Pilot Study

1. Record Sheet I
2. Record Sheet II
3. Record Sheet III - M.M.S.
4. Record Sheet IV - K.N.P.I.
5. Record Sheet V - Bell's Adjustment Inventory
No._____

Full Name of Respondent:

Address:

Birth Date: Age: Education: Profession:

Religion: Caste: Mother Tongue:

Marital Status: Unmarried / Widow / Divorced / Married
If Married, when: Year
No. of children: Sons: Daughters:

Income (Per Month): Family: Joint / Nuclear

Major Illness or operation: Physical Ailments:
  1. year 1. year
  2. year 2. year
  3. year 3. year

Interests: Ambition:

Emotional Problems:
  1. year
  2. year
  3. year

Other Troubles:
  1. year
  2. year
**MENSTRUATION & MENOPAUSE**

**RECORD SHEET II**

Kindly fill in all the information required in Forms A and B. All the information will be kept strictly confidential.

**FORM "A"**

Kindly give tickmark ( _) to the answer that suits you best in the space provided.

1. Is your monthly period:  
   - Ceased to occur
   - Regular
   - Irregular

2. Duration of monthly period:  
   - Less than 3 days
   - 3 to 6 days
   - More than 6 days

3. When did you get your last period from today:  
   - Within last 3 days
   - Within last 6 days
   - Within last 15 days
   - Within a month
   - More than a month ago

4. Do you get your periods with an interval of:  
   - 25 to 30 days
   - 30 to 40 days
   - More than 40 days

5. At what age did you start your periods:  
   - Around 11 and 12
   - Around 12 and 14
   - 14 and later
FORM "B"

State or describe your personal opinions based on your own experiences in the space provided:

1. What views do you hold on menopause?

2. What were the experiences that accompanied your last monthly period?

3. If you have reached menopause, have you sought medical help? If yes, what kind and when? What was the outcome?

4. Do you feel that the menopausal phase marks the downfall or end of utility of a woman? Give reasons.

5. If you have passed or are undergoing menopause, did you take psychological assistance? If yes, from whom? When? And for how long?
RECORD SHEET III

MOOS'S MENSTRUAL SCALE (M.M.S.)

Name: ____________________________  No. _____
Date: __________

(Given below is a list of symptoms which women sometimes experience. Against each existing symptom, circle the number of the descriptive category listed below, which best describes your experience of the symptom. Even if none of the categories is exactly correct, choose the one that closely describes your experience. Please be sure to circle one number for each symptom.)

<table>
<thead>
<tr>
<th>No reaction</th>
<th>Barely Noticeable</th>
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<td>1. Weight gain</td>
<td>1 2 3 4 5 6</td>
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<td>2. Insomnia</td>
<td>1 2 3 4 5 6</td>
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<td>3. Crying</td>
<td>1 2 3 4 5 6</td>
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<td>4. Lowered school or work performance</td>
<td>1 2 3 4 5 6</td>
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<td>5. Muscle stiffness</td>
<td>1 2 3 4 5 6</td>
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<td>6. Forgetfulness</td>
<td>1 2 3 4 5 6</td>
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<td>7. Confusion</td>
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<td>8. Take naps or stay in bed</td>
<td>1 2 3 4 5 6</td>
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<td>9. Headache</td>
<td>1 2 3 4 5 6</td>
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<td>11. Loneliness</td>
<td>1 2 3 4 5 6</td>
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<td>12. Feeling of suffocation</td>
<td>1 2 3 4 5 6</td>
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<td>13. Affectionate</td>
<td>1 2 3 4 5 6</td>
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<td>14. Orderliness</td>
<td>1 2 3 4 5 6</td>
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<td>15. Stay home from work or school</td>
<td>1 2 3 4 5 6</td>
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<td>16. Cramps (uterine or pelvic)</td>
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<td>17. Dizziness or faintless</td>
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<td>18. Excitement</td>
<td>1 2 3 4 5 6</td>
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<td>19. Chest pain</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>No reaction</td>
<td>Barely Noticeable</td>
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<td>20. Avoid social activities</td>
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<tr>
<td>21. Anxiety</td>
<td>..</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>22. Backache</td>
<td>..</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>23. Cold sweats</td>
<td>..</td>
<td>1</td>
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<td>24. Lowered judgment</td>
<td>..</td>
<td>1</td>
<td>2</td>
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<td>25. Fatigue</td>
<td>..</td>
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<td>2</td>
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<tr>
<td>26. Nausea or vomiting</td>
<td>..</td>
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<td>27. Restlessness</td>
<td>..</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>28. Hot flushes</td>
<td>..</td>
<td>1</td>
<td>2</td>
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<td>29. Difficulty in concentration</td>
<td>..</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>30. Painful or tender breasts</td>
<td>1</td>
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<td>3</td>
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<td>5</td>
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<tr>
<td>31. Feeling of well-being</td>
<td>..</td>
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<td>2</td>
<td>3</td>
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<td>32. Buzzing or ringing in ears</td>
<td>..</td>
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<td>2</td>
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<tr>
<td>33. Distractable</td>
<td>..</td>
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<td>2</td>
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<tr>
<td>34. Swelling (e.g. abdomen, breasts, ankle)</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<td>35. Accidents (e.g. cut finger, break dish)</td>
<td>..</td>
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<td>2</td>
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<td>36. Irritability</td>
<td>..</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>37. General aches and pains</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>38. Mood swings</td>
<td>..</td>
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<td>39. Heart pounding</td>
<td>..</td>
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<td>40. Depression (feeling sad or blue)</td>
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<td>41. Decreased efficiency</td>
<td>..</td>
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<td>42. Lowered motor coordination</td>
<td>..</td>
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<tr>
<td>43. Numbness or tingling in hands or feet</td>
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<tr>
<td></td>
<td>No reaction</td>
<td>Barely noticeable</td>
<td>Mild</td>
<td>Moderate</td>
<td>Strong</td>
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<td>44. Change in eating habits</td>
<td>1</td>
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<td>45. Tension</td>
<td>..</td>
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<td>2</td>
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<td>46. Blind spots or fuzzy vision</td>
<td>..</td>
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<tr>
<td>47. Bursts of energy or activity</td>
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</table>
This is neither an examination nor a test. This is an Inventory (a list of items) about your feelings. We want to know what you do in some circumstances or how you feel about certain situations. Your answers will be kept confidential and will be used only for scientific investigation.

Instructions: (1) There is a separately provided Answer Sheet having the same serial numbers as the Statements List attached.

(2) For each statement in this List, five choices to describe yourself are considered possible. You are requested to read each statement very carefully and minutely and then to determine only one choice (out of five choices) that suits your case best. You will have to indicate your choice by noting 1, 2, 3, 4 or 5 against each where:

1. means "almost always", "yes", etc.
2. means "almost never", "no", etc.
3. means "frequently", "usually", etc.
4. means "rarely", "sometimes", etc.
5. means "occasionally", "an average amount", etc.

(3) Please do not spend much time on any particular statement. Try to work as rapidly as you can. Put down your reaction for the first statement, then for the second statement and so on. People usually take less than half an hour to complete this inventory.

(4) If you had not the experience referred to in any statement, imagine how you would feel about it. If you are in doubt, select the one which seems most accurate to express your present feeling about the statement. Please do not omit any item.

How to indicate your choice

Write only on the answer sheet. Decide the one alternative which best expresses your feeling about the statement and then write the number of your choice against the corresponding statement number in the Answer Sheet.

Example:

Statement: (a) Like to enjoy the beauty of lightning
Choice: Note that on the answer sheet ‘3’ is written by the side (a), because I feel that I like to enjoy the beauty of lightning 'frequently'.

Statement: (b) Feeling depressed without sufficient reason.
Choice: If you think that it happens in your case 'occasionally', write '5' as your answer by the side of (b) on the Answer Sheet.
RECORD SHEET IV

STATEMENTS LIST OF K.N.P.I.

1. As ideas run through head it is difficult to sleep.
2. Day-dreaming about improbable occurrences.
3. Being easily affected by praising and/or blaming.
4. Being hurt by criticism.
5. Having strong desire to meet the most important person at a gathering (social, political, etc.).
6. Difficulty in starting conversation with a stranger (unknown person).
7. Having feelings of happiness and sadness alternately.
8. Being worried about possible misfortunes.
9. Slow in making decisions.
10. Feeling uneasy due to shyness.
11. Feeling nervous to initiate an idea to start discussion among a group of unknown people.
12. Troubled with feelings of inferiority.
13. Difficulty in taking decision for yourself.
15. Being bothered by some particular useless thought.
16. Difficulty in doing many things confidently.
17. Experiencing change of moods from pleasant to unpleasant or from unpleasant to pleasant.
18. Being easily gratified (pleased) by admiration.
19. Becoming unduly angry, sulky (morose), or excited in disagreements over trivial matters with friends or co-workers.
20. Feel inconvenience due to uncontrollable blushing (becoming red), trembling (shaking with fear), or blanching (growing pale with fear).
21. Having sensation of falling (a) when you are about to sleep, (b) during walking.
22. Suffer from disinclination to sleep and/or periods of wakefulness at nights.

23. Feel mentally tired in absence of any physical tiredness.

24. Unable to concentrate as mind wanders due to slightest distraction.

25. Becoming tired (or feeling lack of interest) of friends, amusements, etc. quickly.

26. Jump (making sudden movement) badly at sudden (a) lights, (b) sounds, (c) touches, (d) sights.

27. Troubled with fear of being suffocated and/or crushed in a crowd.

28. Things seem to swim (dizzy) or get misty (hazy) or blurred (confused) before eyes.

29. Being afraid that you may fall down when you are looking down from the top of a high place, like — high bridge, roof of a high building, etc.

30. Wake up frightened in the middle of night without any apparent reason.

31. Troubled by the idea that you may become insane (mad).

32. Troubled by moods of 'fedupness' (i.e. lowness of spirits, feelings of despair).

33. Feeling very restless or unable to concentrate on anything.

34. Having fears and worries about things and/or ideas.

35. Troubled by thoughts about what others are thinking of you.

36. Being compelled to do some useless acts like: (a) Counting windows, people, etc. (b) Uttering rhymes or phrases, (c) Repeatedly washing hands or clothes, (d) Tapping lamp posts, (e) Reading notices, figures, etc.

37. Feeling inwardly disturbed or uneasy for some time due to difference of opinion with people.

38. Having fear of death about your parents, friends, or other persons whom you love.


40. Being easily over-excited.

41. Like to enjoy jokes concerning yourself.
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42. Having complaints of vague ill-health, like obscure pains, digestive disorders, rapid beating of the heart, etc.

43. Having or had (if parents are not living) disagreeable feeling towards parent.

44. Becoming tense or anxious in order to catch a train or bus in time.

45. Thinking yourself as nervous.

46. Becoming unmindful to sit still during a long meeting.

47. Being afraid to remain alone at night in a house.

48. Feeling that life is a great burden.

49. Like to limit friendship mostly to your own sex.

50. Getting shocked by sexual topics.

51. Remaining cheerful.

52. Feeling tired after waking up in the morning without apparent physical cause.

53. Being worried by thoughts of ill-health.

54. Thinking that you are usually unlucky.

55. Thinking to have satisfactory adjustment in life.

56. Taking an active part in giving help in case of an accident before you.

57. Having conflicting moods of love and hate for members of the family.

58. Feeling happy about home environment.

59. Like to enjoy indoor life.

60. Being worried about undecided matters.

61. Feeling unhappy or uneasy to have an unfinished job on your hand.

62. Becoming nervous to face quarrelsome situations.

63. Feeling unhappy.

64. Suffering from bad headache not due to any apparent physical cause.

65. Being easily upset or touched by any remark that concerns yourself.

66. Highly sensitive to unpleasant smell.
Instructions: Write the number of your choice clearly and distinctly against the corresponding item number. If you change your mind, erase or blacken out your first choice completely and then write the number of your new choice. Please remember that for each statement you are requested to give only one choice. To indicate your choice write — 1, 2, 3, 4 or 5 where:

1. means "almost always", "yes", etc.
2. means "almost never", "no", etc.
3. means "frequently", "usually", etc.
4. means "rarely", "sometimes", etc.
5. means "occasionally", "an average amount", etc.

Be sure the item number on the Answer Sheet corresponds with the number in the Statement List.

Item Response Item Response Item Response Item Response Item Response
1... 16... 27... 38... 53...
2... 17... 28... 39... 54...
3... 18... 29... 40... 55...
4... 19... 30... 41... 56...
5... 20... 31... 42... 57...
6... 21(a)... 32... 43... 58...
7... (b)... 33... 44... 59...
8... 22... 34... 45... 60...
9... 23... 35... 46... 61...
10... 24... 36(a)... 47... 62...
11... 25... (b)... 48... 63...
12... 26(a)... (c)... 49... 64...
13... (b)... (d)... 50... 65...
14... (c)... (e)... 51... 66...
15... (d)... 27... 52...
Directions: Your answers to the questions will be treated in the strictest confidence. Therefore, feel free to give candid replies. There are no right or wrong answers. Indicate your answer on the attached Answer Sheet by drawing a circle around the "True" (T) or "False" (F) sign. Work as fast as possible.

If you are not employed now, answer the occupational question with reference to the last employment held by you. Housewives who are not employed outside the home should omit the questions referring to working conditions. Do not make markings on the question paper. Attempt all the questions on the Answer Sheet attached.

1. Does the place in which you live now in any way interfere with your obtaining the social life which you would like to enjoy?

2. Do you have ups and downs in mood without apparent cause?

3. Are you troubled occasionally by a skin disease or skin eruption such as athlete's foot, carbuncles or boils?

4. Do you feel self-conscious when you have to ask an employer for work?

5. Do you sometimes get badly flustered and "jittery" in your present job?

6. Have you had any trouble with your heart or your kidneys or your lungs?

7. Do you feel that your present home environment allows you enough opportunity to develop your own personality?

8. Do you like to participate in festivals, gatherings and lively parties?

9. Do you think you made the wrong selection of your occupation?

10. Have you ever been extremely afraid of something which you know could do you no harm?

11. Is any member of your present home very nervous?

12. Does your present work allow you time off each year for some vacation?

13. Have you ever been anemic (lacking in red blood corpuscles)?

14. Do you worry too long over humiliating experiences?
15. Do you find it difficult to start a conversation with a stranger?

16. Did you disagree with your parents about the type of occupation you should enter?

17. Does it upset you considerably to have some one ask you to speak when you have no time to prepare your talk?

18. Does some particular useless thought keep coming into your mind to bother you?

19. Do you take cold rather easily from other people?

20. Do you think you must "play politics" to get promotion or an increase in pay in your present job?

21. Do you keep in background at social occasions?

22. Have you had unpleasant disagreements over such matters as religion, politics or sex with the person or persons with whom you live?

23. Do you get upset easily?

24. Did you find it necessary to watch your health carefully?

25. Has there ever been a divorce among any members of your immediate family?

26. Has your employer always treated you fairly?

27. Do you willingly come to your meals without really being hungry?

28. Are you often in a state of excitement?

29. Do you feel embarrassed if you have to ask permission to leave a group of people?

30. Do you think that you have to work too long hours on your present job?

31. Have any of the members of your present home made you unhappy by criticising your personal appearance?

32. Do you find that you tend to have a few close friends rather than many casual acquaintances?

33. Have you had an illness from which you feel that you have not completely recovered?

34. Does criticism disturb you greatly?
35. Are you happy and contented in your present home environment?

36. Would you like to secure some other job than the one you hold now?

37. Are you often the centre of favourable attention at a party?

38. Do you frequently have shooting pain in the head?

39. Are you troubled with the ideas that people are watching you on the street?

40. Do you feel a lack of affection and love in your present home?

41. Do you have considerable difficulties in knowing just where you stand with your present employer?

42. Do you suffer from sinusities or any other obstruction in your breathing?

43. Are you bothered by the feeling that people are reading your thoughts?

44. Do you make friends readily?

45. Do you feel that your present employer or boss holds a personal dislike or grudge towards you?

46. Do the person or persons with whom you now live understand you and sympathise with you?

47. Do you day dream frequently?

48. Has any illness you have had resulted in permanent injury to your health?

49. Do you have to work on your present job with certain people whom you dislike?

50. Do you hesitate to enter a room by yourself when a group of people are sitting around and talking together?

51. Do you feel that your friends have happier home environment than you?

52. Do you often hesitate to speak out in a group lest you say and do the wrong thing?

53. Do you have difficulty in getting rid of a cold?

54. Do ideas often run through your head so that you cannot sleep?

55. Does any person with whom you live now become angry at you very easily?
56. Are you getting enough pay on your present job to support those who are dependent upon you?

57. Are you troubled with too high or too low blood pressure?

58. Do you worry over possible misfortunes?

59. If you come late to a meeting would you rather stand or leave than take a front seat?

60. Is your present boss or employer an individual whom you feel you can always trust?

61. Are you subject to any fever or asthma?

62. Are the members of your present home congenial and well suited to each other?

63. At a reception or a tea do you seek to meet the important person present?

64. Do you feel that your employer is paying you the fair salary?

65. Are your feelings easily hurt?

66. Are you troubled much with constipation?

67. Do you dislike intensely certain people with whom you live now?

68. Are you sometimes the leader at a social affair?

69. Do you like all the people with whom you work on your present job?

70. Are you bothered by the feeling that things are not real?

71. Do you occasionally have conflicting mood of love and hate for members of your immediate family?

72. Do you feel very self conscious in the presence of people whom you greatly admire but with whom you are not well acquainted?

73. Do you frequently experience nausea or vomiting or diarrhoea?

74. Do you blush easily?

75. Have the actions of new persons with whom you live now frequently caused you to feel blue and depressed?

76. Have you frequently changed job during the last 5 years?
77. Do you ever cross the street to avoid meeting somebody?
78. Are you subject to tonsillitis or other throat ailments?
79. Do you often feel self conscious because of your personal appearance?
80. Does your present job fatigue you greatly?
81. Is the home where you live often in a state of turmoil and dissension?
82. Do you consider yourself rather a nervous person?
83. Do you greatly enjoy social dancing?
84. Are you subject to attacks of indigestion?
85. Did either of your parents frequently find fault with your conduct when you lived with them?
86. Do you feel that you have adequate opportunities to express your own ideas in your present job?
87. Do you find it very difficult to speak in public?
88. Do you feel tired most of the time?
89. Is the pay in your present work low that you worry lest you would be unable to meet your financial obligations?
90. Are you troubled with the feelings of inferiority?
91. Do the personal habits of some people with whom you live now irritate you?
92. Do you often feel just miserable?
93. Has it been necessary for you to get frequently medical attention?
94. Have you had a number of experiences in appearing before public gatherings?
95. Have you been able to get the promotions you desire in your present job?
96. Does any member of your present home try to dominate you?
97. Do you often feel fatigued when you get up in the morning?
98. Do any of the people with whom you work have personal habits and characteristics which irritate you?
99. When you are a guest at an important dinner do you do without something rather than ask to have it passed to you?

100. Does it frighten you to be alone in the dark?

101. Did your parents tend to supervise you too closely when you lived with them?

102. Have you found it easy to make friendly contact with members of the opposite sex?

103. Are you considerably underweight?

104. Does your present job force you to hurry a great deal?

105. Have you ever, when you were on a high place, been afraid that you might jump off?

106. Do you find it easy to get along with the person or persons with whom you live now?

107. Do you have difficulty in starting conversation with a person with whom you live now?

108. Do you frequently have spells of dizziness?

109. Are you often sorry for the things you do?

110. Does your present employer or boss take all the credit for a piece of work which you have done yourself?

111. Do you have frequent disagreement with the individual or individuals where you live now concerning the way things are to be done?

112. Do you get discouraged easily?

113. Have you had considerable illness during the last ten years?

114. Have you had experience in making plans for the direction of action of other people such as committee chairman, leader of a group etc.?

115. Do you feel that you are just a cog in an inhuman machine in your present job?

116. Does any person in the place you now live frequently object to the companions and friends with whom you like to associate?

117. Are you subject to attacks of influenza?

118. Does your present employer or boss praise you for work which you do well?
119. Would you feel very self conscious if you had to volunteer an idea to start a discussion among a group of people?

120. Are any of the members of your present household very easily irritated?

121. Have you frequently been depressed because of the unkind things others have said about you?

122. Do you have many colds?

123. Are you easily frightened by lightning?

124. Are you troubled with shyness?

125. Did you enter your present job because you yourself really wanted to go into it?

126. Have you ever had a major surgical operation?

127. At home did your parents frequently object to the kind of companions you went around with?

128. Do you find it easy to ask others for help?

129. Do you get discouraged in your present work?

130. Do things often go wrong for you through no fault of your own?

131. Would you like very much to move from the place where you now live so that you might have more personal independence?

132. When you want something from a person with whom you are not very well acquainted, would you prefer to write a note or letter to the individual than go and ask him or her personally?

133. Have you ever been seriously injured in any kind of accident?

134. Do you dread the sight of a snake?

135. Do you feel that your work is supervised by too many different bosses?

136. Have you lost considerable weight recently?

137. Does the lack of money tend to make your present home life unhappy?

138. Would it be difficult for you to give an oral report before a group of people?

139. Is your present job very monotonous?
140. Are you easily moved to tears?
141. Do you frequently feel tired towards the end of the day?
142. When you lived with your parents did either of them frequently criticize you unjustly?
143. Does the thought of an earthquake or a fire frighten you?
144. Do you feel embarrassed when you have to enter a public assembly by yourself after everyone else has been seated?
145. Do you find that you have very little real interest in your present job?
146. Do you sometimes have difficulty getting to sleep even when there are no noises to disturb you?
147. Is there anyone at the place where you live now who insists on your obeying him or her regardless of whether or not the request is reasonable?
148. Did you ever take the lead to enliven a dull party?
149. Do you feel that your immediate superior or boss lacks sympathy and understanding in dealing with you as an employer?
150. Do you feel lonesome even if you are with people?
151. As a youth, did you ever have a strong desire to run away from home?
152. Do you have many headaches?
153. Have you ever felt that someone was hypnotising you and making you act against your will?
154. Do you often have much difficulty in thinking of an appropriate remark to make in group conversation?
155. Do you sometimes feel that your employer does not show real appreciation of your attempts to do your job in a superior manner?
156. Have you ever had scarlet fever or diphtheria?
157. Do you sometimes feel that you have been a disappointment to your parents?
158. Do you take the responsibility of introducing people at a party?
159. Do you experience the fear of losing your present job?
160. Do you frequently have spells of the blues?
RECORD SHEET V

ANSWER SHEET OF BELL'S ADJUSTMENT INVENTORY

Instructions: Put a cross (X) on the answer you select e.g. If it is T then put a cross on T. Please do not omit any item.

Note: T = "True", F = "False". Number in brackets denote the question listed in questionnaire

T(1)F T(2)F T(3)F T(4)F T(5)F T(6)F T(7)F T(8)F T(9)F T(10)F
T(31)F T(32)F T(33)F T(34)F T(35)F T(36)F T(37)F T(38)F T(39)F T(40)F
T(41)F T(42)F T(43)F T(44)F T(45)F T(46)F T(47)F T(48)F T(49)F T(50)F
T(51)F T(52)F T(53)F T(54)F T(55)F T(56)F T(57)F T(58)F T(59)F T(60)F
T(61)F T(62)F T(63)F T(64)F T(65)F T(66)F T(67)F T(68)F T(69)F T(70)F
T(71)F T(72)F T(73)F T(74)F T(75)F T(76)F T(77)F T(78)F T(79)F T(80)F
T(81)F T(82)F T(83)F T(84)F T(85)F T(86)F T(87)F T(88)F T(89)F T(90)F
T(91)F T(92)F T(93)F T(94)F T(95)F T(96)F T(97)F T(98)F T(99)F T(100)F
T(101)F T(102)F T(103)F T(104)F T(105)F T(106)F T(107)F T(108)F T(109)F T(110)F
T(111)F T(112)F T(113)F T(114)F T(115)F T(116)F T(117)F T(118)F T(119)F T(120)F
T(121)F T(122)F T(123)F T(124)F T(125)F T(126)F T(127)F T(128)F T(129)F T(130)F
T(131)F T(132)F T(133)F T(134)F T(135)F T(136)F T(137)F T(138)F T(139)F T(140)F
T(141)F T(142)F T(143)F T(144)F T(145)F T(146)F T(147)F T(148)F T(149)F T(150)F
T(151)F T(152)F T(153)F T(154)F T(155)F T(156)F T(157)F T(158)F T(159)F T(160)F

No. Date: __________________________
This is a very sincere attempt to research the various psycho-social and physiological problems faced by women when they are between 40 and 55 years of age.

These problems happen to be the topic of my research for the doctoral dissertation undertaken with the guidance of Post-Graduate Department of Psychology at Department of Post-Graduate Studies and Research, S.N.D.T. Women's University, Bombay 400 020.

Women undergo a physical transition between 40 and 55 years — a period called the menopausal period; this transition is also accompanied by certain psychological characteristics. However, most women think and show excessive concern for their current condition because they are unaware of the fact that their problems are a common phenomena.

The attached forms solicit a few details of your present status and a list of 30 common experiences. Your identity is not important; all that is needed is authentic, reliable responses on the forms. The forms will be used only for the purpose of research and the entire data will be kept strictly confidential.

The forms will require about 15 minutes of your precious time. Fill them and seal it in the attached envelope and submit them to the person who canvasses the forms to you.
This appeal, therefore, seeks your co-operation in an endeavour which will contribute to the cause of women; all you have to do is to give the required details clearly and truthfully.

Let me thank you in anticipation of your co-operation.

Mrs. N. Lavakare
(Ph.D. Student)
APPENDIX "C"

MAIN STUDY

FORM I IDENTIFICATION DATA

FORM II MENOPAUSAL EXPERIENCE SCALE
NAME: (IF YOU WISH) ______________________________

ADDRESS: ______________________________________

________________________________________________

BIRTH DATE: _______________ AGE: ______

EDUCATION: ___________________ OCCUPATION: ______

MARITAL STATUS: UNMARRIED/MARRIED/SEPARATED/DIVORCED/WIDOW

IF MARRIED WHEN (YEAR): ______


2. ____ 2. ____

3. ____ 3. ____

FAMILY: JOINT/NUCLEAR

NO. OF MEMBERS IN THE FAMILY (INCLUDING SELF): ______

MONTHLY FAMILY INCOME: Below Rs. 2000 □, Rs. 2001 to Rs. 5000 □

Above Rs. 5000 □.

MAJOR PHYSICAL ILLNESSES SINCE 1980:

1. ___________________ YEAR ______

2. ___________________ YEAR ______

MONTHLY MENSTRUAL PERIOD: □ NO CHANGE □ SCANTY (LESS THAN BEFORE)

□ MORE THAN BEFORE □ IRREGULAR

□ STOPPED NATURALLY SINCE ______ YEAR

□ STOPPED BECAUSE OF Hysterectomy OPERATION IN (YEAR) ______

ATTITUDE TOWARDS MENOPAUSE: □ POSITIVE □ NEGATIVE
Given here is a list of feelings which women often experience. The responses are categorized as 1. No reaction 2. Mild 3. Strong. Encircle the descriptive category of response which best describes your experience e.g. Cramps - 1, (2), 3, indicates that your feeling of cramps is mild. Even if none of the response categories fits you exactly, choose the one that closely describes your experience. Since there are no right and wrong answers, kindly give candid replies. Ensure that you answer all the items. Work as fast as possible. The items are to be treated in relation to your condition since January 1984.

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(No Reaction) (Mild) (Strong)</td>
</tr>
<tr>
<td>1. Anaemia</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>2. Fatigue</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>3. Blood Pressure - High/Low</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>4. Illness Proneness</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>5. Constipation/Diarrhoea</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>6. Dizzy Spells</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>7. Headache</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>8. Weight Gain</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>9. Palpitation</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>10. Bodyache - Legs/Back</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>11. Hot Flushes</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>12. Feeling of Stagnation</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>13. Irritability</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>14. Crying Spells</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>15. Loneliness</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>16. Mood Swings</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>17. Tension</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>18. Inability to Take Decisions</td>
<td>1 2 3</td>
</tr>
<tr>
<td>19. Anxiety</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>20. Urge To Run Away</td>
<td>.. 1 2 3</td>
</tr>
<tr>
<td>Feelings</td>
<td>Responses (No Reaction) (Mild) (Strong)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>21. Useless Thoughts</td>
<td>1 2 3</td>
</tr>
<tr>
<td>22. Aversion To Self Criticism.</td>
<td>1 2 3</td>
</tr>
<tr>
<td>23. Disagreements</td>
<td>1 2 3</td>
</tr>
<tr>
<td>24. Aversion To Social Activities</td>
<td>1 2 3</td>
</tr>
<tr>
<td>25. Depression</td>
<td>1 2 3</td>
</tr>
<tr>
<td>26. Insomnia</td>
<td>1 2 3</td>
</tr>
<tr>
<td>27. Worry About Future</td>
<td>1 2 3</td>
</tr>
<tr>
<td>28. Nervousness</td>
<td>1 2 3</td>
</tr>
<tr>
<td>29. Restlessness</td>
<td>1 2 3</td>
</tr>
<tr>
<td>30. Any Other</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

Thank you very much for your cooperation.
APPENDIX "D"

IN-DEPTH STUDY

INTERVIEW RECORD
QUESTIONNAIRE
USED FOR PARTIALLY STRUCTURED INTERVIEW OF
TWELVE RESPONDENTS

1. Name:

2. Age: Birth Date:

3. Education: S.S.C. Year
Graduation Year
Post-Graduation Year

4. Married in year: Age at Marriage: Husband's Age:

5. Number of Children: Sons Daughters:
Age & Education of Children:
Marital Status of Children:
Separated or Living With You:

6. Menopausal Status: Pre-menopausal:
Menopausal:
Post-menopausal:
Years When Suffered Most:

7. Relationship With Husband: Emotional:
   Intellectual:
   As a Friend & Companion:
   Social:

8. Relationship With Children: Emotional:
   Intellectual:
   As a Friend:
   Social:

9. Expectations: Yours
   Others
10. Social Life: (With Friends, Relatives, Family Members)

11. Personal Habits: (Eating, Sleeping, Choice of Clothes)

12. Personal Weaknesses:

13. Hobbies and Interests:

14. Belief in God:

15. Recent environmental changes: Personal
   Familial life style
   Residential
   Deaths

16. Ambitions:

17. Frustrations: (Causes and means of overcoming)

18. Problems: Present ones
   Their causes

19. Particularly upsetting thoughts:
   Related to people, self and events

20. Attitude towards old age:

21. Plans for the future:

Note: Even as the above Questionnaire was being administered, the researcher also made notes on the respondent's behaviour, personal appearance, style of talking and such mannerisms which were characteristic of the respondent.
APPENDIX "E"

IN-DEPTH STUDY

THEMATIC APPERCEPTION TEST (T.A.T.)

MULTI-PHASIC QUESTIONNAIRE (MPQ)
237

T. A. T.
Card 1
239
T. A. T.
Card 3
MULTI-PHASIC QUESTIONNAIRE (MPQ)

The following statements are intended to indicate your interests and attitudes. This is not an intelligence test and there are no right and wrong answers. Draw a circle around "T" if the corresponding statement is true and around "F" if it is false. If you are not sure, guess.

1. T. F. I often get red spots on my neck
2. T. F. I like to be praised by my superiors.
3. T. F. I enjoy many different kinds of play and recreation.
4. T. F. I have never fainted or felt like fainting.
5. T. F. I would like to be a nurse.
6. T. F. I have used alcohol excessively.
7. T. F. My parents were generally reasonable in making me obey.
8. T. F. I easily become impatient with people.
9. T. F. Peculiar odours (smells) come to me at times.
10. T. F. The top of my head sometimes feels tender.
11. T. F. My soul sometimes leaves my body.
12. T. F. I do not always tell the truth.
13. T. F. I usually feel that life is worthwhile.
14. T. F. I enjoy detective or mystery stories.
15. T. F. I have very few quarrels with members of my family.
16. T. F. I am interested in the latest fashions in clothes.
17. T. F. I feel that I have often been punished without cause.
18. T. F. I don't like to study about things that I am working at.
19. T. F. I have never been in love with anyone.
20. T. F. I often have feelings like burning, tingling, or crawling.
21. T. F. I am not afraid to handle money.
22. T. F. I do not like everyone I know.
23. T. F. I brood a great deal.
24. T. F. I am worried about sex matters.
25. T. F. My comfort comes before that of others.
26. T. F. I like mechanics (dealing with machines, automobiles, etc.) magazines — popular or otherwise.
27. T. F. I have had more than my share of things to worry about.
28. T. F. I forget right away what people say to me.
29. T. F. I dislike having people about me.
30. T. F. I have a great deal of stomach trouble.
31. T. F. It does not bother me particularly to see animals suffer.
32. T. F. Sometimes I put off until tomorrow what I should do today.
33. T. F. I do not worry about catching diseases.
34. T. F. Many people exaggerate their trouble to gain sympathy.
35. T. F. I would rather enjoy the present than plan for a future.
36. T. F. I am not interested in science.
37. T. F. I have no enemies who really wish to harm me.
38. T. F. Unimportant thoughts sometimes bother me for days.
39. T. F. Most of the time I wish I were dead.
40. T. F. I am usually calm and not easily upset.
41. T. F. I get angry sometimes.
42. T. F. I would rather win than lose in a game.
43. T. F. Once in a while I laugh at a dirty joke.
44. T. F. When in trouble I keep my mouth shut.
45. T. F. I have very few fears compared to my friends.
46. T. F. I never liked to play with dolls.
47. T. F. I am sure I am being talked about.
48. T. F. I get upset when I have to make a short trip away from home.
49. T. F. I often feel as if things were not real.
50. T. F. I often feel pain in the back of my neck.
51. T. F. I can sleep during the day but not at night.
52. T. F. Sometimes when I am not feeling well I get annoyed easily.
53. T. F. I am easily awakened by noise.
54. T. F. My eyesight is as good as it has been for years.
55. T. F. There is very little love and companionship in my family.
56. T. F. I like adventure stories better than romantic stories.
57. T. F. I think I feel more intensely than most people do.
58. T. F. I must stop and think even before doing simple tasks.
59. T. F. Many of my dreams are about sex matters.
60. T. F. I have no difficulty in holding or moving my bowels.
61. T. F. A priest or a religious man can cure disease by putting his hand on your head.
62. T. F. I am not always prompt.
63. T. F. I go to temple or church regularly.
64. T. F. My sleep is fitful and disturbed.
65. T. F. I have been quite independent and free from family rule.
66. T. F. I would like to tend a flower garden.
67. T. F. Evil spirits never possess me.
68. T. F. I often cross the street to avoid someone I see.
69. T. F. I get all the sympathy I should.
70. T. F. I have had no difficulty holding or starting my urine.
71. T. F. I believe in law enforcement.
72. T. F. Once in a while I have broken a promise.
73. T. F. Criticism or scolding hurts me terribly.
74. T. F. My home life is as pleasant as that of most people.
75. T. F. I liked school.
76. T. F. I like property.
77. T. F. I don't believe anyone is plotting against me.
78. T. F. I have a habit of counting unimportant things.
79. T. F. I hear things when I am alone.
80. T. F. I have had several operations which did not benefit me.
81. T. F. Sometimes I feel that I must injure myself or someone else.
82. T. F. I gossip a little at times.
83. T. F. When I leave home I do not worry if I locked the door.
84. T. F. My conduct is controlled by the customs about me.
85. T. F. I have not lived the right kind of life.
86. T. F. I like to cook.
87. T. F. Someone has control over my mind.
88. T. F. Bad words come to mind and I can't get rid of them.
89. T. F. Sometimes I enjoy hurting people I love.
90. T. F. I enjoy social gatherings just to be with people.
91. T. F. Some persons try to steal my thoughts and ideas.
92. T. F. At times I envy successful people.
93. T. F. I work under a great deal of tension.
94. T. F. The sight of blood neither frightens nor makes me sick.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>95.</td>
<td>T. F.</td>
<td>Lust for pleasure often gets me into trouble.</td>
</tr>
<tr>
<td>96.</td>
<td>T. F.</td>
<td>I often wish I were born of opposite sex.</td>
</tr>
<tr>
<td>97.</td>
<td>T. F.</td>
<td>I am on guard with people who are too friendly.</td>
</tr>
<tr>
<td>98.</td>
<td>T. F.</td>
<td>I do not dread going into a room where people have gathered suddenly.</td>
</tr>
<tr>
<td>99.</td>
<td>T. F.</td>
<td>At times I have enjoyed being hurt by someone I love.</td>
</tr>
<tr>
<td>100.</td>
<td>T. F.</td>
<td>I cannot do anything well.</td>
</tr>
</tbody>
</table>