# ADAPTATION AND VALIDATION OF OVERALL ASSESSMENT OF SPEAKER'S EXPERIENCE OF STUTTERING - ADULT IN MALAYALAM LANGUAGE (OASES-A-M)

**HIBA SHERIN**

**20SLP021**

A Dissertation Submitted in Part Fulfillment of the Degree of

Master of Science (Speech-Language Pathology),

University Of Mysore

Mysuru

ALL INDIA INSTITUTE OF SPEECH AND HEARING,

MANASAGANGOTHRI,

MYSURU – 570006

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## CERTIFICATE

This is to certify that this dissertation entitled "**Adaptation and Validation of Overall Assessment of the Speaker's Experience of Stuttering - Adult in Malayalam Language (OASES-A-M)**" is a bonafide work submitted in part fulfillment for the degree of Master of Science (Speech-Language Pathology) of the student Registration Number: 20SLP021. 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.

Mysuru

August, 2022

**Dr. M. Pushpavathi**

**Director**

All India Institute of Speech and Hearing

Manasagangothri, Mysuru - 570006

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Mysuru

August, 2022

**Dr. Sangeetha Mahesh**

**Guide**

Associate Professor and Head

Department of Clinical Services

All India Institute of Speech and Hearing

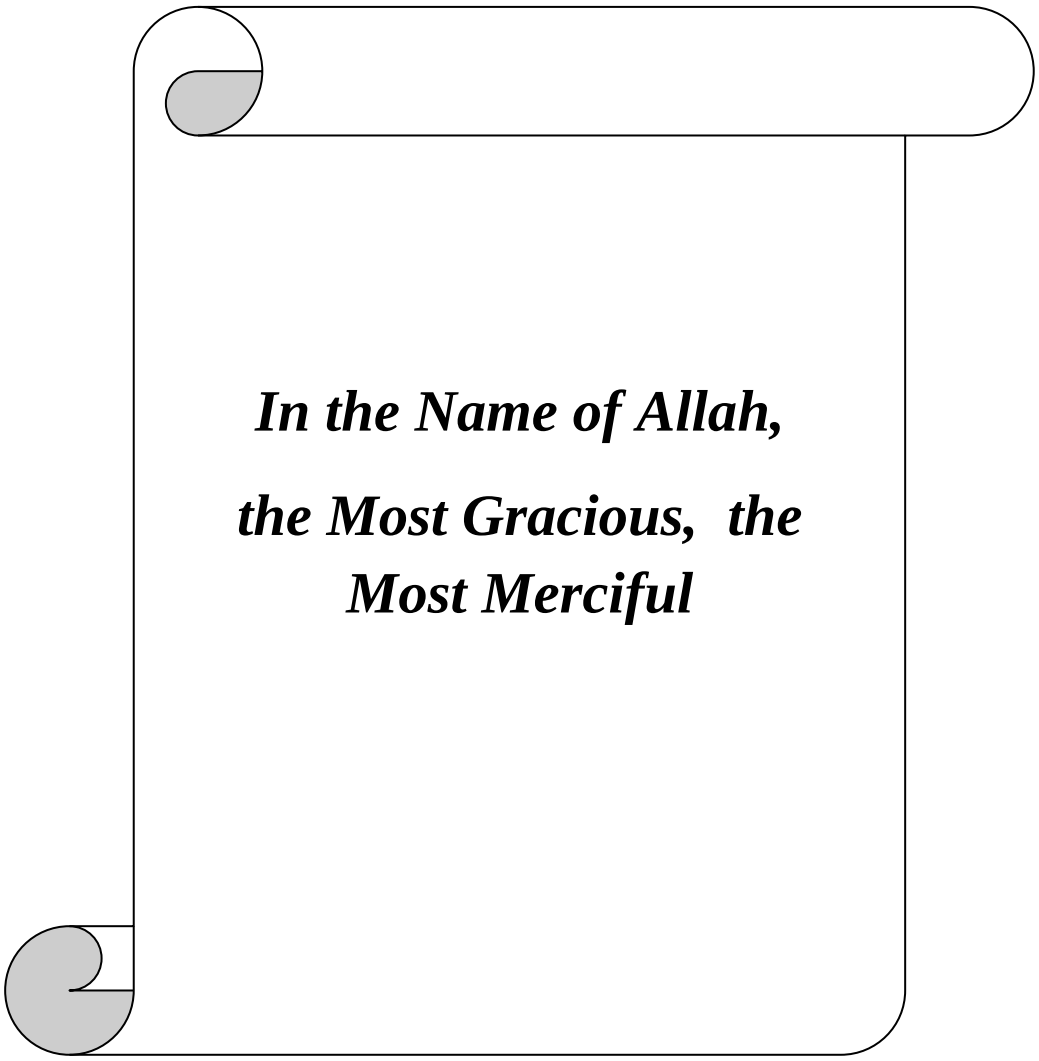
Manasagangothri, Mysuru-570006

## DECLARATION

This is to certify that this dissertation entitled "**Adaptation and Validation of Overall Assessment of the Speaker's Experience of Stuttering-Adult in Malayalam Language (OASES-A-M)**" is the result of my own study under the guidance of Dr. Sangeetha Mahesh, Associate Professor and Head, Department of Clinical Services, All India Institute of Speech and Hearing, Mysuru, and has not been submitted earlier to any other University for the award of any other Diploma or Degree.

Mysuru, **Registration No: 20SLP021**

August, 2022


*In the Name of Allah,*
*the Most Gracious, the Most Merciful*

***Dedicated to my dear***
***FAZIL IKKA and beloved***
***UMMA and UPPA***

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# CHAPTER I

## INTRODUCTION

Stuttering is a speech disturbance that involves involuntary repetitions or prolongations of words or syllables, as well as involuntary disruptions in speech flow, termed blocks (Bloodstein & Bernstein Ratner., 2008). Repetitions, prolongations, and blocks are the overt characteristics of stuttering. The covert features include feelings and reactions towards stuttering, which would be hopelessness, isolation, anxiety, fear, guilt, shame, denial, etc. The emotional responses that the Persons Who Stutter (PWS) experience increase over time and these reactions can significantly impact on their autonomy, psychological processes, and life quality. Fear, humiliation, stress, embarrassment, and even social anxiety are common affective issues for PWS (Blumgart et al., 2010; Iverach et al., 2009).

Additionally, they struggle with negative behavioral issues like avoiding situations when they stutter and cognition reactions like blaming themselves and seeing stuttering as their fault (Guitar, 2014; Bloodstein & Bernstein Ratner., 2008). These emotional, behavioral, and cognitive responses will impact their ability to participate in various social situations and affect their workplace performance (Blumgart et al., 2010; Bricker-Katz et al., 2013). The stigma and negative stereotypes toward PWS are also common among people (Gabel et al., 2008; Klassen, 2002). Also, communicative competence is lower in PWS when compared to their normal counterparts (Werle et al., 2021). All of these can lead to a detrimental effect on the Quality Of Life (QOL) of a person. Assessing a person's feelings about stuttering is more challenging than determining the overt symptoms and severity of stuttering from a speech sample. These feelings are a part of how a disease or disorder

"impacts" a person's life. When making therapeutic decisions and determining whether a treatment is effective, many academics and clinicians have recognized the importance of using comprehensive tools that provides insight into the full range of stuttering-related problems (Cummins, 2010; Ingham, 2003; Lucey et al., 2019).

In recent years, stuttering treatment outcome research has experienced a paradigm shift and has begun to focus on the totality of the stuttering disorder. To address these issues, Yaruss and Quesal (2006) designed a questionnaire known as Overall Assessment of the Speaker's Experience of Stuttering (OASES). The OASES assesses a PWS's experience, including communication challenges in various contexts and related psychological effects. The original tool was developed based on the International Classification of Impairments, Disabilities, and Handicaps (ICIDH) proposed by the World Health Organization (WHO) (World Health Organization (WHO), 1980) and is currently based on the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001).

OASES is a detailed self-administered instrument that is available for three age groups and was first published in English: OASES-A was developed for adults who are 18 years of age and older (Yaruss & Quesal, 2006), OASES-T was for teens between 13 and 17 years, and OASES-S was the tool for school-aged children from 7 to 12 years (Yaruss & Quesal, 2006). The adult version, which is OASES-A, has 100 items divided into IV sections. Section I is titled 'General Information' which has 20 items assessing the overall perspective about stuttering and has questions regarding perceived fluency, severity, speech naturalness, treatment options, and self-help groups. Section II, titled 'Reactions to Stuttering' measures the behavioral, cognitive, and affective responses towards stuttering using 30 questions. Following this, section

III on ‘Communication in Daily Situations’ consists of 25 items that evaluate the individual's communication challenges caused by stuttering in everyday contexts, including at work, in social settings, or at home. Lastly, section IV is on ‘Quality of Life’ and assesses how QOL is affected by stuttering and how stuttering interferes with relationships and other factors of life through 25 questions. It assesses how satisfied the speaker is with their communication and whether stuttering affects their relationship with others. A 5-point Likert scale is used to rate each of the items, wherein higher scores indicate greater impact. The scores of OASES-A provide an insight into the impact of stuttering on various aspects of the speaker’s life. The scoring is done individually for each section, and also an overall score from all the items is also obtained. The impact scores range between 1.0 and 5.0. A score between 1.00-1.49 indicate a Mild impact rating, 1.50-2.24 indicate a mild to moderate impact rating, 2.25-2.99 indicate a Moderate impact rating, 3.00-3.74 indicate a Moderate to Severe impact rating and 3.75-5.00 indicate Severe impact rating. The normative data for the original OASES-A questionnaire was obtained by administering the questionnaire among 173 PWS in North America.

The culturally or linguistically diverse people worldwide may have different attitudes toward stuttering, which has led the developers of OASES-A to recommend the need for the adaptation and translation of the tool into various languages of the world. The OASES-A has been adapted and translated into numerous languages such as Dutch (Koedoot et al., 2011), Brazilian-Portuguese (Bragatto et al., 2012), Japanese (Sakai et al., 2017), and Swedish (Lindström et al., 2020).

Nowadays, the OASES is frequently employed in studies to evaluate people's QOL and the effects of stuttering on their daily activities (Bleek et al., 2012a;

Koedoot et al., 2011), as well as to measure the effectiveness of interventions (Lee et al., 2011). The OASES has been used in clinical trials to assess the efficacy of various treatments (Beilby et al., 2012). The OASES has also been significant in demonstrating that an individual's visible stuttering behaviors are not indicative of the severity of their stuttering; rather, various forms of anxiety are more reflective of the effect of stuttering on an individual (Manning & Gayle Beck, 2014). As a result, the impact of stuttering may not be best reflected by visible actions but rather by a wide range of connected expressions that cumulatively contribute to the individual's total impact.

### 1.1 Need Of The Study

There is a need in India for an assessment tool that PWS can complete in their native language and that details the impact of stuttering on people's lives because it is a country with many different cultures, languages, and beliefs. India is a land of many languages, which is divided into various language families such as the Indo-Aryan language family or Dravidian language family. The Dravidian linguistic family includes the Malayalam language. Malayalam is primarily spoken in India, where Kerala and the union territory of Lakshadweep have made it their official language. Additionally, bilingual populations in nearby regions of Tamil Nadu and Karnataka also speak it. More than 35 million people speak Malayalam at the beginning of the twenty-first century (Johnson & Grim, 2013). There is currently no standardized tool to evaluate and measure the experience related to stuttering in Malayalam-speaking PWS. With the development of this translated version of OASES-A in Malayalam, the researchers and clinicians across Kerala would benefit significantly as this will help to document the experience of the adults who stutter about their stuttering. This will also further help in better clinical decision-making and research-based assessments.

OASES-A has the capacity to evaluate the characteristics of stuttering disorder that have the most tremendous significance in the daily lives of PWS. The wide range of challenges that PWS may encounter must also be acknowledged and assessed in order to offer PWS thorough treatment that meets their unique needs.

### 1.2 Aim Of The Study

The study's main goal of the study is to adapt, translate, and validate the Overall Assessment of the Speaker's Experience of Stuttering – Adult into Malayalam (OASES-A-M).

### 1.3 Objectives Of Study

1. To adapt the Overall Assessment of the Speaker's Experience of Stuttering - Adult (Yaruss & Quesal, 2006, 2010) questionnaire adult version to suit the Indian population.

2. To translate the Overall Assessment of the Speaker's Experience of Stuttering - Adult (Yaruss & Quesal, 2006, 2010)to the Malayalam language.

3. To validate the questionnaire by assessing the quality of life with the translated questionnaire in Malayalam - speaking individuals with stuttering.

# CHAPTER II

# REVIEW OF LITERATURE

International Classification of Diseases given by the WHO defines Stuttering as “disorders in the rhythm of speech, in which the individual knows precisely what he wishes to say, but at the time of speech he is unable to say it because of an involuntary, repetitive prolongation or cessation of a sound” (WHO, 1980). Stuttering, which often has an onset since childhood, is estimated to affect 0.72 percent of people worldwide (Craig et al., 2002).

## 2.1 Views about Stuttering

Views about stuttering varied according to the experience researchers in this area had with the PWS. Thus, the definitions of stuttering are also diverse with respect to their perspectives and views. The definition of stuttering is dependent highly on individualistic opinions; thus, it resulted in avoiding the holistic view of stuttering. Starting from the first half of the 20th century, stuttering was known to be associated with a change in handedness in some way. Thus, the "Cerebral Dominance" theory of stuttering emerged (Travis, 1978). Stuttering has also been associated with emotional maladjustment (Glasner, 1949). Johnson (1933) had put forth the view that stuttering results due to acquired learning characteristics because of which the person anticipates stuttering in special circumstances. According to numerous researches, emotional, cognitive, and behavioral disturbances are the root cause of stuttering (Brown, 1932; Fisher, 1970). Then came into light the psychopathological view of the disorder (Glauber, 1958); the main factors considered were fear, anxiety, and feeling inferior in terms of social relationships. Perkins (1990) introduced another factor to be considered in stuttering: the speaker's frame of reference, where how a speaker

perceives his stuttering is important. A more recent view to consider in stuttering manifestation and its impact on an individual was given by Yaruss and Quesal in 2004 & 2006. As a framework for identifying, evaluating, and treating stuttering, they suggested the view based on the ICF perspective and took into account elements of bodily function and structure, personal and environmental influences, and activity participation.

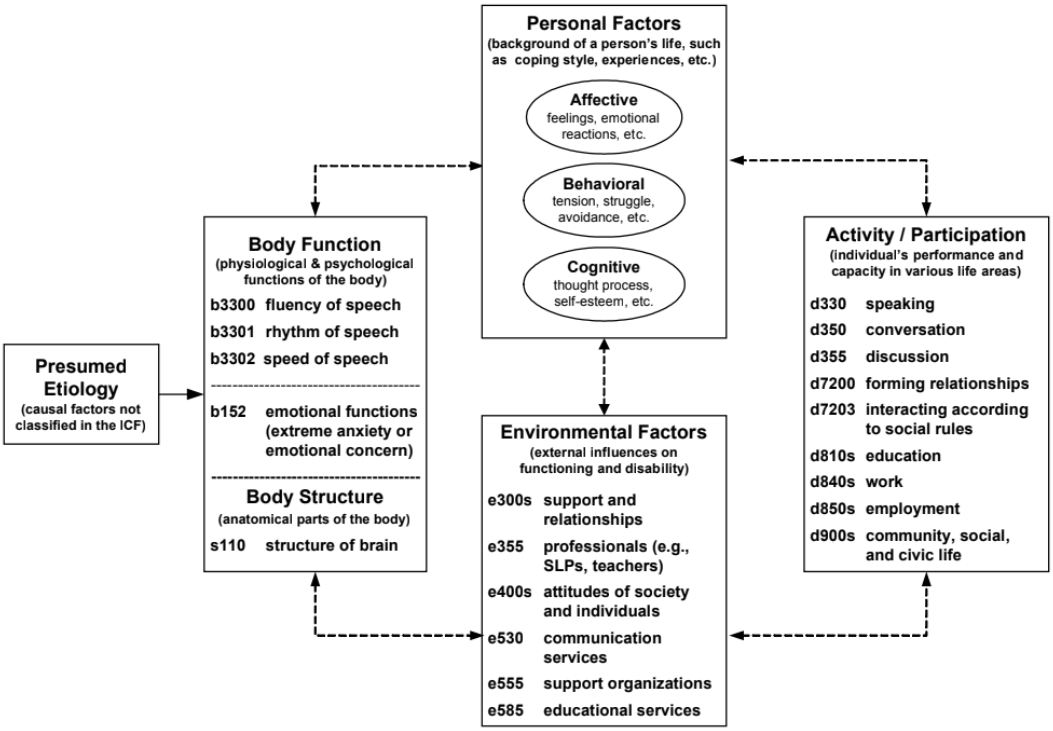
**2.2 ICF and Stuttering**

A multi-dimensional classification system for characterizing health status and the experience of disability was recently presented by the WHO. The International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001) was created utilizing this new paradigm. To PWS or all those who are dealing with a number of other health conditions, ICF provides a common language using which these individuals can describe how the disorder is limiting their ability to execute daily tasks or limiting their life participation. This will provide the professionals with an overview of how the disorder is affecting an individual's QOL.

The ICF is relevant to stuttering as its focus is more than just the obvious symptoms of disorders. Along with information on overt traits (such as repetitions, prolongations, and blocks that characterize stuttering), the ICF for stuttering also includes details regarding the disorder's overall effects, including detrimental communication attitudes, shame, embarrassment, and limitations on an individual's capacity to participate in society. Additionally, the ICF allows the evaluation of both enabling factors (such as speech therapy, support networks, and a positive environment) and impediments (like unfavorable reactions to a person's stuttering) and how they affect the PWS.

**Figure 1**

*Schematic representation of ICF framework*




*Note.* Graphical representation of how the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) can be applied to the stuttering disorder. From "Stuttering and the International Classification of Functioning, Disability, and Health (ICF): An update," by J. Scott Yaruss and W. Quesal, 2004, *Journal Of Communication Disorders*, 37(1), p.35-52.

A number of factors, such as how PWS feels about their speech and how the people around them react to their speech, can have a serious effect on the life of PWS. As so many internal and external factors impact PWS, it is not surprising that different speakers can have dramatically different experiences with their speech and speaking issues. Speech-language pathologists (SLPs) need to understand this variation because it is a key element of the stuttering issue (both across and within speakers).

### 2.3 Impact of Stuttering

Stuttering has profound effects on the daily living of an individual, his participation in social events, and also his surrounding environment. This disorder has

the strength to render an almost natural task of speech a difficult activity. This leads to ineffective communication, which is not invariably acceptable to human beings of any culture or belief. Various researches were done in view to find the effects of stuttering using personal reports, biographical collection, etc. of PWS, and empirically motivated research, which underlines the fact that PWS feel anxious, ashamed, and embarrassed while they are stuttering. They mostly face difficulty in communicating their ideas.

Pistorius (1994) used drawings to examine how some PWS conceptualize their stuttering. The findings confirmed unpleasant, limited, and anxious emotions. In a study by Corcoran and Stewart (1998), they aimed to perform a qualitative analysis that investigated the meaning persons with stuttering give to their experiences of stuttering on 8 PWS. This was done by asking them to narrate the stories about the same. It was assumed that these stories would give insight into how stuttering has been associated with various phases of their lives. It would also give an insight into its impact on their personal relationships and important choices they make in their life. The authors had envisioned that knowledge gained from this study would increase the effectiveness of therapy by considering each individual separately, taking into account their unique experience of stuttering. Subjects of the study participated in an initial 60-90 minutes interview by answering open-ended questions and probes. The narratives thus obtained were analyzed by an investigator for the possible theme that reflected how stuttering had an impacted the lives of these individuals. A second 60-minute interview was also conducted to assess the credibility of the interpretation of these experiences. Results revealed that persons with stuttering had “suffering” as the primary theme. They experienced four key elements of distress as a result of being obstructed and impeded: (a) helplessness, (b) guilt, (c) anxiety, and (d) escape. The

study emphasizes the importance of developing and preserving a strong and pleasant rapport between a therapist and a client as a significant and essential element in the alleviation of suffering.

In a study by Messenger et al. (2004), they investigated whether speech-related anxiety in PWS is connected to the prediction of social harm. The study included 34 PWS and 34 people who do not stutter (PWNS) as participants. The degree of social anxiety in PWS involves expectancies of damage and negative assessment, as measured by the Fear of Negative Evaluation (FNE) and the Endler Multidimensional Anxiety Scales-Trait (EMAS-T). According to the findings from the study, PWS anticipate being judged negatively by others more frequently when compared to PWNS.

The presence of social anxiety in PWS was examined in another study conducted by Kraaimaat et al. (2002). This was accomplished by giving a group of 89 PWS and 131 PWNS the Inventory of Interpersonal Situations (IIS), developed by Van Dam-Beggen and Kraaimaat (1999) as a social anxiety assessment tool. The IIS assessed two aspects of social anxiety: (i) the frequency of social responses and (ii) the degree to which emotional tension or discomfort is felt in social circumstances. The emotional stress or discomfort in social circumstances was much higher in PWS.

Tichenor and Yaruss (2018) performed a qualitative study and analyzed what the stuttering moment means to PWS. The focus of the research was to further extensively comprehend and characterize the common experiences of PWS. The findings demonstrated that the stuttering moment is experienced by the speaker in a more complex way than simply the production of the blocks, repetitions, and prolongations that are frequently related to stuttering behavior. The commencement of stuttering is frequently accompanied by a sensation of anticipation, the knowing or

worry that a speech interruption is imminent, according to adults who stutter (Arenas & Zebrowski, 2017; Brocklehurst et al., 2012; Garcia-Barrera & Davidow, 2015; Jackson et al., 2015; Martin & Haroldson, 1967). Respondents reported feeling physical, cognitive, and emotional symptoms, including stress, fear, and apprehension for themselves as speakers during the stuttering moments. In other words, PWS did not concur with the widely accepted distinction between "secondary" physical or negative emotions and "core" actions like repetitions, prolongations, and blocks. Although it is possible to discern between these components, it seems that doing so is artificial because it does not seem to reflect how adults who stutter actually feel about it. These actions, feelings, and perceptions all belong to be a part of their overall experience with stuttering.

In 2015 the study by Zhang and Kalinowski looked at how listeners perceived PWS in comparison to usually fluent individuals with respect to shame and guilt-proneness. The six social emotions: shame, guilt, externalization, detachment/unconcern, alpha pride ("pride in self"), and beta pride ("pride in behavior"), measured using a scenario-based self-report questionnaire called the Test of Self-Conscious Affect-Version 3 (TOSCA-3) (Nugier et al., 2012) in the study. 5 Point Likert scale was used to rate the responses. This survey included 62 African-American and 60 Caucasian college students in a Southeast American city. The findings showed that participants of both African-American and Caucasian descent believed PWS to be more susceptible to humiliation than ordinarily fluent people. Also, when compared to African-American participants, Caucasian participants scored higher on shame- and guilt-proneness measures. Because stuttering is seen as an integral part of the self that constitutes PWS, the authors hypothesized that stuttering and shame are closely associated.

Neuroticism, extraversion, openness, agreeableness, as well as conscientiousness are the five personality traits that were the focus of a study by Bleek et al. (2011). Utilizing the NEO Five-Factor Inventory (NEO-FFI), given by Costa and McCrae (1992), it was measured. 93 PWS were taken into account and required to complete the NEO-FFI. The study's findings showed that the NEO-FFI scores for the stuttering group across all five categories fell within an "average range." However, they were distinguished by high neuroticism and low conscientiousness and agreeableness. With this, the scientists stated that a thorough personality profile should be carried out to forecast therapy outcomes and boost efficacy.

Another study by Tran et al. (2011) sought to determine whether people with stuttering exhibit negative affectivity in a variety of areas. In the study, 200 PWS were given a thorough evaluation of a variety of negative mood states, and their results were compared to a control group of 200 PWNS. Following the completion of standardized psychological questionnaires by all participants, a three-hour interview was conducted to learn more about how stuttering affected each participant's life. The Symptom Checklist-Revised (SCL) given by Derogatis and Savitz (1999) and the Lifestyle Appraisal Questionnaire are psychological tests that were employed (LAQ) given by Craig et al. (1996). The findings showed that those who stutter experience higher degrees of distress and depressive mood states than adults who do not stutter. Significant variations were discovered in the variables of interpersonal sensitivity, somatization, hostility, depressive mood, and paranoia, in addition to anxiety. According to the authors, the findings should offer new guidelines for the clinical therapy of stuttering and focus on the impacts and emotions of the stutterer rather than only the outward manifestations.

McAllister et al. (2012) conducted a study to determine the correlation between stuttering and employment status and educational level and compared these results with the control group that is PWNS. The study samples comprised of the data obtained from the National Child Development Study (NCDS). The original cohort had around 18,000 children. Surveys were conducted on this population at the time of birth and when the cohort members were 7,11,16,23,33,42,46, and 50 years of age. Questions asked were mainly pertaining to development at 7, 11, and 16 years and explicitly about stuttering at 7 and 16 years. Thereafter two groups of cohort members were considered. One was those whose parents reported stuttering at age 16 and another whose parents reported no stuttering at 16 years of age which served as the control group. Results revealed that those cohort members who comprised the first group were more likely to be males, had poor cognitive test scores, and were reported to have been bullied. As reported in the study, there was no significant effect of stuttering on education. With regards to employment outcomes, socioeconomic status of occupation was associated with stuttering at the age of 50. These people had lower-status jobs. The results had clinical implications and highlighted the importance of encouraging the PWS by the therapist to refrain themselves from using coping mechanisms like avoidance strategies. This may help to reduce the negative impact of stuttering on educational and employment outcomes.

The effects of stuttering on an individual's life are deep-rooted and strong. After a certain point of time, stuttering becomes a part of the personality of PWS, with every aspect of the person's existence being colored by the communicative disability. Stuttering can be seen not only as a speech impediment but it is an impediment to the social life on an individual. Thus from the above study results,

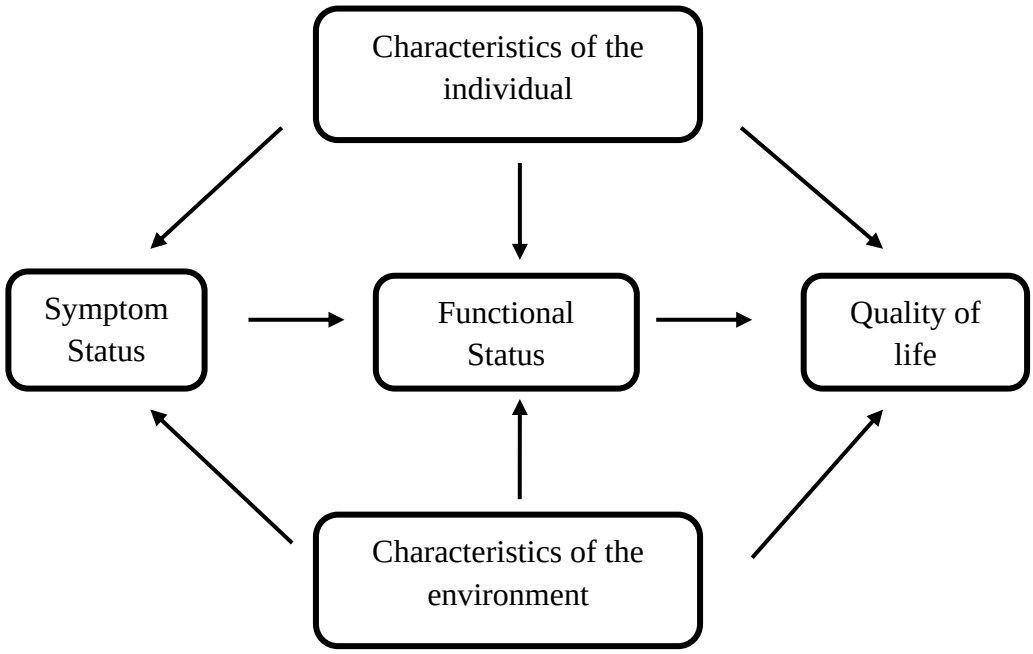
which deals with the impact of stuttering on a person's life, we can conclude that stuttering affects the overall quality of life of an individual.

### 2.4 Quality of Life (QOL)

QOL is a construct that ideally measures a person's well-being from a multi-dimensional perspective, taking into account physical, psychological, social, and vocational factors. QOL is the essence of speech-language pathologists, along with understanding the experiences of people with any communication disorder. Aspects of a person's life that are incorporated under this are factors like physical, mental, and emotional functioning, social interaction, ability to fulfill expected roles, vocational experiences, and ability to achieve the desired and expected goals.

**Figure 2**

*Schematic representation of factors affecting QOL*




*Note.* The determinants of QOL. From "Quality of life in adults who stutter," by C. Koedoot, C. Bouwmans, M. C. Franken, & E. Stolk, 2011, *Journal of Communication Disorders*,44(4), p.429-443.

The WHO (1993) stated that QOL should be defined within a “cultural, social and environmental context” along with “health status,” “lifestyle,” “life satisfaction,” “mental status.” or “well-being.” Thus, QOL is particularly relevant to stuttering studies as it can be viewed as a “macro-variable” covering many aspects of an individual’s experience. Since QOL can be seen as a "macro-variable" encompassing many facets of an individual's experience, it is therefore very pertinent to studies on stuttering.

Klompas and Ross (2004) studied the life experiences of a group of PWS from South Africa and the impact of stuttering on their QOL. They considered 16 adults ranging from 20-59 years as subjects in their study. The participants were interviewed to explore their life domains pertaining to education, employment, social life, speech therapy, beliefs, social life, family and marital life, and emotional issues. The findings revealed that 62.5% of the participants had an opinion that stuttering had a negative impact on their academic performance at school and it also affected their relationship with teachers and classmates. Although stuttering did not influence their ability to build friendships (56.25%), people reacted negatively to stuttering generally (37.5%). 75% of the participants felt that stuttering did not have any adverse effect on the choice of occupation they make, ability to obtain work (50%), and relationships with managers (43.75%) and co-workers (31.25%); however, it influenced their work performance (37.5%) and hampered their chance of promotion (37.5%). More than half of the participants had opined that speech therapy positively influenced their QOL. Stuttering did not influence the participant’s family and marital life (56.25%). Most participants reported that stuttering had affected their self-esteem and self-identity (87.5%). The investigators stress the need to include these subjective feelings about stuttering into daily clinical practice.

In Iran, Mohammadi et al. (2013) used the World Health Organization Quality Of Life Instrument (WHOQOL-BREF) to examine the quality of life (QOL) of 59 Kurdish-speaking PWS living in Kermanshah City and 73 normals in terms of sex, education, employment, and marital status. PWS had lower QOL scores than their non-stuttering peers in terms of social interactions, and physical and mental health, although only the physical health area showed a statistically significant difference. Additionally, there was a negative correlation between the severity of stuttering and the areas of environmental, mental, and physical health. Another study was done among 25 PWS in the city of Tehran by Mansuri et al. (2013). The results of the study were compared with 25 normals who were matched for sex, age, and education. The WHOQOL-BRIEF was administered to all the participants. Results indicated a significant difference in the overall score in all the areas among PWS and normals.

In a study by Kasbi et al. (2015) they aimed to assess the relationship between QOL and the severity of stuttering in PWS. The study was performed among 78 PWS and 78 PWNS. Data were gathered using the Short-form 36 (SF-36) questionnaire on QOL, and a sample of spontaneous speech was utilized to calculate the percentage of syllables that were stuttered (% SS) as a method for measuring frequency. The QOL of PWS and PWNS varies significantly, according to the study's findings. The QOL of PWS is negatively impacted by stuttering. Additionally, there was no obvious link between the intensity of stuttering and its impact on QOL.

In a study by Craig et al. in 2009, they used the Medical Outcomes Study Short Form-36 (SF-36) as a broad measure of QOL to investigate the impact of stuttering in 200 PWS. The study was also done among 200 PWNS. The QOL was assessed in both groups. According to the results, stuttering has a negative impact on QOL in the areas of vitality, social functioning, emotional functioning, and mental

health status. The results also suggest that those with more severe stuttering may be more susceptible to emotional functioning issues. These findings have treatment repercussions, including the necessity of addressing the emotional and psychological aspects of PWS's QOL and the significance of doing so.

Thus stuttering has a significant effect on QOL, and thus it's essential to assess how QOL is affected in PWS and also to what extent it is affected. It will help Speech-Language Pathologists to provide a better service to PWS by taking up appropriate goals to improve the QOL of PWS.

**2.5 Assessment of Quality of Life**

Being aware of stuttering and its manifold presentations, there is a dire need to bring about a change in assessment and therapy protocols. Previous studies have shown that the effects of stuttering treatment have mostly concentrated on improvements in the visual aspects of stuttering, with little to no emphasis put on the speaker's experience of the accompanying repercussions (Andrews et al., 1980; Bothe et al., 2006; Cordes, 1998; Prins & Ingham, 2009; Thomas & Howell, 2001). This observation can be attributable to a number of factors, including the fact that the disorder's primary characteristic—observable speech disruption—is a core goal of therapy for most patients. The easiest way to gauge the effectiveness of therapy is to observe obvious stuttering behavior, which is also the most crucial feature for listeners to evaluate a speaker.

There are many instruments that are available to evaluate broader experiences of stuttering. For example, the Iowa Scale of Attitudes Toward Stuttering (Ammons & Johnson, 1944) is a 45-item scale that measures the attitudes of people who stutter towards their stuttering. Modified Erickson Scale (Andrews & Cutler, 1974) is a

series of 24 true-false statements assessing whether or not the statements are characteristic of people who stutter. Speech Situation Checklist (Brutten & Shoemaker, 1974) has formats for both children and adults. Each format has two parts. Part I rates negative emotional feelings, and part II rates the amount of speech disruption. Both the formats use a 5-point rating scale. Fear Survey Schedule (Brutten & Shoemaker, 1974) has a list of 80 possible things that may frighten children or make them feel uncomfortable due to their stuttering.

Crowe's Protocol was given by Crowe et al. in 2000 for the treatment of stuttering. Erickson (1969) developed the *S- Scale* consisting of 39 questions in a true-false format which provides information about the attitudes of stutterers towards interpersonal communication. The Measurement of Stuttering Severity by Lanyon in 1967 assesses behaviors and attitudes related to stuttering. Self-Efficacy Scale for Adult Stutterers (Ornstein & Manning, 1985) has 50 speaking situations dichotomized into 50 approach and 50 performance items. The Inventory of Communication Attitudes (ICA) by Barber Watson (1988) measures speaker's experience in different communicative situations. Perceptions of Stuttering Inventory *(*PSI) by Woolf (1967) examines a stutter's perception of the presence of struggle, avoidance, and expectancy of stuttering. Subjective Screening of Stuttering Severity (SSS) by Riley et al. in 2004 assessed three areas which are as follows (i)perceived stuttering severity, (ii)the level of internal or external locus of control, and (iii)reported word or situation avoidance. SSS contains eight questions which are rated on a 9-point rating scale. For each question, the severity has to be rated for three different audiences such as a close friend, an authority figure, and during the use of the phone. Even though SSS will provide an insight into the perception of a PWS about the effect of stuttering in their life, it is a screening tool. It does not provide in-depth information about the person's

quality of life and the impact of stuttering on their life. The Wright and Ayre Stuttering Self-Rating Profile (WASSP) (Wright & Ayre, 2000) is a 24-item questionnaire that is grouped into five sections- Stuttering behaviors, Thoughts about stuttering, Feelings about stuttering, Avoidance due to stuttering, and Disadvantages due to stuttering. It is developed based on WHO's ICF framework. Here the questions are to be rated on a 7-point rating scale. WASSP assesses the impact of stuttering but the extent to which it assesses this is limited. The questions of WASSP address only very few factors that have an impact on the life of PWS. Also, the questionnaire does not address the QOL of PWS.

In spite of having many of these tests, they are not generally used in routine clinical setups and for treatment research. One reason may be that by assessing communicative difficulties faced by PWS, these scales indirectly measure changes in the observable characteristics of stuttering. These scales are limited in scope and are not able to tap all the significant areas of difficulty in persons with stuttering. As a result, none of the tests evaluate the disease in its entirety. Therefore, the majority of investigations began to make changes in the speaker's general quality of life—a crucial element from the broader aspect of stuttering—into consideration. OASES was created; as a result to offer a thorough evaluation of the speaker's experience with stuttering through the use of a single, thorough, simple-to-use, yet detailed measurement instrument that could be utilized both in treatment planning and in research on the effectiveness of that therapy.

### 2.6 Studies using OASES

The following section deals with the studies on OASES. The goal of a study by Koedoot et al. in 2011 was to translate OASES-A into the Dutch language. The Dutch OASES-A version's psychometric performance was also tested. The OASES-A

was translated into the Dutch version using the traditional forward and backward translation method. 138 PWS participated in the study. The reliability and validity of the constructed questionnaire were confirmed using various statistical tests. The results of the study indicated high impact scores for section I and low impact scores for section IV. They also checked whether education level had any correlation with the impact scores of PWS. But the findings were the same as above; that is, persons with high, middle, and low education levels had the highest impact score for section I and lowest impact score for section IV.

Sakai et al. (2017) did a study to translate OASES-A into Japanese and assessed the psychometric properties of the same. The study was done in 200 PWS. The OASES-A-J resulted in good test-retest reliability and high internal consistency. The developed instrument had moderate to high concurrent validity and good construct validity scores. The results of the study indicated that Japanese adults had higher impact scores for sections I, II, and IV. Similarly, Yadegari et al. (2018) translated and validated OASES-A into the Persian language. The OASES-A-P was administered to 92 PWS for validation. The reliability and validity of the constructed questionnaire were high. Among the Persian PWS, the impact score was highest for the section on Reactions to Stuttering and lowest for the section on Communication in daily situations.

Australian normative data values were established for the OASES-A version by Blumgart et al. in 2012. The results showed no connection between the individual's OASES scores for gender, age, or educational attainment. For areas like General Information, Communication in Daily Situations, and the overall impact score, people with severe stuttering received greater negative scores. Based on the results of the study highest mean impact scores were obtained for the section

"Reaction to stuttering." From the above studies, it can be noted that there is variation in the OASES impact scores among people from various regions of the world. Thus there is a need for a culturally and linguistically specific OASES questionnaire. These findings also confirm the fact that the impact of stuttering on a person's life varies greatly from culture to culture.

In a study published in 2013, Beilby et al. sought to examine how a person's stuttering affected his entire quality of life, with an emphasis on his interpersonal and most intimate relationships, specifically those with his spouse. They sought to determine whether both members of a relationship dyad experienced the same effects on their lives by looking into the personal experiences and themes of both members of the couple dyad. The study took ten dyad couples into account. The OASES and SF-36 questionnaires were provided to the dyads. To evaluate the experiences of the fluent partners, OASES-P, a parallel version of the original OASES, was produced. Words like "your speech" were changed to "your partner's speech" in this adaptation. According to the study's findings, those who stutter react similarly to stuttering and regard communication as challenging as their fluent partners do. Anxiety, avoidance, and supporting relationships were the most prominent and robust themes that became apparent. This study contributed to a better understanding of the significance of a more beneficial integration of the complete family in treatment practices with increased assistance from clinical partners.

A new ray of light emerged in using OASES due to a study by Bleek et al. (2012). The goal of the study was to determine if the five-factor personality model as assessed by the NEO-Five-Factor Inventory (NEO-FFI) and the Overall Assessment of Speaker's Experience of Stuttering (OASES) were related to one another. Five variables comprise the five component personality model: neuroticism,

conscientiousness, agreeableness, extraversion, and openness to experience. They chose 112 Germans PWS to be their subjects. They were expected to complete the OASES and NEO-FFI questionnaires, which were then reviewed. The study's findings demonstrated a significant positive link between the personality characteristic neuroticism and OASES scores but a significant negative correlation between extraversion and OASES scores. According to the findings, stuttering has a stronger impact on a person's life if they have higher neuroticism and lower extraversion scores. As a result, personality factors should be taken into account for better therapeutic outcomes.

Yaruss (2010) evaluated how stuttering treatment outcomes can be enhanced through the assessment of stuttering on a speaker's QOL. The QOL was assessed using OASES. The study was done in 44 PWS, where OASES was administered pre and post-treatment. The results of the study reveal that the total impact scores in OASES were reduced post-therapy. Thus the study provides light on the importance of assessing the QOL, thus providing appropriate management to the PWS so that the QOL of the person is improved.

**2.7 OASES in the Indian Context**

The above studies were done in a Western context where the lifestyle differs when compared to India. The impact of stuttering also varies across countries. Even perceptions about stuttering, assessment, and therapy procedures vary in India compared to the West. Acceptance of the same is a significant issue due to the lack of opportunities and awareness in the country.

An Indian study by Tanu (2013) used the original version of OASES-A. The study consisted of 31 adults with stuttering within the age range of 18-30 years. The scores of the OASES were compared against various variables like educational status,

employment, SSI scores, and Locus of Control of Behavior (LCB). Results revealed that the majority of the subjects had a moderate impact rating as a total impact rating (51.6%) which is followed by mild to moderate (22.6%), moderate to severe (19.4%), and the least was mild (6.5%) and significant correlation between effects of OASES (Section I; General information, Section IV; Quality of Life and Total score) and Locus of Control of Behavior. However, there was no significant relationship between educational status and employment of the participants on their performance on OASES.

The study by Rashmi (2016) aimed to investigate the impact of stuttering on the QOL of bilingual adolescents who stutter (AWS) in the Indian context. The study investigated the test-retest reliability of the questionnaire OASES-T in which good reliability on all four sections and the overall impact score on the OASES-T was present. The OASES-T was adapted to the Indian context for adolescents who stutter with varying degrees of stuttering in the age range of 13-17 years. Thirty adolescents who were diagnosed as stuttering using Stuttering Severity Index (SSI-3) were administered the LEAP-Q questionnaire to check for English proficiency, and then the adapted OASES-T questionnaire was given to adolescents who stuttered, and the scores on each of the sections were obtained. The findings suggested that as a whole group, the adolescents who stutter had a moderate impact rating which means that >50% of the adolescents who stutter showed a moderate impact of stuttering. Also, across varying degrees of stuttering severity, adolescents who stuttered, having a milder and moderate degree of stuttering severity, had a moderate impact rating, whereas adolescents with a severe degree of stuttering severity had a moderate-severe impact rating. The differences in the perception of their stuttering could be different across varying degrees of stuttering severity could be because of their experience of

negative feelings in different situations and different contexts. Also, it is dependent on how the individual is able to cope with his speaking and living environment.

A study was done by Divya and Sangeetha (2022) on the adaptation and validation of OASES A in the Kannada Language. The study followed the standard forward and backward translation process. The study was done on a total of 51 PWS. The findings of the study indicated a moderate impact of stuttering on Kannada-speaking PWS. The psychometric characteristics of the OASES-A-K were similar to the data of the original English (Yaruss & Quesal, 2010) and Japanese versions (Sakai et al., 2017). The adapted Kannada version was found to have good to excellent reliability and validity. Further, it was observed that the mean impact scores in the Kannada version were relatively higher than in the original English version, particularly for section II. This reflects the negative attitude and stigma associated with stuttering in the Indian scenario. Lack of awareness regarding stuttering, its assessment and management, and limited availability of speech-language pathologists/therapists are suggested to be the key contributing factors to the high impact scores.

Considering the linguistically and culturally divergent perspectives and paucity of evidence in the Indian context, it is necessary to adapt and translate the tool into other Indian Languages. This will help the research for cross-cultural comparisons and also provide an insight into the culture-specific assessment of the speaker's experience of stuttering and also how stuttering affects the QOL, and in turn, it will improve the efficacy of treatment provided.

# CHAPTER III

# METHOD

The aim of the present study was to adapt, translate and validate the Overall Assessment of the Speaker's Experience of Stuttering – Adult into Malayalam Language (OASES-A-M). And the objectives of the study included:

1. To adapt the Overall Assessment of the Speaker's Experience of Stuttering - Adult (Yaruss & Quesal, 2006, 2010) questionnaire adult version to suit the Indian population.

2. To translate the Overall Assessment of the Speaker's Experience of Stuttering - Adult (Yaruss & Quesal, 2006, 2010) to the Malayalam language.

3. To validate the questionnaire by assessing the quality of life with the translated questionnaire in Malayalam - speaking individuals with stuttering.

Thus the experiment was conducted in 3 stages:

## 3.1 Stage 1: Adaptation of OASES-A Questionnaire

The first step of the study was to obtain consent from the authors Scott Yaruss and Quesal, who developed the OASES-A questionnaire. The consent was obtained through mail from the authors on September 17, 2021. This was done before the adaptation of the questionnaire. Adaptation consisted of reviewing, revising, and appropriately adapting the questionnaire into the Malayalam language. The questions that are not culturally and socially acceptable to the Indian context were substituted by more relevant questions. This was done by two experienced Speech Language pathologists with a minimum of 4-5 years of experience in clinical research. They

were instructed to review the original OASES-A, which is in English, and recommend if any of the items in the questionnaire has to be adapted to fit into the Indian context.

## 3.2 Stage 2: Translation of OASES-A to the Malayalam Language

The adapted version of the OASES-A (Yaruss & Quesal, 2010) questionnaire for the Indian population was translated into the Malayalam language following the standard WHO guidelines for the translation and adaptation of instruments (WHO, 2016). The following steps were followed in this study:

1. Forward translation
2. Expert panel reviews
3. Back-translation
4. Pretesting and cognitive interviewing
5. Final version

### *3.2.1 Step 1: Forward translation*

Forward translation of the OASES-A into Malayalam was done by two educated individuals who are well versed in the academic discipline with an MA in Malayalam as the educational qualification. Both the individuals had Malayalam as their first language and English as their second language. The conceptual counterpart of a word or phrase, as opposed to a literal translation, was the goal of translators to aim for. They have taken the original term's definition into account and made an effort to translate it accurately. Following were the instructions given to the translators:

- When posing a question, translators should make an effort to be straightforward, precise, and brief.
- Avoid using complex phrases with numerous clauses.

- The most widespread audience of the target language (i.e., Malayalam) should be the focus while translating. Translators shouldn't be addressing to the audiences that are experts in their fields. They should consider what a common person will understand while reading the translated questionnaire. So the questions should have clarity and should be comprehendible to common people.
- The translators should avoid any terms that might be offensive to the PWS. The items should be gender and age applicable.

### *3.2.2 Step 2: Expert Panel Review*

The members of the expert panel included two Speech-Language Pathologists who have a minimum of 3 years of clinical experience in the field of stuttering and are proficient in both Malayalam and English. The expert committee reviewed the two forward-translated versions of the questionnaire. The experts identified and rectified the inadequacies in the expressions/concepts of the two translated versions, and they arrived at a common translated questionnaire. The final result of this stage produced a complete translated version of the questionnaire, which was then given for backward translation.

### *3.2.3 Step 3: Backward Translation*

The instrument was then back-translated into English by an independent translator who is unfamiliar with the questionnaire using the same strategy as that described in the first phase. Similar to the forward translation, the reverse translation also placed more emphasis on conceptual and cultural equivalence than language equivalence.

### *3.2.4 Step 4: Pretesting and Cognitive Interviewing*

A pretest was carried out on five participants of the target population, that is, five PWS of age 18 years and above. The participants in this stage was selected according to the inclusion criteria followed in stage 3, step 2. The questionnaires were given to the participants, and they were asked to read, understand and interpret the questions. If there are questions or difficulties, respondents may propose more understandable sentences or terms that be compatible with their realities. Suggested changes in the pretest were returned to the experts, who rediscussed and reformulated the confusing items, and the final questionnaire was prepared.

### *3.2.5 Step 5: Final version*

The final version of the questionnaire in Malayalam was the result of all the iterations described above.

## 3.3 Stage 3: Validation of translated questionnaires

In this phase, the validation process is done in two steps.

### *3.3.1 Step 1: Content validation*

For content validation, five experienced SLPs and five individuals with no stuttering were asked to evaluate the translated questionnaire. They were asked to rate each item in the questionnaire on a 4-point rating scale across four parameters. The table below depicts the description given of each parameter for each point.

**Table 1**

*Parameters considered for content validation and their corresponding rating.*

| Parameters | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Ambiguity | The Ambiguity of the item is high | The item requires revision | No doubt, but it needs a minor revision | The meaning of the item is clear |
| Cultural Appropriateness | Inappropriate | The item requires revision | Appropriate but needs some minor revision | Highly appropriate |
| Clarity | Item clarity is poor. | The item requires revision | Clear but needs some minor revision | Item clarity is good. |
| Representativeness | Not a representative of the desired content | The item requires revision | Representative but needs some revision | Highly, representative |

The language proficiency of all the members involved in the process of adaptation, translation, and validation was assessed through Language Experience and Proficiency Questionnaire (LEAP-Q) (Ramya, 2009), and they rated their proficiency as '4', i.e. 'native/perfect' in both Malayalam and English.

### *3.3.2 Step 2- Data collection/ tool testing*

The final adapted questionnaire was administered to the target population, i.e., PWS.

#### Participants

The participants for the study were 15 persons who stutter (PWS) in the age range of 19 to 38 years with the onset of stuttering since childhood. All the

participants were native speakers of the Malayalam language. Further, all the participants were literates with a minimum education of 12th grade. The participants were recruited from various speech and hearing clinics and institutes in Kerala. The demographic details from the participants were obtained using a self-reporting questionnaire. Participants provided information regarding the age, gender, onset of stuttering, occupation, duration of speech therapy attended, and absence or presence of the associated problems. Only those individuals without any other associated problems such as neurological, psychological, or hearing problems were recruited for the current study. Participants were diagnosed with stuttering by a qualified speech-language-pathologist based on a formal assessment using Stuttering Severity Index-4 (SSI-4; Riley, 2009). Their severity ranged from mild to a severe degree.

The ethical consent from the participants was taken before considering them for the study. The participants were explained regarding the objectives of the study. Further, a consent form for participation was provided. The experiment was initiated only after availing consent from participants. For data collection, the online Google forms of adapted OASES-A in Malayalam were provided to the participants who were willing to take part in the study. The adapted questionnaire was self-administered and then submitted to the researcher by the participants. If the participants needed any further help in the administration of the questionnaire, virtual platforms such as Google meet, or Zoom was used, where the researcher provided the required assistance.

The same procedure was followed after 15-30 days of the initial test (10% of the participants) to examine the test-retest reliability.

**Table 2**

*Demographic details of the participants*

| Participant | Age | Gender | SSI Score | Severity |
|---|---|---|---|---|
| PWS 1 | 33 | Male | 20 | Mild |
| PWS 2 | 23 | Male | 20 | Mild |
| PWS 3 | 38 | Male | 22 | Mild |
| PWS 4 | 35 | Male | 19 | Mild |
| PWS 5 | 30 | Male | 23 | Mild |
| PWS 6 | 20 | Male | 26 | Moderate |
| PWS 7 | 19 | Male | 28 | Moderate |
| PWS 8 | 29 | Male | 28 | Moderate |
| PWS 9 | 24 | Male | 27 | Moderate |
| PWS 10 | 30 | Male | 30 | Moderate |
| PWS 11 | 32 | Male | 36 | Severe |
| PWS 12 | 32 | Male | 36 | Severe |
| PWS 13 | 22 | Female | 35 | Severe |
| PWS 14 | 25 | Male | 34 | Severe |
| PWS 15 | 19 | Male | 36 | Severe |

### *3.3.3 Step 3- Data Analysis*

SPSS software version 20 was used for the detailed analysis of data. Descriptive statistics was administered to calculate the mean and standard deviation of scores of OASES-A in Malayalam (OASES-A-M). Internal consistency of the questionnaire was calculated using Cronbach's alpha coefficient. The correlation between scores of different sections of OASES-A-M was investigated using the

Spearman correlation coefficient. And also the comparison between stuttering severity and OASES-A-M impact rating was also done.

# CHAPTER IV

# RESULTS AND DISCUSSION

## 4.1 Adaptation of OASES-A Questionnaire

The English version of OASES-A was reviewed by 2 SLPs with a minimum of 4-5 years of experience in clinical research for the adaptation of the questionnaire for Malayalam-speaking PWS. Inputs from the experts revealed that all items except item no.70 were culturally appropriate. Item no.70 (difficulty while ordering food in drive-thru restaurants) was judged to be culturally not appropriate as drive-thru restaurants are not common in Kerala, India, and the majority of the participants may not be familiar with them. This was replaced with “difficulty ordering from grocery shops,” which is a common practice among the people of Kerala.

A similar form of adaptation was incorporated in the Kannada version of OASES-A (OASES-A-K), which was developed by Divya and Sangeetha (2022). In OASES-A-K also, item no. 70 was adapted as “difficulty ordering from street vendors.” This is because, in general, drive-thru restaurants are very rare in India. An identical adaptation was made in the Japanese version of OASES-A (OASES-A-J) (Sakai et al., 2017). In OASES-A-J, item number 70 was replaced with “difficulty faced by the individual in using various communication rules at the workplace” this was because in the Japanese society, using various ways of formal addressing at the workplace was a common practice when compared to ordering food in drive-thru restaurants. In OASES-A-J, one more adaptation was incorporated for item number 100. But in the Persian version of OASES-A (OASES-A-P) (Yadegari et al., 2018) and the Dutch version of OASES-A (OASES-A-D) (Koedoot et al., 2011), no adaptation was incorporated. This indicates the fact the adaptation incorporated in

OASES-A varies according to the culture and tradition of the specific region to which the questionnaire is adapted.

Thus the final adapted version of the questionnaire contains four sections and a total of 100 items. Section I is on 'General Information,' which contains a total of 20 items. This section contains questions related to participants' awareness of their own speech naturalness and fluency, their knowledge about stuttering in general, and their overall feelings about their ability to communicate. Section II is 'Your Reactions to Stuttering' which has 30 questions covering the affective, behavioral, and cognitive reactions of participants towards their stuttering. Section III is on 'Communication in Daily Situations,' which consist of 25 questions that explore the difficulty faced by PWS in different situations such as at home, at the workplace, in social situations, etc. Section IV is on 'Quality of Life,' which contains 25 questions that focus on the interference that stuttering has on a person's ability to communicate satisfactorily in society, ability to perform the job adequately, spiritual well-being, and control of his/her own life. All the questions were rated on a 5-point Likert scale where greater values indicated a greater impact. The scoring protocol of OASES-A-M is similar as that of original OASES-A.

### 4.2 Translation of OASES-A to the Malayalam language

The first step during the process of translation was the forward translation by two educated individuals who were bilinguals of Malayalam and English. The two forward-translated versions were called F1 and F2. There were few disagreements between F1 and F2. They are as follows:

- The term used for stuttering was different in F1 and F2. Stuttering was termed as /iɻart͡ʃt͡ʃa/ in F1 and /ʊikkə/ in F2.

- Item number 24, ‘Lonely,’ was termed as /o̲t̲tappeʈal/ in F1 and /eːkaːn̪̲t̪̲aʈa / in F2.
- In item number 3, the translation of the word ‘Able’ was /saːɖ̪ʱikkaːruɳʈə/ in F1 and /kaɻjaːruɳʈə/ in F2.
- In F2, in a few items, the word ‘yours’ was termed as /ʈ̪aːŋkaɭ /, and in other few, it was termed as /n̪iŋŋaɭ/.
- In F1 item number 52 was stated as /samaja sammard̪̲d̪̲at̪̲t̪̲ilaːjiɾikkumpoːɭuɭ̲la samsaːɾam/ and in F2 as /samajaban̪̲d̪̲ʱiʈ̪amaːji uɭ̲la samsaːɾam/.
- In item number 98, the word ‘stamina’ was stated as /st̲t̲aːmina/ in F1 and /uːrɟanila/ in F2
- All other items were correlated between F1 and F2.

Both the F1 and F2 were reviewed by the expert panel, which consisted of 2 SLPs. During this step, they compared both F1 and F2 and arrived at a complete translated version by combining both of them. The discrepancies between F1 and F2, which are listed above, were resolved by the expert panel through discussion, and they arrived at the following conclusions with respect to the variations in F1 and F2.

- Stuttering was termed as /ʊikkə/, which was used in F2, as the term /ʊikkə/ is used commonly among people when compared to / iʈart͡ʃt͡ʃa /.
- For item number 24, / o̲t̲tappeʈal / was used for ‘Lonely,’ and in item number 3, /saːɖ̪ʱikkaːruɳʈə/ was used for ‘Able’ in the combined translated version because these were the commonly used words by most of the people.
- All throughout the questionnaire, the word /n̪iŋŋaɭ/ was used to address ‘yours’ to maintain uniformity.

- Item number 52 was stated as /samajabaɳɖʱiʈamaːji uɭ̪a samsaːɾam/, and for item number 98, /uːrɻanila/ was used These words were opted due to their clarity in conveying the meaning of the sentence.

Thus the complete translated version of OASES-A-M, which was the product of both F1 and F2, was given for back translation to an independent translator. Then the back-translated questionnaire (B1) was compared with the original OASES-A questionnaire in English by the same expert committee of 2 SLPs. All the items in B1 conveyed the same concept as the original OASES-A even though few words used in B1 were synonymous with the words used in OASES-A. The expert committee approved the B1 as it was conceptually and culturally equivalent to the original OASES-A.

The next step was pretesting and cognitive interviewing of the questionnaire, which was carried out on 5 PWS. This is a valuable step in the process of translation as it helps in refining the questionnaire. The feedback from the 5 PWS was provided descriptively. During this step, three out of 5 PWS suggested reframing the sentence of item number 86 and 94 for better clarity. They reported that all the other items were well framed, and it did not contain any word or phrases which was offensive from the point of view of a PWS.

These suggestions were taken back to the expert committee, who rediscussed and reformulated the sentence structure of these items. Again these two items were back-translated and compared with the original OASES-A to maintain fidelity. Item number 86 changed from /aʈuppamuɭ̪a baɳɖʱaɲɲaɭ / to / aʈuʈʈa baɳɖʱaɲɲaɭ /, and item number 94 was changed from /ɟiːʋiʈaʈ̪ʈ̪ekkuritʃ͡ʈʃuɭ̪a moʈ̪ʈaʈ̪ʈ̪iluɭ̪a ʋiːkʂaɳam/ to /ɟiːʋiʈaʈ̪ʈ̪ekkuritʃ͡ʈʃuɭ̪a kaːɻtʃ͡appaːʈə/. Thus all these iterations led to the final version of the translated questionnaire, which was further validated.

### 4.3 Validation of translated questionnaire

The translated version of OASES-A-M was given to 5 SLPs and five individuals with no stuttering for content validation. Each item in the questionnaire was rated on a 4-point scale across four parameters: Ambiguity, Cultural Appropriateness, Clarity, and Representativeness. Out of the five SLPs, three gave a rating of 3 for the parameter 'Clarity' for item numbers 5,92,13, and 62. A rating of 3 stands for 'Clear but needs some minor revision.' And out of the five individuals with no stuttering who validated the questionnaire rated item number 29 as 3 for the parameter 'Ambiguity.' A rating of 3 for 'Ambiguity' stands for 'No doubt but needs minor revision.' All the other items were rated as four across all the four parameters by all the validators. A rating of 4 indicated that the item conveyed clear meaning; it was highly culturally appropriate with good clarity and highly representative of the content.

The minor revisions recommended by the validators in this stage were discussed with the experts involved in stage 2, step 2. After many iterations by the experts, the following changes were incorporated into the following items:

- Item number 5 was changed from /n̪iŋŋaɭ iʈaripoːkumeɳɳə n̪iŋŋaɭ kaɾuʈuɳɳunʈeŋkil poːlum n̪iŋŋaɭ parajaːn aːgɾaɦikkuɳɳaʈə eʈra ʈavəaɳa kriʈjamaːji parajaːruɳʈə/ to /n̪iŋŋaɭ samsaːɾikkumpoːɭ iʈaripoːkumeɳɳə kaɾuʈuɳɳunʈeŋkilpoːlum parajaːnaːgɾaɦikkuɳɳaʈə eʈraʈavəaɳa kriʈjamaːji parajaːruɳʈə/.
- Item number 13 was changed from /n̪iŋŋaɭ samsaːɾikkumpoːɭ n̪iŋŋaɭ ʃabd̪ikkuɳɳa ɾiːʈijekkuritʃ͡tʃ͡ə/ to / n̪iŋŋaɭ samsaːɾikkuɳɳa ɾiːʈijekkuritʃ͡tʃ͡ə/.

- Item number 62 was changed from / ʋaːkkaːluɭ̆a avaṯaɾaɳaŋŋaɭ̆ n̪alkumpoːɭ̆/ to / avaṯaɾaɳaŋŋaɭ̆ n̪alkumpoːɭ̆/
- Item number 92 was changed from /n̪iŋŋaɭ̆ aːgɾaɦikkun̪n̪aaṯrajum sampaːḏ̪ikkaːnuɭ̆a kaɻiʋə/ to /aːgɾaɦikkun̪n̪aaṯrajum sampaːḏ̪ikkaːnuɭ̆a kaɻiʋə/.
- Item number 29 was changed from /kuttaʋaːɭ̆i/ to / kuttaboːḏ̪ʱam/.

Thus the final version of the questionnaire, that is, OASES-A-M, was developed. The developed OASES-A-M is attached in Appendix-A.

### 4.4 Comparison of OASES-A-M scores across languages

The descriptive statistics were performed to determine the mean impact scores for the overall tool and each of the four sections separately. The mean and standard deviation for the overall impact scores and impact scores for each of the sections are provided in Table 3. The mean values for OASES-A available in other languages are also included for comparison.

**Table 3**

*Mean and standard deviation for the impact scores of sections of OASES-A across languages*

| Mean Impact Scores | Indian (Malayalam) *n=15* Mean (*SD*) | Indian (Kannada) *n = 51* Mean (*SD*) | American *n*=173 Mean (*SD*) | Dutch *n*=138 Mean (*SD*) | Australian *n*= 200 Mean (*SD*) | Brazilian *n*= 18 Mean (*SD*) | Japanese *n*= 200 Mean (*SD*) | Swedish *n*= 80 Mean (*SD*) |
|---|---|---|---|---|---|---|---|---|
| Section I | 2.66 (0.48) | 2.49 (0.53) | 2.67 (0.60) | 2.84 (0.52) | 2.60 (0.61) | 2.72 (0.53) | 2.86 (0.56) | 2.71 (0.61) |
| Section II | 3.25 (1.11) | 3.11 (0.81) | 2.75 (0.81) | 2.61 (0.63) | 2.91 (0.72) | 2.98 (0.47) | 2.97 (0.68) | 2.44 (0.76) |
| Section III | 3.11 (1.19) | 2.68 (0.78) | 2.66 (0.77) | 2.32 (0.59) | 2.58 (0.69) | 2.72 (0.64) | 2.57 (0.72) | 2.11 (0.72) |
| Section IV | 2.81 (1.08) | 2.59 (0.82) | 2.39 (0.89) | 2.00 (0.66) | 2.49 (0.89) | 2.54 (0.99) | 2.74 (0.81) | 2.05 (0.86) |
| Overall | 2.99 (0.93) | 2.75 (0.66) | 2.60 (0.74) | 2.44 (0.52) | 2.66 (0.65) | 2.75 (0.58) | 2.79 (0.63) | 2.33 (0.69) |

The mean overall impact score indicated a moderate impact of stuttering on PWS using OASES-A-M. This was found to be in accordance with the existing versions of OASES-A in other languages (Blumgart, Tran, Yaruss, et al., 2012; Bragatto et al., 2012; Divya & Sangeetha, 2022; Freud et al., 2017; Koedoot et al., 2011; Lindström et al., 2020; Sakai et al., 2017; Yaruss & Quesal, 2010). However, the mean impact score separately for each section indicated moderate impact for sections I and IV, while moderate to severe impact for section II, "Reactions to stuttering," and section III, "Communication in daily situations." When compared to the original English version of OASES-A and normative available for other languages, the mean impact score of Section II and III was relatively higher in OASES-A-M. However, in the Kannada version of OASES-A, Section II had an impact of moderate to severe.

In the Indian context, OASES-A is translated into two languages; OASES-A-K and OASES-A-M. When we compare the mean impact scores across Malayalam and Kannada, it can be observed that the impact scores of all the sections and also the overall impact score is more for Malayalam. That is, there is a cross-cultural difference in the impact of stuttering. This reflects the negative attitude and stigma associated with stuttering varies within different cultures of India.

The high impact rating for Section II dealing with "Reactions to Stuttering" may be due to the negative attitude and stigma associated with stuttering in the Indian scenario. Lack of awareness regarding stuttering, its assessment and management, and limited availability of speech-language pathologists/therapists are suggested to be the key contributing factors to the high impact scores. Further, availing help for the associated stress and anxiety issues from professionals or enrolling in self-help groups

carries a greater stigma within it. Also, the concept of self-help groups is still naive and uncommon in the Indian scenario. A study by Tellis and Tellis (2003) on the various socio-cultural issues with respect to stuttering states that PWS are viewed as if they have a disease instead of having a communication disorder. This study also states that some Asian Indians believe that it is appropriate to hide a disability from public view since his/her disability is seen as a reflection of the entire family. All these reactions of society towards stuttering and PWS might have led to the development of more negative reactions towards stuttering within PWS.

Also, the impact score of section III dealing with "Communication in Daily Situations" is also moderate to severe. These sections deal with various questions related to how difficult it is to communicate in various scenarios such as the workplace, in social situations, at home, etc. As we know from previous research studies that stuttering has an influence on the work performance of PWS, and it hampers their career growth (Craig et al., 2009; Klompas & Ross, 2004). As stuttering led to reduced self-esteem and self-identity, the ability to communicate in various daily situations was also affected in PWS. There is a significant difference between the impact score in Section III of OASES-A-M when compared to other languages because expressing oneself in a community is regarded as very important among the people of Kerala. And also the negative attitudes and associated stigma towards stuttering and PWS might have led to the development of emotional and social distress among PWS. These would have led to lower self-perceived comminunicative competence in PWS in dialy situations such in workplace, in social situations, at home, etc. and in turn high impact rating.

### 4.5 Reliability Analyses

To establish reliability, OASES-A-M was re-administered on these 5 PWS with an interval of 10 to 30 days. The Cronbach's Alpha coefficient (α) was obtained for all the four sections of OASES-A-M, and good reliability for all the four sections was found, which are represented in table 4.

**Table 4**

*Cronbach's alpha coefficient for test-retest reliability of adapted OASES-A-M*

| Sections of OASES-A-M | Cronbach's Alpha coefficient(α) |
|---|---|
| Section I | 0.999 |
| Section II | 0.877 |
| Section III | 0.898 |
| Section IV | 0.942 |
| Overall | 0.965 |

The interpretation of Cronbach's α values was made based on the recommendations of Nunnally (1978) and Rosenthal and Rosnow (2008), wherein α values greater than .70 indicate good internal consistency and reliability, and α values above .80 are considered to be good reliability for clinical use.

The Cronbach's α coefficient value was above 0.70 for all the four sections of OASES-A-M, which indicated good internal consistency and reliability of OASES-A-M. In the current study, the reliability is good may be due to the fact that the questions were adapted and simplified according to the inputs given by the Speech-language pathologists and also PWS. And also because of the assistance provided by the examiner in case of any difficulty in understanding any of the questions.

### 4.6 Validity analyses

To assess construct validity, the correlations between the Impact scores of all the four sections were calculated using the Spearman correlation test. A rho (ρ) > 0.60 is considered to be a strong correlation; correlations between 0.30 and 0.60 are considered to be moderate, and correlations below 0.30 are considered to be low (Hinkle et al., 1998). The correlation values between all four sections and between the overall mean impact score and the scores of each of the four sections are provided in table 5.

**Table 5**

*Correlations among the sections of OASES-A-M and the overall impact scores*

| Sections of OASES-A-M | Section I | | Section II | | Section III | | Section IV | |
|---|---|---|---|---|---|---|---|---|
| | ρ | *p* | ρ | *p* | ρ | *p* | ρ | *P* |
| Section I | - | - | - | - | - | - | - | - |
| Section II | 0.613* | 0.015 | - | - | - | - | - | - |
| Section III | 0.576** | 0.025 | 0.824* | 0.000 | - | - | - | - |
| Section IV | 0.668* | 0.007 | 0.933* | 0.000 | 0.807* | 0.000 | - | - |
| Overall Impact scores | 0.701* | 0.004 | 0.967* | 0.000 | 0.910* | 0.000 | 0.942* | 0.000 |

*Note.* *indicates Strong correlation, **indicates Moderate correlation

A strong correlation was observed between all four sections and also between the overall mean impact score and the scores of each of the four sections, except for a Moderate correlation between sections I and III. In the Japanese and English versions of OASES-A, a moderate correlation was obtained between sections except for between sections II and IV, which had a strong correlation. In the Kannada version of OASES-A, moderate correlation was observed between the sections except for the strong correlation between Sections II and IV and Sections II and III.

The reason for obtaining a strong correlation between sections in OASES-A-M would be due to the small sample size and also the difference in cultural diversity that lead to the difference in a person's experience of stuttering.

### 4.6 Comparison between stuttering severity and OASES-A-M rating

The present study also examined if any link exists between stuttering severity and impact rating of OASES-A-M. The participants of the current study were a total of 15 PWS. The severity of stuttering of these individuals was assessed using SSI-4. The severity ranged from mild to severe, with 5 participants in each severity level, i.e., 5-Mild, 5-Moderate, and 5-Severe.

The impact rating that the 5 PWS in each severity level obtained across the four sections of OASES-A-M is tabulated below.

**Table 6**

*Correlation of Mild stuttering (SSI 4) with sections of OASES-A-M*

| | OASES-A-M Rating | | | | |
|---|---|---|---|---|---|
| | Mild | Mild to Moderate | Moderate | Moderate to Severe | Severe |
| Section I | 0 | 2 | 3 | 0 | 0 |
| Section II | 1 | 2 | 2 | 0 | 0 |
| Section III | 1 | 3 | 1 | 0 | 0 |
| Section IV | 3 | 1 | 1 | 0 | 0 |
| Overall | 0 | 4 | 1 | 0 | 0 |

As it can be observed from the above table that among the 5 persons with mild stuttering the impact rating of stuttering across sections range from mild to moderate.

**Table 7**

*Correlation of Moderate stuttering (SSI 4) with sections of OASES-A-M*

| | OASES-A-M Rating | | | | |
|---|---|---|---|---|---|
| | Mild | Mild to Moderate | Moderate | Moderate to Severe | Severe |
| Section I | 0 | 0 | 1 | 4 | 0 |
| Section II | 0 | 0 | 1 | 1 | 3 |
| Section III | 0 | 0 | 1 | 2 | 2 |
| Section IV | 0 | 0 | 1 | 3 | 1 |
| Overall | 0 | 0 | 1 | 3 | 1 |

As it can be observed from the above table that among the 5 persons with moderate stuttering the impact rating of stuttering across sections range from moderate to severe.

**Table 8**

*Correlation of Severe stuttering (SSI 4) with sections of OASES-A-M*

| | OASES-A-M Rating | | | | |
|---|---|---|---|---|---|
| | Mild | Mild to Moderate | Moderate | Moderate to Severe | Severe |
| Section I | 0 | 0 | 4 | 1 | 0 |
| Section II | 0 | 0 | 1 | 3 | 1 |
| Section III | 0 | 0 | 1 | 1 | 3 |
| Section IV | 0 | 0 | 3 | 1 | 1 |
| Overall | 0 | 0 | 1 | 3 | 1 |

As it can be observed from the above table that among the 5 persons with severe stuttering the impact rating of stuttering across sections range from

moderate to severe.

From the above three tables it can be understood that there is no or partial link between stuttering severity and the impact rating. Few persons with mild stuttering had moderate impact rating and a few persons with severe stuttering also exhibited moderate impact rating. It should be noted that the number of participants in each severity is limited to only 5. The increase in sample size probably could yield varied results.

These findings are in agreement with the previous studies by Bragatto et al. (2012), where the authors analyzed if there is any relation between the stuttering severity obtained through SSI 3 and the scores of OASES-A in the Brazilian language. The results revealed no agreement between stuttering severity and OASES - A scores. In a study by Kasbi et al. (2015), they aimed to assess the relationship between QOL and the severity of stuttering in PWS. The study was performed among 78 PWS and 78 PWNS. Data were gathered using the Short-form 36 (SF-36) questionnaire on QOL, and a sample of spontaneous speech was utilized to calculate the percentage of syllables that were stuttered (% SS) as a method for measuring frequency. The study concludes that there was no obvious link between the intensity of stuttering and its impact on QOL. In a study done by Craig et al. (2009), the authors assessed the relationship between stuttering severity and QOL. The findings of the study conclude that there is no significant association between stuttering severity and QOL domains.

The study by Tichenor and Yaruss (2018) demonstrated that the stuttering moment is experienced by the speaker in a more complex way than simply the production of the blocks, repetitions, and prolongations that are frequently related to

stuttering behavior. Respondents of the study reported feeling physical, cognitive, and emotional symptoms including stress, fear, and apprehension for themselves as speakers during the stuttering moments. This would be reason for obtaining no or partial link between the stuttering severity and impact rating in the present study. PWS did not concur with the widely accepted distinction between "secondary" physical or negative emotions and "core" actions like repetitions, prolongations, and blocks. Although it is possible to discern between these components, it seems that doing so is artificial because it does not seem to reflect how PWS actually feel about it. These actions, feelings, and perceptions all belong to be a part of their overall experience with stuttering.

The emotional, behavioral and cognitive responses that a PWS exhibit towards stuttering differ from person to person. Fear, humiliation, stress, embarrassment, and even social anxiety are common affective issues for PWS (Blumgart et al., 2010; Iverach et al., 2009). Additionally, they struggle with negative behavioral issues like avoiding situations when they stutter and cognition reactions like blaming oneself and seeing stuttering as their fault (Guitar, 2014; Bloodstein & Bernstein Ratner., 2008). PWS are reported to have a negative temperament (Manning & Beck, 2011). In their meta-analysis, Craig and Tran (2014) indicated chronic anxiety in PWS and a resultant avoidance behavior further limiting their social participation. Thus the level of motivation and confidence that a person exhibit will play a major role in determining how stuttering would have an impact on a persons QOL and life participation. To conclude the impact of stuttering on a person’s life depends on the individuals experience with stuttering.

# CHAPTER V

## SUMMARY AND CONCLUSION

Stuttering is a speech disturbance that involves involuntary repetitions or prolongations of words or syllables, as well as involuntary disruptions in speech flow, which are termed blocks (Bloodstein & Bernstein Ratner., 2008). Repetitions, prolongations, and blocks are the overt characteristics of stuttering. The covert features include feelings and reactions towards stuttering, which would be hopelessness, isolation, anxiety, fear, guilt, shame, denial, etc. The emotional reactions that the Persons Who Stutter (PWS) experience increase over time, and these reactions can have a significant impact on their autonomy, psychological processes, and life quality. Assessing a person's feelings about stuttering is more challenging than determining the overt symptoms and severity of stuttering from a speech sample. These feelings are a part of how a disease or disorder "impacts" a person's life. Thus it is important to assess the covert features of stuttering using a comprehensive tool that provides an insight into the full range of stuttering. OASES-A is one such instrument that assesses stuttering and its features from a holistic point of view.

The study objectives included adaptation, translation, and validation of OASES-A into the Malayalam language. The adapted questionnaire was translated using the 5 step translation process recommended by WHO, such as Forward Translation, Expert Panel Review, Backward Translation, Pilot Study and Cognitive Interviewing, and Final Version. Following the translation, the content validation of the translated version was performed by 5 SLPs and five individuals with no stuttering. The content validation was done for all the 100 items across four

parameters such as Ambiguity, Cultural Appropriateness, Clarity, and Representativeness on a four-point rating scale. Most of the items were given a rating of 4 across all the parameters. Few items where rated as 3 for the parameters Clarity and Ambiguity. A rating of 3 indicated that the item needed a minor revision. These minor revisions were incorporated into the questionnaire. Thus, after all these revisions, the final translated and validated Overall Assessment of the Speaker's Experience of Stuttering-Adult in Malayalam language (OASES-A-M) was finalized.

Further, the questionnaire was administered to 15 PWS who had Malayalam as their native language. Descriptive statistics were performed to determine the mean impact scores for the overall tool and each of the four sections separately and was also compared across languages. The mean overall I,pact score indicated a moderate impact of stuttering on PWS using OASES-A-M. This was found to be in accordance with the existing versions of OASES-A in other languages. However, the mean impact score separately for each section indicated moderate impact for Section I and IV, while Section II and III had a mean impact rating of moderate to severe and other sections had a mean moderate level of impact. When compard to OASES-A in other languages, the section wise mean impact rating was high in OASES-A-M. This leads to the fact that the impact of stuttering on people can vary according to the culture. Cronbach's alpha indicated an internal consistency of more than 0.8 in all sections. Spearman correlation test suggested a strong correlation between all four sections and also with the overall mean impact score. When stuttering severity and the impact rating of OASES-A-M was compared, there was no or partial link between stuttering severity and the impact rating. Few persons with mild stuttering had moderate impact rating and a few persons with severe stuttering exhibited moderate impact rating. It should be noted that the number of participants in each severity is limited

to only 5. The increase in sample size probably could yield varied results. These findimgs in agreement with previous studies states that severity of stuttering does not have a significant role in determining the impact od stuttering on a person's life.

This study was a preliminary investigation to evaluate the quality of life of adults who stutter in the Indian context. The findings of the current research suggest it to be a sensitive and reliable tool for future use in Malayalam speaking PWS. In light of the linguistic and cultural diversity observed in India, there is a wide scope to evaluate the effectiveness of the adapted tool. Further, the lingual and cultural diversity also offers an opportunity to adapt the tool in other widely spoken languages.

The current research has yielded significant findings. Considering the linguistically and culturally divergent perspectives and paucity of evidence in the Indian context, the current study provides a better and more realistic insight into the impact of stuttering in Malayalam-speaking PWS. Further, the understanding of the impact of stuttering would direct intervention for those who stutter and facilitate and strengthen their support system. The tool could also be used as an outcome measure for the treatment efficacy studies in consonance with the WHO-ICF guidelines. Also, the observations made highlight the social stigma associated with stuttering that may guide the professionals in creating awareness and counseling the general public regarding stuttering.

**5.1 Limitations of the present study:**

- The study results were established on small sample size.

- The developed material can be used only on Malayalam speaking persons with stuttering in the age range of 18 years and above.

- The participants consisted of mostly young adults, with a greater number of males as compared to females.

**5.2 Implications of the present study:**

- The adapted OASES-A-M questionnaire in the Malayalam language will provide the patient's overall experience of stuttering in various situations, which can be used to evaluate the overall quality of life in individuals with stuttering, particularly in the Malayalam-speaking population.

- OASES-A-M helps in identifying and treating the covert behaviors in Malayalam-speaking individuals with stuttering, which further would help in selecting a suitable and effective treatment strategy.

- OASES-A-M can also be used to evaluate the outcomes of stuttering treatment by administering the questionnaire pre-treatment and post-treatment in Malayalam-speaking individuals with stuttering.

**5.3 Future directions:**

- OASES-A can be further adapted and translated to other Indian languages.
- OASES-S and OASES-T can be further adapted and translated into the Malayalam language.
- The questionnaire could be administered to a larger population and can be comparedacross age and gender.

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**APPENDIX-A**

**OASES-A-M**

## വിഭാഗം 1: പൊതുവായ വിവരങ്ങൾ

ഈ വിഭാഗത്തിലെ ഓരോ ചോദ്യത്തിനും നിങ്ങൾക്ക് അനുയോജ്യമായ നമ്പർ വട്ടം ഇടുക. ഓരോ ചോദ്യത്തിനും ഉത്തരം നൽകുമ്പോൾ നിങ്ങൾക്ക് ഇപ്പോൾ എന്തു തോന്നുന്നു അല്ലെങ്കിൽ നിങ്ങൾ ഇപ്പോൾ എങ്ങനെ സംസാരിക്കുന്നു എന്ന് മാത്രം ചിന്തിക്കുക. താഴെപ്പറയുന്നവയിൽ ഏതെങ്കിലും ഒരു ചോദ്യം നിങ്ങൾക്ക് ബാധകമല്ല എന്നു തോന്നുന്നുവെങ്കിൽ അതിൻറെ താഴെ കൊടുത്തിരിക്കുന്ന ബോക്സിൽ ടിക്ക് ചെയ്ത് അടുത്ത ചോദ്യത്തിലേക്ക് നീങ്ങാവുന്നതാണ്.

| എ | **നിങ്ങളുടെ സംസാരത്തെക്കുറിച്ചുള്ള പൊതുവായ വിവരങ്ങൾ** | **എപ്പോഴും** | **കൂടുതലും** | **ചിലപ്പോൾ** | **അപൂർവ്വമായി** | **ഒരിക്കലുമില്ല** |
|---|---|---|---|---|---|---|
| 1 | എത്ര തവണ നിങ്ങൾക്ക് നന്നായി ഒഴുക്കോടെ സംസാരിക്കാൻ കഴിയാറുണ്ട്? | 1 | 2 | 3 | 4 | 5 |
| 2 | നിങ്ങളുടെ സംസാരം എത്രത്തോളം സ്വാഭാവികമായി തോന്നാറുണ്ട്? (അതായത് മറ്റുള്ളവരുടെ സംസാരം പോലെ) | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | അനുദിനം എത്ര സ്ഥിരതയോടെ സംസാരത്തിന്റെ ഒഴുക്ക് നിലനിർത്താൻ നിങ്ങൾക്ക് സാധിക്കാറുണ്ട്? | 1 | 2 | 3 | 4 | 5 |
| 4 | സ്പീച്ച് തെറാപ്പിയിൽ പഠിച്ച ഉപായങ്ങൾ/ രീതികൾ/ മുറകൾ എത്രത്തോളം നിങ്ങൾ ഉപയോഗിക്കാറുണ്ട്? | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| 5 | നിങ്ങൾ സംസാരിക്കുമ്പോൾ ഇടറി പോകുമെന്ന് കരുതുന്നുണ്ടെങ്കിൽ പോലും പറയാൻ ആഗ്രഹിക്കുന്നത് എത്ര തവണ കൃത്യമായി പറയാറുണ്ട്? | 1 | 2 | 3 | 4 | 5 |
| **ബി** | **നിങ്ങൾക്ക് എത്രത്തോളം അറിവുണ്ട്** | **അങ്ങേയറ്റം** | **വളരെ** | **ഒരു പരിധിവരെ** | **കുറച്ച്** | **തീരെയില്ല** |
| 6 | പൊതുവെ വിക്കിനെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |
| 7 | വിക്കിനെ ബാധിക്കുന്ന ഘടകങ്ങളെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |
| 8 | വിക്കുമ്പോൾ നിങ്ങളുടെ സംസാരത്തിന് എന്ത് സംഭവിക്കും എന്നതിനെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |

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|---|---|---|---|---|---|---|
| 9 | വിക്കുള്ള ആളുകൾക്ക് ഉള്ള ചികിത്സാ രീതികളെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |
| 10 | വിക്കുള്ള ആളുകൾക്കുള്ള സ്വയംസഹായ കൂട്ടായ്മകളെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |
| **സി** | **നിങ്ങൾക്ക് എങ്ങനെ തോന്നുന്നു** | **വളരെ നല്ലതായി** | **കുറച്ച് നല്ലതായി** | **നിഷ്പക്ഷമായി** | **കുറച്ച് മോശമായി** | **വളരെ മോശമായി** |
| 11 | നിങ്ങളുടെ സംസാരിക്കാനുള്ള കഴിവിനെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |
| 12 | നിങ്ങളുടെ ആശയവിനിമയ ശേഷിയെകുറിച്ച് (അതായത് വിക്കിനെ പരിഗണിക്കാതെ തന്നെ നിങ്ങളുടെ സന്ദേശം മറ്റുള്ളവരിലേക്ക് എത്തിക്കാൻ ഉള്ള കഴിവ്) | 1 | 2 | 3 | 4 | 5 |
| 13 | നിങ്ങൾ സംസാരിക്കുന്ന രീതിയെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |
| 14 | ഒഴുക്കോടെ സംസാരിക്കാനുള്ള രീതികൾ/ മുറകൾ/ ഉപായങ്ങളെക്കുറിച്ച് (അതായത് സ്പീച്ച് തെറാപ്പിയിൽ | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | പഠിച്ച ഉപായങ്ങൾ/ രീതികൾ/ മുറകൾ) | | | | | |
| 15 | സ്പീച്ച് തെറാപ്പിയിലൂടെ പഠിച്ച ഉപായങ്ങൾ/ രീതികൾ/ മുറകൾ ഉപയോഗിക്കാനുള്ള നിങ്ങളുടെ കഴിവിനെക്കുറിച്ച് | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| 16 | വിക്കുള്ള ഒരു വ്യക്തി ആയിരിക്കുക എന്നത് | 1 | 2 | 3 | 4 | 5 |
| 17 | നിങ്ങൾ അടുത്തിടെ പങ്കെടുത്ത സ്പീച്ച് തെറാപ്പി പ്രോഗ്രാമിനെക്കുറിച്ച് | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| 18 | വിക്കുള്ള വ്യക്തിയായി മറ്റുള്ളവർ തിരിച്ചറിയുന്നതിനെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |
| 19 | വ്യത്യസ്ത സാഹചര്യങ്ങളിൽ നിങ്ങളുടെ അക്ഷരസ്ഫുടതയിൽ വരുന്ന വ്യതിയാനങ്ങളെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |
| 20 | വിക്കുള്ളവർക്കായുള്ള സ്വയംസഹായ കൂട്ടായ്മകളെക്കുറിച്ച് | 1 | 2 | 3 | 4 | 5 |

## വിഭാഗം II: വിക്കിനോടുള്ള പ്രതികരണങ്ങൾ

ഈ വിഭാഗത്തിലെ ഓരോ ചോദ്യത്തിനും നിങ്ങൾക്ക് അനുയോജ്യമായ നമ്പർ വട്ടം ഇടുക. ഓരോ ചോദ്യത്തിനും ഉത്തരം നൽകുമ്പോൾ നിങ്ങൾക്ക് ഇപ്പോൾ എന്തു തോന്നുന്നു അല്ലെങ്കിൽ നിങ്ങൾ ഇപ്പോൾ എങ്ങനെ സംസാരിക്കുന്നു എന്ന് മാത്രം ചിന്തിക്കുക.

| എ | **വിക്കിനെക്കുറിച്ച് ചിന്തിക്കുമ്പോൾ നിങ്ങൾക്ക് എപ്പോഴെല്ലാം ..... തോന്നാറുണ്ട്** | **ഒരിക്കലുമില്ല** | **അപൂർവ്വമായി** | **ചിലപ്പോൾ** | **പലപ്പോഴും** | **എപ്പോഴും** |
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| 21 | നിസ്സഹായത | 1 | 2 | 3 | 4 | 5 |
| 22 | ദേഷ്യം | 1 | 2 | 3 | 4 | 5 |
| 23 | നാണം | 1 | 2 | 3 | 4 | 5 |
| 24 | ഒറ്റപ്പെടൽ | 1 | 2 | 3 | 4 | 5 |
| 25 | ഉത്കണ്ഠ | 1 | 2 | 3 | 4 | 5 |
| 26 | വിഷാദം | 1 | 2 | 3 | 4 | 5 |
| 27 | പ്രതിരോധം | 1 | 2 | 3 | 4 | 5 |
| 28 | പരിഭ്രാന്തി | 1 | 2 | 3 | 4 | 5 |

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| 29 | കുറ്റബോധം | 1 | 2 | 3 | 4 | 5 |
| 30 | നിരാശ | 1 | 2 | 3 | 4 | 5 |
| **ബി** | **നിങ്ങൾ എപ്പോഴെല്ലാം .....** | **ഒരിക്കലുമില്ല** | **അപൂർവ്വമായി** | **ചിലപ്പോൾ** | **പലപ്പോഴും** | **എപ്പോഴും** |
| 31 | വിക്കുമ്പോൾ ശാരീരിക പിരിമുറുക്കം അനുഭവപ്പെടാറുണ്ട് | 1 | 2 | 3 | 4 | 5 |
| 32 | ഒഴുക്കോടെ സംസാരിക്കുമ്പോൾ ശാരീരിക പിരിമുറുക്കം അനുഭവപ്പെടാറുണ്ട് | 1 | 2 | 3 | 4 | 5 |
| 33 | വിക്കുമ്പോൾ കണ്ണിമവെട്ടുക, മുഖം ചുളിക്കുക, കൈകൾ ചലിപ്പിക്കുക എന്നിവ ചെയ്യാറുണ്ട് | 1 | 2 | 3 | 4 | 5 |
| 34 | നേത്ര സമ്പർക്കം വിച്ഛേദിക്കാറുണ്ട് അല്ലെങ്കിൽ | 1 | 2 | 3 | 4 | 5 |

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| | ശ്രോതാവിനെ നോക്കുന്നത് ഒഴിവാക്കാറുണ്ട് | | | | | |
| 35 | ചില പ്രത്യേക സാഹചര്യങ്ങളിൽ അല്ലെങ്കിൽ ചില പ്രത്യേക വ്യക്തികളോട് സംസാരിക്കുന്നത് ഒഴിവാക്കാറുണ്ട് | 1 | 2 | 3 | 4 | 5 |
| 36 | വിക്കാൻ സാധ്യതയുണ്ടെന്നു തോന്നുന്ന സാഹചര്യങ്ങൾ ഒഴിവാക്കാറുണ്ട് | 1 | 2 | 3 | 4 | 5 |
| 37 | വിക്കാൻ സാധ്യതയുണ്ടെന്നുള്ളതു കൊണ്ട് പറയാൻ ആഗ്രഹിക്കുന്ന കാര്യങ്ങൾ പറയാതിരിക്കാറുണ്ട് (ഉദാഹരണം: വാക്കുകൾ | 1 | 2 | 3 | 4 | 5 |

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| | ഒഴിവാക്കുക അല്ലെങ്കിൽ പകരം മറ്റു വാക്കുകൾ ഉപയോഗിക്കുക, ചോദ്യങ്ങൾക്ക് ഉത്തരം നൽകാൻ വിസമ്മതിക്കുക, പറയാൻ എളുപ്പമായതുകൊണ്ട് ആവശ്യമില്ലാത്ത വസ്തുക്കൾ ഓർഡർ ചെയ്യുക) | | | | | |
| 38 | ഒഴുക്കോടെ സംസാരിക്കുന്നതിനായി ഫില്ലർ വാക്കുകൾ അല്ലെങ്കിൽ സ്റ്റാർട്ടർ പദങ്ങൾ ഉപയോഗിക്കാറുണ്ട് (ഉദാഹരണം: “ഉം ഉം” എന്നുപറഞ്ഞുകൊണ്ട് തൊണ്ട വൃത്തിയാക്കുക), അല്ലെങ്കിൽ നിങ്ങളുടെ സംസാരരീതിയിൽ മാറ്റം വരുത്താറുണ്ട് | 1 | 2 | 3 | 4 | 5 |

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| | (ഉദാഹരണം: പ്രത്യേക ഉച്ചാരണ രീതിയിൽ സംസാരിക്കുക) | | | | | |
| 39 | ഒരു വാക്കിൽ വിക്ക് അനുഭവപ്പെട്ടാൽ മറ്റു വാക്കുകളിലും വിക്ക് വർദ്ധിക്കുന്നതായി തോന്നാറുണ്ട് | 1 | 2 | 3 | 4 | 5 |
| 40 | നിങ്ങൾക്കുവേണ്ടി സംസാരിക്കാൻ മറ്റൊരാളെ ഏൽപ്പിക്കാറുണ്ട്/ വിനിയോഗിക്കാറുണ്ട് | 1 | 2 | 3 | 4 | 5 |
| **സി** | **താഴെപ്പറയുന്ന പ്രസ്താവനകളോട് നിങ്ങൾ എത്രമാത്രം യോജിക്കുന്നു അല്ലെങ്കിൽ വിയോജിക്കുന്നു** | **ശക്തമായി വിയോജിക്കുന്നു** | **കുറച്ച് വിയോജിക്കുന്നു** | **നിഷ്പക്ഷം** | **കുറച്ച് യോജിക്കുന്നു** | **ശക്തമായി യോജിക്കുന്നു** |
| 41 | “ഞാൻ എൻറെ വിക്കിനെക്കുറിച്ച് സദാസമയവും | 1 | 2 | 3 | 4 | 5 |

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| | ചിന്തിക്കാറുണ്ട്” | | | | | |
| 42 | “എന്നെക്കുറിച്ചുള്ള ആളുകളുടെ അഭിപ്രായങ്ങൾ ഞാൻ എങ്ങനെ സംസാരിക്കുന്നു എന്നതിനെ ആസ്പദമാക്കിയാണ്” | 1 | 2 | 3 | 4 | 5 |
| 43 | “എനിക്ക് വിക്ക് ഇല്ലായിരുന്നുവെങ്കിൽ എൻറെ ജീവിത ലക്ഷ്യങ്ങളെ നേടാൻ എളുപ്പമാവുമായിരുന്നു” | 1 | 2 | 3 | 4 | 5 |
| 44 | “എനിക്ക് വിക്കുണ്ടെന്ന കാര്യം ആളുകൾ അറിയണമെന്ന് ഞാൻ ആഗ്രഹിക്കുന്നില്ല” | 1 | 2 | 3 | 4 | 5 |
| 45 | “ഞാൻ വിക്കുമ്പോൾ അതിൽ എനിക്കൊന്നും ചെയ്യാൻ കഴിയുന്നില്ല” | 1 | 2 | 3 | 4 | 5 |

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| 46 | “ആളുകൾ വിക്കാതിരിക്കാൻ തങ്ങളാൽ കഴിയുന്നതെല്ലാം ചെയ്യണം” | 1 | 2 | 3 | 4 | 5 |
| 47 | “വിക്കുള്ള ആളുകൾ ഒരുപാട് സംസാരം ആവശ്യമായ ജോലികൾ തിരഞ്ഞെടുക്കരുത്” | 1 | 2 | 3 | 4 | 5 |
| 48 | “ഞാൻ മറ്റുള്ളവരെ പോലെ നന്നായി സംസാരിക്കുന്നില്ല” | 1 | 2 | 3 | 4 | 5 |
| 49 | “എനിക്ക് വിക്കുന്നുണ്ടെന്ന കാര്യം അംഗീകരിക്കാൻ കഴിയുന്നില്ല” | 1 | 2 | 3 | 4 | 5 |
| 50 | “എൻറെ സംസാരിക്കാനുള്ള കഴിവിൽ എനിക്ക് ആത്മവിശ്വാസമില്ല” | 1 | 2 | 3 | 4 | 5 |

## വിഭാഗം III: ദൈനംദിന സാഹചര്യങ്ങളിലുള്ള ആശയവിനിമയം

ഈ വിഭാഗത്തിൽ, വ്യത്യസ്ത സാഹചര്യങ്ങളിൽ നിങ്ങൾക്ക് എത്രമാത്രം ബുദ്ധിമുട്ട് അനുഭവിക്കുന്നു എന്ന് സൂചിപ്പിക്കുക, നിങ്ങൾ എത്രമാത്രം ഒഴുക്കോടെ സംസാരിക്കുന്നു എന്നുള്ളതല്ല ഉദ്ദേശിക്കുന്നത്. മറ്റുവിധത്തിൽ സൂചിപ്പിച്ചിട്ടില്ലെങ്കിൽ, എല്ലാ ചോദ്യങ്ങളും മുഖാമുഖം അല്ലെങ്കിൽ മറ്റുള്ളവരുമായുള്ള വ്യക്തിഗത ഇടപെടലുകളെയാണ് സൂചിപ്പിക്കുന്നത്. താഴെപ്പറയുന്നവയിൽ ഏതെങ്കിലും ഒരു ചോദ്യം നിങ്ങൾക്ക് ബാധകമല്ല എന്നു തോന്നുന്നുവെങ്കിൽ അതിൻറെ താഴെ കൊടുത്തിരിക്കുന്ന ബോക്സിൽ ടിക്ക് ചെയ്ത് അടുത്ത ചോദ്യത്തിലേക്ക് നീങ്ങുക.

| എ | **താഴെപ്പറയുന്ന സാഹചര്യങ്ങളിൽ നിങ്ങൾക്ക് ആശയവിനിമയം നടത്താൻ എത്രത്തോളം ബുദ്ധിമുട്ട് അനുഭവപ്പെടാറുണ്ട്** | **ഒട്ടും ബുദ്ധിമുട്ടില്ല** | **അധികം ബുദ്ധിമുട്ടില്ല** | **കുറച്ച് ബുദ്ധിമുട്ടുണ്ട്** | **വളരെ ബുദ്ധിമുട്ടുണ്ട്** | **അങ്ങേയറ്റം ബുദ്ധിമുട്ടുണ്ട്** |
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| 51 | മറ്റൊരാളുമായി സംസാരിക്കുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |
| 52 | സമയബന്ധിതമായി ഉള്ള സംസാരം | 1 | 2 | 3 | 4 | 5 |
| 53 | ഒരു ചെറിയ ജനക്കൂട്ടത്തിന് മുന്നിൽ സംസാരിക്കുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |

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| 54 | ഒരു വലിയ ജനക്കൂട്ടത്തിന് മുന്നിൽ സംസാരിക്കുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |
| 55 | നിങ്ങൾക്ക് നന്നായി അറിയുന്ന ആളുകളുമായി സംസാരിക്കുമ്പോൾ (ഉദാഹരണം: സുഹൃത്തുക്കൾ) | 1 | 2 | 3 | 4 | 5 |
| 56 | നിങ്ങൾക്ക് പരിചയമില്ലാത്ത ആളുകളുമായി സംസാരിക്കുമ്പോൾ (ഉദാഹരണം: അപരിചിതർ) | 1 | 2 | 3 | 4 | 5 |
| 57 | ടെലിഫോണിൽ സംസാരിക്കുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |
| 58 | സ്വയം പരിചയപ്പെടുത്തുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |

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| 59 | ശ്രോതാവ് നിങ്ങളുടെ സംസാരത്തോട് എങ്ങനെ പ്രതികരിക്കുന്നു എന്നത് പരിഗണിക്കാതെ തന്നെ സംഭാഷണത്തിൽ ഏർപ്പെടുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |
| 60 | നിങ്ങൾക്കുവേണ്ടി വാക്കാൽ നിലകൊള്ളുമ്പോൾ (ഉദാഹരണം: നിങ്ങളുടെ അഭിപ്രായത്തെ പ്രതിരോധിക്കുക, വരിയിൽ നിൽക്കുമ്പോൾ നിങ്ങളുടെ മുന്നിൽ ആരെങ്കിലും വന്നു നിന്നാൽ അവരെ പ്രതിരോധിക്കുക ) | 1 | 2 | 3 | 4 | 5 |

| ബി | ജോലിസ്ഥലത്ത് ഇനി പറയുന്ന സാഹചര്യങ്ങളിൽ ആശയവിനിമയം നടത്തുന്നതിന് നിങ്ങൾക്ക് എത്രത്തോളം ബുദ്ധിമുട്ട് ഉണ്ടാവാറുണ്ട് | ഒട്ടും ബുദ്ധിമുട്ടില്ല | അധികം ബുദ്ധിമുട്ടില്ല | കുറച്ച് ബുദ്ധിമുട്ടുണ്ട് | വളരെ ബുദ്ധിമുട്ടുണ്ട് | അങ്ങേയറ്റം ബുദ്ധിമുട്ടുണ്ട് |
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| 61 | ജോലിസ്ഥലത്ത് ടെലിഫോൺ ഉപയോഗിക്കുമ്പോൾ | 1 | 2 | 3 ബാധകമല്ല ☐ | 4 | 5 |
| 62 | അവതരണങ്ങൾ നൽകുമ്പോൾ | 1 | 2 | 3 ബാധകമല്ല ☐ | 4 | 5 |
| 63 | സഹപ്രവർത്തകരോ നിങ്ങൾ ജോലി ചെയ്യുന്ന സ്ഥലത്തെ മറ്റു ആളുകളും ആയോ സംസാരിക്കുമ്പോൾ | 1 | 2 | 3 ബാധകമല്ല ☐ | 4 | 5 |
| 64 | ഉപഭോക്താക്കളുമായോ കക്ഷികളുമായോ സംസാരിക്കുമ്പോൾ | 1 | 2 | 3 ബാധകമല്ല ☐ | 4 | 5 |
| 65 | മേലധികാരികളോട് സംസാരിക്കുമ്പോൾ | 1 | 2 | 3 ബാധകമല്ല ☐ | 4 | 5 |

| സി | താഴെപ്പറയുന്ന സാമൂഹ്യ സാഹചര്യങ്ങളിൽ ആശയവിനിമയം നടത്തുന്നതിന് നിങ്ങൾ എത്രത്തോളം ബുദ്ധിമുട്ട് അനുഭവിക്കുന്നു | ഒട്ടും ബുദ്ധിമുട്ടില്ല | അധികം ബുദ്ധിമുട്ടില്ല | കുറച്ച് ബുദ്ധിമുട്ടുണ്ട് | വളരെ ബുദ്ധിമുട്ടുണ്ട് | അങ്ങേയറ്റം ബുദ്ധിമുട്ടുണ്ട് |
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| 66 | സാമൂഹിക പരിപാടികളിൽ പങ്കാളിയാകുമ്പോൾ (ഉദാഹരണം: പരിപാടികളിൽ സംസാരിക്കുമ്പോൾ) | 1 | 2 | 3 | 4 | 5 |
| 67 | കഥകളും തമാശകളും പറയുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |
| 68 | വിവരങ്ങൾ മറ്റൊരാളോട് ചോദിച്ച് മനസ്സിലാക്കുമ്പോൾ (ഉദാഹരണം: വഴി ചോദിച്ചു മനസ്സിലാക്കുമ്പോൾ) | 1 | 2 | 3 | 4 | 5 |
| 69 | ഹോട്ടലുകളിൽ ഭക്ഷണം ഓർഡർ ചെയ്യുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |

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| 70 | കടയിൽ നിന്നും സാധനങ്ങൾ വാങ്ങുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |
| **ഡി** | **താഴെപ്പറയുന്ന ഗൃഹാന്തരീക്ഷങ്ങളിൽ ആശയവിനിമയം നടത്തുന്നതിന് നിങ്ങൾക്ക് എത്രത്തോളം ബുദ്ധിമുട്ട് അനുഭവപ്പെടാറുണ്ട്** | **ഒട്ടും ബുദ്ധിമുട്ടില്ല** | **അധികം ബുദ്ധിമുട്ടില്ല** | **കുറച്ച് ബുദ്ധിമുട്ടുണ്ട്** | **വളരെ ബുദ്ധിമുട്ടുണ്ട്** | **അങ്ങേയറ്റം ബുദ്ധിമുട്ടുണ്ട്** |
| 71 | വീട്ടിൽ ടെലിഫോൺ ഉപയോഗിക്കുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |
| 72 | നിങ്ങളുടെ ഇണയോടൊ മറ്റു വേണ്ടപ്പെട്ടവരോടൊ സംസാരിക്കുമ്പോൾ | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| 73 | നിങ്ങളുടെ കുട്ടികളോടോ കൊച്ചുമക്കളോടോ സംസാരിക്കുമ്പോൾ | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| 74 | അകന്ന ബന്ധത്തിൽ പെട്ട ആളുകളോട് സംസാരിക്കുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |
| 75 | കുടുംബ ചർച്ചകളിൽ പങ്കെടുക്കുമ്പോൾ | 1 | 2 | 3 | 4 | 5 |

## വിഭാഗം IV : ജീവിതത്തിന്റെ ഗുണനിലവാരം

ഈ വിഭാഗത്തിലെ ഓരോ ചോദ്യത്തിനും, നിങ്ങൾക്ക് ഉചിതമായ നമ്പർ വട്ടമിടുക. ഓരോ ചോദ്യത്തിനും ഉത്തരം നൽകുമ്പോൾ നിങ്ങൾക്ക് ഇപ്പോൾ എന്തു തോന്നുന്നു അല്ലെങ്കിൽ നിങ്ങൾ ഇപ്പോൾ എങ്ങനെ സംസാരിക്കുന്നു എന്ന് ദയവായി ചിന്തിക്കുക. താഴെപ്പറയുന്നവയിൽ ഏതെങ്കിലും ഒരു ചോദ്യം നിങ്ങൾക്ക് ബാധകമല്ല എന്നു തോന്നുന്നുവെങ്കിൽ അതിൻറെ താഴെ കൊടുത്തിരിക്കുന്ന ബോക്സിൽ ടിക്ക് ചെയ്ത് അടുത്ത ചോദ്യത്തിലേക്ക് നീങ്ങുക.

| **എ** | **നിങ്ങളുടെ ജീവിതനിലവാരത്തെ ..... എത്രത്തോളം പ്രതികൂലമായി ബാധിക്കുന്നു** | **ഒരിക്കലുമില്ല** | **കുറച്ച്** | **ചിലപ്പോൾ** | **ഒരുപാട്** | **പൂർണ്ണമായും** |
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| 76 | നിങ്ങളുടെ വിക്ക് | 1 | 2 | 3 | 4 | 5 |
| 77 | വിക്കിനോടുള്ള നിങ്ങളുടെ പ്രതികരണം | 1 | 2 | 3 | 4 | 5 |
| 78 | നിങ്ങളുടെ വിക്കിനോടുള്ള മറ്റുള്ളവരുടെ പ്രതികരണം | 1 | 2 | 3 | 4 | 5 |
| **ബി** | **വിക്ക് എത്രത്തോളം നിങ്ങളുടെ ആശയവിനിമയത്തിലെ സംതൃപ്തിയെ തടസ്സപ്പെടുത്തുന്നു** | **ഒരിക്കലുമില്ല** | **കുറച്ച്** | **ചിലപ്പോൾ** | **ഒരുപാട്** | **പൂർണ്ണമായും** |
| 79 | പൊതുവെ | 1 | 2 | 3 | 4 | 5 |

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| 80 | ജോലിസ്ഥലത്ത് | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| 81 | സാമൂഹിക സാഹചര്യങ്ങളിൽ | 1 | 2 | 3 | 4 | 5 |
| 82 | വീട്ടിൽ | 1 | 2 | 3 | 4 | 5 |
| **സി** | **വിക്ക് എത്രത്തോളം നിങ്ങളുടെ ..... തടസ്സപ്പെടുത്തുന്നു** | **ഒരിക്കലുമില്ല** | **കുറച്ച്** | **ചിലപ്പോൾ** | **ഒരുപാട്** | **പൂർണ്ണമായും** |
| 83 | കുടുംബ ബന്ധങ്ങൾ | 1 | 2 | 3 | 4 | 5 |
| 84 | സുഹൃത്ത് ബന്ധങ്ങൾ | 1 | 2 | 3 | 4 | 5 |
| 85 | മറ്റുള്ളവരുമായുള്ള ബന്ധം | 1 | 2 | 3 | 4 | 5 |
| 86 | വളരെ അടുത്ത ബന്ധങ്ങൾ | 1 | 2 | 3 | 4 | 5 |
| 87 | സാമൂഹിക പ്രവർത്തനങ്ങളിൽ ഏർപ്പെടാനുള്ള കഴിവ് | 1 | 2 | 3 | 4 | 5 |
| **ഡി** | **വിക്ക് നിങ്ങളുടെ --------- എത്രത്തോളം ബാധിക്കുന്നു** | **ഒരിക്കലുമില്ല** | **കുറച്ച്** | **ചിലപ്പോൾ** | **ഒരുപാട്** | **പൂർണ്ണമായും** |
| 88 | ജോലി ചെയ്യാനുള്ള കഴിവ് | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |

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| 89 | ജോലി ചെയ്യുന്നതിലെ സംതൃപ്തി | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| 90 | ജോലിയിൽ മുന്നേറാനുള്ള കഴിവ് | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| 91 | വിദ്യാഭ്യാസ അവസരങ്ങൾ | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| 92 | ആഗ്രഹിക്കുന്ന അത്രയും<br>സമ്പാദിക്കാനുള്ള കഴിവ് | 1 | 2 | 3<br>ബാധകമല്ല ☐ | 4 | 5 |
| **ഇ** | **താഴെ പറയുന്ന കാര്യങ്ങളിൽ വിക്ക്<br>നിങ്ങളെ എത്രത്തോളം ബാധിക്കുന്നു** | **ഒരിക്കലുമില്ല** | **കുറച്ച്** | **ചിലപ്പോൾ** | **ഒരുപാട്** | **പൂർണ്ണമായും** |
| 93 | ആത്മാഭിമാനം | 1 | 2 | 3 | 4 | 5 |
| 94 | ജീവിതത്തെ കുറിച്ചുള്ള കാഴ്ചപ്പാട് | 1 | 2 | 3 | 4 | 5 |
| 95 | ആത്മവിശ്വാസം | 1 | 2 | 3 | 4 | 5 |
| 96 | ജീവിതത്തോടുള്ള ആവേശം | 1 | 2 | 3 | 4 | 5 |
| 97 | മൊത്തത്തിലുള്ള ആരോഗ്യവും<br>ശാരീരിക ക്ഷേമവും | 1 | 2 | 3 | 4 | 5 |
| 98 | മൊത്തത്തിലുള്ള ഓജസ്സ് അല്ലെങ്കിൽ<br>ഊർജനില | 1 | 2 | 3 | 4 | 5 |

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| 99 | സ്വന്തം ജീവിതത്തിലെ നിയന്ത്രണം | 1 | 2 | 3 | 4 | 5 |
| 100 | ആത്മീയ ക്ഷേമം | 1 | 2 | 3 | 4 | 5 |