Appendix-I

PERSONALITY-SCHEDULE

By

Dr G. Rose

Name_________________________ Age______ Sex_________ Race_______

1. Do you ever talk in sleep? Yes/No
2. Do you ever walk in sleep? Yes/No
3. Do you find it difficult to go into sleep when you are in bed? Yes/No
4. Do you wake up early in the morning and find it impossible to go to sleep again? Yes/No
5. Do you wake up in the night finding your heart beating rapidly and perhaps trembling or shivering as if you were going to be ill, though as a matter of fact, no illness follows? Yes/No
6. Do you often have a sensation of falling when you are dropping off to sleep? Yes/No
7. Do you often have a feeling of choking? Yes/No
8. Have you ever been afraid of going mad? Yes/No
9. Do you often feel sick when you ride in buses, trams or trains? Yes/No
10. Do things ever seem to swim or get misty before your eyes? Yes/No
11. Were you an only child for a large part of your early life? Yes/No
12. Did you prefer the company of adults to that of children in your early life? Yes/No
13. Did you prefer the company of younger children rather than that of persons of your own age? Yes/No
14. Did others let you play with them? Yes/No
15. Were you shy with other boys (or girls if you are a girl)? Yes/No
16. Were you shy with girls (or boys if you are a girl)? Yes/No
17. Did you ever run away from home? Yes/No
18. Did you ever feel a strong wish to run away from home without actually doing so? Yes/No
19. Do you make friends easily? Yes/No
20. Do people find fault with you more than you deserve? Yes/No
21. Do you get used to new places quickly? Yes/No
22. Do you try to avoid going to a strange shop or speaking to a strange person? Yes/No
23. Do you have difficulties in walking in the dark? Yes/No
24. Do you find the general conditions of your work tiring owing to the stuffiness of the room, bad lighting, etc.? Yes/No
25. Do you find it difficult to put aside a task that is really finished, or do you feel compelled to keep going over it again and again? Yes/No
26. Do you get tired of amusement quickly? Yes/No
27. Do your interests change quickly? Yes/No
28. Do useless or annoying thoughts keep coming into your mind so as to bother you? Yes/No
29. Does your attention wander so badly that you lose the thread of what you are doing? Yes/No
30. Are you easily led in your beliefs or actions by other people? Yes/No
31. Have you ever felt as though some one was hypnotizing you or in some way forcing you to act against your will? Yes/No
32. Do you jump or start unduly at sudden or loud noises? Yes/No
33. Are you afraid of fire arms?

34. Are you afraid of knives, swords, or daggers?

35. Are you worried by the fear of being brushed in a crowd?

36. Are you afraid of any particular illness or illnesses, e.g., of cancer or any infectious or contagious diseases?

37. Are you continually worrying that your friends, parents, or other persons whom you love, may die?

38. Do you feel uneasy if you have to sit alone in a small room with the doors shut?

39. Do you dislike having to cross an open square or a wide street?

40. Do you feel uneasy if you have to cross a bridge over a canal or a river?

41. Do you feel giddy if you look down from a moderate height, e.g., down the well or a staircase from the top landing of a three storeyed building?

42. Do you feel that you might perhaps throw yourself down from a height; e.g., if you are standing at the top landing or looking over the parapet of a bridge?

43. Have you ever felt a strong desire to go and set fire to something?

44. Can you stand unpleasant or disgusting smells?

45. Can you be still without fidgeting?

46. Are you usually cheerful or happy?

47. Are you usually depressed or low-spirited?

48. Have you ever had a strong wish to commit suicide?

49. Is it easy to make you laugh?

50. Do you always want some one to look after you or advise you?
51. Who loves you most?

52. Whom do you love most?

53. Who dislikes you most?

54. Whom do you dislike most?

55. With whom do you sleep in the same room?

56. With whom do you sleep in the same bed?

57. Have you any sisters or brothers older and younger than you? Are they alive? What is the difference in age between you and them?

58. Have you or had you the habit of bed wetting?

59. Do you suffer from constipation?

60. Do you feel that you have been deprived of happiness?

61. Do you have much unwillingness to spend money?

62. Did you ever indulge in thumbsucking?

63. Do you dream that some one sitting astride your chest is suffocating you?