APPENDICES
APPENDIX - I

ALCOHOLISM HISTORY PROFORMA

This booklet contains a number of questions/statements about you and your problems related to alcohol. The information provided by you would help us in understanding your problems in detail and in the proper planning of your treatment.

Please read each statement/question carefully and answer accurately and honestly. Please answer all questions; do not omit any of them. If you are not sure, seek clarification and answer.

We assure you that the information provided by you will be kept strictly confidential.

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<tr>
<th>IDENTIFICATION NO.</th>
<th>DATE OF</th>
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<td>BTR. NO.</td>
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<td>IP/OP/IP-OP</td>
<td>TERMINATION</td>
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I. PERSONAL INFORMATION

A. DEMOGRAPHIC INFORMATION:

1. NAME :

2. SEX  3. DATE OF  4. AGE  5. RELIGION  6. URBAN/ RURAL  7. EDUCATION

8. ADDRESS :
   a) Residential Address :
   Phone :

   b) Office Address :
   Phone :

   c) Whether can be contacted at office :
   YES/NO

   d) If belongs to outside Bangalore give local address :

B. OCCUPATION AND INCOME :

1. Age of starting work :

2. 1) Whether presently employed:
   YES/NO

   2) If Yes, what is the present occupation :
3) What is the nature of job:

4) Since when you are working in the present job:

5) Did you change your job? If so, when:

6) So far total no. of jobs held:

7) Reasons for change each time:

3. If unemployed:
   1) Since when unemployed:
   2) Reasons for unemployment:

4. Income:
   1) Your present income:
   2) Total family income:
   3) How many other members are earning:
   4) Do you have any debts?

   YES, AMOUNT: ________

C. MARITAL HISTORY:

1. Marital status: Single/married/divorced/separated/widowed

   If married:
   2. Since how long you are married:
   3. Whether arranged/love marriage:
   4. Name of spouse:
   5. Age of spouse:
   6. Occupation of spouse:
   7. Does she take alcohol/drugs (If Yes, give details):
   8. Is she suffering from any physical/psychiatric illness:
   9. Number of children:
   10. Family size:
   11. Type of family: Nuclear/_joint/Extended/living alone

12. In case of joint family specify details of other family members:

II. FAMILY HISTORY

1. Birth order: _____ out of _____ sibs
2. Father's age: Alive/Dead Occupation:
3. Mother's age: Alive/Dead Occupation:
4. Is there consanguinity: YES/NO
5. Is it a custom/daily habit in your family to take/off er drinks at home:
6. Does any of your family members use alcohol? If yes, give details.
7. Were there any deaths in your family due to alcohol? If yes, give details.
8. Does any of your family members take drugs (e.g.: Ganja, Opium, Brown sugar, etc.)
9. Is any of your family members suffering from any physical illness?
10. Has any of your family members consulted for psychiatric treatment or suffered from problems such as feeling sad, talking to self, disturbed sleep and appetite, not taking personal care, suicide etc.
11. Has any of your family members involved in any legal problems?
12. Does any one in your family involve in physically assaulting others? give details.
13. Any other relevant information about your family?

III. DRINKING HISTORY

A. DEVELOPMENT OF DRINKING HABIT:
1. Age at which first started taking alcohol?: 
   a) in which year?:  
   b) total duration?:
2. How did you start taking alcohol? (eg. through: friends, relatives, family members, alone, curiosity, etc..)
3. Were there any incidents, circumstances that made you to drink?
   a) initial frequency:
   b) type & quantity taken:
   c) for how long:
   d) Situations in which you were taking (eg. at home, bar, friends home etc.)
4. Since when started taking every day:
6. Since when you liked to increase the quantity of drinks?
7. Since when you started taking in the mornings?
8. Since when started taking alone?
9. Of late have you noticed that once you take a small quantity you can't stop till the alcohol is exhausted or you become unconscious? If yes, since when?
10. Since when you couldn't stay without a drink?
11. Has your drinking increased of late?
12. Any specific reasons which lead you to go for increased drinking?

B. PRESENT DRINKING PATTERN:
(for the past _____ years)
1. At present how frequently do you take alcohol?
2. How much quantity do you take in a day?
3. When did you take the last drink?
   a) date:
   b) quality:
   c) quantity:
4. What is the largest amount of alcohol you have ever taken in a day?
5. What is the smallest amount of alcohol you have ever taken in a day after you started drinking heavily?
6. What was the longest period of continuous drinking that you have had?
7. History of abstinence:
   a) Was there any period of abstinence after you started drinking heavily?
   b) If yes, how many times so far abstained?
   c) Period/s of abstinence:
      (When and for how long)
   d) Reasons for abstinence:
      (what made you to stop)
   e) After each abstinence what was the reason for starting again?
8. **History of Violence**:
   a) Do you involve in physically assaulting your spouse/children/other family members?
   b) How frequently?
   c) During what occasions?

IV. **WITHDRAWAL SYMPTOMS**

Of late, on any day on which you don't drink did you ever experience any of the following problems? Please tick mark.

1. Sleeplessness;  
2. Restlessness;  
3. Headache;  
4. Drowsiness;  
5. Shaking of hands;  
6. Increased sweating;  
7. Feeling sick;  
8. Dryness of mouth;  
9. Poor appetite;  
10. Aches and Pains all over the body;  
11. Breathlessness;  
12. Constipation;  
13. Vague fears;  
14. Tremors in tongue;  
15. Feeling sad;  
16. Irritable;  
17. Loose motions;  
18. Tremors in eyelids;  
19. Feeling feverish;  
20. Vomiting;  
21. Stiffness in hands and legs;  
22. Fatigue;  
23. Anxious;  
24. Tension in muscles;  
25. Palpitation;  
26. Poor memory;  
27. Feel like vomiting; (nausea)  
28. Feeling confused;  
29. Fits;  
30. Suicidal ideas;  
31. Falling unconscious;  
32. Loss of confidence;  
33. Feeling rejected;  
34. Feeling inferior;  
35. Not being sure where you are;  
36. Feeling lonely;  
37. Not able to plan properly;  
38. Passing blood mixed with urine/stools;  
39. Hearing/seeing things that are not there;  
40. Not able to think properly;  
41. Feeling worthless;  
42. Feeling frustrated;  
43. Feeling deformity in body parts;  
44. Hopelessness;  
45. Nightmares;  
46. Can't make decisions;  
47. Unable to have good time;  
48. Stomach trouble;  
49. Impulsive;  
50. Smoking more cigarettes;  
51. Common colds;  
52. Inability to perform sex;  
53. Aggressive;  
54. Vomiting blood;  
55. Feeling that your spouse is unfaithful;  
56. Feeling that others are trying to harm/harming you;  
57. Unable to take initiative in activities;  
58. Unable to concentrate;  

Any other, specify:
V. PROBLEMS RELATED TO DRINKING

Here is a set of statements about your problems related to drinking. Please read each statement carefully and answer 'YES' if it is true in your case. Please answer 'NO' if it is false in your case. Answer all the statements. Do not omit any. There is no right or wrong answer.

1. I feel that drinking has affected my friendship and social life. ... YES/NO
2. Sometimes I need drink so badly that I can't think of anything else ... YES/NO
3. My hands shake the morning after drinking ... YES/NO
4. I get into fights while drinking ... YES/NO
5. My family members get upset about my drinking. ... YES/NO
6. I need more alcohol than I used to, to get the same effect as before ... YES/NO
7. I tried to quit drinking but I fail to do so ... YES/NO
8. I get into arguments while drinking ... YES/NO
9. I drink more than one type of alcohol ... YES/NO
10. My family members get angry the way I behave while drinking ... YES/NO
11. My wife threatened to go away from me because of my drinking ... YES/NO
12. Drinking has become central part in my life ... YES/NO
13. I feel that drinking has affected my family life ... YES/NO
14. I sometimes lose control over what I do after drinking ... YES/NO
15. Drinking has affected my financial position ... YES/NO
16. I sometimes keep on drinking after I promise myself not to drink ... YES/NO
17. Drinking has affected me in getting a better job/promotion ... YES/NO
18. Sometimes I skip my meals after drinking ... YES/NO
19. I feel that drinking has affected my marital life ... YES/NO
20. Once I start drinking, it is difficult for me to stop before I become totally intoxicated (drunk) ... YES/NO
21. Sometimes, after drinking, I become suspicious about my wife/family members ... YES/NO
22. I neglect my work because of drinking ... YES/NO
23. Sometimes I take alcohol in the morning to overcome the effects of previous night's drinking ... YES/NO
24. Sometimes I drink throughout the day ... YES/NO
25. Sometimes I become abusive/assaultive/violent (harmful to others) after drinking ... YES/NO
26. My day-to-day life has deteriorated because of my drinking habit ... YES/NO
27. I sometimes awake the next day not being able to remember what had I done while drinking during previous day ... YES/NO
28. Sometimes I take alcohol soon after I get up from bed ... YES/NO
29. I have to drink everyday at the same time ... YES/NO
30. I sometimes feel depressed after drinking ... YES/NO
31. I sometimes become anxious whether I can get a drink when I need ... YES/NO
32. I sometimes become intoxicated (drunk) for several days continuously ... YES/NO
33. I was threatened of loosing a job/I lost job due to my drinking ... YES/NO
34. I have met with motor vehicle accidents after drinking ... YES/NO
35. Drinking has caused disturbance in my interaction with family members ... YES/NO
36. Sometimes when I go out I carry a bottle along with me to keep it available ... YES/NO
37. I was arrested/taken into custody by police because of my drinking behavior ... YES/NO
38. I have sustained physical injuries as a result of drinking ... YES/NO
39. I can't remember things properly because of my drinking ... YES/NO
40. I am suffering from various physical illnesses because of my excessive drinking ... YES/NO
41. After drinking excessively, I lost my valuables ... YES/NO
42. After drinking, I have done certain acts which I would not have done normally ... YES/NO
43. I have been involved in legal issues of fraud due to my heavy drinking ... YES/NO
44. Sometimes I get headache the day after I drink ... YES/NO
45. I am looked down upon by others because of my drinking ... YES/NO
46. I make sexual advances towards others after being drunk ... YES/NO
47. I do not look after my children/spouse adequately ... YES/NO
48. I get a false feeling of becoming strong and great when I drink ... YES/NO
49. My sexual life is disturbed because of my drinking ... YES/NO
50. My moral values had to be abandoned several times because of drinks ... YES/NO
51. I attribute all my miseries of today to my drinks ... YES/NO

VI. HISTORY OF OTHER SUBSTANCE ABUSE

1. a) Do you smoke cigarettes/beedies/cigars:
   b) Since when:
   c) At present How many/day:
2. a) Have you ever taken any drug (Ganja, Opium, Brown sugar, Morphine, Cocaine etc.)
b) If yes, give details (frequency, amount, duration and situation)
3. Are you at present taking any of these drugs? If yes, give details?
4. Are you dependent on any of these drugs at present?

VII. HISTORY OF HEALTH RELATED PROBLEMS

1. Specify if you have suffered from any illness/hospitalization/Surgery:

<table>
<thead>
<tr>
<th>a) Illness</th>
<th>b) hospitalization Duration of Treatment</th>
<th>c) surgery Treatment Details of Treatment</th>
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</table>

2. Present health problems:

Are you suffering from any of the following problems at present?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Since when</th>
<th>Are you on Treatment</th>
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<tbody>
<tr>
<td>1. Diabetes</td>
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<tr>
<td>2. Epilepsy</td>
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<td>3. Heart problems</td>
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<td>4. Kidney problems</td>
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<td>5. Liver problems</td>
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<td>6. Blood pressure</td>
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<td>7. Stomach problems</td>
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<tr>
<td>eg. ulcer</td>
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<td></td>
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<tr>
<td>8. Jaundice</td>
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<td>9. Asthma</td>
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<td></td>
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<tr>
<td>10. Migraine/Headache</td>
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<td>11. Sexual difficulties</td>
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<td>12. Body pains</td>
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<td>13. Infections</td>
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<td>14. Vomiting blood</td>
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<td>15. Passing blood mixed</td>
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<tr>
<td>with stool</td>
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<tr>
<td>16. Tingling numbness of</td>
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<tr>
<td>hands and feet</td>
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</table>

Any other:
VIII. TREATMENT HISTORY

Have you ever taken treatment for alcohol problems previously? 
If yes, specify length and type of treatment:
Period of abstinence
a) during treatment
b) after treatment
Reasons for starting to take alcohol again:
If treatment discontinued, specify reasons:
Did you feel that the previous treatment helped you?

IX. PRESENT ADJUSTMENT

Here are some items about how you are performing at present. Please read each item and choose one alternative for each item. There is no right or wrong answer.

A. VOCATIONAL:

1. Job attendance:
   a) I am rarely absent for work;
   b) I am occasionally absent for work;
   c) I am frequently absent for work;
   d) I am not attending for work at all;
   e) not applicable;

2. Punctuality:
   a) always punctual;
   b) occasionally late for work;
   c) frequently late for work;
   d) almost always late for work;
   e) not applicable;

3. Job performance:
   a) I can perform adequately in the work situation;
   b) My work performance has come down to some extent;
   c) my job performance has come down to a great extent;
   d) my job performance is totally impaired;
   e) not applicable;

4. Work output:
   a) adequate;
   b) below average;
   c) unsatisfactory;
   d) no output at all;
   e) not applicable;

5. Trust by employer/superior:
   a) adequate;
   b) trusted to some extent;
   c) not adequate;
   d) not trusted at all;
   e) not applicable;
6. **Interpersonal relationships with colleagues/superiors:**
   a) I rarely have any difficulties in the work situation;
   b) I occasionally have difficulties;
   c) I frequently have difficulties;
   d) no interpersonal relationships at all with anyone;
   e) not applicable;

7. **Have you received any of the following because of your poor work performance?:**
   Warning/memo/suspension order/dismissal order/increment stopped/transfer/threatening of removing from job:
   a) never;
   b) less than two times;
   c) more than two times;
   d) frequently;
   e) not applicable;

8. **Availing of medical leave due to alcohol problems:**
   a) I never take medical leave;
   b) I occasionally take medical leave;
   c) I frequently take medical leave;
   d) I always take medical leave;
   e) not applicable;

9. **Availing loans/salary advances:**
   a) I rarely take loans/salary advances;
   b) I occasionally take loans/salary advances;
   c) I frequently take loans/salary advances;
   d) I always avail the loans/salary advances;
   e) not applicable;

10. **Occupational hazards:**
    history of accidents/damage/loss in the occupational setting.
    a) never;
    b) less than two times;
    c) more than two times;
    d) many times;
    e) not applicable

B. **INTERPERSONAL RELATIONSHIPS:**

1. **Relationship with children:**
   a) generally affectionate, no problems;
   b) minor difficulties;
   c) indifferent with them;
   d) totally rejected by them;
   e) not applicable;

2. **Relationship with spouse:**
   a) friendly and affectionate;
   b) usually friendly, minor conflicts;
   c) indifferent;
   d) totally alienated;
   e) not applicable;

3. **Relationship with parents:**
   a) generally friendly; no problems;
   b) minor problems;
   c) indifferent with them;
   d) totally rejected by them;
   e) not applicable
4. **Social relationships with others:**
   a) usually friendly with others;
   b) occasional contacts;
   c) isolated;
   d) no contacts at all;
   e) not applicable;

C. **LEISURE TIME ACTIVITIES:**
   How do you spend your leisure time?
   1. Playing games/sports
   2. Listening to radio
   3. Watching TV
   4. Reading and writing
   5. Going to movies
   6. Visiting places
   7. Painting, drawing etc.
   8. Physical exercises
   9. Playing instruments
   10. No specific activity
   11. Any other, specify

D. **SEXUAL ADJUSTMENT:**

1. **Frequency of sexual performance:**
   a) almost everyday;
   b) 2-3 times/week;
   c) less than once/week;
   d) totally abstained;
   e) not applicable;

2. **Difficulties in sexual performance:**
   a) no difficulties at all;
   b) partial difficulties;
   c) unable to perform sex;
   d) sexual performance totally impaired;
   e) not applicable;

3. **Satisfaction in sexual activities (self):**
   a) generally satisfied;
   b) occasionally satisfied;
   c) rarely satisfied;
   d) totally dissatisfied;
   e) not applicable;

4. **Satisfaction in sexual activities (by spouse):**
   a) generally satisfied;
   b) occasionally satisfied;
   c) rarely satisfied;
   d) totally dissatisfied;
   e) not applicable;
APPENDIX - II

DRINKING RELATED I-E SCALE

INSTRUCTIONS:
This is a questionnaire to find out the way in which certain important events in our society affect the drinking of different people. Each item consists of a pair of alternatives labeled a or b. Please select the one statement of each pair (and only one) which you more strongly believe to be the case as far as you are concerned. Be sure to select the one you actually believe to be more true rather than the one you would like to be true. This is a measure of personal belief: obviously there is no right or wrong answer.

Please answer these items carefully but do not spend too much time on any one item. Be sure to find an answer for every choice. Find the number of the item on the answer sheet and circle either letter a or b, which ever one you choose to be the one more true.

In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you are concerned. Also try to respond to each item independently when making your choice; do not influenced by your previous choices.

1. a. One of the major reasons why people drink is because they cannot handle their problems.
   b. People drink because circumstances force them to.
2. a. The idea that people are forced to drink by their spouses is nonsense.
   b. Most people do not realize that drinking problems are influenced by accidental happenings.
3. a. I feel so helpless in some situations that I need a drink.
   b. Abstinence is just a matter of deciding that I no longer want to drink.
4. a. I have the strength to withstand pressures at work.
   b. Trouble at work or home forces me to drink.
5. a. Without the right breaks one cannot stay sober.
   b. Alcoholics who are not successful in curbing their drinking often have not taken advantage of help that is available.
6. a. There is no such thing as an irresistible temptation to drink.
   b. Many times there are circumstances that force you to drink.
7. a. I get so upset over small arguments, that they cause me to drink.
   b. I can usually handle arguments without taking a drink.
8. a. Successfully stopping alcohol is a matter of hard work, luck has little to do with it.
b. Staying sober depends mainly on things going right for you.
9. a. When I see a bottle, I cannot resist taking a drink.
   b. It is not more difficult for me to resist drinking when I am near a bottle than when I am not.
10. a. The average person has an influence on whether he drinks or not.
    b. Oftentimes, other people force one to drink.
11. a. When I am at a party where others are drinking, I can avoid taking a drink.
    b. It is impossible for me to resist drinking if I am at a party where others are drinking.
12. a. Those who are successful in stopping drinking are the ones who are just lucky.
    b. Stopping drinking depends upon lots of effort and hard work (luck has little or nothing to do with it).
13. a. I feel powerless to prevent myself from drinking when I am anxious or unhappy.
    b. If I really wanted to, I could stop drinking.
14. a. It is easy for me to have a good time when I am sober.
    b. I cannot feel good unless I am drinking.
15. a. As far as drinking is concerned, most of us are victims of forces we can neither understand or control.
    b. By taking an active part in treatment programs, we can control our drinking.
16. a. I have control over my drinking behaviour.
    b. I feel completely helpless when it comes to resisting a drink.
17. a. If people want, they can change their drinking behaviour.
    b. It is impossible for some people to ever stop drinking.
18. a. With enough effort we can stop drinking.
    b. It is difficult for alcoholics to have control over their drinking.
19. a. If someone offers me a drink, I cannot refuse him.
    b. I have the strength to refuse a drink.
20. a. Sometimes I cannot understand how people can control their drinking.
    b. There is a direct connection between how hard people try and how successful they are in stopping their drinking.
21. a. I can overcome my urge to drink.
    b. Once I start to drink I can't stop.
22. a. Drink is not necessary to solve my problems.
    b. I just cannot handle my problems unless I take a drink first.
23. a. Most of the time I can't understand why I continue drinking.
    b. In the long run, I am responsible for my drinking problems.
24. a. If I make up my mind, I can stop drinking.
    b. I have no will power when it comes to drinking.
25. a. Drinking is my favourite form of entertainment.
    b. It would not bother me if I could never have another drink.
APPENDIX - III

CALIFORNIA TEST OF PERSONALITY
(Adult - Form AA)

Section 1A
1. Is it easy for you to turn down unreasonable requests?
2. Do you prefer competition of some kind to working alone?
3. Are you easily irritated when people argue with you?
4. Do you usually carry out your plans in spite of opposition?
5. Do you usually get upset when things go wrong?
6. Is it easy for you to introduce or be introduced to people?
7. Is it hard for you to go on with your work if you are not encouraged?
8. Are you willing to tell your friends when you strongly disapprove of their actions?
9. Is it hard for you to admit when you are wrong?
10. Is it easier to do things that your friends propose than to make your own plans?
11. Do you feel uncomfortable when you are alone with important people?
12. When you have a real grievance, do you usually see it settled?
13. Can you work alone as well as with others?
14. Do you feel at ease when talking to members of the opposite sex whom you do not know well?
15. Does it discourage you when people do not appreciate you?

Section 1B
16. Are you given adequate credit for your ability to deal with people successfully?
17. Do you feel that you are not very good at handling money?
18. Do you find it hard to get people to accept your ideas?
19. Do most of your friends have confidence in your ability?
20. Are you often invited to social affairs?
21. Do your superiors pay as much attention to you as you deserve?
22. Do you have opportunity to show your true ability?
23. Do people usually ask for your judgement in important matters?
24. Do people seem to enjoy having you as a guest or doing places with you?
25. Do your friends seem to think that you have made the success of which you are capable?
26. Are you considered mediocre in many of the things you do?
27. Even when you show good judgement, do you often fail to receive proper credit?
28. Are you considered unusually capable or courageous?
29. Do most of your friends go out of their way to help you?
30. Do a number of people depend on you for advice and guidance?
Section 1C
31. Do you have enough time for recreation?
32. Do you have to do what other people decide most of the time?
33. Do you have enough spending money?
34. Does your family object because you spend too much time with outside friends?
35. Are you prevented from managing your own work or career as you wish?
36. Do you feel that you can say what you believe about things?
37. Do you feel that you can do what you wish as often as your friends can?
38. Would you be happier if someone else did not have so much authority over you?
39. Are you at liberty to do about as you please during your spare time?
40. Does your family object to some of your close friends?
41. Are you usually prevented from attending the clubs or affairs that you like?
42. Do you have the opportunity to associate with your friends as much as you like?
43. Are you often criticized for things that do not amount too much?
44. Do your responsibilities keep you "tied down" too much?
45. Are you troubled by the fact that economic conditions restrict your freedom?

Section 1D
46. Are you invited to groups in which both men and women are present?
47. Have you found it almost impossible to take your friends into your confidence?
48. Do you feel that your relatives are as attractive and successful as those of your friends?
49. Do your friends and acquaintances seem to have a better time in their homes than you do?
50. Have you been invited to join as many organizations as you deserve?
51. Have you often wished that you were a member of a different family group?
52. Are you regarded as being as healthy and strong as most of your friends?
53. Do your friends seem to rate you as high socially as they should?
54. Have you found it difficult to make as many friends as you wish?
55. Are you liked well enough so that you feel secure socially?
56. Do you feel that you are an important member of some organization?
57. Do you have enough friends to make you feel happy?
58. Do your friends ask your advice as often as they should?
59. Have you often felt that some people were working against you?
60. Do you usually feel at ease when both men and women are present?

Section 1E
61. Are certain people so unreasonable that you hate them?
62. Do you find it more pleasant to think about desired success than to work for them?
63. Do you find that many people seem perfectly willing to take advantage of you?
64. Do you have many financial problems that cause you a great deal of worry?
65. Do you find it hard to meet people at social affairs?
66. Are your responsibilities and problems often such that you cannot help but get discouraged?
67. Do you often feel lonesome even when you are with people?
68. Are conditions frequently so bad that you find it hard to keep from feeling depressed?
69. Do you prefer to be alone rather than to have close friendships with many of the people around you?
70. Would you rather stay away from parties and social affairs?
71. Do you find it difficult to overcome the feeling that you are inferior to others in many respects?
72. Do you generally go out of your way to avoid meeting someone you dislike?
73. Does it seem to you that younger people have an easier and more enjoyable life than you do?
74. Are you as a rule shy when in the presence of people you do not know?
75. Do you often feel depressed because you are not popular socially?

Section 1F
76. Are you likely to stutter when you get worried or excited?
77. Do your muscles jerk some of the time?
78. Are conditions under which you live so bad that they frequently make you nervous?
79. Do you feel inclined to tremble when you are afraid?
80. Even though you can conceal it, do you frequently feel irritable?
81. Do you often suffer from annoying eye strain?
82. Is it hard for you to sit still?
83. Are you more restless than most people?
84. Are you frequently troubled by serious worries?
85. Do people frequently speak so indistinctly that you have to ask them to repeat their question?
86. Do you frequently find that you have read several sentences without realizing what they are about?
87. Do you find that you are tired a great deal of time?
88. Do you often have considerable difficulty in going to sleep?
89. Do you suffer from attacks of indigestion for which there is no apparent cause?
90. Do you have difficulty thinking clearly when you get worried or excited?

Section 2A
91. Are people sometimes justified in disobeying the law when it appears to be unfair?
92. Should one respect the personalities of all foreigners?
93. Is it necessary to be friendly to new neighbours?
94. Is it wrong to avoid responsibility or work if you are not required to do it?
95. Should one be courteous to people who are very disagreeable?
96. Should one be expected to fulfill a contract which he believes he should not have made?
97. Is it dishonest to fail to pay a railroad or bus fare if the opportunity presents itself?
98. Does finding an article give people the right to keep or sell it?
99. Are there times when it is justifiable to borrow other people's property without telling them?
100. Do people who persist in getting into trouble after proper warning deserve sympathy?
101. Is it right to humiliate publicly those who show disrespect for other people?
102. Should one always be more respectful to people of great wealth?
103. Should a person be fair to disagreeable people?
104. Is it always necessary to return an article that has been found?
105. Are the beliefs of some people so absurd that one is justified in denouncing these beliefs?

Section 2B
106. Do you find it easy to introduce people to each other?
107. Can you break away from a social gathering easily?
108. Is it easy for you to talk with people as soon as you meet them?
109. Is it hard for you to lead in enlivening a dull social affair?
110. Do you frequently find it necessary to interrupt a conversation?
111. Do you often go to some trouble in order to be with your friend?
112. Do you find it difficult to keep from offending people occasionally?
113. Do you often assist in planning social gatherings?
114. Do you habitually compliment people when they do something well?
115. Have you found that it does not pay to be too dependable?
116. Do you have many friends rather than just a few?
117. Do you attempt new games at social affairs even when you haven't played them before?
118. Do you contribute to campaigns intended to give assistance to the needy?
119. Do you find it hard to help others have a good time at social gatherings?
120. Do you enjoy helping people who are less fortunate than you?

Section 2C
121. Does the younger generation get along well with you that you have to get even with them?
122. Do your friends attach so much importance to money and clothes that you have to take some things to keep up appearance?
123. Are you often forced to show some temper in order to get what is coming to you?
124. Are many of your acquaintances so conceited that you find it necessary to insult them?
125. Do you often have to insist that your friends do things that they don't care to do?
126. Do you find it easy to get out of trouble by telling "white lies"?
127. Do you have to assert yourself more than others in order to get recognition?
128. Do you believe that society would be better off if people were permitted to behave more nearly as they please?
129. Have you found that using a little force helps convince stubborn people?
130. Are your friends and associates often so unfair that you do not respect them?
131. Do people who leave their houses or cars unlocked deserve to have things stolen?
132. Does someone at home disturb you so much that you find it necessary to "squelch" them?
133. Have you found that getting even is better than "taking it" too much of the time?
134. Do you sometimes think that it serves people right when their property is damaged?
135. Have many people treated you so unjustly that you are warranted in having a grudge against them?

Section 2D
136. Is your family interested in becoming acquainted with your problems?
137. Do the members of your family get along well with each other as well as you would like?
138. Does your family seem to believe that you are not thoughtful of them?
139. Are some members of your family too extravagant?
140. Are things difficult for you because your family is usually short of money?
141. Are you troubled because members of your family differ from you regarding beliefs and standards?
142. Are you troubled because some members of your family do not get along well together?
143. Do you have better times somewhere else than where you live?
144. Do you like the members of your family about equally?
145. Does your family appear to think that you are as successful as you might be?
146. Do members of your family have as good times together as you wish?
147. Do some of the members of your family usually fail to return favours?
148. Do friends respect your rights better than members of your family do?
149. Do members of your family like to have you enjoy yourself?
150. Do you avoid inviting people to your home because it is not as attractive as it should be?

Section 2E
(Consider work to mean miscellaneous duties and household work as well as regular employment. If not employed at present, give your opinion on each question)

151. Do you worry a lot about your daily work?
152. Do you feel that most employers keep in mind the welfare of their workers?
153. Would you be much happier if you had more freedom in your work?
154. Would you rather do some other kind of work than the kind you are now doing?
155. Are you doing the kind of work you like best?
156. Have you found that those in authority tend to avoid you?
157. Do you feel that many employers are unfair in their methods of making promotions?
158. Is it your belief that it is often difficult to gain promotions on the basis of merit?
159. Do you feel that the chances of improving the conditions of your work are good?
160. Do you feel that others could make your work easier for you if they cared to do so?
161. Would you rather work alone than with others?
162. Do you feel that those engaged in work similar to yours really like you?
163. Do those with whom you work sometimes seem unreasonable in their dealings with you?
164. Do you sometimes wonder whether people approve of your work?
165. Do you have too small a share in deciding matters which affect your work?

Section 2F
166. Are you usually in favor of reducing all public expenses?
167. Do the religious places in your neighbourhood seem to meet the needs of the people?
168. Are there many people in your community who are unpopular?
169. Do you feel that many fine families live in your neighborhood?
170. Do you often discuss community problems with people in your neighborhood?
171. Do you think your neighborhood would be better if more people minded their own business?
172. Would you welcome most of your neighbors into your home as friends and associates?
173. Does your community do as much for its people as you think it should?
174. Do most of the people in your community disagree with you in political matters?
175. Is there too much neighborhood gossip in your community?
176. Are political issues so involved that you frequently do not vote?
177. Do you feel that most women's and men's clubs are of doubtful value to their communities?
178. Do you feel that most of your local public officials are honest and efficient?
179. Do you feel it is worth-while to spend time in improving your community?
180. Do you feel that many local businessmen do not merit your patronage?
APPENDIX - IIIA
CALIFORNIA TEST OF PERSONALITY
ANSWER SHEET

NAME :  AGE :  DATE :

IDENTIFICATION NO. :

1. YES/NO  16. YES/NO  31. YES/NO  46. YES/NO  61. YES/NO  76. YES/NO
2. YES/NO  17. YES/NO  32. YES/NO  47. YES/NO  62. YES/NO  77. YES/NO
3. YES/NO  18. YES/NO  33. YES/NO  48. YES/NO  63. YES/NO  78. YES/NO
4. YES/NO  19. YES/NO  34. YES/NO  49. YES/NO  64. YES/NO  79. YES/NO
5. YES/NO  20. YES/NO  35. YES/NO  50. YES/NO  65. YES/NO  80. YES/NO
6. YES/NO  21. YES/NO  36. YES/NO  51. YES/NO  66. YES/NO  81. YES/NO
7. YES/NO  22. YES/NO  37. YES/NO  52. YES/NO  67. YES/NO  82. YES/NO
8. YES/NO  23. YES/NO  38. YES/NO  53. YES/NO  68. YES/NO  83. YES/NO
9. YES/NO  24. YES/NO  39. YES/NO  54. YES/NO  69. YES/NO  84. YES/NO
10. YES/NO  25. YES/NO  40. YES/NO  55. YES/NO  70. YES/NO  85. YES/NO
11. YES/NO  26. YES/NO  41. YES/NO  56. YES/NO  71. YES/NO  86. YES/NO
12. YES/NO  27. YES/NO  42. YES/NO  57. YES/NO  72. YES/NO  87. YES/NO
13. YES/NO  28. YES/NO  43. YES/NO  58. YES/NO  73. YES/NO  88. YES/NO
14. YES/NO  29. YES/NO  44. YES/NO  59. YES/NO  74. YES/NO  89. YES/NO
15. YES/NO  30. YES/NO  45. YES/NO  60. YES/NO  75. YES/NO  90. YES/NO

1A  1B  1C  1D  1E  1F

RAW SCORES  -----

TOTAL - I /   /
YES/NO 106. YES/NO 121. YES/NO 136. YES/NO 151. YES/NO 166. YES/NO
YES/NO 107. YES/NO 122. YES/NO 137. YES/NO 152. YES/NO 167. YES/NO
YES/NO 108. YES/NO 123. YES/NO 138. YES/NO 153. YES/NO 168. YES/NO
YES/NO 109. YES/NO 124. YES/NO 139. YES/NO 154. YES/NO 169. YES/NO
YES/NO 111. YES/NO 125. YES/NO 140. YES/NO 155. YES/NO 170. YES/NO
YES/NO 112. YES/NO 126. YES/NO 141. YES/NO 156. YES/NO 171. YES/NO
YES/NO 113. YES/NO 127. YES/NO 142. YES/NO 157. YES/NO 172. YES/NO
YES/NO 114. YES/NO 128. YES/NO 143. YES/NO 158. YES/NO 173. YES/NO
YES/NO 115. YES/NO 129. YES/NO 144. YES/NO 159. YES/NO 174. YES/NO
YES/NO 116. YES/NO 130. YES/NO 145. YES/NO 160. YES/NO 175. YES/NO
YES/NO 117. YES/NO 131. YES/NO 146. YES/NO 161. YES/NO 176. YES/NO
YES/NO 118. YES/NO 132. YES/NO 147. YES/NO 162. YES/NO 177. YES/NO
YES/NO 119. YES/NO 133. YES/NO 148. YES/NO 163. YES/NO 178. YES/NO
YES/NO 120. YES/NO 134. YES/NO 149. YES/NO 164. YES/NO 179. YES/NO
YES/NO 121. YES/NO 135. YES/NO 150. YES/NO 165. YES/NO 180. YES/NO

RAW SCORES

TOTAL = II /-------/

GRAND TOTAL I & II /-------/
APPENDIX - IV
RATING SCALE TO ASSESS MOTIVATION FOR TAKING ALCOHOL

The following is a set of statements describing the possible reasons why people take alcohol. You are to choose one out of five alternatives for each of these statements as indicated below. There is no right or wrong answer.

1) If you 'strongly agree' with the statement put a cross mark on the first blank:

eg. ------ ------ ------ ------ ------
Strongly agree

2) If you 'agree' with the statement please put a cross mark on the 2nd blank;

x
eg. ------ ------ ------ ------ ------
Agree

3) If you think that the statement is 'not relevant' to you or if you 'can't say' then put a cross mark on the third blank:

eg. ------ ------ ------ ------ ------
Can't say

4) If you 'disagree' with the statement you place a cross mark on the 4th blank:

x
eg. ------ ------ ------ ------ ------
Disagree

5) If you 'strongly disagree' with the statement then place a cross mark on the last blank:

x
eg. ------ ------ ------ ------ ------
Strongly disagree

IMPORTANT:
1) Be sure to answer all statements;
2) Do not put more than one cross mark on each statement;
3) Do not try to remember about your previous answers.

<table>
<thead>
<tr>
<th>SA</th>
<th>A</th>
<th>CS</th>
<th>D</th>
<th>SD</th>
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</thead>
</table>
1. I drink to get sleep during night
2. I take alcohol to overcome feelings of inferiority
3. I take alcohol along with my friends to satisfy them
4. I drink to overcome shyness
5. I drink to get along well with my colleagues
6. I drink to keep myself relaxed in the social situations
7. I drink during day time to keep myself alert
8. I drink to forget my fearful experiences
9. I drink to overcome sadness
10. I drink to relieve myself from tension
11. I drink to make my memory sharp
12. Drink helps me in making friendship
13. I get better ideas when I drink
14. I drink to have fun
15. I drink to get companionship with others
16. I feel drinking helps me in achieving my goals
17. When I drink I feel better in expressing my ideas and views to others
18. I feel happier when I drink
19. When I drink I can perform some tasks better
20. When I take alcohol I can express my feelings better with women
21. I can decide over things better when I take alcohol
22. When I drink it creates calmness in my mind
23. When I drink I feel more responsible
24. When I drink it makes me more active
25. Drink helps me to work better
26. Alcohol helps me to face situations with confidence
27. Alcohol makes me more sociable
28. When I drink I can perform better in sexual acts
29. When I take alcohol I can interact better with my family members
30. My appetite is better when I take alcohol
31. When I drink I can interact well with my superiors
32. Drink makes me sensitive
33. I take alcohol to please my friends
34. I take alcohol because it tastes good
35. Alcohol helps me to avoid my loneliness
36. When I take alcohol I get relief from my family problems
37. Alcohol makes me more assertive
38. When I take alcohol I feel peaceful
39. I take alcohol to forget my worries
40. When I drink I can think better
41. I take alcohol to forget my frustration in life
42. I take alcohol to make myself pleasant
43. I take alcohol to remove my boredom
44. When I drink I can enjoy sex better
45. Alcohol improves my creativity
46. I take alcohol to achieve my gains
47. I take alcohol to maintain status (position) in society
48. I take alcohol because it is our family custom
49. I take alcohol because I can't say 'no' to others
50. Alcohol relieves me from my physical problems (eg. stomach pain)
51. I take alcohol because I am tired after the day's work
52. Alcohol helps me to cope with my job stress/situation
53. I don't know why I take alcohol; it is just by chance
54. Alcohol helps me to face my superior
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<tr>
<td>55. I take alcohol due to my temptation to drink</td>
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<td>56. I take alcohol due to lack of self control</td>
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<td>57. Alcohol helps me to escape from criticisms</td>
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<td>58. I take alcohol because my business depends on taking or offering drinks</td>
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<td>59. Alcohol helps me to forget about my poverty</td>
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<td>60. I take alcohol because it has not affected my health</td>
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<td>61. I take alcohol because people accept me in my locality</td>
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<td>62. I take alcohol because the smell/sight of a drink attracts me</td>
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Any other reasons, specify:
**APPENDIX - 5**

**FOLLOW-UP INTERVIEW SCHEDULE**

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<th>Identification No.</th>
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<td>BTR No.</td>
<td>Date of Termination</td>
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<tr>
<td>IP/OP/IP-OP No.</td>
<td>Follow-up NO. &amp; date</td>
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**PERSONAL INFORMATION:**
1. Name:
2. Present address:
3. Employment status:
4. Present marital status:
5. Present income:

**II. HISTORY OF ABSTINENCE:**
1. Did you take alcohol after termination of treatment: YES/NO

**A. IF NO:**
   a) Total length of abstinence after termination of treatment:
   b) Which part of treatment has helped you most to remain abstinent from alcohol:

**B. IF TAKEN ALCOHOL:**
   a) So far how many times taken:
   b) When:
   c) Quality and Quantity taken each time:
   d) Taken with whom? (Friends, family members, colleagues, alone):
   e) Reasons for taking alcohol each time:
   f) Was there any intoxication:
III. AT PRESENT:

1. Do you attend to religious activities?:

2. Do you visit your friends/relatives?: YES/NO

3. Have you involved in physically assaulting your wife/children/family members?: YES/NO

4. Do you involve in arguments/fights with others?: YES/NO

5. Do you skip your meals sometimes?: YES/NO

6. Do you neglect your work?: YES/NO

7. Are you suffering from any health related problems?: YES/NO

8. Do you keep company of friends who take alcohol?: YES/NO
   (If yes, give details)

9. Did anyone persuade/force you to take alcohol?: YES/NO
   (If yes, what did you do?)

IV. HISTORY OF OTHER SUBSTANCE USE

a. Do you smoke cigarettes/beedies/cigars?: YES/NO

b. At present how many/day:

c. Is there any increase/decrease after treatment:

d. Did you take any other drugs (eg. ganja, opium etc.)?: YES/NO
   (If yes, give details)

V. ANY OTHER RELEVANT INFORMATION
APPENDIX - VI

TREATMENT PROGRAM

I. ASSESSMENT

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Assessed on

Scale

1. HISTORY PROFORMA
2. D.R.I.E.
3. R.S.M.A.
4. C.T.P.

II. THERAPY PROGRAM:

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<th>SOCIAL SKILLS TRAINING</th>
<th>BEHL. CNSLG</th>
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III. FOLLOW-UP:

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REMARKS: