PSYCHOSOCIAL PROBLEMS OF ADOLESCENT GIRLS:
A SOCIAL WORK PERSPECTIVE.

Questionnaire to collect data for Ph.D thesis

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I) General Information

1. Age ______  2. Class ________
3. Percentage of Marks Scored in Previous Academic Year ______
4. Name of school / college : 
5. Rural / urban : 
6. Religion : Hindu / Muslim / Christian / others  6.1 Caste
7. Type of family : Joint / Nuclear
8. Place of residence – Urban / Rural
9. Since how long you have been living here ____________
10. Birth order ____________

11. Family composition

<table>
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<th>Sl. No</th>
<th>Name of the family member</th>
<th>Relation with you</th>
<th>Age</th>
<th>sex</th>
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12. Total income : Per capital income
13. Socio Economic Class :
II) Family and Social life aspect

1) Where do you live : Own house/ rented house / Hostel

2) Details of housing conditions :
   2.1) No of Rooms : ______________
   2.2) separate kitchen : Yes / No
   2.3) Toilet : Yes / No
   2.4) Source of Water : Tap/Common Tap/ Bore well / Well
   2.5) Fuel : Firewood / LPG /Kerosine stove/Electric stove
   2.6) Electricity : Yes / No

3) Do you get all facilities at home : Yes/No
   3.1) If No Which facilities & why? :

4) Do your parents meet all your needs : Yes / No
   4.1) if no which needs remain un fulfilled :

5) Do you feel Happy at home : Yes / No
   5.1) if No why :

6) Are your parents strict with you : Yes / No
   6.1) If yes what restrictions do they impose on you

7) Do you work at Home?
   1) Voluntary : Yes / No
   2) When asked to do : Yes / No
   3) Only in emergency : Yes/No

8) Do you involve in following house hold work : Yes / No
   8.1) If Yes tick the relevant.
      1. Cooking
      2. Cleaning house
      3. Washing Utensils / cloths
      4. Serving food
      5. All the above
      6. Others
9) Do your parents compare you with others : Yes/No
   a) if yes tick relevant.
      1) Intelligent
      2) Dull
      3) Good
      4) Beautiful
      5) Other

10) Who Encourages to study at home : Father/Mother/Grandparents/Sister/Brother

11) Do you go out alone for shopping : Yes/No
11.1) If yes tick relevant
      1. To buy grocery
      2. To buy Vegetables
      3. To buy stationery
      4. Other specify

12) Do you take care of elders at home : Yes/No
21.1 If yes mention activities
      1) ____________
      2) ____________
      3) ____________

13) Do you take care of younger siblings : Yes/No
13.1 If yes mention how
      ____________
      ____________
      ____________

14) Do you like to take care of elders/youngers/once at home : Yes/No

15) What are the Entertainment facilities at home (tick relevant)
    1) TV
    2) Radio
    3) VCD/DVD
    4) Music system
    5) None
    6) All
16) Do you have any restrictions on watching TV : Yes / No

16.1 What kind of TV programs you watch tick relevant

1. Educational
2. Crime
3. News
4. Entertainment
5. sports
6. Other

17) Do your family subscribe news papers : Yes / No

18) Do you daily read news paper : Yes-No

19) After School hours do you play at home : Yes / No

19.1 If yes what do you play specify

____________
____________

20) Do you have play items in your home : Yes/No

20.1 if yes tick available play materials

1) chess
2) snake & ladder
3) cricket / Shuttle
4) ball / Tenny coit
5) carom
6) others

21) Which type of play you prefer- Out door / In door

22) Do you have any restriction on Outdoor play- Yes / No

22.1 If yes who restricts you specify ________

23) Do you get pocket money Yes / No

23.1 If yes how often ________ and

23.2 How much Rs. ________

24) Do you give account of your expenditure Yes / No

25) what for you spend specify ___________________

26) Do you attend social gathering Yes / No

27) Who decides about your dressing : father/mother sister brothers, grandparents and self

28) Whether your choice of dressing allowed by family members – Yes / No

29) Do you have any say in family decisions – Yes/ No

30) Whose decision is final in your family – Father / Mother Grand parents Brother Sister
31) Do the following persons help you out in your problem?
   1) Parents at home : Yes / No
   2) Teacher at school : Yes / No
   3) Friends : Yes / No

32) When you do something wrong how do your parents treat you
   1) They scold me badly
   2) They threaten me of punishment
   3) They beat me
   4) They ignore and leave me alone
   5) They take notice of it and ask me not to repeat it
   6) They ask me reason for doing wrong

33) When your parents treat you in anyone of the above manners how do you react?

________________
________________

34) Do your parents help you to take decisions? : Yes / No
34.1 If no why

35) Are you influenced by your parents : Yes / No
35.1 If no why

36) When you have some problem whom do you approach in your family?

________________

37) Do you feel that in your family?
   1) Boys are preferred than girls? : Yes / No
   2) Boys are given better food/ cloths : Yes / No
   3) Boys are loved more : Yes / No
   4) Boys are given better education : Yes / No
   5) Boys are given more freedom : Yes / No
   6) Girls are not allowed to participate in decision making : Yes / No

38) If boys are given weightage than girls in your family, what do you think is the reasons for this

________________________________________
________________________________________
39) What is the effect of this treatment on girls

40) Do you think that there are some problems in your family? : Yes / No
40.1) if yes which of the following reasons do you think are responsible for these problems?
   1) Parents do not fully understand each other : Yes / No
   2) Parents do not understand me : Yes / No
   3) Due to large family parents do not pay enough attention : Yes / No
   4) Both parents work and they do not have enough time for children: Yes / No
   5) Father stays away from home for long periods : Yes / No
   6) Father, mother & children do not get along well : Yes / No
   7) Parents are unhappy because of my poor studies : Yes / No
   8) Parents always interfere in my work : Yes / No
   9) They do not allow me to take my own decisions : Yes / No
  10) Parents feel that still I am a small child : Yes / No
   11) Parents feel that to provide materialistic things are more important than love.

41) Where do you feel more comfortable? (Please tick)
   1) At home
   2) At school
   3) With friends

42) Who loves you or take more care of you at home? : Father / Mother/ Grand parents
       Brother/ Sister/ Other

43) Do your parents devote time to discuss?
   1) Your problems
   2) Your needs
   3) Your feeling

44) Can you call your family a happy family? : Yes / No
44.1) if yes it is because
   1) Parents have a good understanding : Yes / No
   2) Parents pay enough attention to children : Yes / No
   3) Parents understand me well : Yes / No
   4) I can always discuss my problem with them with out any fear and hesitation : Yes / No
   5) All family members get along well : Yes / No
   6) Parents provided proper guidance whenever needed : Yes / No
   7) Decisions are taken after proper discussions : Yes / No

45) With whom do you discuss your problem specify : Father / Mother Grand/ parents/ Brother/ Sister/ Other

46) Which of the following is more import for a girl (Please tick)
   1. Food
   2. Education
   3. Love
   4. Security
   5. Freedom
   6. Acceptance

47) Do your parents have high expectation from you : Yes / No
47.1 If no why : __________________
                     __________________

48) Do you think you can come up to their expectation : Yes / No
48.1 If no why : ___________

49) Do you drive inspiration from (please tick)
   a)Parents  b) teacher  c) friends  d) Cinema Actors  e) other specify

50) What type of food do you generally eat?
   1) Pure veg
   2) Mainly veg but takes eggs
   3) Non veg
   4) All kinds of food
51) Which of the following food do you prefer to eat? (Tick relevant)
   1. Jawar roti
   2. Rice
   3. Chapati
   4. Vegetables
   5. Pulses
   6. Milk / Butter / Cutts
   7. Egg / Meat
   8. Fruits
   9. other

52) Do you always get the food of your choice : Yes / No / Same time

53) Do you have any restriction on your food : Yes / No

54) what kind of restriction

____________________

____________________

54.1. And / Why

____________________

____________________

55) Do you demand food of your choice from parents : Yes / No

55.1 If yes do they fulfill your demand : Yes / No

55.2 If no why don’t you demand it : ________

56) Do you react for non availability of food of your choice : Yes / No

56.1 if yes tick relevant
   1) Argue with father/mother
   2) Avoid eating
   3) Weep silently
   4) Express anger

56.2 If No why
   1) No use
   2) No body demands in our family
   3) Girls have to eat whatever is available
   4) Other specify
57) Tick the social problems present in the family
   1) Poverty
   2) Working mother
   3) Alcoholism
   4) Unemployed
   5) Unmarried sister
   6) Widow/Widower
   7) Deserted/Separated parents
   8) Gambler
   9) School dropout in the family if yes who – sister / brother / uncle/ other specify
   10) Any physically handicapped member in the family - sister / brother / uncle/ other specify
   11) Any mentally handicapped member in the family if yes who - sister / brother / uncle/ other specify
   12) Domestic violence in the family (beating / blaming / teasing torching)
   13) Tick the habits in the family
       Mention the person
       1) Tobacco chewing _____________________
       2) Smoking _____________________
       3) Pan/Arracnut _____________________
       4) Star/Ghutka _____________________
       5) Snuffing _____________________
       6) Alcoholic _____________________

58) Do you know about dowry system. : Yes / NO
59) Dowry giving is : good / Bad
60) Can you oppose dowry system : possible / impossible

II) Educational aspect
   1) Are you coping with studies- Yes / No
      1.1 If no give reasons

      2) Do you enjoy/like learning Yes / No
      3) Do you ask questions/ clarify doubts in the class Yes / No
      4) Do you try to approach teacher to clarify doubts : Yes/ No
4.1 If Yes when
   a) When teacher is alone
   b) After the class
   c) Private tuitions
4.2 If no why
   ______________________
   ______________________
5) Do you share problems with friends –
   : Yes / No
   Give reasons
   ______________________
   ______________________
6) Who selected the School / college
   a) Father
c) Mother
   b) Myself
d) No choice
7) Is your school co-educational / only for girls / only for boys
8) Are you comfortable with school environment
   : Yes / No
9) Do you Participate in extracurricular activities
   : Yes / No
10) Do you attend National festivals at school
    : Yes / No
11. Are you taking private tuitions
    : Yes / No
11.1 If yes which subjects
    ______________________
    ______________________
11.2 If no why.

12. Do you feel Jealous about anybody in the class
    : Yes / No
12.1 If yes why. : __________
12.2 If no why. : __________
13. Is Classroom over crowded
    : Yes / No
14. Do you use library at school -
    : Yes / No
15. Do you have your own friends group –
    : Yes / No
16. Do you have a close friend –
    : Yes / No
17. Are you satisfied with your achievement in
    1) Studies
    : Yes / No
    2) Cultural activities
    : Yes / No
    3) Sports
    : Yes / No
18. How much time do you spend daily at home for you studies (tick relevant)
   1) No fixed time : Yes / No
   2) I don’t get time : Yes / No
   3) I only complete home work : Yes / No

19) Do you feel difficulty in studies : Yes / No / sometime

20) If you find difficulty in studies tick the reasons.
   1) Not spending enough time to studies
   2) No interest in studies
   3) No books / note books
   4) heavy house hold work
   5) No interest in studies

21) Do you have exam fear : Yes / No
   21.1. In yes why

22) What are your academic aspirations?
   1) Graduate (BA, BSc, B.Com)
   2) Post Graduate (MA, M.Sc, M.Com)
   3) Professional courses (MBBS, B.E, BAMS, B.Ed, D.Ed, JODC)

23) Curriculum/syllabus is –Easy/ unsuitable for me / very difficult

24) What are the Disciplinary methods in the school? tick relevant
   1) No late entry
   2) Punishment for not doing home work
   3) Compulsory participation in all activates
   4) Neatness and cleanliness
   5) Other

25) Do you like disciplinary methods of your school : Yes / No

26) Does Teacher gives you personal attention in class - : Yes / No
   26.1. If yes subject
       Subject medium / sir
       __________________
       __________________
       __________________

27) Behavior of male teachers towards you is : Un biased / biased
28) Class room environment : Comfortable / Uncomfortable
29) Do you get safe drinking water in the school : Yes / No
30) What all provided free in your school (tick applicable)?
   1) Free food
   2) Uniform
   3) Books and Note Book
   4) Bicycle
31) Do you have toilet in your school : Yes / No
   31.1 if yes, is water available in toilet. : Yes / No
32) Does any family member visits your school to check your performance.
   32.1 If yes, who visits your school specify : Father/Mother/Sister/Brother
33) Mention the occasion on which you will be restricted to remain absent from school
   1. Festival preparation
   2. My health problems
   3. Health problem of family members
   4. Heavy work
34) Do like to remain absent to school : Yes / No
   34.1 If yes give reasons
35) Do you like holidays : Yes / No
   35.1 If yes give reasons tick relevant
      1) To visit other places
      2) No burden of study
      3) To be free

III) Psychological aspects
1) Do you feel happy that you are female : Yes / No
   1.1 Give reasons ____________
2) Do you have phobia for darkness : Yes / No
3) Do you have phobia for Loneliness : Yes / No
4) Do you feel Safe at
1. Home : Yes / No Why ____________________

2. School: : Yes / No Why ____________________

3. with friends : Yes / No Why ____________________

4. In the market : Yes / No Why ____________________

5. on the way to school / back home : Yes / No Why ____________________

5) Do Your parents Love you? : Yes / No

5.1 If no why ________________

6) Do you feel Neglected at

1) Home : Yes/ No

2) School : Yes/No

3) Among friends : Yes/No

7) Are you afraid of anybody in the family – Yes / No

7.1 If yes who is that person- Father / Mother/ Grand parents/ Brother/ Specify

8) What are you hobbies?

____________________

____________________

____________________

9) Do you get scope for hobbies Yes/ No

10) Have you planed for your future Yes / No / No need

10.1 If yes about what

1. Education

2. Employment.

3. Marriage

10.2 If you think no need why

____________________________

____________________________

____________________________

11) Have you shared your future plan with anybody Yes / No

11.1 If yes with whom you have shared your future plans father / mother / friends

/ brother / sister / other
11.2 If no why
   1) They may make fun
   2) No value for my views
   3) I feel shy
   4) Other

12) Do you get encouragement to plan your future? Yes/No?
12.1 If yes specify father/mother/friends/brother/sister/other

13) Do your parents allow you to go out with friends
   1. Never
   2. Very often
   3. Rarely

14) Do you go out with your friends
   1. To market  2. To cinema  3. To friends
   4. To play  5. To tour  6. Tuition

15) Do you think that you are accepted and liked by others?: Yes/No

16) Do you have a boy friend Yes/No
16.1 If yes since how long
16.2 If no give reasons tick relevant
   1.) It is morally wrong
   2.) Parents do not like
   3.) Not interested in boys
   4.) Others

17) Are you recognized in the class Yes/No
17.1 If yes by whom tick relevant
   1. By casements
   2. By teacher
   3. By only close friends

18) How do you appear Fashionable/Old Fashioned
19) Are you labeled as Talkative/Silent/Indifferent

20) Who admires or appreciates when you do some thing good tick relevant
   7. No body  8. Other

21) Do you get any remarks from teachers?: Yes/No
21.1 If yes tick relevant

1. Good student
2. Dull student
3. Lazy students

22) Do you face eve teasing : Yes / No

23) How do you feel about eve teasing : Nice / funny / irritating

24) Do you disclose eve teasing to anybody : Yes / No

24.1 If you share with whom specify

25) Do you get positive remarks, like Tick applicable

1. Smart
2. Beautiful
3. Intelligent
4. Good
5. Silent
6. Bold

26) Do your parents label you : Yes / No

26.1 If yes tick

1. Use less
2. Bad
3. Incapable
4. Unlucky
5. Others

27) Are you independent to take decision about

1. Studies – Yes/ No
2. Dressing – Yes / No
3. Hair style – Yes / No
4. Outdoor play – Yes /No
5. Choice of friends – Yes /No
6. Food habits – Yes/ No
7. TV Programs – Yes / No

IV) Health aspect

1) Do you have any health problems : Yes /No

1.1 If yes specify

________________
________________

1.2 What do you think is the reason for these health problems

________________
________________
________________

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1.3 How do these health problems affect your behavior. tick relevant

1) Feel depression
2) Feel Guilty
3) I am afraid to talk to any body
4) Cannot mix up with friends openly
5) I have tension
6) have nail biting
7) I lose temper
8) I am thin
9) I am fat
10) Other specify

1.4 If you suffer form one or more of the above problem do you think that they are also related to

1) home environment : Yes /No
2) Studies : Yes /No
3) Teacher : Yes /No
4) Friends : Yes /No
5) Any other : Yes /No

2) Outlook on the cause of disease Why do we get diseases tick relevant

1. Rational
2. Super Natural
3. Fatalistic
4. Demonic

3) Where do you seek health care tick relevant

1) Govt. Hospital
2) Private Hospital
3) Home remedy
4) Self medication

4) At what age girls attain menarche ____________

5) Have you attained menarche Yes / No

5.1 If Yes at what age ____________

6) Whether you were informed about onset of menarche : Yes / No
6.1 If yes source of information tick relevant
1. Mother
2. Sister
3. Friend
4. Book
5. Tv
6. Neighbor
7. Doctor
8. Others

7) Reaction to first MC : scared / shy / sad / sin / happy

8) What menarche indicates

9) Your MC details tick relevant
1) Regular / irregular
2) MC Interval – less then 21 days / 21 to 35 days / more then 35 days
3) Amount of blood – scanty / moderate / heavy
4) Day of blood flow – less than 3 days / 3 to 5 days / more than 5 days

10) Do you get premenstrual discomfort: Yes / No

11) Tick the pre MC discomfort – Body ache / pain in legs / low back pain /
    Abdomen pain / irritability / depression / other

11.1 If yes how to you mange tick relevant
1) Taking pills
2) Home remedy
3) Rest/relaxation
4) Consult doctor

12) Do you share MC problem with anybody: Yes / No

12.1 If yes to whom specify __________

13) During MC do you remain absent for school: Yes / No

14) Do you avoid playing during MC: Yes / No

15) During M.C period what do you use
   Sanitary napkins / old cloth/only panty

16) Do you take menstruation as a curse: Yes / No

16.1 If yes give reasons:
17) Tick the cultural practices followed during M.C
   1) Avoid cooking
   2) Avoid worship
   3) Remain away for everybody
   4) I am not allowed to touch any thing
   5) Other specify

18) What is the ideal age of marriage for Girls

19) Do you suffer from any of the following health problem during school hours: Yes/No

   19.1 If yes tick relevant
       1. Headache
       2. Stomachache
       3. Blurred vision
       4. Dryness of mouth
       5. Sweating
       6. Fainting
       7. weakness

20) Do Health check ups are conducted in your school: Yes/No

21) Your height in CM _____

21.1 Are you happy with your height: Yes / No
   Give reasons

22) Your weight in KG_____

22.1. Are you happy with your weight: Yes / No
   Give reasons