

Appendix B

The PILL: A Trait Measure

Inventory of Limbic Languidness: Form 7F

On the following pages several common symptoms or bodily sensations are listed. Most people have experienced most of them at one time or another. We are currently interested in finding out how prevalent each symptom is among college students. All data will be confidential.

On the answer sheet, next to the number corresponding to the symptoms shown below, blacken the circle which indicates how frequently you experience that symptom. For all items, use the following scale:

A	B	C	D	E
Have never or almost never experienced the symptom	Less than 3 or 4 times per year	Every month or so	Every week or so	More than once every week

For example, if your eyes tend to water once every week or two, you would blacken the circle marked *D* next to item # 1 on your answer sheet.

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|--|-------|
| 1. Eyes water | _____ |
| 2. Itching or painful eyes | _____ |
| 3. Ringing in ears | _____ |
| 4. Temporary deafness or hard of hearing | _____ |
| 5. Lump in throat | _____ |
| 6. Choking sensations | _____ |
| 7. Sneezing spells | _____ |
| 8. Running nose | _____ |
| 9. Congested nose | _____ |
| 10. Bleeding nose | _____ |

A	B	C	D	E
Have never or almost never experienced the symptom	Less than 3 or 4 times per year	Every month or so	Every week or so	More than once every week
11. Asthma or wheezing				_____
12. Coughing				_____
13. Out of breath				_____
14. Swollen ankles				_____
15. Chest pains				_____
16. Racing heart				_____
17. Cold hands or feet even in hot weather				_____
18. Leg cramps				_____
19. Insomnia				_____
20. Toothaches				_____
21. Upset stomach				_____
22. Indigestion				_____
23. Heartburn				_____
24. Severe pains or cramps in stomach				_____
25. Diarrhea				_____
26. Constipation				_____
27. Hemorrhoids				_____
28. Swollen joints				_____
29. Stiff muscles				_____
30. Back pains				_____
31. Sensitive or tender skin				_____
32. Face flushes				_____
33. Severe itching				_____
34. Skin breaks out in rash				_____
35. Acne or pimples on face				_____
36. Acne or pimples other than face				_____
37. Boils				_____
38. Sweat even in cold weather				_____
39. Strong reactions to insect bites				_____
40. Headaches				_____
41. Sensation of pressure in head				_____
42. Hot flashes				_____
43. Chills				_____
44. Dizziness				_____
45. Feel faint				_____
46. Numbness or tingling in any part of body				_____
47. Twitching of eyelid				_____
48. Twitching other than eyelid				_____
49. Hands tremble or shake				_____
50. Stiff joints				_____
51. Sore muscles				_____
52. Sore throat				_____
53. Sunburn				_____
54. Nausea				_____