains or twitching of the limbs? | YES | NO |
| 126. | Did you ever have malaria? | YES | NO |
| 127. | Were you ever treated for severe anemia (thin blood)? | YES | NO |
| 128. | Were you ever treated for "bad blood" (venereal disease)? | YES | NO |
| 129. | Do you have diabetes (sugar disease)? | YES | NO |
| 130. | Did a doctor ever say you had a goiter (in your neck)? | YES | NO |
| 131. | Did a doctor ever treat you for tumor or cancer? | YES | NO |
| 132. | Did you suffer from any chronic disease? | YES | NO |
| 133. | Are you definitely under weight? | YES | NO |
| 134. | Are you definitely over weight? | YES | NO |
| 135. | Did a doctor ever say you had varicose veins (swollen veins) in your legs? | YES | NO |
| 136. | Did you ever have a serious operation? | YES | NO |
| 137. | Did you ever have a serious injury? | YES | NO |
| 138. | Did you often have small accidents or injuries? | YES | NO |

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| 139. | Do you usually have great difficulty in falling asleep or staying asleep? | YES | NO |
| 140. | Do you find it impossible to take a regular rest period each day? | YES | NO |
| 141. | Do you find it impossible to take regular daily exercise? | YES | NO |
| 142. | Do you smoke more than 20 cigarettes a day? | YES | NO |
| 143. | Do you drink more than six cups of coffee or tea a day? | YES | NO |
| 144. | Do you usually take two or more alcoholic drinks a day? | YES | NO |

Note. The male and female versions of the HQ are identical except for section H.