**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.

<table>
<thead>
<tr>
<th>A</th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you need glasses to read?</td>
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<td>2.</td>
<td>Do you need glasses to see things at a distance?</td>
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<td>3.</td>
<td>Has your eyesight often blacked out completely?</td>
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<td>4.</td>
<td>Do your eyes continually blink or water?</td>
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<td>5.</td>
<td>Do you often have bad pains in your eyes?</td>
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<td>6.</td>
<td>Are your eyes often red or inflamed?</td>
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<td>7.</td>
<td>Are you hard of hearing?</td>
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<td>8.</td>
<td>Have you ever had a bad running ear?</td>
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<td>9.</td>
<td>Do you have constant noises in your ears?</td>
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<thead>
<tr>
<th>B</th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>10.</td>
<td>Do you have to clear your throat frequently?</td>
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<td>11.</td>
<td>Do you often feel a choking lump in your throat?</td>
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<td>12.</td>
<td>Are you often troubled with bad spells of sneezing?</td>
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<td>13.</td>
<td>Is your nose continually stuffed up?</td>
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<td>14.</td>
<td>Do you suffer from a constantly running nose?</td>
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<td>15.</td>
<td>Have you at times had bad nose bleeds?</td>
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<td>16.</td>
<td>Do you often catch severe colds?</td>
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<td>17.</td>
<td>Do you frequently suffer from heavy chest colds?</td>
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<td>18.</td>
<td>When you catch a cold, do you always have to go to bed?</td>
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<td>19.</td>
<td>Do frequent colds keep you miserable all winter?</td>
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<td>20.</td>
<td>Do you get hay fever?</td>
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<td>21.</td>
<td>Do you suffer from asthma?</td>
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<td>22.</td>
<td>Are you troubled by constant coughing?</td>
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<td>23.</td>
<td>Have you ever coughed up blood?</td>
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<td>24.</td>
<td>Do you sometimes have severe soaking sweats at night?</td>
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<td>25.</td>
<td>Have you ever had a chronic chest condition?</td>
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<td>26.</td>
<td>Have you ever had T.B. (Tuberculosis)?</td>
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<td>27.</td>
<td>Did you ever live with anyone who had T.B.?</td>
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<tr>
<th>C</th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>28.</td>
<td>Has a doctor ever said your blood pressure was too high?</td>
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<td>29.</td>
<td>Has a doctor ever said your blood pressure was too low?</td>
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<td>30.</td>
<td>Do you have pains in the heart or chest?</td>
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<td>31.</td>
<td>Are you often bothered by thumping of the heart?</td>
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<td>32.</td>
<td>Does your heart often race like mad?</td>
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</table>
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

E
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

F
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 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

**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

**I**

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

**K**
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

**L**
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.