

ANNEXURES

ANNEXURE - I

Department of Foods & Nutrition
Faculty of Family & Community Sciences
The Maharaja Sayajirao University of Baroda, Vadodara 390 002

CONSENT FORM

Study Title

Effect of calcium supplementation for eight weeks on Neuropathy, Quality of Life and serum B12 levels in Type 2 Diabetes Mellitus Males on Metformin

Principal Investigator

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The Maharaja Sayajirao University of Baroda, Vadodara
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Co-Investigators

Dr. Atul Gogia
Senior Consultant,
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(M) - 9891003450

Person-in charge for collecting patient related information

Ms Tripti Saxena
Doctoral Student,
Department of Foods & Nutrition
Faculty of Family & Community Sciences
M. S. University of Baroda, Vadodara
M) 9327496589

Purpose of the study

A drug called metformin which is commonly given to patients of type 2 diabetes is said to cause side effects like lowering of vitamin B12 levels in blood. This deficiency of vitamin B12 in blood results in diminished quality of life and reduced work efficiency. The study is conducted to see if calcium tablets given along with B12 tablets in patients help in overcoming the side effect of this drug.

Benefits and risks

All the participants in the study will get information about their nutritional status. Participants will have nutritionist at their availability to ask questions regarding the diet to be followed in diabetes.

Moreover, if you consent for blood tests, then you will also come to know about your hemoglobin and vitamin B12 levels free of cost. If your blood levels are found low for B12, then you will receive medicines free of cost and will be assessed for improvement in pain due to neuropathy and other problems related to diabetes. However, it is ensured that there is no harm with the dosages of the tablets to be provided. There is no risk involved as the drawing of blood will be carried out by a trained lab technician and the estimations will be done at an authorized accredited lab.

Protocol of the study

1. You will be asked to provide information regarding drug history, lifestyle habits, quality of life, dietary history, with the help of a questionnaire.
2. Your body measurements (weight, height, waist & hip circumference, body fat and blood pressure) will be taken to assess your nutritional status.
3. 5ml of blood in fasting state will be drawn by a trained laboratory technician to estimate serum vitamin B12 and haemoglobin.

Costs

The cost of supplementation of B12 and Calcium given to T2DM adults will be borne by the investigator. However, there is no financial compensation for your participation in this study.

Confidentiality

Your identity in this study will be kept confidential. Your personal information will not be revealed in any publication or release of results. But the results of the study, including laboratory or any other data, may be used for publication for scientific purposes. If a health condition is detected during this examination, you will be told about it and the information will be given to your doctor or clinic.

Right to Withdraw

Your decision to join in this study is voluntary. Even if you stop taking part in the study, you can still continue with your O.P.D visits. You may quit at any time, for any reason, without notice. We hope you will take part for the entire time of the study because we need all of the information to draw correct conclusions. If you decide to leave the study, it will not affect your regular medical care.

Voluntary Consent

If you have any questions about any part of the study or your rights as a volunteer, the person in-charge for collection of information will be on hand to answer them before you sign this consent form. Also, if you have any questions about your rights as a participant in this study, please call the investigators listed at the beginning of this form. Before you sign this form, please ask any questions on any part of this study that is unclear to you.

Other Information

Your joining is important to the success of this study. Unless many volunteers like you agree to join, this study will not be possible. If the study gives results suggesting that calcium tablets along with vitamin B12 tablets are helpful in improving the quality of life of diabetic patients, then calcium can be suggested as a supplement along with the drug metformin given to them. We have tried to make joining as easy as possible for you. If any study test suggests that a health problem needs further study, you will be sent back to your doctor or clinic, who will evaluate the need for further study. A clearance from the Institutional Ethical Committee of experts will be procured for the study, which will be later reviewing the study results to see if there are clear associations between the conditions. You will be informed of the same.

Investigator's Statement

I have provided an explanation of the above research program. The participant was given an opportunity to discuss these procedures, including possible alternatives, and to ask any additional questions.

Signature of investigator/ Designee Date

Participant Statement

I certify that I have read, or had read to me, and that I understand the description of the study. I voluntarily consent to join in this study. I understand that I may quit the study at any time. I have had a chance to ask questions about the study. I understand that I may ask further questions at any time. I have had an opportunity to carefully review the Informed Consent Form and ask questions about it.

Signature of participant Date

ANNEXURE - II

Department of Foods & Nutrition
Faculty of Family & Community Sciences
The Maharaja Sayajirao University of Baroda, Vadodara 390 002

PARTICIPANT INFORMATION SHEET(PIS)

Study title- Effect of vitamin B12 versus calcium with B12 supplementation for eight weeks on vitamin B12 levels, neuropathy and quality of life among Type 2 Diabetes Mellitus adults on metformin

Researcher- Tripti Saxena under the guidance of Prof. Uma Iyer with patient support from Dr. Atul Gogia, senior consultant at Medicine OPD of Sir Ganga Ram Hospital, Delhi

I would like to invite you to participate in a research study. Before you take a decision you need to know why the research is being done? Please read the following information carefully and please ask questions if anything is not clear or you need some more information about a certain aspect.

What is the purpose of study?

The purpose of the study is to determine B12 deficiency, neuropathy and quality of life for type 2 diabetes and treat B12 deficiency by giving either B12 medication or B12 and calcium medication.

What will be done on you in the study?

In the study you would go through following:

- You will be asked some questions regarding drug history, socio economic status, life style habits and dietary patterns. Your height, weight, waist circumference, hip circumference and B.P. will be measured.
- Your legs and feet would be checked for neuropathy by non invasive methods
- Your 5ml blood would be withdrawn for some tests if the doctor requests these tests for you
- If your blood tests show that you have low B12 levels then among those whose B12 levels would be low some patients will get B12 tablets along with calcium tablets.

Expense and Payments?

Payment of test and cost of medications given to the patients will not be borne by the patient. Rather full service provided in the study is free of any charge.

What are the possible benefits of taking part in the research?

-You will be checked for neuropathy, a complication of diabetes and will be referred to neurologist if doctor felt the need is there.

-B12 deficiency will be treated by B12 medicines or B12 and calcium medicines. This will help you in keeping your nerve and blood cells healthy.

What if there is a problem?

The medicines which will be given to you have no side effects in the doses to be given to you. But if you face any problem after the onset of these medicines, then you can contact the researcher whose details are given below and we will try to resolve them.

Researcher's contact details: 9971418359, saxena.tripti@gmail.com

If you are still unsatisfied, then you can withdraw from the study.

Confidentiality of the participants

All information collected about you during the course of the research will be kept confidential and your identity will not be revealed.

What will happen to the results of the research study?



Participants will not be identified in any report publication. The data will be used for making scientific paper publication without disclosing paper publication without disclosing any details about individual participants.

Thank you for reading this information sheet. If you are willing to continue in our study, then please complete and sign the consent form.

ANNEXURE - III

NO CONFLICT OF INTEREST LETTER

ENCL: 1



Sir Ganga Ram Hospital

Dr. Atul Gogia
M.B.B.S, DNB, MRCP (UK)
Consultant Physician
Sir Ganga Ram Hospital
DMC Reg No. 9053
Mobile : 91-9891003450
E-mail: atulgogs@rediffmail.com


No conflict of interest letter

Date: 9/10/2014

TO WHOM SO EVER IT MAY CONCERN

I, Dr. Atul Gogia, permit the doctoral student Mrs Tripti Saxena (I.C.M.R. J.R.F.) at the Department of Foods and Nutrition, working under the guidance of Prof. Uma Iyer, Head, Department of Foods And Nutrition, Faculty of Family & Community Sciences, M S University of Baroda, to enroll Type 2 diabetic patients attending Medicine Out Patient Department at Sir Ganga Ram Hospital, New Delhi for the purpose of data collection for their research study.

I declare no direct or indirect conflict of interest.


Dr. Atul Gogia
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ANNEXURE - IV

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SERUM B12 SCREENING PROFORMA

Identification No: _____ D.O.V _____
Name: _____
Address: _____
Contact no. _____
Age:(Yrs): _____ M/F: _____
Type of Diabetes _____ D.O.D of T2DM _____ Duration of DM(Months): _____

DRUG HISTORY	Code
On Metformin 1.Yes 2.No	
If yes, D.O.S Duration on Metformin(Months):	
Present Metformin dose(mg/day): Past Dose: Starting Dose:	
Other antidiabetic drugs	
Dose of drug	
Vitamin Supplement	
Dose of vitamin supplement	
Mineral Supplement	
Dose of mineral supplement	
PPI _____ H2RA/Acid blockers _____	
MEDICAL HISTORY	
Pregnancy	
Liver disease	
CRF /CKD	
Bowel disease/surgery	

Cancer	
Cardiopulmonary disease	
Acid Base Disturbance	
GERD	
Pernicious Anemia	
LIFE STYLE HABITS	
Alcohol	
Cigarette	
Tobacco	
ANTHROPOMETRY OF T2DM	
Height (Cm)	Weight (Kg) BMI (Kg /m ²)
W.C. (Cm)	H.C. (Cm) W.H.R
DIET HISTORY	
Vegetarian	Non Vegetarian Ovo-Vegetarian
Daily Consumption of milk and milk products: <input type="checkbox"/> <200ml/day <input type="checkbox"/> 200-400 ml/day <input type="checkbox"/> >500ml/day	
Other major non dairy dietary source of Calcium	
BIO PHYSICAL MEASUREMENTS	
Blood Pressure: Systolic BP (mm of Hg):	Diastolic BP (mm of Hg):
BIO CHEMICAL MEASUREMENT	
Serum B12_____pg/ml	Anemia Grade:
Cell morphology	
HbA1c (Recent)	
METFORMIN SIDE EFFECTS :	

Anorexia	
Nausea	
Diarrhoea	
Metallic taste of tongue	
None of the above side effects	

SOCIO-ECONOMIC STATUS:

- ☐ Occupation
- ☐ Unemployed
- ☐ Unskilled labourer
- ☐ Housewife
- ☐ Service
- ☐ Business
- ☐ Retired

Per capita Family Income: _____

ANNEXURE – V

MICHIGAN NEUROPATHY SCREENING INSTRUMENT (MNSI)

Patient Version

MICHIGAN NEUROPATHY SCREENING INSTRUMENT

A. History (To be completed by the person with diabetes)

Please take a few minutes to answer the following questions about the feeling in your legs and feet. Check yes or no based on how you usually feel. Thank you.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you legs and/or feet numb? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you ever have any burning pain in your legs and/or feet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are your feet too sensitive to touch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you get muscle cramps in your legs and/or feet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you ever have any prickling feelings in your legs or feet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does it hurt when the bed covers touch your skin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. When you get into the tub or shower, are you able to tell the
hot water from the cold water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever had an open sore on your foot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Has your doctor ever told you that you have diabetic neuropathy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you feel weak all over most of the time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are your symptoms worse at night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do your legs hurt when you walk? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are you able to sense your feet when you walk? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Is the skin on your feet so dry that it cracks open? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Have you ever had an amputation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Total: _____

MICHIGAN NEUROPATHY SCREENING INSTRUMENT

B. Physical Assessment (To be completed by health professional)

1. Appearance of Feet

Right

a. Normal ☐ 0 Yes ☐ 1 No

b. If no, check all that apply:

Deformities ☐

Dry skin, callus ☐

Infection ☐

Fissure ☐

Other ☐

specify: _____

Left

Normal ☐ 0 Yes ☐ 1 No

If no, check all that apply:

Deformities ☐

Dry skin, callus ☐

Infection ☐

Fissure ☐

Other ☐

specify: _____

Right

Absent ☐ 0 Present ☐ 1

2. Ulceration

Left

Absent ☐ 0 Present ☐ 1

Present/ Reinforcement

Present ☐ 0 ☐ 0.5 Absent ☐ 1

3. Ankle Reflexes

Present/ Reinforcement

Present ☐ 0 ☐ 0.5 Absent ☐ 1

Decreased

Present ☐ 0 ☐ 0.5 Absent ☐ 1

4. Vibration
perception at
great toe

Decreased

Present ☐ 0 ☐ 0.5 Absent ☐ 1

Reduced

Normal ☐ 0 ☐ 0.5 Absent ☐ 1

5. Monofilament

Reduced

Normal ☐ 0 ☐ 0.5 Absent ☐ 1

Signature: _____

Total Score _____ /10 Points

ANNEXURE – VI

THE WHO QUALITY OF LIFE (WHOQOL) – BREF

WHOQOL-BREF

The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last four weeks.

		Very poor	Poor	Neither poor nor good	Good	Very good
1.	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last four weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5
13.	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15.	How well are you able to get around?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16.	How satisfied are you with your sleep?	1	2	3	4	5
17.	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18.	How satisfied are you with your capacity for work?	1	2	3	4	5
19.	How satisfied are you with yourself?	1	2	3	4	5

20.	How satisfied are you with your personal relationships?	1	2	3	4	5
21.	How satisfied are you with your sex life?	1	2	3	4	5
22.	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23.	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24.	How satisfied are you with your access to health services?	1	2	3	4	5
25.	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last four weeks.

		Never	Seldom	Quite often	Very often	Always
26.	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Do you have any comments about the assessment?

[The following table should be completed after the interview is finished]

		Equations for computing domain scores	Raw score	Transformed scores*	
				4-20	0-100
27.	Domain 1	$(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$ $\square + \square + \square + \square + \square + \square + \square$	a. =	b:	c:
28.	Domain 2	$Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)$ $\square + \square + \square + \square + \square + \square$	a. =	b:	c:
29.	Domain 3	$Q20 + Q21 + Q22$ $\square + \square + \square$	a. =	b:	c:
30.	Domain 4	$Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25$ $\square + \square + \square + \square + \square + \square + \square + \square$	a. =	b:	c:

* See Procedures Manual, pages 13-15

ANNEXURE – VII

THE WHO QUALITY OF LIFE (WHOQOL)- BREF - HINDI

हूकॉल ब्रीफ (WHOQOL-BREF)*

विश्व स्वास्थ्य संगठन, दिसम्बर 1996

मनोविकार विभाग,

अखिल भारतीय आयुर्विज्ञान संस्थान

नई दिल्ली - 110 029.

आपके बारे में

हम चाहेंगे कि शुरुआत करने से पहले, आप अपने बारे में कुछ सामान्य प्रश्नों के उत्तर दें। सही उत्तर के चारों ओर गोला या खाली स्थान पर सही उत्तर लिखें -

आप क्या हैं?

पुरुष

स्त्री

आपकी जन्म तारीख क्या है?

दिन/महीना/वर्ष

___ / ___ / ___

आपकी शिक्षा कहीं तक हुई है?

बिल्कुल नहीं

प्राथमिक स्कूल तक

माध्यमिक स्कूल तक

हाई स्कूल तक

हाई स्कूल से आगे

आपका वैवाहिक स्तर क्या है?

अविवाहित

विवाहित लेकिन अलग हुए

विवाहित

तलाकशुदा

विवाहित की तरह

विधुर/विधवा

साथ में रहते हुए

क्या आजकल आप बीमार हैं

हाँ

नहीं

अगर आपके स्वास्थ्य में कुछ गड़बड़ है

तो आपके विचार में यह क्या है?

अनुदेश

यह प्रश्नावली पूछती है कि अपने जीवन की गुणवत्ता (क्वालिटी), स्वास्थ्य और जीवन के अन्य क्षेत्रों के बारे में आप कैसा अनुभव करते हैं। कृपया सभी प्रश्नों के उत्तर दें। यदि किसी प्रश्न के बारे में अनिश्चित हों कि कौन सा उत्तर दिया जाए, तो कृपया उसे चुनें जो सबसे उचित लगता हो है। यह अक्सर आपके मन में आने वाला पहला उत्तर हो सकता है।

कृपया अपने मापदण्डों, आशओं, सुखों एवं चिंताओं को ध्यान में रखें। आपसे आग्रह है कि इन प्रश्नों के उत्तर अपने जीवन के पिछले दो सप्ताहों के आधार पर ही दें। उदाहरण के तौर पर पिछले दो सप्ताहों के आधार पर एक प्रश्न यह हो सकता है:

	बिल्कुल नहीं	थोड़ा	मध्यम	बहुत अधिक	पूरी तरह से
क्या आपको दूसरों से उस तरह को सहारा मिलता है, जिसकी आपको आवश्यकता है?	1	2	3	4	5

पिछले दो सप्ताहों में आपको दूसरों से कितना सहारा मिलता है उसके अनुसार ऊपर दिए गए पाँचों उत्तरों में से सबसे उचित उत्तर को चुनकर उसके साथ वाली संख्या पर गोला बनाकर दर्शाएं। जैसे अगर आपको दूसरों से बहुत अधिक सहारा मिला है तो आप संख्या 4 के चारों ओर गोला बनायेंगे, जैसा कि अगले पृष्ठ पर दर्शाया गया है-

	बिल्कुल नहीं	थोड़ा	मध्यम	बहुत अधिक	पूरी तरह से
क्या आपको दूसरों से उस तरह का सहारा मिलता है, जिसकी आपको आवश्यकता है?	1	2	3	④	5

अगर आपको पिछले दो सप्ताहों में दूसरों से उस तरह का सहारा जिसकी आपको आवश्यकता पड़ी, बिल्कुल नहीं मिला तो संख्या "1" के चारों ओर गोला लगायें। कृपया प्रत्येक प्रश्न को पढ़ें, अपनी भावनाओं का मूल्यांकन करें और प्रत्येक प्रश्न के लिए उस संख्या के चारों ओर गोला बनाएं जो आपके लिए उपयुक्त हो।

	बहुत खराब	काफी खराब	न अच्छा न खराब	काफी अच्छा	बहुत अच्छा
1. अपने जीवन की गुणवत्ता (क्वालिटी) का आप कितना मूल्यांकन करते हैं?	1	2	3	4	5
	बहुत असंतुष्ट	काफी असंतुष्ट	न संतुष्ट न असंतुष्ट	काफी संतुष्ट	बहुत संतुष्ट
2. अपने स्वास्थ्य से आप कितने संतुष्ट हैं?	1	2	3	4	5

निम्नलिखित प्रश्न पूछते हैं कि पिछले दो सप्ताहों में आपने कुछ चीजों को कितना अनुभव किया है?

	बिल्कुल नहीं	थोड़ा	मध्यम	बहुत अधिक	अत्याधिक
3. आपके विचार में दर्द किस हद तक आपको बह करने से रोकता है, जो आपको करना होता है?	1	2	3	4	5
4. रोजमर्रा की जिन्दगी चलाने में आपको किसी भी इलाज की कितनी आवश्यकता पड़ती है?	1	2	3	4	5
5. आप जीवन में कितना आनन्द लेते हैं?	1	2	3	4	5
6. अपने जीवन को किस हद तक आप सार्थक अनुभव करते हैं?	1	2	3	4	5
7. आप कितनी अच्छी तरह से मन को एकाग्र कर सकते हैं?	1	2	3	4	5

	बिल्कुल नहीं	थोड़ा	मध्यम	बहुत अधिक	अत्याधिक
8. अपने दैनिक जीवन में अपने आप को आप कितना सुरक्षित अनुभव करते हैं?	1	2	3	4	5
9. आपका भौतिक वातावरण कितना स्वास्थ्यवर्धक है?	1	2	3	4	5

निम्नलिखित प्रश्न आपसे इस बारे में पूछते हैं कि पिछले दो सप्ताहों में कुछ चीजें या कार्य आपने कितनी पूर्णता से अनुभव किए हैं या कर पाए हैं

	बिल्कुल नहीं	थोड़ा	मध्यम	बहुत अधिक	पूरी तरह से
10. क्या आपमें दिन प्रतिदिन के जीवन कर््यों के लिए पर्याप्त स्फूर्ति (युस्ती) है?	1	2	3	4	5
11. क्या अपनी शारीरिक बनावट (रूप) को आप स्वीकार कर पाते हैं?	1	2	3	4	5
12. क्या आपके पास अपनी आवश्यकताएं पूरी करने के लिए पर्याप्त धन है?	1	2	3	4	5
13. आपको दिन प्रतिदिन के जीवन में जिन जानकारीयों की आवश्यकता है, वे आपको किस हद तक उपलब्ध हैं?	1	2	3	4	5
14. अवकाश की क्रियाओं के अवसर आपको किस हद तक मिलते हैं?	1	2	3	4	5
15. आप कितनी अच्छी तरह इधर-उधर आ जा पाते हैं?	1	2	3	4	5

निम्नलिखित प्रश्न आपसे इस बारे में पूछते हैं कि पिछले दो सप्ताहों में अपने जीवन के विभिन्न पहलुओं के बारे में आप कितने अच्छे या संतुष्ट रहे हैं?

	बहुत असंतुष्ट	काफी असंतुष्ट	न संतुष्ट न असंतुष्ट	काफी संतुष्ट	बहुत संतुष्ट
16. अपनी नींद से आप कितने संतुष्ट हैं?	1	2	3	4	5

	बहुत असंतुष्ट	काफी असंतुष्ट	न संतुष्ट न असंतुष्ट	काफी संतुष्ट	बहुत संतुष्ट
17. दैनिक जीवन कार्यों को करने की अपनी क्षमता से आप कितने संतुष्ट हैं?	1	2	3	4	5
18. अपनी कार्यक्षमता से आप कितने संतुष्ट हैं?	1	2	3	4	5
19. अपने से आप कितने संतुष्ट हैं?	1	2	3	4	5
20. अपने व्यक्तिगत संबंधों से आप कितने संतुष्ट हैं?	1	2	3	4	5
21. अपने यौन (सैक्स) जीवन से आप कितने संतुष्ट हैं?	1	2	3	4	5
22. अपने मित्रों से आपको जो सहारा मिलता है, उससे आप कितने संतुष्ट हैं?	1	2	3	4	5
23. अपने रहने की जगह की परिस्थितियों से आप कितने संतुष्ट हैं?	1	2	3	4	5
24. स्वास्थ्य सेवाओं तक आपकी पहुंच से आप कितने संतुष्ट हैं?	1	2	3	4	5
25. अपने यातायात के साधन से आप कितने संतुष्ट हैं?	1	2	3	4	5

निम्नलिखित प्रश्न इस बारे में हैं कि पिछले दो सप्ताहों में आपने कुछ चीजों को कितनी बार महसूस किया है

	कभी नहीं	कभी-कभी	अक्सर	बहुत अधिक बार	हमेशा
26. कितनी बार आप नकारात्मक भावनाएँ (जैसे दुःखी मन, निराशा, घबराहट, उदासी) महसूस करते हैं?	1	2	3	4	5

क्या इस प्रश्नावली को भरने में किसी ने आपकी मदद की?

इस प्रश्नावली को भरने में कितना समय लगा?

इस प्रश्नावली के बारे में आपकी कोई टिप्पणी

आपके सहयोग के लिए धन्यवाद !