APPENDICES
APPENDICES

APPENDIX - I

PERSONAL DATA SCHEDULE

1. Name :
2. Age :
3. Gender : Male/ Female
4. Address :
5. Educational Level : School/ College
6. Economic Status : Lower Middle/ Middle/ Upper Middle
7. Location : Rural/ Urban
8. Marital Status : 1. Spouse not living
                     2. Spouse living
9. Family : Nuclear/ Joint
10. a. Did you have any stress related problems in the past 12 months?
    If so please state..................
    b. How do you rate your coping behaviour?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td>Poor</td>
<td>Moderate</td>
<td>Good</td>
<td>Very Good</td>
</tr>
</tbody>
</table>
APPENDIX II
LIFE EVENTS SCALE

Name:  Gender:  Age:

Place a check mark in the column labeled "Happened" for those events that occurred in the past 12 months.

<table>
<thead>
<tr>
<th>Happened</th>
<th>Rank</th>
<th>Value</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100</td>
<td>1</td>
<td>Death of a spouse</td>
</tr>
<tr>
<td>2</td>
<td>73</td>
<td>2</td>
<td>Divorce</td>
</tr>
<tr>
<td>3</td>
<td>65</td>
<td>3</td>
<td>Marital separation</td>
</tr>
<tr>
<td>4</td>
<td>63</td>
<td>4</td>
<td>Death of close family member</td>
</tr>
<tr>
<td>5</td>
<td>53</td>
<td>5</td>
<td>Major personal injury or illness</td>
</tr>
<tr>
<td>6</td>
<td>45</td>
<td>6</td>
<td>Retirement from work</td>
</tr>
<tr>
<td>7</td>
<td>39</td>
<td>7</td>
<td>Gaining a new family member (birth, adoption or remarriage)</td>
</tr>
<tr>
<td>8</td>
<td>39</td>
<td>8</td>
<td>Major business readjustments</td>
</tr>
<tr>
<td>9</td>
<td>37</td>
<td>9</td>
<td>Death of close friend</td>
</tr>
<tr>
<td>10</td>
<td>35</td>
<td>10</td>
<td>Major increase in the number of arguments with spouse</td>
</tr>
<tr>
<td>11</td>
<td>29</td>
<td>11</td>
<td>Son or daughter leaving home</td>
</tr>
<tr>
<td>12</td>
<td>29</td>
<td>12</td>
<td>In-laws trouble</td>
</tr>
<tr>
<td>13</td>
<td>28</td>
<td>13</td>
<td>Outstanding personal achievement</td>
</tr>
<tr>
<td>14</td>
<td>20</td>
<td>14</td>
<td>Change in residence</td>
</tr>
<tr>
<td>15</td>
<td>18</td>
<td>15</td>
<td>Major change in social activities</td>
</tr>
<tr>
<td>16</td>
<td>17</td>
<td>16</td>
<td>Purchase of a car or other big purchase</td>
</tr>
<tr>
<td>17</td>
<td>16</td>
<td>17</td>
<td>Major change in sleeping habits</td>
</tr>
<tr>
<td>18</td>
<td>15</td>
<td>18</td>
<td>Major change in the number of family get-togethers</td>
</tr>
<tr>
<td>19</td>
<td>12</td>
<td>19</td>
<td>Festivals or holiday observances</td>
</tr>
<tr>
<td>20</td>
<td>11</td>
<td>20</td>
<td>Minor violations of the law (traffic tickets)</td>
</tr>
</tbody>
</table>

TOTAL =>

Now record your score with the event value for each. Total the score.  

93
APPENDIX - III

ADRENAL STRESS QUESTIONNAIRE

Next to each question assign a number between 0 and 5. You should assign values as follows:

0 = Not true 3 = Somewhat true 5 = Very true

Once you have completed the questionnaire calculate your total and locate the range you fall under on page two.

1. I experience problems falling asleep.
2. I experience problems staying asleep.
3. I frequently experience a second wind (high energy) late at night.
4. I have energy highs and lows throughout the day.
5. I feel tired all the time.
6. I need caffeine (coffee, tea, cola, etc) to get going in the morning.
7. I usually go to bed after 10 pm.
8. I frequently get less than 8 hours of sleep per night.
9. I am easily fatigued.
10. Things I used to enjoy seem like a chore lately.
11. My sex drive is lower than it used to be.
12. I suffer from depression, or have recently been experiencing feelings of depression such as sadness, or loss of motivation.
13. If I skip meals I feel low energy or foggy and disoriented.
14. My ability to handle stress has decreased.
15. I find that I am easily irritated or upset.
16. I have had one or more stressful major life events. (i.e: divorce, death of a loved one, job loss, new baby, new job)

17. I tend to overwork with little time for play or relaxation for extended periods of time.

18. I crave sweets.

19. I frequently skip meals or eat sporadically.

20. I am experiencing increased physical complaints such as muscle aches, headaches, or more frequent illnesses.
APPENDIX - IV

WAYS OF COPING TEST BOOKLET

Name: ___________________________  Gender: ___________________________  Age: ___________________________

INSTRUCTIONS

To respond to the statements in this questionnaire, you must have a specific stressful situation in mind. Take a few moments and think about the most stressful situation you have experienced in the past week.

By "stressful" we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Before responding to the statements, think about the details of this stressful situation, such as where it happened, who was involved, how you acted, and why it was important to you. While you may still be involved in the situation, or it could have already happened, it should be the most stressful situation that you experienced during the week.

As you respond to each of the statements, please keep this stressful situation in mind. Read each statement carefully and indicate, by circling 0, 1, 2 or 3, to what extent you used it in the situation.

Key: 0 = Does not apply or not used  1 = Used rarely
      2 = Used frequently  3 = Used always

Please try to respond to every question

1. I just concentrated on what I had to do next- the next step. 0  1  2  3

2. I tried to analyze the problem in order to understand it better. 0  1  2  3

3. I turned to work or another activity to take my mind off things. 0  1  2  3

4. I talked to someone to find out more about the situation. 0  1  2  3
5. I criticized or lectured myself .................................................
   0 1 2 3
6. I hoped for a miracle...........................................................
   0 1 2 3
7. I went along with fate; sometimes I just have had luck..................
   0 1 2 3
8. I went on as if nothing had happened....................................
   0 1 2 3
9. I tried to keep my feelings to myself...................................
   0 1 2 3
10. I looked for the silver lining, so to speak;
    I tried to look on the bright side of things..........................
    0 1 2 3
11. I slept more than usual..................................................
    0 1 2 3
12. I expressed anger to the person(s) who caused the problem...........
    0 1 2 3
13. I accepted sympathy and understanding from someone..................
    0 1 2 3
14. I told myself things helped me feel better............................
    0 1 2 3
15. I was inspired to do something creative about the problem.........
    0 1 2 3
16. I tried to forget the whole thing......................................
    0 1 2 3
17. I got professional help..................................................
    0 1 2 3
18. I waited to see what would happen before doing anything..........0 1 2 3
19. I made a plan of action and followed it................................
    0 1 2 3
20. I came out of the experience better than when I went in...........
    0 1 2 3
21. I talked to someone who could do something concrete about the problem..................................................
    0 1 2 3
22. I tried to get away from it for a while by resting or taking a vacation..................................................
    0 1 2 3
23. I tried to make myself feel better by eating, drinking, Smoking, using drugs, or medications, etc..................
    0 1 2 3
24. I took a big change or did something very risky to solve the problem...0 1 2 3
25. I tried not to act too hastily or follow my first hunch................
    0 1 2 3
26. I rediscovered what is important in life................................
    0 1 2 3
27. I generally avoided being with people..................................
    0 1 2 3
28. I didn't let it get to me; I refused to think too much about it. .......... 0 1 2 3
29. I asked advice from a relative to think too much about it. .......... 0 1 2 3
30. I kept others from knowing how bad things were. .................. 0 1 2 3
31. I made light of the situation; I refused to get too serious about it. .... 0 1 2 3
32. I stood my ground and fought for what I wanted. .................. 0 1 2 3
33. I took it out on other people. .................. 0 1 2 3
34. I drew on my past experiences; I was in a similar situation before. .... 0 1 2 3
35. I refused to believe that it had happened. .................. 0 1 2 3
36. I promised myself that things would be different next time. ........ 0 1 2 3
37. I accepted the situation, since nothing could be done. .................. 0 1 2 3
38. I tried to keep my feeling about the problem from interfering with other things. .......... 0 1 2 3
39. I wished that I could change what had happened or how I felt. .......... 0 1 2 3
40. I daydreamed or imagined a better time or place than the one I was in. .......... 0 1 2 3
41. I prayed. .................. S. no. 43727
42. I prepared myself for the worst. .................. 0 1 2 3
43. I tried to see things from the other person's point of view. ........ 0 1 2 3
44. I jogged or exercised. .................. 0 1 2 3