

APPENDIX-A

ASSESSMENT PERFORMANCE : (PRE-TEST)

1. Name: _____ 2. Age: _____
3. Sex: _____ 4. Occupation: _____
5. Address: _____

6. Whether the Subject Is Psychologically Sound: Yes/No
7. Whether the Subject Is On Medications/Treatment: Yes/No
8. Variables:

a). Physiological variables:

- i. Resting Pulse Rate _____ Score: _____
ii. Blood Pressure _____ Score: _____

b). Clinical variables:

- i. Fasting blood sugar level _____ Score: _____
ii. Post prandial blood sugar level _____ Score: _____

c). Psychological variables:

- i. Stress _____ Score: _____
ii. Job Satisfaction _____ Score: _____

Place:

Date:

Signature

APPENDIX-B

ASSESSMENT PERFORMANCE :(POST-TEST)

1. Name: 2. Age:
3. Sex: 4. Occupation:
5. Address:

6. Whether the Subject Is Psychologically Sound: Yes/No
7. Whether the Subject Is On Medications/Treatment: Yes/No
8. Variables:

a). Physiological variables:

- i. Resting Pulse Rate Score:
ii. Blood Pressure Score:

b). Clinical variables:

- i. Fasting blood sugar level Score:
ii. Post prandial blood sugar level Score:

c). Psychological variables:

- i. Stress Score:
ii. Job Satisfaction Score:

Place:

Date:

Signature

APPENDIX-C

STRESS QUESTIONNAIRE BY LATHA SATHIS

Latha Sathis's stress Questionnaire describing 52 events which causes mental stress was given to the subjects and they were asked to fill yes or no along with the level of control exercised by them over event. Level of control of is assessed in three group. Complete control, Partial control and no control.

SCORING

If the answer is yes a score of one, two and three is assigned for complete control, partial control and no control respectively. If answer is NO then no score is assigned as the event does not bring any stress to the subject. The level is stress is arrived taking into account of the score obtained by the subject. Lower the score is considered as less stress and vice versa.

LEVEL OF STRESS

0 – 17 Mild Stress

18 - 35 Moderate Stress

36 - 52 Severe Stress

CONTROL INDEX

0 – 51 Complete control over Stress

52 – 105 Partial control over Stress

106 – 156 No control over Stress

Source: Latha,S (1997), Development of stressful life events Questionnaire – Journal of Psychometry, 1997, Vol.10.No.2.

List of Situation/Events/Problems	Yes/No	Amount of Control over it		
		Complete Control	Partial Control	No Control
(1) Lack of holiday rest (2) Too much to do at short period (3) Uncertainty of coming days (4) Prices sky rocking (5) Addition of new family Members (6) Lack of domestic help (7) Change in sleeping habits (8) Lack of emotional support at home (9) Career pressure (10) Academic Pressure (11) Very high family pressure to earn more (12) Increased work load at home (13) Pollutions and slum conditions in the locality (14) Lack of job satisfaction (15) Getting married (16) Appearing for examination (17) Lack of understanding between staff in work place (18) Failure in exams or other achievements (19) Discrimination in work place because of your sex/physical characteristics/religion/social status (20) Lack of monetary security (21) Daughters marriage (22) Family conflict (23) Huge loan to be repaid (24) Lack of child (male) (25) Unemployment				

(26) Sexual difficulties				
(27) Unwanted pregnancy				
(28) Conflict over dowry (self/spouse)				
(29) Feel a sense of powerlessness or hopeless				
(30) Lack of promotion of incentives				
(31) Heavy responsibility in work situation				
(32) Financial loss or problems				
(33) Decline in social life				
(34) Too much time pressure				
(35) Anxiety about unfulfilled commitments				
(36) illness of family members				
(37) Major personal illness				
(38) Lack of confidence in oneself				
(39) broken love affairs				
(40) Lack of support or excessive expectation from yourself and those around you				
(41) Intense arguments with spouse				
(42) Sense of loneliness				
(43) marital conflict				
(44) Alcoholism/drug addition by family member				
(45) Trouble with parent-in-law				
(46) Suspension or dismissal from job.				
(47) Extreme boredom				
(48) lack of sense of self-worth				
(49) Having a handicapped child				
(50) Marital separation/divorce				
(51) Extra marital relation of spouse				
(52) Death of close family member/Any other.				

APPENDIX-D

QUESTIONNAIRE ON JOB SATISFACTION

Job Satisfaction Scale developed by Bubey, B.L., Uppal.K.K and Verma S.K.(1989).

Job Satisfaction Scale questionnaire consists of 25 items and can be administered in an individual setting or group setting. The subject is seated comfortably. Read each statement carefully and understand the meaning of each statement. Find the statement suitable for you; put a tick mark in the corresponding column adjacent to each statement. The experimenter should take care to see that the subject completes the questionnaire in 20 to 25 minutes.

Scoring

RESPONSE	SCORE
Strongly agree	0
Agree	1
Undecided	2
Disagree	3
Strongly disagree	4

The items are scored on a 5 point scale from 0 to 4 as given below:

The scores can be summed up for all the 25 statements in order to arrive at a single total score for an individual. Low scores indicate satisfaction and high scores indicate dissatisfaction

Source: Job Satisfaction Scale developed by Bubey, B.L., Uppal.K.K and Verma S.K. (1989).

S. NO.	ITEM	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1.	I have been getting promotion as per my qualification and experience	<input type="checkbox"/>				
2.	I have full confidence in the management of this organization	<input type="checkbox"/>				
3.	Favoritism does not have any role to play in this organization	<input type="checkbox"/>				
4.	On the whole, I am satisfied with the general supervision in my department.	<input type="checkbox"/>				
5.	Working condition in this organization are satisfactory.	<input type="checkbox"/>				
6.	I think this organization treats its employees better than any other organization.	<input type="checkbox"/>				
7.	My superior keeps me informed about all polices / happenings of the organization.	<input type="checkbox"/>				
8.	I fell that I have oppportunity to present my problems to the management.	<input type="checkbox"/>				
9.	My present job is as per my ability / qualification and experience.	<input type="checkbox"/>				
10.	My superior behaves properly with me.	<input type="checkbox"/>				
11.	I feel proud of working in this organization.	<input type="checkbox"/>				

12.	Comparing the salary for similar jobs in other organization I feel my pay is better.	<input type="checkbox"/>				
13.	My supervisor takes into account my wishes as well as works done.	<input type="checkbox"/>				
14.	As per work requirement my pay is fair.	<input type="checkbox"/>				
15.	My organization adopts best methods of work as early as possible.	<input type="checkbox"/>				
16.	My job has helped me to learn more skills.	<input type="checkbox"/>				
17.	I feel that my job is reasonably secures as long as I do good work.	<input type="checkbox"/>				
18.	Promotions are made on merit in this organization.	<input type="checkbox"/>				
19.	I usually feel fresh at the end of the day's work.	<input type="checkbox"/>				
20.	My pay is enough for providing necessary things in my life.	<input type="checkbox"/>				
21.	There is high team spirit in the work group.	<input type="checkbox"/>				
22.	I am satisfied with welfare facilities (medical etc.,) provided by the organization.	<input type="checkbox"/>				
23.	On the whole, I feel I have good prospects or advancement my job.	<input type="checkbox"/>				
24.	I do not like to do this job but circumstances force me.	<input type="checkbox"/>				
25.	If I get similar job in some other organization I would like to quit this job.	<input type="checkbox"/>				