Appendix

APPENDIX - I

STRESS MANAGEMENT WORKSHOP

BASELINE EVALUATION PROFORMA

No._____

I - PERSONAL DATA

Date._____

1. Name:_____
2. Sex: Male / Female. 3. Age:_____ Years.
4. Address:_____
5. Education:_____
6. Occupation:_____
7. Total Family Income:_____PM. 8. Dependant Family members:_____
9. Marital status: Married/Unmarried/Widow/Widower/Divorcee/Seperated.
10. Hobbies: (Please mention in detail)

Past	Present
_____	_____
_____	_____

11. Food habits: Vegetarian/Nonvegetarian.(Write frequency per day).
Tea/Coffee:_____ Breakfast:_____ Meal: _____;
12. Addiction / Abuse:_____
13. Doyou worship ? Daily / Occassionally / Never.
14. Do you practice any physical exercise ? Daily / Occassionally/ Never. Mention the type of exercise and duration._____
_____
15. Do you practice Yoga ? Daily / Occassionally / Never.
If yes, please tick mark. Asanas/ Pranayams/ Meditation.

II - ILLNESS HISTORY

Do you suffer/ have you suffered in past from any of the following diseases ?

Condition:	Duration:
1. Migraine	_____
2. Frequent headache	_____
3. Asthma	_____
4. High blood pressure	_____
5. Heart trouble	_____
6. Peptic ulcer	_____
7. Ulcerative collitis	_____
8. Low back pain	_____
9. Arthritis	_____
10. Skin diseases (frequent)	_____
11. Sexual problems	_____
12. Frequent infections of throat/ urinary system/respiratory-system/ any other	_____
13. Diabetes	_____
14. Any other chronic disease	_____
	_____

III - STRESSORS

Please tick mark the situations/ events/ experiences which you experienced causing distress in you. Also indicate the time period, persistency, severity and coping style(solution), in each of the items which you have marked, according to the following key:

Time period: i) At present:.....(A)
ii) During past 6 months....(B)
iii) Earlier than past 6 mnths(C)

Persistency: (Report depending upon the stability or continuity of that particular experience).
i) Somewhat persistent.....(S).
ii) Moderately " .....(M).
iii) Extremely " .....(E).

Severity: (Report depending upon the extent to which it affected you negatively).
i) Somewhat sever .....(S).
ii) Moderately " .....(M).
iii) Extremely " .....(E).

Coping style/Solution: (Report on the basis of, how do you handle the particular experience generally).
i) Attack: Directly attcking for the solution.....(A).
ii) Withdraul: Simply avoiding the situation/ not doing anything.....(W).
iii) Compromise: Making adjustments or selecting substitute alternatives.....(C).

No.	Items	Time period			Persistency			Severity			Coping style		
		A	B	C	S	M	E	S	M	E	A	W	C
(A)	**Physical:**												
1.	Exposure to excessive heat												
2.	" " " cold												
3.	" " " noises												
4.	" " " vibrations												
5.	Personal illness, accident, victim of violence.												
6.	Any other.....												
(B)	**Family:** Joint/Nuclear.												
1.	Sharing of workload												
2.	Differebt values												
3.	" life styles												
4.	Distribution of money/assets												
5.	Key position in the family												
6.	Lack of recognition												
7.	Short tempered nature of any family member												
8.	Illness or death of any family member												
9.	Staying away from the family												
10.	Any other												

No.	Items	Time			Persistency			Severity			Coping		
		A	B	C	S	M	E	S	M	E	A	U	C
(c)	Job and career related												
1.	Examination												
2.	Interview												
3.	Training												
4.	Over work												
5.	Pending (unfinished) work												
6.	Deadlines												
7.	Poor promotion chances												
8.	Competetion												
9.	Power struggles												
10.	Lack of recognition												
11.	Conflicts with superior/ subordinates / colleagues.												
12.	Transfer												
13.	Any other												
(D)	Interpersonal:												
1.	Different values												
2.	Expectations												
3.	Obligations												
4.	Poor communication												
5.	Misunderstandings												
6.	Jealousy												
7.	Any other												
(E)	Socio-economic, Political, and environmental:												
1.	Unemployment												
2.	Less income aginst demands												
3.	Technological change												
4.	High cost of living												
5.	Public speaking												
6.	Taxes												
7.	Poor services												
8.	Bourocracy												
9.	Pollution												
10.	Any other												
(F)	Emotional:												
1.	Insecurity, Guilt, Fear.												
2.	Deprivation of love,&/or hate												
3.	Dissatisfaction												
4.	Short tempered nature												
5.	Lack of assertiveness / self expressiveness												
6.	Any other												

IV - STRESS REACTIONS

When you feel stressed what are the reactions of your body and mind ? (Identify your stress orchestra) Please mark the relevant for you.

1. Sleep disturbance
   - difficulty in induction
   - early rising and inability to sleep again
   - bad dreams
   - broken frequently
2. Easy fatiguability(lethargy)
3. Loss of appetite
4. Excessive eating
5. Excessive smoking
6. Excessive drinking
7. Excessive indulgence in sex
8. Loseof libido (loss of
7. interest in sex)
7. Frigidity
8. Impotence
9. Absenteeism (not going for
10. Nervousness
11. Tension
12. Irritability/ short tempor
13. Fear
14. Anger
15. Dissatisfaction
16. Depression , crying
17. Restlessness
18. Poor concentration
19. Poor memory
20. Poor decision power
21. Thought block
22. Too many thought at a time
23. Inferiority
24. Frequent mistakes
25. Poor interpersonal relation-
    ships
26. Headache
27. Throbbing pain in head
28. Heavyness in head
29. Pain in / watering from eyes
30. Blurring of vision
31. Dryness of mouth
32. Increased respiration (over 20 per min.)
33. Increased pulse
34. Feeling heartbeats(palpitation)
35. Increased sweating
36. Cold hands / feet
37. Pain in chest
38. Belching
39. Tremors of hands or feet
40. Twitching of eyelids
41. Muscular stiffness
42. Muscular pains eg. backache,
43. Teeth grinding
44. Heavyness in limbs
45. Unsteady voice
46. Speech difficulty(stuttering)
47. Hot and cold flushes
48. Ringing in ears
49. Priking sensations over skin
50. Nausea, vomiting
51. Disturbance in abdomen
52. Loose motion
53. Constipation
54. Frequency of micturition
55. Urgency of micturition
56. Amenorrhoea (decreased or
57. absence of menstruation)
57. Menorrhagia (excessive menstruation)

Any other signs and symptoms you feel during stress...

G. Initial assessment : (Subjective assessment scale)

Do you have any problem like, insecurity/guilt/depression/anxiety/deprivation of love/hate/jealousy/dissatisfaction/fear/short temporedness/lack of assertiveness/self expression/lack of confidence/& other? If yes, please mark on the relevant one.

1. General physical health:

0 Severely disturbed ... 5 ... 10. Perfectly well

2. Appetite:

0 Severely disturbed ... 5 ... 10 Good

3. Sleep:

0 Severely disturbed ... 5 ... 10 Satisfactory.

4. Pain problem:

0. Very severe ... 5 ... 10. Not at all.

5. Thinking:

0. Very confused/negative ... 5 ... 10. Very clear/positive.

6. Mood/Emotion:

0. Very sad/miserable/uncomfortable ... 5 ... 10 Pleasant cheerful comfortable

7. Mental state:

0. Tense & uncomfortable ... 5 ... Relaxed & comfortable

8. Self Confidence:

0. Fearful & doubtful ... 5 ... 10. Very confident

9. Motivation & Interest in study:

0. Very poor ... 5 ... 10. Extremely good.

10. Concentration:

0. Very poor ... 5 ... 10. Extremely good.

11. Memory (Recall during exam/viva):

0. Very difficult ... 5 ... 10. Very sharp.

12. Emotional balance:

0. Very poor ... 5 ... 10. Balanced.

H. Support system:

1. Do you have any hobby(ies)? If yes, write.....
2. Do you practice yoga/meditation etc.? " " .....
3. Do you perform exercise ?.....
4. Do you have coping style of attack/withdrawl/compromise ?
5. Do you have any friend/relative / any significant other to listen your problem or to share your ideas or to help you ?

Thank you.

Date: