

ANNEXURES

ANNEXURE I
CASE STUDY SCHEDULE

By
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Coimbatore-641043

Name: _____ Date: _____
Sex: _____ Age: _____
Address: _____

Class: _____
Marital Status: _____
Type of Family: Nuclear / Joint
Area of Residence: Urban / Rural / Hostel

S.No.	Relationship	Age	Education	Occupation	Income

Indicate the symptoms you have by ticking them:

- Sleep Disturbance
- Irritability
- Head Ache
- Giddiness
- Restlessness
- Chest Pain
- Short Temper
- Any other, specify
- General Weakness
- Sweating
- Breathlessness
- Confusion
- Swelling of Legs
- Loss of Appetite
- Aches and Pains

Indicate the negative emotions you experience frequently:

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

Indicate the health problems you have:

- High blood Pressure
- Diabetes
- Heart Problem
- Anaemia
- Any other, specify

Indicate the methods of managing tension, which you adopt:

- Listening to music Meditation
- Walking/Jogging Relaxation
- Exercise Prayer
- Yoga
- Any other, specify

Please indicate the causes of your anxiety:

- Seeing blood Financial problems
- Difficulty of the course Strict hospital procedures
- Periodical tests Strictness of supervisors and teachers
- Insecurity about future Punctuality
- Suffering of the patients Making mistakes
- Death of patients Lack of confidence
- Any other, specify

Indicate the effects of anxiety:

- Poor performance
 - Failure in exams
 - Irritability
 - Absenteeism
 - Headache
- Confusion
 - Anger
 - Sleeplessness
 - Sadness
 - Overwork

ANNEXURE II

CASE STUDY RE-ASSESSMENT SCHEDULE

By
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Name:

Date:

Indicate the symptoms you have by ticking them:

- Sleep Disturbance
- Irritability
- Head Ache
- Giddiness
- Restlessness
- Chest Pain
- Short Temper
- Any other, specify
- General Weakness
- Sweating
- Breathlessness
- Confusion
- Swelling of Legs
- Loss of Appetite
- Aches and Pains

Indicate the negative emotions you experienced frequently:

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

Indicate the methods of managing tension, which you adopt:

- Listening to music
- Walking/Jogging
- Exercise
- Yoga
- Any other, specify
- Meditation
- Relaxation
- Prayer

ANNEXURE III

MAI (MANIFEST ANXIETY INVENTORY)

DR. HEMALATHA NATESAN AND DR. NANDINI MENON

Department of Psychology

Avinashilingam University for Women, Coimbatore, India

Name:

Sex: M / F

Date:

Address:

Phone:

INSTRUCTIONS

“In this form, there are 40 statements followed by 2 alternatives, ‘Yes’ and ‘No’. Read each statement carefully and put a tick mark () in one of the 2 columns, which suits you most. Your data will be kept confidential. Be honest while answering. Please do not omit any item. Do it as quickly as possible.”

PART-I

S.No.	Items	Yes	No
1	My muscles are tensed		
2	I am short of breath		
3	My hands tremble		
4	I feel tired		
5	My mouth becomes dry		
6	My hands go chill		
7	I have very poor appetite		
8	I have digestive problems		
9	My palms sweat		
10	I have disturbed sleep		
11	I get unpleasant sensations in my stomach		
12	I get recurring dreams which trouble me		
13	I have an urge to urinate frequently		

PART-II

S.No.	Items	Yes	No
1	I worry a lot over small matters		
2	I am scared without any reason		
3	I am not satisfied with myself		
4	I am tensed		
5	I have lost interest in things which I used to like		
6	I get butterflies in my stomach		
7	I worry about my future		

PART-III

S.No.	Items	Yes	No
1	I have difficulty in concentrating		
2	I cannot take decisions		
3	I feel I am going to fall ill		
4	I am unable to relax		
5	I feel confused		
6	I forget things easily		
7	I am unable to think clearly		
8	I get distracted easily		
9	I do not know how to react in certain situations		
10	I am unable to finish things in time		
11	I get unwanted repetitive thoughts		

PART-IV

S.No.	Items	Yes	No
1	My speech is blocked		
2	I act without thinking		
3	I mess up whatever I do		
4	I am unable to have complete rest		
5	I cannot sit in a place for more than 5 minutes		
6	I am unable to do any thing perfectly		
7	I am very careless		
8	I have a strained posture		
9	I exhibit unwanted mannerisms (e.g. adjusting dress, shaking legs, biting nails, etc.)		

SCORING KEY FOR M.A.I.

Each item ticked under 'Yes' is given a score of 1

The total score is arrived at by summing up the scores

NORMS FOR M.A.I.

SCORES	LEVEL
25 and above	Very High
17 - 24	High
9 - 16	Moderate
1 - 8	Low
0	Very Low

ANNEXURE IV

THE ADJUSTMENT INVENTORY

By
Hugh M. Bell

Name: _____ Age: _____
Name of institution: _____ Class: _____ Date: _____

DIRECTIONS

To know more about your personality, please answer honestly and thoughtfully all the questions on the pages that follow. 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 cannot answer Yes or No. There is no time limit. But, try to do the test as quickly as possible. If you have not have been living with your parents, answer certain of the questions with regard to the people with whom you have been living.

S.No.	Questions	Yes	No	?
1	Do you day-dream frequently?			
2	Do you take cold rather easily from other people?			
3	Do you enjoy social gatherings just to be with people?			
4	Does it frighten you when you have to see a doctor about some illness?			
5	At a reception or tea, do you seek to meet the important person present?			
6	Are your eyes very sensitive to light?			
7	Did you ever have a strong desire to run away from home?			
8	Do you take responsibility for introducing people at a party?			
9	Do you sometimes feel that your parents are disappointed in you?			
10	Do you frequently have spells of the blues?			
11	Are you subject to hay fever or asthma?			
12	Do you often have much difficulty in thinking of an appropriate remark to make in group conversation?			
13	Have you been embarrassed because of the type of work your father does in order to support your family?			

14	Have you ever had scarlet fever or diphtheria?			
15	Did you ever take the lead to enliven a dull party?			
16	Does your mother tend to dominate your home?			
17	Have you ever felt that someone was hypnotizing you and making you act against your will?			
18	Has either of your parents frequently criticized you unjustly?			
19	Do you feel embarrassed when you have to enter a public assembly after everyone else has been seated?			
20	Do you often feel lonesome, even when you are with people?			
21	Do you feel there has been a lack of real affection and love in your home?			
22	In school, is it difficult for you to give an oral report before the class?			
23	Do you have many headaches?			
24	Have your relationships with your father usually been pleasant?			
25	Do you sometimes have difficulty getting to sleep even when there is no noise to disturb you?			
26	When riding on a train or bus, do you sometimes engage fellow travelers in conversation?			
27	Do you frequently feel very tired towards the end of the day?			
28	Does the thought of an earthquake or a fire frighten you?			
29	Have you lost weight recently?			
30	Has either of your parents insisted on your obeying him or her, regardless of whether or not the request was reasonable?			
31	Do you find it easy to ask others for help?			
32	Has illness or death among your immediate family tended to make home life unhappy for you?			
33	Have you ever been seriously injured in any kind of an accident?			
34	Has lack of money tended to make home unhappy for you?			
35	Are you easily moved to tears?			

36	Are you troubled with shyness?			
37	Has either of your parents frequently found fault with your conduct?			
38	Have you ever had a surgical operation?			
39	Would you feel very self-conscious if you had to volunteer an idea to start a discussion among a group of people?			
40	Do you dread the sight of a snake?			
41	Have your parents frequently objected to the kind of companions that you go around with?			
42	Do things often go wrong for you from no fault of your own?			
43	Do you have many colds?			
44	Have you had experience in making plans for and directing the actions of other people?			
45	Are you frightened of lightning?			
46	Is either of your parents very easily irritated?			
47	Are you subject to attacks of influenza?			
48	Have you frequently been depressed because of low marks in school?			
49	Do you have difficulty in starting conversation with a person to whom you have just been introduced?			
50	Have you had considerable illness during the last ten years?			
51	Have you frequently disagreed with either of your parents about the way in which the work about the home should be done?			
52	Do you sometimes envy the happiness that others seem to enjoy?			
53	Have you frequently known the answer to a question in class, but failed when called upon because you were afraid to speak out before the class?			
54	Do you frequently suffer discomfort from gas in the stomach or intestine?			
55	Have there been frequent family quarrels among your near relatives?			
56	Do you find it easy to make friendly contacts with members of the			

	opposite sex?			
57	Do you get discouraged easily?			
58	Do you frequently have spells of dizziness?			
59	Have you frequently quarreled with your brothers or sisters?			
60	Are you often sorry for the things you do?			
61	If you were a guest at an important dinner, would you do without something rather than ask to have it passed to you?			
62	Do you think your parents fail to recognize that you are a mature person and hence, treat you as if you were still a child?			
63	Are you subject to eye strain?			
64	Have you ever been afraid that you might jump off when you were on a high place?			
65	Have you had a number of experiences in appearing before public gatherings?			
66	Do you often feel fatigued when you get up in the morning?			
67	Do you feel that your parents have been unduly strict with you?			
68	Do you get angry easily?			
69	Has it been necessary for you to have frequent medical attention?			
70	Do you find it very difficult to speak in public?			
71	Do you often feel just miserable?			
72	Has either of your parents certain personal habits which irritate you?			
73	Are you troubled with feelings of inferiority?			
74	Do you feel tired most of the time?			
75	Do you consider yourself rather a nervous person?			
76	Do you enjoy social dancing a great deal?			
77	Do you often feel self-conscious because of your personal appearance?			
78	Do you love your mother more than your father?			
79	Are you subject to attacks of indigestion?			

80	When you want something from a person with whom you are not very well acquainted, would you rather write a note or letter to the individual than go and ask him or her personally?			
81	Do you blush easily?			
82	Have you frequently had to keep quiet or leave the house in order to have peace at home?			
83	Do you feel very self-conscious in the presence of people whom you greatly admire, but with whom you are not well acquainted?			
84	Are you subject to tonsillitis or laryngitis?			
85	Are you ever bothered by the feeling that things are not real?			
86	Have the actions of either of your parents aroused a feeling of great fear in you at times?			
87	Do you frequently experience nausea or vomiting or diarrhea?			
88	Are you sometimes the leader at a social affair?			
89	Are your feelings easily hurt?			
90	Are you troubled much with constipation?			
91	Do you ever cross the street to avoid meeting somebody?			
92	Do you occasionally have conflicting moods of love and hate for members of your family?			
93	If you come late to a meeting, would you rather stand or leave than take a front seat?			
94	Were you ill much of the time during childhood?			
95	Do you worry over possible misfortunes?			
96	Do you make friends readily?			
97	Have your relationship with your mother usually been pleasant?			
98	Are you bothered by the feeling that people are reading your thoughts?			
99	Do you frequently have difficulty in breathing through your nose?			
100	Are you often the center of favourable attention at a party?			
101	Does either of your parents become angry easily?			

102	Do you sometimes have shooting pains in the head?			
103	Was your home always supplied with the common necessities of life?			
104	Do you find that you tend to have a few very close friends rather than many casual acquaintances?			
105	Was your father what you would consider your ideal of manhood?			
106	Are you troubled with the idea that people are watching you on the street?			
107	Are you considerably underweight?			
108	Has either of your parents made you unhappy by criticizing your personal appearance?			
109	Does criticism disturb you greatly?			
110	Do you feel embarrassed if you have to ask permission to leave a group of people?			
111	Do you frequently come to your meals without really being hungry?			
112	Are your parents permanently separated?			
113	Are you often in a state of excitement?			
114	Do you keep in the background on social occasions?			
115	Do you wear eye glasses?			
116	Does some particular useless thought keep coming into your mind to bother you?			
117	Did your parents frequently punish you when you were between 10 and 15 years of age?			
118	Does it upset you considerably to have a teacher call on you unexpectedly?			
119	Do you find it necessary to watch your health carefully?			
120	Do you get upset easily?			
121	Have you disagreed with your parents about your life work?			
122	Do you find it difficult to start a conversation with a stranger?			
123	Do you worry too long over humiliating experiences?			

124	Have you frequently been absent from schools because of illness?			
125	Have you ever been extremely afraid of something that you knew could do you no harm?			
126	Is either of your parents very nervous?			
127	Do you like to participate in gatherings and lively parties?			
128	Do you have ups and downs in mood without apparent cause?			
129	Do you have teeth that you know need dental attention?			
130	Do you feel self-conscious when you recite in class?			
131	Has either of your parents dominated you too much?			
132	Do ideas often run through your head so that you cannot sleep?			
133	Have you had any trouble with your heart or your kidneys or your lungs?			
134	Have you often felt that wither of your parents did not understand you?			
135	Do you hesitate to volunteer in a class recitation?			
136	Does it frighten you to be alone in the dark?			
137	Have you ever had a skin disease or skin eruption such as athlete's foot, carbuncles or boils?			
138	Have you felt that your friends have had a happier home life than you?			
139	Do you have difficulty in getting rid of a cold?			
140	Do you hesitate to enter a room by yourself when a group of people are sitting around the room talking together?			

SCORING KEY FOR BELL'S ADJUSTMENT INVENTORY

Home Adjustment		Health Adjustment		Social Adjustment		Emotional Adjustment	
Q.No.	Answer	Q.No.	Answer	Q.No.	Answer	Q.No.	Answer
7	Yes	2	Yes	3	No	1	Yes
9	Yes	6	Yes	5	No	4	Yes
13	Yes	11	Yes	8	No	10	Yes
16	Yes	14	Yes	12	Yes	Q7	Yes
18	Yes	23	Yes	15	No	20	Yes
21	Yes	25	Yes	19	Yes	28	Yes
24	No	27	Yes	22	Yes	35	Yes
30	Yes	29	Yes	26	No	40	Yes
32	Yes	33	Yes	31	No	42	Yes
34	Yes	38	Yes	36	Yes	45	Yes
37	Yes	43	Yes	39	Yes	48	Yes
41	Yes	47	Yes	44	No	52	Yes
46	Yes	50	Yes	49	Yes	57	Yes
51	Yes	54	Yes	53	Yes	60	Yes
55	Yes	58	Yes	56	No	64	Yes
59	Yes	63	Yes	61	Yes	68	Yes
62	Yes	66	Yes	65	No	71	Yes
67	Yes	69	Yes	70	Yes	73	Yes
72	Yes	74	Yes	76	No	75	Yes
78	Yes	79	Yes	80	Yes	77	Yes
82	Yes	84	Yes	83	Yes	81	Yes
86	Yes	87	Yes	89	No	85	Yes
92	Yes	90	Yes	91	Yes	88	Yes
97	No	94	Yes	93	Yes	95	Yes
101	Yes	99	Yes	96	No	98	Yes
103	No	102	Yes	100	No	106	Yes
105	No	107	Yes	104	Yes	109	Yes
108	Yes	111	Yes	110	Yes	113	Yes
112	Yes	115	Yes	114	Yes	116	Yes
117	Yes	119	Yes	118	Yes	120	Yes
121	Yes	124	Yes	122	Yes	123	Yes
126	Yes	129	Yes	127	No	125	Yes
131	Yes	133	Yes	130	Yes	128	Yes
134	Yes	137	Yes	135	Yes	132	Yes
138	Yes	139	Yes	140	Yes	136	Yes

NORMS FOR BELL'S ADJUSTMENT INVENTORY

AREA	NORMS	SCORE RANGE
HOME	Excellent	0-1
	Good	2-4
	Average	5-9
	Unsatisfactory	10-15
	Very Unsatisfactory	Above 15
HEALTH	Excellent	0-1
	Good	2-4
	Average	5-9
	Unsatisfactory	10-15
	Very Unsatisfactory	Above 15
SOCIAL	Very Aggressive	0-3
	Aggressive	4-8
	Average	9-19
	Retiring	20-28
	Very Retiring	Above 28
EMOTIONAL	Excellent	0-3
	Good	4-7
	Average	8-15
	Unsatisfactory	16-21
	Very Unsatisfactory	Above 21
TOTAL SCORE	Excellent	0-12
	Good	13-24
	Average	25-47
	Unsatisfactory	48-65
	Very Unsatisfactory	Above 65