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| **Module 1: Demographic information of the respondent** | | | | | |
| **ID** | **Name** | **1.2 Sex** | **1.3 Age** | **1.4 Marital status** | **1.5 Highest level of school attended** |
|  |  | 1. Male  2. Female  3. Third gender | In years | 1. Married  2. Unmarried  3. Widowed  4. Divorced/Separated | 1. Primary (1-5 years)  2. Secondary high school (6-10 years)  3. Higher secondary (11-12 years)  4. University or higher (>12 years)  5. Madrasa  6. No schooling |
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| **Module 2: Socio-economic information of the households** | | | | |
| **2.1 No. of family members** | **2.2 No. of children** | **2.3 No. of older people (> 60 years)** | **2.4 No. of adult earning person** | **2.5 Family monthly income (BDT)** |
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| **Module 3: Job related information** | | | | | | | |
| **3.1 Designation** | **3.2 Working Hour** | **3.3 Working Year** | **3.4 No. of Operation Conducted** | **3.5 Overtime** | **3.6 Reward Policy** | **3.7 Health Insurance** | **3.8 Health Insurance** |
|  |  |  |  | 1. Yes 2. No  1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No |
| **3.9 Risk Coverage** | **3.10 Interpersonal Conflict** | | **3.11 Training** |  |  |  |  |
| 1. Yes 2. No  1. Yes 2. No | 1. Yes 2. No | | 1. Yes 2. No |  |  |  |  |
| **3.11a** | If 3**.11** is **YES**, which training they have provided? Yes = 1; No = 2 *[Note: Multiple responses possible]* | | | | | | |
| CISM PTSD. Others…………. | | | | | | |
| **3.11b** | **Do you think you need more training?** 1. Yes 2. No | | | | | | |

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| **Module 4: Job satisfaction** | | | | | |
| **Question** | **Very Unsatisfied**  **1** | **Unsatisfied**  **2** | **Neutral**  **3** | **Satisfied**  **4** | **Very Satisfied**  **5** |
| 4.1 Do you satisfy with your job? |  |  |  |  |  |

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| **Module 5: Clinical treatment information** | | | |
| **Question** | | **Options/Answers** | |
| **5.1** | Do you have any chronic disease/condition? | 1. Yes 2. No |  |
| **5.1a** | If **5.1** is **YES**, what was/were the disease/ diseases? Yes = 1; No = 2 *[Note: Multiple responses possible]* | | |
| Diabetes High BP. CKD CHD. HTN. Stroke/other CVD Chronic respiratory disease (Bronchitis/COPD/Asthma  Others:\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **5.1b** | Are you taking any treatment/on the medication for the chronic disease? | 1. Yes 2. No |  |
| **5.2** | Has any of your household member have chronic disease? | 1. Yes 2. No |  |
| **5.2a** | If **5.2** is **YES**, Who has chronic disease in your family? | 1.Mother 2.Father 3.Both 4.Don’t have |  |
| **5.2b** | What was/were the disease/ diseases? Yes = 1; No = 2 *[Note: Multiple responses possible]* | | |
| Diabetes High BP. CKD CHD. HTN. Stroke/other CVD Chronic respiratory disease (Bronchitis/COPD/Asthma  Others:\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Module 6: Lifestyle and behavior** | | | |
| **Question** | | **Options/Answers** | |
| **6.1** | Are you habitual to--- | Tobacco Alcohol Pan/Jorda/Supari Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **6.2** | Do you do exercise regularly? | 1. Yes 2. No |  |
| **6.2a** | If **6.2** is **YES**, which exercise do you do regularly? Yes = 1; No = 2 *[Note: Multiple responses possible]* | | |
| Meditation. Yoga Daily Exercise Others:\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **6.3** | Do you pray daily? | 1. Yes 2. No |  |

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| **Module 7: The Workplace Stress Scale** | | | | | | |
| ***Thinking about your current job, how often does each of the following statements describe how you feel?*** | | | | | | |
| **Questions** | | **Never**  **1** | **Rarely**  **2** | **Sometimes**  **3** | **Often**  **4** | **Very Often**  **5** |
| **7.1** | Conditions at work are unpleasant or sometimes even unsafe |  |  |  |  |  |
| **7.2** | I feel that my job is negatively affecting my physical or emotional well being |  |  |  |  |  |
| **7.3** | I have too much work to do and/or too many unreasonable deadlines |  |  |  |  |  |
| **7.4** | I find it difficult to express my opinions or feelings about my job conditions to my superiors |  |  |  |  |  |
| **7.5** | I feel that job pressure interferes with my family or personal life |  |  |  |  |  |
| **Questions** | | **5** | **4** | **3** | **2** | **1** |
| **7.6** | I have adequate control or input over my work duties |  |  |  |  |  |
| **7.7** | I receive appropriate recognition or rewards for good performance |  |  |  |  |  |
| **7.8** | I am able to utilize my skills and talents to the fullest extent at work |  |  |  |  |  |

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| **Module 8: Short PTSD Rating Instrument Self Rated (SPRINT-SR)** | | | | | | |
| ***Identify the most painful or traumatic event in your life that is still painful for you*** | | | | | | |
| **For each question, select the answer that most accurately expresses how you felt last week. If you have started treatment to relieve your pain, questions 9 and 10 apply to you and you can answer them. If not taking any treatment, answer questions 1 to 8 only.** | | **Not at all**  **0** | **In small doses**  **1** | **Moderated or Tolerable**  **2** | **Enough Amount**  **3** | **Too much**  **4** |
| **8.1** | To what extent are you affected or affected by unwanted memories, nightmares or flashbacks of past events? |  |  |  |  |  |
| **8.2** | How much effort have you made to avoid thinking about, talking about, or doing things that remind you of the event? |  |  |  |  |  |
| **8.3** | To what extent are you distancing yourself from people or not enjoying anything or having trouble feeling anything? |  |  |  |  |  |
| **8.4** | How much has poor sleep, inattention, anxiety or nervousness, irritability, or feeling wary of your surroundings affected you? |  |  |  |  |  |
| **8.5** | How much are you affected or affected physically and mentally by pain or fatigue? |  |  |  |  |  |
| **8.6** | When you face stress or setbacks, how frustrated do you feel? |  |  |  |  |  |
| **8.7** | To what extent are the above symptoms interfering with your performance or amount of daily activities? |  |  |  |  |  |
| **8.8** | Are the above symptoms ruining your relationships with family, friends, or loved ones? |  |  |  |  |  |
| **Sum of Questions 7.1-7.8** | | | | | | |

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| **8.9** | If you have started or are undergoing treatment, how well have you been feeling since starting treatment? (Percentage) (%) | | | | | | | | | | |
| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
| **8.10** | How much has the above symptoms improved after starting the treatment? | | | | | | | | | | |
| **Got worse**  **1** | | **Immutable**  **2** | | **A little**  **3** | | **Quite a bit**  **4** | | **Much more**  **5** | | |
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| **Module 9: Insomnia Severity Index** | | | | | | |
| *Dear participant, the following questions are targeted to measure the severity of Insomnia. Please tick the best proper choice of answer code. Please rate the CURRENT (i.e. Last 2 Weeks) Severity of your insomnia problem.* | | | | | | |
| **Insomnia Problem** | | **None**  **0** | **Mild**  **1** | **Moderate**  **2** | **Severe**  **3** | **Very Severe**  **4** |
| **9.1** | Difficulty falling asleep? |  |  |  |  |  |
| **9.2** | Difficulty staying asleep? |  |  |  |  |  |
| **9.3** | Problems waking up too early? |  |  |  |  |  |

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| **Question** | | **Very satisfied**  **0** | **Satisfied**  **1** | **Moderately satisfied**  **2** | **Dissatisfied**  **3** | **Very dissatisfied**  **4** |
| **9.4** | How satisfied / dissatisfied are you with your current sleep pattern? |  |  |  |  |  |

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| **Question** | | **Not at all**  **0** | **Noticeable**  **1** | **A little**  **2** | **Somewhat**  **3** | **Very much noticeable**  **4** |
| **9.5** | How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life? |  |  |  |  |  |

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| **Question** | | **Not at all**  **0** | **Worried**  **1** | **A little**  **2** | **Somewhat**  **3** | **Very much worried**  **4** |
| **9.6** | How worried / distressed are you with your current sleep pattern? |  |  |  |  |  |

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| **Question** | | **Not at all**  **0** | **Interfering**  **1** | **A little**  **2** | **Somewhat**  **3** | **Very much interfering**  **4** |
| **9.7** | To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, mood, ability to function at work / daily chores, concentration, memory, mood, etc) currently |  |  |  |  |  |

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| **Module 10: Suicidal Ideation Attribute Scale (SIDAS)** | | | | | | | | | | | |
| **10.1** | In the past month, how often have you had thoughts about suicide? (0= Never, 10= Always) | | | | | | | | | | |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

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| **10.2** | In the past month, how much control have you had over these thoughts? (0= No control, 10= Full control) | | | | | | | | | | |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

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| **10.3** | In the past month, how close have you come to making a suicide attempt? (0= Not to close, 10= Made an attempt) | | | | | | | | | | |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

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| **10.4** | In the past month, to what extent have you felt tormented by thoughts about suicide? (0= Not at all, 10= Extremely) | | | | | | | | | | |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

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| **10.5** | In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as works, household tasks, or social activities? (0= Not at all, 10= Extremely) | | | | | | | | | | |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |