# APPENDIX - A: BRIEF PSYCHIATRIC RATING SCALE

**DATE**

**PATIENT'S NAME (FIRST, MIDDLE INITIAL, LAST)**

**DIAGNOSIS**

**DIRECTIONS:**

<table>
<thead>
<tr>
<th></th>
<th>Net pre-</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Moderately severe</th>
<th>Severe</th>
<th>Extremely severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SOMATIC CONCERN - Preoccupation with physical health, fear of physical illness, hypochondriasis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>2</td>
<td>ANXIETY - Worry, fear, over-concern for present or future</td>
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<td>2</td>
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<td>3</td>
<td>EMOTIONAL WITHDRAWAL - Lack of spontaneous interaction, isolation, deficiency in relating to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>4</td>
<td>CONCEPTUAL DISORGANIZATION - Thought processes confused, disconnected, disorganized, disrupted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>5</td>
<td>GUILT FEELINGS - Self-blame, shame, remorse for past behaviour</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
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<td>6</td>
<td>TENSION - Physical and motor manifestations of nervousness, overactivation, tension</td>
<td>1</td>
<td>2</td>
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<td></td>
<td>MANNERISMS AND POSTURING - Peculiar, bizarre, unnatural motor behaviour (not including tics)</td>
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<td>7</td>
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<tr>
<td>8</td>
<td>GRANDIOSITY - Exaggerated self-opinion arrogance, conviction of unusual power or abilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>9</td>
<td>DEPRESSIVE MOOD - Sorrows, sadness, despondency, pessimism</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>10</td>
<td>HOSTILITY - Animosity, contempt, belligerence, disdain for other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
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<tr>
<td>11</td>
<td>SUSPICIOUSNESS - Mistrust, belief others harbor malicious or discriminatory intent.</td>
<td>1</td>
<td>2</td>
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<td>6</td>
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<tr>
<td>12</td>
<td>HALLUCINATORY BEHAVIOUR - Perceptions without normal external stimulus correspondence</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>13</td>
<td>MOTOR RETARDATION - Slowed, weakened movements or speech, reduced body tone</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>14</td>
<td>UNCOOPERATIVENESS - Resistance, guardedness, rejection of authority.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>15</td>
<td>UNUSUAL THOUGHT CONTENT - Unusual, odd, strange, bizarre thought content.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td></td>
<td>Not present</td>
<td>Very mild</td>
<td>Mild</td>
<td>Moderate</td>
<td>Moderately severe</td>
<td>Severe</td>
<td>Extremely severe</td>
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<td>16. BLUNTED AFFECT</td>
<td>Reduced emotional tone, reduction in normal intensity of feelings, flatness.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>17. EXCITEMENT</td>
<td>Heightened emotional tone, agitation, increased reactivity.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>18. DISORIENTATION</td>
<td>Confusion or lack of proper association for person, place or time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>19. SLEEPLESSNESS</td>
<td>Sleep delay, early insomnia, disturbed sleep.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>20. LOSS OF APPETITE</td>
<td>Decreased desire for food, decreased intake of food.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>21. LACK OF INSIGHT</td>
<td>No realization of his/her own condition.</td>
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<td>2</td>
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<td>22. LACK OF SELF CARE</td>
<td>Not looking after one's own personal hygiene.</td>
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</table>

23. Considering your total clinical experience, how mentally ill is the patient at this time?

- Normal, not at all: 1
- Borderline mentally ill: 2
- Mildly ill: 3
- Moderately ill: 4
- Markedly ill: 5
- Severely ill: 6
- Among the most extremely ill patients: 7
GLOBAL RATING.

24. Compared to his condition at admission to the project, how much has he changed?

- Very much improved 1
- Much improved 2
- Minimally improved 3
- No change 4
- Minimally worse 5
- Much worse 6
- Very much worse 7
APPENDIX - B

KAB BEHAVIOUR INVENTORIES FORM B2 & B3.

Items comprising level of performance of socially expected activities and level of expectation for performance of social activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Performance</th>
<th>Expectation</th>
<th>Discrepancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Helps with household chores</td>
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<td>2. Visits his friends</td>
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<td>3. Visits his relatives</td>
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<td>4. Entertains friends at home</td>
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<td>5. Dresses and takes care of himself</td>
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<td>6. Helps with the family members</td>
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<td>7. Remembers to do important things on time</td>
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<td>8. Gets along with family members</td>
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<td>9. Goes to parties and other social activities</td>
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<tr>
<td>10. Gets along with neighbours</td>
<td></td>
<td></td>
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<td>11. Helps with family shopping</td>
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<td>12. Helps in the care and training of children</td>
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<td>13. Goes to religious places like temple or church or mosque</td>
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<td>14. Takes up hobbies</td>
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<td>15. Works</td>
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<td>16. Supports the family</td>
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</tbody>
</table>

Total

The scale format for the items in level of performance -
1. is not doing
2. is doing some
3. is doing regularly
4. is doing excessively

The scale format for the items in level of expectation -
1. did not expect him to be doing
2. expected him to be doing some
3. expected him to be doing regularly

Score 0 if the item is not applicable in both.
APPENDIX - C
A TOOL TO MEASURE SOCIAL BURDEN ON THE
FAMILIES OF PSYCHIATRIC PATIENTS.

INSTRUCTIONS:

To the relatives: We are trying to assess the various
difficulties felt by the family of a psychiatric patient
and will ask you a few questions in this direction. Please
do not hesitate to express your true feelings.

To the raters: Please interview the relative on the
following guidelines. You may probe further in order to
assess a particular item, if you feel the need to do so.
Note your rating for each general category as well as for
each individual item therein, on a three point scale.

Severe - 2
Moderate - 1
Nil - 0 as and when you interview

After completing the interview please assess the burden on
the family as a whole and give the rating on similar 3 point
scale.

A. Financial Burden:

1. Loss of patient's income: (Whether he has lost his job?
   Stopped doing the work which he was doing before?)
   (Completely, partially, not at all?) (To what extent
   it affects the income of the family?)
   Severely, Moderately, Not at all.

2. Loss of income of any other member of the family due
to patient's illness. (Whether anyone has stopped
working in order to stay home, has lost pay? Has lost
job? Due to any other reason connected with patient's
illness?) (How much does it affect the family finances?)
   Severely, Moderately, Not at all.

3. Expenditure incurred due to patient's illness and for
   his treatment (Has he spent or lost money irrationally
   for which his illness is the cause? How much has this
   affected the family finances?) (How much money had
   been spent on treatment, medicines, transport, acco-
   mmodation in different city etc.) (How much has been
   spent on other treatment such as temples, native
   healers etc..?) (How much does this affect the family
   finances?)
   Severely, Moderately, Not at all.

4. Expenditure incurred due to extra arrangements (for
   any other relative to come and stay with patient, for
   appointing a nurse or a servant, for keeping children
   in a boarding etc.)
5. Loans taken or spent the savings (How much lean? How do they plan to pay it back? How much does it affect the family?)
   Severeley, Moderately, Not at all.
   (Whether they spent from savings? Were they exhausted? How much is the family affected by this?)
   Severeley, Moderately, Not at all.

6. Any other planned activity put off because of financial pressure of patient's illness (like postponing a marriage or trip or a religious rite which would have needed finance).

B. Disruption of family routine activities:

1. Patient's not going for work, school, college, etc. (How much inconvenient it is to the family)
   Severeley, Moderately, Not at all.

2. Patient's lack of help in the household work (How much does it affect the family?)
   Severeley, Moderately, Not at all.

3. Disruption of activity of other members in the family (whether some one has to spend more time on looking after the patient, and abandon some other routine activity) (How much does it affect the family?)
   Severeley, Moderately, Not at all.

4. Disruption of activities caused by patient's behaviour, (Patient insisting on someone being with him, not allowing the person to go out etc., patient becoming violent, & breaking up things, patient not sleeping and not allowing others to sleep) (How much does it affect the family?)
   Severeley, Moderately, Not at all.

5. Any other member missing school, meals, because of neglect caused by patient's illness (How much does it affect the family?)

C. Disruption of family leisure:

1. Stepping of normal recreational activities (completely, partially, not at all) (How do the family members take it?)

2. Patient's illness exhausted other persons leave and leisure time (How is this person affected by it?)
3. Patient's lack of attention to other members in the family such as children.

4. If any other leisure activity had to be abandoned due to patient's inability or illness (Any pleasure trip planned or family gathering etc.) (How do the family members feel about it?)

D. Disruption of family interaction:

1. Any ill effect on general atmosphere of the house (Has it become dull, quiet, lot of misunderstandings etc.,) (How do they view it?)

2. If other members get into arguments due to this (Such as how to treat him? Who is to blame etc., Who should do the work? ) How does it affect them? Severely, Moderately, Not at all.

3. If the relatives and neighbours have reduced or stopped visiting or interacting with the family (because of patient's behaviour, or stigma attached to his illness) How do they feel about it?

4. If the family has become secluded and avoid mixing with others (Because they feel ashamed or that they feel people may misunderstand them etc.) How do they feel about it?

5. Any other event on relationship of family members as well as neighbours and relatives (such as separation of spouses, quarrels between two families, property feuds, police intervention, embarrassment for family members etc.) How do they feel about it.

E. Effect on Physical Health of others:

1. Has any other members of the family suffered physical ill health, injuries etc., due to patient's behaviour (How has it affected them?)

2. Any other adverse effect on others health. (Some one losing weight, someone exacerbating already existing illness etc.,)
F. **Effect on Mental Health of others:**

1. Has any other member sought help for psychological illness (e.g., shock of patient's suicide bid or disobedience or worries about patient's future etc.)

2. Has any other member lost sleep, become depressed, enough to cry often, expressed suicidal wishes, become excessively irritable etc.)

Is there any other burden felt regarding which we have not asked you about? Yes, No. If Yes what.

How much does it affect you, Severely, Moderately, Not at all.

G. **Subjective burden:**

To be assessed by asking a standard question to the relative of patient and rating as reported.

Q. How severely would you say you have suffered due to patient's illness, severely, a little, not at all?

<table>
<thead>
<tr>
<th>Severity</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>Severely</td>
<td>-2</td>
</tr>
<tr>
<td>A little</td>
<td>-1</td>
</tr>
<tr>
<td>Not at all</td>
<td>0</td>
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</tbody>
</table>

....
APPENDIX - D ATTITUDE TOWARD MENTAL ILLNESS - RATING SCALE

We are gathering information regarding people's opinion about mental illness. In this regard I would like to ask you the following questions. Kindly read them and indicate your opinion by encircling the item appropriate to your choice.

Q.1. What are your feelings about mental patients?
   a) I hate them
   b) I feel angry with them/I feel afraid of them
   c) I feel sorry for them

Q.2. If a mental patient is completely recovered, I would be willing to,
   a) Marry one/live in the same house with
   b) Accept him as a close friend/Accept him as a teacher to my children
   c) Work in the same office/have as a neighbour.

Q.3. Mental illness is passed on from parents to children
   Agree Not sure Disagree

Q.4. If a mentally ill person gets married, he will become alright.
   Agree Not sure Disagree

Q.5. Excessive masturbation or sexual indulgence makes a person mentally ill.
   Agree Not sure Disagree

Q.6. A mentally ill person may be treated by beating him which will drive the spirit away.
   Agree Not sure Disagree

Q.7. Stressful events in a person's life such as death of a spouse can make him mentally ill.
   Agree Not sure Disagree

Q.8. A mentally ill person will improve with a change of atmosphere, a holiday or rest.
   Agree Not sure Disagree
Q. 9. Of those who become mentally ill, only a very few will improve.

Agree  Not sure  Disagree

Q.10. Mental illness is caused by black magic or spirits.

Agree  Not sure  Disagree

Q.11. The best way to treat a mentally ill person is to leave him alone.

Agree  Not sure  Disagree

Q.12. Mental illness is caused by physical weakness.

Agree  Not sure  Disagree

Q.13. Most of the mentally ill people will improve with proper treatment.

Agree  Not sure  Disagree

Q.14. People with special/spiritual powers are best suited for treating mental illness.

Agree  Not sure  Disagree

Q.15. Mental illness can be contacted from one who is already mentally ill.

Agree  Not sure  Disagree


Agree  Not sure  Disagree

Q.17. A mentally ill person should be taken to a Doctor for treatment.

Agree  Not sure  Disagree
APPENDIX - E

Name of the Project: 'A comparative study of First Admission Schizophrenics Treated at Home and Hospital'.

Investigator: - Mrs. Shaila Pai

NURSE'S REPORT FORM

INSTRUCTION TO THE NURSE:

Please write down an account of what you actually did during your visit with respect to each of the following headlines.

I  a) DRUG MANAGEMENT

b) SUPPORTIVE PSYCHO-THERAPY

c) CRISIS INTERVENTION

d) FAMILY EDUCATION

e) REHABILITATION

f) ANY OTHER

II  BRIEF PSYCHIATRIC RATING SCALE

III  SUGGESTIONS TO THE CONSULTANT FOR FURTHER MANAGEMENT