APPENDICES
APPENDIX A

"A STUDY ON PSYCHO SOCIAL PROBLEMS OF STROKE PATIENTS"

PART A

SECTION I:

1. Name:

2. Hospital No.

3. Address:

4. Age:

5. Sex: Male/Female

6. Religion:
   i) Hindu
   ii) Muslim
   iii) Christian
   iv) others, specify

7. Marital Status:
   i) Single
   ii) Married
   iii) Widowed
   iv) Separated
   v) Divorced.

8. Education:
   i) Illiterate
   ii) I to V std
   iii) VI to X
   iv) PUC
   v) Diploma
   vi) Graduate
   vii) Post graduate.

9. Occupation:
   i) Govt. Employee
   ii) Privately employed
   iii) Self employment
   iv) House wife
   v) Business
   vi) Retired
   vii) Unemployed
   viii) Others.

10. Type of family:
    i) Nuclear
    ii) Joint
    iii) Extended
    iv) Living alone.

11. Personal income: (Rs. Per month):
    i) Nil
    ii) <700
    iii) 701 - 1400
    iv) 1401 - 2100
    v) > 2101.
12. Property owned:
   i) Dry land  ii) Wet land  iii) Vacant sites
   iv) Sites under use  v) Buildings (Houses, Sheds, Shops)
   vi) More than one  vii) None

13. Other sources of income:
   i) None  ii) One  iii) Two  iv) Three
   v) Four  vi) more than four

Section II:

1. Family details:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Relationship</th>
<th>Age</th>
<th>Marital Status</th>
<th>Education</th>
<th>Occupation</th>
<th>Income to the Pt.</th>
<th>Status</th>
</tr>
</thead>
</table>

2. How many adult members are currently living with you?

3. How many children (<12 yrs) are currently living with you?

Section III:

1. What is the distance from your house to NIMHANS?

2. Do you own vehicles? Yes/No.
   If yes, what are they?
   i) Bicycle  ii) Luna  iii) Scooter  iv) Motor bike
   v) Motor car  vi) Van  vii) Any other vehicle
   viii) More than one vehicle  ix) None
3. What is the type of locality that you are living in?
   i) Market area  ii) Bus stand area  iii) Slum area
   iv) Ordinary residential area  v) 'Posh' area
   vi) Isolated house

4. What type of house you live in?
   i) Rented  ii) Own

5. Does your home have independent bathroom and toilet facility?
   i) Yes  ii) No

6. How is the ventilation in your house?
   i) Good  ii) Poor

7. What type of flooring do you have in your house?
   i) Mud  ii) Brick  iii) Cement  iv) Mosaic Tiles

8. How is the water facility in your residence?
   i) Satisfactory  ii) Not satisfactory

9. Do you have elevated door steps inside your house?
   i) Yes  ii) No

Section IV:

1. What was the mode of onset of stroke in you?
   i) Acute  ii) Insidious

2. Have you suffered from stroke attacks before?
   i) Yes  ii) No

   If yes, how many times?
   i) Once  ii) Twice
If yes, who?

i) Friends  ii) Relatives  iii) Neighbours
iv) Colleagues  v) More than one

10. Did anyone tell you about stroke illness before you approached any treatment center?
   i) Yes  ii) No
   If yes, who?
   i) Relatives  ii) Friends  iii) Colleagues
   iv) More than one  v) Through other source

PART B

1. Have your family contacted any other agency for your illness?
   i) Yes  ii) No
   If yes, which agency?
   i) Medical centre  ii) Traditional, magico-religious services  iii) Legal and welfare services
   iv) more than one

2. What is your current state of work performance?
   i) Not affected  ii) Moderately affected
   iii) severely affected

3. What difficulty do you experience more in your workspot?
   i) In mobility and Transportation
   ii) In my work capacity
   iii) In interpersonal relationships
4. Currently, how severely your financial status is affected?
   i) Not affected  ii) moderately affected
   iii) Severely affected

5. To what extent you are able to continue your previous social and personal activities?
   i) Minimally  ii) Moderately  iii) Mostly

6. Family's expectation regarding the capacity of the patient following the stroke?
   i) The patient will resume fully
   ii) He/She will need special care
   iii) He/She will be a total dependent

7. How is your participation in the functioning of the family?
   i) Unimpaired  ii) Mildly impaired
   iii) Severely impaired
# APPENDIX B

## Activities of daily living of stroke patients.

<table>
<thead>
<tr>
<th>Activities</th>
<th>A Cannot do</th>
<th>B can do with assistance</th>
<th>can do alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Getting in and out of the chair</td>
<td></td>
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<tr>
<td>2. Grooming</td>
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<td></td>
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<tr>
<td>3. Eating</td>
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<td>4. Drinking from a cup or glass</td>
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<tr>
<td>5. Walking up and down a flight of stairs</td>
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<tr>
<td>6. Taking bath</td>
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<tr>
<td>7. Getting on and off toilet</td>
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<tr>
<td>8. Dressing upper part of the body</td>
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<tr>
<td>9. Dressing lower part of the body</td>
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<tr>
<td>10. Controlling urination</td>
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<tr>
<td>11. Controlling bowel movements</td>
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<tr>
<td>12. Washing</td>
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<td></td>
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<tr>
<td>13. Walking 50 yards</td>
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<tr>
<td>14. If not walking, pushing/propelling wheel chair</td>
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</tbody>
</table>
Knowledge Attitude and Behaviour

Agree = A  Undecided = B  Disagree = C

B

1. Brain is responsible for the level of consciousness

2. Memory problems are caused by problems in the brain

3. Speech and language development are significantly influenced by one's brain.

4. Problem in the brain may cause problem in thinking

5. Our emotions are significantly influenced by the functioning of the brain

6. Brain plays an important role in one's respiratory activities.

7. Functioning of the heart depends on certain aspects of the brain activities.

8. Brain activities and blood pressure influence each other.

9. Human behaviour generally is influenced by various activities of the brain.

10. Present illness is caused by evil spirits.

11. Present illness is caused by the sins of previous birth/Karma.

12. Present illness is due to God's curse.
13. Patient's illness is a disturbance of the brain causing disability.

14. Special preparations like pigeon blood and other related items will cure the illness.

15. Consulting hospital authorities for these problems doesn't help in any way.

16. In addition to the medical treatment, such illnesses require proper nursing care.

17. Visiting certain indigenous healers alone could cure this illness.

18. Different types of investigations are needed to know the nature of the present illness and to confirm the diagnosis.

19. Regular "prescribed exercises" enables better recovery in such illness.

20. Any such patients improve better with getting engaged with some useful activities.

21. High blood pressure is a risk factor for present illness.

22. Untreated heart disease might lead to problems related to the present illness.

23. Present illness could be complicated by untreated diabetes.

24. By following the professional advice, it is possible to prevent the future attacks to a greater extent.

25. Patients with present illness invariably become total liabilities life long.

26. Many such patients experience problems in job because of the illness.
27. Present illness makes the victim totally unfit for any kind of vocational activity.

28. Patients with these problems cannot be assigned any type of responsibilities till the life time.

29. Present illness can occur in any age.

30. Patient's illness may be seen in different ways in other persons.

31. Patient affected with these illnesses may develop problems like fear and anxiety.

32. Stroke in some people may be the cause for interpersonal problems.

33. Emotional support accelerates the recovery.

34. Family members' co-operation and support enable the patients for fast recovery.
APPENDIX D

Measurement of Social Burden on the Families.
(Pai and Kapur, 1981)

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

Severe = 2; Moderate = 1; Nil = 0.

ITEMS

a. Financial burden:

1. Loss of patient's income. And its effect on family's income

2. Loss of income of any other members of the family due to patients illness

3. Expenditure incurred due to patient's illness, his treatment and its effect on family finances.

4. Expenditure incurred due to extra arrangements.

5. Loans taken, its effect on family finances and savings spent, its effect on family finances.

6. Any other planned activity put off because of financial pressure owing to patient's illness.
b. Disruption of family routine activities

1. Patient not going for work/school/college etc.

2. Patient's lack of help in household work, its effect on the family.

3. Disruption of activity of other members.

4. Disruption of activities caused by patient's behaviour.

5. Any other member missing school/meal etc., due to patient.

c. Disruption of family leisure activities:

1. Stopping of normal recreational activities.

2. Patient's illness exhausted other's leave/leisure.

3. Patient's lack of attention to others.

4. Leisure activity had to be abandoned due to patient's inability/illness.

d. Disruption of family interaction:

1. Ill effect on general atmosphere.

2. If other members get into arguments due to this - How it affects them.

3. If relatives/neighbours have reduced/stopped visiting - It's effect on the family.

4. If the family has become secluded and avoids moving due to the patient.

5. Any other effect on relationship of family members/relatives/neighbours.
e. Effect on physical health of others:

1. Any other member of the family suffered physical illness/injury due to patients behaviour.

2. Any other adverse effect on health.

f. Effect on Mental Health of others:

1. Has any other member sought help for psychological illness.

2. Any other member lost sleep, became depressed, cried often, expressed suicidal wishes, became irritable etc. due to the patient/his illness.

g. Subjective Burden:

1. How severely would you say, you have suffered due to the patients illness.
APPENDIX E

Need Satisfaction Scale for Individuals with a disability
(Starck, 1984)

Directions: Please choose the response that most nearly
describes your answer to the question regarding your present
needs.

Basic physiological needs:

Rate of the following items on a scale from 1 to 5
(1 - Never 2 - Hardly ever 3 - Sometimes 4 - Often
5 - Almost all the time)

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>1. I eat a well-balanced diet.</td>
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<td>2. I avoid smoking cigarettes, cigars and pipes.</td>
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<td>3. I take prescribed medicines</td>
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<td>4. I take patent medicines only as directed by my physician.</td>
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<td>5. I have prescribed exercises</td>
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<td>6. I get 6-8 hours sleep minimum daily</td>
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<td>7. I take rest periods during the day</td>
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<td>8. I feel energetic</td>
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<td>9. My bowel elimination habits are satisfactory.</td>
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<td>10. My urine elimination habits are satisfactory.</td>
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<td>11. I am able to relax.</td>
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</table>
12. I take special measures to conserve my health.

13. I do not object to having to take rapid measures to conserve my health.

14. I do not object to giving up things I like for the sake of health.

15. I am confident, I can meet my future health needs.

Need for security:

16. I am secure about my physical safety in my home environment.

17. I feel secure about special precautions I take regarding physical safety.

18. I feel secure about my financial position.

19. I feel secure about meeting responses of my routine medicine and supplies.

20. I feel satisfied about my transportation plans.

21. I am satisfied about long term plans for my care.

22. I am satisfied with my present vocational occupational status.

Need for love and belongingness:

23. I am satisfied with the amount of love from family.

24. I am satisfied with the amount of love from friends.

25. I cope satisfactorily with stress in the love life.

26. I cope satisfactorily with stress in other aspects of life.

27. I am satisfied with my level of social affectiveness.
28. I am satisfied with my social participation.

29. I am comfortable asking for help when needed.

30. I am satisfied with the amount of religion in my life.

31. I am satisfied with family activities and traditions in which I participate.

32. I am satisfied with my role in the family.

33. I am satisfied with my level of several fulfilment.

34. I am satisfied with the feelings of love and belongingness I receive from others.

35. I am satisfied with the amount of love and affection I give to others.

36. I have get-together with friends of my own age.

Need for self esteem:

37. I am satisfied with the appearance of my body.

38. I am satisfied with my intellectual functioning.

39. I am satisfied with the kind of characteristics, that could be said to describe me.

40. I am satisfied with part accomplishment in my life.

41. I am satisfied with present accomplishment in my life.

42. My predominant emotional state is happy and content.

43. I am satisfied with my level of education/occupation.
Need for self-actualization:

44. I am satisfied with my state of fulfillment

45. I am satisfied with the amount of enjoyment in my every day life.

46. I make plans to increase my level of fulfillment.

47. I am optimistic about my potential to reach higher life.

48. I am satisfied with the accomplishment of my present life.

49. I am satisfied with my own motivational level.

50. I am satisfied with motivational level of family and friends to support my goals.

51. I am satisfied with amount of responsibilities I have in life.

52. I am satisfied with the amount of spontaneity in life.

53. I have a satisfactory level of hope in my life.

54. I have new interests in life.

55. I am satisfied with the amount of meaning and purpose in my life.

56. I am reconciled to the change in my life-style from the disability I have.

57. I am satisfied with my coping reaction to suffering.

58. I am satisfied with amount of strength (courage) I have now.