

APPENDIX

STRICTLY CONFIDENTIAL

Sr. No.

M		F		LS		MD	
M	F	U	A				
				MMDQ			
I		II		III			

DEPARTMENT OF PSYCHOLOGY

FACULTY OF EDUCATION AND PSYCHOLOGY

M. S. UNIVERSITY OF BARODA

PART I = SRI

PART II = LES

PART III = MMDQ

..... SEX.....

..... DATE OF BIRTH.....

..... OF BIRTH..... FAMILY INCOME
(approx)

..... ONALITY RELIGION.....

..... CATION..... MARITAL STATUS: MARRIED/UNMARRIED

2 :
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Professor and Head

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UGC Jr. Research Fellow

PART I

Instructions :

Below, is given a list of 40 personality traits (characteristics) in alphabetical order. read the list carefully and then indicate on a 7 point rating scale (as given below) the degrees to each trait describes YOU.

A sample scale would be

1	2	3	4	5	6	7
Never or almost Never true						Always or almost always true

Please note that the 7 point scale to be used ranges from 1 (' Never or almost never true ') (' always or almost always true ') and is labelled at each point (i.e., 1, 2, 3, 4, 5, 6, 7) in increasing order. In rating each trait, please choose the number which would be *most nearly true for you* i.e., which would most accurately describe where you fall on the scale as far as that particular trait is concerned. Once you have decided the No. (i.e. degree), put that No. in the space, provided for ' Rating for that trait '.

Example :

Suppose you are rating the degree to which the trait ' SYMPATHETIC ' describes you. If you think that the description is ' always or almost always true ' then you would put the number 7 but if you think that the description is ' Never or almost never true ' then you would put the number 1. If you think that the description is neither true nor untrue for you, then you would put 4. But try to use rating (i.e. 4) *as little as possible* and choose any one of the other numbers (i.e., 1, 2, 3, 5, 6, 7) that most accurately indicates the degree to which the trait SYMPATHETIC describes you. Follow the procedure for rating each of the traits.

It is VERY IMPORTANT for the purpose of the present study that your ratings should describe your characteristics ' AS YOU ARE ' and NOT as you ' should be ' or ' Ought to be '. Be sure to rate all the traits.

Sr. No.	Traits	Rating
1	Achievement-oriented	सिद्धि-अलिमुषता
2	Adventurous	साहसिक
3	Affectionate	प्रेमाल
4	Affinity-oriented	संघ-अलिमुषता
5	Athletic	अडतल
6	Aware of feeling of others	पीननी लागणीअना राता
7	Chaste	निर्मल
8	Chivalrous	अी दक्षिण
9	Commanding	प्रलावशाणी
10	Compassionate	कुरुवाणा

Traits		Rating
Courageous	હિમતવાન	_____
Daring	નિર્ભય	_____
Delicate	નાજુક	_____
Discreet	કેટલું યુક્તિના	_____
Dominating	વચસ્વપૂર્ણ	_____
Enterprising	નેખમ ખેડનાર	_____
Feminine	નારી જેવા	_____
Firm	દઢ	_____
Independent	સ્વતંત્ર	_____
Individualistic	વ્યક્તિવાદી	_____
Magnanimous	ઉદાર દિલ	_____
Masculine	પુરુષ જેવા	_____
Motherly	મા જેવું	_____
Nurturant	વિકાસપોષક	_____
Practical	વ્યવહારુ	_____
Resourceful	સૂઝવાળા	_____
Self-confident	આત્મવિશ્વાસી	_____
Self-sacrificing	આત્મભાગશીલ	_____
Sensitive	લાગણીશીલ	_____
Soft-spoken	મૃદુલાપી	_____
Steady	અડગ	_____
Supportive	આધાર આપનાર	_____
Sweet-tempered	મધુર સ્વભાવવાળા	_____
Sympathetic	સહાનુભૂતિશીલ	_____
Tender	કોમળ	_____
Trusting	ખીબ પર ભરોસો રાખનાર	_____
Versatile	વિવિધ આવડતવાળા	_____
Vigilant	સાવધ	_____
Vigorous	નેખમવાળા	_____
Warm	ઉષ્માસભર	_____

PART II

Instructions :

Listed below are a number of events which bring about change in the lives of those who experience them. Please tick (✓) those events which you have experienced in the past 1 year. Also for item ticked by you, please indicate the extent to which you viewed the event as having a *negative impact* on your life at the time the event occurred, on the rating scale given where

0 = No impact

1 = Slight impact

2 = Moderate impact

3 = Extreme impact

	No impact 0	Slight impact 1	Moderate impact 2	Ext imp 3
1. Death of fiancé	0	1	2	3
2. Death of a close family member				
(a) mother	0	1	2	3
(b) father	0	1	2	3
(c) brother	0	1	2	3
(d) sister	0	1	2	3
(e) grandmother	0	1	2	3
(f) grandfather	0	1	2	3
(g) other (specify)	0	1	2	3
3. Trouble with college/hostel/university authorities	0	1	2	3
4. Inability to pay a loan	0	1	2	3
5. Death of a close friend	0	1	2	3
6. Losing in a college/university competition	0	1	2	3
7. Minor law violations (traffic tickets)	0	1	2	3
8. Unable to find employment	0	1	2	3
9. Serious illness/injury of a close family member				
(a) father	0	1	2	3
(b) mother	0	1	2	3
(c) sister	0	1	2	3
(d) brother	0	1	2	3
(e) grandfather	0	1	2	3
(f) grandmother	0	1	2	3
(g) other (specify)	0	1	2	3
10. Failing an important examination	0	1	2	3
11. Any sexual/gynaecological complications	0	1	2	3
12. Troubled or strained relations with friends	0	1	2	3
13. Financial problems at home	0	1	2	3
14. Failing any college/university examination	0	1	2	3
15. Discord in relationship with a close family member	0	1	2	3

	<i>No impact</i> 0	<i>Slight impact</i> 1	<i>Moderate impact</i> 2	<i>Extreme impact</i> 3
Separation from boyfriend	0	1	2	3
Major personal illness/injury	0	1	2	3
Experiencing a drop in examinations	0	1	2	3
Major change in living conditions of family (Deterioration of house etc.....)	0	1	2	3
Divorce in the family	0	1	2	3
Serious injury/illness of a close friend	0	1	2	3
Not having prepared for examinations	0	1	2	3
Retirement of a family member/head of the family	0	1	2	3
A family member leaving home	0	1	2	3
Separation from fiancé	0	1	2	3
Being dismissed from college/hostel	0	1	2	3
Breaking up with boyfriend/fiancé	0	1	2	3
Separation from family	0	1	2	3
Serious illness/injury of fiancé/ boyfriend	0	1	2	3
Family's pressure to take a particular subject	0	1	2	3
Insufficient pocket money	0	1	2	3
Eve teasing or harassment by males	0	1	2	3
Drug addiction				
(a) in family	0	1	2	3
(b) among friends	0	1	2	3
(c) Self	0	1	2	3
Family's pressure to leave education	0	1	2	3
Robbery or theft of any kind in home/hostel	0	1	2	3
Divorce of a friend	0	1	2	3
Fight among friends	0	1	2	3
Setback/disappointment in career	0	1	2	3
Loss of a job of a family member specify: _____	0	1	2	3
Trip abroad for higher studies cancelled	0	1	2	3
Other recent experiences which had a negative impact on your life. list and rate				
_____	0	1	2	3
_____	0	1	2	3
_____	0	1	2	3

PART -III*

First menstrual flow at the age of _____ years _____ months.

Write approximate dates of your most recent menstrual period (flow) in the space marked ' A ' . Then write the dates of the menstrual period which preceded the most recent one in the space marked ' D ' .

Previous menstrual flow : _____ Most recent flow _____
 From _____ other times during most _____ four days before _____ from _____
 to _____ recent cycle _____ most recent flow. _____ to _____

D

C

B

A

Below is given a list of symptoms that women sometimes experience. Please describe your experience of each of these symptoms during the three time periods listed below:

Col. 1 during the *most recent* menstrual flow (the dates shown in area A on the diagram above)

Col. 2 during the four days before your *most recent* menstrual flow (area B on the diagram)

Col. 3 during the remainder of your *most recent* menstrual cycle (area C).

Note : The answers you put in columns 1, 2 and 3 should be accurate for your experience during your most recent menstrual cycle. Please do not report your general experience. Also, please report *any* experience of these symptoms whether or not they seem to you to be related to your most recent menstrual cycle.

For each answer choose the category that best describes your experience of that symptom at that time. Write the number of that category in the space provided. Even if none of the categories is exactly correct, choose the one that best describes your experience. Do not leave any blank spaces.

Descriptive categories :

- 0 — No experience of symptom
- 1 — Present, mild
- 2 — Present, moderate
- 3 — Present, strong
- 4 — Present, severe

	During Most recent flow (A)	Four days before it (B)	Remain- days be- fore pre- vious recent (C)
1. Muscle stiffness	_____	_____	_____
2. Weight gain	_____	_____	_____
3. Dizziness, faintness	_____	_____	_____
4. Loneliness	_____	_____	_____
5. Headache	_____	_____	_____

	<i>During Most recent flow</i>	<i>Four days before it</i>	<i>Remainder of days between previous and recent flow</i>
	(A)	(B)	(C)
skin blemish or disorder			
Hot sweats			
Anxiety			
Mood swings			
Headaches			
Painful or tender breasts			
Nausea, vomiting			
Dizziness			
Backache			
Swelling (breasts, abdomen)			
Hot flashes			
Irritability			
Tension			
Fatigue			
Feeling low or blue			
General aches and pains			
Restlessness			
Insomnia			
Poor school or work performance			
Affectionate			
Feelings of suffocation			
Forgetfulness			
Take naps, stay in bed			
Orderliness			
Chest pains			
Confusion			
Poor judgement			
Stay at home			
Excitement			

	<i>During Most recent flow</i>	<i>Four days before it</i>	<i>Rem days prev rec</i>
	(A)	(B)	
35. Ringing in the ears	_____	_____	_____
36. Difficulty in concentrating	_____	_____	_____
37. Avoid social activities	_____	_____	_____
38. Feelings of well-being	_____	_____	_____
39. Heart pounding	_____	_____	_____
40. Distractable	_____	_____	_____
41. Decreased efficiency	_____	_____	_____
42. Burst of energy, activity	_____	_____	_____
43. Numbness, tingling	_____	_____	_____
44. Minor accidents	_____	_____	_____
45. Blind spots, fuzzy vision	_____	_____	_____
46. Poor motor co-ordination	_____	_____	_____
47. Increased appetite	_____	_____	_____

In what ways, if any, was your most recent menstrual cycle unusual ?

Menstrual flow during past six months regular _____ irregular _____
what is the nature of irregularity ?

Nature of treatment taken for irregularity, if any _____

Do you use oral contraceptives ?