



Appendix 1:

QUESTIONNAIRE



APPENDIX – I

Section - A

Name:

Contact Number:.....

Email ID:.....

1. Age in Years:

- | | |
|-------------|------------------------|
| 1. Below 25 | 5. 41 – 45 |
| 2. 25 – 30 | 6. 46 – 50 |
| 3. 31 – 35 | 7. 51 - 58 |
| 4. 36 – 40 | 8. 58 and above (Ret.) |

2. Gender:

- | | |
|---------|-----------|
| 1. Male | 2. Female |
|---------|-----------|

3. Qualification:

- | | |
|------------------|-------------------------------|
| 1. Up to HSC | 4. Others (Please Specify)... |
| 2. Graduate | |
| 3. Post Graduate | |

4. Religion:

- | | |
|-----------|--------------|
| 1. Hindu | 3. Sikh |
| 2. Muslim | 4. Christian |

5. Category:

- | | |
|------------|-------|
| 1. General | 3. SC |
| 2. SEBC | 4. ST |

6. Place of Residence:

- | | |
|----------------------|--------------------|
| 1. Urban (City) | 3. Rural (Village) |
| 2. Semi Urban (Town) | |

7. Marital Status:

- | | |
|--------------|--------------------|
| 1. Married | 3. Divorced |
| 2. Unmarried | 4. Others (Widows) |

8. Number of dependents:

- | | |
|--------|-------------------|
| 1. Nil | 4. Three |
| 2. One | 5. Four |
| 3. Two | 6. Five and Above |

9. Location of Police Station:

- | | |
|---------------|---------------------------|
| 1. Urban | 4. Remote Area (Out Post) |
| 2. Semi Urban | |
| 3. Rural | |

10. Unit of Current Posting:

- | | |
|-------------------|------------------|
| 1. Police Station | 2. Police Chowki |
|-------------------|------------------|

11. Rank in the Police Force:

- | | |
|----------------------------------|---|
| 1. DG, ADG, IG, SPL.
IG, DIG, | 4. PSI, JAMADAR,
HEAD CONSTABLE,
POLICE
CONSTABLE. |
| 2. DSP/DCP, Dy.
SP/ACP | |
| 3. PI | |

12. Experience:

- | | |
|------------|-----------------|
| 1. 0 – 5 | 5. 21 – 25 |
| 2. 6 – 10 | 6. 26 – 30 |
| 3. 11 – 15 | 7. 30 and above |
| 4. 16 – 20 | |

13. Income in Rupees (Per Annum)

- | | |
|------------------------|------------------------|
| 1. Below 1,00,000 | 4. 3,00,000 – 5,00,000 |
| 2. 1,00,001 – 2,25,000 | 5. 5,00,000 - Above |
| 3. 2,25,001 – 3,00,000 | |

14. Number of family members in police department:

- | | |
|--------|-----------------|
| 1. Nil | 4. Three |
| 2. One | 5. Four |
| 3. Two | 6. Five & Above |

Section – B

Below is the list of items that describe the symptoms of stress. The main areas are mental symptoms, physical symptoms and other symptoms including increased smoking, alcohol intake and medication. The participants will have to decide to what degree they considered the nature and extent of their symptoms of stress on a 5 point Likert Scale. There are 12 mental symptoms items, 13 physical symptoms and 3 other symptoms concerning smoking, alcohol and medication.

Very Low	Low	Moderate	High	Very High
1	2	3	4	5

Mental symptoms of stress

1.	Anxious	1	2	3	4	5
2.	Worry A Lot	1	2	3	4	5
3.	Irritability	1	2	3	4	5
4.	Easily Frustrated	1	2	3	4	5
5.	Aggressive Outbursts	1	2	3	4	5
6.	Poor Concentration	1	2	3	4	5
7.	Forgetfulness	1	2	3	4	5
8.	Depression	1	2	3	4	5
9.	Poor motivation	1	2	3	4	5
10	Want to be alone always	1	2	3	4	5
11	Poor Self-esteem	1	2	3	4	5
12	Feel out-of-control	1	2	3	4	5

Physical symptoms of stress

1.	Headaches	1	2	3	4	5
2.	Spastic Colon	1	2	3	4	5
3.	Indigestion	1	2	3	4	5
4.	Ulcers	1	2	3	4	5
5.	High Blood Pressure	1	2	3	4	5
6.	Hyperventilation	1	2	3	4	5
7.	Asthma	1	2	3	4	5
8.	Stiff, Sore Muscles	1	2	3	4	5
9.	Trouble Sleeping	1	2	3	4	5
10	Decreased Immunity	1	2	3	4	5
11	Change in Marriage life	1	2	3	4	5
12	Change in Appetite	1	2	3	4	5
13	Palpitation	1	2	3	4	5

Other symptoms of stress

1.	Smoking	1	2	3	4	5
2.	Medication	1	2	3	4	5
3.	Alcohol Consumption	1	2	3	4	5

Section - C

Below is the list of items that describe the Sources of Stress. The sources of stress covered were the personal sphere (07 items); interpersonal sphere (5 items); work sphere (11 items) and recreational sphere (4 items). The participants had to decide to what degree they considered themselves stressed on a 5 - point Likert scale.

Very Low	Low	Moderate	High	Very High
1	2	3	4	5

SOURCES OF STRESS [PERSONAL SPHERE]

1.	Struggle to make decisions	1	2	3	4	5
2.	Worried about my health	1	2	3	4	5
3.	Burdened with unresolved issues of the past	1	2	3	4	5
4.	Suffer from low self-esteem	1	2	3	4	5
5.	Suffer from depression	1	2	3	4	5
6.	Unmotivated to take up challenges	1	2	3	4	5
7.	Have to adapt to a new lifestyle	1	2	3	4	5

SOURCES OF STRESS [INTERPERSONAL SPHERE]

1.	Difficulty in Communicating	1	2	3	4	5
2.	Lost Interest in others	1	2	3	4	5
3.	Difficulty in Controlling my anger	1	2	3	4	5
4.	Am a perfectionist in my expectations of others	1	2	3	4	5
5.	See that others use me as a doormat	1	2	3	4	5

SOURCES OF STRESS [WORK SPHERE]

1.	Feel overloaded with work	1	2	3	4	5
2.	Struggle to meet deadlines	1	2	3	4	5
3.	Carry a lot of responsibilities	1	2	3	4	5
4.	Struggle to get along with superiors, subordinates, and peers	1	2	3	4	5
5.	Have to tolerate a lot of frustration	1	2	3	4	5
6.	work long hours	1	2	3	4	5
7.	No control over my work schedule	1	2	3	4	5
8.	Dissatisfied with my salary	1	2	3	4	5
9.	My work is boring and not challenging	1	2	3	4	5
10.	Perfectionist in the execution of my task	1	2	3	4	5
11.	Because of Post-Retirement departmental issues	1	2	3	4	5

SOURCES OF STRESS [RECREATIONAL SPHERE]

1.	Spend a lot of time under the influence of drugs and alcohol	1	2	3	4	5
2.	Do not have any free time	1	2	3	4	5
3.	Too tired to use my free time constructively	1	2	3	4	5
4.	Have free time but no interests/activities to fill it with	1	2	3	4	5

Do you know about coping strategies?

1. Yes
2. No

If Yes, answer section - D

Section - D

Below is the list of items that describe the Coping Strategies Questionnaire (Miller, 1988) will be used. A participant has to decide to what extent they considered themselves to be coping with stressful events on a 5 – point Likert scale. The items included maintaining a sense of humour, medicating, getting a message, exercising regularly, eating more sensibly, and limiting their intake etc.

Very Low	Low	Moderate	High	Very High
1	2	3	4	5

COPING STRATEGIES

1.	Maintain a sense of humor	1	2	3	4	5
2.	Medicate	1	2	3	4	5
3.	Get a message	1	2	3	4	5
4.	Exercise regularly	1	2	3	4	5
5.	Eat more Sensibly	1	2	3	4	5
6.	Limit intake of alcohol	1	2	3	4	5
7.	Take refuge in family and friend	1	2	3	4	5
8.	Delegate responsibility	1	2	3	4	5
9.	Quit	1	2	3	4	5

- Do you think these have helped you to reduce stress?
1. Yes
2. No

If NO, answer the following:-

- It did not help because; do not hold proper knowledge of various coping strategies?
1. Yes
2. No

Section E

1. Do you smoke a Cigarette?

1. Yes

2. No

If your response is yes kindly answer the following questions, other wise skip this part.

1. A: You have started smoking at the age [Years] of:

I. Below 25

IV. 36 – 40

II. 26 -30

V. 41 - Above

III. 31 – 35

1. B: How many Cigarette do you smoke in a day?

i. One

iv. Four

ii. Two

v. Five & Above

iii. Three

1. C: In which categories you rate your self as a Cigarette smoker

I. Occasionally

III. Chain Smoker

II. Regular

1. D: Which of the following factor forces you to smoke cigarette?

I. Work Pressure

III. Headache

II. Tension

IV. To be fresh

1. E: What you feel after smoking a Cigarette

I. Nothing

III. Relieved from Tension

II. Met Ego

IV. Feel Energetic

2. Do you chew a Tobacco product? {Gutkha, Pariki, Panmasal, etc}

1. Yes

2. No

If your response is yes kindly answer the following questions, other wise skip this part.

2. A: I have started chewing at the age [Years] of:

I. Below 25

IV. 36 – 40

II. 26 -30

V. 41 - Above

III. 31 – 35

2. B: How many Tobacco Products do you consume in a day?

I. One

IV. Four

II. Two

V. Five & Above

III. Three

2. C: In which categories you rate your self as Consumer of Tobacco products?

I. Occasionally

III. Very Frequently

II. Regular

2. D: Which of the following factor forces you to Consume Tobacco Products?

I. Work Pressure

III. Headache

II. Tension

IV. To be fresh

2. E: What you feel after consumption of Tobacco products?

I. Nothing

III. Relieved from Tension

II. Met Ego

IV. Feel Energetic