

# WHOQOL-BREF

Field Trial Version

December 1996

PROGRAMME OF MENTAL HEALTH  
WORLD HEALTH ORGANIZATION  
GENEVA

For office use only

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|                           | Equations for computing domain scores                          | Raw score | Transformed | Scores' |
|---------------------------|--|-----------|-------------|---------|
| Domain 1<br>Physical      | $(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$<br>+ + + + + + | = 21      | 12          | 5       |
| Domain 2<br>Psychological | $Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)$<br>+ + + + +              | =         |             |         |
| Domain 3<br>Social        | $Q20 + Q21 + Q22$<br>+ +                                       | =         |             |         |
| Domain 4<br>Environment   | $Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25$<br>+ + + + + + + | =         |             |         |

● Please see

Table 4 on page 10 of the manual for converting raw scores to transformed scores

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ABOUT YOU

Before you begin we would like ask you to answer a few general questions about Yourself: by circling the correct answer or by filling in the space provided.

I.D. number

Four empty boxes for I.D. number

What is your gender?

Male Female

What is you date of birth?

Day / Month / Year

What is the highest education you received?

- None at all
Primary school
Secondary school
Tertiary

What is your marital status?

- Single Married Living as married
Separated Divorced Widowed

Are you currently ill? Yes No

If something is wrong with your health what do think it is? illness / problem

Instructions

This assessment asks how you feel about your quality of life. health. Or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question. Please choose the one that appears most appropriate. This often be your first response.

Please keep in mind your standards. hopes. pleasures and concerns. We ask that you think about your life in the last two weeks. For example. Thinking about the last two weeks. A question might ask:

Table with 7 columns: Question, Not at all (1), Not much (2), Moderately (3), a great deal (4), Completely (5)

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others as follows.

Table with 7 columns: Question, Not at all (1), Not much (2), Two Moderately (3), a great deal (4), Completely (5)

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks.

Please read each question assess your feelings and circle the number on the scale for each question that gives the best answer for you.

|        |  | Very poor | Poor | Neither poor nor good | Good | Very good |
|--------|--|-----------|------|-----------------------|------|-----------|
| 1 (G1) | How would you rate your quality of life? | 1         | 2    | 3                     | 4    | 5         |

|        |   | Very dissatisfied | Dissatisfied | Neither Satisfied nor dissatisfied | Satisfied | Very satisfied |
|--------|---|-------------------|--------------|------------------------------------|-----------|----------------|
| 2 (G4) | How satisfied are you with your health? | 1                 | 2            | 3                                  | 4         | 5              |

The following questions ask about how much you have experienced certain things in the last two weeks.

|          |  | Not at all | A little | A moderate amount | Very much | An extreme amount |
|----------|--|------------|----------|-------------------|-----------|-------------------|
| 3 (F1.4) | To what extent do you feel that physical pain prevents you from doing what you need to do? | 1          | 2        | 3                 | 4         | 5                 |
| 4(F11.3) | How much do you need any medical treatment to function in your daily life?                 | 1          | 2        | 3                 | 4         | 5                 |
| 5(F4.1)  | How much do you enjoy life?  | 1          | 2        | 3                 | 4         | 5                 |
| 6(F24.2) | To what extent do you feel your life to be meaningful?                                     | 1          | 2        | 3                 | 4         | 5                 |

|          |   | Not at all | A little | A moderate amount | Very much | An extreme amount |
|----------|---|------------|----------|-------------------|-----------|-------------------|
| 7 (F5.2) | How well are you able to concentrate?     | 1          | 2        | 3                 | 4         | 5                 |
| 8(F16.1) | How safe do you feel in your daily life?  | 1          | 2        | 3                 | 4         | 5                 |
| 9(F22.1) | How healthy is your physical environment? | 1          | 2        | 3                 | 4         | 5                 |

The following questions ask about how completely you experience or were able to do certain things in the last two weeks

| 10 (F3.1)  | Do you have enough energy for everyday life?                                   | 1 | 2 | 3 | 4 | 5 |
|------------|--|---|---|---|---|---|
| 11 (F7.1)  | Are you able to accept your bodily appearance?                                 | 1 | 2 | 3 | 4 | 5 |
| 12 (F18.1) | Have you enough money to meet your needs?                                      | 1 | 2 | 3 | 4 | 5 |
| 13 (F20.1) | How available to you is the information that you need in your day to-day life? | 1 | 2 | 3 | 4 | 5 |
| 14 (F21.1) | To what extent do you have the opportunity for leisure activities?             | 1 | 2 | 3 | 4 | 5 |

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|           |                                     | Very poor | Poor | Neither poor nor good | Good | Very good |
|-----------|-------------------------------------|-----------|------|-----------------------|------|-----------|
| 15 (F9.1) | How well are you able to get around | 1         | 2    | 3                     | 4    | 5         |

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

|           |  | Very dissatisfied | Dissatisfied | Neither Satisfied nor dissatisfied | Satisfied | Very satisfied |
|-----------|--|-------------------|--------------|------------------------------------|-----------|----------------|
| 16 (F3.3) | How satisfied are you with your sleep?   | 1                 | 2            | 3                                  | 4         | 5              |
| 17(F10.3) | How satisfied are you with your ability to perform your daily living activities? | 1                 | 2            | 3                                  | 4         | 5              |
| 18(F12.4) | How satisfied are you with your capacity for work?                               | 1                 | 2            | 3                                  | 4         | 5              |
| 19(F6.3)  | How satisfied are you with yourself?   | 1                 | 2            | 3                                  | 4         | 5              |
| 20(F13.3) | How satisfied are you with your personal relationships?                          | 1                 | 2            | 3                                  | 4         | 5              |
| 21(F15.3) | How satisfied are you with your sex life?  | 1                 | 2            | 3                                  | 4         | 5              |
| 22(F14.4) | How satisfied are you with the support you get from your friends?                | 1                 | 2            | 3                                  | 4         | 5              |
| 23(F17.3) | How satisfied are you with the conditions of your living place?                  | 1                 | 2            | 3                                  | 4         | 5              |
| 24(F19.3) | How satisfied are you with your access to health services?                       | 1                 | 2            | 3                                  | 4         | 5              |
| 25(F23.3) | How satisfied are you with your transport?                                       | 1                 | 2            | 3                                  | 4         | 5              |

The following question refers to how often you have felt or experienced certain things in the last two weeks.

|          |  | Never | Seldom | Quite often | Very often | Always |
|----------|--|-------|--------|-------------|------------|--------|
| 26(F8.1) | How often do you have negative feelings such as blue mood. Despair. Anxiety, depression? |       |        |             |            |        |

Did someone help you to fill out this form .....how long did it take to fill this form out?.....

Do you have any comments about the assessment?

.....  
.....

THANK YOU FOR YOUR HELP

## **BURDEN ASSESSMENT OF SCARF**

The burden assessment schedule developed at SCARF is based on an integrative framework encompassing subjective and objective components of burden. Qualitative and quantitative methods were adopted in the process of development. The initial steps in the ethnographic exploration were unstructured interviews of primary caregivers of chronic mentally ill patients. This helped in identifying broad domains of burden experienced by the caregivers. Information obtained from the initial interviews helped to clarify the domains. These were later validated by focus group discussions with caregivers. Itemization of the instrument was undertaken and an initial 65-item questionnaire was developed.

This 65-item instrument was field tested on 250 respondents. A factor analysis using varimax rotation was done. This helped to delete items with low factor loadings, below 0.4. The resultant instrument comprised 40 items. Inter-rater reliability exercises were carried out at the commencement of the quantitative phase. A kappa value of 0.8 was obtained. Reliability was also

carried out for every 10<sup>th</sup> interview to ensure that the level of reliability was maintained.

Criterion validity was established by comparing with the family Burden Schedule (Pai and Kapur, 1981). Both instruments were administered on 60 caregivers by two different researches. Comparable items of both instruments were found to be highly correlated.

The Burden Assessment Schedule has been developed at SCARF with the support of the WHO SEARO & the technical support from. Dr. Helmut Sell, WHO SEARO.

### **BURDEN ASSESSMENT SCHEDULE OF SCARF**

Please circle that number corresponding to the appropriate answer. rate 9 when not applicable.

#### **CLIENT AND INFORMANT DETAILS: -**

Name of client: -----

Age

Sex

Marital Status

Male

Female

Single

Married

Separated

Divorced

Widowed



Living with a partner  
Other

Educational Level

Elementary School  
Secondary School  
Technical School  
University  
Post-Degree  
Other

Working Status

Full-time paid job  
Full-time unpaid job  
Part-time unpaid job  
Do no work  
Other

Relationship with patient

Parent  
Spouse  
Son/Daughter  
Brother/Sister  
Other Relatives  
Friend  
Other

Living Status

Same residency as patient  
Separate residences

Contact with patient

Daily  
3-5 times a week  
1-2 times a week  
1-3 times a month  
Other

Name of informant: \_\_\_\_\_

|  |
|--|
|  |
|  |

Age

Sex

|        |   |
|--------|---|
| Male   | 1 |
| Female | 2 |

Marital status

|                       |   |
|-----------------------|---|
| Single                | 1 |
| Married               |   |
| Separated             | 3 |
| Divorced              | 4 |
| Widowed               | 5 |
| Living with a partner | 6 |
| Other                 | 9 |

1. Is the current financial position adequate to look after the patient?

|                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |

2. Are you concerned that you are largely responsible to meet the patient's financial need?

|                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

3. Does the patient's future financial situation worry you?

|                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

4. Has your family's financial situation worsened since the patient's illness?

|                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

5. Is the patient's illness preventing you from looking for a job?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
6. Do you feel forced into going to work to support the patient?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
7. Does the patient's illness affect your efficiency at work (at home/at work place)?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
8. Are you satisfied with the way the patient looks after himself?
- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |
9. Do you feel you have to take the responsibility of ensuring that the patient has everything he needs?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
10. Do you think you have to compensate the patient's shortcomings, in general?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
11. Does support from your family help in caring for the patient?
- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |

12. Does the patient cause disturbances in the home?

- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

13. Are you able to care for others in your family?

- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |

14. Has your family stability been disrupted by your relative's illness (frequent quarrels, break-up)?

- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

15. Do you think that your family appreciates the way you handle the parent?

- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |

16. Does the patient's illness prevent you from having satisfying relationship with the rest of you family?

- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

(If the spouse is the ill member of your family please answer the next 4 questions)

17. Does your spouse help with family responsibility?

- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |

18. Is your spouse able to satisfy your sexual needs?
- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |
19. Is your spouse still affectionate towards you?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
20. Has the quality of your marital relationship declined since your spouse's illness?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
21. Does caring for the patient make you feel easily tired and exhausted?
- |                |   |
|----------------|---|
| Not at all     |   |
| To some extent | 1 |
| Very much      | 2 |
|                | 3 |
22. Has your workload increased after the patient's illness?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
23. Do you think that your health has been affected because of the patient's illness?
- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |
24. Do you find time to look after your health?
- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |

25. Are you able to relax for sometime during the day?
- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |
26. Do you sometimes feel depressed and anxious because of the patient?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
27. Do you sometimes feel that there is no solution to your problems?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
28. Do you feel sometimes the need for temporary separation from the patient?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
29. Does reducing the time spent with the patient (work/other activities) help you
- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |
30. Does the patient's unpredictable behaviour disturb you?
- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |
31. Has your sleep been affected since the patient took ill?
- |                |   |
|----------------|---|
| To some extent | 2 |
| Very much      | 3 |

32. Does your relative's illness prevent you from having satisfying relationships with your friends?

- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

33. Have you started to feel lonely and isolated since the patient's illness?

- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

34. Does support from friends help in caring for the patient?

- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |

35. Does sharing your problems with others make you feel better?

- |                |   |
|----------------|---|
| Not at all     |   |
| To some extent | 3 |
| Very much      | 2 |
|                | 1 |

36. Do you feel that your friends appreciate the way you handle the patient's?

- |                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |

37. Do you often feel frustrated that the improvement of the patient is slow?

- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

38. Do you feel that you are doing more than the patient to improve his/ her situation?

- |                |   |
|----------------|---|
| Not at all     | 1 |
| To some extent | 2 |
| Very much      | 3 |

39. Do you have the feeling that your relative understands and appreciates your effort to help him/her?

|                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |

40. Are you satisfied with the amount of help that you are getting from health professionals regarding your relatives illness?

|                |   |
|----------------|---|
| Not at all     | 3 |
| To some extent | 2 |
| Very much      | 1 |



## BURDEN ASSESSMENT SCHEDULE - Scoring Sheet

Name of the client : .....

Age : .....

Marital status : .....

Working Status : .....

Living Status : .....

Name of informant : .....

Age : Sex :

Marital status : Educational Level :

Working : Relationship with patient :

Living Status : Contact with patient :

### BURDEN ASSESSMENT

|           |           |
|-----------|-----------|
| 1. 3 2 1  | 22. 1 2 3 |
| 2. 1 2 3  | 23. 1 2 3 |
| 3. 1 2 3  | 24. 3 2 1 |
| 4. 1 2 3  | 25. 3 2 1 |
| 5. 1 2 3  | 26. 1 2 3 |
| 6. 1 2 3  | 27. 1 2 3 |
| 7. 1 2 3  | 28. 1 2 3 |
| 8. 3 2 1  | 29. 3 2 1 |
| 9. 1 2 3  | 30. 3 2 1 |
| 10. 1 2 3 | 31. 1 2 3 |
| 11. 3 2 1 | 32. 1 2 3 |
| 12. 1 2 3 | 33. 1 2 3 |
| 13. 3 2 1 | 34. 3 2 1 |
| 14. 1 2 3 | 35. 3 2 1 |
| 15. 3 2 1 | 36. 3 2 1 |
| 16. 1 2 3 | 37. 1 2 3 |
| 17. 3 2 1 | 38. 1 2 3 |
| 18. 3 2 1 | 39. 3 2 1 |
| 19. 1 2 3 | 40. 3 2 1 |
| 20. 1 2 3 | 21. 1 2 3 |

## STRESS RELATED ILLNESS SCALE

For checklist 1, the more behaviours you answer 'sometimes' or 'often' to, the more likely you are to be suffering from stress. If you answer 'never' to more than a few questions check that you are not trying to present too positive a picture of yourself.

You may feel some of the questions do not represent a change in your behaviour, but describe the way you usually behave, for example, 'talk fast' or 'walk fast'. You may feel, therefore, that these should not count in a stress score. Before you dismiss them read chapter 4 on the Type A personality.

There are, in addition, two questions which may require a Yes/No response

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> <li>• Is your mood fixed, and different from usual (i.e. Are you unusually elated or depressed?)</li> </ul>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• Have your daily habits changed suddenly? (i.e. Have you suddenly become very disorganized or highly methodical?)</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |

### Checklist 1 Behavioural signs of stress

| How often do you:                                  | Often                    | Sometimes                | Rarely                   | Never                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Feel irritable?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Feel restless?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Feel frustrated at having to wait for something? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Talk fast?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Walk fast?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Slump?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Drag your feet when you walk?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Become easily confused?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have memory problems?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Think about negative things all the time?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Think about negative things without wanting to?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have marked mood swings?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| • Feel weepy?   | Often                    | Sometimes                | Rarely                   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • Smoke?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Drink alcohol?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Eat too much?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Eat when you are not hungry?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Forget to eat/miss meals?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Go off your food?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Feel in a rush?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Find it difficult to concentrate?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Not have enough energy to get things done?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Wake up early?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Find it difficult to fall asleep?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Find it difficult to get out of bed in the morning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Feel angry?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Feel you can't cope?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Find it hard to make decisions?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Feel sorry for yourself?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Worry about the future                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Feel you have lost your sense of humour?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Take tranquillizers?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Take non-prescribed drugs?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have minor accidents?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                             |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Have emotional outbursts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Generally feel upset?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### STRESS RELATED ILLNESS SCALE

Checklist 2 looks at the physical signs of stress. The same comments and provisions apply as they did for Checklist 1. Once again, the more 'often' or 'sometimes' categories you have ticked, the more likely you are to be exhibiting signs of stress. Even if you attribute some of your answers to a chronic health problem it may be that this is itself, a manifestation of stress.

#### Checklist 2 Physical signs of stress

|  | Often                    | Sometimes                | Rarely                   | Never                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Muscle tension?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • General aches and pains?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pains in your shoulders or neck?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pains in your chest?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Stomach / abdominal pain?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 'Upset stomach,' including constipation or diarrhea?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Indigestion  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Muscle spasms or nervous tics?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Twitching eyelid?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Fidgeting with your hands, including repetitive movements (e.g. rubbing hands together, fingers picking at one another)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • General fidgeting (e.g. wriggling, shifting, weight from one foot to the other)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Shortness of breath, breathlessness?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Shallow breathing?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Unexplained rashes or skin irritations?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Generally itchy skin for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dry mouth in anticipation of events?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Often                    | Sometimes                | Rarely                   | Never                    |
| • Rapid pulse?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 'Pounding' or 'racing' of your heart'?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 'Colds', sniffles, runny nose etc?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Having to keep clearing your throat?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Headaches?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tiredness or lack of energy?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Loss of interest in sex?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Dizziness?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Nausea?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sweaty palms?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sweating when you are not physically active? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 'Butterflies' in your stomach?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Checklist 4 Stress-prone characteristics

|   | Often                    | Sometimes                | Rarely                   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • Do you think of yourself as less worthwhile than others?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you find yourself thinking pessimistically about yourself?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you find yourself thinking pessimistically about life in general, the world? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you feel as though you have little control over your life?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • When a number of things go wrong at one time do you feel overwhelmed?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you feel trapped or anxious when unforeseen incidents intrude on your day?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you see changes as a burden or an obstacle to be overcome?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you feel tense or anxious for no good reason?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you find to be over-serious or gloomy?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you find yourself doing things you do not want to do?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you find yourself missing out on things you want to do?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you blame other people, circumstances or 'fate' when things go wrong?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you credit other people, circumstances or 'fate' when things go well?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you feel 'put-upon'?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are your goals for work vague?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you feel you know what you want out of life?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## EPQ (J)

**Instructions:** Here are some questions regarding the way you behave, feel and act. Try to decide whether “YES” or “NO” represents your usual way of action or feeling. Then put a circle around “YES” or “NO” for each item on the answer sheet. Work quickly, and do not spend too much time over any question, we want your first reaction, not a long-drawn out thought process. The whole questionnaire should not take more than a few minutes. Be sure not to omit any questions.

Now go ahead, work quickly, and remember to answer every question. There are no right or wrong answers, and this is not a test of intelligence or ability, but simply a measure of the way you behave.

|  | Yes | No |
|--|-----|----|
| 1. Do you like plenty of excitement going on around you?                         |     |    |
| 2. Are you moody?  |     |    |
| 3. Do you enjoy hurting people you like?   |     |    |
| 4. Were you ever greedy by helping yourself to more than your share of anything? |     |    |
| 5. Do you nearly always have a quick answer when people talk to you?             |     |    |
| 6. Do you very easily feel bored?  |     |    |
| 7. Would you always do as you are talk at once?                                  |     |    |
| 8. Would you enjoy practical jokes that could sometimes really hurt people?      |     |    |
| 9. Would you rather be alone instead of meeting other children?                  |     |    |
| 10. Do ideas run through your head so that you cannot sleep?                     |     |    |
| 11. Have you ever broken any rules at school?                                    |     |    |

|   |  |  |
|---|--|--|
| 12. Would you like other children to be afraid of you?  |  |  |
| 13. Are you rather lively?  |  |  |
| 14. Do lots of things annoy you?  |  |  |
| 15. Would you enjoy cutting up animals in science class?                                      |  |  |
| 16. Did you ever take anything (even a pin or button) that belonged to someone else?          |  |  |
| 17. Have you got lots of friends?   |  |  |
| 18. Do you ever feel 'Just miserable' for no good reason?                                     |  |  |
| 19. Do you sometimes like teasing animals?  |  |  |
| 20. Did you ever pretend you did not hear when someone was calling you?                       |  |  |
| 21. Would you like to explore an old haunted castle?  |  |  |
| 22. Do you often feel life is very dull?  |  |  |
| 23. Do you seem to get into more quarrels and scraps than most children?                      |  |  |
| 24. Do you always finish your homework before you play?                                       |  |  |
| 25. Do you like doing things where you have to act quickly?                                   |  |  |
| 26. Do you worry about awful things that might happen?  |  |  |
| 27. When you hear children using bad language do you try to stop them?                        |  |  |
| 28. Can you get a party going?  |  |  |
| 29. Are you easily hurt when people find things wrong with you or the work you do?            |  |  |
| 30. Would it upset you a lot to see a dog that has just been run over?                        |  |  |
| 31. Do you always say you are sorry when you have been rude?                                  |  |  |
| 32. Is there someone who is trying to get their own back for what they think you did to them? |  |  |
| 33. Do you think water skiing would be fun?   |  |  |
| 34. Do you often feel tired for no reason?  |  |  |
| 35. Do you rather enjoy teasing other children?   |  |  |



|  |  |  |
|--|--|--|
| 36. Are you always quiet when older people are talking?                              |  |  |
| 37. When you make new friends do you usually make the first move?                    |  |  |
| 38. Are you tough about something?   |  |  |
| 39. Do you seem to get into a lot of fights?   |  |  |
| 40. Have you ever said anything bad or nasty about anyone?                           |  |  |
| 41. Do you like telling jokes or funny stories to your friends?                      |  |  |
| 42. Are you in more trouble at school than most children?                            |  |  |
| 43. Do you generally pick up papers and rubbish others throw on the classroom floor? |  |  |
| 44. Have you many different hobbies and interests?                                   |  |  |
| 45. Are your feelings rather easily hurt?  |  |  |
| 46. Do you like playing pranks on others?  |  |  |
| 47. Do you always wash before a meal?  |  |  |
| 48. Would you rather sit and watch than play at parties?                             |  |  |
| 49. Do you often feel fed-up?  |  |  |
| 50. Is it sometimes rather fun to, watch a gang tease or bully a small child?        |  |  |
| 51. Are you always quiet in class, even when the teacher is out of the room?         |  |  |
| 52. Do you like doing things that are a bit frightening?                             |  |  |
| 53. Do you sometimes get so restless that you cannot sit still in a chair for long?  |  |  |
| 54. Would you like to go to the moon on your own?                                    |  |  |
| 55. At prayers or assembly, do you always sing when the others are singing?          |  |  |
| 56. Do you like mixing with other children?  |  |  |
| 57. Are your parents far too strict with you?  |  |  |
| 58. Would you like parachute jumping?  |  |  |
| 59. Do you worry for a long while if you feel you have made a fool of yourself?      |  |  |

|   |  |  |
|---|--|--|
| 60. Do you always eat everything you are given at meals?                                      |  |  |
| 61. Can you let yourself go and enjoy yourself a lot at a lively party?                       |  |  |
| 62. Do you sometimes feel life is just not worth living?                                      |  |  |
| 63. Would you feel very sorry for an animal caught in a trap?                                 |  |  |
| 64. Have you ever been cheeky to your parents?  |  |  |
| 65. Do you often make up your mind to do thing suddenly?                                      |  |  |
| 66. Does your mind often wander off when you are doing some work?                             |  |  |
| 67. Do you enjoy diving or jumping into the sea or a pool?                                    |  |  |
| 68. Do you find it hard to get to sleep at night because you are worrying about things?       |  |  |
| 69. Did you ever write or scribble in a school or library book?                               |  |  |
| 70. Do other people think of you as being very lively?  |  |  |
| 71. Do you often feel lonely?   |  |  |
| 72. Are you always especially careful with other people's things?                             |  |  |
| 73. Do you always share all the sweets you have?  |  |  |
| 74. Do you like going out a lot?  |  |  |
| 75. Have you ever cheated at a game?  |  |  |
| 76. Do you find it hard to really enjoy yourself at a lively party?                           |  |  |
| 77. Do you sometimes feel especially cheerful and at other times sad without any good reason? |  |  |
| 78. Do you throw waste paper on the floor when there is no waste paper basket handy?          |  |  |
| 79. Would you call yourself happy -go-lucky?  |  |  |
| 80. Do you often need kind friends to cheer you up?   |  |  |
| 81. Would you like to drive or ride on a fast motorbike?                                      |  |  |



Educational level of LITERATE  ILLITERATE

the Child

K.G to 3<sup>rd</sup> Std  Attended School   
(4<sup>th</sup> Std to  
7<sup>th</sup> Std)  Not Attended School   
(8<sup>th</sup> Std to) to)   
10<sup>th</sup> Std)  A School Drop out   
(11<sup>th</sup> Std   
12<sup>th</sup> Std)   
Pre-Degree

8. Employment Employed  Unemployed   
of the P.C.G's

Coolie   
Office   
Self Employed   
Business   
Executive   
Organizations   
School / College

9. House Hold Income Rs.1000 to  3000  
Rs.3001 to  6000  
Rs.6001 to  Above

10. Relationship Status Father  Mother  Grand Mother  Cousins   
Brother  Sister

11. Types of Family Nuclear  Joint  living alone  With/Without  Children

12. Religion Christian  Hindu  Muslim  Any other

**QUESTIONNAIRE FOR A STUDY ON PSYCHO-SOCIAL IMPACT ON CHILDREN  
SUFFERING FROM AIDS AND THEIR PRINCIPAL CARE-GIVERS”**

**(principal care-givers)**

**INSTRUCTIONS: Put a tick mark (√) in the appropriate column: -**

| <b>SI. NO</b> | <b>DIAGNOSIS-HEALTH FUNCTIONING</b>                                    | <b>S.A.<br/>4</b> | <b>Agree<br/>3</b> | <b>Disagree<br/>2</b> | <b>SDA<br/>1</b> |
|---------------|--|-------------------|--------------------|-----------------------|------------------|
| 1.            | Should your Child’s Diagnosis be disclosed to your partner.            |                   |                    |                       |                  |
| 2.            | Should confidentiality be maintained regarding your child’s Diagnosis. |                   |                    |                       |                  |
| 3.            | Has your Child’s illness affected your health/your partner’s health.   |                   |                    |                       |                  |
| 4.            | Has your Child’s Diagnosis been revealed to other family members.      |                   |                    |                       |                  |
| 5.            | Unable to take care of your children.                                  |                   |                    |                       |                  |
| 6.            | Is AIDS curable?   |                   |                    |                       |                  |
| 7.            | Has other Children/Siblings been affected with AIDS.                   |                   |                    |                       |                  |
| 8.            | Would your children grow up without you? Or your partner?              |                   |                    |                       |                  |
| 9.            | Worried regarding future consequences                                  |                   |                    |                       |                  |
| 10.           | Yours Child’s illness is a burden on family members or friends.        |                   |                    |                       |                  |

**SOCIAL SUPPORT**

|    |  |  |  |  |  |
|----|--|--|--|--|--|
| 1. | Is your family a happy one.  |  |  |  |  |
| 2. | Harmonious Relationship is maintained with your spouse/Children/Significant others.            |  |  |  |  |
| 3. | Is it important to attain family health?   |  |  |  |  |
| 4. | Other pressures at home overshadows the need of your HIV + ve child /Domestic Chores/Siblings. |  |  |  |  |
| 5. | Have you suffered from domestic violence   |  |  |  |  |
|    | <b><u>FAMILY:</u></b>  |  |  |  |  |
| 1. | Have you been ashamed of HIV as a disease in your family.                                      |  |  |  |  |
| 2. | Have you been rejected by your family members.   |  |  |  |  |

:2:

| SI.NO                 | FAMILY   | S.A.<br>4 | Agree<br>3 | Disagree<br>2 | SDA<br>1 |
|-----------------------|--|-----------|------------|---------------|----------|
| 3.                    | Has your family been stigmatized by your neighbors.                |           |            |               |          |
| 4.                    | Has your family income been reduced after the illness.             |           |            |               |          |
| 5.                    | Has your illness caused migration from rural to urban areas.       |           |            |               |          |
| 6.                    | Available family support systems and additional resources.         |           |            |               |          |
| 7.                    | 'Whole family' is at risk of acquiring the infection. (Disease).   |           |            |               |          |
| <b>PSYCHOLOGICAL:</b> |  |           |            |               |          |
| 1.                    | Do you feel depressed with increased Isolation.                    |           |            |               |          |
| 2.                    | Do you often experience the fear of disclosure                     |           |            |               |          |
| 3.                    | Do your manifest your anxiety.                                     |           |            |               |          |
| 4.                    | Have you experienced fear of rejection and stigmatization.         |           |            |               |          |
| 5.                    | Have you felt hopeless and attempted suicide at any point of time. |           |            |               |          |
| <b>SPIRITUAL:</b>     |  |           |            |               |          |
| 1.                    | Do you have faith in God.  |           |            |               |          |
| 2.                    | Do you pray for God's care.  |           |            |               |          |
| 3.                    | Do you attend the Temple/Church/Mosque.                            |           |            |               |          |
| 4.                    | Meditation/Yoga.   |           |            |               |          |
| 5.                    | Read spiritual books.  |           |            |               |          |

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**QUESTIONNAIRE FOR A STUDY ON  
PSYCHO-SOCIAL IMPACT ON CHILDREN SUFFERING FROM AIDS  
AND THEIR PRINCIPAL CARE-GIVERS”  
(CHILDREN)**

**INSTRUCTIONS:** Put a tick mark (√) in the appropriate column: -

| SI.NO                   | PHYSICAL-HEALTH FUNCTIONING  | S.A.<br>4 | Agree<br>3 | Disagree<br>2 | SDA<br>1 |
|-------------------------|--|-----------|------------|---------------|----------|
| 1.                      | Diagnosis of the illness should be kept confidential.  |           |            |               |          |
| 2.                      | AIDS can be cured.   |           |            |               |          |
| 3.                      | Has HIV/AIDS affected other siblings in the family.  |           |            |               |          |
| 4.                      | HIV testing is a routine test for diagnosis of AIDS  |           |            |               |          |
| 5.                      | Prior consent should be taken before the test for HIV.   |           |            |               |          |
| 6.                      | Have you been discriminated by the peer group because of the diagnosis.<br>(Eg. Sports/Recreation) |           |            |               |          |
| <b>MEDICATION:</b>      |  |           |            |               |          |
| 1.                      | Has medication regimen been followed regularly after diagnosis.                                    |           |            |               |          |
| 2.                      | Associated illness has affected your health. (Eg. Measles/ Varicella)                              |           |            |               |          |
| 3.                      | Does fatigue affect your health.   |           |            |               |          |
| <b>PAIN ASSESSMENT:</b> |  |           |            |               |          |
| 1.                      | Do you experience side-effects of the drugs.   |           |            |               |          |
| 2.                      | Have you experienced pain associated with medical procedures.                                      |           |            |               |          |
| 3.                      | Has pain affected your ADL/Sleeping/Eating/Activities.   |           |            |               |          |
| 4.                      | Have you been immunized regularly  |           |            |               |          |
| 5.                      | Has multiple illnesses affected your health  |           |            |               |          |
| 6.                      | CD4 counts are regularly monitored.  |           |            |               |          |

\*\*\*\*\*

: 2:

| SL.NO                  |  | S.A.<br>4 | Agree<br>3 | Disagree<br>2 | SDA<br>1 |
|------------------------|--|-----------|------------|---------------|----------|
| <b>SOCIAL SUPPORT:</b> |  |           |            |               |          |
| 1.                     | Do your family members/relatives discriminate you in you family.           |           |            |               |          |
| 2.                     | Do you feel a part of the peer group.                                      |           |            |               |          |
| 3.                     | Does the peer group differentiate you on health grounds.                   |           |            |               |          |
| 4.                     | Do you participates in sports/recreation in the neighbourhood.             |           |            |               |          |
| 5.                     | Have you been stigmatized.   |           |            |               |          |
| <b>PSYCHOLOGICAL:</b>  |  |           |            |               |          |
| 1.                     | Worried regarding the future?  |           |            |               |          |
| 2.                     | Fear of disclosure regarding your illness.                                 |           |            |               |          |
| 3.                     | Have you experienced hopelessness and suicidal ideas at any point of time. |           |            |               |          |
| 4.                     | Has fear of death perturbed you.   |           |            |               |          |
| <b>SPIRITUAL:</b>      |  |           |            |               |          |
| 1.                     | Has belief in God comforted you?   |           |            |               |          |
| 2.                     | Do you attend Temple/Church / Mosque.                                      |           |            |               |          |
| 3.                     | Do you pray often  |           |            |               |          |
| 4.                     | Read religious books,  |           |            |               |          |
| 5.                     | Would meditation/yoga improve your health.                                 |           |            |               |          |

\*\*\*\*\*



**rKjha kf;fisg; gw;wpa jfty;fis mwpa[k; nfs;tpfs;**

**Fwpg;g[ & jFjpahd ,lj;jpy; (✓) nght[k;**

**1. ghlj;jpd; bgah; (my;yJ) vz;zpy; Fwpg;gplt[k;**

**2. taJ tuk;g[**                      &                      20-30 tUlK;                      31-40                      

(Kjy;epiy ftdpg;ghsh;                      41-50 tUlK;                      51-60                      

FHe;ijapd; taJ                      &                      <div style="display: flex; justify-content: space-between; width: 100%;">

0-5 tUlK;

6 – 10 tUlK;

11-15 tUlK;                                            15 tUlK; kw;Wk; mjw;F nky;                     

**3. ghypdk;**                      &                      Mz;                                            bgz;                     

(Kjy;epiy ftdpg;ghsh;)

FHe;ijapd; ghypdk;                      &                      Mz;                      z;                     

FoapUg;g[                      &                      <div style="display: flex; justify-content: space-between; width: 100%;">

fpuhkk;

eruk;

efuj;jpw;F fPH;                      ;w gpw                     

**4. jpUkz jfty;**                      &                      <div style="display: flex; justify-content: space-between; width: 100%;">

fy;ahzkhdtH;

nrh;e;J thH;fpwhh;fs;

jdpahf thH;fpwhh;fs;                                            gphpe;J thH;fpwhh;fs;                     

**5. FHe;ijfspd; vz;zpf;if&**                     

**6. ehl;Lhpik&** ,e;jpad;                      kv  w

7. fy;tpj;jFjp& goj;jth;

th;

(Kjy; epiy ftdpg;ghsh;)

bjhlf;ff; fy;tp

u fy;tp

eLepiyf;fy;tp

F brd;wth;fs;

cah; eiyf; fy;tp

F bry;yhjth;fs;

fy;Y}hp gog;g[

gog;ig ghjpapy; tpl;lth;fs;

FHe;ijapd; fy;tp jFjp&

goj;jth;fs;

gof;fhjth;fs;

mog;gil fy;tp Kjy; 3-k; tFg;g[ tiu

gs;spf;F ngh

4-k; tFg;g[ Kjy; 7-k; tFg;g[ tiu

gs;s

y;yhjth;fs;

8-k; tFg;g[ Kjy; 10-k; tFg;g[ tiu

11-k; tFg;g[ Kjy; 12-k; tFg;g[ tiu

cah; epiyf; fy;tp

8. ntiy tha;g;g[ tpguk;

ntiyg;ghh;g;gth;

ntiy ,y;yhjth;

Typ

mYtyfk;

RabhHpy;

Tpahghuk;

bjhHpy; rhh;e;j ntiy

eph;thf bghWg;g[

gs;sp / fy;Y}hpfspy; gzpg[hpgth;

9. FLk;gj;jpd; bkhj;j tUkhdk;&

U.: 1000 – 3000

U.: 3001 – 6000

U.: 6001 – nky;

**10. FHe;ijapd; cwt[Kiw&**

je;ij

jha;

ghl;o

cld; gpwth rnfju / rnfjhpf;

mz;zd; / jk;gp

mf;fh / jq;if

**11. FLk;gj;jpd; tif&**

jdpf; FLk;gk;

TI;Lf; FLk;gk;

jdpahf thH;gth;

FHe;ija[k; / FHe;ij ,y;yhky; thH;gth;

**12. kjk;&**

fpwpj;Jth;

,e;J

K];yPk;

pw kjk;

va;l;]hy; ghjpf;fg;gl;l FHe;ij kw;Wk; mf;FHe;ijapd; Kjy; epiy ftdpg;ghsh;fSf;F> kdjhYk;> rKjha epiyapYk;

Vw;gLk; gpur;ridfs; gw;wp nfs;tp-gjpy; Kiwapy; fpilj;j g[s;sp tpgu Ma;t[

| thpir<br>vz; | neha; fz;lwpjy;-cly; ey ntiyfs;  | KGtJkhf xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;s<br>tpy;iy | KGtJkhf<br>xj;Jf; bfhs;s<br>tpy;iy |
|--------------|--|-------------------------------|-----------------------|----------------------------|------------------------------------|
| 01.          | FHe;ijapd; neha; tpguk; gw;wp<br>thH;f;ifj; Jizf;F brhy;y ntz;Lk;.                           |                               |                       |                            |                                    |
| 02.          | FHe;ijapd; neha; tpguk;<br>ufrpakhf ghJfhf;fg; gl ntz;Lk;                                    |                               |                       |                            |                                    |
| 03.          | FHe;ijapd; neha; cq;fisnah><br>cq;fs; thH;f;ifj; Jizapd; cly;<br>eyj;ijnah ghjpj;jpUf;fpwjh? |                               |                       |                            |                                    |
| 04.          | FHe;ijapd; cly; eyk;><br>FLk;gj;jpy; cs;s kw;w<br>cWg;gpdh;fSf;F bjhpag;gLj;j<br>ntz;Lk;.    |                               |                       |                            |                                    |
| 05.          | FHe;ijia ngzpg; ghJfhf;f<br>Koatpy;iy.   |                               |                       |                            |                                    |
| 06.          | va;l;]; Fzkilaf; Toa nehah?  |                               |                       |                            |                                    |
| 07.          | FLk;gj;jpy; cs;s kw;w FHe;ijfs;<br>VnjDk; va;l;]hy;<br>ghjpf;fg;gl;Ls;shh;fsh?               |                               |                       |                            |                                    |
| 08.          | cq;fs; FHe;ij> ePq;fnsh> cq;fs;<br>thH;f;ifj;Jiznah ,y;yhky; tsUkh?                          |                               |                       |                            |                                    |
| 09.          | vjph;fhy epfH;t[fig; gw;wp<br>ftiyg;gl;lJz;lh?   |                               |                       |                            |                                    |
| 10.          | cq;fs; FHe;ijapd; neha;> cq;fs;<br>FLk;g cWg;gpdh;fSf;nfh<br>ez;gh;fSf;nfh ,ila{whf cs;sjh?  |                               |                       |                            |                                    |

| <b>thpir<br/>vz;</b> | <b>neha; fz;lwpjy;-cly; ey ntiyfs;</b>  | <b>KGtJkhf xj;Jf;<br/>bfhs;fpnwd;</b> | <b>xj;Jf;<br/>bfhs;fpnwd;</b> | <b>xj;Jf;<br/>bfhs;s<br/>tpy;iy</b> | <b>KGtJkhf<br/>xj;Jf; bfhs;s<br/>tpy;iy</b> |
|----------------------|---|---------------------------------------|-------------------------------|-------------------------------------|---|
| 01.                  | cq;fs; FLk;gk; kfpH;r;rpahd<br>FLk;gkh?   |                                       |                               |                                     |   |
| 02.                  | cq;fs; thH;f;ifj;Jiz> FHe;ij<br>kw;Wk; midthplKk;> RK:fkhd<br>cwt[Kiw gukhpf;fg;gLfpwJ. |                                       |                               |                                     |   |
| 03.                  | FLk;gj;jpd; cly;ey Kd;ndw;wk;<br>Kf;fpakhdjh?   |                                       |                               |                                     |   |
| 04.                  | FLk;gj;jpd; kw;w gpur;ridfs;> vr;<br>I tp FHe;ijapd; njitfis nkYk;<br>Jd;g[Wj;JfpwJ.    |                                       |                               |                                     |   |
| 05.                  | FLk;gj;jfuhWfshy; (bfhLikfs;)<br>ghjpf;fg;gl;IJz;lh?                                    |                                       |                               |                                     |   |

### FLk;gk;

| <b>thpir<br/>vz;</b> | <b>neha; fz;lwpjy;-cly; ey ntiyfs;</b>                               | <b>KGtJkhf xj;Jf;<br/>bfhs;fpnwd;</b> | <b>xj;Jf;<br/>bfhs;fpnwd;</b> | <b>xj;Jf;<br/>bfhs;s<br/>tpy;iy</b> | <b>KGtJkhf<br/>xj;Jf; bfhs;s<br/>tpy;iy</b> |
|----------------------|--|---------------------------------------|-------------------------------|-------------------------------------|---|
| 01.                  | vr; I tp neha; cq;fs;<br>FLk;gj;jpw;F jiy Fdpthf<br>epidf;fpwPh;fsh? |                                       |                               |                                     |   |

|     |   |  |  |  |  |
|-----|---|--|--|--|--|
| 02. | ePq;fs; cq;fs; FLk;g<br>cWg;gpdh;fshy;<br>epuhfhpf;fg;gl;J cz;lh?               |  |  |  |  |
| 03. | gf;fj;jpy; cs;sth;fshy; cq;fs;<br>FLk;gk; fsq;fg;gl;oUf;fpwjh?                  |  |  |  |  |
| 04. | cq;fSila FLk;g tUkhdk; ,e;j<br>neha; te;j gpd;g[ Fiwe;Js;sjh?                   |  |  |  |  |
| 05. | ,e;j nehapdhy; ePq;fs;<br>fpuhk;jjpy; ,Ue;J efuj;jpw;F Fo<br>bgah;e;Js;sPh;fsh? |  |  |  |  |
| 06. | FLk;g Mjut[ kw;Wk; gpw cjtpfs;<br>VnjDk; cz;lh?                                 |  |  |  |  |
| 07. | bkhj;j FLk;gKk; ,e;j nehapdhy;<br>ghjpf;fg;gLk; tha;g;g[s;sjh?                  |  |  |  |  |

## kdepiy

| thpir<br>vz; | neha; fz;lwpjy;-cly; ey<br>ntiyfs;   | KGtJkhf xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;s<br>tpy;iy | KGtJkhf<br>xj;Jf; bfhs;s<br>tpy;iy |
|--------------|--|-------------------------------|-----------------------|----------------------------|------------------------------------|
| 01.          | mjpf;goahd jdpikapdhy;<br>ePq;fs; kdr;nrhh;it<br>czh;fpd;wPh;fsh?                |                               |                       |                            |                                    |
| 02.          | cq;fs; gpur;rid (neha;) mof;fo<br>btspg;gLj;jg;gLtjhy; gakhf<br>czh;fpd;wPh;fsh? |                               |                       |                            |                                    |
| 03.          | ePq;fs; gjl;j;ij<br>btspg;gLj;jpaJz;lh?  |                               |                       |                            |                                    |
| 04.          | kw;wth;fshy; xJf;fg;gLtjig;<br>gw;wpa[k; gag;gl;lJz;lh?                          |                               |                       |                            |                                    |
| 05.          | ePq;fs; ek;gpf;if ,He;J><br>jw;bfhiy Kaw;rp bra;jJ cz;lh?                        |                               |                       |                            |                                    |

## ,iwad;g[

| thpir<br>vz; | neha; fz;lwpjy;-cly; ey<br>ntiyfs;                          | KGtJkhf xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;s<br>tpy;iy | KGtJkhf<br>xj;Jf; bfhs;s<br>tpy;iy |
|--------------|---|-------------------------------|-----------------------|----------------------------|------------------------------------|
| 01.          | flt[s; ek;gpf;if cs;stuh?                                   |                               |                       |                            |                                    |
| 02.          | flt[s; fUizf;fhf ntz;oaJz;lh?                               |                               |                       |                            |                                    |
| 03.          | ePq;fs;<br>nfhapYf;nfh/rh;r;Rf;nfh/kNjpf;nf<br>h nghtJz;lh? |                               |                       |                            |                                    |
| 04.          | ePq;fs; jpahdk; kw;Wk; nahfh<br>bra;tPh;fsh?                |                               |                       |                            |                                    |
| 05.          | bja;t tHpghL gl;jjfq;fs;<br>gog;gJz;lh?                     |                               |                       |                            |                                    |

va;l;]hy; ghjpf;fg;gl;l FHe;ij kw;Wk; mf;FHe;ijapd; Kjy;epiy ftdpg;ghsh;fSf;F kdjhYk;> rKjha  
epiyapYk; Vw;gLk; gpur;ridfs; gw;wp nfs;tp gjpy;fs; Kiwapy; fpil;j g[s;sp tpgu Ma;t]

Fwpg;g[& njitahd ,lj;jpy; (✓) nghlt[k;.

| thpir<br>vz; | cly; kw;Wk; cly; rhh;e;j<br>ntiyfs;   | cWjpahf xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;fpnwd; | xj;Jf; bfhs;s<br>tpy;iy | cWjpahf<br>xj;Jf; bfhs;s<br>tpy;iy |
|--------------|---|-------------------------------|-----------------------|-------------------------|------------------------------------|
| 01.          | vd;d neha; vd;W fz;lwpe;J<br>tpl;lhy; mij ,ufrpakha; itf;f<br>ntz;Lk;.      |                               |                       |                         |                                    |
| 02.          | va;l;] Fzg;gLj;j Koa[k;.  |                               |                       |                         |                                    |
| 03.          | vr; l tp my;yJ va;l;]; FLk;gj;jpy;<br>kw;w FHe;ijfis ghjpf;Js;sjh?          |                               |                       |                         |                                    |
| 04.          | vr; l tp bl];l; xU bghJthd va;l;];<br>neha; fz;lwpa[k; Kiw                  |                               |                       |                         |                                    |
| 05.          | vr; l tp bl];l; bra;tjw;F Kd;dhy;<br>xg;gjy; ifbaGj;J thq;f ntz;Lk;.        |                               |                       |                         |                                    |
| 06.          | ,e;j nehapdhy; ePq;fs; cq;fs; rf<br>tajpdhplkpUe;J<br>xJf;fg;gl;Ls;sPh;fsh? |                               |                       |                         |                                    |

### kUe;Jfs;

| thpir<br>vz; | cly; kw;Wk; cly; rhh;e;j<br>ntiyfs;  | cWjpahf xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;s<br>tpy;iy | cWjpahf<br>xj;Jf; bfhs;s<br>tpy;iy |
|--------------|--|-------------------------------|-----------------------|----------------------------|------------------------------------|
| 01.          | neha; fz;lwpe;j gpd;g[><br>kUe;Jfis Kiwg;go bjhlh;e;J<br>vLj;Jf; bfhs;fpwPh;fsh? |                               |                       |                            |                                    |
| 02.          | jl;lk;ik kzy;thhp mk;ik nghd;w<br>neha;fshy;<br>ghjpf;fg;gl;Ls;sPh;fsh?          |                               |                       |                            |                                    |
| 03.          | nrhh;t[ cq;fs; cly; ey;j;j<br>ghjpf;fpwjh?                                       |                               |                       |                            |                                    |

### typia Muha;jy;

| thpir<br>vz; | cly; kw;Wk; cly; rhh;e;j<br>ntiyfs;                        | cWjpahf xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;fpnwd; | xj;Jf;<br>bfhs;s<br>tpy;iy | cWjpahf<br>xj;Jf; bfhs;s<br>tpy;iy |
|--------------|--|-------------------------------|-----------------------|----------------------------|------------------------------------|
| 01.          | kUe;Jfshy; vnjDk; gf;f tpist[fs;<br>Vw;g;gl;Ls;sjh?        |                               |                       |                            |                                    |
| 02.          | vnjDk; kUj;Jt ghprnhjidapy;<br>typia czh;e;jpUf;fpwPh;fsh? |                               |                       |                            |                                    |



|     |   |  |  |  |  |
|-----|---|--|--|--|--|
| 03. | typapdhy; cq;fs; jpdhrp ntiyfs;> J}f;fk;> rhg;ghL kw;Wk; kw;w ntiyfs; ghjpf;fg;gl;Ls;sjh? |  |  |  |  |
| 04. | jLg;g{rp bjhlh;e;J rhpahf nghl;oUf;fPwPh;fsh?   |  |  |  |  |
| 05. | kw;w epiwa neha;fs; cq;fs; cly;eyj;ij ghjpi;jpUf;fpwjh?                                   |  |  |  |  |
| 06. | CD4 (xUtifahd neha; vjph;g;g[ bry;). vz;zpf;if bjhlh;e;J ghpnrhjpf;fpwPh;fsh?             |  |  |  |  |

### rKjha – Mjut[

| thpir vz; | cly; kw;Wk; cly; rhh;e;j ntiyfs;  | cWjpahf xj;Jf; bfhs;fpnwd; | xj;Jf; bfhs;fpnwd; | xj;Jf; bfhs;s tpy;iy | cWjpahf xj;Jf; bfhs;s tpy;iy |
|-----------|---|----------------------------|--------------------|----------------------|------------------------------|
| 01.       | cq;fs; FLk;g cWg;gpdh;fnsh> cwtpdh;fnsh> cq;fs; FLk;gj;jpy; ,Ue;J xJf;fp itj;Jtpl;lhh;fsh?    |                            |                    |                      |                              |
| 02.       | ePq;fs;> cq;fs; rf taJ FGtpy; xU cWg;gpduhf czh;fpwPh;fsh?                                    |                            |                    |                      |                              |
| 03.       | cly; ey tp\aj;jpy; cq;fs;> vq;fs; rf taJ FG cWg;gpduhf czh;fpwPh;fsh?                         |                            |                    |                      |                              |
| 04.       | gf;fj;J tPl;oy; cs;sth;fSlid;> tpisahL;L kw;Wk; bghGJnghf;F tp\aq;fspy; fye;J bfhs;fpwPh;fsh? |                            |                    |                      |                              |
| 05.       | ePq;fs; jdpahf xJf;fg;gl;Ls;sPh;fsh   |                            |                    |                      |                              |

### kdepiy

| thpir vz; | cly; kw;Wk; cly; rhh;e;j ntiyfs;                                    | cWjpahf xj;Jf; bfhs;fpnwd; | xj;Jf; bfhs;fpnwd; | xj;Jf; bfhs;s tpy;iy | cWjpahf xj;Jf; bfhs;s tpy;iy |
|-----------|---|----------------------------|--------------------|----------------------|------------------------------|
| 01.       | vjph;fhyj;ijg; gw;wp ftiya[z;lh?                                    |                            |                    |                      |                              |
| 02.       | ,e;j nehiag; gw;wp btspg;gilahf brhy;tjhy; ePq;fs; gag;gLfpwPh;fsh? |                            |                    |                      |                              |
| 03.       | ePq;fs; ek;gpf;if ,He;njh> my;yJ jw;bfhiy Kaw;rpnah bra;jJ cz;lh?   |                            |                    |                      |                              |
| 04.       | ,wg;ig gw;wp ftiy cz;lh?  |                            |                    |                      |                              |

### flt[s; ek;gpf;if

(,iw ek;gpf;if)

| <b>thpir<br/>vz;</b> | <b>cly; kw;Wk; cly; rhh;e;j<br/>ntiyfs;</b>                         | <b>cWjpahf xj;Jf;<br/>bfhs;fpnwd;</b> | <b>xj;Jf;<br/>bfhs;fpnwd;</b> | <b>xj;Jf;<br/>bfhs;s<br/>tpy;iy</b> | <b>cWjpahf<br/>xj;Jf; bfhs;s<br/>tpy;iy</b> |
|----------------------|---|---------------------------------------|-------------------------------|-------------------------------------|---|
| 01.                  | flt[s; cq;fis trjpahf (re;njh\khf)<br>itj;jpUg;gjhf ek;g[fpwPh;fsh? |                                       |                               |                                     |   |
| 02.                  | ePq;fs; nfhapYf;nfh><br>rh;r;Rf;nfh> kNjpf;nfh><br>nghdJz;lh?       |                                       |                               |                                     |   |
| 03.                  | ePq;fs; mof;fo flt[is<br>tHpgLtPh;fsh?                              |                                       |                               |                                     |   |
| 04.                  | kjk; rhh;e;j g[j;jfq;fs; goa[q;fs;                                  |                                       |                               |                                     |   |
| 05.                  | jpahdk; my;yJ nahfh cq;fs; cly;<br>eyj;ij mjpf;gLj;Jkh?             |                                       |                               |                                     |   |