Appendix
APPENDIX I

Schedule No. Registration No.

UNIVERSITY OF POONA
DEPARTMENT OF ANTHROPOLOGY

CULTURE AND MENTAL HEALTH
(The Socio-demographic Characteristics of Mental Patients)

DOCUMENTS SCHEDULE
All information will be strictly confidential and will be used for scientific purposes only.

Full Name:_________________________ Age:_________________
Address:___________________________ Sex:____________________
___________________________ Religion:____________________

Date of Admission:_______________ Type of Admission:____

Type of Food Eaten:
1. Vegetarian_________ 2. Non-vegetarian____

Brought by (Name of Guardian):_____________________________________
Diagnosis:___________________________________________________________________
Size of Family of Orientation:
1. Small (1-3)__________ 2. Medium (4-6)__________
3. Large (7 & above)__________ 4. No Record__________
5. Father: a) Living______ b) Dead__________
6. Mother: a) Living______ b) Dead__________
7. Brothers: a) Living______ b) Dead__________
8. Sisters: a) Living______ b) Dead__________

Size of Family of Procreation:
1. Small (1-3)__________ 2. Medium (4-6)__________
3. Large (7 & above)__________ 4. No Record__________
5. Spouse: a) Living______ b) Dead__________
6. Sons: a) Living______ b) Dead__________
7. Daughters: a) Living______ b) Dead__________
8. No Children__________

Family History of Insanity:
Childhood: 1. Normal______ 2. Abnormal (Specify)__________

Education: 1. Illiterate______ 2. Can Read and Write__________
3. Primary______ 4. Secondary__________
5. College______ 6. Post Graduate__________
7. Professional (M. B. B. S., B. E. etc.)__________

Occupation:__________________________________________
Marital Status:
1. Unmarried
2. Married
3. Separated
4. Divorced
5. Widow
6. Widower

Personality:
1. Social
2. Unsocial

Temperament:
1. Mild
2. Irritable

Habits and Peculiarities:

Physical Illness:
1. Tuberculosis
2. Syphilis
3. Epilepsy
4. High Fever
5. Any other

Cause of Mental Ailment:

APPENDIX II

Case No.:_____________  Reg. No.:_____________
Date:_____________

UNIVERSITY OF POONA
DEPARTMENT OF ANTHROPOLOGY
CULTURE AND MENTAL HEALTH
(The Cultural Etiology of Mental Disorders in Rural Maharashtra)

INTERVIEW SCHEDULE
(Administered in Marathi)

All information will be strictly confidential and will be used for scientific purposes only.

1.0 GENERAL INFORMATION
1.1 Name of cured patient:
1.2 Name of close kin/informant:
1.3 Present address:
1.4 Permanent address:
1.5 Sex: (a) Male (b) Female
1.6 Date of birth:
1.7 Place of birth:
1.8 Religion:
1.9 Caste: Sub-caste:
1.10 Marital status:
   a) Married          d) Re-married
   b) Divorced        e) Separated
   c) Widow           f) Widower
Comments:

2.0 EDUCATION
2.1 Standard of Education:
   a) Literate          e) Graduate
   b) Primary (1-4)     f) Post-graduate
   c) Middle school (5-7)
   d) High school (8-11) g) Any other

2.2 At what age did you begin school?
2.3 Did you have any break in your schooling while the school was in session?
   a) Yes          b) No
   If yes, give reasons.

2.4 At what age did you finish/leave school?
2.5 If discontinued, point out reasons for doing so.
2.6 If uneducated, point out reasons for remaining so.
2.7 Position in class during school career.
   a) Top          c) Bottom
   b) Middle

2.8 Did you like to go to school?
   a) Yes          b) No

2.9 What did you like most in your school?
2.10 Did you ever join in playground activities?
   a) Yes          b) No

2.11 Did your friends consider you as a leader?
   a) Yes          b) No

2.12 Did you like your class/school fellows?
   a) Yes          b) No

2.13 Did your class/school fellows dislike you?
   a) Yes          b) No

2.14 Did the teachers like you?
   a) Yes          b) No

2.15 Did you like your teachers?
   a) Yes          b) No

2.16 Which teacher did you like most in all your school career?

2.17 What did you like about him/her?

2.18 Describe what you most disliked about your teachers.

2.19 Did you work while you were in school?
   a) Yes          b) No

2.20 What kind of work did you do?

2.21 List any special courses you have taken other than your formal education.

2.22 What subjects did you like best?
   a) In High school   b) In College

2.23 What subjects did you like least?
   a) In High School   b) In College
2.24 Did you earn any or all of your college expenses?
   a) Yes  c) How?
   b) No

2.25 What extracurricular activities did you take part while in high school?

2.26 What extracurricular activities did you take part while in college?

2.27 To what offices or positions were you appointed?
   a) In High School  b) In College

   Comments:

3.0 PARENTAL FAMILY

3.1 Genealogy:

3.2 Family type:
   a) Joint family  c) Truncated family
   b) Nuclear family

3.3 Relationship between parents:
   a) Affinal  b) Consanguineous (specify)

3.4 Information on patient's father:
   a) Father's name:  d) Income:
   b) Occupation:  e) Age (approximate)
   c) Living:  f) Birth place:
               i) Yes  ii) No
3.5 From your point of view characterize your father as you experienced him.

___ Just ___ Unjust
___ Fair ___ Unfair
___ Severe ___ Mild
___ Stingy ___ Generous
___ Brutal ___ Kind
___ Loving ___ Rejecting
___ Strong ___ Weak
___ Hostile ___ Friendly
___ Domineering ___ Submissive
___ Clever ___ Dull
___ Educated ___ Uneducated
___ Mean to mother ___ Kind to mother
___ Mean to brother ___ Kind to brother
___ Mean to sister ___ Kind to sister
___ Hates mother ___ Loves mother
___ Nervous ___ Controlled
___ Emotional ___ Calm
___ Industrious ___ Lazy
___ Drunk ___ Sober
___ Clean ___ Untidy
___ Poor ___ Wealthy
___ Lots of fun ___ Grim
___ Demanded high standards ___ Did not care
___ Punished frequently ___ Never punished
___ Beat you ___ Never beat you
___ Went to temple ___ Did not go to temple

3.6 Did your father do anything that you particularly resented or did not like?

a) Yes
b) No

If yes, describe briefly:
3.7 Information on patient's mother:
   a) Mother's name:
   b) Occupation:
   c) Living:
      i) Yes    ii) No
   d) Income:
   e) Age (approximate)
   f) Birth place:

3.8 From your point of view characterize your mother as you experienced her:

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<td>Went to temple</td>
<td>Did not go to temple</td>
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</table>
3.9 Did your mother do anything that you particularly resented or did not like?
   a) Yes  b) No
   If yes, describe briefly:

3.10 Parents:
   a) Living together  c) Separated
   b) Divorced  d) Any other

3.11 Father remarried:
   a) Yes  b) No

3.12 Mother remarried:
   a) Yes  b) No

4.0 CHILDHOOD AND SIBLINGS

4.1 Position of the patient among the siblings.

4.2 Names of Sibs  Sex  Age  Marital Status  School College  Occupation
   a)  
   b)  
   c)  
   d)  

4.3 Did any of your brothers or sisters do anything that you resented deeply?
   (a) Yes  (b) No
   If yes, state briefly:
4.4 Following is a list of common health problems in childhood. Tick (/) those characterizing the patient:

- Temper tantrums
- Strong hates
- Strong fears
- Attacks of fainting
- Convulsions
- Swollen glands
- Severe headaches
- Difficulty in sleeping well
- Running away from home
- Extreme destructiveness
- Twitching of facial muscles
- Complicated birth
- Badly injured as a baby
- Playing frequently with sex organs
- Bottle fed
- Breast fed
- Constant daydreaming
- Severe spankings or other severe punishments
- Enuresis (Involuntary bed-wetting after the age of 7 years)
- Severe head injury

4.5 Were you afraid of

- Father
- Mother
- Brother
- Sister
- Uncle
- Aunt
- Teacher
- Any others

Give reasons:
5.0 ADOLESCENCE

5.1 What were your hobbies between the ages of 13-18?

5.2 In what did your interests lie?
   a) Books
   b) Boxing and wrestling match
   c) Football and cricket match
   d) Cinema
   e) Any other

5.3 Were you regularly attending classes during high school?
   a) Yes
   b) No

If no, why?

5.4 Were your friends:
   a) Few and close
   b) Few and superficial
   c) Many and close
   d) Many and superficial

5.5 Did you have friends of the opposite sex?
   a) Yes
   b) No

5.6 Did you court (love) anyone during the ages 13-18?
   a) Yes
   b) No

If yes, describe briefly:

6.0 MARRIED LIFE

6.1 While yet unmarried, did you feel that you would like to get married?
   a) Yes
   b) No

If no, state briefly why?
6.2 Type of marital alliance:
   a) Was your marriage an arranged one?
      i) Yes    ii) No
   b) If yes, by whom was it arranged?
   c) Was your consent obtained?
      i) Yes    ii) No
   d) Were there difficulties in
      i) Dowry Yes No
      ii) Caste of spouse Yes No
      iii) Matching of horoscopes Yes No
      iv) Social status Yes No
      v) Any other

6.3 Was yours a love marriage?
   a) Yes    b) No
   b) If yes, did your parents object?
      i) Yes    ii) No
   c) If yes, why did they object?
   d) Were you married according to your religious customs?
      i) Yes    ii) No
   e) If no, explain:

6.4 What was your age at the time of marriage?
6.5 What was the age of your spouse?
6.6 Was your spouse related to you before marriage?
   a) Yes    b) No
   If yes, specify relationship:
6.7 Occupation of spouse:
   a) What was the occupation of your spouse?
   b) Did your spouse continue working after marriage?
      i) Yes    ii) No

6.8 How would you describe your relations with your in-laws?
   a) Friendly  d) Indifferent
   b) Tolerant  e) Any other
   c) Hostile

6.9 Do you resent any one of your in-laws in particular?
   a) Yes    b) No
   If yes, state briefly:
      i) Whom?    ii) Why?

6.10 Do you like any one of your in-laws in particular?
   a) Yes    b) No
   If yes, state briefly:
      i) Whom?    ii) Why?

6.11 How would you describe your married life?
   a) Satisfactory    b) Unsatisfactory
   Give reasons:

6.12 Do you use contraceptives?
   a) Yes    b) No
   If no, why?
6.13 Information regarding children including miscarriages, stillbirths and abortions:

<table>
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<tr>
<th>Sl. No.</th>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>Marital Status</th>
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6.14 In case of women

a) Was there Toxemia of pregnancy?
   i) Yes    ii) No

b) Was there vomiting during pregnancy?
   i) Yes    ii) No

Comments:

7.0 SEX LIFE

7.1 How do you consider sex?

   a) Dirty    b) Clean

Give reasons:

7.2 How did you acquire information about sex?

   a) Father    c) Friends
   b) Mother    d) Sibs
   e) Any other
7.3 Did you practice any of the following:

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<tr>
<th>Age</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>a) Masturbation</td>
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<td>b) Homosexual attitudes and experiences</td>
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<td>c) Premarital heterosexual experiences</td>
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<td>d) Extramarital heterosexual experiences</td>
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<td>e) Any other</td>
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7.4 Are you suffering from venereal disease?

a) Yes  
b) No

If yes, what are its effects?

7.5 Female reproductive cycle:

a) Age at the onset of menarche

b) How regarded?
   i) Shameful  
   ii) Natural

c) Regularity of Menstruation
   i) Regular  
   ii) Irregular

d) Duration of Menstruation
   i) Normal  
   ii) Abnormal

e) State briefly the abnormal symptoms before, during and after menstruation.

Comments:
8.0 RELIGION

8.1 Do your parents go to the temple?
   a) Not at all        e) Everyday
   b) Once a year       f) Once a month
   c) Twice a month     g) Every week
   d) Any other

8.2 Do they give offerings?
   a) Yes               b) No

8.3 Do they bring home the "prasad"?
   a) Yes               b) No

8.4 Do you have poojas performed?
   a) Yes               b) No
   If yes, on what occasions?

8.5 Did your mother/father perform pooja at home?
   a) Yes               b) No
   If yes, on what occasions?

8.6 Do you go to the temple?
   a) Yes               b) No
   If yes, then how often?
      i) Once a week     iv) On special occasions
      ii) Twice a month  v) Any other
      iii) Once a month
   If no, give reasons.
9.0 HABITS

9.1 Do you chew tobacco
   a) Yes  b) No
   If yes, how often?

9.2 Do you take alcohol?
   a) Yes  b) No
   If yes, how often?

9.3 Place a tick (/) by any of the following items the patient is habituated to:
   ___ Ganja (Marajuana)
   ___ Charas
   ___ Bhang
   ___ Betel leaf and betel nut
   ___ Opium
   ___ Any other

9.4 Food habits:
   a) Vegetarian  b) Non-vegetarian

9.5 Sleeping habits:
   a) Regular  b) Irregular

9.6 Do you gamble?
   a) Yes  b) No
   If yes, in what form?

9.7 Are you in the habit of day dreaming?
   a) Yes  b) No
   If yes, state:
      i) How often? ii) What is the content?

Comments
10.0 STATUS OF HEALTH AND MEDICAL HISTORY

10.1 State mother's condition during pregnancy?
   a) Normal  b) Abnormal

10.2 Was the time of birth considered as
   a) Auspicious  b) Inauspicious

10.3 Process of birth
   a) Normal  b) Abnormal

   Specify problems if any:

10.4 History of major illness or accidents in the past.
   a) Falls  c) Enteric fever
   b) Operation  d) Any other

10.5 Do you have any difficulty with
   ___ Ears
   ___ Eyes
   ___ Feet
   ___ Teeth
   ___ Appetite
   ___ Memory
   ___ Sleep
   ___ Speech
   ___ Any other physical difficulties

   If so, specify:

10.6 Have you ever been hospitalized?
   a) Yes  b) No

   If yes, i) For what?  ii) How long?
   iii) At what age did it occur?

10.7 As a child, were you:
   a) Extremely healthy  c) Poor health
   b) Of average health  d) Sick most of the time
10.8 State whether the following problems were observed in your family?
   a) Abnormal personalities
   b) Mental disorder
   c) Epilepsy
   d) Alcoholism
   e) Nervous disorders
   f) Any other

10.9 State the physical condition of your spouse.
   a) Good
   b) Bad
   If bad, did it affect you?
   i) Yes
   ii) No
   If yes, explain briefly:

Comments:

11.0 MENTAL HEALTH

11.1 What was regarded as the first sign of mental illness?

11.2 Did you have any previous attacks of psychiatric illness?
   a) Yes
   b) No
   If yes, please specify
   i) Year
   ii) Duration
   iii) Symptoms
   iv) Treatment
   v) Outcome
   Who took initiative in taking you to the psychiatrist?

11.3 Did you try out any traditional methods of curing your mental illness?
   a) Yes
   b) No
   If yes, explain:
11.4 What do you think was responsible for your mental illness?
   Explain:

11.5 Did you exhibit any suicidal tendencies?
   a) Yes    b) No
   If yes,
   i) When?   iii) How?
   ii) Where?  iv) Why?

11.6 What is the ultimate ambition of your life? Has it been fulfilled?

11.7 What is the attitude of your spouse, members of your family, relatives, and community regarding your mental illness?

12.0 OCCUPATIONAL BACKGROUND

12.1 Were you employed?
   a) Yes    b) No
   If no, give period and reasons for unemployment.
   If yes, give
   i) Place of work   iii) Period of work
   ii) Kind of work   iv) Wages for the work

12.2 Have you ever changed your job?
   a) Yes    b) No
   If yes, give
   i) The number of times you changed
   ii) Type of new jobs acquired
   iii) Reasons for each change that was made
12.3 How did you get along with other people on the job?
   a) With people above you
   b) With those on your level
   c) With people under you

12.4 Which of the above did you dislike and why?

12.5 What kinds of work would you like being able to do?

12.6 What kinds of work can you now actually do satisfactorily?

12.7 Are you under pressure from parents, relatives or friends to take up any particular line of work?
   a) Yes
   b) No

   If yes, what kind?

12.8 At what age did you start to work?

12.9 Tick (/) the patient's attitude towards work and responsibility.

   ——— Welcomes ——— Shuns
   ——— Makes decisions easily ——— With difficulty
   ——— Methodical ——— Haphazard
   ——— Rigid ——— Flexible
   ——— Cautious ——— Impulsive
   ——— Persevering and determined ——— Easily bored and discouraged

Comments:
13.0 SOCIO-ECONOMIC HISTORY

13.1 How many members of your family are earning? Give names and their monthly income.

   Name       Monthly Income (approximately)
   a)
   b)
   c)
   d)
   e)

13.2 List other sources of income.

   a)
   b)
   c)

13.3 Do you have a house of your own?

   a) Yes
   b) No

   If yes, with whom do you live?

   If no, describe your living conditions.

13.4 Do you owe anybody?

   a) Yes
   b) No

   If yes, state amount.

13.5 How many people are dependent for their living on your wages?

13.6 Give the approximate value of your assets.

14.0 ANTI-SOCIAL HISTORY

14.1 Have you ever been arrested?

   a) Yes
   b) No

   If yes, give reasons.
14.2 What was your mental condition when the offence was committed?

14.3 Did you commit any public offences?
   a) Yes             b) No
   If yes, specify:

14.4 Was there any complaints against you regarding antisocial behaviour from the members of the society?
   a) Yes             b) No
   If yes, give details:

14.5 Have you ever been imprisoned?
   a) Yes             b) No
   If yes, give reasons:
   Comments:

15.0 SOCIAL PARTICIPATION

15.1 What is your attitude towards your father?
   a) Affectionate     c) Indifferent
   b) Dependent        d) Independent

15.2 What is your attitude towards your mother?
   a) Affectionate     c) Indifferent
   b) Dependent        d) Independent

15.3 What is your attitude towards your sibs?
   a) Affectionate     c) Indifferent
   b) Dependent        d) Independent

15.4 What is your attitude towards other kin?
   a) Friendly         c) Indifferent
   b) Hostile
15.5 Social relations with friends.
   a) Do you go out with your friends?
      i) Yes  ii) No
      iii) Not permitted to
   b) Do you like making friends?
      i) Yes  ii) No
   c) Do other people like you?
      i) Yes  ii) No
      iii) I don't know
   d) Do you like to be alone?
      i) Yes  ii) No
      iii) Sometimes
   e) Do you feel at ease with the opposite sex?
      i) Yes  ii) No
      If no, give reasons:

15.6 Do you sometimes worry about what other people think about you?
   a) Yes  b) No
   If yes, explain why?

15.7 Do you prefer to mingle with:
   a) Your own sex  c) Mixed company
   b) Opposite sex

15.8 To what groups or organizations do you now belong as a member?

15.9 What activity or activities, either work or play, do you gain real enjoyment and satisfaction from?

15.10 Do you read the daily newspaper regularly?
   a) Yes  b) No
### 15.11 Interpersonal relationships of the patients (Tick (/) those that are applicable)

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<th>Leader</th>
<th>Follower</th>
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<td>Insensitive</td>
<td>Touchy and sensitive</td>
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</tr>
<tr>
<td>controlled</td>
<td>Irritable</td>
</tr>
<tr>
<td>Tactful</td>
<td>Outspoken</td>
</tr>
<tr>
<td>Enjoys self-</td>
<td>Shuns it</td>
</tr>
<tr>
<td>display</td>
<td></td>
</tr>
<tr>
<td>Aggressive</td>
<td>Submissive</td>
</tr>
<tr>
<td>Tolerant</td>
<td>Intolerant</td>
</tr>
<tr>
<td>Adjustable</td>
<td>Inflexible</td>
</tr>
<tr>
<td>Sociable</td>
<td>Sedusive</td>
</tr>
</tbody>
</table>

### 15.12 Standards of the patient. (Tick (/) those that are applicable)

<table>
<thead>
<tr>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perfectionistic</td>
<td>Complacent</td>
</tr>
<tr>
<td>Self-critical</td>
<td>Self approving</td>
</tr>
<tr>
<td>Selfish and</td>
<td>Unselfish and</td>
</tr>
<tr>
<td>egoistic</td>
<td>altruistic</td>
</tr>
<tr>
<td>Much concern</td>
<td>Little concern</td>
</tr>
<tr>
<td>about health</td>
<td>about health</td>
</tr>
<tr>
<td>Rational</td>
<td>Superstitious</td>
</tr>
</tbody>
</table>

### 15.13 Moods of the patient. (Tick (/) those that are applicable)

<table>
<thead>
<tr>
<th>Cheerful</th>
<th>Despondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm and relaxed</td>
<td>Strung up</td>
</tr>
<tr>
<td>Placid</td>
<td>Worrying</td>
</tr>
<tr>
<td>Optimistic</td>
<td>Pessimistic</td>
</tr>
<tr>
<td>Satisfied</td>
<td>Self-depreciative</td>
</tr>
<tr>
<td>Stable</td>
<td>Fluctuating</td>
</tr>
<tr>
<td>Controlled</td>
<td>Uncontrolled</td>
</tr>
</tbody>
</table>
15.14 With which part of the daily newspaper do you spend the most time? Place a tick (/) /

- Sports
- Social news
- Crime
- Business news
- Cartoons
- Foreign affairs
- Local news
- Classified advertisements
- Pictures
- Others

15.15 What magazines do you read regularly?

15.16 If you had time and money, what activities would you like to be engaged in?

15.17 If you had two full continuous hours of leisure every day, what would you do?

15.18 What are your chief hobbies and amusements?

15.19 In what area of your personal life do you find most difficulty in adjusting?

15.20 Why do you think this difficulty exists?

15.21 Have you any habits that worry you?

   a) Yes          b) No

   If yes, what would you most like to change or get rid off?

15.22 Do you worry about your intelligence or grades?

   a) Yes          b) No

   If yes, what is the basis of your worry?

15.23 If you have any difficulty you would like to discuss, describe it briefly.

15.24 Have you asked for any help or guidance in your personal affairs before?

   a) Yes          b) No

   If yes, whom have you asked?

   What help did you receive?

   What did it do for you?