**Sociodemographic Profile Sheet**

1. **Name**:…………………………………………………………………………………..
2. **Father’s name:**………………………………………………………………………..
3. **Age**:………………………………………………………………………………………..
4. **Sex** : (a) Male { } (b) Female { }
5. **Education : (a)with coaching { } (b)without coaching { }**
6. **Medium of education:…………………………………………………………….**
7. **domicile :**
8. **Marital Status:** (a) - Married (b) - Unmarried
9. **Monthly Income(family) :**

1 **=** Nil - 6000 2 - 6001 - 15000 3 - > 15000

1. **Religion:**

1- Hindu 2 - Muslim 3 - Others

**11 . Family Type:**

1- Nuclear 2 - Nuclear extended 3 - Others

1. **Birth order :**
2. **Locality:** 1.Urban 2.Rural
3. **Address& Telephone / Mobile NO.**

**Perceived Stress Scale**

The questions in this scale ask you about your feelings and thoughts **during the last month**. In

**0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often**

1. In the last month, how often have you been upset

because of something that happened unexpectedly?................................. **0 1 2 3 4**

2. In the last month, how often have you felt that you were unable

to control the important things in your life? ................................................. **0 1 2 3 4**

3. In the last month, how often have you felt nervous and “stressed”? .......... **0 1 2 3 4**

4. In the last month, how often have you felt confident about your ability

to handle your personal problems? ........................................................... **0 1 2 3 4**

5. In the last month, how often have you felt that things

were going your way?................................................................................. **0 1 2 3 4**

6. In the last month, how often have you found that you could not cope

with all the things that you had to do? ........................................................ **0 1 2 3 4**

7. In the last month, how often have you been able

to control irritations in your life?................................................................... **0 1 2 3 4**

8. In the last month, how often have you felt that you were on top of things?..**0 1 2 3 4**

9. In the last month, how often have you been angered

because of things that were outside of your control?.................................. **0 1 2 3 4**

10. In the last month, how often have you felt difficulties

were piling up so high that you could not overcome them? ................... ...**0 1 2 3 4**

**COPE Inventory**

This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. think about what you usually do when you are under a lot of stress. .  Please try to respond to each item separately in your mind from each other item.

Choose your answers thoughtfully, and make your answers as true FOR YOU as you can.  Please answer every item.  There are no "right" or "wrong" answers, so choose the most accurate answer for YOU

  1 = I usually don't  do this at all   
       2 = I usually do this a little bit   
       3 = I usually do this a medium amount   
       4 = I usually do this a lot

1.  I try to grow as a person as a result of the experience.   
2.  I turn to work or other substitute activities to take my mind off things.   
3.  I get upset and let my emotions out.   
4.  I try to get advice from someone about what to do.   
5.  I concentrate my efforts on doing something about it.   
6.  I say to myself "this isn't real."   
7.  I put my trust in God.   
8.  I laugh about the situation.   
9.  I admit to myself that I can't deal with it, and quit trying.   
10.  I restrain myself from doing anything too quickly.

11.  I discuss my feelings with someone.   
12.  I use alcohol or drugs to make myself feel better.   
13.  I get used to the idea that it happened.   
14.  I talk to someone to find out more about the situation.   
15.  I keep myself from getting distracted by other thoughts or activities.   
16.  I daydream about things other than this.   
17.  I get upset, and am really aware of it.   
18.  I seek God's help.   
19.  I make a plan of action.   
20.  I make jokes about it.

21.  I accept that this has happened and that it can't be changed.   
22.  I hold off doing anything about it until the situation permits.   
23.  I try to get emotional support from friends or relatives.   
24.  I just give up trying to reach my goal.   
25.  I take additional action to try to get rid of the problem.   
26.  I try to lose myself for a while by drinking alcohol or taking drugs.   
27.  I refuse to believe that it has happened.   
28.  I let my feelings out.   
29.  I try to see it in a different light, to make it seem more positive.   
30.  I talk to someone who could do something concrete about the problem.

31.  I sleep more than usual.   
32.  I try to come up with a strategy about what to do.   
33.  I focus on dealing with this problem, and if necessary let other things slide a little.   
34.  I get sympathy and understanding from someone.   
35.  I drink alcohol or take drugs, in order to think about it less.   
36.  I kid around about it.   
37.  I give up the attempt to get what I want.   
38.  I look for something good in what is happening.   
39.  I think about how I might best handle the problem.   
40.  I pretend that it hasn't really happened.

41.  I make sure not to make matters worse by acting too soon.   
42.  I try hard to prevent other things from interfering with my efforts at dealing with this.   
43.  I go to movies or watch TV, to think about it less.   
44.  I accept the reality of the fact that it happened.   
45.  I ask people who have had similar experiences what they did.   
46.  I feel a lot of emotional distress and I find myself expressing those feelings a lot.   
47.  I take direct action to get around the problem.   
48.  I try to find comfort in my religion.   
49.  I force myself to wait for the right time to do something.   
50.  I make fun of the situation.

51.  I reduce the amount of effort I'm putting into solving the problem.   
52.  I talk to someone about how I feel.   
53.  I use alcohol or drugs to help me get through it.   
54.  I learn to live with it.   
55.  I put aside other activities in order to concentrate on this.   
56.  I think hard about what steps to take.   
57.  I act as though it hasn't even happened.   
58.  I do what has to be done, one step at a time.   
59.  I learn something from the experience.   
60.  I pray more than usual.

**Hamilton Anxiety Rating Scale (HAM-A)**

Select one of the five responses for each of the fourteen questions.

0 = Not present, 1 =Mild, 2= Moderate, 3 =Severe, 4= Very severe.

**1 Anxious mood** 0 1 2 3 4

Worries, anticipation of the worst, fearful anticipation, irritability.

**2 Tension** 0 1 2 3 4

Feelings of tension, fatigability, startle response, moved to tears

easily, trembling, feelings of restlessness, inability to relax.

**3 Fears** 0 1 2 3 4

Of dark, of strangers, of being left alone, of animals, of traffic, of

crowds.

**4 Insomnia** 0 1 2 3 4

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue

on waking, dreams, nightmares, night terrors.

**5 Intellectual** 0 1 2 3 4

Difficulty in concentration, poor memory.

**6 Depressed mood** 0 1 2 3 4

Loss of interest, lack of pleasure in hobbies, depression, early waking,

diurnal swing.

**7 Somatic (muscular)** 0 1 2 3 4

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of

teeth, unsteady voice, increased muscular tone.

**8 Somatic (sensory)** 0 1 2 3 4

Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness,

pricking sensation.

**9 Cardiovascular symptoms** 0 1 2 3 4

Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting

feelings, missing beat.

**10 Respiratory symptoms** 0 1 2 3 4

Pressure or constriction in chest, choking feelings, sighing, dyspnea.

**11 Gastrointestinal symptoms** 0 1 2 3 4

Difficulty in swallowing, wind abdominal pain, burning sensations,

abdominal fullness, nausea, vomiting, borborygmi, looseness of

bowels, loss of weight, constipation.

**12 Genitourinary symptoms** 0 1 2 3 4

Frequency of micturition, urgency of micturition, amenorrhea,

menorrhagia, development of frigidity, premature ejaculation, loss of

libido, impotence.

**13 Autonomic symptoms** 0 1 2 3 4

Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension

headache, raising of hair.

**14 Behavior at interview** 0 1 2 3 4

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow,strained face, sighing or rapid respiration, facial pallor, swallowing,