APPENDICES
# APPENDIX 1

## SOCIO DEMOGRAPHIC SHEET

1. Name of the Institute

2. Mother’s Name...........................................  Father’s Name...........................................

   Age..................  Age..................

3. Address & Phone No.

4. Marital Status (Widow / Divorcee / Separated)

5. Religion

6. Caste

7. Languages Spoken

8. Hometown

9. Education

   Literate / Illiterate

10. Occupation

11. Salary

12. Family System

   Joint / Nuclear

13. No. of other children

   Sons  Daughters

   1/2/3  1/2/3

14. Age of each child

   ( )  ( )

15. Name of the Disabled child

   Birth order-

   Age........Gender- Female / Male

   1st born / 2nd born / 3rd born

16. Type of Disability and level of Retardation.............

17. Treatment response-

   Satisfactory / Unsatisfactory  Satisfactory / Unsatisfactory
APPENDIX 2

FAMILY COPING SKILLS (FCS)

Instructions:
This set of items deal with ways you’ve been coping with the stress in your life since you found out you were going to have this operation. There are many ways to try to deal with problems. These items ask what you’ve been doing to cope with this one. Obviously, different people deal with things in different ways, but I’m interested in how you’ve tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you’ve been doing what the item says. How much or how frequently. Don’t answer on the basis of whether it seems to be working or not – just whether or not you’re doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answer as true FOR YOU as you can.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Statement</th>
<th>Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>When you see your child, do you compromise entertaining the thought that he is a slow learner?</td>
<td></td>
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<tr>
<td>2.</td>
<td>Do you think that it is a mistaken diagnosis and seek for alternate mode of diagnosis?</td>
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<td></td>
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<td>3.</td>
<td>Do you want to discuss your problems with other parents having retarded children?</td>
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<td></td>
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<td>4.</td>
<td>Do you consult experts to find out the cause?</td>
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<td></td>
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<td>5.</td>
<td>Do you consider that it happened because of your past sins</td>
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<td>6.</td>
<td>Do you talk to your friends about your child or problems?</td>
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<td>7.</td>
<td>Do you try to reduce your tension through diverting your attention on other activities?</td>
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<td>8.</td>
<td>Do you mentally rehearse about the future conditions of the child?</td>
<td></td>
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<td>9.</td>
<td>Do you want to keep away from the situation by keeping the child in an institution?</td>
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<tr>
<td>10.</td>
<td>Do you consult specialists in psychology?</td>
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<td></td>
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<tr>
<td>11.</td>
<td>Numerology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Fortune tellers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 3

PSI SHORT FORM

Instructions:

This questionnaire contains 36 statements. Read each statement carefully. For each statement, please focus on the child you are most concerned about, and circle the response that best represents your opinion.

Circle the SA if you strongly agree with the statement.
Circle the A if you agree with the statement.
Circle the NS if you are not sure.
Circle the D if you disagree with the statement.
Circle the SD if you strongly disagree with the statement.

For example, if you sometimes enjoy going to the movies, you would circle A in response to the following statement:

I enjoy going to the movies. SA A NS D SD

While you may not find a response that exactly states your feelings, please circle the response that comes closest to describing how you feel. YOUR FIRST REACTION TO EACH QUESTION SHOULD ANSWER.

Circle only one response for each statement, and respond to all statements. DO NOT ERASE! If you need to change an answer, make an “X” through the incorrect answer and circle the correct response. For example:

I enjoy going to the movies. SA A NS D SD

Before responding to the statements, write your name, gender, date of birth, ethnic group, marital status, child’s name, child’s gender, child’s date of birth, and today’s date in the spaces at the top of the questionnaire.

Name ____________________ Gender __________ Date of birth __________
Ethnic group _______ Marital Status __________
Child’s name ____________ Child’s gender __________ Child’s date of birth __________
Today’s date ______________

SA = Strongly agree  A = Agree  NS = Not sure  D = Disagree  SD = Strongly disagree

1. I often have the feeling that I cannot handle things very well. SA A NS D SD
2. I find myself giving up more of my life to meet my children’s needs that I ever expected. SA A NS D SD
3. I feel trapped by my responsibilities as a parent. SA A NS D SD
4. Since having this child, I have been unable to SA A NS D SD
do new and different things.
5. Since having a child, I feel that I am almost never able to do things that I like to do.  
   SA A NS D SD
6. I am unhappy with the last purchase of clothing I made for myself.  
   SA A NS D SD
7. There are quite a few things that bother me about my life.  
   SA A NS D SD
8. Having a child has caused more problems than I expected in my relationship with my spouse (or male/female friend).  
   SA A NS D SD
9. I feel alone and without friends.  
   SA A NS D SD
10. When I go to a party, I usually expect not to enjoy myself.  
    SA A NS D SD
11. I am not as interested in people as I used to be.  
    SA A NS D SD
12. I don't enjoy things as I used to.  
    SA A NS D SD
13. My child rarely does things for me that make me feel good.  
    SA A NS D SD
14. Sometimes I feel my child doesn't like me and doesn't want to be close to me.  
    SA A NS D SD
15. My child smiles at me much less than I expected.  
    SA A NS D SD
16. When I do things for my child, I get the feeling that my efforts are not appreciated very much.  
    SA A NS D SD
17. When playing, my child doesn't often giggle or laugh.  
    SA A NS D SD
18. My child doesn't seem to learn as quickly as most children.  
    SA A NS D SD
19. My child doesn't seem to smile as much as most children.  
    SA A NS D SD
20. My child is not able to do as much as I expected.  
    SA A NS D SD
21. It takes a long time and it is very hard for my child to get used to new things.  
    SA A NS D SD

For the next statement, choose your response from the choices “1” to “5” below

22. I feel that I am:  
    1. not very good at being a parent 
    2. a person who has some trouble being a parent 
    3. an average parent 
    4. a better than average parent 
    5. excellent at being a parent

   1 2 3 4 5
177
5. a very good parent

23. I expected to have closer and warmer feelings for my child than I do and this bothers me. SA A NS D SD

24. Sometimes my child does things that bother me just to be mean. SA A NS D SD

25. My child seems to cry or fuss more often than most children. SA A NS D SD

26. My child generally wakes up in a bad mood. SA A NS D SD

27. I feel that my child is very moody and easily upset. SA A NS D SD

28. My child does a few things which bother me a great deal. SA A NS D SD

29. My child reacts very strongly when something happens that my child doesn’t like. SA A NS D SD

30. My child gets upset easily over the smallest thing. SA A NS D SD

31. My child’s sleep or eating schedule was much harder to establish than I expected. SA A NS D SD

For the next statement, choose your response from the choices “1” to “5” below

32. I have found that getting my child to do something or stop doing something is:
   1. much harder than I expected
   2. somewhat harder than I expected
   3. about as hard as I expected
   4. somewhat easier than I expected
   5. much easier than I expected.

33. Think carefully and count the number of things which your child does that bother you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc.

34. There are somethings my child does that really bother me a lot. SA A NS D SD

35. My child turned out to be more of a problem than I had expected SA A NS D SD

36. My child makes more demands on me than most children. SA A NS D SD
To whom so ever it may concern

Miss Naiia Rashid research scholar, department of Psychology, Aligarh Muslim University was with our Institute Parents Association for Autistic Children for data collection as it is required for her research work. She interacted with the parents in a most excellent way. Her topic is “Assessment of Stress and Coping Behaviour of Parents of Disabled Children”.

She worked from 14 June to 14 September. I wish her all the best.

Place: Hyderabad
Date: 20th Sept., 2005

Secretary
G. Sharmila

Parents Association for Autistic Children
Plot No. 779, Opp. 3rd Avenue,
Defence Colony, Sainikpuri Post,
Secunderabad - 500 094,
To whom so ever it may concern

Miss Naiia Rashid research scholar, department of Psychology AMU was with our clinic SAABURI and also Shradha School for slow learners for data collection as it is required for her research work “Assessment of stress and coping behavior of parents of disabled children”.

She was a sincere worker and her interaction with parents was excellent. She was with us from June to September. I wish her all the best in her future endeavors.
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TO WHOMSOEVER IT MAY CONCERN

Certificate

This is to certify that Ms. Naina Rashid,
Research Scholar from Aligarh Muslim University,
Uttar Pradesh has come to our institute for data
collection for individual case study.

(A. KRISHNAVENI)
Medical & Psychiatric Social Worker

Place: Hyderabad
Dt: 14th Sept., 2005