INDEX FOR PSYCHOSOMATIC ILLNESSES FOR NURSES

Here are some questions regarding some illnesses are frequently suffers. Please read the questionnaire carefully, after each question two alternatives YES or NO are provided. Encircle (Yes) or (No) indicating the presence or absence of the illness in you. Please give your responses frankly. Your responses will be kept strictly confidential. Answer all the questions.

1. Did you ever frequently suffer from itching sensation in your body ?
   YES / NO

2. Do you suffer from dermatities or eczema ?
   YES / NO

3. Does the dermatities recur inspite of medical treatment ?
   YES / NO

4. Do you frequently suffer from back pain ?
   YES / NO

5. Do you suffer from tension headache ?
   YES / NO

6. Do you frequently suffer from joint pain ?
   YES / NO

7. Do you ever suffer from breathing problems ?
   YES / NO

8. Do you frequently suffer from voicelessness ?
   YES / NO
9. Do you wheeze in the presence of household dust, tobacco smoke and cold air? YES / NO
10. Do you suffer from bronchitis? YES / NO
11. Are you known case of hypertension? YES / NO
12. Do you get chest pain frequently? YES / NO
13. Do you suffer from gastric problems? YES / NO
14. Do you suffer from stomach ulcers? YES / NO
15. Do you have disturbances in menstruation? YES / NO
16. Do you suffer from pain during menstruation? YES / NO
17. Do you become nervous frequently without any apparent reasons? YES / NO
18. Do you go for frequent urination? YES / NO
19. Did you suffer from conjunctivitis? YES / NO
20. Do you suffer from sleeplessness? YES / NO
21. Do you overeat? YES / NO
22. Do you get cramps frequently? YES / NO
23. Please write below any other illness you suffer frequently within a span of 3 to 5 years? YES / NO