

Appendix B

The Todai Health Index; a general health questionnaire English version 1991

Please answer the questions listed below. Your answer should be selected from the three (1,2,and3) answers prepared, by putting a circle as follows:

For example,

1 Do you eat sweets?

Often, 2 Sometimes, 3 Hardly ever or Never.

This Indicates that you eat sweets often.

Please circle the answer that you feel describes you best from among the three choices.

1. Do you eat sweets?
2. Do you go to bed early and get up early?
3. Has the inside of your mouth been rough, irritated or sore?
4. Do you have headaches?
5. Have you experienced coughing?
6. Is your skin sensitive?
7. Do you have indigestion?
8. Do things in your daily life irritate you?
9. Does your face flush?
10. Are you a perceptive person?
11. Do you feel blue ?
12. Do you envy people who are richer than you?
13. Do you experience feelings of dizziness?
14. Are you very sensitive to the cold?
15. Do you eat between meals?
16. Has your tongue been rough or raspy?

17. Have you experienced a sense of dullness or a heavy feeling in your head?
18. Do you sneeze?
19. Do your eyes get tired?
20. Do you belch or burp?
21. Do you feel irritated when someone makes you wait?
22. Do you worry about the past?
23. Do you think before you act?
24. Have you experienced a sense of dullness or a heavy sensation in your legs?
25. Do you think your character is easily misunderstood by others?
26. Are you calm and in control of yourself?
27. Do your gums look unhealthy?
28. Have you been told that your face looked pale?
29. Do you lose your temper when things don't go your way?
30. Do you feel like there is something in your throat?
31. Do you get abscesses or rashes?
32. Do you feel that your life is hopeless?
33. Do you have stomach pain?
34. How do you think of your body weight?
35. Do you have pains in various parts of your body?
36. Do you dislike a few of your acquaintances?
37. Do you lose interests in things you usually enjoy?
38. Do you find it easy to give your opinion in public?
39. Does your head feel "heavy" or "dull"?
40. Do you worry about what people think of you?
41. Do you worry about trivial or small things?
42. Do you have bad breath?
43. Do you have a poor appetite?
44. Do you become unfriendly or distant when you meet an impolite person?
45. Do you feel slightly faint or light headed when you stand up?
46. Do you feel lonely even when you attend a meeting or are in a group?
47. Do you read books on philosophy and classical literature?
48. Do you have difficulty in coughing up phlegm?
49. Do you have inflamed or red eyes?
50. Does your mouth "water" a lot ; that is, produce a lot of saliva?
51. Do you suffer from diarrhea?
52. Do you have any stiffness or pain in your neck or shoulders?

53. Do you have cold sweats?
54. Do you worry about soil or dirt on your clothes and hands?
55. Do you have blurred vision?
56. Are you bothered by bleeding gums?
57. Did a doctor ever say your blood pressure is?
58. Do you complain about things a lot?
59. Do you smoke more than 20 cigarettes a day?
60. Do you feel lonely?
61. Do you gossip about other people?
62. Do you have a runny nose?
63. Do you have hives or urticaria?
64. Do you feel queasy or nauseous when you brush your teeth in the morning?
65. Do you have low back pain?
66. Do you get mentally tired?
67. Do you feel flushed or feverish?
68. Do you finish your work on schedule?
69. Do you have high back pain?
70. Do you have constipation?
71. Do you feel your work load is too much?
72. Do you act without considering the consequences?
73. Do you drink a lot of alcoholic beverages?
74. Do you sometimes feel like not seeing other people?
75. Are you sensitive to the surroundings?
76. Does your heart pound or beat faster when you walk in a hurry?
77. Do you perspire when you have to reply to your boss or superior or while taking an examination?
78. Do you ever become ill?
79. Do you feel uneasy when in a strange place?
80. Do you have pain when you have a bowel movement?
81. Do you have periods of both mania and depression?
82. Do you feel languid or less energetic?
83. Are you bothered by trivial or small things?
84. Do you catch colds?
85. Do you feel pain of itching in your eyes?
86. Do you have stomach problems?
87. Do you get nervous and shaky when approached by your boss or superior?

88. Do your eyelids feel heavy?
89. Is your nose stuffy?
90. Do you feel inferior?
91. Do you find it hard to get up in the morning?
92. Do you tremble or feel weak whenever someone shouts at you?
93. Do you have heart burn?
94. Do you ever have bleeding hemorrhoids?
95. Do you skip breakfast?
96. Do you lose your temper over trivial things?
97. Do you have wheezing in your chest?
98. Do you get into violent rages?
99. Do you have skin eruptions or rashes?
100. Are you depressed?
101. Do you have discomfort in your stomach?
102. Do you read the newspaper editorial pages?
103. Are there times when you would like to take a rest or lie down in bed during the day?
104. Do you have swelling or inflammation in your mouth?
105. Do you become scared at sudden movements or noises at night?
106. Do you feel irritation or pain in your throat?
107. Are you nervous?
108. Do you have discharge from your eyes?
109. Do you feel your life is going badly?
110. Do you like to make people think that you are a better person than you are?
111. Do you have stomach pains after points a meal?
112. Are you inclined to worry about everything?
113. Have you been sleeping less lately?
114. Do you have swelling in your gums?
115. Are you upset when you are told to do something by others?
116. Are you timid?
117. Do you have phlegm or mucus in your throat?
118. Do you have itchy skin?
119. Have you had less confidence lately?
120. Do you have hot flashes?
121. Do you feel difficulty to continue in your work when your work is observed by others?

122. Are your meals irregular?
123. Do you feel like saying or doing things to impress people?
124. Are you a very particular person?
125. Do you feel angry when you are made to hurry by others?
126. Do you feel able to handle many tasks in a brief period of time?
127. Does your stomach hurt when it is empty?
128. Do you have pain in your lower abdomen?
129. Do you have difficulty climbing stairs?
130. Do you get short of breath when you walk in a hurry?