MEDICO-PSYCHOLOGICAL QUESTIONNAIRE
FOR GENERAL NEUROTICISM

Here are some questions regarding the way you behave, feel and act. Read thoroughly the questions carefully. After each question three alternatives, Yes, ? (doubtful) and No are provided. Encircle (YES) or (NO), indicating the presence or absence of that quality in you. Only when you find it extremely difficult to decide encircle (?). Do not omit any question. Answer quickly and do not spend too much of time over any question. The whole questionnaire may take only a few minutes.

1. Do you find it difficult to get into conversation with strangers?
   YES ? NO

2. Do you sometimes depressed without any adequate reasons?
   YES ? NO

3. Do you worry too long over humiliating experiences?
   YES ? NO

4. Are you subject to attacks of shaking or trembling?
   YES ? NO

5. Have you ever fainted or collapsed?
   YES ? NO
6. Are you very sensitive to being exposed to lights and sudden noises and try to keep away from them?  
7. Do you find yourself unable to sleep well?  
8. Do you often suffer from attacks of diarrhea or constipation?  
9. Do you find it a relief at times to throw off your responsibilities and indulge in childish amusement?  
10. Do you worry about your health?  
11. Do you often feel just miserable?  
12. Have you ever been troubled by a stammer or stutter?  
13. Do you find your memory very poor and letting you down on important matters?  
14. Do you worry over possible misfortunes?  
15. Do you suffer from severe headaches?  
16. Have you ever been afraid that you might strike or stab somebody or set fire to something or steal inspite of your will?
17. Are you troubled with feelings of inferiority?  
YES ? NO

18. Do you like acting and theatrical activities?  
YES ? NO

19. Do you daydream a lot?  
YES ? NO

20. Do you have experiences of walking up frightened in the middle of nights?  
YES ? NO

21. Do you get much afraid to speak to group of people?  
YES ? NO

22. Are you capable of shutting out of your mind completely for some times things that might worry you so that you can be happy even under difficulties?  
YES ? NO

23. Are you generally a shy person?  
YES ? NO

24. Do you feel you are less lively than your friends?  
YES ? NO

25. Do you often get feelings of dissatisfaction?  
YES ? NO

26. Do useless thoughts keep coming to your mind quite often?  
YES ? NO

27. Do you get short of breath without having done heavy work?  
YES ? NO

28. Do you find yourself getting physically tired very easily and wanting to be down?  
YES ? NO
29. Have you kept away from work through sickness a good deal?  
YES? NO

30. Do you sweat a great deal without much exercise?  
YES? NO

31. Do you find yourself getting irritable and aggressive without sufficient reason?  
YES? NO

32. Does your heart beat too quickly or too loudly at times?  
YES? NO

33. Do you sometimes get satisfaction from doing quite useless acts such as counting things, saying things or touching things?  
YES? NO

34. Do you get ideas of committing suicide?  
YES? NO

35. Are you troubled by having a pass urine very frequently?  
YES? NO

36. Do you think it right to insist on orderliness and thoroughness in everything a person does?  
YES? NO

37. Do you get tired mentally very easily and feel tired most of the time?  
YES? NO

38. Have you ever been temporarily blind deaf or lost sensation or lost your voice?  
YES? NO

39. Are your feelings easily hurt?  
YES? NO
40. Are you highly sensitive on certain subjects? YES ? NO

41. Are you afraid of being present in places like railway carriages, tunnels, lifts, etc.? YES ? NO

42. Do you lack self-confidence? YES ? NO

43. Are there times when you are unable to concentrate, when your mind wanders away from what you are doing? YES ? NO

44. Do you find it difficult to make friends? YES ? NO

45. Are you troubled with aches and pains all over your body? YES ? NO

46. Do you usually keep in the background on social occasions? YES ? NO

47. Do you have fears and worries about things without sufficient cause? YES ? NO

48. Do you sometimes walk in your sleep? YES ? NO
   (as later reported by others)

49. Do you have difficulty in making up your mind as to what you will do next? YES ? NO

50. Do you feel a lack of interest in things that used to interest you at one time? YES ? NO