APPENDIX - V
PERSONAL STRESS SCALE

Instructions: Please read the following statements carefully. Each statement has corresponding four options i.e. never (0), rarely (1), sometimes (2) and always (3) for response. Mark (\(\ast\)) on the one as per your choice. Give your responses according to your true feelings. Your answers will be kept confidential.

1. Do you get disheartened and stressed when any leisure activity has to be abandoned owing to your child’s illness or incapability?

2. Do you feel dejected to observe that many of your friends’ children learn better than your child?

3. Do you become depressive or weepy, excessively irritable or unable to sleep because of some disturbed thoughts about your child in your mind?

4. Do you feel tired or drained of energy by the end of the day due to illness of your child?

5. Do you feel perplexed and embarrassed that people on the road are looking at you and your child only?

6. Do you think that your child’s illness effected your relationship with your spouse in a negative manner?

7. Do you feel that you do not attend religious gatherings because of your child?

8. Do you feel inferior that your friend’s home atmosphere is happier and congenial than yours?

9. Do you constantly worry about the future of your child when you won’t be around to take care of him?

10. Do you think that you could have performed your duty better if you had not such a child?

Total scores

348