APPENDIX- C

CORNELL MEDICAL INDEX HEALTH QUESTIONNAIRE

Please fill in the following information:-

Name ..................................................................................................................

Age ...................................................................................................................

Education ...........................................................................................................

Address .............................................................................................................

Date ..........................

INSTRUCTIONS

There are some questions relating to your health. Read these questions carefully and answer by encircling 'Yes'. If the question is correct regarding you and encircling 'No'. If the question is wrong regarding you. Answer all the questions.

SCORING TABLE

<table>
<thead>
<tr>
<th>Area</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
<th>O</th>
<th>P</th>
<th>Q</th>
<th>R</th>
<th>Total</th>
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<tbody>
<tr>
<td>Marks obtained</td>
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</tr>
</tbody>
</table>
A

1. Do you use spectacles for reading? □ □
2. Do you use spectacles for seeing distant things? □ □
3. Has your vision ever been gone altogether? □ □
4. Do your eyes water always? □ □
5. Do you have pain in your eyes usually? □ □
6. Do your eyes become usually red and feel pain? □ □
7. Do you hear hard? □ □
8. Has your ear ever flown? □ □
9. Do your ears sound continuously? □ □
10. Have you to gargle your throat again and again? □ □
11. Do your generally feel that something is sticking in your throat? □ □
12. Do you sneeze frequently? □ □
13. Do you feel your nose usually blocked? □ □
14. Does your nose flows repeatedly? □ □
15. Have you ever felt bleeding from your nose? □ □
16. Do you generally have coryza? □ □
17. Do you frequently gets fever and cold along with coryza? □ □
18. Do you take regular rest when you suffer from cold and coryza? □ □
19. Do you suffer from cold and coryza round the winter season? □ □

B

9. Have you to gargle your throat again and again? □ □
10. Do your generally feel that something is sticking in your throat? □ □
11. Do you sneeze frequently? □ □
12. Do you feel your nose usually blocked? □ □
13. Does your nose flows repeatedly? □ □
14. Have you ever felt bleeding from your nose? □ □
15. Do you generally have coryza? □ □
16. Do you frequently gets fever and cold along with coryza? □ □
17. Do you take regular rest when you suffer from cold and coryza? □ □
18. Do you suffer from cold and coryza round the winter season? □ □
19. Do you frequent get cold and coryza? □ □
20. Do you feel the problem of Asthama? □ □
21. Do you feel cough frequently? □ □
22. Have you ever been bleded along with phlegm? □ □
23. Do you seat a lot sometime at night? □ □
24. Have you ever suffered from chronic disease of chest? □ □
25. Have you ever had T.B. problem? □ □
26. Have you ever lived with a person suffering from T.B.? □ □
27. Has any doctor ever told you that your blood pressure is too high? □ □
28. Has any doctor ever told you that your blood pressure is to low? □ □
29. Do you suffer from pain of heart or chest? □ □
30. Does your heart ever palpitate very fast? □ □
31. Does your hear-beat ever increase very fast? □ □
32. Do you frequently feel difficult in breathing? □ □
33. Do you experience laboured respiration early in comparison to others? □ □
34. Do you ever experience laboured respiration while sitting? □ □
35. Have you ever had swelling on your legs? □ □
36. Do your hands and legs remain cold in summer? □ □
37. Do you frequently get sprain in your legs? □ □
38. Has any doctor ever told that you are suffering from heart disease? □ □
39. Has anyone suffered from heart disease in your family? □ □

D

40. Have more than half of your teeth fallen? □ □
41. Does blood flow out from your gums? □ □
42. Do you have pain in your teeth frequently? □ □
43. Does your tongue frequently remain dirty? □ □
44. Do you feel less hunger? □ □
45. Do you ever eat sweets leaving the time of taking food? □ □
46. Do you always eat your food in hurry? □ □
47. Does your stomach remain upset always? □ □
48. Do you generally feel flatulent after taking food? □ □
49. Do you belch a lot after taking your meals? □ □
50. Do you generally have vomiting? □ □
51. Do you have the problem of indigestion? □ □
52. Do you usually have so much of pain in your stomach that you are unable to bear it? □ □
53. Do you continuously have problem of stomach? □ □
54. Has anyone suffered from the disease of stomach in your family? □ □
55. Has any doctor told that you are suffering from ulcer in stomach? □ □
56. Do you generally suffer from dysentery? □ □
57. Have you ever suffered from blood dysentery? □ □
58. Have worms fallen out from your stomach? □ □
59. Do you suffer from constipation regularly? □ □
60. Have you ever suffered from piles? □ □

61. Have you ever suffered from jaundice? □ □

62. Have you ever had disease of liver or gall bladder? □ □

E

63. Do you generally have pain and swelling in your joints? □ □

64. Do your hips and joints generally remain stretched? □ □

65. Do you suffer from intense pain in your hands and legs usually? □ □

66. Do you suffer from rheumatism? □ □

67. Does anyone in your family suffer from rheumatism? □ □

68. Do you remain very sad due to pain in your legs or weakness? □ □

69. Do you feel so much of pain in your back that you cannot do work? □ □

70. Has any part of your body become useless or futile? □ □

F

71. Is your skin very delicate and gets boils or bruises away soon? □ □

72. Do your skin sores take much time in healing? □ □

73. Does your face get hot and red usually? □ □

74. Do you perspire much even in winter? □ □

75. Do you feel troublesome due to itching? □ □

76. Do you generally have problem of nettierash on your skin? □ □

77. Do you generally have a problem of pimples and sores? □ □
<table>
<thead>
<tr>
<th>Q No.</th>
<th>Question</th>
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<tbody>
<tr>
<td>78.</td>
<td>Do you feel severe headache frequently?</td>
</tr>
<tr>
<td>79.</td>
<td>Do you remain much troubled due headache and heaviness?</td>
</tr>
<tr>
<td>80.</td>
<td>Does anyone in your family suffer from headache?</td>
</tr>
<tr>
<td>81.</td>
<td>Do you have hot or cold perspiration?</td>
</tr>
<tr>
<td>82.</td>
<td>Do you feel much giddiness usually?</td>
</tr>
<tr>
<td>83.</td>
<td>Do you feel that you are going to faint?</td>
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<tr>
<td>84.</td>
<td>Have you gone faint twice in your life?</td>
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<tr>
<td>85.</td>
<td>Does any part of your body remain senseless continuously?</td>
</tr>
<tr>
<td>86.</td>
<td>Has any part of your body ever been paralysed?</td>
</tr>
<tr>
<td>87.</td>
<td>Has you ever fallen after being fainted?</td>
</tr>
<tr>
<td>88.</td>
<td>Does any part of your body say mouth, head or shoulder palpitates?</td>
</tr>
<tr>
<td>89.</td>
<td>Have you ever had an epilepsy attack?</td>
</tr>
<tr>
<td>90.</td>
<td>Is there any problem of epilepsy to anyone in your family?</td>
</tr>
<tr>
<td>91.</td>
<td>Do you bite your nails badly?</td>
</tr>
<tr>
<td>92.</td>
<td>Do you stammer or stutter?</td>
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<tr>
<td>93.</td>
<td>Do you walk sometime in sleeping?</td>
</tr>
<tr>
<td>94.</td>
<td>Do you urinate when sleeping?</td>
</tr>
<tr>
<td>95.</td>
<td>Did you urinate in bed in between the age of 8 to 14 years?</td>
</tr>
<tr>
<td>96.</td>
<td>Have you ever had any disease of sex organs?</td>
</tr>
<tr>
<td>97.</td>
<td>Do you generally feel pain in your sex organs?</td>
</tr>
<tr>
<td>98.</td>
<td>Have you ever had any treatment of your sex organs?</td>
</tr>
</tbody>
</table>
99. Has any doctor told that you are suffering from hernia? □ □
100. Have you ever passed blood along with urine? □ □
101. Does it take time in urination when you feel to urinate? □ □
102. Have you to wake up regularly in night for urination? □ □
103. Have you to go for urination again and again during the day? □ □
104. Do you feel sense of burning while urinating? □ □
105. Have you ever urinated all of a sudden? □ □
106. Has any doctor told that you are suffering from kidney or urine disease? □ □

I
107. Do you generally have attacks of tiredness? □ □
108. Do you get fully tired by working? □ □
109. Do you feel tired when you get up in the morning after sleep? □ □
110. Do you get tired doing even a little work? □ □
111. Do you feel yourself always so tired that you do not desire to take food? □ □
112. Do you generally feel by heart that you are very much tired? □ □
113. Is there anyone in your family having disease of tiredness or palpitations of mind? □ □

J
114. Do you usually remain sick? □ □
115. Have you to take rest usually at home because of sickness? □ □
<table>
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<tr>
<th>Question</th>
<th>☐</th>
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<tbody>
<tr>
<td>116. Does your health always remain bad?</td>
<td>☐</td>
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<td>117. Do other feel you as an sick person?</td>
<td>☐</td>
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<tr>
<td>118. Are you a person of a sick family?</td>
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<td>119. do you have so much pain and trouble due to which you cannot do your work?</td>
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<td>120. Are you very much perturbed regarding your health?</td>
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<td>☐</td>
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<tr>
<td>121. Do you always remain sick and sad?</td>
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<td>122. Are you sad with your bad health?</td>
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<td>123. Have you ever suffered from measles?</td>
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<td>124. Have you had pain in hands and legs or a disease joint in childhood?</td>
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<td>125. Have you ever had malaria fever?</td>
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<tr>
<td>126. Have you ever been treated for Anaemia?</td>
<td>☐</td>
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<td>127. Have you ever been treated for gonorrhoea?</td>
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<td>128. Do you have diabetes?</td>
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<td>129. Has any doctor told that you have glands in your neck?</td>
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<td>130. Have you ever been treated for tumour or cancer?</td>
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<td>131. Do you have any chronic disease?</td>
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<td>132. Do you have weight less than what it ought to be?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>133. do you have weight more than what it ought to be?</td>
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<td>134. Has any doctor told you that the veins of your legs are thick?</td>
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<td>135. Have you ever had a major operation?</td>
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<td>136. Have your ever had a fatal injury?</td>
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<td>☐</td>
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<tr>
<td>137. Do you have minor injuries regularly?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
138. Do you usually go to sleep late or do not have complete sleep? □ □
139. Do you feel difficulty in taking rest daily? □ □
140. Do you feel difficulty in doing exercise daily? □ □
141. Do you smoke more than 20 cigarettes a day? □ □
142. Do you drink more than 6 cups of tea/coffee a day? □ □
143. Do you take wine daily? □ □
144. Do you perspire much or tremble during examination? □ □
145. Do you perplex or hesitate to talk with great man? □ □
146. Does your work spoil our of perplexion if your senior is looking towards you? □ □
147. Does your work spoil if you had to do hastily? □ □
148. Do you work slowly and slowly so that no mistake is committed in the work? □ □
149. Do you usually get confused in understanding instructions or orders of senior? □ □
150. Do you get perplexed with a new man or a new place? □ □
151. Do you feel fear being alone when you colleague is not with you? □ □
152. Do you always take much time in taking any decision? □ □
153. Do you desire of having someone with you always who can advise you? □ □
154. Do others think you a man committing errors? □ □
155. Do you hesitate in taking your food anywhere else except at home? □ □

N

156. Do you feel lonely and sad when attending a party? □ □
157. Do you usually keep sorrow and sad? □ □
158. Do you usually feel like weeping? □ □
159. Do you always remain perplexed and sad? □ □
160. Do you feel that your life is useless? □ □
161. Do you usually prefer death than to survive? □ □

O

162. Do you remain much perplexed because of anxiety? □ □
163. Do many members of your family suffer from the habit of anxiety? □ □
164. Do you feel perplexed with petty things? □ □
165. Do persons think that you get perplexed soon? □ □
166. Is there the disease of perplexion in your family? □ □
167. Have you ever had mental disease? □ □
168. Has anyone suffered in your family by mental disease? □ □
169. Have you ever been admitted in a mental hospital for treatment of mental disease? □ □
170. Has anyone in your family been admitted in mental hospital for treatment of mental disease? □ □

P

171. Are you of shy nature? □ □
172. Do other members of your family are of shy nature? □ □
173. Do you feel ill soon even of very small things? □ □
174. Do you get perplexed even with a little criticism? □ □
175. Do persons think that you feel of every thing very soon? □ □
176. Do other persons generally understand you wrong? □ □

Q
177. Have you to remain cautious even with your friends? □ □
178. Do you do your works usually at random without planning well? □ □
179. Do you take the things wrong very soon? □ □
180. Do you get out of control or start shouting and crying if you do not take care of yourself continuously? □ □
181. Do very minor things annoy you? □ □
182. Do you get annoyed if someone suggests you to talk either this way or that way? □ □
183. Do other persons keep your annoying usually? □ □
184. Do you get much annoyed if the things do not go according to you? □ □
185. Do you usually go mad out of control? □ □

R
186. Do your legs and hands generally start trembling? □ □
187. Do you regularly feel that you are having some difficulty and tension in your mind? □ □
188. Do you tremble hearing the noise all of a sudden? □ □
189. Do you tremble if anyone shouts on you loudly or annoys upon you? □ □
190. Do you get afraid hearing any noise or shaking of any
thing in the darkness of night? □ □

191. Do you usually wake up being afraid of horrible dreams? □ □

192. Do horrible ideas appear in your mind again and again? □ □

193. Do you get afraid many times at random without any
reason? □ □

195. Do your hands and legs become cold many times with fear? □ □