THE BURDEN OF PERSONS WITH APHASIA ON THE CAREGIVERS

Swati (B)
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A dissertation submitted in part fulfillment for the degree of
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April 2008

DEDICATED TO

MY

DEAR

AMMU,

ACHCHAN, AMMA

& MITTI CHECHI

Certificate

This is to certify that this Dissertation **"The Burden of Persons with Aphasia on Caregivers"** is a bonafide work in part fulfillment for degree of masters of (Speech Language Pathology) of the student (Registration No.06SLP020). This has been carried out under the guidance of a faculty of this institute and has not been submitted earlier to any other university for the award of any other Diploma or Degree.

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Declaration

This Dissertation entitled **"The Burden of Persons with Aphasia on Caregivers"** is the result of my own study under the guidance of Dr. S.P.Goswami, Reader and Head, Department of Speech and Language Pathology, All India Institute of Speech and Hearing and has not been submitted earlier to any other university for the award of any other Diploma or Degree.

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CHAPTER 1

INTRODUCTION

Aphasia is a condition that leads to partial or total loss of ability to speak, understand, read or write a language. It usually results from stroke or other brain injury. Stroke occurs when oxygen carried in bloodstream is discontinued from nerve cells in the brain. This prevents those parts of brain from working and may cause atrophy to some areas/parts of the brain. Thus, if language areas are affected, it could result in Aphasia.

Aphasia is one of major impairments associated with strokes, occurring in 20% of survivors three weeks post stroke. At six months post stroke, 12% of survivors remain objectively aphasic although 44% of patients and 57% of carers still report that speech is abnormal (Wade, Hewer, David, & Menderby, 1986).The sudden loss of the ability to communicate efficiently, or even at all, affects nearly all aspects of life, but particularly the interactions between patient and the caregiver (Toseland, & Rossiter, 1989).

A complete loss of speech has unusual disturbance in persons with aphasia. As a consequence they have a hard time in making their needs known to others, they become frustrated, isolated and depressed. They are suddenly faced with extensive changes in family life, in social relationship and in economic conditions. Following these one or more behavioral changes can be seen in persons with aphasia.

Deviations in behavior

The sudden loss of language results in loss of one's sense of self and leads to sequential reactions such as:

- Denial
- Acceptance
- Frustration
- Depression

The patient's inability to dispose of problems through speech and conversation frequently results in outburst of anger, or even in physical violence, often directed towards those he/she loves the most. Profanity is the common mode of expression. This departure from a previous mode of behavior is frightening and embarrassing to the aphasic as well as to his family members.

The first among behavioral changes is denial to the problem which may be seen as a defense mechanism in early stages of illness. They also have difficulty in acceptance of illness. The patient's knowledge and experience remains same except for their inability to translate them into language. As a result of this they may be isolated from the world around them. Their inability to understand what is said to them, inability to communicate their thoughts, feelings and desires in oral or written language, leads to frustration. The end product of such frustrations is depression.

Depression is the most important emotional consequence of stroke and Aphasia. There are two distinct types of post stroke depression (PSD), as postulated by Robinson and coworkers (1988).

A major variety thought to be endogenous (psychotic), seen primarily in patients with left hemisphere involving the frontal lobe and underlying basal ganglia, hypothesized to be result of disruption of monoaminergic pathways linking the brainstem to cerebral cortex.

A minor form i.e. dysthymic (reactive, neurotic) is not based on the intrahemispheric locus of lesion but on the patients psychological response to illness.

The onset of aphasia brings spectrum of changes in personal, familial and social domains and these changes vary with age, education, economic status, family composition, premorbid personalities, time since onset, previous history of illness, awareness of deficits and cognitive deficiencies. Because of these numerous variables, the issue of patient reaction is extremely difficult to study.

Psychosocial effect of Aphasia on caregivers

Caregiving for a family member with aphasia involves significant amount of time and energy. It involves potentially unpleasant and uncomfortable task, non-symmetrical interactions (one sided) and assumption of unanticipated roles. A variety of interrelated, enduring outcomes of caregiving for patients with Alzheimer's have been identified in literature including psychological distress, burden and psychiatric and physical morbidity (Schulz, Visintainer, & Williamson, 1990; Schulz, & Williamson, 1991). Such changes are observed in caregivers of stroke patients also.

Familial changes due to Aphasia

Familial changes include the spouse complaining about intrafamilial tension, loss of partnership and severely impaired relations. They feel strained by having to take over tasks and decisions that previously had been the aphasic's responsibility and react with aggression or depression. Frustration of the aphasic may lead to anger among the spouse, rejection and breakdown of communication between the partners. With respect to their children and their education, aphasic patients complain about loss of authority resulting from their communication impairment (Muller, 1992).

Earlier studies have reported a variety of spousal reactions to stroke like shock, guilt, bitterness, depression, loneliness, irritability and problems associated with assumption of new roles and endure altered social patterns. (Artes, & Hoops, 1976; Kinsella, & Duffy, 1978).The impact of severe aphasia can be seen as negative sequelae in realms like psychology (frustration, depression), professional matters (job, household, taking care of finance, helplessness and property), social function (loss of status and recreational opportunities) and family (role changes, new tasks, new problems, family depression).

Thus, the loss of language in conditions like aphasia has detrimental effects on life of patients as well as their family.

WHO IS THE TYPICAL CAREGIVER

The Family Caregiver Alliance has referred to caregivers as *'any one who provides assistance to someone else who needs it'* (Cronk, 1995). There may be many caregivers who play a major role in life of patient, such as spouse, neighbors, and home health aides. Caregivers can be broadly classified as informal caregivers and formal caregivers.

Informal caregivers are those who are motivated to help the patient out of love, respect, duty, or other emotional reasons. Formal caregivers are those who are paid to provide necessary services. The former naturally tends to be more subjective in their interactions with the patient, whereas the latter may be more objective. Whether informal or formal caregiver, it is important for the clinician to identify the primary caregiver or the individual who is the most effective communicator with the patient. Hence, in either case, 'The burden of caregiving' may be eased only when caregivers are adequately educated' (Dikengil, 1998).

Thus, it is important to find primary caregiver for the patients i.e. the person with whom the patient feels easy to communicate his needs and desires most of the time. Hence educating primary caregivers will help in reducing their burden and will make the whole process of rehabilitation easier.

CHAPTER 2

REVIEW OF LITERATURE

The World Health Organization estimates the cerebrovascular diseases is responsible for the third highest loss of Disability Adjusted Life Years (DALY) (WHO, 1996) and is major contributor to the burden of disease. In addition to its acute life threatening aspects, stroke survivors often experience significant negative life changes including role loss and increased dependency on others due to physical and cognitive disabilities (Rau, 1991). Researchers have reported that the functional and psychosocial impact of communication disorder in patients with traumatic brain injury (TBI) by construct of instrument to measure them like health related quality of life (HR-QOL), subjective well being (SWB) (Dikengil, 1998).

Ashley and Bhatt (2007) developed a Quality of Life (QOL) questionnaire and validated the same by administering on 10 persons with aphasia .Results of their study reveled variables both positively and negatively associated with stroke survivor's quality of life. Variables positively associated with QOL were as follows:

- Independence with activities of daily living,
- Increased functional ability,
- Social support
- Health care resources.

Variables negatively associated with stroke survivor's quality of life were:

- Psychological impairment
- Severity of impairment
- Severity of aphasia
- Inappropriate reactions to illness
- Inability to return to work.

The impact of stroke on the primary caregivers and other family members is also equally important. Caregivers are people who deserve praise for their extraordinary sacrifices in caring for a house bound or bedridden loved ones. Caregiving can also tax one financially, physically and emotionally and can result in stress, frustration and loneliness (Cant, 1999). Frequently cited symptoms among the caregivers are depression (Wade, Langton, David, & Enderby, 1986), anxiety, physical strain, social isolation and conflict in family and marital relationship (Anderson, 1995).

One among the major problems in caregiving a person with aphasia is the communication breakdown. As persons with aphasia have difficulty in expressing his needs, the same way caregivers also have difficulty in understanding the needs of persons with aphasia. Thus, caregiver should change the way they communicate to the patient, to facilitate better communication.

Multiple factors have been found by Pietro (1994) that determines a caregiver's communication style to persons with aphasia like:

- Speech language and hearing characteristics of caregiver

- Gender and age of caregiver
- Past relationship and interaction with patient
- Personality factor of caregivers
- Education and experience of caregivers
- Response to burden of caregiving and burden of communication breakdown

Problems encountered by caregivers of aphasic patients

Problems encountered by carers of aphasic patients have been studied using

- Interview
- Questionnaires
- Scales
- Issues raised in the caregiver group.

Studies using Direct Interview

Direct interview is a commonly used method in behavioral studies. Interview is a straightforward face to face question answers session between interviewer and interviewee. Malone (1969) interviewed 25 caregivers (spouses, children and other relatives) of persons with aphasia to find the problems encountered by them and results revealed problems in terms of role changes, irritability, guilty feelings, altered social life, financial problems, health problems and negative effects on children.

Webster (1980) interviewed 60 wives of aphasic stroke patients and reported problems relating to the assumption of many of the duties formerly performed by the spouse, lack of time for themselves, lack of companionship and lack of people with whom to talk.

Thus, most of the studies report that factors like role changes, guilt feelings, altered social life, lack of time for themselves, financial problems, health problems and lack of companionship causes burden among caregivers of aphasic stroke patients.

Studies using questionnaire

Questionnaire is a form containing set of questions, for gathering information for a survey. Studies have used questionnaire and attempted to find the differences in the problems faced by caregivers of stroke patients with and without aphasia. Artes and Hoops (1976) developed a questionnaire and administered on 65 wives of stroke patients and reported four significant problem areas in the A and H questionnaire:

- Problems of health and physical care
- Change in family economics
- Modifications in communication behavior
- Alterations in psychosocial aspects of behavior

Problems were reported to be more severe by wives of aphasic patients when compared to wives of non-aphasic patients.

Christensen and Anderson (1989) used Chapey questionnaire and used among 22 spouses of stroke patients with and without aphasia and the results revealed that for the spouses of aphasic patients, role changes were greater. The inability of aphasic patients to communicate well with their spouse served to make necessary role adjustments more difficult. There was no much difference in emotional problems between the two groups.

Zraick and Boone (1991) used 70 items questionnaire among thirty spouses of stroke patients and reported that the spouses of patients in both aphasia groups (fluent group and non fluent group) had a significantly greater number of negative attitudes (demanding, temperamental, immature, worrying and nervousness) towards their spouses than the matched controls. The spouses of non fluent aphasic patients had a significantly greater number of negative attitudes towards their spouses than the spouses of fluent aphasic patients.

Thus, above mentioned studies compared responses of caregivers of stroke patients with and without aphasia and results showed that problems like change in family economics, modifications in communication behavior, alterations in psychosocial aspects of behavior, role changes and negative attitude towards their spouse were reported to be more among caregivers of stroke patients with aphasia when compared to stroke patients without aphasia.

Studies using Scales

Using Boles Scale, Malone, Ptacek and Malone (1970) reported disturbed attitudes among thirty spouses of persons with Aphasia in the following areas:

- Retributive guilt
- Unrealistic attitudes
- Rejection
- Overprotection
- Social withdrawal.

Using Social Adjustment Scale, Marital Satisfaction Scale and Wakefield Depression inventory, Kinsella and Duffy (1979) reported that spouses of aphasic patients had poorer overall adjustments. They were more lonely and bored and were more maladjusted in their marital relationship, when compared to spouses of non-aphasic stroke patients.

Using scales, above mentioned studies also report that problems were more among caregivers of stroke patients with aphasia and problems were due to disturbed attitudes such as retributive guilt, unrealistic attitudes, rejection, overprotection and social withdrawal.

Studies based on issues in the caregiver's group

Based on the issues raised in care givers group, Mykyta, Bowling, Nelson and Llyod, (1976); Bowling (1977) reported some of the problems faced by caregivers of person with aphasia such as those that arise from

- Communication difficulties
- Alterations in the roles within the family
- Overprotection
- Preoccupation about the etiology of the stroke coupled with some guilt feelings
- Guilt and confusion from an inability to decide how much to subjugate one's life style to meet the needs of the partner
- Concerns over relatives own lifestyle
- Role changes within the family

Bowling (1977) reported that among relatives of stroke patients, carers of aphasic patients had more complaints about emotional problems, depression and sleep disturbance.

Thus, most of the studies have used questionnaires to explore the problems among the caregivers and concluded that carers of aphasic stroke patients experience more problems than carers of non-aphasic stroke patients and among carers of aphasic stroke patients problems occur mainly due to disturbed attitudes of the caregiver, role changes, alterations in psychosocial aspects of behavior, financial problems, negative attitude towards their spouse, health problems and lack of companionship.

PREDICTORS OF CAREGIVERS BURDEN

The caregiver's burden may also depend on various factors related to patient as well as caregiver. These factors also help us in predicting the extent of burden faced by the caregiver.

Han and Haley (1999) examined the outcomes of caregiving for stroke caregivers and evaluated the effects of stroke caregiving on caregiver's well-being. They studied a variety of caregiver and patient factors as possible predictors of the degrees of caregiver depression.

Caregiver Demographics

Several studies examined the association between caregiving outcomes and demographic characteristics of stroke caregivers, including the caregiver's age, income, caregiving duration, and spousal or other relationship with the patient.

Ross and Morris (1988) studied Psychological adjustment of the spouses of aphasic stroke patients and reported that 60% of the caregivers were females and they also reported that the level of depression in spousal caregivers was only significantly related to problems of dependency. Caregivers' strain was negatively related to family economics and communication functions and positively related to level of dependency.

Tompkins, Schulz and Rau (1988) studied post stroke depression in primary caregivers and reported that 78% of the caregivers were females. In acute stroke phase, the level of depression and perceived burden on caregivers were related to stroke patients' functional impairment, relationship, and concern for future care. Further variables like caregivers' age, perception towards caregiving, and patients' personality changes were also considered as factors leading to depression and burden on caregivers.

They also compared level of depression with respect to post- stroke duration of caregiving [3-10 weeks (Tl) vs. 7-9months (T2)]. Depression was found to be significantly higher for T2 caregivers and it was related to caregivers' change in satisfaction of social contact and reciprocal confiding.

Draper, Poulos and Cole (1992) studied patient's chronic disability (both mental and physical aspects) and caregivers depression and caregiving burden among 48 stroke caregivers and 51 dementia caregivers. They reported that 54% of stroke caregivers and 61% of dementia caregivers were females. Also Caregiver burden was significantly correlated with psychological morbidity in both caregiver groups. The positive correlation between measure of burden and psychological morbidity was stronger in the dementia caregivers than in the stroke caregivers. Psychiatric aspects of chronic disability rather than physical aspects were found to be more stressful to caregivers.

Caregiver Psychosocial Factors

In acute stroke phase, studies found that caregivers' concern for future care was the most important predictor of caregivers' depression. However, after the acute stroke phase, studies found that caregivers' concern for future care was no longer a significant predictor of caregivers' depression at the chronic phase. Studies have reported that caregivers with fewer social contacts were more likely to be depressed.

Caregiver Physical Health

Many studies have used a self-rated global health item to evaluate caregiver current health on a scale from excellent to poor and none of these studies found a significant relationship between caregivers' self- rated health and their depression. Only few Studies using self report measures of health status showed poorer health among caregivers when compared to age matched controls (Stone, Cafferata, & Sangl, 1987). However, these few studies found that caregivers with more physical symptoms were more likely to be depressed.

Time since stroke

The neurological recovery of stroke often improves significantly within the three week period immediately after stroke, and the functional recovery may continue to improve up to 18 months after stroke. Thus, stroke patients who are at different time periods after stroke generally have different severity and manifestation of neurological deficits, and different levels of functional impairments and depression status. Moreover, short-term coping for medical crisis is different from long-term coping. The impact of caregiving is more likely to be affected differently over time due to the coping process of caregivers and changing status of patients. Thus, the measurement of time interval of post-stroke is a critical variable for study design, interpretation, and generalization of stroke caregiving.

Stroke Patient's Symptoms

In studies, the physical disability of stroke patients, measured by the Barthel Index (BI) was not related to caregivers' depression at the chronic stroke phase. However, studies reported that patients' physical disability measured by the BI was positively related to caregivers' depression at the acute phase.

Because communication deficits caused by aphasia affect both persons with aphasia and their communication partners, the involvement of caregiver in therapeutic process is crucial as successful rehabilitation depends not so much on 30-45 minute speech therapy session provided two or three times a week, but rather on the daily stimulation and carryover of recommended therapeutic techniques, for which many patients require assistance to perform.

Getting caregivers to participate in sessions or to follow through with the exercise programs has typically been a challenge in every rehabilitation milieu. Families are often overwhelmed by the information provided by the medical and rehabilitation staff, as well as intimated by the anticipation of changes in their lifestyles. Over time, and typically when the patient is back home, family begins to fully realize the 'whole picture' and then needs to develop coping strategies and to learn ways to assist in improving patients functioning.

Care givers may be supportive and motivated to involve themselves in the rehabilitation process but due to emotional or physical stress and time constraints, they may be unable to dedicate themselves to helping in rehabilitation process.

CARE GIVER INTERVENTION

Above mentioned studies give a clear picture of the problems faced by the caregivers of persons with aphasia. Researchers have also attempted to provide solutions for such problems i.e. by educating the caregivers and teaching them strategies to overcome such burdens.

Most of the caregiver intervention programs consisted of three components: education, skill training and therapy.

Education is very important because spouse often tend to view the aphasic's communication as less impaired than it is (Helmick, Watamori, & Palmer, 1976). This lack of understanding might lead to establishment of unrealistic expectation for language performance and to the use of inappropriate amount and type of language while interacting with aphasic patient.

The second component is psychotherapeutic support for caregivers. The caregivers discuss the emotions of their partner and their own emotions with each other and use the caregiver group as an outlet for feelings of frustration and guilt. They also learn to identify and to deal with their psychosocial problems in more constructive way.

Skill training is the third component (Goodkin, Diller, & Shah, 1973). Training spouse/caregiver can be fruitful as they will serve as supplementary speech clinicians. They offered the clinician with following suggestions to help caregivers and families cope:

> Help to maintain a clear line of communication between caregiver and patient, as communication breakdown creates stress.

> Encourage care givers to express their feelings, to ask for help, and not to view requesting assistance as a sign of weakness.

> Advice caregivers to look for opportunities to rest, exercise, and pursue recreation while someone else temporarily looks after the patient.

> Recommend counselor or support from professional organizations or from friends. Prayers and meditations have been reported by caregiver as helpful.

> Recognize that the rate of depression among caregiving families as a result of feelings of isolation and loss is a high as 40% and that psychological intervention may be appropriate.

> Recommended joining support groups that can meet multiple needs (i.e. the national stroke association, local brain injury associations or other organizations that target specific disorders).

Wolf (1997) suggested that caregivers be offered positive solutions which include:

- Avoid isolation by cultivating friendship, since lower stress levels have been reported when there are more frequent visitors.
- Go out of the house and take a break by soliciting help from friends, neighbors, or paid help.
- In addition 'encouraging caregivers to nurture themselves will help them bring new energy and enthusiasm to their lives'.

Schultz (1991) and Haley (1991) identified several promising approaches for helping family caregivers of persons with Alzheimer's disease. These include:

- Strategies to increase caregiver's knowledge of disease or alter their perceptions of support.
- Strategies to provide emotional support to caregivers and to assist in skill development.
- Strategies directed at changing or controlling severity of patients behavioral problems.
- Provision of external resources to strengthen caregivers support (community services).

Hence studies which evaluated outcomes of caregiver's intervention programs report favorable outcomes. Such interventions changed caregivers positively in terms of both psychological and interpersonal factors. They also felt they were receiving support from other families and the patient and caregiver learned to form very effective pattern of communication (Goodkin, Diller, & Shah, 1973). Therefore, caregiver intervention programs should be practiced, as there are many positive outcomes of such programs both for the patient and the caregivers.

Need for the Study

The review of literature reveals that there are a number of problems faced by the caregivers of person with aphasia. Thus, identification of determinants of caregiver's burden will help to plan for intervention in a better way. A good knowledge about the assets of patient's will help in reducing caregiver's burden and making the caregiving an easier task.

Thus understanding the difficulties of caregivers, Speech Language Pathologist would be able to provide them with coping strategies. These guidelines would help the caregiver to understand the condition of person with aphasia in a better way and would facilitate better communication.

AIM

The present study was aimed to develop and administer a questionnaire for evaluating the extent of burden on caregivers of persons with aphasia.

CHAPTER 4

METHOD

Participants

Thirty caregivers of persons with aphasia (age beyond 18 years) participated in the study. Seven participants were caregivers of persons with aphasia of fluent type and 23 were caregivers of persons with aphasia of non-fluent type. Prior consent was taken from the participants. Participants were identified through various sources like institutes, hospital records. All participants had a prior period of one to three months of caregiving before participating in the study. All the subjects knew to read one of the languages mentioned i.e. English, Kannada or Malayalam. Table-1 shows the demographic data of the participants and table-2 shows the caregivers relationship with persons with aphasia

Table 1: Demographic data of the participants

Aphasia type	**Male**			**Female**			**Total**
	18-40 years	40-60 years	>60 years	18-40 years	40-60 years	>60 years	
Fluent	1	1	1	1	2	1	7
Non-fluent	5	1	3	3	5	6	23

Table 2: Details of caregiver's relationship with persons with aphasia

Relation	**Fluent**	**Non-fluent**
Wife/ Husband	**2**	**7**
Mother/ Father	**1**	**5**
Daughter	**1**	**3**
Son	**1**	**3**
Brother/ Sister	**1**	**4**
Father- in-Law	**1**	**0**
Daughter-in-Law	**0**	**1**
Total	**7**	**23**

Procedure

The questionnaire consisted of 40 questions and consisted questions on seven domains these were:

A. Psychosocial domain (6 questions)
B. Emotional domain (8 questions)
C. Personal relationship domain (5 questions)
D. Care-responsibility domain (5 questions)
E. Caregiver health related problems (5 questions)
F. Communication expectation (5 questions)
G. Caregiver communication style (6 questions)

Each question had a set of five options i.e. strongly agree, agree, neither agree nor disagree, disagree, strongly disagree. The questionnaire was made based on existing questionnaires on caregiving burden like Caregivers Burden Scale (CBS), Zarit Burden Interview (ZBI), and Caregivers Strain Index. The seven domains were selected based on the reports from earlier studies on problems faced by the caregivers. The questionnaire was originally made in English. (Appendix -I) and was translated in Malayalam (Appendix-II) and Kannada (Appendix -III). For the reliability and validity of the questionnaire, it was distributed to five speech language pathologists who were experienced in working with aphasic patients, for their suggestions and questionnaire was altered accordingly.

TASK: The participants were seated comfortably and they were instructed to read the questions thoroughly and select the most appropriate option that best suits the question.

ANALYSIS OF THE DATA: The data collected from 30 participants was subjected to qualitative and quantitative analysis using SPSS (10.0 version) software. The responses were compared across four variables

- Age
- Gender
- Relationship with the person with aphasia
- Type of aphasia (fluent v/s non-fluent)

Participant's responses were scored using a scale ranging from 1 to 5 where, score 1 represents minimum/no burden and score 5 represents maximum burden. Thus comparison of responses of participants across seven domains based on the four variables (as mentioned above) was carried out.

Chapter 5

RESULTS AND DISCUSSION

The present study aimed at developing and administering a questionnaire to assess the level of burden on caregivers of persons with aphasia. The basis for tool was the existing questionnaires on caregivers' burden and research findings from earlier studies. The questionnaire was administered on thirty adult caregivers of fluent and non- fluent aphasics. Aphasia type, age group, gender and relationship with the patient were the four variables which were compared and have been tabulated under the following headings:

- Responses of caregivers of fluent vs. non-fluent aphasia
- Responses across gender.
- Responses across three age groups i.e.
    - 18-40 years,
    - 40-60 years
    - > 60 years.
- Responses across relations
    - Wife/ Husband
    - Mother/ Father
    - Daughter/ Son
    - Brother/ Sister
    - Daughter-in-Law
    - Father- in-Law

1. Responses of caregivers of fluent vs. Non-fluent aphasia

The comparison of responses of caregivers of persons with aphasia (PWA) of fluent and non- fluent type was carried out across the seven domains. The response of each caregiver for each question was scored on a scale ranging from 1-5. The response which indicated the highest level of burden was given a score of 5 and response which indicated least or no burden was given a score of 1. For the simplicity of analysis the scores for strongly disagree and disagree were added. Similarly for agree and strongly agree were also added together. The results for each domain in fluent vs. non-fluent aphasia are discussed separately.

I. Psychosocial domain

A total of six questions related to psychosocial consequences on caregivers formed the basis for this domain. The results indicated that 66.65% of caregivers of persons with non-fluent aphasia (PWNA) and 69.04%of caregivers of persons with fluent aphasia (PWFA) disagreed for the questions, where as participants who agreed for the questions were 22.46% for PWNA and 26.18% for PWFA.

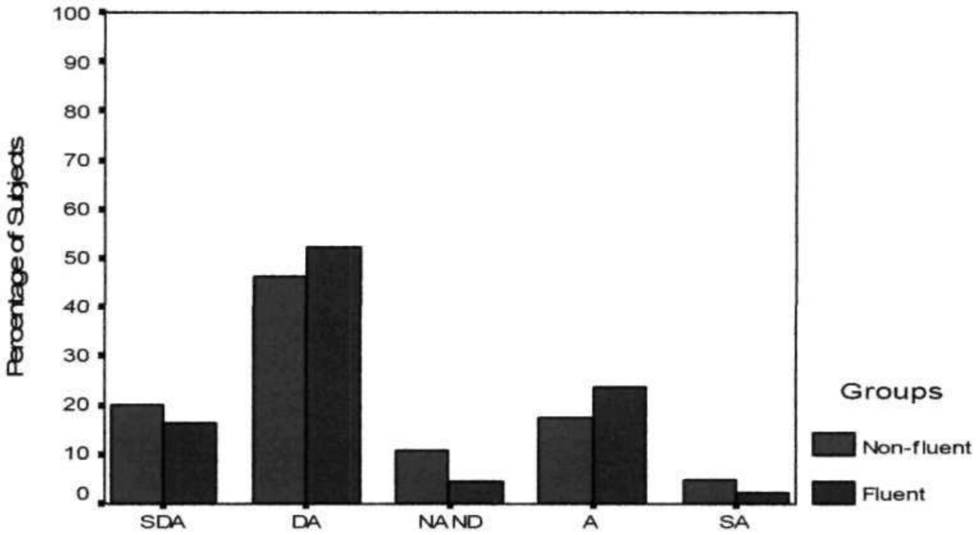
These results suggest that the caregivers' of PWFA faced more problems as compared to caregivers of PWNA which could be due to patient's communication deficits in public gatherings. Though the responses of caregivers' of PWNA were found to be better than caregivers of PWFA, they still showed some amount of burden which can be attributed to the physical disabilities seen in this population.

The results of the present findings receive support from Kinsella and Duffy (1979) who also found social withdrawal among spouses of persons with aphasia.

Similarly, Artes and Hoops (1976) also found alterations in psychosocial aspects of behavior among caregivers of persons with aphasia. Also, Webster (1980) reported problems relating role changes and lack of people with whom to talk as a cause of burden among caregivers of persons with aphasia.

However, 10.86% of caregivers of PWNA and 4.76% of caregivers of PWFA gave neutral response which indicates that caregivers were reluctant to share their views regarding the questions asked.

Results of both groups did not reveal any difficulty in maintaining social life, seeking help from family members or professionals, and maintaining relationship with family members and friends. These results are in contrast with the reports stated in the western literature which showed that taking care of persons with aphasia often adversely affects the relationship of caregiver with family members and friends. One of the reasons for such a difference in finding could be that, in India, tradition of joint families does exist and therefore taking care of persons with aphasia becomes easier. Thus for caregivers, the factors like social relationships with family and friends do not get affected. Furthermore in Indian scenario, majority of caregivers are women who are housewives because of which they were able to spend more time with PWA. Hence they could understand their problems and could devote more time in taking care of their spouses with aphasia. On the other hand in western scenario most of the women caregivers are working, it becomes difficult for them to manage both work and taking care of their spouse with aphasia which might affect their relationship with others.



Response for Psycho-social domain

*Graph 1: Responses of caregivers (n=30) for psychosocial domain

Thus, the results of the present study (depicted in graph-1) show that in the psychosocial domain, the caregivers of person with fluent and non- fluent aphasia did not experience any burden. However, few caregivers experienced burden in maintaining social relationships with others, which could be attributed to lack of the knowledge of aphasia and its associated problems.

Hence, the overall results did not show burden in psychosocial domain for both the caregivers groups i.e. fluent and non-fluent types. Table-3 shows the total score and percentage scores of thirty caregivers for the six questions of psychosocial domain.

Here, SDA= strongly disagree, DA= disagree, SA= strongly agree, A= agree, NAND= neither agree nor disagree

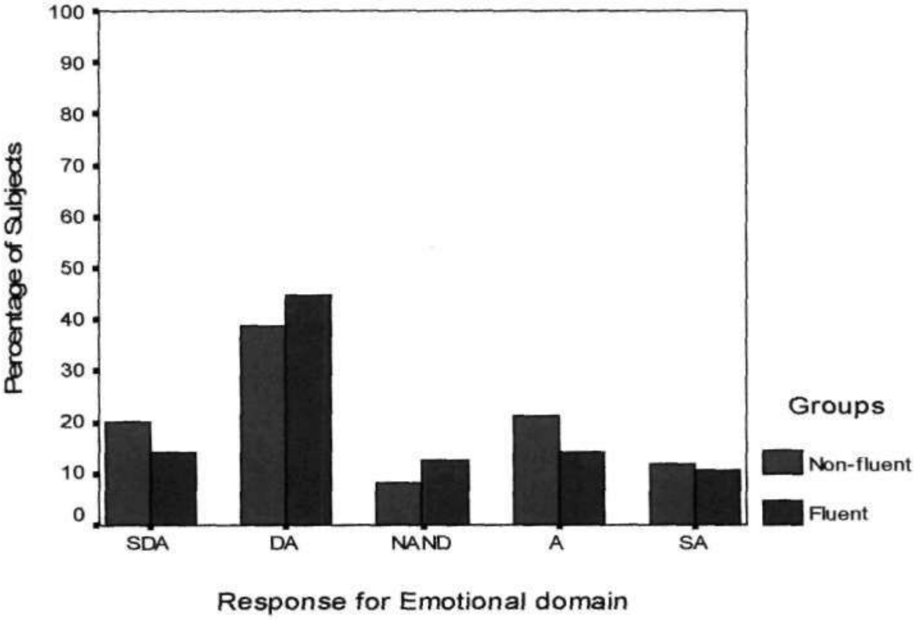
Table 3: Total and percentage scores of participants for psychosocial domain

Psychosocial Domain (A)		Ql	Q2	Q3	Q4	Q5	Q6
STRONGLY DISAGREE	*NF*	7 (30.4)	5 (21.7)	4 (17.4)	3 (13)	5 (21.7)	4 (17.4)
	F	0 (0)	0 (0)	1 (14.3)	2 (28.6)	2 (28.6)	2 (28.6)
DISAGREE	NF	10 (43.5)	10 (43.5)	13 (56.5)	11 (47.8)	12 (52.2)	8 (34.8)
	F	6 (85.7)	1 (14.3)	2 (28.6)	4 (57.1)	4 (57.1)	5 (71.4)
NEITHER AGREE NOR DISAGREE	NF	4 (17.4)	4 (17.4)	0 (0)	0 (0)	2 (8.7)	5 (21.7)
	F	0 (0)	1 (14.3)	0 (0)	0 (0)	1 (14.3)	0 (0)
AGREE	NF	2 (8.7)	2 (8.7)	6 (26.1)	7 (30.4)	2 (8.7)	5 (21.7)
	F	1 (14.3)	4 (57.1)	4 (57.1)	1 (14.3)	0 (0)	0 (0)
STRONGLY AGREE	NF	0 (0)	2 (8.7)	0 (0)	2 (8.7)	2 (8.7)	1 (4.3)
	F	0 (0)	1 (14.3)	0 (0)	0 (0)	0 (0)	0 (0)
TOTAL	NF	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)
	F	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)

Table 3: Total and percentage scores of participants for psychosocial domain

Psychosocial Domain (A)		Q1	Q2	Q3	Q4	Q5	Q6
STRONGLY DISAGREE	*NF*	7 (30.4)	5 (21.7)	4 (17.4)	3 (13)	5 (21.7)	4 (17.4)
	F	0 (0)	0 (0)	1 (14.3)	2 (28.6)	2 (28.6)	2 (28.6)
DISAGREE	NF	10 (43.5)	10 (43.5)	13 (56.5)	11 (47.8)	12 (52.2)	8 (34.8)
	F	6 (85.7)	1 (14.3)	2 (28.6)	4 (57.1)	4 (57.1)	5 (71.4)
NEITHER AGREE NOR DISAGREE	NF	4 (17.4)	4 (17.4)	0 (0)	0 (0)	2 (8.7)	5 (21.7)
	F	0 (0)	1 (14.3)	0 (0)	0 (0)	1 (14.3)	0 (0)
AGREE	NF	2 (8.7)	2 (8.7)	6 (26.1)	7 (30.4)	2 (8.7)	5 (21.7)
	F	1 (14.3)	4 (57.1)	4 (57.1)	1 (14.3)	0 (0)	0 (0)
STRONGLY AGREE	NF	0 (0)	2 (8.7)	0 (0)	2 (8.7)	2 (8.7)	1 (4.3)
	F	0 (0)	1 (14.3)	0 (0)	0 (0)	0 (0)	0 (0)
TOTAL	NF	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)
	F	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)

anxiety, tension and nervousness are less prevalent among caregivers of PWA. However, anxiety and depression is being reported by few caregivers of persons with fluent as well as non-fluent aphasia and the severity of these factors might be different in fluent and non-fluent type of aphasia.



'Graph 2: showing responses of caregivers for emotional domain

Hence the overall result of emotional domain (depicted in graph-2) shows no burden in this domain. Table-4 shows the total score and percentage scores of thirty caregivers for the eight questions of emotional domain.

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* Here, SDA= strongly disagree, DA= disagree, SA= strongly agree, A= agree, NAND= neither agree nor disagree.

Table 4: Total and percentage scores of participants for emotional domain

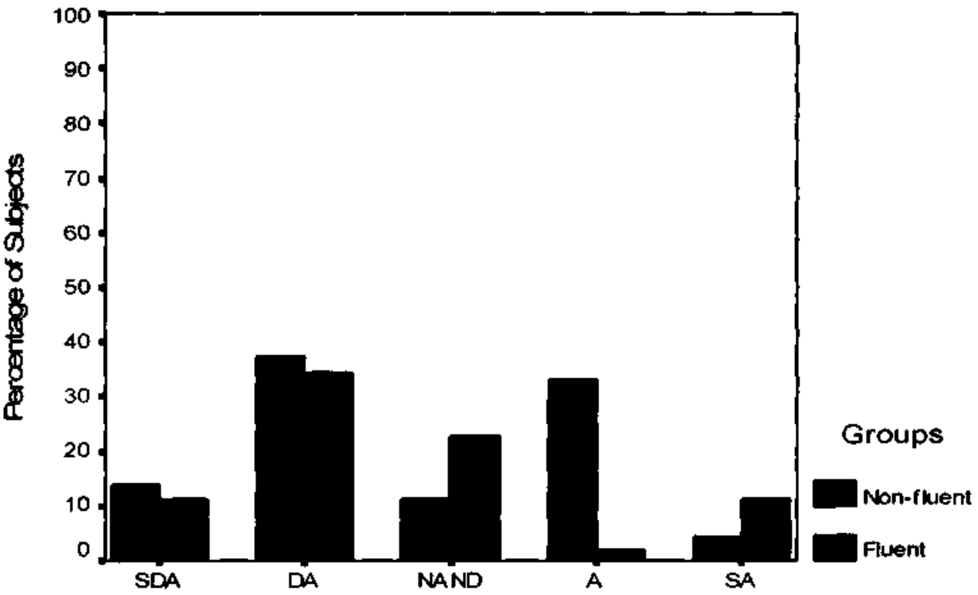
Emotional-Domain (B)		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
STRONGLY DISAGREE	*NF*	6 (26.1)	8 (34.8)	0 (0)	3 (13)	6 (26.1)	6 (26.1)	3 (13)	5 (21.7)
	F	1 (14.3)	1 (14.3)	0 (0)	0 (0)	3 (42.9)	1 (14.3)	1 (14.3)	1 (14.3)
DISAGREE	NF	11 (47.8)	10 (43.5)	3 (13)	8 (34.8)	13 (56.5)	10 (43.5)	4 (17.4)	12 (52.2)
	F	5 (71.4)	3 (42.9)	1 (14.3)	3 (42.9)	2 (28.6)	4 (57.1)	3 (42.9)	4 (57.1)
NEITHER AGREE NOR DISAGREE	NF	2 (8.7)	2 (8.7)	1 (4.3)	1 (4.3)	3 (13)	2 (8.7)	4 (17.4)	0 (0)
	F	1 (14.3)	0 (0)	1 (14.3)	2 (28.6)	0 (0)	0 (0)	2 (28.6)	1 (14.3)
AGREE	NF	3 (13)	1 (4.3)	10 (43.5)	8 (34.8)	1 (4.3)	5 (21.7)	8 (34.8)	3 (13)
	F	0 (0)	2 (28.6)	1 (14.3)	1 (14.3)	2 (28.6)	1 (14.3)	1 (14.3)	0 (0)
STRONGLY AGREE	NF	1 (4.3)	2 (8.7)	9 (39.1)	3 (13)	0 (0)	0 (0)	4 (17.4)	3 (13)
	F	0 (0)	1 (14.2)	4 (57.1)	1 (14.3)	0 (0)	0 (0)	0 (0)	0 (0)
TOTAL	NF	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)
	F	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)

III. Personal relationship domain

This domain consisted of five questions related to changes in relationship of caregivers with the patient or their family members. The results signified that 51.39% of caregivers of PWNA and 37.38% of caregivers of PWFA disagreed. While 45.7% of caregivers of PWNA and 24.9% of caregivers of PWFA agreed that their personal relationship was affected due to his/her present condition. Yet a small number of the participants (PWNA= 11.3%, PWFA= 22.85%) neither agreed nor disagreed for the questions. It appears from the results that these caregivers were unwilling to share information.

Response of caregivers of PWNA illustrates that, there was not much of a difference in the percentage scores for agreed and disagreed responses. This indicates that nearly half of the caregivers' population believed that personal relationship was not affected and the other half accepted that their personal relationship was affected. The possible reason for this could be that PWNA exhibit catastrophic reactions. These are nothing but outbursts of emotions such as frustration or depression. Such reactions are more commonly experienced by the caregivers who spend most of their time with patient, thus adversely affecting their relationship. Responses of caregivers of PWFA showed that caregiving did not affect personal relationships.

But the present finding did not get support from earlier studies, which reported of the factors adversely affecting personal relationships such as lack of conversations, inability to share interests, diminished marital satisfaction (Mykyta, Bowling, Nelson, & Lloyd, 1976) and difficulty coping with patient's behavioral disturbances (Malone, 1969). The questions in the personal relationship domain addressed issues such as patient's appreciation towards caregiver's efforts, caregivers concern for other members of family and caregiver's relationship with other relatives. These issues were found to be unaffected and were not a cause of burden to the caregivers of PWFA as well as PWNA.



Response for Personal Relationship domain

*Graph 3: Responses of caregivers for Personal relationship domain

Thus, the overall results of personal relationship domain (depicted in graph-3 and table-5) did not show any burden. It suggests that caregivers of PWNA and PWFA did not have any problems in maintaining personal relationships. This could be because of the close family bond that exists in Indian culture which provides a strong moral support to the caregivers of persons with aphasia and hence prevents the personal relationship from getting affected. These findings also suggest that the family members play an important role in maintaining the cordial relationship.

Here, SDA= strongly disagree, DA= disagree, SA= strongly agree, A= agree, NAND= neither agree nor disagree

Table 5: Total and percentage scores of participants for personal-relationship domain.

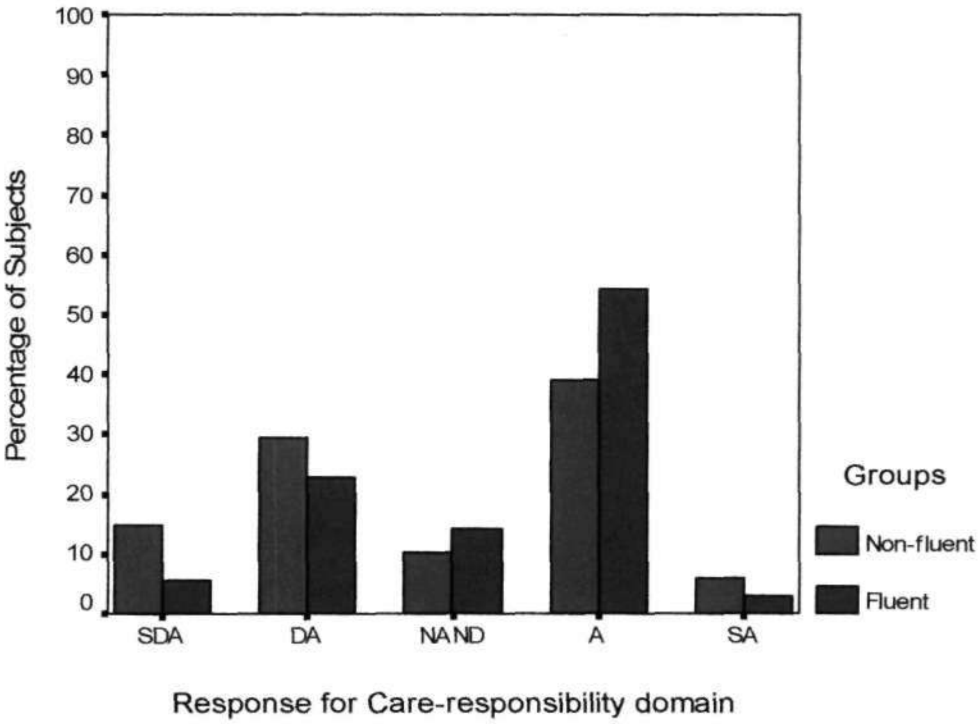
Personal relationship Domain (C)		**Ql**	**Q2**	**Q3**	**Q4**	**Q5**
STRONGLY DISAGREE	NF	4 (17.4)	2 (8.7)	1 (4.3)	5 (21.7)	4 (17.4)
	F	3 (42.9)	0 (0)	0 (0)	1 (14.3)	0 (0)
DISAGREE	NF	10 (43.5)	8 (34.8)	8 (34.8)	11 (47.8)	6 (26.1)
	F	3 (42.9)	3 (42.9)	0 (0)	2 (28.6)	4 (57.1)
NEITHER AGREE NOR DISAGREE	NF	5 (21.7)	4 (17.4)	1 (4.3)	0 (0)	3 (13)
	F	1 (14.3)	3 (42.9)	2 (28.6)	2 (28.6)	0 (0)
AGREE	NF	3 (13)	9 (39.1)	13 (56.5)	4 (17.4)	9 (39.1)
	F	0 (0)	1 (14.3)	3 (42.9)	0 (0)	3 (42.9)
STRONGLY AGREE	NF	1 (4.3)	0 (0)	0 (0)	3 (13)	1 (4.3)
	F	0 (0)	0 (0)	2 (28.6)	2 (28.6)	0 (0)
TOTAL	NF	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)
	F	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)

IV. Care responsibility domain

Five questions related to the responsibilities of the caregivers towards the person with aphasia, were included in this domain. The responses of caregivers' show that 44.34% of caregivers of PWNA and 28.56% of caregivers of PWFA disagreed for questions and percentage of participants who agreed for the questions were 45.21% of caregivers of PWNA and 57.13% of caregivers of PWFA. Yet not many of the participants (PWNA= 10.4%, PWFA= 14.2%) responded neutrally for the question which shows that they were not disclosing the information.

It can be assumed from the results that care-responsibility was a burden for most of the caregivers for PWFA. Majority of caregivers agreed that there were adjustments in their routines due to caregiving and they experienced that caregiving was a physical strain (supported by Greveson, 1991) and felt stressed while taking care of the person with aphasia and meeting other responsibilities.

A larger number of caregivers for both groups also believed that they were better persons to take care of the person with aphasia, than any other person in their family. This could be because the caregivers showed positive attitude towards the patient's present condition and they spent ample amount of time with PWA. Hence patients had greater comfort level with them.



* Graph 4: Responses of caregivers for Personal-relationship domain

Hence, the overall response of care-responsibility domain (depicted in graph-4) shows that for both the groups of caregivers, care-responsibility was a burden. This could be because of the role changes in the family. Caregivers find difficult to take responsibilities that were formerly performed by person with aphasia thus causing burden. Similar findings were reported earlier by Christensen and Anderson (1989) who reported that role change often caused burden among female caregivers in terms of taking responsibilities such as supporting the family and making decisions on financial matters.

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* Here, SDA= strongly disagree, DA= disagree, SA= strongly agree, A= agree, NAND= neither agree nor disagree

In the present study, it was found that among the two groups, the burden was reported to be more in caregivers of PWFA. This could be attributed to the pattern of recovery seen in fluent as compared to the non-fluent types of aphasia. PWFA tend to have a difficulty in accepting their problem due to which they may show slower recovery patterns. Moreover, PWFA may have more comprehension deficits which could hinder the communication with care-givers. Hence, care-givers of PWFA faced greater difficulties.

Hence the overall response of caregivers of both the groups showed burden in care-responsibility domain. Table-6 shows the total and percentage score of thirty participants for the five questions of care-responsibility domain.

Table 6: Total and percentage scores of participants for care-responsibility domain

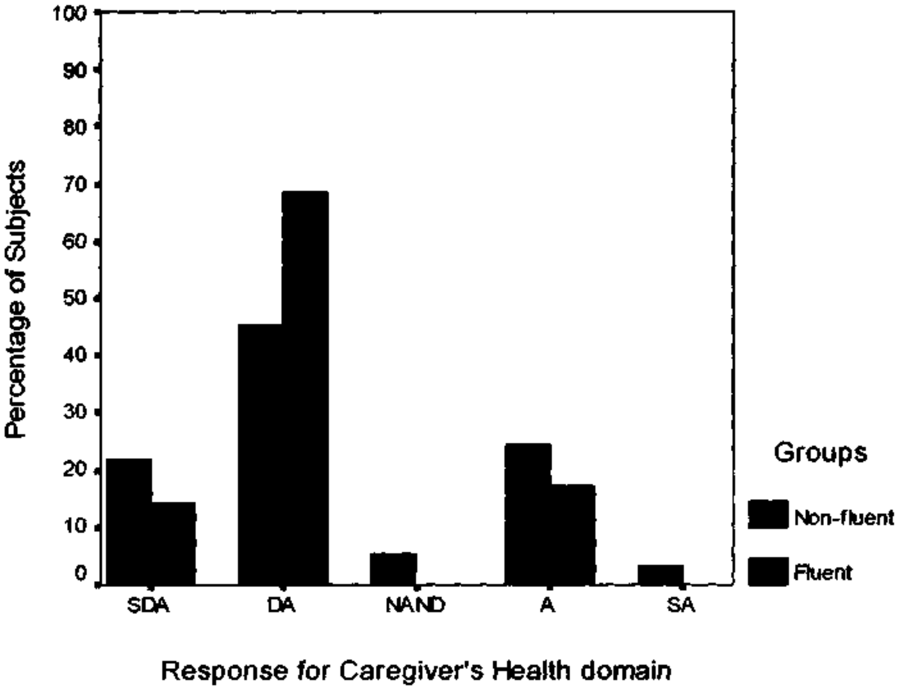
Care-responsibility Domain (D)		**Q1**	**Q2**	**Q3**	**Q4**	**Q5**
STRONGLY DISAGREE	*NF*	3 (13)	5 (21.7)	0 (0)	6 (26.1)	3 (13)
	F	0 (0)	2 (28.6)	0 (0)	0 (0)	0 (0)
DISAGREE	NF	5 (21.7)	11 (47.8)	2 (8.7)	7 (30.4)	9 (39.1)
	F	1 (14.3)	3 (42.9)	1 (14.3)	2 (28.6)	1 (14.3)
NEITHER AGREE NOR DISAGREE	NF	2 (8.7)	2 (8.7)	2 (8.7)	5 (21.7)	1 (4.3)
	F	0 (0)	2 (28.6)	1 (14.3)	1 (14.3)	1 (14.3)
AGREE	NF	12 (52.2)	4 (17.4)	15 (65.2)	5 (21.7)	9 (39.1)
	F	6 (85.7)	0 (0)	5 (71.4)	4 (57.1)	4 (57.1)
STRONGLY AGREE	NF	1 (4.3)	1 (4.3)	4 (17.4)	0 (0)	1 (4.3)
	F	0 (0)	0 (0)	0 (0)	0 (0)	1 (14.3)
TOTAL	NF	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)
	F	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)

V. Caregiver health domain

This domain consisted of five questions related to health problems faced by caregiver of persons with aphasia. The responses of 30 caregivers' show that 66.51% of caregivers of PWNA and 82.85% of caregivers of PWFA disagreed for questions and percentage of participants who agreed for the questions were 27.81% of caregivers of PWNA and 17.14% of caregivers of PWFA. However, some of the participants (PWNA= 5.21%) responded neutrally for the question which shows that they were not interested to share information.

Most caregivers did not feel that their health suffered due to hypertension or lack of regular health checkups as an outcome of caregiving. Majority of caregivers did not avoid or forget taking meals nor did they feel tired or exhausted due to the care-responsibility towards PWA. Results of caregiver's health domain (depicted in graph-5) showed that caregivers of PWFA and PWNA did not have any complaints of health related problems as a consequence of caregiving.

However, results of the present study do not agree with the western research findings which showed health related problems among caregivers of persons with Aphasia (Malone, 1969; Artes, & Hoops, 1976). This could be due to the existence of joint families in Indian context, where more members are involved in caregiving. Thus, over all burden gets reduced on one person, which can have positive impact on an individuals health.



'Graph 5: shows responses of caregivers for caregiver's health domain.

Hence, overall results of caregiver's health domain did not show any health related problems in caregivers of PWNA as well as PWFA. Table-7 shows the total and percentage score of thirty caregivers for five questions of caregiver's health domain.

Here, SDA= strongly disagree, DA= disagree, SA= strongly agree, A= agree,

N AND= neither agree nor disagree.

Table 7: Total and percentage scores of participants for caregiver's health domain

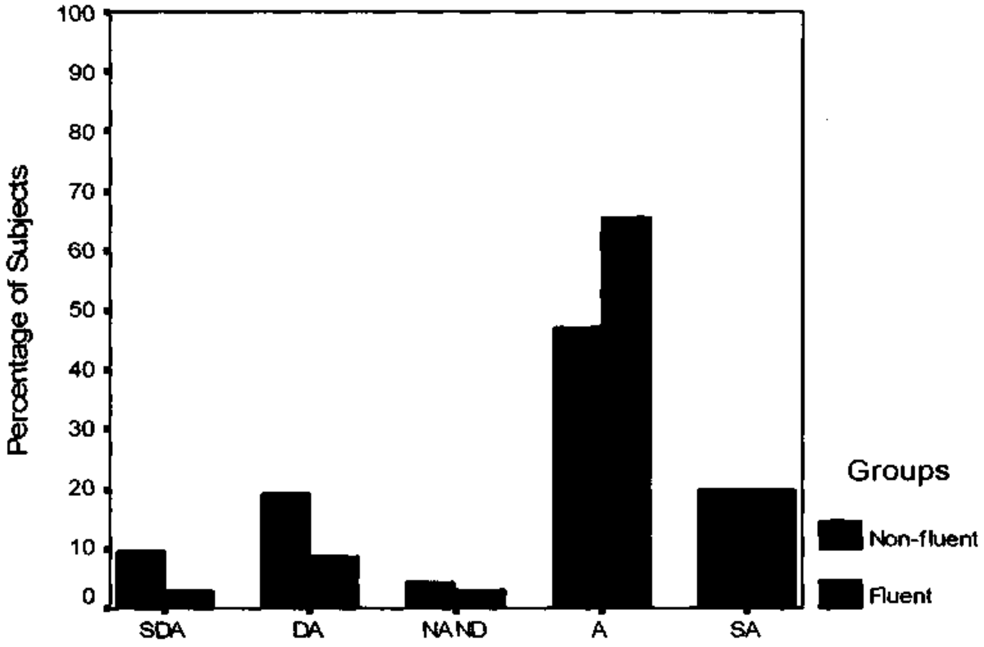
Caregiver's Health Domain (E)		**Ql**	**Q2**	**Q3**	**Q4**	**Q5**
STRONGLY DISAGREE	*NF*	6 (26.1)	5 (21.7)	4 (17.4)	5 (21.7)	5 (21.7)
	F	3 (42.9)	1 (14.3)	0 (0)	0 (0)	1 (14.3)
DISAGREE	NF	9 (39.1)	11 (47.8)	9 (39.1)	11 (47.8)	12 (52.2)
	F	4 (57.1)	5 (71.4)	6 (85.7)	4 (57.1)	5 (71.4)
NEITHER AGREE NOR DISAGREE	NF	1 (4.3)	0 (0)	3 (13)	1 (4.3)	1 (4.3)
	F	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
AGREE	NF	7 (30.4)	6 (26.1)	7 (30.4)	5 (21.7)	3 (13)
	F	0 (0)	1 (14.3)	1 (14.3)	3 (42.9)	1 (14.3)
STRONGLY AGREE	NF	0 (0)	1 (4.3)	0 (0)	1 (4.3)	2 (8.7)
	F	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
TOTAL	NF	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)
	F	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)

VI. Communication expectation domain

This domain consisted of 5 questions regarding the kind of communication they expect from their relative with aphasia. The responses of thirty caregivers' show that 28.69% of caregivers of PWNA and 11.42% of caregivers of PWFA disagreed for questions and percentage of participants who agreed for the questions were 66.95% of caregivers of PWNA and 85.71% of caregivers of PWFA. However, some of the participants (PWNA= 4.34%, PWFA= 2.85%) responded neutrally for the question which shows that they were hesitant to share information.

It can be deciphered from the results that most of caregivers expected person with aphasia to communicate using either of the mode for communication such as speech, non-speech or combination of both. The caregivers also expected the persons with aphasia to understand the ongoing conversations and the questions asked to them. Hence, these findings indicate that caregivers wanted the persons with aphasia to communicate efficiently using any of the modes as mentioned above. They also expected them to understand and respond to conversations as proficiently as they did prior to getting aphasia. However, most of caregivers experienced that, the persons with aphasia were slow in understanding and responding to speech which indicates that caregivers expected PWA to respond to conversations as clearly as they did before.

So the results reveal that caregivers had high communication expectation from PWA, thus when their performance did not meet the expectations, it caused burden for the caregivers. Findings of present study are in accordance with the earlier studies. Bowling (1977) reported that caregivers of PWA find difficulty in accepting the notion that the stroke patient has lost cognitive and communicative ability to respond in normal way and hence they pose higher expectations on them regarding communication. Graph-6 and table-8 shows the response of caregivers for communication expectation domain.



Response for Communication Expectation domain

*Graph 6: Response of caregivers for communication expectation domain

Hence, overall results shows burden in this domain. Table-8 shows the total and percentage score of thirty caregivers for five questions of caregiver's health domain

Here, SDA= strongly disagree, DA= disagree, SA= strongly agree, A= agree,

NAND= neither agree nor disagree.

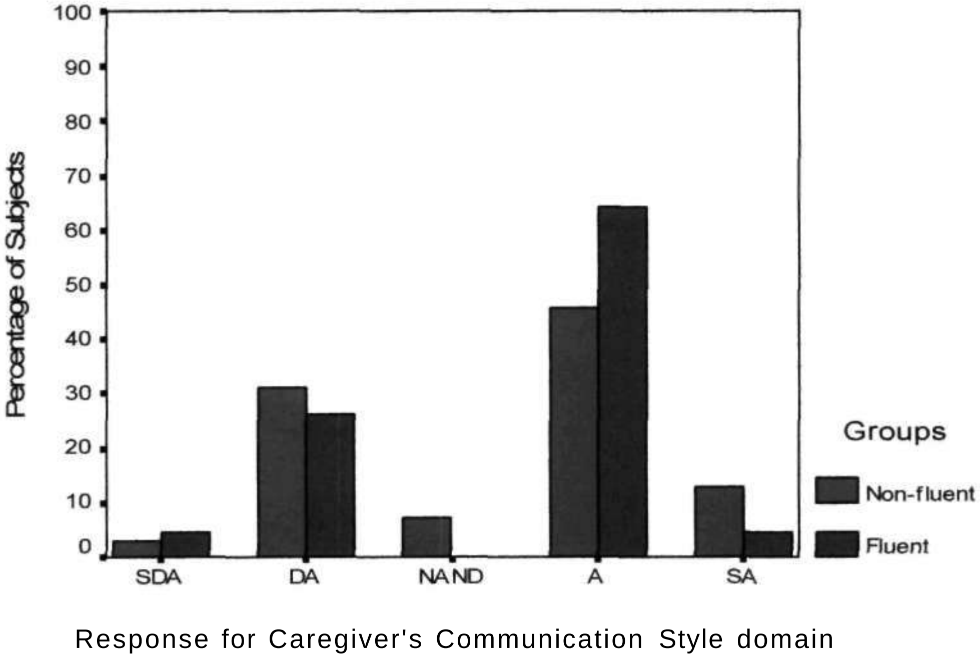
Table 8: Total and percentage scores of participants for Communication expectation domain

Communication expectation Domain(F)		**Ql**	**Q2**	**Q3**	**Q4**	**Q5**
STRONGLY DISAGREE	NF	1 (4.3)	3 (13)	3 (13)	2 (8.7)	2 (8.7)
	F	0 (0)	1 (14)	0 (0)	0 (0)	0 (0)
DISAGREE	NF	1 (4.3)	9 (39.1)	3 (13)	1 (4.3)	8 (34.8)
	F	0 (0)	3 (42.9)	0 (0)	0 (0)	0 (0)
NEITHER AGREE NOR DISAGREE	NF	1 (4.3)	2 (8.7)	1 (4.3)	1 (4.3)	0 (0)
	F	0 (0)	0 (0)	0 (0)	1 (14.3)	0 (0)
AGREE	NF	14 (60.9)	6 (26.1)	11 (47.8)	11 (47.8)	12 (52.2)
	F	2 28.6	2 (28.6)	7 (100)	6 (85.7)	6 (85.7)
STRONGLY AGREE	NF	6 (26.1)	3 (13)	5 (21.7)	8 (34.8)	1 (4.3)
	F	5 (71.4)	1 (14.3)	0 (0)	0 (0)	1 (14.3)
TOTAL	NF	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)
	F	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)

VII. Caregiver's communication style domain

This domain consisted of six questions related to the manner in which the caregiver communicated with the person with aphasia. The responses of thirty caregivers' showed that 34.04% of caregivers of PWNA and 30.95% of caregivers of PWFA disagreed for questions and percentage of participants who agreed for the questions were 58.69% of caregivers of PWNA and 69.04% of caregivers of PWFA. However, some of the participants (PWNA= 7.24%) responded neutrally for the question which illustrates that they were reluctant to share information. Total and percentage score of thirty caregivers for five questions of caregiver's communication style domain is shown in table-9.

Results revealed that greater efforts were made by caregivers of PWNA to communicate while PWFA made fewer attempts. This could be because most of caregivers avoided communication with PWFA due to their poor comprehension abilities. These findings are in accordance with the earlier study by Le Dorze and Brassadd (1995), who found changes in communication situations between caregiver and PWA. The caregivers of persons with fluent aphasia avoided conversation with PWA because of their comprehension deficits.



* Graph 7: Responses of caregivers for Caregiver's communication style domain

In addition to this the errors that occurred in patients utterances were immediately corrected by the caregivers of both PWNA and PWFA. This may cause frustration in persons with aphasia (PWA), as errors are given more priority than his/her attempts to communicate. Thus caregivers should be patient enough to wait for them to respond and should encourage their communication attempts. They should also practice activities like withholding objects until the patient names it, which in turn will facilitate the verbal communication.

Here, SDA= strongly disagree, DA= disagree, SA= strongly agree, A= agree, NAND= neither agree nor disagree.

Also 'speak for' behavior was observed among caregivers of both aphasia groups. This means that most of the caregivers 'spoke for' persons with aphasia especially when they were unable to communicate with others. If such behavior of caregivers persists for longer time, patient will become more dependent on their caregiver and would rely on someone for all their needs which might create frustration in patient.

Therefore it's evident from the results (depicted in graph-7 and table-9) that caregivers often altered their communication style with the patients such as avoiding conversations with them, correcting their errors in speech immediately, and most of the caregivers often 'spoke for' the PWA which inturn affected their communication. Zraick and Boone (1991) observed modifications in communication behavior among caregivers of stroke patients with fluent aphasia. As PWA are slow in understanding and responding to speech it is recommended that the caregivers should wait for them to respond during conversation as they require more time to process information and formulate utterances.

Thus, caregiver's communication style was a variable that affected communication between caregiver and PWA. Results indicate that most of the caregivers altered their communication behavior with PWA which caused more problems and hence led to burden.

Table 9: Total and percentage scores of participants for Caregiver's communication style domain

Communication expectation Domain (G)		Q1	Q2	Q3	Q4	Q5	Q6
STRONGLY DISAGREE	NF	2 (8.7)	0 (0)	1 (4.3)	0 (0)	1 (4.3)	0 (0)
	F	0 (0)	0 (0)	2 (28.6)	0 (0)	0 (0)	0 (0)
DISAGREE	NF	17 (73.9)	3 (13)	12 (52.2)	3 (13)	5 (21.7)	3 (13)
	F	0 (0)	0 (0)	3 (42.9)	3 (42.9)	5 (71.4)	0 (0)
NEITHER AGREE NOR DISAGREE	NF	1 (4.3)	1 (4.3)	4 (17.4)	0 (0)	4 (17.4)	0 (0)
	F	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
AGREE	NF	2 (8.7)	16 (69.6)	6 (26.1)	14 (60.9)	12 (52.2)	13 (56.5)
	F	7 (100)	5 (71.4)	2 (28.6)	4 (57.1)	2 (28.6)	7 (100)
STRONGLY AGREE	NF	1 (4.3)	3 (13)	0 (0)	6 (26.1)	1 (4.3)	7 (30.4)
	F	0 (0)	2 (28.6)	0 (0)	0 (0)	0 (0)	0 (0)
TOTAL	NF	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)	23 (100%)
	F	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)	7 (100%)

In summary (shown in table-10), the responses of caregivers of PWNA and PWFA showed three domains to be affected, they were:

- Care-responsibility domain
- Communication expectation
- Caregiver communication style

Table-10 Responses of thirty caregivers for the seven domains

DOMAIN/ RESPONSE		**A**	B	C	**D**	**E**	**F**	**G**
STRONGLY DISAGREE	**NF**	20.28	20.10	13.91	14.78	21.73	9.56	2.89
	F	16.66	14.2	11.42	5.71	14.28	2.85	4.76
DISAGREE	**NF**	46.37	38.58	37.39	29.56	45.21	19.13	31.15
	F	52.38	44.64	34.28	22.85	68.57	8.57	26.19
NEITHER AGREE NOR DISAGREE	**NF**	10.86	8.15	11.30	10.43	5.21	4.34	7.24
	F	4.76	12.5	22.85	14.28	0	2.85	0
AGREE	**NF**	17.39	21.19	33.04	**39.13**	24.34	**46.95**	**45.65**
	F	23.80	14.28	2.0	**54.28**	17.14	**65.71**	**64.28**
STRONGLY AGREE	**NF**	5.072	11.95	4.34	6.08	3.47	20.0	13.04
	F	2.38	10.71	11.42	2.85	0	20.0	4.76

2. Responses of the caregivers across Gender

The comparison of responses of the male vs. female caregivers was carried out using Mann-Whitney Test and results did not show any significant difference in responses of the male caregivers versus female caregivers of both aphasia groups (fluent and non-fluent type) at 0.05 level of significance. This shows that the perception of burden by caregivers did not vary across gender. Male and female caregivers of persons with aphasia had similar views points related to this issue.

King and colleagues (2001) found that female caregivers were more likely to be depressed during the transition to home, but at six months post stroke, an increased amount of depression was seen in men. Other studies have found that women found more difficulty in caregiving than men and female caregivers have high levels of anxiety than males. (Hartke, 2002; Heuvel, Witte, Schure, Sanderman, & Jong, 2001). Thus the results of present study refute earlier studies and shows that there were no differences in perception of burden by caregivers of PWA across gender. This could be because the majority of the participants were females and male participants were less. Thus, the result could not account for the difference in response of caregivers across gender.

3. Responses of the caregivers across three age group

In order to know whether there is any significant difference between the responses of caregivers in three different age groups, the data was subjected to Kruskal- Wallis test at 0.05 significance levels. The results demonstrated no significance difference across the three age groups for caregivers of PWNA. As there were only few caregivers for PWFA in each age group, statistical test was not done and mean scores were considered for the comparison of responses among the three age groups and the results did not show any significant difference across three age groups.

The results show that the caregivers' attitude towards person with aphasia did not change in accordance with age of the caregiver. The possible reason for such a result could be that, numbers of participants under each age group were not sufficient enough to account for the difference. However these statements need to be generalized with caution and need further research.

4. Responses of the caregivers across relations

Responses of caregivers of PWNA and PWFA were compared across different relations such as mother, father, wife, husband, son, daughter, father-in-law, and daughter-in-law. The number of participants under each group was limited. Mean scores were considered for the comparison of responses among different relations. The comparison of responses of caregivers of both aphasia types i.e. fluent and non-fluent, across the relations did not show any significant difference. This could be because number of participants under each relation category was limited, so the results were not accountable for differences in response of caregivers across different relation.

Earlier studies on caregiving identified majority of women and spouses as caregivers of PWA (Hodgson, Wood, & Langton-Hewer, 1996) and wives had significantly more burden than other caregivers (Morimoto 2003). Some studies found that Spousal caregivers were more likely (than other family members) to maintain the caregiving role for longer periods of time, provide more comprehensive care, and are more likely to suffer negative emotional effects (Cohen, Colantonio, & Vernich, 2002). But, present study did not support the earlier findings and no difference was found in responses of caregivers across different relations.

Thus, in summary, the comparison of response of caregivers across age, gender and relations did not show any difference.

Chapter 6

Summary and Conclusion

The present study aimed at developing and administering a questionnaire to find the burden among caregivers of persons with aphasia. The questionnaire was based on existing questionnaire on caregiver's burden and reports from earlier studies. The questionnaire consisted of forty questions distributed in seven respective domains: psychosocial domain, emotional domain, personal relationship domain, care-responsibility domain, caregiver health related problems, communication expectation, and caregiver's communication style. The questionnaire was administered on thirty caregivers of aphasia. The responses were tabulated and subjected to statistical analysis using SPSS software (10.0 version).

Comparison of responses across the seven domains shows that the caregivers of PWNA and PWFA experienced problems mainly in the following three domains:

- Care-responsibility domain
- Communication expectation
- Caregiver communication style.

Thus it can be assumed from the results that the condition like aphasia can have a greater impact on the life of patient as well as their caregivers. A number of changes occur in their lives such as adjustments in their routine and life style, to meet the patient's requirements. Furthermore, it was also found that the communication difficulties due to aphasia often changed the way the caregivers communicated with PWA. They often made less attempts to communicate with the patient. Caregivers also had high communication expectation from PWA, thus when their performance did not meet the expectations, it caused burden for the caregivers. Hence keeping such factors in mind, a caregiver must be informed about the consequences of aphasia in their lives as well as the difficulties that will be experienced by PWA. Thus speech language pathologist's role is to educate the caregivers about the strategies that can be used to overcome problems in communicating with patient and to provide assistance in finding appropriate solution to such problems.

To conclude, the present study highlighted on issues related to burden faced by caregivers of persons with aphasia. Burden was found to be more due to increased responsibilities on caregivers towards patient and family, their altered communication style with PWA and high communication expectations from them. Hence these factors should be addressed when planning for a rehabilitation program for such patients.

Implication of the study

The present study has shown the factors that could be the cause for burden among caregivers of PWA. These factors should be considered when counseling the family members of PWA. The caregiver should be informed of the coping strategies that could be used. Also they should be encouraged to form self help groups (SHG). This will help them to share their problems with people who have similar problems and thus would help in reducing stress which in turn will improve their quality of life.

Limitations of the study

1. As the number of subjects under each relation category and age group was limited, the results should be generalized with caution.
2. Number of caregivers of persons with fluent aphasia was limited. If both groups had equal number of subjects, comparisons would have been better.

Future directions

A more controlled study should be done with more number of participants to probe into the differences in perception of burden across relation and gender. Research should also be conducted to find out whether educating and training caregivers will help in reducing such burden.

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APPENDIX- I

Questionnaire

Instructions: Please circle one among 'a, b, c, d, e' which you feel most appropriate. Feel free to add on information if you want.
Name:
Age/Sex:
Relation with person with aphasia:

A. PSYCHOSOCIAL DOMAIN

1. Do you feel that his/her present condition has adversely affected your current relationship with your family members or friends?
   a. Strongly agree
   b. Agree
   a. Neither agree nor disagree
   b. Disagree
   c. Strongly disagree

2. Do you feel strained to go out with him/her, as you have to be more careful towards him?
   c. Strongly agree
   d. Agree
   d. Neither agree nor disagree
   e. Disagree
   f. Strongly disagree

3. Do you avoid meetings with your relatives/ friends, as he/she finds such meetings uncomfortable, due to his difficulties in communication?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree.

4. Do you feel that your social life has affected because you have to pay more attention towards him?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

5. Do you get embarrassed at public meetings (like at neighbors house), as he/she is not responding appropriately to the conversations, unable to ask or answer questions etc?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree

e. Strongly disagree

6. Do you find difficult to seek support or help from family members or professionals?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

B. EMOTIONAL DOMAIN

1. Do you feel angry when you are with him/her?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

2. Do you feel guilty about the interaction with him/her?

    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

3. Do you feel nervous/depressed because of his/her condition?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

4. Do you feel overwhelmed thinking of consequences of his/her problem like financial problems or concerns about any other problems?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

5. Do you feel that you are not able to take care of him/her?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

6. Do you feel you don't do as much for him/her, as you must or should do?
    a. Strongly agree
    b. Agree

5. Do you feel you are unable to look after your children /other family members due to his/her condition?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

D. CARE RESPONSIBILITY DOMAIN

1. Do you feel stressed between caring for him/her & trying to meet other responsibilities (work/family)?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

2. Do you feel care taking for him/her is a physical strain (e.g. lifting him/her in/out of a chair; effort or patience that is required)?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

3. Do you feel that you are better person to take care of him/her, as you know/understand his/her problem/needs better than anyone in the family?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

4. Do you feel, more than you, someone else in family should be caring more for him/her?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

5. Do you feel there have been adjustments in your routine, as you had to take care of him/her (like visit to doctors, SLPs & physio/occupational therapists)?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

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Age/Sex:

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   b. Disagree
   c. Strongly disagree

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   d. Agree
   d. Neither agree nor disagree
   e. Disagree
   f. Strongly disagree

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6. Do you find difficult to seek support or help from family members or professionals?
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   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

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2. Do you feel guilty about the interaction with him/her?

   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

3. Do you feel nervous/depressed because of his/her condition?
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   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

4. Do you feel overwhelmed thinking of consequences of his/her problem like financial problems or concerns about any other problems?
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   d. Disagree
   e. Strongly disagree

5. Do you feel that you are not able to take care of him/her?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

6. Do you feel you don't do as much for him/her, as you must or should do?
   a. Strongly agree
   b. Agree

   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

7. Do you feel that you have lost control of your life and it's not the same way as you wished, due his/her illness?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

8. Do you feel lonely/ isolated due to his/her problem?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

C.PERSONAL RELATIONSHIP DOMAIN

1. Do you feel you don't have as much privacy as you would like because of him/her?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

2. Do you feel that he/she doesn't appreciate what you do for him/her, as much you would like?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

3. Do you feel difficult to share your worries, needs, decisions and problems with him/her?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

4. Do you feel your relative gets impatient and frustrated, which makes you impatient, thus affecting your relationship?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

5. Do you feel you are unable to look after your children /other family members due to his/her condition?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

D. CARE RESPONSIBILITY DOMAIN

1. Do you feel stressed between caring for him/her & trying to meet other responsibilities (work/family)?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

2. Do you feel care taking for him/her is a physical strain (e.g. lifting him/her in/out of a chair; effort or patience that is required)?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

3. Do you feel that you are better person to take care of him/her, as you know/understand his/her problem/needs better than anyone in the family?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

4. Do you feel, more than you, someone else in family should be caring more for him/her?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

5. Do you feel there have been adjustments in your routine, as you had to take care of him/her (like visit to doctors, SLPs & physio/occupational therapists)?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

E. CAREGIVER HEALTH RELATED PROBLEMS

1. Do you feel that your health has suffered because of him/her?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

2. Do you feel you are unable to go for your regular health checkups as you have to take him/her for those checkups in priority?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

3. Dou you feel more tired and exhausted through out the day as you have to take care of him/her?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

4. Do you feel your blood pressure has increased, as you get hypertension, anger more often than before?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

5. Do you forget or avoid having meals at times due to care responsibility towards your relative or family?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

F. COMMUNICATION EXPECTATION

1. Do you expect him/her to communicate using speech?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

2. Do you expect him/her to communicate using non-speech mode (gestures/writing)?

a. Strongly agree
b. Agree
c. Neither agree nor disagree
d. Disagree
e. Strongly disagree

3. Do you expect him/her to communicate using combination of speech and gestures?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

4. Do you expect him/her to understand the conversations and questions asked to him?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

5. Do you feel your relative is slow in understanding and responding?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

G. CAREGIVER'S COMMUNICATION STYLE

1. Do you speak less to him/her as he/she doesn't seem to understand the conversation?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

2. Do you speak for him/her as he is slow in understanding and responding?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

3. Do you yell louder at him/her sometimes, as he/she doesn't respond to your questions, the first time you ask?
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree

    e. Strongly disagree

4. Do you often correct his/her speech errors immediately?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

5. Do you with hold objects until he/she says their names, hoping to force him/her to maintain his/her vocabulary?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

6. Do you wait for your relative to respond, during conversation?
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree

Thank you.

APPENDIX- II

NAME:
AGE/SEX:
RELATION WITH CLIENT:
P.D:

1) രോഗിയുടെ ഇപ്പോൾ ഉള്ള അവസ്ഥ നിങ്ങളുടെ കുടുംബാംഗങ്ങളും/ സുഹൃത്തുക്കളുമായുള്ള ബന്ധത്തെ മോശമായി ബാധിച്ചിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

2) നിങ്ങൾ രോഗിക്കു കൂടുതൽ ശ്രദ്ധ കൊടുകേണ്ടതിനാൽ അവരോടൊപ്പം പുറത്തു പോകുവാൻ ബുദ്ധിമുട്ട് അനുഭവപ്പെടാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

3) ആശയ വിനിമയത്തിനുള്ള രോഗിയുടെ ബുദ്ധിമുട്ട് മൂലം

ബന്ധുക്കളും, സുഹ്രത്തുക്കളുമായുള്ള കൂടികാഴ്ച നിങ്ങൾ ഒഴിവാക്കാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

4) നിങ്ങൾ രോഗിക്കു കൂടുതൽ ശ്രദ്ധ കൊടുക്കേണ്ടതിനാൽ, നിങ്ങളുടെ സാമൂഹിക ഇടപെടലുകളിൽ കോട്ടം സംഭവിച്ചതായി

തോന്നാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല

- തീർത്തും സമ്മതിക്കുന്നില്ല

5) രോഗി ശരിയായി സംസാരിക്കുന്നില്ല അല്ല എങ്കിൽ ശരിയായി ചോദ്യം ചോദിക്കുകയും ഉത്തരം പറയുകയും ചെയ്യുന്നില്ല എന്നത് നിങ്ങൾക്ക് പൊതുസ്ഥലങ്ങളിൽ കുഴപ്പമായി തോന്നാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

6) ബന്ധു മിത്രാദികളിൽ നിന്ന് സഹായം ലഭിക്കുവാൻ ബുദ്ധിമുട്ട് അനുഭവപ്പെട്ടിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

Part-B

1) രോഗിയോടൊപ്പമുള്ള സന്ദർഭങ്ങളിൽ നിങ്ങൾക്ക് ദേഷ്യം അനുഭവപ്പെടാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

2) രോഗിയോടുള്ള സമീപനത്തിൽ നിങ്ങൾക്ക് അസഹ്യത അനുഭവ്പ്പെടാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

3) രോഗിയുടെ അവസ്ഥയിൽ നിങ്ങൾ ദു:ഖിതരാണോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

4) രോഗിയുടെ അസുഖം മൂലം ഉണ്ടാകുന്ന സാബത്തികവും അല്ലാത്തതുമായ പരാധീനതകളിൽ നിങ്ങൾ ആകുലരാണോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

5) നിങ്ങൾക്ക് രോഗിയെ സംര്ക്ഷികാൻ കഴിയാതെ വരുമെന്ന് തോന്നാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

6) നിങ്ങൾക്ക് രോഗിക്കുവേണ്ടി ചെയ്യാൻ പററുന്ന അത്രയും രോഗിയോട് ചെയ്യാതിരുന്നു എന്ന് തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

7) രോഗിയുടെ രോഗാവസ്ഥ മൂലം നിങ്ങളുടെ ജീവിതശൈലിക്ക്, നിങ്ങൾ വിചാരിച്ചിരുന്നതിൽ നിന്നും മാററം വന്നു എന്ന് നിങ്ങൾക്ക് തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

8) രോഗിയുടെ രോഗാവസ്ഥ മൂലം നിങ്ങൾ ഒററപ്പെട്ടതായി തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

Part-C

1) നിങ്ങൾ ആഗ്രഹിച്ച സ്വകാര്യത രോഗി മൂലം നഷ്ടപ്പെട്ടെന്നു തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

2) രോഗി നിങ്ങൾ ചെയ്യുന്നതിന് വേണ്ടതു പോലെ വുകള്താറുണ്ടെന്ന് തോന്നാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

3) നിങ്ങളുടെ വിഷമങ്ങളും ആവശ്യങ്ങളും തീരുമാനങ്ങളും പ്രശ്നങ്ങളും, രോഗിയുമായി പന്കുവയ്ക്കുന്നതിൽ ബുദ്ധിമുട്ട് അനുഭവപ്പടാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

4) നിങ്ങളുടെ ബന്ധുമിത്രാദികൾ ക്ഷമയില്ലാത്തവരും ദേഷ്യപ്പെടുന്നവരും
ആയതു കൊണ്ട് നിങ്ങൾ അക്ഷമരായിപ്പോകുന്നു വെന്നും നിങ്ങൾക്ക് തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

5) രോഗിയുടെ അവസ്ഥ മൂലം നിങ്ങൾക്ക് കുട്ടികളെയും ബന്ധുമിത്രാദികളെയും പരിചരിക്കാൻ സാധിക്കാതെ വന്നിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

Part-D

1) ഒരേ സമയം രോഗിയെ പരിചരിക്കുന്നതിനും നിങ്ങളുടെ ജോലികൾ ചെയ്യുന്നതിനും ബുദ്ധിമുട്ട് അനുഭവപ്പടാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

2) രോഗിയെ പരിചരിക്കുന്നത് ഒരു ശാരീരിക ബുദ്ധിമുട്ടായി അനുഭവപ്പടാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

3) രോഗിയെ ശരിയായി മനസ്സിലാക്കുവാന് കഴിയുന്നതിനാൽ നിങ്ങളാണ് രോഗിയെ പരിചരിക്കുവാന് യോജിച്ചത് എന്ന് കരുതുന്നുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

4) നിങ്ങളെക്കാളധികം നിങ്ങളുടെ കുടുംബത്തിലുള്ള ആരെങ്കിലും രോഗിയെ പരിചരിക്കണമെന്ന് നിങ്ങൾക്ക് തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

5) രോഗിയെ പരിചരിക്കുന്നതു മൂലം നിങ്ങളുടെ ജീവിതചര്യയില് എന്തെങ്കിലും വ്യത്യസം വരുത്തേണ്ടതായി തോന്നിയിടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

Part-E

1) രോഗിയെ പരിചരിക്കുന്നതു നിങ്ങളുടെ അരോഗ്യത്തെ ബാധിച്ചിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

2) രോഗിയുടെ അരോഗ്യ പരിശോധനയ്ക്ക് മുൻഗണന കൊടുക്കേണ്ടതിനാൽ നിങ്ങളുടെ ആരോഗ്യപരിശോധന ക്രമമായി നടത്തുവാൻ കഴിയാതെ വരുന്നതായി തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

3) രോഗിയെ പരിചരിക്കുന്നതു മൂലം ക്ഷീണിതആയി/ ക്ഷീണിതനായി തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

4) നിങ്ങൾക്കു മുൻപ് ഉണ്ടായിരുന്നതിനേക്കാൾ മാനസികപിരിമുറക്കവും ദേഷ്യവും ഉള്ളതിനാൽ, നിങ്ങളുടെ രക്തസമ്മർദം വർദിക്കുന്നതായി തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

5) രോഗിയോടുള്ള ഉത്തരവാദിത്വം മൂലം നിങ്ങളുടെ ഭക്ഷണക്രമത്തില് മാറ്റം വരുത്തേണ്ടി വരുന്നതായി തോന്നിയിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

Part-F

1) രോഗിയ്ക്കു സംസാരത്തിലൂടെ ആശയവിനിമയം നടത്തുവാൻ സാധിക്കുമെന്ന് നിങ്ങൾ പ്രതീക്ഷിക്കുന്നുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

2) രോഗിയ്ക്കു ആംഗ്യത്തിലൂടെ ആശയവിനിമയം നടത്തുവാൻ സാധിക്കുമെന്ന് നിങ്ങൾ പ്രതീക്ഷിക്കുന്നുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

3) രോഗി സംസാരത്തോടൊപ്പം ആംഗ്യവും ഉപയോഗിച്ച്
ആശയവിനിമയം നടത്തുവാൻ സാധിക്കുമെന്ന് നിങ്ങൾ പ്രതീക്ഷിക്കുന്നുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

4) രോഗിയുമായുള്ള സംഭാഷണം പൂർണ്ണമായി മനസ്സിലാക്കുവാൻ
അവർക്കു കഴിയുമെന്ന് നിങ്ങൾ കരുതുന്നുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

5) സംഭാഷണം മനസ്സിലാക്കുന്നതിനും അവയോടു പ്രതികരിക്കുന്നതിനും രോഗിയ്ക്കു താമസം നേരിടുന്നതായി നിങ്ങൾക്കു തോന്നുന്നുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

Part-G

1) രോഗിയ്ക്കു സംഭാഷണം മനസ്സിലാക്കുവാൻ ബുദ്ധിമുട്ട് നേരിടുന്നതു മുലം നിങ്ങൾ അവരോടുള്ള സംഭാഷണം കുറച്ചിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

2) രോഗിക്കുവേണ്ടി നിങ്ങൾ സംസാരിക്കാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

3) നിങ്ങളുടെ സംസാരത്തോട് രോഗി പ്രതികരിക്കാതെ വരുമ്പോൾ നിങ്ങൾ ഉച്ചത്തിൽ സംസാരിക്കുവാൻ ശ്രമിക്കാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

4) രോഗിടെ സംസാരത്തിലെ അപാകതകൾ നിങ്ങൾ തിരുത്തുവാൻ ശ്രമിക്കാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

5) രോഗി ഒരു വസ്തുവിന്റെ പേരു പറയുന്നതു വരെ അതു അവർക് നൽകാതിരുന്നിട്ടുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

6) സംഭാഷണതിനിടയിൽ രോഗിയുടെ മറുപടിക്കായി നിങ്ങൾ കാത്തിരിക്കാറുണ്ടോ?

- തീർച്ചയായും സമ്മതിക്കുന്നു
- സമ്മതിക്കുന്നു
- അഭിപ്രായമില്ല
- സമ്മതിക്കുന്നില്ല
- തീർത്തും സമ്മതിക്കുന്നില്ല

APPENDIX-III

DOMAIN- A

1) ಅವರ ಈಗಿನ ಸ್ಥಿತಿಯು ನಿಮ್ಮ ಸಂಬಂಧಿಕರ ಮತ್ತು ನಿಮ್ಮ ಸ್ನೇಹಿತರ ಸಂಬಂಧದ ಮೇಲೆ ದುಷ್ಪರಿಣಾಮ ಬೀರಿದೆಯೆಂದು ನಿಮಗೆ ಅನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

2) ಅವರ ಕಡೆ ಹೆಚ್ಚು ಗಮನ ಕೊಡಬೇಕಾದ್ದರಿಂದ ಅವರನ್ನು ಹೊರಗೆ ಕರೆದುಕೊಂಡು ಹೋಗಲು ನಿಮಗೆ ಆಯಾಸವೆನ್ನಿಸುತ್ತದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

3) ಅವರಿಗೆ ಸಂಪರ್ಕಿಸುವುದರಲ್ಲಿ ಕಷ್ಟವಿರುವುದರಿಂದ ನೀವು ಸಹ ನಿಮ್ಮ ಸ್ನೇಹಿತರ ಹಾಗೂ ಸಂಬಂಧಿಕರ ಜೊತೆ ಭೇಟಿಮಾಡುವುದನ್ನು ತಪ್ಪಿಸುತ್ತೀರ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

4) ಅವರ ಕಡೆ ಹೆಚ್ಚಿನ ಗಮನ ನೀಡಬೇಕಾದ್ದರಿಂದ, ನಿಮ್ಮ ಸಾಮಾಜಿಕ ಸಂಭಾಷಣೆಯ ಮೇಲೆ ದುಷ್ಪರಿಣಾಮ ಬೀರಿದೆಯೆಂದು ನಿಮಗೆ ಅನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ಅವರಿಗೆ ಸಂಭಾಷಣೆ ನಡೆಸಲು ಸಾಧ್ಯವಾಗದ್ದರಿಂದ ಮತ್ತು ಪ್ರಶ್ನೆ ಕೇಳುವ ಹಾಗೂ ಉತ್ತರಿಸುವ ಸಾಮರ್ಥ್ಯ ಕುಂದಿರುವುದರಿಂದ ಸಾಮಾಜಿಕ ಚಟುವಟಿಕೆಗಳಲ್ಲಿ ಭಾಗಿಯಾಗಲು ನಿಮಗೆ ಅವಮಾನವಾಗುತ್ತದೆಯೋ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಈ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

6) ನಿಮ್ಮ ಕುಟುಂಬದವರಿಂದ ಸಹಾಯವನ್ನು ಕೊಡಲು ನಿಮಗೆ ಕಷ್ಟವಾಗುತ್ತದೆಯೋ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

DOMAIN-B

1) ಅವನ/ಅವಳ ಜೊತೆ ಇರಬೇಕಾದರೆ ನಿಮಗೆ ಕೋಪಬರುತ್ತದೆಯೋ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

2) ನಿಮಗೆ ಅವನ /ಅವಳ ಜೊತೆ ಬರೆಯಲು ಹಿಂಜರಿಕೆ ಉಂಟಾಗುತ್ತದೆಯೋ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

3) ಇವರ ಈ ಸ್ಥಿತಿಯಿಂದ ನಿಮಗೆ ಬಹಳ ಬೇಜಾರು ಅಥವಾ ಆತಂಕ ಆಗಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

4) ನೀವು ಯಾವಾಗಲೂ ಅವರ ಹಣಕಾಸು ಅಥವಾ ಇನ್ನಿತರ ತೊಂದರೆಗಳ ಬಗ್ಗೆ ಚಿಂತಿಸುತ್ತಿರುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ಅವನನ್ನು/ಅವಳನ್ನು ಸರಿಯಾಗಿ ನೋಡಿಕೊಳ್ಳಲಾಗುತ್ತಿಲ್ಲ ಎಂದು ನಿಮಗೆ ಅನ್ನಿಸುತ್ತದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

6) ನೀವು ಅವನಿಗೆ/ಅವಳಿಗೆ ಎಷ್ಟು ಮಾಡಬೇಕೋ ಅಷ್ಟನ್ನು ಮಾಡಲಾಗುತ್ತಿಲ್ಲ ಎಂದು ಅನ್ನಿಸುತ್ತದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

7) ಅವನ/ಅವಳ ಈ ತೊಂದರೆಯಿಂದ ನಿಮ್ಮ ಜೀವನ ಶೈಲಿಯು ಬದಲಾಗಿದೆ ಹಾಗೂ ನೀವು ಅಂದುಕೊಂಡ ಹಾಗೆ ಇಲ್ಲ ಎಂದು ಅನಿಸುತ್ತದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

8) ಅವನ/ಅವಳ ಈ ತೊಂದರೆಯಿಂದ ನೀವು ಒಂಟಿಯಾಗಿದ್ದೀರ? ಬೇರ್ಪಟ್ಟಿದ್ದೀರ ಎಂದು ಅನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

DOMAIN -C.

1) ಅವನ/ಅವಳ ಈ ತೊಂದರೆಯಿಂದ ನಿಮ್ಮ ಏಕಾಂತಕ್ಕೆ ಅಡ್ಡಿಯಾಗಿದೆಯೆಂದು ನಿಮಗೆ ಅನಿಸುತ್ತದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

2) ನೀವು ಅವರಿಗಾಗಿ ಮಾಡುವ ಸಹಾಯಕ್ಕೆ ಅವರಿಂದ ನೀವು ಬಯಸಿದಷ್ಟು ಮೆಚ್ಚುಗೆ ಸಿಗುವುದಿಲ್ಲ ಎಂಬುದು ನಿಮ್ಮ ಅನಿಸಿಕೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

3) ಅವನ/ಅವಳ ಯೋಚನೆಗಳನ್ನು, ಅವಶ್ಯಕತೆಗಳನ್ನು, ನಿರ್ಣಯಗಳನ್ನು ಹಾಗೂ ತೊಂದರೆಗಳನ್ನು ಹಂಚಿಕೊಳ್ಳಲು ಕಷ್ಟವಾಗುತ್ತಿದೆ ಎಂದು ಅನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

4) ನಿಮ್ಮ ಸಂಬಂಧಿಕರು ಉದ್ವೇಗಗೊಂಡು ಕೋಪಗೊಳ್ಳುವುದರಿಂದ ನಿಮಗು ಕೋಪ ಉಂಟಾಗಿ ಇದರಿಂದ ನಿಮ್ಮ ಸಂಬಂಧದ ಮೇಲೆ ದುಷ್ಪರಿಣಾಮ ಬೀರುತ್ತಿದೆಯೆಂದು ನೀವು ನಂಬುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ಅವರ ಈ ತೊಂದರೆಯ ಕಾರಣವಾಗಿ ನಿಮಗೆ ನಿಮ್ಮ ಮಕ್ಕಳನ್ನು ಹಾಗೂ ಕುಟುಂಬದ ಇತರರನ್ನು ನೋಡಿಕೊಳ್ಳಲು ಸಾಧ್ಯವಾಗುತ್ತಿಲ್ಲ ಎಂದೆನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

DOMAIN-D

1) ಅವರನ್ನು ನೋಡಿಕೊಂಡು ಜೊತೆಗೆ ನಿಮ್ಮ ಕೆಲಸವನ್ನು (ಮನೆ/ಕೆಲಸ) ನಿರ್ವಹಿಸಲು ಕಷ್ಟವಾಗುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

2) ಅವರನ್ನು ನೋಡಿಕೊಳ್ಳುವುದು ನಿಮಗೆ ದೈಹಿಕ ನಿಶ್ಯಕ್ತಿಯುಂಟುಮಾಡುತ್ತದೆ ಎಂಬುದು ನಿಮ್ಮ ಅನಿಸಿಕೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

3) ಅವರ ಕಷ್ಟಗಳನ್ನು ಹಾಗೂ ಅವಶ್ಯಕತೆಗಳನ್ನು ನೀವು ಹೆಚ್ಚು ಉತ್ತಮವಾಗಿ ಅರ್ಥಮಾಡಿಕೊಳ್ಳುವುದರಿಂದ. ಅವರನ್ನು ನೋಡಿಕೊಳ್ಳಲು, ಅವರ ಕುಟುಂಬದವರಿಗಿಂತ ನೀವೇ ಉತ್ತಮ ಎಂಬುದು ನಿಮ್ಮ ನಿಲುವೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

4) ನಿಮಗಿಂತ ನಿಮ್ಮ ಪರಿವಾರದ ಇತರರು ಅವನ/ಅವಳ ಬಗ್ಗೆ ಕಾಳಜಿವಹಿಸಬೇಕೆಂದು ನಿಮ್ಮ ಅಭಿಪ್ರಾಯವೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ನಿಮಗಿಂತ ನಿಮ್ಮ ಪರಿವಾರದ ಇತರರು ಅವನ/ಅವಳ ಬಗ್ಗೆ ಕಾಳಜಿವಹಿಸಬೇಕೆಂದು ನಿಮ್ಮ ಅಭಿಪ್ರಾಯವೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

DOMAIN-E

1) ಇವರನ್ನು ನೋಡಿಕೊಳ್ಳುವುದರಿಂದ ನಿಮ್ಮ ದಿನಚರಿಯಲ್ಲಿ ಹೆಚ್ಚಿನ ಹೊಂದಾಣಿಕೆಗಳನ್ನು ಅಥವಾ ಮಾರ್ಪಾಟುಗಳನ್ನು ಮಾಡಬೇಕಾಗಿದೆ ಎಂದೆನಿಸುತ್ತದೆಯೇ?

(ಉದಾ: ಅವರನ್ನು ಡಾಕ್ಟರ್, ವಾಕ್ ಭಾಷಾ ತಜ್ಞರು ಹಾಗೂ ಫಿಸಿಯೋಥೆರಪಿಸ್ಟ್ ಹತ್ತಿರ ಕರೆದುಕೊಂಡು ಹೋಗಬೇಕಾದಾಗ_________.)

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

2) ಅವನ/ಅವಳಿಂದ ನಿಮ್ಮ ಆರೋಗ್ಯವು ಬಳಲುತ್ತಿದೆ ಎಂದು ಅನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

3) ಅವನು/ಅವಳ ಆರೋಗ್ಯದ ಕಡೆಗೆ ಹೆಚ್ಚು ಪ್ರಾಮುಖ್ಯತೆ ಕೊಡಬೇಕಾದ್ದರಿಂದ, ನೀವು ನಿಮ್ಮ ಆರೋಗ್ಯದ ಪರೀಕ್ಷೆಗೆ ನಿಯಮಿತವಾಗಿ ಹೋಗಲಾಗುವುದಿಲ್ಲ ಎಂದೆನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

4) ಅವನ/ಅವಳ ಕಡೆ ಕಾಳಜಿ ವಹಿಸಬೇಕಾದ್ದರಿಂದ ನಿಮಗೆ ಮೊದಲಿಗಿಂತ ತುಂಬ ಸುಸ್ತು ಆಗುತ್ತಿದೆ ಎಂದು ಅನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ನಿಮಗೆ ಮೊದಲಿಗಿಂತ ಕೋಪ ಮತ್ತು ಉದ್ವೇಗ ಹೆಚ್ಚಾಗಿರುವುದರಿಂದ ನಿಮ್ಮ ರಕ್ತದೊತ್ತಡ ಜಾಸ್ತಿಯಾಗಿದೆ ಎಂದು ಅನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ನಿಮ್ಮ ಸಂಬಂಧಿಕರು ಹಾಗು ನಿಮ್ಮ ಪರಿವಾರದವರನ್ನು ನೋಡಿಕೊಳ್ಳುವ ಜವಾಬ್ದಾರಿ ಇರುವುದರಿಂದ ಕೆಲವು ಬಾರಿ ನೀವು ಊಟ ಮಾಡುವುದನ್ನು ಮರೆತಿದ್ದೀರಾ ಅಥವಾ ಬಿಟ್ಟಿದ್ದೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

DOMAIN-F

1) ನೀವು ಅವನು/ಅವಳು ಮಾತನ್ನು ಉಪಯೋಗಿಸಿ ಸಂಪರ್ಕಿಸಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

2) ಅವನು/ಅವಳು ಸನ್ನೆಯ ಮುಖಾಂತರ ಸಂಪರ್ಕಿಸಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

2) ಅವನು/ಅವಳು ಅರ್ಥಮಾಡಿಕೊಂಡು ಪ್ರತಿಕ್ರಿಯಿಸುವುದರಲ್ಲಿ ನಿಧಾನ ಮಾಡುವುದರಿಂದ ನೀವು ಅವರ ಬದಲಾಗಿ ಮಾತನಾಡುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

3) ಅವನು/ಅವಳನ್ನು ನೀವು ಮೊದಲನೆಯ ಬಾರಿ ಪ್ರಶ್ನಿಸಿದಾಗ ಅವರು ಪ್ರತಿಕ್ರಿಯಿಸದಿದ್ದಾಗ ನೀವು ಕೆಲವು ಬಾರಿ ನಿಮ್ಮ ಧ್ವನಿಯನ್ನು ಜೋರು ಮಾಡುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

4) ಅವನು/ಅವಳು ಮಾತನಾಡುವಾಗ ಮಾಡುವ ಮಾತಿನ ತೊಂದರೆಯನ್ನು ನೀವು ಮಾತಿನ ತೊಂದರೆಯನ್ನು ನೀವು ತಕ್ಷಣ ತಿದ್ದುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ಅವರಿಗೆ ತೋರಿಸಿದ ವಸ್ತುಗಳನ್ನು ಅವರು ಹೆಸರಿಸುತ್ತಾರೆ ಎಂಬ ನಂಬಿಕೆಯಿಂದ ವಸ್ತುಗಳನ್ನು ಹೆಸರಿಸಲು ನೀವು ಒತ್ತಾಯಮಾಡುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

6) ಸಂಭಾಷಣೆ ಮಾಡುವಾಗ ಅವನು/ಅವಳು ಪ್ರತಿಕ್ರಿಯಿಸಲಿ ಎಂದು ನೀವು ಕಾಯುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬಿದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ನಿಮಗೆ ಮೊದಲಿಗಿಂತ ಕೋಪ ಮತ್ತು ಉದ್ವೇಗ ಹೆಚ್ಚಾಗಿರುವುದರಿಂದ ನಿಮ್ಮ ರಕ್ತದೊತ್ತಡ ಜಾಸ್ತಿಯಾಗಿದೆ ಎಂದು ಅನಿಸುತ್ತಿದೆಯೋ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ನಿಮ್ಮ ಸಂಬಂಧಿಕರು ಹಾಗು ನಿಮ್ಮ ಪರಿವಾರದವರನ್ನು ನೋಡಿಕೊಳ್ಳುವ ಜವಾಬ್ದಾರಿ ಇರುವುದರಿಂದ ಕೆಲವು ಬಾರಿ ನೀವು ಊಟ ಮಾಡುವುದನ್ನು ಮರೆತಿದ್ದೀರಾ ಅಥವಾ ಬಿಟ್ಟಿದ್ದೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

DOMAIN-F

1) ನೀವು ಅವನು/ಅವಳು ಮಾತನ್ನು ಉಪಯೋಗಿಸಿ ಸಂಪರ್ಕಿಸಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

2) ಅವನು/ಅವಳು ಸನ್ನೆಯ ಮುಖಾಂತರ ಸಂಪರ್ಕಿಸಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

3) ಅವನು/ಅವಳು ಮಾತು ಮತ್ತು ಸನ್ನೆ ಎರಡರ ಮುಖಾಂತರ ಸಂಪರ್ಕಿಸಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

4) ಅವನು/ಅವಳಿಗೆ ಕೇಳಿದ ಪ್ರಶ್ನೆಯನ್ನು ಮತ್ತು ಸಂಭಾಷಣೆಯನ್ನು ಅರ್ಥಮಾಡಿಕೊಳ್ಳಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

5) ನಿಮ್ಮ ಸಂಬಂಧಿಕರು ನಿಮ್ಮ ಸಂಭಾಷಣೆಯನ್ನು ನಿಧಾನವಾಗಿ ಅರ್ಥಮಾಡಿಕೊಳ್ಳುತ್ತಾರೆ ಎಂದು ನಿಮಗೆ ಅನಿಸುತ್ತಿದೆಯೇ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ

ಬಿ) ನಂಬುತ್ತೇನೆ

ಸಿ) ನಂಬುವುದಿಲ್ಲ ನಂಬದೆಯೂ ಇರುವುದಿಲ್ಲ

ಡಿ) ನಂಬುವುದಿಲ್ಲ

ಇ) ಬಹಳವಾಗಿ ನಂಬುವುದಿಲ್ಲ.

DOMAIN-G

1) ನಿಮ್ಮ ಸಂಭಾಷಣೆಯನ್ನು ಅವನು/ಅವಳು ಅರ್ಥಮಾಡಿಕೊಳ್ಳದಿರುವುದರಿಂದ ನೀವು ಅವನ/ಅವಳ ಜೊತೆ ಕಡಿಮೆ ಮಾತಾಡುತ್ತೀರಾ?

ಎ) ಬಹಳವಾಗಿ ನಂಬುತ್ತೇನೆ