APPENDIX-I

Institute of Post-Graduate Medical Education & Research,
Chandigarh
Department of Psychiatry
Cornell Medical Index

HEALTH QUESTIONNAIRE

Directions: This questionnaire is for Men only.
If you can answer Yes to the question asked, put a circle around the Yes
If you have to answer No to the question asked, put a circle around the No
Answer all questions. If you are not sure, guess. Please use pencil

A
1. Do you need glasses to read? Yes No
2. Do you need glasses to see things at a distance? Yes No
3. Has your eyesight often blacked out completely? Yes No
4. Do your eyes continually blink or water? Yes No
5. Do you often have bad pains in your eyes? Yes No
6. Are your eyes often red or inflamed? Yes No
7. Are you hard of hearing? Yes No
8. Have you ever had a bad running ear? Yes No
9. Do you have constant noises in your ears? Yes No

B
10. Do you have to clear your throat frequently? Yes No
11. Do you often feel a choking lump in your throat? Yes No
12. Are you often troubled with bad spells of sneezing? Yes No
13. Is your nose continually stuffed up? Yes No
14. Do you suffer from a constantly running nose? Yes No
15. Have you at times had bad nose bleeds Yes No
16. Do you often catch severe colds? Yes No
17. Do you frequently suffer from heavy chest colds? Yes No
18. When you catch a cold, do you always have to go to bed? Yes No
19. Do frequent colds keep you miserable all winter? Yes No
20. Do you get hay fever? Yes No
21. Do you suffer from asthma? Yes No
22. Are you troubled by constant coughing? Yes No
23. Have you ever coughed up blood? Yes No
24. Do you sometimes have severe soaking sweats at night? Yes No
25. Have you ever had a chronic chest condition? Yes No
26. Have you ever had T.B. (Tuberculosis)?  
27. Did you ever live with anyone who had T.B.?  
28. Has a doctor ever said your blood pressure was too high?  
29. Has a doctor ever said your blood pressure was too low?  
30. Do you have pains in the heart or chest?  
31. Are you often bothered by thumping of the heart?  
32. Does your heart often race like mad?  
33. Do you often have difficulty in breathing?  
34. Do you get out of breath long before anyone else?  
35. Do you sometimes get out of breath just sitting still?  
36. Are your ankles often badly swollen?  
37. Do cold hands or feet trouble you even in hot weather?  
38. Do you suffer from frequent cramps in your legs?  
39. Has a doctor ever said you had heart trouble?  
40. Does heart trouble run in your family?  

41. Have you lost more than half your teeth?  
42. Are you troubled by bleeding gums?  
43. Have you often had severe toothaches?  
44. Is your tongue usually badly coated?  
45. Is your appetite always poor?  
46. Do you usually eat sweets or other foods between meals?  
47. Do you always gulp your food in a hurry?  
48. Do you often suffer from an upset stomach?  
49. Do you usually feel bloated after eating?  
50. Do you usually betch a lot after eating?  
51. Are you often sick to your stomach?  
52. Do you suffer from indigestion?  
53. Do severe pains in the stomach often double you up?  
54. Do you suffer from constant stomach trouble?  
55. Does stomach trouble run in your family?  
56. Has a doctor ever said you had stomach ulcers?  
57. Do you suffer from frequent loose bowel movements?  
58. Have you ever had severe bloody diarrhoea?  
59. Were you ever troubled with intestinal worms?  
60. Do you constantly suffer from bad constipation?  
61. Have you ever had piles (rectal haemorrhoids)?
62. Have you ever had jaundice (yellow eye and skin)? Yes No
63. Have you ever had serious liver or gall bladder trouble? Yes No
64. Are your joints often painfully swollen? Yes No
65. Do your muscles and joints constantly feel stiff? Yes No
66. Do you usually have severe pains in the arms or legs? Yes No
67. Are you crippled with severe rheumatism (arthritis)? Yes No
68. Does rheumatism (arthritis) run in your family? Yes No
69. Do weak or painful feet make your life miserable? Yes No
70. Do pains in the back make it hard for you to keep up with your work? Yes No
71. Are you troubled with a serious bodily disability or deformity? Yes No

72. Is your skin very sensitive to tender? Yes No
73. Do cuts in your skin usually stay open a long time? Yes No
74. Does your face often get badly flushed? Yes No
75. Do you sweat a great deal even in cold weather? Yes No
76. Are you often bothered by severe itching? Yes No
77. Does your skin often break out in a rash? Yes No
78. Are you often troubled with boils? Yes No

79. Do you suffer badly from frequent severe headaches? Yes No
80. Does pressure or pain in the head often make life miserable? Yes No
81. Are headaches common in your family? Yes No
82. Do you have hot cold spells? Yes No
83. Do you often have spells of severe dizziness? Yes No
84. Do you frequently feel faint? Yes No
85. Have you fainted more than twice in your life? Yes No
86. Do you have constant numbness or tingling in any part of your body? Yes No
87. Was any part of your body ever paralyzed? Yes No
88. Were you ever knocked unconscious? Yes No
89. Have you at times had a twitching of the face, head or shoulders? Yes No
90. Did you ever have a fit or convolution (epilepsy)? Yes No
91. Has anyone in your family ever had fits or convulsions (epilepsy)? Yes No
92. Do you bite your nails badly? Yes No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Are you troubled by stuttering or stammering?</td>
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<td>Are you a sleep walker?</td>
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<td>Are you a bed wetter?</td>
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<td>Were you a bed wetter between the ages of 8 and 14?</td>
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<td>Have you ever had disease related to your sex organs?</td>
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<td>Have you often feel pain in your sex organs?</td>
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<td>Have ever gone through the treatment for your sex organs?</td>
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<td>Has a doctor ever said that you had hernia?</td>
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<td>Have you ever had blood with urine?</td>
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<td>Does it take too much time while you urinate?</td>
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<td>Do you have to get up every night and urinate?</td>
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<td>During the day, do you usually have to urinate frequently?</td>
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<td>Do you often have severe burning pain when you urinate?</td>
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<td>Do you sometimes lose control of your bladder?</td>
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<td>Has a doctor ever said you had kidney or bladder disease?</td>
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<td>Do you often get spells of complete exhaustion or fatigue?</td>
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<td>Does working tire you out completely?</td>
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<td>Do you usually get up tired and exhausted in the morning?</td>
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<td>Does every little effort wear you out?</td>
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<td>Are you constantly too tried and exhausted even to eat?</td>
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<td>Do you suffer from severe nervous exhaustion?</td>
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<td>Does nervous exhaustion run in you family?</td>
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<td>Are you frequently ill?</td>
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<td>Are you frequently confined to bed by illness?</td>
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<td>Are you always in poor health?</td>
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<td>Are you considered a sickly person?</td>
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<td>Do you come from a sickly family?</td>
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<td>Do severe pains and aches make it impossible for you to do your work?</td>
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<tr>
<td>Do you wear yourself out worrying about your health?</td>
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</table>
122. Are you always ill and unhappy? Yes No
123. Are you constantly made miserable by poor health? Yes No

K
124. Did you ever have scarlet fever? Yes No
125. As a child, did you have rheumatic fever growing pains or twitching of the limbs? Yes No
126. Did you ever have malaria? Yes No
127. Were you ever treated for severe anaemia (thin blood)? Yes No
128. Have you ever had syphilis? Yes No
129. Do you have diabetes (sugar disease)? Yes No
130. Did a doctor ever say you had a goitre (in your neck)? Yes No
131. Did a doctor ever treat you for tumour or cancer? Yes No
132. Do you suffer from any chronic disease? Yes No
133. Are you definitely under weight? Yes No
134. Are you definitely over weight? Yes No
135. Did a doctor every say you had varicose veins (swollen veins) in your legs? Yes No
136. Did you ever have a serious operation? Yes No
137. Did you ever have serious injury? Yes No
138. Do you often have small accidents or injuries? Yes No

L
139. Do you usually have great difficulty in falling asleep or staying asleep? Yes No
140. Do you find it impossible to take a regular rest period each day? Yes No
141. Do you find it impossible to take regular daily exercise? Yes No
142. Do you smoke more than 20 cigarettes a day? Yes No
143. Do you drink more than six cups of coffee or tea a day? Yes No
144. Do you usually take two or more alcoholic drinks a day? Yes No
145. Do you sweat or tremble a lot during examinations or questioning? Yes No
146. Do you get nervous and shaky when approached by a superior? Yes No
147. Does your work fall to pieces when the boss or a superior is watching you? Yes No
148. Does your thinking get completely mixed up when you have to do things quickly? Yes No
149. Must you do things very slowly in order to do them without mistakes? Yes No
150. Do you always get directions and orders wrong? Yes No
151. Do strange people or places make you afraid?  
152. Are you scared to be alone when there are no friends near you?  
153. It is always hard for you to make up your mind?  
154. Do you wish you always had someone at your side to advise you?  
155. Are you considered a clumsy person?  
156. Does it bother you to eat anywhere except in your own home?  

N  
157. Do you feel alone and sad at a party?  
158. Do you usually feel unhappy and depressed?  
159. Do you often cry?  
160. Are you always miserable and blue?  
161. Does life look entirely hopeless?  
162. Do you often wish you were dead and away from it all?  

O  
163. Does worrying continually get you down?  
164. Does worrying run in your family?  
165. Does every little thing get on your nerves and wear you out?  
166. Are you considered a nervous person?  
167. Does nervousness run in your family?  
168. Did you ever have a nervous breakdown?  
169. Did anyone in your family ever have a nervous breakdown?  
170. Were you ever a patient in a mental hospital (for your nerves)?  
171. Was anyone in your family ever a patient in a mental hospital (for their nerves)?  
172. Are you extremely shy or sensitive?  
173. Do you come from a shy or sensitive family?  
174. Are your feelings easily hurt?  
175. Does criticism always upset you?  
176. Are you considered a touchy person?  
177. Do people usually misunderstand you?  

Q  
178. Do you have to be on your guard even with friends?  
179. Do you always do things on sudden impulse?  
180. Are you easily upset or irritated?
181. Do you go to pieces if you don't constantly control yourself?  | Yes  No
182. Do little annoyances get on your nerves and make you angry?  | Yes  No
183. Does it make you angry to have anyone tell you what to do?  | Yes  No
184. Do people often annoy and irritate you?  | Yes  No
185. Do you flare up in anger if you can't have what you want right away?  | Yes  No
186. Do you often get into a violent rage?  | Yes  No

R

187. Do you often shake or tremble?  | Yes  No
188. Are you constantly keyed up and jittery?  | Yes  No
189. Do sudden noises make you jump or shake badly?  | Yes  No
190. Do you tremble or feel weak whenever someone shouts at you?  | Yes  No
191. Do you become scared at sudden movements or noises at night?  | Yes  No
192. Are you often awakened out of your sleep by frightening dreams?  | Yes  No
193. Do frightening thoughts keep coming back in your mind?  | Yes  No
194. Do you often become suddenly scared for no good reason?  | Yes  No
195. Do you often break out in a cold sweat?  | Yes  No
APPENDIX-II
ORS SCALE

Instructions

Read each statement carefully and answer the items in the order given below. Indicate the number of your answer in the space provided against each statement. Use the numbers given below to indicate your own feelings. If you find that the category to be used in answering does not adequately indicate your own feelings use the one which is closest to the way you feel. Do not leave any item unanswered. Please use pencil.

Write 0 If you never or rare feel this way.
Write 1 If you occasionally (a few times) feel this way.
Write 2 If you sometimes feel this way.
Write 3 If you frequently feel this way.
Write 4 If you very frequently or always feel this way.

<table>
<thead>
<tr>
<th>Statement</th>
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<tbody>
<tr>
<td>1. My role tends to interfere with my family life.</td>
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<tr>
<td>2. I am afraid I am not learning enough in my present role for taking up higher responsibility.</td>
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<tr>
<td>3. I am not able to satisfy the conflicting demands of various people over me.</td>
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<tr>
<td>4. My role has recently been reduced in importance.</td>
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<td>5. My work load is too heavy.</td>
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<td>6. Other role occupants do not given enough attention and time to my role.</td>
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<tr>
<td>7. I do not have adequate knowledge to handle the responsibilities in my role.</td>
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<tr>
<td>8. I have to do things in my role that are against my better judgement.</td>
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<tr>
<td>9. I am not clear on the scope and responsibilities of my role (job).</td>
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<td>10. I do not get information needed to carry out responsibilities assigned to me.</td>
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<tr>
<td>11. I have various other interest (social, religious, etc.) which remain neglected because I do not get time to attend to these.</td>
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<tr>
<td>12. I am too preoccupied with my present role responsibility to be able to prepare for taking higher responsibility.</td>
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</tbody>
</table>
13. I am not able to satisfy the conflicting demands of the various peer level people and my juniors.
14. Many functions of what should be a part of my role have been assigned to some other role.
15. The amount of work I have to do interferes with the quality I want to maintain.
16. There is not enough interaction between my role and other roles.
17. I wish I had more skills to handle the responsibilities of my role.
18. I am not able to use my training and expertise in my role.
19. I do not know what the people I work with expect of me.
20. I do not get enough resources to be effective in my role.
21. My role does not allow me to have enough time with my family.
22. I do not have time and opportunities to prepare myself for future challenges of my role.
23. I am not able to satisfy the demands of clients and other, since these are conflicting with one another.
24. I would like to take more responsibility that I am handling at present.
25. I have been given too much responsibility.
26. I wish there was more consultation between my role and other roles.
27. I have not had pertinent training for my role.
28. The work I do in the organization is not related to my interest.
29. Several aspects of my role are vague and unclear.
30. I do not have enough people to work with me in my role.
31. My organizational responsibilities interfere with my extra-organizational roles.
32. There is very little scope for personal in my role.
33. The expectations of my seniors conflict with those of my juniors.
34. I can do much more than what I have been assigned.
35. There is a need to reduce some part of my role.
36. There is no evidence of involvement of several roles (including my role) in joint problem solving or collaboration in planning action.
37. I wish I had prepared myself well for my role.
38. If I had full freedom to define my role I would be doing something different from what I do now.
39. My role has been defined clearly and in details.
40. I am rather worried that I lack the necessary facilities needed in my role.
41. My family and friends complain that I do not spend time with them due to heavy demands of my work role.
42. I feel stagnant in my role.
43. I am bothered with the contradictory expectations different people have from my role.
44. I wish I had been given more challenging task to do.
45. I feel overburdened in my role.
46. Even when I take initiative for discussions or help, there is not much response from other roles.
47. I need more training and preparation to be effective in my work role.
48. I experience conflict between my values and what I have to do in my role.
49. I am not clear as to what are priorities in my role.
50. I wish I had more financial resources for the work assigned to me.
APPENDIX-III
ORGANIZATIONAL CLIMATE QUESTIONNAIRE

Instructions

Read each statement carefully and answer the each item. Please use pencil to indicate your answer. Put a tick (✓) mark against the category which you feel describe your feelings adequately.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) 1</td>
<td>Achieving goals a target set or excelling them is the main concern here.</td>
<td>(   )</td>
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<td>2</td>
<td>Relevant information is made available to all, those who need it, and can use such information for achieving high performance.</td>
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<td>3</td>
<td>The main concern of the people here is to help each other develop greater skills for advancement of the organization.</td>
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<td>4</td>
<td>People here have concern for one another and help each other spontaneously when such help is needed.</td>
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<tr>
<td>(b) 5</td>
<td>Our organization has a rigid set of rules and norms which we are supposed to follow strictly.</td>
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<td>6</td>
<td>Official and employees are subject to strict systematic discipline and control in the conduct of their official jobs.</td>
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<td>7</td>
<td>People are constantly watched for obeying all the rules pertaining to their job.</td>
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8. Sanctions for violating rules and procedures of the organization are severe.

9. The job assignments in this organization is clearly defined and logically structured.

10. Each post has clearly defined sphere of roles in legal sense.

11. Here rewards and promotions are given on the basis of the merit of the candidate.

12. Those who can achieve results are highly trusted.

13. Knowledge and expertise are recognized and rewarded here.

14. The specialist and experts are highly trusted here.

15. In this organization people are rewarded in proportion to the excellence in their job performance.

16. The specialists and experts are highly trusted here.

17. The organization willingly takes a chance on a good idea.

18. The organization prefers novel than safe and sure approach.

19. The organization encourages general orientation towards risk taking.

20. The organization takes some pretty big risks occasionally to keep a head of the competition.
(e) 21. Most of my normal daily activities in the organization have rules and procedures stating the way I am to perform they.

22. The maintenance of organization norms and policies are the main criteria of success.

23. There are rules and regulations for handling any kind of problem which may arise in making most of the decisions.

(f) 24. Philosophy of our management emphasizes human factors (how people feel etc.)

25. Management believes that if the people are happy, productivity will take care of itself.

26. Employees have to ask their superiors before they do almost anything important.

27. Even for small matters higher ups are consulted for final answer.

(h) 28. Any job policy related information is communicated to employees through established channels.

29. Instructions are issued here by bosses and are expected to be carried out without delay and protest.

(i) 30. Union management relations are cordial.

31. Management does everything to ensure the well-being of the employees.
### BIOGRAPHICAL INFORMATION BLANK (BIB)

<table>
<thead>
<tr>
<th>Category</th>
<th>Information</th>
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<tbody>
<tr>
<td>Age</td>
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<td>Sex</td>
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<td>Designation</td>
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<td>Total Income</td>
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<td>Family - Joint/Nuclear</td>
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<td>Qualification</td>
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<td>Experience on the present job</td>
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<tr>
<td>Total Job Experience</td>
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<td>Promotion - Due/Obtained</td>
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<td>Number of Dependents</td>
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