APPENDIX – VI

Copy of General Health Questionnaire

SPECIFIC INSTRUCTION:

Given below are a set of items concerning the general health conditions. You are requested to inform your opinion regarding your health condition during the past 6 months through selecting one of the prescribed form of responses for each item given in the answer sheet.

Please remember that we require your opinion for each item for our research work.

1. Are you troubled with insomnia? (t = 2.55)*

2. Do you have to wake up during your bed-time due to anxiety? (2.43)*

3. Do you get more nervous or feel more tensed than others? (2.43)*

4. Have you been suffering from headache or backache these days? (2.69)*

5. Do you get tired easily? (2.48)*

6. Do you feel unwillingness / reluctance to take food? (3.51)**
7. Do not you get enough energy for work these days? (t = 2.21)*
8. Have you been suffering from indigestion? (t = 3.18)**
9. Are you becoming fidgety /restless these days? (t=2.98)**
10. Does drowsiness trouble you in the morning? (2.15)*
11. Does your ill-health affect your volume of work? (t=3.62)**
12. Do you wish to cry at times? (t=2.66)*
13. Do you get any difficulty for your heart beating hard? (t=2.55)*
14. Do you take drink / smoke more than before? (t=4.63)**
15. Do you become worried about your nightmares? (t=3.59)**
16. Do you get irritated easily? (t = 4.11)**
17. Do you suffer from the problem of migraine? (t = 2.25)*
18. Do you take vitamins tablets regularly? (t=2.13)*
19. Do you have to resort sleeping tablets? (t=2.39)*
20. Is your blood pressure normal? (t=2.38)*
APPENDIX – VI (Contd.)

21. Does faintness / dizziness disturb you during your work time? (t=2.21)*

22. Do you feel yourself too mentally exhausted to pay attention to your work properly? (t=2.58)*

23. Have there been times when you could not take care of things because just could not get going? (t=2.57)*

24. Do you wish to be left alone? (t=2.66)*

25. Do you think that you are gradually becoming ill day by day? (t=2.41)*

26. Do you feel that you are not cent percent physically fit to perform your job properly? (t=2.39)*

27. Do you have any specific health problem? (t=2.87)**

28. Have you ever felt that you are going to have a nervous breakdown? (t=2.22)*.

29. Do you suffer from respiratory trouble? (t=2.97)**

30. Do you have any pain in any parts of your body? (t=2.18)*

31. Do you suffer from Gastric or Peptic Ulcer? (t=2.43)*
32. Do you have any complaint of Arthritis or Rheumatoid Arthritis? (t=2.42)*

33. Do you have any problem of flatulence? (t=2.56)*

34. Do you suffer from Bronchial Asthma? (t=3.11)**

35. Do you have more problems with your eyes than before? (t=2.78)**

36. Do you have to return home from the university leaving the days job incomplete? (t=2.11)*

37. Do you lose your temper soon? (t=4.56)**

38. Do you have to keep contact with your personal physician more and more? (t=2.12)*

39. Do you have any problem of sodalities? (t=3.69)**

40. Are you gradually losing your weight? (t=2.12)*

41. Have you been dreaming bad? (t=2.64)*

42. Are you getting excited quickly while answering the query of the students? (t=3.88)**

43. Have you ever thought of committing suicide? (t=4.29)**
APPENDIX – VI (Contd.)

44. Do you have trouble for breathing? (t=4.44)**

45. Do you feel that there is a lump in your throat? (t=2.15)*

46. Is diabetes a common disease for you? (t=3.11)**

47. Do you feel pain in shoulder, head, after a period of long attentive work? (t=4.13)**

48. Have you been prone to accidents these days? (t=2.54)*

49. Is your carelessness sole responsible for all the mishaps in the road, trams and buses? (t=2.61)*

50. Are you losing your memory? (t=2.65)*

51. Are you anxious about your carelessness or sloppiness? (t=2.63)*

52. Do you like to attend social gatherings as before? (t=4.99)**

53. Do you have any pain in the heart or chest? (t=3.61)**

54. Is there any loss of sexual interest or pleasure? (t=3.13)**

55. Is there any problem of constipation? (t=2.18)*

56. Is there any weakness of your body parts? (t=2.86)**
APPENDIX – VI (Contd.)

57. Do you feel heavy in your arms or legs after a day’s work? \( (t=2.65)^* \)

58. Do you feel numbness or tingling in parts of your body during work? \( (t=2.61)^* \)

59. Do your hand become damp and clumsy for hand sweating? \( (t=2.18)^* \)

60. Do you ever have trembling muscles (e.g. hands tremble, eye twitch etc.). \( (t=2.59)^* \)

* \( p < 0.05 \); ** \( p < 0.01 \)
Appendix – VI (Contd.)

**ANSWER SHEET**

Read instructions carefully before responding on this sheet

**INSTRUCTION:** Please do not write on this page. Put a Cross mark (X) in the appropriate column where

1  Stands for Not at all
2  Stands for a little bit
3  Stands for quite a bit
4  Stands for extremely high

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>16</td>
<td></td>
<td>31</td>
<td></td>
<td>46</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>17</td>
<td></td>
<td>32</td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>18</td>
<td></td>
<td>33</td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>19</td>
<td></td>
<td>34</td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>20</td>
<td></td>
<td>35</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>21</td>
<td></td>
<td>36</td>
<td></td>
<td>51</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>22</td>
<td></td>
<td>37</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>23</td>
<td></td>
<td>38</td>
<td></td>
<td>53</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>24</td>
<td></td>
<td>39</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>25</td>
<td></td>
<td>40</td>
<td></td>
<td>55</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>26</td>
<td></td>
<td>41</td>
<td></td>
<td>56</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>27</td>
<td></td>
<td>42</td>
<td></td>
<td>57</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>28</td>
<td></td>
<td>43</td>
<td></td>
<td>58</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>29</td>
<td></td>
<td>44</td>
<td></td>
<td>59</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>30</td>
<td></td>
<td>45</td>
<td></td>
<td>60</td>
</tr>
</tbody>
</table>