**Person Assessment Questionnaire**

**Instructions:** This questionnaire contains questions that require you to give information about yourself. Most of the answers have to be given on a rating scale, for example:
Example: If a person wants to drink tea all the time he ticks ‘4’ (Always), if a person does not want to drink tea, he ticks ‘1’ (Not at all).
There is no right and wrong answers. You have to reply according to what is applicable to you. Please try to answer all the questions. All the information given by you will be kept confidential. Please cooperate with us and answer frankly.

**Personal Details**

1. Gender……………………
2. Married………………………… Unmarried……………………
3. Age……………………
4. Educational Qualification:
   a) Illiterate   b) Primary   c) High-school   d) Intermediate   e) Graduation
   f) Post Graduation   g) Other
5. Number of members in the family………………
   a) Number of Adults in the family………………
   b) Number of children in the family………………
6. Educational Qualification of mother………………
7. Educational Qualification of father………………
8. Nature of family: Nuclear/Joint
9. Residential Background: Urban/Rural
10. Number of earning members:

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11. Onset of illness (mention the year)………………
12. Duration of illness……………………