APPENDICES
APPENDIX - A

Socio-Demographic Profile

<table>
<thead>
<tr>
<th>TYPE</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4. Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.</td>
<td>Age of Respondents</td>
<td>:---------- yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2.</td>
<td>Sex</td>
<td>: 1. Male 2. Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V4.</td>
<td>Educational Status</td>
<td>:---------- yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V5.</td>
<td>Occupation</td>
<td>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V6.</td>
<td>Income</td>
<td>: Rs. ----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V8.</td>
<td>No. of earning members</td>
<td>:----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V9.</td>
<td>Do you have any debts/loans</td>
<td>: 1 Yes/0 No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your habits

| V10. | Smoking | : 1 Yes/0 No |
| V11. | Drinking | : 1 Yes/0 No |
| V12. | Both | : 1 Yes/0 No |
| V13. | Any other | |

Your Hobbies

| V14. | Music | : 1 Yes/0 No |
| V15. | Reading | : 1 Yes/0 No |
| V16. | Watching TV/Movie | : 1 Yes/0 No |
| V17. | Sports | : 1 Yes/0 No |
| V18. | Any other | : 1 Yes/0 No |
V21. Is there a history of cancer in the family? 1 Yes/0 No
V22. If yes, specify relationship to patient.
V23. Age of onset
V24. Diagnosis
  Current symptoms V25
  V26
  V27
  V28
V29. Duration of illness V29
V30. Number of times hospitalised V30
V31. Duration of current hospitalisation V31
V32. Longest duration of hospitalization
V34. Blood test V34
V35. X-Rays V35
V36. Scans V36
V37. Mammogram V37
V38. Biopsy V38
V39. Others (specify) V39

Treatment at Specialist Hospital
V40. Surgery* V40
V41. Radiotherapy** V41
V42. Chemotherapy*** V42
V43. S + RT V43
V44. RT + CT 1 Yes/0 No
V45. S + RT + CT 1 Yes/0 No
V46. Symptomatic 1 Yes/0 No
Any other system of medicine tried
If yes, please specify
V47. Ayurveda 1 Yes/0 No
V48. Homeo 1 Yes/0 No
V49. Sidha 1 Yes/0 No
V50. Unani 1 Yes/0 No
V51. Others 1 Yes/0 No
V52. No other system 1 Yes/0 No
* Surgery - S
** Radiotherapy - RT
*** Chemotherapy - CT

Primary Effect of Cancer
V53. Loss of limb/breast 1 Yes/0 No
V54. Loss of sight 1 Yes/0 No
V55. Ostomy 1 Yes/0 No
V56. Difficulty in speech 1 Yes/0 No
V57. Others (specify): 1 Yes/0 No
V58. Amount spent on treatment for the past 3 months Rs. -----------

Secondary effect of cancer
V59. Loss of hair 1 Yes/0 No
V60. No appetite 1 Yes/0 No
V61. General weakness 1 Yes/0 No
V62. Giddiness 1 Yes/0 No
V63. Nausea 1 Yes/0 No
V64. Fatigue 1 Yes/0 No
V65. Sleeplessness 1 Yes/0 No
V66. Loss of weight 1 Yes/0 No
V67. Pain 1 Yes/0 No
V68. Others (specify) 1 Yes/0 No

**Use of prosthesis**

V69. Hearing Aid 1 Yes/0 No
V70. Splint for facial paralysis 1 Yes/0 No
V71. Colostomy bag 1 Yes/0 No
V72. Artificial breast 1 Yes/0 No
V73. Calliper for leg 1 Yes/0 No
V74. Crutches 1 Yes/0 No
V75. Wheelchair 1 Yes/0 No
V76. Artificial leg 1 Yes/0 No
V77. Walking stick 1 Yes/0 No
V78. Others (specify): 1 Yes/0 No

V79. Patient's occupational status as a consequence of disease

1. Employed in different capacity 2. Unemployed
3. Unemployable 4. Discontinued studies
5. Unable to do household work 6. Retired
7. No change 8. Others (specify):

After the onset of illness has there been any

V80. change in your habits 1 Yes/0 No
V81. change in your hobbies 1 Yes/0 No

V82. Do you find treatment expensive? 1 Yes/0 No

**How are the expenses for treatment met?**

V83. Government 1 Yes/0 No

V84. Voluntary organisation 1 Yes/0 No

V85. Past saving 1 Yes/0 No

V86. Private loans 1 Yes/0 No

V87. Sale of Jewellery/property 1 Yes/0 No

V88. Income of other family members 1 Yes/0 No

V89. Public charity 1 Yes/0 No

V90. Others (specify) 1 Yes/0 No

V91. Where would you prefer treatment? 1. At Home 2. At Hospital

V92. Who accompanies you on your visit to hospital?
1. Spouse 2. Children
2. Parent 4. Relative
5. Friend 6. None
7. Others (specify):

V93. Do you require any further financial aid for medicine/prosthesis etc.? 1 Yes/0 No

V94. Do you think your disease is serious? 1 Yes/0 No

**PATIENT AND FAMILY**

V95. Do you feel your other family members should take responsibility? 1 Yes/0 No

V96. Are you able to take care of your personal self? 1 Yes/0 No

V97. Who helps you most regarding this? 1. Spouse 2. Children
V98. Has there been a change in the attitude of your spouse/parents/siblings after diagnosis?  
1. Concern  
2. Indifferent  
3. Antipathy  
4. No Concern  

V99. Do you discuss problems of disease with anyone?  
1. Yes 0 No  

V100. How do you prefer your spouse/parent/sibling to be?  

1. As usual  
2. Worry lesser  
3. Show greater concern  

V101. How do you feel your spouse/parents/children/siblings to be?  
1. Helpful  
2. Unhelpful  

V102. Is your family overworried because of your health?  
1. Yes 0 No  

V103. Do you like to be told frequently that you are cared for loved and esteemed?  
1. Yes 0 No  

V104. Do you want acknowledgement of your beliefs, feelings and interpretations?  
1. Yes 0 No  

Change in function of family members after illness  

V105. Given up education 1 Yes 0 No  
V106. Taken up job 1 Yes 0 No  
V107. Taking care of home 1 Yes 0 No  
V108. Overworked 1 Yes 0 No  
V109. Careless 1 Yes 0 No  
V110. Negligent 1 Yes 0 No  
V111. Others (specify)  

V112. Do you have any plans for your family to be fulfilled?  
1 Yes 0 No  

If yes, specify:  

V113. Educational needs of any of the family member 1 Yes 0 No  
V114. Marriage of any of the family member 1 Yes 0 No  
V115. Medical treatment 1 Yes 0 No
V117. Any other plans 1 Yes/0 No

PATIENT AND SPOUSE (IF SPOUSE IS ALIVE, FOR MARRIED PATIENTS)

V118. Spouses reaction to conjugal life (understanding)
   (1) Not at all
   (2) Not very
   (3) Somewhat
   (4) Very good
   (5) Extremely good

V119. Frequency of coitus
   (1) No change
   (2) Less often
   (3) More often
   (4) Never

V120. Spouses fear of disease 1 Yes/0 No

V121. To avoid hurt 1 Yes/0 No

JOINT FAMILY


V123. Specify composition
   No. of persons

V124. Utility of living in a joint family in such a situation.
   1. Helpful
   2. Unhelpful
   3. No difference
      If helpful, how?

V125. Physical aid 1 Yes/0 No

V126. Emotional support 1 Yes/0 No

V127. Financial support 1 Yes/0 No

V128. Others (specify) 1 Yes/0 No
   If unhelpful, how?

V129. Interference 1 Yes/0 No

V130. Unhelpful 1 Yes/0 No

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V131. Patient considered a burden 1 Yes/0 No
V132. Curse of God 1 Yes/0 No
V133. Impediment to treatment 1 Yes/0 No
V134. Others (specify):
V135. Who does the decision-making concerning your health in your family?
   1. Self
   2. Spouse
   3. Parent
   4. Elders
   5. Others (specify):
V136. If 2,3,4 and 5 Is your opinion considered? 1 Yes/0 No
V137. Would you like your opinion to be considered? 1 Yes/0 No

PATIENT AND SOCIETY

V138. Frequency of relatives' visit. 1. Never 2. Rarely 3. As usual
   4. Less frequently 5. More frequently
V139. Frequency of friends' visit. 1. Never 2. Rarely 3. As usual
   4. Less frequently 5. More frequently
V140. Do your relatives render help? 1 Yes/0 No
V141. Do your friends render help? 1 Yes/0 No
   If yes, What kind of help is rendered? Specify:

(a) Relatives:

V142. Provide emotional support 1 Yes/0 No
V143. Provide financial assistance 1 Yes/0 No
V144. Assist the family during your hospitalisation 1 Yes/0 No
V145. Facilitate treatment procedures 1 Yes/0 No

(b) Friends:

V146. Provide Financial Support 1 Yes/0 No
V147. Help you to ventilate your family 1 Yes/0 No
V148. Offer to stay with you during hospitalisation 1 Yes/0 No

V149. Facilitate financial assistance 1 Yes/0 No


**Kind Of Help You Expected From Relatives**

V152. Provide emotional support 1 Yes/0 No

V153. Provide financial assistance 1 Yes/0 No

V154. Assist the family during your hospitalisation 1 Yes/0 No

V155. Facilitate treatment procedures 1 Yes/0 No

**Kind Of Help You Expected From Friends**

V156. Provide Financial Support 1 Yes/0 No

V157. Help you to ventilate your family 1 Yes/0 No

V158. Offer to stay with you during hospitalisation 1 Yes/0 No

V159. Facilitate financial assistance 1 Yes/0 No

**Mention three greatest sources of support during illness in your perceived order of dependency.**

V160. Family members 1 Yes/0 No

V161. Relatives 1 Yes/0 No

V162. Friends 1 Yes/0 No

**How do you feel after visit of relatives and friends?**

V163. Consoled 1 Yes/0 No

V164. Relieved 1 Yes/0 No
V165. Tense 1 Yes/0 No
V166. Angry 1 Yes/0 No
V167. Encouraged 1 Yes/0 No
V168. Hopeful 1 Yes/0 No

V169. Others (specify):

V170. Is another cancer patient a source of comfort to you? 1 Yes/0 No
Not applicable

What are your feelings when others try to cheer you?
(specify)
V171. Relieved 1 Yes/0 No
V172. Cheered up 1 Yes/0 No
V173. Sad 1 Yes/0 No
V174. Dejected being sick 1 Yes/0 No

PATIENT EMPLOYED

V175. Reaction of employers/superiors

(specify):

V176. How would you like your employers/superiors to react?

4. Sympathetic 5. Others (specify):

V177. Reaction of colleagues

7. Others (specify):

V178. How would you like your colleagues to react?

4. Sympathetic 5. Others (specify):

RELIGION
V179. Do you believe in God/Almighty power? 1 Yes/0 No
V180. Do you believe in some kind of after life? 1 Yes/0 No
V181. Is prayer helpful to you? 1 Yes/0 No

After disease
V182. Have you attended special prayers/poojas? 1 Yes/0 No
V183. Have you attended any sessions for miraculous cure? 1 Yes/0 No

V184. Have you visited holy places/shrines? 1 Yes/0 No
V185. Would you like to visit holy places/shrines? 1 Yes/0 No
V186. Do you feel that your disease is a result of past deeds? 1 Yes/0 No
V187. Have you prayed in other faiths? 1 Yes/0 No
V188. Is your disease the will of God? 1 Yes/0 No
   If yes, why?
V189. To test you 1 Yes/0 No
V190. To punish you 1 Yes/0 No
V191. Because he loves you more 1 Yes/0 No

V192. Others (specify):


V194. Have you felt like giving up your battle for life? 1 Yes/0 No
   If yes, why?
V195. Fear of death 1 Yes/0 No
V196. Feeling of being a burden to the family members 1 Yes/0 No
V197. Apprehensive of social rejection 1 Yes/0 No
V198. Pain unbearable 1 Yes/0 No
V199. Failure to fulfill ambitions 1 Yes/0 No
VOLUNTARY ORGANISATION

V200. Is any voluntary organisation/private body helping you? 1 Yes/0 No

If yes, what kind of help?

V201. Physical 1 Yes/0 No
V202. Emotional 1 Yes/0 No
V203. Financial 1 Yes/0 No
V204. Rehabilitation 1 Yes/0 No
V205. Others (specify):
V206. If no, Would you like help from the source? 1 Yes/0 No

If yes, what help, specify

V207. Monetary assistance for treatment 1 Yes/0 No
V208. Assistance in terms of physical aids/appliances if applicable 1 Yes/0 No
V209. Help in raising funds/donations for treatment 1 Yes/0 No
V210. Providing voluntary help in terms of volunteers who could spend some time with you. 1 Yes/0 No

No
APPENDIX - B

Death Anxiety Scale

Please circle the answer you choose 1-True / 0 False

A1. I am very much afraid to die
1 true / 0 false

A2. The thought of death seldom enters my mind
1 true / 0 false

A3. It does not make me nervous when people talk about death
1 true / 0 false

A4. I dread to think about having to have an operation
1 true / 0 false

A5. I am not at all afraid to die
1 true / 0 false

A6. I am not particularly afraid of getting cancer
1 true / 0 false

A7. The thought of death never bothers me
1 true / 0 false

A8. I am often distressed by the way time flies so very rapidly.
1 true / 0 false

A9. I fear dying a painful death
1 true / 0 false

A10. The subject of life after death troubles me greatly
1 true / 0 false

A11. I am really scared of having a heart attack
1 true / 0 false

A12. I often think about how short life really is
1 true / 0 false

A13. I shudder when I hear people talking about a World War III
1 true / 0 false

A14. The sight of a dead body is horrifying to me
1 true / 0 false

A15. I feel that the future holds nothing for me to fear
1 true / 0 false
**APPENDIX - C**

**Family Burden Interview Schedule**

<table>
<thead>
<tr>
<th>Coding</th>
<th>Family Burden</th>
<th>Severe</th>
<th>Scoring Moderate</th>
<th>No burden</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Financial Burden</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E1.</td>
<td>Loss of patient's income</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E2.</td>
<td>Loss of income of any other member of the family due to this illness.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E3.</td>
<td>Expenditure incurred due to patient’s illness and treatment.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E4.</td>
<td>Expenditure incurred due to extra arrangements.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E5.</td>
<td>Loan taken or spent.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E6.</td>
<td>Any other planned activity being put off because of the financial pressure of the patient’s illness.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>B. Distribution of Routine Activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7.</td>
<td>How inconvenient for the family because of patient not going to work, school, college etc.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E8.</td>
<td>Patient not helping in the household activities</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E9.</td>
<td>Disruption of activities of other members of the family due to the patient’s illness.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E10.</td>
<td>Patient’s behaviour disrupting the activities of the family members.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E11.</td>
<td>Neglect of the rest of the family due to patient’s illness.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>C. Disruption of Family Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E12.</td>
<td>Stopping of normal Recreational activities.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E13.</td>
<td>Patient’s illness affecting another person’s holiday and leisure time.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E14.</td>
<td>Patient’s lack of attention upon others.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E15.</td>
<td>Leisure activity to be abandoned.</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
D. Disruption of Family Interaction

| E16. | Ill effect on the general atmosphere of the house. | 2 | 1 | 0 |
| E17. | Do other members get into arguments over the patient’s illness. | 2 | 1 | 0 |
| E18. | Have relatives and neighbours stopped visiting the family or reduced the frequency. | 2 | 1 | 0 |
| E19. | Has patient’s illness affected the mixing of the family members. | 2 | 1 | 0 |
| E20. | Patient’s illness had any effect on relationship within the family or between the family and neighbours or relatives. | 2 | 1 | 0 |

E. Effect on Physical Health of Others

| E21. | Have any family members suffered any physical health, injuries etc. Due to patient’s illness. | 2 | 1 | 0 |
| E22. | Has there been any adverse effect on the health of the family members. How severe it is | 2 | 1 | 0 |

F. Effect on Mental Health of Others

| E23. | Has any other family member sought help for psychological illness brought on by the patient’s behaviour. | 2 | 1 | 0 |
| E24. | Has any other family member lost sleep, become depressed or weepy, expressed suicidal wishes, excessively irritable etc. | 2 | 1 | 0 |

G. Overall Subjective Well Being

| E25. | Rate your overall subjective well being | 2 | 1 | 0 |
### APPENDIX - D

#### Quality of life

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Occasionally</th>
<th>Some of the time</th>
<th>Often</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1. Have felt strong and energetic?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G2. Have felt lonely?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G3. Have felt close to/ intimate with another person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G4. Have felt tired and rundown?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G5. Have felt satisfied with yourself?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G6. Have felt that life is worth living?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G7. Have been in a good mood?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G8. Have lacked confidence on yourself?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G9. Have felt depressed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G10. Have felt that life is meaningless?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

G11. Taking all things together, how happy would you say you have been last fortnight?  

G12. Thinking about how life has been the last fortnight. Are you generally satisfied or dissatisfied?  
### APPENDIX - E

#### Coping Checklist

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Items</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1.</td>
<td>You go over the problem again and again in your mind to try and understand it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D2.</td>
<td>Accept it since nothing can be done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D3.</td>
<td>Talk to a family member who can do something concrete about the problem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D4.</td>
<td>Get away from things for a while; take a rest or vacation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D5.</td>
<td>Compare yourself with others and feel that you are better off.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D6.</td>
<td>Wish that you can change what has happened.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D7.</td>
<td>Seek reassurance and emotional support from family members.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D8.</td>
<td>Try to make yourself feel better by taking betel nut or chewing tobacco.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D9.</td>
<td>Visit places of worship or go on a pilgrimage.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D10.</td>
<td>Engage in vigorous physical activity; games.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D11.</td>
<td>Anticipate probable outcomes and mentally rehearse them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D12.</td>
<td>Console yourself that things are not at all that bad and could be worse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D13.</td>
<td>Seek reassurance and emotional support from friends and neighbours.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D14.</td>
<td>Retreat to a quiet spot to think things over.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4, 5</td>
<td></td>
</tr>
<tr>
<td>D15.</td>
<td>Try to make yourself feel better by having a drink or two.</td>
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<td>4, 5</td>
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<tr>
<td>D16.</td>
<td>Accept the next best thing to what you wanted.</td>
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<tr>
<td>D17.</td>
<td>Think About fantastic or unreal things that make you feel better.</td>
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<td>4, 5</td>
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<tr>
<td>D18.</td>
<td>Try to look at the brighter side of things.</td>
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<tr>
<td>D19.</td>
<td>Go for long walks.</td>
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<td>4, 5</td>
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</table>
D20. Blame your fate; sometimes you just have a bad luck

D21. Wear a lucky charm or amulet.

D22. Talk to a friend who can do something about the problem.

D23. Pray to god.

D24. Make light of the situation, refuse to get too serious about it.

D25. Listen to music for comfort.

D26. Come up with a few different solutions to the problems.

D27. Try to forget the whole thing.

D28. Avoid being with people and seek complete isolation.

D29. Consult a faith healer.

D30. Swallow analgesics or minor tranquilizers not on medical advice.

D31. Refuse to believe that it happened.

D32. Hope a miracle will happen.

D33. Consult an astrologer.

D34. Help others in trouble or distress (Social Service).

D35. Feel that time will remedy things; the only thing to do is wait.

D36. Prepare yourself for the worst to come.

D37. Pace up and down thinking about the problem.

D38. Turn to work to take your mind of things.

D39. Find a purpose or meaning in your suffering.

D40. Spend time in the company of children.

D41. View the future as being bleak and hopeless.

D42. Blame yourself.

D43. You know what has to be done, so you double your efforts, and try harder to make things work.

D44. Analyze the problem and solve it bit by bit.

D45. Make a plan of action and follow it.

D46. Draw on your past experiences of similar situations.
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<th>Description</th>
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<tbody>
<tr>
<td>D47</td>
<td>Sleep more than usual to avoid the problem.</td>
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<td>D48</td>
<td>Keep your feelings to yourself.</td>
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<td>D49</td>
<td>Make special offerings or perform special pujas.</td>
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<tr>
<td>D50</td>
<td>Seek professional help and do as they recommend.</td>
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<td>D51</td>
<td>Compare yourself with others and feel that you are worse off.</td>
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<tr>
<td>D52</td>
<td>Feel that other people are responsible for what happened.</td>
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<tr>
<td>D53</td>
<td>Take a big chance, or do something very risky.</td>
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<tr>
<td>D54</td>
<td>Attempt suicide.</td>
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<td>D55</td>
<td>Run away from home.</td>
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<td>D56</td>
<td>Go back to family of origin.</td>
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<td>Perceived Social Support Appraisal</td>
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<td>F1</td>
<td>My friends respect me</td>
<td></td>
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<td>F2</td>
<td>My family cares for me very much</td>
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<td>F3</td>
<td>I am not important to others</td>
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<td>F4</td>
<td>My family holds me in high esteem</td>
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<td>F5</td>
<td>I am well liked</td>
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<td>F6</td>
<td>I rely on my friends</td>
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<td>F7</td>
<td>I am really admired by my family</td>
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<td>F8</td>
<td>I am respected by other people</td>
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<td>F9</td>
<td>I am loved dearly by my family</td>
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<td>F10</td>
<td>My family doesn't care for me</td>
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<td>F11</td>
<td>Members of my family rely on me</td>
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<td>F12</td>
<td>I am held in high esteem</td>
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<td>F13</td>
<td>I cannot rely on my family for support</td>
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<td>F14</td>
<td>People admire me</td>
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<td>F15</td>
<td>I feel a strong bond with my friends</td>
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<td>F16</td>
<td>My friends lookout for me</td>
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<td>F17</td>
<td>I feel valued by other people</td>
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<td>F18</td>
<td>My family really respects me</td>
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<td>F19</td>
<td>My friends and I are really important to each other</td>
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<th>Strongly Disagree</th>
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199
F20. I feel like I belong

F21. If I die tomorrow, very few people would miss me

F22. I do not feel close to my family

F23. My friends and I have done a lot for one another