

# CORNELL HEALTH QUESTIONNAIRE

Date \_\_\_\_\_

Print Your Name \_\_\_\_\_

Your Home Address \_\_\_\_\_

How Old Are You? \_\_\_\_\_

Circle If You Are . . Single, Married, Widowed, Separated, Divorced

Circle the Highest Year You Reached

in School	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4
	Elementary School	High	College

What is Your Occupation? \_\_\_\_\_

Are you pregnant?     Yes     No

**Directions:** This questionnaire is for **WOMEN ONLY**.  
 If you can answer **YES** to the question asked, put a circle around the **YES**.  
 If you have to answer **NO** to the question asked, put a circle around the **NO**.  
 Answer all questions. If you are not sure, guess.

**A**

- 1. Do you need glasses to read? . . . . . Yes No
- 2. Do you need glasses to see things at a distance? . . . . . Yes No
- 3. Has your eyesight often blacked out completely? . . . . . Yes No
- 4. Do your eyes continually blink or water? . . . . . Yes No
- 5. Do you often have bad pains in your eyes? . . . . . Yes No
- 6. Are your eyes often red or inflamed? . . . . . Yes No
- 7. Are you hard of hearing? . . . . . Yes No
- 8. Have you ever had a bad running ear? . . . . . Yes No
- 9. Do you have constant noises in your ears? . . . . . Yes No

**B**

- 10. Do you have to clear your throat frequently? . . . . . Yes No
- 11. Do you often feel a choking lump in your throat? . . . . . Yes No
- 12. Are you often troubled with bad spells of sneezing? . . . . . Yes No
- 13. Is your nose continually stuffed up? . . . . . Yes No
- 14. Do you suffer from a constantly running nose? . . . . . Yes No

- 15. Have you at times had bad nose bleeds? . . . . . Yes No
- 16. Do you often catch severe colds? . . . . . Yes No
- 17. Do you frequently suffer from heavy chest colds? . . . . . Yes No
- 18. When you catch a cold, do you always have to go to bed? . . . . . Yes No
- 19. Do frequent colds keep you miserable all winter? . . . . . Yes No
- 20. Do you get hay fever? . . . . . Yes No
- 21. Do you suffer from asthma? . . . . . Yes No
- 22. Are you troubled by constant coughing? . . . . . Yes No
- 23. Have you ever coughed up blood? . . . . . Yes No
- 24. Do you sometimes have severe soaking sweats at night? . . . . . Yes No
- 25. Have you ever had a chronic chest condition? . . . . . Yes No
- 26. Have you ever had T.B. (tuberculosis)? . . . . . Yes No
- 27. Did you ever live with anyone who had T.B.? . . . . . Yes No

**C**

- 28. Has a doctor ever said your blood pressure was too high? . . . . . Yes No
- 29. Has a doctor ever said your blood pressure was too low? . . . . . Yes No

- 30. Do you have pains in the heart or chest? ..... Yes No
- 31. Are you often bothered by thumping of the heart? ..... Yes No
- 32. Does your heart often race like mad? ..... Yes No
- 33. Do you often have difficulty in breathing? ..... Yes No
- 34. Do you get out of breath long before anyone else? ..... Yes No
- 35. Do you sometimes get out of breath just sitting still? ..... Yes No
- 36. Are your ankles often badly swollen? ..... Yes No
- 37. Do cold hands or feet trouble you, even in hot weather? ..... Yes No
- 38. Do you suffer from frequent cramps in your legs? ..... Yes No
- 39. Has a doctor ever said you had heart trouble? ..... Yes No
- 40. Does heart trouble run in your family? ..... Yes No

**D**

- 41. Have you lost more than half your teeth? ..... Yes No
- 42. Are you troubled by bleeding gums? ..... Yes No
- 43. Have you often had severe tooth-aches? ..... Yes No
- 44. Is your tongue usually badly coated? ..... Yes No
- 45. Is your appetite always poor? .... Yes No
- 46. Do you usually eat sweets or other food between meals? ..... Yes No
- 47. Do you always gulp your food hurriedly? ..... Yes No
- 48. Do you often suffer from an upset stomach? ..... Yes No
- 49. Do you usually feel bloated after eating? ..... Yes No
- 50. Do you usually belch a lot after eating? ..... Yes No
- 51. Are you often sick at your stomach? ..... Yes No
- 52. Do you suffer from indigestion? .... Yes No
- 53. Do severe pains in the stomach often cause you to double up? .... Yes No
- 54. Do you suffer from constant stomach trouble? ..... Yes No
- 55. Does stomach trouble run in your family? ..... Yes No
- 56. Has a doctor ever said you had stomach ulcers? ..... Yes No
- 57. Do you suffer from frequent loose bowel movements? ..... Yes No
- 58. Have you ever had severe bloody diarrhea? ..... Yes No

- 59. Were you ever troubled with intestinal worms? ..... Yes No
- 60. Do you constantly suffer from bad constipation? ..... Yes No
- 61. Have you ever had piles (rectal hemorrhoids)? ..... Yes No
- 62. Have you ever had jaundice (yellow eyes and skin)? ..... Yes No
- 63. Have you ever had serious liver or gall bladder trouble? ..... Yes No

**E**

- 64. Are your joints often painfully swollen? ..... Yes No
- 65. Do your muscles and joints constantly feel stiff? ..... Yes No
- 66. Do you usually have severe pains in the arms or legs? ..... Yes No
- 67. Are you crippled with severe rheumatism (arthritis)? ..... Yes No
- 68. Does rheumatism (arthritis) run in your family? ..... Yes No
- 69. Do weak or painful feet make your life miserable? ..... Yes No
- 70. Do pains in the back make it hard for you to keep up with your work? .... Yes No
- 71. Are you troubled with a serious bodily disability or deformity? ..... Yes No

**F**

- 72. Is your skin very sensitive or tender? ..... Yes No
- 73. Do cuts in your skin usually stay open a long time? ..... Yes No
- 74. Does your face often get badly flushed? ..... Yes No
- 75. Do you sweat a great deal, even in cold weather? ..... Yes No
- 76. Are you often bothered by severe itching? ..... Yes No
- 77. Does your skin often break out in a rash? ..... Yes No
- 78. Are you often troubled with boils? ..... Yes No

**G**

- 79. Do you suffer badly from frequent severe headaches? ..... Yes No
- 80. Does pressure or pain in the head often make life miserable? ..... Yes No
- 81. Are headaches common in your family? ..... Yes No
- 82. Do you have hot or cold spells? .... Yes No
- 83. Do you often have spells of severe dizziness? ..... Yes No
- 84. Do you frequently feel faint? ..... Yes No
- 85. Have you fainted more than twice in your life? ..... Yes No
- 86. Do you have constant numbness or tingling in any part of your body? ... Yes No

87. Was any part of your body ever paralyzed? ..... Yes No
88. Were you ever knocked unconscious? ..... Yes No
89. Have you at times had a twitching of the face, head, or shoulders? ..... Yes No
90. Did you ever have a seizure or convulsion (epilepsy)? ..... Yes No
91. Has anyone in your family ever had seizures or convulsions (epilepsy)? ... Yes No
92. Do you bite your nails badly? ..... Yes No
93. Are you troubled by stuttering or stammering? ..... Yes No
94. Are you a sleep walker? ..... Yes No
95. Are you a bed wetter? ..... Yes No
96. Were you a bed wetter between the ages of 8 and 14? ..... Yes No

**H**

97. Have your menstrual periods usually been painful? ..... Yes No
98. Have you often felt weak or sick with your periods? ..... Yes No
99. Have you often had to lie down when your periods came on? ..... Yes No
100. Have you usually been tense or jumpy with your periods? ..... Yes No
101. Have you ever had constant severe hot flashes and sweats? ..... Yes No
102. Have you often been troubled with a vaginal discharge? ..... Yes No
103. Do you have to get up every night and urinate? ..... Yes No
104. During the day, do you usually have to urinate frequently? ..... Yes No
105. Do you often have a severe burning pain when you urinate? ..... Yes No
106. Do you sometimes lose control of your bladder? ..... Yes No
107. Has a doctor ever said you had kidney or bladder disease? ..... Yes No

**I**

108. Do you often get spells of complete exhaustion or fatigue? ..... Yes No
109. Does working tire you out completely? ..... Yes No
110. Do you usually get up tired and exhausted in the morning? ..... Yes No
111. Does every little effort wear you out? ..... Yes No
112. Are you constantly too tired and exhausted even to eat? ..... Yes No
113. Do you suffer from severe nervous exhaustion? ..... Yes No
114. Does nervous exhaustion run in your family? ..... Yes No

**J**

115. Are you frequently ill? ..... Yes No

116. Are you frequently confined to bed by illness? ..... Yes No
117. Are you always in poor health? .... Yes No
118. Are you considered a sickly person? ..... Yes No
119. Do you come from a sickly family? ..... Yes No
120. Do severe pains and aches make it impossible for you to do your work? ..... Yes No
121. Do you wear yourself out worrying about your health? ..... Yes No
122. Are you always ill and unhappy? ... Yes No
123. Are you constantly made miserable by poor health? ..... Yes No

**K**

124. Did you ever have scarlet fever? .... Yes No
125. As a child, did you have rheumatic fever, growing pains, or twitching of the limbs? ..... Yes No
126. Did you ever have malaria? ..... Yes No
127. Were you ever treated for severe anemia (thin blood)? ..... Yes No
128. Were you ever treated for "bad blood" (venereal disease)? ..... Yes No
129. Do you have diabetes (sugar disease)? ..... Yes No
130. Did a doctor ever say you had a goiter (in your neck)? ..... Yes No
131. Did a doctor ever treat you for tumor or cancer? ..... Yes No
132. Do you suffer from any chronic disease? ..... Yes No
133. Are you definitely underweight? .... Yes No
134. Are you definitely overweight? ..... Yes No
135. Did a doctor ever say you had varicose veins (swollen veins) in your legs? ..... Yes No
136. Did you ever have a serious operation? ..... Yes No
137. Did you ever have a serious injury? ..... Yes No
138. Do you often have small accidents or injuries? ..... Yes No

**L**

139. Do you usually have great difficulty in falling asleep or staying asleep? ..... Yes No
140. Do you find it impossible to take a regular rest period each day? ..... Yes No
141. Do you find it impossible to take regular daily exercise? ..... Yes No
142. Do you smoke more than 20 cigarettes a day? ..... Yes No
143. Do you drink more than six cups of coffee or tea a day? ..... Yes No
144. Do you usually take two or more alcoholic drinks a day? ..... Yes No

**M**

- 145. Do you sweat or tremble a lot during examinations or questioning? ..... Yes No
- 146. Do you get nervous and shaky when approached by a superior? ..... Yes No
- 147. Does your work fall to pieces when the boss or a superior is watching you? ..... Yes No
- 148. Does your thinking get completely mixed up when you have to do things quickly? ..... Yes No
- 149. Must you do things very slowly in order to do them without mistakes? ..... Yes No
- 150. Do you always get directions and orders wrong? ..... Yes No
- 151. Do strange people or places make you afraid? ..... Yes No
- 152. Are you scared to be alone when there are no friends near you? ..... Yes No
- 153. Is it always hard for you to make up your mind? ..... Yes No
- 154. Do you wish you always had someone at your side to advise you? ..... Yes No
- 155. Are you considered a clumsy person? ..... Yes No
- 156. Does it bother you to eat anywhere except in your own home? ..... Yes No

**N**

- 157. Do you feel alone and sad at a party? ..... Yes No
- 158. Do you usually feel unhappy and depressed? ..... Yes No
- 159. Do you often cry? ..... Yes No
- 160. Are you always miserable and blue? ..... Yes No
- 161. Does life look entirely hopeless? .... Yes No
- 162. Do you often wish you were dead and away from it all? ..... Yes No

**O**

- 163. Does worrying continually get you down? ..... Yes No
- 164. Does worrying run in your family? ..... Yes No
- 165. Does every little thing get on your nerves and wear you out? ..... Yes No
- 166. Are you considered a nervous person? ..... Yes No
- 167. Does nervousness run in your family? ..... Yes No
- 168. Did you ever have a nervous breakdown? ..... Yes No
- 169. Did anyone in your family ever have a nervous breakdown? ..... Yes No
- 170. Were you ever a patient in a mental hospital (for your nerves)? ..... Yes No

- 171. Was anyone in your family ever a patient in a mental hospital (for their nerves)? ..... Yes No

**P**

- 172. Are you extremely shy or sensitive? ..... Yes No
- 173. Do you come from a shy or sensitive family? ..... Yes No
- 174. Are your feelings easily hurt? ..... Yes No
- 175. Does criticism always upset you? ... Yes No
- 176. Are you considered a touchy person? ..... Yes No
- 177. Do people usually misunderstand you? ..... Yes No

**Q**

- 178. Do you have to be on your guard even with friends? ..... Yes No
- 179. Do you always do things on sudden impulse? ..... Yes No
- 180. Are you easily upset or irritated? ... Yes No
- 181. Do you go to pieces if you don't constantly control yourself? ..... Yes No
- 182. Do little annoyances get on your nerves and make you angry? ..... Yes No
- 183. Does it make you angry to have anyone tell you what to do? ..... Yes No
- 184. Do people often annoy and irritate you? ..... Yes No
- 185. Do you flare up in anger if you can't have what you want right away? ... Yes No
- 186. Do you often get into a violent rage? ..... Yes No

**R**

- 187. Do you often shake or tremble? ..... Yes No
- 188. Are you constantly keyed up and jittery? ..... Yes No
- 189. Do sudden noises make you jump or shake badly? ..... Yes No
- 190. Do you tremble or feel weak whenever someone shouts at you? ..... Yes No
- 191. Do you become scared at sudden movements or noises at night? ..... Yes No
- 192. Are you often awakened out of your sleep by frightening dreams? ..... Yes No
- 193. Do frightening thoughts keep coming back in your mind? ..... Yes No
- 194. Do you often become suddenly scared for no good reason? ..... Yes No
- 195. Do you often break out in a cold sweat? ..... Yes No