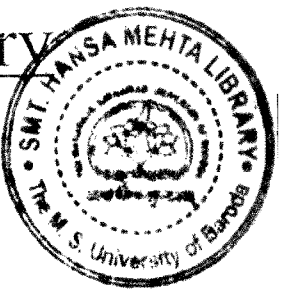
ANNEXURE III

Self Confidence Inventory



1. It is rather difficult for me to make new friends.
2. I can be natural while at a party.
3. I am never at conflict with myself.
4. I enjoy mixing with people.
5. In social conversation I am usually a listener than a talker.
6. I can usually find a ready answer for remarks made to me.
7. When things go wrong I pity or blame myself.
8. I have a horror of failing in anything I want to accomplish.
9. I often cross the street to avoid meeting some people known to me.
10. I find it very difficult to speak in public.
11. I feel insecure within myself.
12. I find it hard to do my best when people are watching.
13. I can recover easily and quickly from social blunders.
14. I do not care much for what others think of me.
15. I have difficulty in talking to most people.
16. I stay in the background in social gatherings.
17. I feel embarrassed to enter into assembly when all are already seated.
18. I have difficulty in saying the right thing at the right time.
19. I tend to worry over possible troubles.
20. I frequently feel thwarted because I am unable to do as I desire.
21. I think of myself as a successful person.
22. I am much affected by the praise or blame of many people.
23. My feelings are rather easily hurt.
24. I can face a difficult situation without worry.
25. I am hesitant about forming decisions.
26. I feel bored much of the time.
27. I can tackle new situations with a reasonable degree of assurance.
28. I am often unable to decide until it is too late for action.
29. I tend to be quick and certain in my actions.
30. I always feel that I can achieve things I wish.
31. I feel no obstacle can stop me from achieving my final goal.
32. I am generally confident of my own ability.
33. I often feel that in life's competition I am generally the loser.
34. I frequently feel unworthy.
35. I worry over humiliating situations more than most persons.
36. I feel physically inferior of my friends.

37.I find it hard to continue work when I do not get encouragement.
38.I am bothered by inferiority feelings.
39.My people believe that I am as much a success as I could be.
40.I can play my best in a game or contest against an opponent who is much superior to me.
41.I am always ready to decide what my next step would be.
42.I can adjust readily to a new situation.
43.I often feel rather awkward.
44.I am afraid that other people will dislike me.
45.My friends have made better life adjustment than myself.
46.I am happy go lucky person.
47.I can relax myself easily.
48.I blush very often.
49.When upset emotionally, I take much time to recover.
50.I day dream very often.
51.I am readily moved to tears.
52.When a critical situation is passed, I often think what I should have done but didn't.
53.I often feel that my movements are clumsy.
54.I don't take initiative.
55.I usually work things out for myself rather than get someone to show me.
56.I am a dominant person.
57.I am usually discouraged when the opinion of others differs from my own.
58.I am often confused.
59.People frequently blame me for things unjustly.
60.I feel that my parents are disappointed in me.
61.I envy the happiness that others seem to enjoy.
62.Criticism disturbs me greatly.
63.I get discouraged easily.
64.I can get a job any day.
65.I seem to make friends about as quickly as others do.
66.I shrink from facing crisis or difficulty.
67.If given chance I could do something that would be of great benefit to the world.
68.If given a chance I would make a good leader of people.
69.I have several times given up doing a thing because I thought too little of my abilities.
70.No one seems to understand me.

71.I need some one to push me through the things.
72.Life is a strain for me for much of the time.
73.I have had blank spells in which my activities were interrupted and did not know what was going around me.
74.I am worried about sex matters.
75.I have periods of such great restlessness that I can not sit long in a chair.
76.I refuse to play some games because I am not good at them.
77.I find it hard to keep my mind on a task or job.
78.I seem to be about as smart as others around me.
79.I usually feel well and strong.
80.I think too much over everything.
81.my daily life is full of things that keep me interested
82.I am certainly lacking in self confidence.
83.Almost always I find myself worrying about something or the other.
84.I have often lost good chances because I would not make up my mind soon enough.
85.I spend much of the time worrying over the future.
86.I do not tire quickly.
87.I think I have an attractive personality.
88.I don't think too long over my problems.
89.I have feeling of hopelessness.
90.I can not express my emotions freely.
91.When my friends criticize me I take it well.
92.I am a responsible person.
93.Generally I am quite sure of myself.
94.Usually I am dissatisfied with myself.
95.I have the feeling that I am just not facing things.
96.I have enough faith in myself.
97.I am often in low spirits.
98.I often feel helpless.
99.I am often disorganized.
100.I can usually make up my mind and stick to it.

THE S-C INVENTORY

ANSWER SHEET

Name - _____ Date - _____

Gender - _____ Age - _____

1	True	False	26	True	False	51	True	False	76	True	False
2	True	False	27	True	False	52	True	False	77	True	False
3	True	False	28	True	False	53	True	False	78	True	False
4	True	False	29	True	False	54	True	False	79	True	False
5	True	False	30	True	False	55	True	False	80	True	False
6	True	False	31	True	False	56	True	False	81	True	False
7	True	False	32	True	False	57	True	False	82	True	False
8	True	False	33	True	False	58	True	False	83	True	False
9	True	False	34	True	False	59	True	False	84	True	False
10	True	False	35	True	False	60	True	False	85	True	False
11	True	False	36	True	False	61	True	False	86	True	False
12	True	False	37	True	False	62	True	False	87	True	False
13	True	False	38	True	False	63	True	False	88	True	False
14	True	False	39	True	False	64	True	False	89	True	False
15	True	False	40	True	False	65	True	False	90	True	False
16	True	False	41	True	False	66	True	False	91	True	False
17	True	False	42	True	False	67	True	False	92	True	False
18	True	False	43	True	False	68	True	False	93	True	False
19	True	False	44	True	False	69	True	False	94	True	False
20	True	False	45	True	False	70	True	False	95	True	False
21	True	False	46	True	False	71	True	False	96	True	False
22	True	False	47	True	False	72	True	False	97	True	False
23	True	False	48	True	False	73	True	False	98	True	False
24	True	False	49	True	False	74	True	False	99	True	False
25	True	False	50	True	False	75	True	False	100	True	False

Dr. R. Nagpal & Dr. H. Sell

Instruction : People are different. They live in a variety of situations and they do not feel the same way about life and the world around them. From a practical viewpoint, it is important to know how different persons feel with regard to their day-to-day concerns like their health or family. Such knowledge is necessary if an improvement in the quality of life of people is to be brought about.

This is a questionnaire on how you feel about some aspects of your life. Each question may be answered by any one of the given categories by putting a circle around the number which seems to represent your feelings best. For example, in the first question, if you feel that your life is very interesting, please put a circle around the response '1'. At times you may find that your feeling is not represented perfectly by any of the given response categories. In such cases, just choose the one closest to what you think.

All information given by you will be treated as confidential and will be used only for research purposes.

1. Do you feel your life is interesting ?
2. Do you think you have achieved the standard of living and the social status that you had expected ?
3. How do you feel about the extent to which you have achieved success and are getting ahead ?
4. Do you normally accomplish what you want to ?
5. Compared with the past, do you feel your present life is :
6. On the whole, how happy are you with the things you have been doing in recent years ?
7. Do you feel you can manage situations even when they do not turn out as expected ?
8. Do you feel confident that in the case of a crisis (anything which substantially upsets your life situation) you will be able to cope with it / face it boldly ?
9. The way things are going now do you feel confident in coping with the future ?
10. Do you sometimes feel that you and the things around you belong very much together and are integral part of a common force ?
11. Do you sometimes experience moments of intense happiness almost like a kind of ecstasy or bliss ?
12. Do you sometimes experience a joyful feeling of being part of mankind as of one large family ?
13. Do you feel confident that relatives and / or friends will help you out if there is an emergency, e.g. if you lose what you have by fire or theft ?
14. How do you feel about the relationship you and your children have ?
15. Do you feel confident that relatives and / or friends will look after you if you are severely ill or meet with an accident ?
16. Do you get easily upset if things do not turn out as expected ?

17. Do you sometimes feel sad without reason ?
18. Do you feel too easily irritated, too sensitive ?
19. Do you feel disturbed by feelings of anxiety and tension ?
20. Do you consider it is problem for you that you sometimes lose your temper over minor things ?
21. Do you consider you family a source of help to you in finding solutions to most of the problems you have ?
22. Do you think that most of the members of your family feel closely attached to one another ?
23. Do you think you would be looked after well by your family in case you were seriously ill ?
24. Do you feel your life is boring / uninteresting ?
25. Do you worry about your future ?
26. Do you feel your life is useless ?
27. Do you sometimes worry about the relationship you and your wife / husband have ?
28. Do you feel your friends / relatives would help you out if you were in need ?
29. Do you sometimes worry about the relationship you and your children have ?
30. Do you feel that minor things upset you more than necessary ?
31. Do you get easily upset if you are criticized ?
32. Would you wish to have more friends that you actually have ?
33. Do you sometimes feel that you miss a real close friend ?
34. Do you sometimes worry about your health ?
35. Do you suffer from pains in various parts of your body ?
36. Are you disturbed by palpitations / a thumping heart ?
37. Are you disturbed by a feeling of giddiness ?
38. Do you feel you get tired too easily ?
39. Are you troubled by disturbed sleep ?
40. Do you sometimes worry that you do not have close personal relationship with other people ?

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FOR RESEARCH PURPOSE ONLY

Please read instruction mentioned in the questionnaire

1.	a.	Very much	b.	To some extent	c.	Not so much	
2.	a.	Very much	b.	To some extent	c.	Not so much	
3.	a.	Very good	b.	Quite good	c.	Not so good	
4.	a.	Most of the time	b.	Sometimes	c.	Hardly ever	
5.	a.	Very happy	b.	Quite happy	c.	Not so happy	
6.	a.	Very happy	b.	Quite happy	c.	Not so happy	
7.	a.	Most of the time	b.	Sometimes	c.	Hardly ever	
8.	a.	Very much	b.	To some extent	c.	Not so much	
9.	a.	Very much	b.	To some extent	c.	Not so much	
10.	a.	Very much	b.	To some extent	c.	Not so much	
11.	a.	Quite often	b.	Sometimes	c.	Hardly ever	
12.	a.	Quite often	b.	Sometimes	c.	Hardly ever	
13.	a.	Very much	b.	To some extent	c.	Not so much	
14.	a.	Very good	b.	Quite good	c.	Not so good	d. Not applicable
15.	a.	Very much	b.	To some extent	c.	Not so much	
16.	a.	Very much	b.	To some extent	c.	Not so much	
17.	a.	Very much	b.	To some extent	c.	Not so much	
18.	a.	Very much	b.	To some extent	c.	Not so much	
19.	a.	Most of the time	b.	Sometimes	c.	Hardly ever	
20.	a.	Very much	b.	To some extent	c.	Not so much	
21.	a.	Very much	b.	To some extent	c.	Not so much	
22.	a.	Very much	b.	To some extent	c.	Not so much	
23.	a.	Very much	b.	To some extent	c.	Not so much	
24.	a.	Very much	b.	To some extent	c.	Not so much	
25.	a.	Very much	b.	To some extent	c.	Not so much	
26.	a.	Very much	b.	To some extent	c.	Not so much	
27.	a.	Very much	b.	To some extent	c.	Not so much	d. Not applicable
28.	a.	Very much	b.	To some extent	c.	Not so much	
29.	a.	Very much	b.	To some extent	c.	Not so much	d. Not applicable
30.	a.	Very much	b.	To some extent	c.	Not so much	
31.	a.	Most of the time	b.	Sometimes	c.	Hardly ever	
32.	a.	Very much	b.	To some extent	c.	Not so much	
33.	a.	Very much	b.	To some extent	c.	Not so much	
34.	a.	Very much	b.	To some extent	c.	Not so much	
35.	a.	Most of the time	b.	Sometimes	c.	Hardly ever	
36.	a.	Most of the time	b.	Sometimes	c.	Hardly ever	
37.	a.	Most of the time	b.	Sometimes	c.	Hardly ever	
38.	a.	Most of the time	b.	Sometimes	c.	Hardly ever	
39.	a.	Most of the time	b.	Sometimes	c.	Hardly ever	
40.	a	Very much	b	To some extent	c.	Not so much	

L.A	L.B	A.A	A.B

BELL ADJUSTMENT INVENTORY
ADULT FORM

Name : .....Age.....Sex.....

Education .....Any other qualification.....

Occupation ..... Monthly Income..... .....

Religion..... ..... Married or Single.. .....

Family : (Joint Nuclear)..... .....

Father's Occupation..... .....

City..... .....State.....

Local Address ....

.....

Date..... .....

1978

Researcher :
MISS MANJIT KAURA

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M. S. University of Baroda, BARODA.

DIRECTIONS

Are you interested in knowing more about your own personality? If you will answer honestly and thoughtfully all of the questions on the pages that follow, it will be possible for you to obtain a better understanding of yourself. These questions have been carefully selected, and then given to as large number of persons. By comparing your answers with the answers of the group you will secure a more accurate notion of your own characteristics. The value of this to you will be in proportion to the care and honesty with which you answer each question.

Your answers to the questions will be treated in the strictest confidence. Therefore, feel free to give candid replies. There are no right or wrong answers. Indicate your answer to each question by drawing a circle around the "Yes", the "No", or the "?". Use the question mark only when you are certain that you cannot answer "Yes" or "No". There is no time limit, but work rapidly.

If you are not employed now, answer the occupational question with reference to the last position which you held. Housewives who are not employed outside the home should omit the questions referring to working conditions.

No.	Score	Description	Remarks
a			
b			
c			
d			
e			

1a	Yes	No	?	Does the place in which you live now in any way interfere with your obtaining the social life which you would like to enjoy?
2d	Yes	No	?	Do you have ups and downs in mood without apparent cause?
3b	Yes	No	?	Are you troubled occasionally by a skin disease or skin eruption such as athlete's foot, carbuncles, or boils?
4e	Yes	No	?	Do you feel self-conscious when have to ask an employer for work?
5e	Yes	No	?	Do you sometime get badly flustered and "jittery" in your present job?
6b	Yes	No	?	Have you had any trouble with your heart or your kidneys or your lungs?
7a	Yes	No	?	Do you feel that your present home environment allows you enough opportunity to develop your own personality?
8e	Yes	No	?	Do you like to participate in festival gatherings and lively articles?
9e	Yes	No	?	Do you think you made the wrong selection of your occupation?
10d	Yes	No	?	Have you ever been extremely afraid of something which you knew could do you no harm?
11e	Yes	No	?	Is any member of your present home very nervous?

12c Yes No ? Does your present work allow you time off each year for some vacation?

13b Yes No ? Have you ever been anemic (lacking in red blood corpuscles)?

14d Yes No ? Do you worry too long over humiliating experiences?

15c Yes No ? Do you find it difficult to start a conversation with a stranger?

16a Yes No ? Did you disagree with your parents about the type of occupation you should enter?

17c Yes No ? Does it upset you considerably to have someone ask you to speak when you have had no time to prepare your talk?

18a Yes No ? [illegible] thought ever coming into your mind to bother you?

19b Yes No ? Do you take cold rather easily from other people?

20c Yes No ? Do you think you must "Play politics" to get promotion or an increase in pay in your present job?

21c Yes No ? Do you keep in the background on social occasions?

22a Yes No ? Have you had unpleasent disutrbances over such matters as religion, politics, or persons with whom you live?

23d Yes No ? Do you get upset easily?

24b Yes No ? Do you find it necessary to watch your health carefully?

25a Yes No ? Has there ever been divorce among any members of your immediate family.

26c Yes No ? Has your employer always treated you fairly?

27b Yes No ? Do you willingly come to your meals without really being hungry?

28d Yes No ? Are you often in a state of excitement?

29c Yes No ? Do you feel embarrassed if you have to ask permission to leave group of people?

30c Yes No ? Do you think that you have to work too long hours on your present job?

31a Yes No ? Have any of the members of your present home made you unhappy by criticizing your personal appearance?

32c Yes No ? Do you find that you tend to have a few close friends rather than many casual acquaintances?

33b Yes No ? Have you had an illness from which you feel that you have not completely recovered?

34d Yes No ? Does criticism disturb you greatly?

35a Yes No ? Are you happy and contented in your present home environment?

36c Yes No ? Would you like to secure some other job than the one you now hold?

37c Yes No ? Are you often the center of favourable attention at a party?

38b Yes No ? Do you frequently have shooting pains in the head?

39d Yes No ? Are you troubled with the idea that people are watching you on the street?

40a Yes No ? Do you feel a lack of affection and love in your present home?

41c	Yes	No	?	Do you have considerable difficulty in knowing just where you stand with your present employer ?
41c	Yes	No	?	Do you have considerable difficulty in knowing just where you stand with your present employer?
42b	Yes	No	?	Do you suffer from sinusitis or any obstruction in your breathing?
43d	Yes	No	?	Are you bothered by the feeling that people are reading your thoughts?
44c	Yes	No	?	Do you make friends readily?
45c	Yes	No	?	Do you feel that your present employer or boss holds a personal dislike or grudge towards you?
46a	Yes	No	?	Do the person or persons with whom you now live understand you and sympathize with you?
47c	Yes	No	?	Do you day dream frequently?
48b	Yes	No	?	Has any illness you had resulted in a permanent injury to your health?
49c	Yes	No	?	Do you have to work on your present job with certain people whom you dislike?
50c	Yes	No	?	Do you hesitate to enter in a room by yourself when a group of people are sitting around talking together?
51a	Yes	No	?	Do you feel that your friends have happier home environments than you?
52c	Yes	No	?	Do you often hesitate to speak out in a group lest you say and do the wrong things?
53b	Yes	No	?	Do you have difficulty in getting rid of a cold?
54d	Yes	No	?	Do ideas often run through your head so that you cannot sleep?
55a	Yes	No	?	Does any person with whom you live now become angry at you very easily?
56c	Yes	No	?	Are you getting enough pay on your present job to support those who are dependent upon you?
57b	Yes	No	?	Are you troubled with too high or too low blood pressure?
58d	Yes	No	?	Do you worry over possible misfortunes?
59c	Yes	No	?	If you come late to a meeting would you rather stand or leave than take a front seat?
60c	Yes	No	?	Is your present boss or employer an individual whom you feel you can always trust?
61b	Yes	No	?	Are you subject to have fever or asthma?
62a	Yes	No	?	Are the members of your present home congenial and well suited to one another?
63c	Yes	No	?	At a reception or a tea do you seek to meet the important person present?
64c	Yes	No	?	Do you feel that your employer is paying you a fair salary?
65d	Yes	No	?	Are your feelings easily hurt?
66b	Yes	No	?	Are you troubled much with constipation?
67a	Yes	No	?	Do you dislike intensely certain people with whom you live now?
68c	Yes	No	?	Are you sometimes the leader at a social affair?

69e	Yes	No	?	Do you like all the people with whom you work on your present job?
70d	Yes	No	?	Are you bothered by the feeling that things are not real?
71e	Yes	No	?	Do you occasionally have conflicting moods of love and hate for member of your immediate family?
72e	Yes	No	?	Do you feel very self-conscious in the presence of people whom you greatly admire but with whom you are not well acquainted?
73b	Yes	No	?	Do you frequently experience nausea or vomiting or diarrhea?
74d	Yes	No	?	Do you blush easily?
75a	Yes	No	?	Have the actions of any person with whom you now live frequently caused you to feel blue and depressed?
76e	Yes	No	?	Have you frequently changed jobs during the last five years?
77e	Yes	No	?	Do you ever cross the street to avoid meeting somebody?
78b	Yes	No	?	Are you subject to tonsillitis or other throat ailments?
79d	Yes	No	?	Do you often feel self-conscious because of your personal appearance?
80e	Yes	No	?	Does your present job fatigue you greatly?
81a	Yes	No	?	Is the home where you live now often in a state of turmoil and dissension?
82d	Yes	No	?	Do you consider yourself rather a nervous person?
83e	Yes	No	?	Do you greatly enjoy social dancing?
84b	Yes	No	?	Are you subject to attack of indigestion?
85a	Yes	No	?	Did either of your parents frequently find fault with your conduct when you lived with them?
86e	Yes	No	?	Do you feel that you have adequate opportunities to express your own ideas in your present job?
87e	Yes	No	?	Do you find it very difficult to speak in public?
88b	Yes	No	?	Do you feel tired most of the time?
89e	Yes	No	?	Is the pay in your present work so low that you worry lest you be unable to meet your financial obligations ?
90d	Yes	No	?	Are you troubled with feelings of inferiority?
91a	Yes	No	?	Do the personal habits of some of the people with whom you now live irritate you?
92d	Yes	No	?	Do you often feel just miserable?
93b	Yes	No	?	Has it been necessary for you to have frequent medical attention?
94e	Yes	No	?	Have you had a number of experiences in appearing before public gatherings?
95e	Yes	No	?	Have you been able to get the promotions you desire in your present job?
96a	Yes	No	?	Does any member of your present home try to dominate you?
97b	Yes	No	?	Do you often feel fatigued when you get up in the morning?

98c Yes No ? Do any of the people with whom you work have personal habits and characteristics which irritate you?

99c Yes No ? When you are a guest at an important dinner do you do without something rather than ask to have it passed to you?

100d Yes No ? Does it frighten you to be alone in the dark?

101a Yes No ? Did your parents tend to supervise you too closely when you lived with them?

102c Yes No ? Have you found it easy to make friendly contacts with members of the opposite sex?

103b Yes No ? Are you considerably underweight?

104c Yes No ? Does your present job force you to hurry a great deal?

105d Yes No ? Have you ever, when you were on a high place, been afraid that you might jump off?

106a Yes No ? Do you find it easy to get along with the person or persons with whom you live now?

107c Yes No ? Do you have difficulty in starting conversation with a person with whom you live now?

108b Yes No ? Do you frequently have spells of dizziness?

109d Yes No ? Are you often sorry for the things you do?

110c Yes No ? Does your present employer or boss take all the credit for a piece of work which you have done yourself?

111a Yes No ? Do you have frequent disagreements with the individual or individuals where you live now concerning the way things are to be done about the house?

112d Yes No ? Do you get discouraged easily?

113b Yes No ? Have you had considerable illness during the last ten years?

114c Yes No ? Have you had experience in making plans for and directing the actions of other people such as committee chairman, leader of a group, etc.?

115c Yes No ? Do you feel that you are just a cog in an inhuman machine in your present job?

116a Yes No ? Does any person in the place you now live frequently object to the companions and friends with whom you like to associate?

117b Yes No ? Are you subject to attacks of influenza?

118c Yes No ? Does your present employer or boss praise you for work which you do well?

119c Yes No ? Would you feel very self-conscious if you had to volunteer an idea to start a discussion among a group?

120d Yes No ? Have you frequently been depressed because of the unkind things others have said about you?

121a Yes No ? Are any of the members of your present household very easily irritated?

122b Yes No ? Do you have many colds?

123d Yes No ? Are you easily frightened by lightning?

124c Yes No ? Are you troubled with shyness?

125e	Yes	No	?	Did you enter your present job because you yourself really wanted to go into it?
126b	Yes	No	?	Have you ever had a major surgical operation?
127a	Yes	No	?	At home did your parents frequently object to the kind of companion you went around with?
128e	Yes	No	?	Do you get discouraged in your present work?
129d	Yes	No	?	Do things often go wrong for you from no fault of your own?
130a	Yes	No	?	Would you like very much to move from the place where you now live so that you might have more personal independence?
131e	Yes	No	?	When you want something from a person with whom you are not very well acquainted, would you refer to write a note or letter to the individual than go and ask him or her personally?
132b	Yes	No	?	Have you ever been seriously injured in any kind of an accident?
133d	Yes	No	?	Do you dread the sight of a snake?
134e	Yes	No	?	Do you feel that your work is supervised by too many different bosses?
135b	Yes	No	?	Have you lost considerable weight recently?
136a	Yes	No	?	Does the lack of money tend to make your present home life unhappy?
137e	Yes	No	?	Would it be difficult for you to give an oral report before a group of people?
138e	Yes	No	?	Is your present job very monotonous?
139d	es	No	?	Are you easily moved to tear?
140b	Yes	No	?	Do you frequently feel very tired toward the end of the day?
141a	Yes	No	?	When you lived with your parents do either of them frequently criticized you unjustly?
142d	Yes	No	?	Does the thought of an earthquake or a fire frighten you?
143e	Yes	No	?	Do you feel embarrassed when you have to enter a public assembly by yourself after everyone else has been seated?
144e	Yes	No	?	Do you find that you have very little real interest in your present job?
145b	Yes	No	?	Do you sometimes have difficulty getting to sleep even when there are no noises to disturb you?
146e	Yes	No	?	Is here anyone at the place where you live now who insists on your obeying him or her regardless of whether or not the request is reasonable?
147e	Yes	No	?	Did you ever take the lead to enliven a dull party?
148e	Yes	No	?	Do you feel that your immediate superior boss backs sympathy and understanding in dealing with you as an employee?
149d	Yes	No	?	Do you often feel lonesome even when you are with people?
150a	Yes	No	?	As a youth did you ever have a strong desire to run away from home?

151b	Yes	No	?	Do you have many headaches?
152d	Yes	No	?	Have you ever felt that someone was hypnotizing you and making you act against your will?
153c	Yes	No	?	Do you often have much difficulty in thinking of an appropriate remark to make in group conversation?
154c	Yes	No	?	Do you sometimes feel that your employer does not show real appreciation of your attempts to do your job in a superior manner?
155b	Yes	No	?	Have you ever had scarlet fever or diphtheria?
156a	Yes	No	?	Do you sometimes feel that you have been a disappointment to your parents?
157c	Yes	No	?	Do you take responsibility for introducing people at a party ?
158c	Yes	No	?	Do you experience a fear of losing your present job?
159d	Yes	No	?	Do you frequently have spells of the blues?

Name : . Gender : Male / Female

Age : .....

1	Y	N	?	41	Y	N	?	81	Y	N	?	121	Y	N	?
2	Y	N	?	42.	Y	N	?	82.	Y	N	?	122.	Y	N	?
3.	Y	N	?	43.	Y	N	?	83.	Y	N	?	123.	Y	N	?
4.	Y	N	?	44.	Y	N	?	84.	Y	N	?	124.	Y	N	?
5.	Y	N	?	45.	Y	N	?	85.	Y	N	?	125.	Y	N	?
6.	Y	N	?	46.	Y	N	?	86.	Y	N	?	126.	Y	N	?
7.	Y	N	?	47.	Y	N	?	87.	Y	N	?	127.	Y	N	?
8.	Y	N	?	48.	Y	N	?	88.	Y	N	?	128.	Y	N	?
9.	Y	N	?	49.	Y	N	?	89.	Y	N	?	129.	Y	N	?
10.	Y	N	?	50.	Y	N	?	90.	Y	N	?	130.	Y	N	?
11	Y	N	?	51	Y	N	?	91	Y	N	?	131	Y	N	?
12.	Y	N	?	52.	Y	N	?	92.	Y	N	?	132.	Y	N	?
13.	Y	N	?	53.	Y	N	?	93.	Y	N	?	133.	Y	N	?
14.	Y	N	?	54.	Y	N	?	94.	Y	N	?	134.	Y	N	?
15	Y	N	?	55	Y	N	?	95	Y	N	?	135	Y	N	?
16.	Y	N	?	56.	Y	N	?	96.	Y	N	?	136.	Y	N	?
17.	Y	N	?	57.	Y	N	?	97.	Y	N	?	137.	Y	N	?
18.	Y	N	?	58.	Y	N	?	98.	Y	N	?	138.	Y	N	?
19.	Y	N	?	59.	Y	N	?	99.	Y	N	?	139.	Y	N	?
20	Y	N	?	60	Y	N	?	100.	Y	N	?	140	Y	N	?
21.	Y	N	?	61.	Y	N	?	101.	Y	N	?	141.	Y	N	?
22.	Y	N	?	62.	Y	N	?	102.	Y	N	?	142.	Y	N	?
23.	Y	N	?	63.	Y	N	?	103.	Y	N	?	143.	Y	N	?
24	Y	N	?	64.	Y	N	?	104	Y	N	?	144	Y	N	?
25.	Y	N	?	65.	Y	N	?	105.	Y	N	?	145	Y	N	?
26.	Y	N	?	66.	Y	N	?	106.	Y	N	?	146	Y	N	?
27.	Y	N	?	67.	Y	N	?	107.	Y	N	?	147	Y	N	?
28.	Y	N	?	68.	Y	N	?	108	Y	N	?	148	Y	N	?
29	Y	N	?	69	Y	N	?	109	Y	N	?	149	Y	N	?
30	Y	N	?	70	Y	N	?	110	Y	N	?	150	Y	N	?
31.	Y	N	?	71.	Y	N	?	111	Y	N	?	151	Y	N	?
32.	Y	N	?	72.	Y	N	?	112	Y	N	?	152	Y	N	?
33	Y	N	?	73	Y	N	?	113	Y	N	?	153	Y	N	?
34	Y	N	?	74	Y	N	?	114	Y	N	?	154	Y	N	?
35.	Y	N	?	75	Y	N	?	115	Y	N	?	155	Y	N	?
36.	Y	N	?	76.	Y	N	?	116	Y	N	?	156	Y	N	?
37.	Y	N	?	77	Y	N	?	117	Y	N	?	157	Y	N	?
38	Y	N	?	78	Y	N	?	118	Y	N	?	158	Y	N	?
39	Y	N	?	79	Y	N	?	119	Y	N	?	159	Y	N	?
40.	Y	N	?	80	Y	N	?	120	Y	N	?	[illegible]			

SELF-EVALUATION QUESTIONNAIRE

Developed by Charles D. Spielberger
in collaboration with
R. L. Gorsuch, R. Lushene, P. R. Vagg, and G. A. Jacobs

STAI Form Y-1

Name _____ Date _____ S ____

Age _____ Sex: M ____ F ____ T ____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you feel *right* now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1. I feel calm	①	②	③	④
2. I feel secure	①	②	③	④
3. I am tense	①	②	③	④
4. I feel strained	①	②	③	④
5. I feel at ease	①	②	③	④
6. I feel upset	①	②	③	④
7. I am presently worrying over possible misfortunes	①	②	③	④
8. I feel satisfied	①	②	③	④
9. I feel frightened	①	②	③	④
10. I feel comfortable	①	②	③	④
11. I feel self-confident	①	②	③	④
12. I feel nervous	①	②	③	④
13. I am jittery	①	②	③	④
14. I feel indecisive	①	②	③	④
15. I am relaxed	①	②	③	④
16. I feel content	①	②	③	④
17. I am worried	①	②	③	④
18. I feel confused	①	②	③	④
19. I feel steady	①	②	③	④
20. I feel pleasant	①	②	③	④

Consulting Psychologists Press
577 College Avenue, Palo Alto, California 94306

SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-2

Name _____ Date _____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

	ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
21. I feel pleasant	①	②	③	④
22. I feel nervous and restless	①	②	③	④
23. I feel satisfied with myself	①	②	③	④
24. I wish I could be as happy as others seem to be	①	②	③	④
25. I feel like a failure	①	②	③	④
26. I feel rested	①	②	③	④
27. I am "calm, cool, and collected"	①	②	③	④
28. I feel that difficulties are piling up so that I cannot overcome them	①	②	③	④
29. I worry too much over something that really doesn't matter	①	②	③	④
30. I am happy	①	②	③	④
31. I have disturbing thoughts	①	②	③	④
32. I lack self-confidence	①	②	③	④
33. I feel secure	①	②	③	④
34. I make decisions easily	①	②	③	④
35. I feel inadequate	①	②	③	④
36. I am content	①	②	③	④
37. Some unimportant thought runs through my mind and bothers me	①	②	③	④
38. I take disappointments so keenly that I can't put them out of my mind	①	②	③	④
39. I am a steady person	①	②	③	④
40. I get in a state of tension or turmoil as I think over my recent concerns and interests	①	②	③	④

'orm A

ıstructions: Each item below is a belief statement about your medical condition with which you ıay agree or disagree. Beside each statement is a scale which ranges from strongly disagree (1) to trongly agree (6). For each item we would like you to circle the number that represents the extent to /hich you agree or disagree with that statement. The more you agree with a statement, the higher /ill be the number you circle. The more you disagree with a statement, the lower will be the number ou circle. Please make sure that you answer **EVERY ITEM** and that you circle **ONLY ONE** umber per item. This is a measure of your personal beliefs; obviously, there are no right or wrong nswers.

1=STRONGLY DISAGREE (SD) 2=MODERATELY DISAGREE (MD) 3=SLIGHTLY DISAGREE (D)	4=SLIGHTLY AGREE (A) 5=MODERATELY AGREE (MA) 6=STRONGLY AGREE (SA)

		SD	MD	D	A	MA	SA
1	If I get sick, it is my own behavior which determines how soon I get well again.	1	2	3	4	5	6
2	No matter what I do, if I am going to get sick, I will get sick.	1	2	3	4	5	6
3	Having regular contact with my physician is the best way for me to avoid illness.	1	2	3	4	5	6
4	Most things that affect my health happen to me by accident.	1	2	3	4	5	6
5	Whenever I don't feel well, I should consult a medically trained professional.	1	2	3	4	5	6
6	I am in control of my health.	1	2	3	4	5	6
7	My family has a lot to do with my becoming sick or staying healthy.	1	2	3	4	5	6
8	When I get sick, I am to blame.	1	2	3	4	5	6
9	Luck plays a big part in determining how soon I will recover from an illness.	1	2	3	4	5	6
0	Health professionals control my health.	1	2	3	4	5	6
1	My good health is largely a matter of good fortune.	1	2	3	4	5	6
2	The main thing which affects my health is what I myself do.	1	2	3	4	5	6
3	If I take care of myself, I can avoid illness.	1	2	3	4	5	6
4	Whenever I recover from an illness, it's usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me.	1	2	3	4	5	6
5	No matter what I do, I 'm likely to get sick.	1	2	3	4	5	6
6	If it's meant to be, I will stay healthy.	1	2	3	4	5	6
7	If I take the right actions, I can stay healthy.	1	2	3	4	5	6
8	Regarding my health, I can only do what my doctor tells me to do.	1	2	3	4	5	6

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ɔrm B
ɔrm C
ɔoring Instructions
ibliography

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Faculty of Education and Psychology
The M. S. University of Baroda
VADODARA

S. S. SCALE

Directions : Each of the items below contains two choices, A and B, please indicate on your own answer sheet which of the choices most describes your likes or the way you feel. In some cases you may find items in which both choices describe your likes or the way you feel. Please choose the one which better describes your likes or feelings. In some cases you may find items in which you do not like either choice. In these cases mark the choice you dislike least.

It is important you respond to all the items with only one choice. A or B. we are interested only in your likes or feelings, not in how others feel about these things or how one is supposed to feel. There are not right or wrong answers as in other kinds of tests. Be frank and give your honest appraisal of yourself.

1. A. I like "wild" uninhibited parties.
   B I prefer quiet parties with good conversation.

2. A. There are some movies I enjoy seeing a second or even a third time.
   B I can't stand watching a movie that I've seen before.

3. A. I often wish I could be a mountain climber.
   B. I can't understand people who risk their necks climbing mountains.

4. A I dislike all body odors.
   B I like some of the earthy body smells.

5. A I get bored seeing the same old faces.
   B I like the comfortable familiarity of everyday friends.

6. A I like to explore a strange city or section of town myself, even if it means getting lost.
   B I prefer a guide when I am in a place I don't know well.

7. A I dislike people who do or say things just to shock or upset others.
   B When you can predict almost everything a person will do and say he or she must be a bore.

8. A I usually don't enjoy a movie or play where I can predict what will happen in advance.
   B I don't mind watching a movie or play where I can predict what will happen in advance.

9. A I have tried marijuana or would like to.
   B I would never smoke marijuana.

10. A I would not like to try any drug which might produce strange and dangerous effects on me.
    B I would like to try some of the new drugs that produce hallucinations.

11. A A sensible person avoids activities that are dangerous.
    B I sometime like to do things that are a little frightening.

12. A I dislike "Swingers"
    B I enjoy the company of real "Swingers."

13. A I find that stimulants make me uncomfortable.
B I often like to get high (Drinking liquor or smoking marijuana)

14. A I like to try new foods that I have never tasted before.
B I order that dishes with which I am familiar, so as to avoid disappointment and unpleasantness.

15. A I enjoy looking home movies or travel slides.
B Looking at someone's home movies or travel slides bores me tremendously.

16. A I would like to take up the sport of water-skiing.
B I would not like to take up water-skiing.

17. A I would like to try surf-board riding.
B I would not like to try surf-board riding.

18. A I would like to take off on a trip with no pre planned or definite routes, or timetable.
B When I go on a trip I like to plan my route and timetable fairly carefully.

19. A I prefer the "down-to-earth" kinds of people as friends.
B I would like to make friends in some of the "far-out" groups like artists or "hippies".

20. A I would not like to learn to fly an airplane.
B I would like to learn to fly an airplane.

21. A I prefer the surface of the water to the depths.
B I would like to go scuba diving.

22. A I would like to meet some persons who are homosexual(men or women)
B I stay away from anyone I suspect of being "queer.

23. A I would like to try parachute jumping.
B I would never want to try jumping out of a plane with or without parachute.

24 A I prefer friends who are excitingly unpredictable.
B I prefer friends who are reliable and predictable.

25. A I am not interested in experience for its own sake.
B I like to have new and exciting experience and sensations even if they are a little frightening.(unconventional or illegal)

26. A The essence of good art is in its clarity, symmetry of form and harmony of colors.
B I often find beauty in the "clashing" colors and irregular forms of modern painting.

27. A I enjoy spending time in the familiar surrounding of home.
B I get very restless if I have to stay around home for any length of time.

28. A I like to try off the high board.
B I don't like the feeling I get standing on the high board(or I don't go near it at all)

29. A I like to date members of the opposite sex who are physically exciting.
B I like to date members of the opposite sex who share my values.

30. A Heavy drinking usually ruins a party because some people get loud and boisterous.
B Keeping the drinks full is the key to a good party.

31. A The worst social sin is to be rude.
B The worst social sin is to be a bore.

32. A A person should have considerable sexual experience before marriage.
B It's better if two married person begin their sexual experience with each other.

33. A Even if I had the money I would not care to associate with flightly persons like those in the "Jet set".
B I could conceive of myself seeking pleasure around the world with the "Jet set".

34. A I like people who are sharp and witty even if they do sometimes insult others.
B I dislike people who have their fun at the expense of hurting the feelings of others.

35. A There is altogether too much portrayal of sex in movies.
B I enjoy watching many of the "sexy" scenes in movies.

36. A I feel best after taking a couple of drinks.
B Something is wrong with people who need liquor to feel good.

37. A People should dress according to some standards of taste, neatness and style.
B People should dress in individual ways even if the effects are sometimes strange.

38. A Sailing long distances in small sailing crafts is foolhardy.
B I would like to sail a long distance in a small but seaworthy sailing craft.

39. A I have no patience with dull or boring persons.
B I find something interesting in almost every person I talk with.

40. A A skiing fast down a high mountain slope is a good way to end up on crutches.
B I think I would enjoy the sensations of skiing very fast down a high mountain slope.

COPE

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by blackening one number on your answer sheet for each, using the response choices listed just below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

1 = I usually don't do this at all
2 = I usually do this a little bit
3 = I usually do this a medium amount
4 = I usually do this a lot

1. I try to grow as a person as a result of the experience.
2. I turn to work or other substitute activities to take my mind off things.
3. I get upset and let my emotions out.
4. I try to get advice from someone about what to do.
5. I concentrate my efforts on doing something about it.
6. I say to myself "this isn't real."
7. I put my trust in God.
8. I laugh about the situation.
9. I admit to myself that I can't deal with it, and quit trying.
10. I restrain myself from doing anything too quickly.

11. I discuss my feelings with someone.
12. I use alcohol or drugs to make myself feel better.
13. I get used to the idea that it happened.
14. I talk to someone to find out more about the situation.
15. I keep myself from getting distracted by other thoughts or activities.
16. I daydream about things other than this.
17. I get upset, and am really aware of it.
18. I seek God's help.
19. I make a plan of action.
20. I make jokes about it.

21. I accept that this has happened and that it can't be changed.
22. I hold off doing anything about it until the situation permits.
23. I try to get emotional support from friends or relatives.
24. I just give up trying to reach my goal.
25. I take additional action to try to get rid of the problem.
26. I try to lose myself for a while by drinking alcohol or taking drugs.
27. I refuse to believe that it has happened.
28. I let my feelings out.
29. I try to see it in a different light, to make it seem more positive.
30. I talk to someone who could do something concrete about the problem.

31. I sleep more than usual.
32. I try to come up with a strategy about what to do.
33. I focus on dealing with this problem, and if necessary let other things slide a little.
34. I get sympathy and understanding from someone.

35. I drink alcohol or take drugs, in order to think about it less.
36. I kid around about it.
37. I give up the attempt to get what I want.
38. I look for something good in what is happening.
39. I think about how I might best handle the problem.
40. I pretend that it hasn't really happened.

41. I make sure not to make matters worse by acting too soon.
42. I try hard to prevent other things from interfering with my efforts at dealing with this.
43. I go to movies or watch TV, to think about it less.
44. I accept the reality of the fact that it happened.
45. I ask people who have had similar experiences what they did.
46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.
47. I take direct action to get around the problem.
48. I try to find comfort in my religion.
49. I force myself to wait for the right time to do something.
50. I make fun of the situation.

51. I reduce the amount of effort I'm putting into solving the problem.
52. I talk to someone about how I feel.
53. I use alcohol or drugs to help me get through it.
54. I learn to live with it.
55. I put aside other activities in order to concentrate on this.
56. I think hard about what steps to take.
57. I act as though it hasn't even happened.
58. I do what has to be done, one step at a time.
59. I learn something from the experience.
60. I pray more than usual.

BDI®-II Beck Depression Inventory - Second Edition

special printing for use with NATIONAL DEPRESSION SCREENING DAY

Instructions

Adult Depression Screening Form

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, then pick out the one statement in each group that best describes the way you have been feeling during the past 2 weeks, including today. Put a cross mark (X) in the circle beside the statement you have picked. If several statements in the group seem to apply equally well, simply fill in the circle that has the largest number.

1. Sadness

(0) ○ I do not feel sad.
(1) ○ I feel sad much of the time.
(2) ○ I am sad all the time.
(3) ○ I am so sad or unhappy that I can't stand it.

2. Pessimism

(0) ○ I am not discouraged about my future.
(1) ○ I feel more discouraged about my future than I used to be.
(2) ○ I do not expect things to work out for me.
(3) ○ I feel my future is hopeless and will only get worse.

3. Past Failure

(0) ○ I do not feel like a failure.
(1) ○ I have failed more than I should have.
(2) ○ As I look back, I see a lot of failures.
(3) ○ I feel I am a total failure as a person.

4. Loss of Pleasure

(0) ○ I get as much pleasure as I ever did from the things I enjoy.
(1) ○ I don't enjoy things as much as I used to.
(2) ○ I get very little pleasure from the things I used to enjoy.
(3) ○ I can't get any pleasure from the things I used to enjoy.

5. Guilt Feelings

(0) ○ I don't feel particularly guilty.
(1) ○ I feel guilty over many things I have done or should have done.
(2) ○ I feel quite guilty most of the time.
(3) ○ I feel guilty all of the time.

6. Punishment Feelings

(0) ○ I do not feel I am being punished.
(1) ○ I feel I may be punished.
(2) ○ I expect to be punished.
(3) ○ I feel I am being punished.

7. Self-dislike

(0) ○ I feel the same about myself as ever.
(1) ○ I have lost confidence in myself.
(2) ○ I am disappointed in myself.
(3) ○ I dislike my self.

8. Self-Criticalness

(0) ○ I don't criticize or blame myself more than usual.
(1) ○ I am more critical of myself than I used to be.
(2) ○ I criticize myself for all of my faults.
(3) ○ I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

(0) ○ I don't have any thoughts of killing myself.
(1) ○ I have thoughts of killing myself, but I would not carry them out.
(2) ○ I would like to kill myself.
(3) ○ I would kill myself if I had the chance.

10. Crying

(0) ○ I don't cry any more than I used to.
(1) ○ I cry more than I used to.
(2) ○ I cry over every little thing.
(3) ○ I feel like crying, but I can't.

Sub total Items 1-10 ☐

11. Agitation

(0) ○ I am no more restless or wound up than usual.

(1) ○ I feel more restless or wound.up than usual.

(2) ○ I am so restless or agitated taht it's hard to stay still.

(3) ○ I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

(0) ○ I have not lost interest in other people or activities.

(1) ○ I am less interested in other people or things than before.

(2) ○ I have lost most of my interest in other people or things.

(3) ○ It's hard to get interested in anything.

13. Indecisiveness

(0) ○ I make decisions about as well as ever.

(1) ○ I find it more difficult to make decisions than usual.

(2) ○ I have much greater difficulty in making decisions than I used to.

(3) ○ I have trouble making any decisions.

14. Worthlessness

(0) ○ I do not feel I am worthless.

(1) ○ I don't consider myself as worthwhile and useful as I used to.

(2) ○ I feel more worthless as compared to other people.

(3) ○ I feel utterly worthless.

15. Loss of Energy

(0) ○ I have as much energy as ever.

(1) ○ I have less energy than I used to have.

(2) ○ I don't have enough energy to do very much.

(3) ○ I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

(0) ○ I have not experienced any change in my sleeping pattern.

(1a) ○ I sleep somewhat more than usual.

(1b) ○ I sleep somewhat less than usual.

(2a) ○ I sleep a lot more than usual.

(2b) ○ I sleep a lot less than usual.

(3a) ○ I sleep most of the day.

(3b) ○ I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

(0) ○ I am no more irritable than usual.

(1) ○ I am more irritable than usual.

(2) ○ I am much more irritable than usual.

(3) ○ I am irritable all the time.

18. Changes in Appetite

(0) ○ I have not experienced any change in my appetite.

(1a) ○ My appetite is somewhat less than usual.

(1b) ○ My appetite is somewhat greater than usual.

(2a) ○ My appetite is much less than before.

(2b) ○ My appetite is much greater than usual.

(3a) ○ I have no appetite at all.

(3b) ○ I crave food all the time.

19. Concentration Difficulty

(0) ○ I can concentrate as well as ever.

(1) ○ I can't concentrate as well as usual.

(2) ○ It's hard to keep my mind on anything for very long.

(3) ○ I find I can't concentrate on anything.

20. Tiredness or Fatigue

(0) ○ I am no more tired or fatigued than usual.

(1) ○ I get more tired or fatigued more easily than usual.

(2) ○ I am too tired or fatigued to do a lot of the things I used to do.

(3) ○ I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

(0) ○ I have not notice any recent change in my interest in sex.

(1) ○ I am less interested in sex than I used to be.

(2) ○ I am much less interested in sex now.

(3) ○ I have lost interest in sex completely.

Sub total
Items 11-21

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SUBJECTIVE VITALITY SCALE

INDIVIDUAL DIFFERENCE LEVEL VERSION

Please respond to each of the following statements by indicating the degree to which the statement is true for you **in general in your life**. Use the following scale:

Not at all true			somewhat true			very true
1	2	3	4	5	6	7

1. I feel alive and vital .....
2. I don't feel very energetic .....
3. Sometimes I feel so alive I just want to burst .....
4. I have energy and spirit .....
5. I look forward to each new day .....
6. I nearly always feel alert and awake. .....
7. I feel energized .....

****

STATE LEVEL VERSION

VITALITY SCALE

Please respond to each of the following statements in terms of how you are feeling **right now**. Indicate how true each statement is for you at this time, using the following scale:

Not at all true			somewhat true			very true
1	2	3	4	5	6	7

1. At this moment, I feel alive and vital .....
2. I do not feel very energetic right now. .....
3. Currently I feel so alive I just want to burst. .....
4. At this time, I have energy and spirit. .....
5. I am looking forward to each new day. .....
6. At this moment, I feel alert and awake. .....
7. I feel energized right now. .....

HAT-QoL*

Instrument

*HIV/AIDS-Targeted Quality of Life Instrument

IMPORTANT INSTRUCTIONS

The questions in this questionnaire ask how things are going in different areas of your life. Before starting to answer the questions, there are two types of questions you need to know more about:

1. You will find some questions that ask about your job/routine daily activities.

If you have a job, answer these questions thinking about your job. If you don't have a job, answer these questions thinking about the activities you usually do during most days of the week. Examples include housework, other sorts of chores, going to school, or volunteering in an organization.

2. You will find some questions that ask about your doctor.

If you usually see a nurse, a nurse practitioner, or a physician's assistant, answer these questions thinking of this person rather than your doctor.

1. The following questions ask about your <u>overall function</u> in the past 4 weeks:

	All of the time	A lot of the time	Some of the time	A little of the time	None of the time
a. In the past 4 weeks, I've been satisfied with my physical activity	☐	☐	☐	☐	☐
b. In the past 4 weeks, I've been physically limited in my ability to do routine household chores	☐	☐	☐	☐	☐
c. In the past 4 weeks, pain has limited my ability to be physically active	☐	☐	☐	☐	☐
d. In the past 4 weeks, I've been worried about not being able to do my job/routine daily activities as I have in the past	☐	☐	☐	☐	☐
e. In the past 4 weeks, I've felt that having HIV has limited the amount of work I can do at my job/routine daily activities	☐	☐	☐	☐	☐
f. In the past 4 weeks, I've been too tired to be socially active	☐	☐	☐	☐	☐

2. The following questions ask about your <u>life satisfaction</u> in the past 4 weeks:

	All of the time	A lot of the time	Some of the time	A little of the time	None of the time
a. In the past 4 weeks, I've enjoyed living	☐	☐	☐	☐	☐
b. In the past 4 weeks, I've felt in control of my life	☐	☐	☐	☐	☐
c. In the past 4 weeks, I've been satisfied with how socially active I am	☐	☐	☐	☐	☐
d. In the past 4 weeks, I've been pleased with how healthy I've been	☐	☐	☐	☐	☐

3. The following questions ask about your health worries in the past 4 weeks:

	All of the time	A lot of the time	Some of the time	A little of the time	None of the time
a. In the past 4 weeks, I haven't been able to live the way I'd like to because I'm so worried about my health	☐	☐	☐	☐	☐
b. In the past 4 weeks, I've been worried about my CD4 count	☐	☐	☐	☐	☐
c. In the past 4 weeks, I've been worried about my viral load	☐	☐	☐	☐	☐
d. In the past 4 weeks, I've been worried about when I'm going to die	☐	☐	☐	☐	☐

4. The following questions ask about your financial worries in the past 4 weeks:

	All of the time	A lot of the time	Some of the time	A little of the time	None of the time
a. In the past 4 weeks, I've been worried about having to live on a fixed income	☐	☐	☐	☐	☐
b. In the past 4 weeks, I've been worried about how to pay my bills	☐	☐	☐	☐	☐
c. In the past 4 weeks, money has been too tight for me to care for myself the way I think I should	☐	☐	☐	☐	☐

5. The following questions ask how you've felt about your HIV medications in the past 4 weeks:

Have you taken HIV medications in the past 4 weeks?

NO	**→→→→→→ Go to Section 6**
YES	**→→→→→→ Continue with Question 5a**

	All of the time	A lot of the time	Some of the time	A little of the time	None of the time
a. In the past 4 weeks, taking my medicine has been a burden	☐	☐	☐	☐	☐
b. In the past 4 weeks, taking my medicine has made it hard to live a normal life	☐	☐	☐	☐	☐
c. In the past 4 weeks, taking my medicine has caused unpleasant side effects	☐	☐	☐	☐	☐
d. In the past 4 weeks, I've been worried about the effects my medicine may have on my body	☐	☐	☐	☐	☐
e. In the past 4 weeks, I've been unsure about why I'm taking medicine	☐	☐	☐	☐	☐

6. The following questions ask how you've felt about being HIV positive in the past 4 weeks:

	All of the time	A lot of the time	Some of the time	A little of the time	None of the time
a. In the past 4 weeks, I've had regrets about the way I lived my life before knowing I had HIV	☐	☐	☐	☐	☐
b. In the past 4 weeks, I've been angry about my past HIV risk behavior	☐	☐	☐	☐	☐

7. The following questions ask about your disclosure worries in the past 4 weeks:

	All of the time	A lot of the time	Some of the time	A little of the time	None of the time
a. In the past 4 weeks, I've limited what I tell others about myself	☐	☐	☐	☐	☐
b. In the past 4 weeks, I've been afraid to tell other people that I have HIV	☐	☐	☐	☐	☐
c. In the past 4 weeks, I've been worried about my family members finding out that I have HIV	☐	☐	☐	☐	☐
d. In the past 4 weeks, I've been worried about people at my job/routine daily activities finding out that I have HIV	☐	☐	☐	☐	☐
e. In the past 4 weeks, I've been worried that I'll lose my source of income if other people find out that I have HIV	☐	☐	☐	☐	☐

8. The following questions ask how you've felt about your doctor in the past 4 weeks:

	All of the time	A lot of the time	Some of the time	A little of the time	None of the time
a. In the past 4 weeks, I've felt that I could see my doctor whenever I needed to	☐	☐	☐	☐	☐
b. In the past 4 weeks, I've felt that my doctor involves me in decision-making	☐	☐	☐	☐	☐
c. In the past 4 weeks, I've felt that my doctor cares about me	☐	☐	☐	☐	☐

9. The following questions ask about your sexual function in the past 4 weeks:

	All of the time	A lot of the time	Some of the time	A little of the time	None of the time
a. In the past 4 weeks, it's been difficult to get sexually aroused	☐	☐	☐	☐	☐
b. In the past 4 weeks, I've had difficulty with orgasm	☐	☐	☐	☐	☐

Thank you for completing this questionnaire.

If you have any questions, please feel free to speak with the individual who gave you the questionnaire, or with your health care provider.

Thanks again!

ATOPIC DEMATISIS **Subject Code:**

Pinkish lesion
Fine scaling and crusting
Indistinct borders
Site involvement – anticubital region, poplital fossa (aspect of post knees), Neck, hands , cheek
Itching is severe.
Chronic- thickening scaling and increased skin marking
Pain

After Therapy:

Pruritus (Itching) reduced
Scaling reduced
Redness decreased
Lesion started disappearing

Follow Up:

Pruritus (Itching) disappeared
Scaling reduced
Redness disappeared
lesion disappearing

Eczema **Subject Code:**

Dry skin

Redness

Inflammation

Itching

Blisters (Small/Large, Weep, crusted)

Eczema found on the: Face/hands/the insides of the elbows and the backs of the knees/covers most of the body

After Therapy:

Dryness decreased/almost disappeared

Redness decreased

Inflammation decreased

Itching disappeared

Blisters (Small/Large, Weep, crusted)

Follow up:

Dryness decreased/almost disappeared

Redness decreased

Inflammation decreased

Itching disappeared

Blisters (Small/Large, Weep, crusted)

ACNE VULGARIS **Subject Code:**

Whiteheads

Blackheads

Pimples: Large/Small/Deep

Areas affected: Face/neck/shoulders/back/chest

Painful

Infected

Scar on the skin.

Itching

Redness

After Therapy

Whiteheads and Blackheads disappered

Pimples: Small

Areas affected: Face/neck/shoulders/back/chest

Painful disappeared

Itching disappeared

Redness decresed

Follow Up:

Whiteheads and Blackheads disappered

Pimples: Small

Areas affected: Face/neck/shoulders/back/chest

Painful disappeared

Itching disappeared

Redness decresed

PSORIASIS **Subject Code:**

Bright red areas of raised patches (plaques) on the skin, covered with loose, silvery scales.
Plaques on the knees/elbows/scalp/ hands/feet/ lower back
Tiny areas of bleeding when skin scales are picked or scraped off
Mild scaling to thick
Crusted plaques on the scalp.
Itching
Flare-ups of many raindrop-shaped patches.
Joint swelling
Pain

Nail disorders. Nail symptoms include:

Tiny pits in the nails

- Yellowish discoloration of the toenails/fingernails.
- Separation of the end of the nail from the nail bed.
- Less often, a buildup of skin debris under the nails.

After therapy:
Relieved from pain
Lesion started becoming flat
Pinkish discolouration fading
Itching disappeared
Scales started reducing
Swelling reduced
Bleeding stopped
Yellowish discoloration of the toenails/fingernails reducing

Follow – up:
Scales reduced
Lesion started became flat
Pinkish discolouration disappears
Relieved from pain
Itching disappeared
Swelling disappeared
Bleeding stopped
Yellowish discoloration of the toenails/fingernails reducing

HERPES ZOSTER **Subject Code:**

Grouped vesicular lesion on erythemidion base distributed in segmental area
Severe pain

After Therapy:

Pain disappeared
Erythema and vesicles subsides

Follow Up:

Pain disappeared
Erythema and vesicles subsides

HERPES ZOSTER **Subject Code:**

Grouped vesicular lesion on erythemidion base distributed in segmental area
Severe pain

After Therapy:

Pain disappeared
Erythema and vesicles subsides

Follow Up:

Pain disappeared
Erythema and vesicles subsides