

## **APPENDICES**

## APPENDIX 1

### CASE STUDY SCHEDULE (Hemalatha Natesan, 2003)

#### PART I

Name :

Age :

Education :

Occupation :

Address and Ph. No :

Income :

Type of Family: Nuclear/Joint:

Family Background:

S.No.	Relationship	Education	Occupation	Income

#### PART II

Indicate the symptoms which you experience very often or often by putting a tick ( ) mark against the symptom.

- Sleep disturbance
- Irritability
- Headache
- Short temper
- Health problem
- Any other, specify.

Indicate the symptoms which you experience very often or often by putting a tick ( ) mark against the symptom.

- Persistent sad, anxious or 'empty' mood
- Loss of interest or pleasure in your usual activities
- Restlessness, irritability, or excessive crying
- Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
- Sleeping too much or too little, early morning awakening
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue, feeling 'slowed down'
- Thoughts of death or suicide, or suicide attempts
- Difficulty concentrating, remembering, or making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, or chronic pain
- Any other, specify.

Indicate the negative emotions you experience more frequently by putting a tick ( ) mark against it.

- Anger
- Hostility
- Worry
- Fear
- Anxiety
- Any other, specify.

### **PART III**

Read the following list of items and indicate the ones you think are the cause/causes for depression/stress in you, by putting a tick ( ) mark against it

- Adjustment problems at home
- Psychological disorders in family members
- History of previous psychological illness, if any
- Financial problems
- Any other, specify

List down your automatic, recurrent, negative thoughts

Information about illness

Duration of illness

Treatment undertaken

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## APPENDIX 2

### SI

(Hemalatha Natesan and Nandini Menon, 2005)

Name	Sex: M/F	
Date of Birth	Age:	
Education		
Occupation		
Income		
Marital Status	Single/Married	
Type of Family		
Size of Family		
Address	Residence	Office
Phone		

#### Instructions:

“In this form, there are a few statements followed by two alternatives, ‘Yes’ and ‘No’. Read each statement carefully and put a tick mark in the column, which suits you most. Please be honest while answering. Please do not omit any item. Your answers will be kept confidential”.

#### PART I

1. I sweat a lot
2. I get tired easily
3. I cannot stand loud noise
4. I have very poor appetite
5. I get giddiness/nausea
6. I have difficulty in falling asleep/disturbed sleep
7. I get aches and pains in my joints/neck/shoulders

## **PART II**

1. I am sad
2. I am highly irritable
3. I feel helpless
4. I loose my temper easily
5. I do not enjoy activities which I used to enjoy
6. I am worried about my poor health
7. I find others too demanding
8. I feel upset when I have to take up responsibility
9. I worry about my past/present/future

## **PART III**

1. I take a long time to decide
2. I get recurring negative thoughts
3. I think I am overtaxing myself
4. I keep forgetting things
5. I cannot cope with sudden changes
6. I am preoccupied

#### PART IV

1. I have a strained posture
2. I do not pay attention to what I eat
3. I strive hard to achieve more and more
4. I argue a lot
5. I have no time for exercise/walk/relaxation
6. I have very little time to be with my family members
7. I shout a lot at others even for small matters
8. I am worn out

### Scoring Key for SI

Scoring is done by giving one mark to each 'usually' response. Sum of all the scores is the total score of the subject.

### Norms for SI

Total Score	Stress Level
20 and above	Very High
10-19	High
5-9	Moderate
1-4	Low

## APPENDIX 3

### BDI (Beck, 1971)

#### INSTRUCTIONS

“This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2, and 3) next to the one statement in each group which best describes the way you have been feeling the past week, including today. If several statements within a group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice”.

1. 0 I do not feel sad.  
1 I feel sad.  
2 I am sad all the time and I can't snap out of it.  
3 I am so sad or unhappy that I can't stand it.
  
2. 0 I am not particularly discouraged about the future  
1 I feel discouraged about the future.  
2 I feel I have nothing to look forward to.  
3 I feel that the future is hopeless and that things can't improve.
  
3. 0 I do not feel like a failure.  
1 I feel I have failed more than the average person  
2 As I look back on my life, all I can see is a lot of failures.  
3 I feel I am a complete failure as a person.
  
4. 0 I get as much satisfaction out of things as I used to  
1 I don't enjoy things the way I used to.  
2 I don't get real satisfaction out of anything anymore  
3 I am dissatisfied or bored with everything.

5. 0 I don't feel particularly guilty.  
1 I feel guilty a good part of the time.  
2 I feel quite guilty most of the time.  
3 I feel guilty all of the time.
  
6. 0 I don't 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. 0 I don't feel disappointed in myself.  
1 I am disappointed in myself.  
2 I am disgusted with myself.  
3 I hate myself.
  
8. 0 I don't feel I am any worse than anybody else  
1 I am critical of myself for my weaknesses or mistakes.  
2 I blame myself all the time for my faults.  
3 I blame myself for everything bad that happens.
  
9. 0 I don't have any thoughts of killing myself.  
1 I have thoughts of killing myself, I would not carry them out.  
2 I would like to kill myself.  
3 I would kill myself if I had the chance.
  
10. 0 I don't cry any more than usual.  
1 I cry more now than I used to.  
2 I cry all the time now.  
3 I used to be able to cry, but now I can't cry even though I want to.
  
11. 0 I am no more irritated now than I ever am.  
1 I get annoyed or irritated more easily than I used to.  
2 I feel irritated all the time now.  
3 I don't get irritated at all by the things that used to irritate me.

12. 0 I have not lost interest in other people.  
1 I am less interested in other people than I used to be  
2 I have lost most of my interest in other people.  
3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.  
1 I put off making decisions more than I used to.  
2 I have greater difficulty in making decisions than before.  
3 I can't make decisions at all anymore.
14. 0 I don't feel I look any worse than I used to.  
1 I am worried that I am looking old or unattractive.  
2 I feel that there are permanent changes in my appearance that make me look unattractive.  
3 I believe that I look ugly.
15. 0 I can work about as well as before  
1 It takes an extra effort to get started at doing something.  
2 I have to push myself very hard to do anything.  
3 I can't do any work at all.
16. 0 I can sleep as well as usual.  
1 I don't sleep as well as I used to.  
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.  
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.  
1 I get tired more easily than I used to.  
2 I get tired from doing almost anything.  
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.  
1 My appetite is not as good as it used to be.  
2 My appetite is much worse now.  
3 I have no appetite at all anymore.

19. 0 I haven't lost much weight, if any, lately.  
1 I have lost more than 5 pounds.  
2 I have lost more than 10 pounds  
3 I have lost more than 15 pounds.

I am purposely trying to lose weight by eating less.

Yes\_\_ No\_\_

20. 0 I am no more worried about my health than usual.  
1 I am worried about physical problems such as aches and pains;  
or upset stomach; or constipation.  
2 I am very worried about physical problems and it's hard to  
think of much else.  
3 I am so worried about my physical problems that I can't think  
about anything else.
21. 0 I have not noticed any recent change in my interest of 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.

### **Scoring Key for BDI**

Add up the score for each of the twenty-one questions and obtain the total. The highest score on each of the twenty-one questions is three, the highest possible total for the whole test is sixty-three. The lowest possible score for the whole test is zero. Only add one score per question (the highest rated if more than one is circled).

### **Norms for BDI**

Total score	Levels of Depression
05 - 09	These ups and downs are considered normal
10 - 18	Mild to moderate depression
19 - 29	Moderate to severe depression
30 - 63	Severe depression

Below 4 = Possible denial of depression, faking good; this is below usual scores for normals.

Over 40 = This is significantly above even severely depressed persons, suggesting possible exaggeration of depression; possibly characteristic of histrionic or borderline personality disorders. Significant levels of depression are still possible.

## APPENDIX 4

### WBI

(WHO, 1998)

“Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being. Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner”.

	Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	I have felt cheerful and in good spirits	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2	I have felt calm and relaxed	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3	I have felt active and vigorous	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4	I woke up feeling fresh and rested	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5	My daily life has been filled with things that interest me	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

### **Scoring Key for WBI**

The raw score is calculated by totalling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.

To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

### **Interpretation for WBI**

It is recommended to administer the Major Depression (ICD-10) Inventory if the raw score is below 13 or if the patient has answered 0 to 1 to any of the five items. A score below 13 indicates poor wellbeing and is an indication for testing for depression under ICD-10.

## APPENDIX 5

### CASE STUDY RE-ASSESSMENT SCHEDULE

(Hemalatha Natesan, 2003)

Name of the subject:

#### PART 1

Indicate the symptoms which you experience very often or often by putting a tick (✓) mark against the symptom.

- Sleep disturbance
- Irritability
- Headache
- Short temper
- Health problem
- Any other, specify.

Indicate the symptoms which you experience very often or often by putting a tick (✓) mark against the symptom.

- Persistent sad, anxious or 'empty' mood
- Loss of interest or pleasure in your usual activities
- Restlessness, irritability, or excessive crying
- Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
- Sleeping too much or too little, early morning awakening
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue, feeling 'slowed down'
- Thoughts of death or suicide, or suicide attempts
- Difficulty concentrating, remembering, or making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, or chronic pain
- Any other, specify.

Indicate the negative emotions you experience more frequently by putting a tick (✓) mark against it.

- Anger
- Hostility
- Worry
- Fear
- Anxiety
- Any other, specify

## **PART II**

Read the following list of items and indicate the ones you think are the cause/causes for depression/stress in you, by putting a tick (✓) mark against it.

- Adjustment problems at home
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- Financial problems
- Any other, specify

List down your automatic, recurrent, negative thoughts

Information about illness

Duration of illness

Treatment undertaken