FINAL REPORT

NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

2007

INSTITUTE FOR RESEARCH AND DEVELOPMENT

BASELINE NATIONAL SURVEYS; SCHOOLS AND COMMUNITY BASED, TO ASSESS THE PREVALENCE OF MENTAL ILLNESS INCLUDING SUICIDAL IDEATIONS AND TO STUDY THE ATTITUDES OF PROFESSIONALS AND THE PUBLIC, ON MENTAL HEALTH IN SRI LANKA

Commissioned by

Mental Health Directorate of the Ministry of Healthcare and Nutrition

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CONTENTS

LIST OF TABLES

LIST OF FIGURES

Page

Chapter 7 Results of the Attitude Survey

LIST OF ANNEXURE

Annexure

ACNOWLEDGEMNTS

The most difficult task of coordinating the whole project while maintaining highest quality though training and supervision in every step of the project was shouldered by Dr Suwin Hewege, who has experience in conducting high quality research even longer than his medical career. We thank him for this major role played by him. Along with him it was Dr Samantha Wijesingha who carried out the training of RAs and executed the day to day affairs of the project. Dr Sisira Siribaddana, a physician turned mental health researcher who has a thorough understanding on mental health as well as epidemiological research expertise ensured quality of the overall work supported by Dr Sudath Samereweera, who is a community physician with extensive experience and pioneering research into suicide in Sri Lanka. Dr Kumudu Munesiagha also contributed to the work by supervising the qualitative work and Dr Anuradha Sumathipala through analyses of some of the qualitative data. We also thank Suranga Sewwandi for her support in the preparation of the bibliography, list of tables, figures and anenxrues. We thank Lakshmi Abeygoonewardane, the IRD financil contorler for meticualour handling of the finances. Our appreciation goes to T. Jayakumar our office assistant for his role and finally to all the research assisatntns for their valuable contrubtuion.

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Dr Godwin Kodituwakkau, the Director R&D at the National Institute of Education provided the crucial support we needed to plan and executive the training and data collection of the school survey.

The initial protocol underwent further revision based on recommendations made by Dr S. A. P. Gnanissara former Director, Education, Training and Research at the Ministry of Health and Prof Lalani Rajapaksa, Professor of Community Medicine, Faculty of Medicine, Colombo. We thank them all.

PREFACE

'Research can and it should play a substantial role in improving the mental health situation in low- and middle-income countries, where the gap between burden of mental disorders and mental health resources is the largest (Patel, 2007). Research-generated information is essential to determine mental health needs to propose cost-effective and culturally appropriate interventions of an individual or collective nature, to monitor the process of their implementation, to evaluate the progress made, and to explore the obstacles that prevent recommended strategies from being implemented. The difference between the research information that is needed to plan the best possible services in a given setting and what is currently available can be called the research gap. All available indications are pointing towards the fact that the research gap is particularly large in the non-rich countries.

In Sri Lanka, we lacked such data on overall prevalence estimates generated though systematically carried out island wide larger surveys. Most were estimates based on assumptions. We have now contributed to narrowing down this gap successfully by completing the island wide survey; community based and school based commissioned by the Ministry of Health.

We also feel proud that we managed to complete this to highest ethical and scientific standards with a very limited and low budget and also had to be carried out within a limited period of time.

I am delighted that the Institute for Research and Development has lived up to the expectation of the Ministry of Health.

The key to success was that we managed to mobilize a committed group of members within IRD with relevant expertise; having expertise in drafting and conducting epidemiological research. We also had access to the advice and help of the world best mental health research institution, the Institute of Psychiatry, Kings College, University of London. Most of all we managed to train a committed critical mass of research assistants from all parts of the country. We are happy that they carried out the data collection to the highest quality and ethical standards. Some of them had to walk miles

into remote villages to complete their task. The research assistants in the school based survey were teachers recruited through the National Institute of Education. We are indebted to all these dedicated contributors to make this difficult task a successes.

Dr Athula Sumathipala

MBBS, DFM, MD, MRCPsych, PhD

Hon. Director, Institute for Research & Development

THE TEAM

Dr. Suwin Hewage MBBS. Research Fellow, Institute for Research & Development.

Dr. Hemantha Herath MBBS, MSc, MD. Medical officer, Office of the Additional Secretary (Medical Services), Ministry of Healthcare and Nutrition.

Dr. Anura Jayasingha MBBS, MSc, MD. Medical officer, Epidemiology Unit, Ministry of Healthcar and Nutrition and Coordinator to the non communicable disease surveillance project funded by WHO & JICA.

Dr. Godwin Kodituwakku BA, MA, PhD. Director Research & Development, National Institute of Education (NIE). NIE is the academic arm of the Ministry of Education in Sri Lanka. Has conducted several research projects for National Science Foundation and National Authority on Teacher Education. PhD was awarded for his thesis on "Meta-cognitive strategies used by school children when writing:" He is the author of four books on research methodology.

Dr. Sudath Samereweera MBBS, MSc, MD. Medical officer, Epidemiology Unit Ministry of Healthcare and Nutrition, and the editor of Weekly Epidemiological Bulletin. MD was awarded for a thesis on a comprehensive study on suicide including psychological autopsy, prevalence of suicidal behaviours including suicidal ideations and an RCT of psychological intervention using principles of cognitive behavioural therapy.

Dr. Sisira Siribaddana MBBS, MD. Physician, Endocrinologist and the Project Leader of the Sri Lankan Twin Registry project on common mental disorders, alcohol intake and suicidal ideations among 5000 twins and singletons funded by research charity The Wellcome Trust. UK. He has more than 50 original articles, chapters and books published on diabetes, tropical diseases, mental health, bioethics and twin research.

Dr. Athula Sumathipala MBBS, DFM, MD, MRCPsych, PhD. Director Forum for Research and Development and Research Associate at the Section of Epidemiology, Institute of Psychiatry, Kings College London. He has conducted the only 2 RCTs in medically unexplained symptoms in the developing world using cognitive behavioural therapy for medically unexplained symptoms and considered a leading authority in this field. Has many book chapters and books to his credit. He has research interests in twin and qualitative research. Also designated as an expert in Bioethics by UNESCO.

INTERNATIONAL COLLABORATION

International collaboration is with the section of International Mental Health (IMH) at the Institute of Psychiatry (IoP). The Institute is ranked first in the world in research assessment exercise in the field of mental health in 2001. It became a school of King's College, University of London in 1997. IMH is a cross-departmental centre for investigators from the IoP and collaborating overseas institutions, actively researching in the area of international mental health, to promote comparative research with a cross-national perspective, involving collaborative work with developing and restructuring countries, also to include comparisons with and between developed country settings.

Prof. Martin Prince MSc, MRCPsych MD. Professor of Epidemiological Psychiatry, Head of the Section of Epidemiology and the Director International Mental health, Institute of Psychiatry, Kings College, London has expertise in common mental disorders; international collaborative research, clinical epidemiology and health services research. Already have collaborations with Forum for Research & Development. He has extensive collaborations and coordinates 10/66 Dementia Research Group, a network of over 100 researchers, mainly from the developing world.

Prof. Mathew Hotopf BSc, MBBS, MSc, MRCPsych, PhD. Professor of General Hospital Psychiatry, Institute of Psychiatry, Kings College, London. Has a Masters in Epidemiology at the London School of Hygiene and Tropical Medicine, and a PhD at the Institute of Psychiatry. Already have collaborations in Sri Lanka with Sri Lankan Twin Registry and Forum for Research & Development

Prof. Robert Goodman FRCPsych, PhD. Professor of Peadiatric Neurology and Child Psychiatry has research interests in epidemiology, the development of new measures, and health service delivery. His research were originally focused on children with neuropsychiatry problems, but have broadened over the last decade to include all children with mental health problems. He has extensive experience in collaborations with colleagues in Bangladesh, Brazil, Britain, Denmark, India, Israel, Italy, Lithuania, Norway, Russia, Spain and Yemen. In each of these settings, children are assessed using the same measures of psychopathology and overlapping measures of risk. He devised the Strength and Difficulties Questionnaire (SDQ) used in school survey.

Dr. Nick Glozier MA. MSc, MRCPsych. He is the Programme Leader, Consultant Liaison and Occupational Psychiatrist, at Kings College London and has expertise in disability, stigma and discrimination, common mental disorders, stress and workplace interventions and effects. Already he has collaborations with Sri Lankan Twin Registry and Forum for Research & Development.

Dr. Joanna Murray BA. A Senior Lecturer at the Department of Health Services Research, Institute of Psychiatry, Kings College London and has experience in qualitative research and considered a leading authority in it. Already she has research collaboration in Sri Lanka with Forum for Research & Development

Dr Craig Morgan BA (Hons), MSc, PhD. A Senior Lecturer at the Department of Health Services and Population Research, Institute of Psychiatry, Kings College London and has experience in psychosis and qualitative research. Already he has research collaboration in Sri Lanka with Forum for Research & Development. He is also the Primary Supervisor of a PhD student affiliated to the Form for Research & Development.

EXECUTIVE SUMMARY

Around 14% of the global burden has been attributed to neuropsychiatrc disorders, mostly due to the chronically disabling nature of depression and other 'common mental disorders' which include minor depression, anxiety, and somatisation. According to the WHO 2005 report, five major contributors to the first 10 leading causes to disability belong to mental illness. These include unipolar depression, alcohol use disorders, bipolar depression, schizophrenia and dementia.

However, until now, Sri Lanka, lacked data on overall prevalence estimates generated though systematically carried out island-wide larger surveys. Most were estimates based on assumptions.

This is the first ever island-wide mental health survey conducted in Sri Lanka. It was carried out by the Institute for Research and Development in 2007, commissioned by the Direcotrate of Mental Health, Ministry of Health, funded by Sri Lanka Health Sector Development Project of the Ministry of Healthcare and Nutrition.

The baseline national survey included; a community and school based surveys to assess the prevalence of mental illness including suicidal ideations and a survey of attitudes of professionals and the public, on mental health in Sri Lanka. The survey was planned to cover all 25 distracts, however due to escalation of war, was not possible in eastern and northern provinces.

Community Survey

In the community survey a total of 6120 participants between the ages of 16 to 65 years; 360 from each district, were interviewed using Primary Care Evaluation of Mental Disorders (PRIME-MD) - Patient Health Questionnaire (PRIME-MD/PHQ). In districts outside north and east, out of 12018 Grama Niladhari Divisions (GNDs) 401 (3.33%) were affected by tsunami. In the selected sample 24 (3.92%) GNDs affected by tsunami were included. The sample comprised of 86.2% Sinhala, 7.7% Tamils, 6% of Muslims, and 0.1% each from Burgher and Malay. Sample from Nuwara Eliya districts consisted of 56.4% Tamils and Badulla and Colombo districts consisted around 15%. By religion the majority (81.8%) were Buddhists and 6.6% Hindu, 6% Islam, and 5% Roman catholics.

Overall prevalence of major depressive syndrome was estimated at 2.1% (95% CI 1.7-2.5), other depression; minor depression, bipolar disorders, and dysthymia, was 7.1% (95% CI 6.5-7.7). The sample size in each district was adequate for reliable estimates to be made on a district basis. One month prevalence estimated for different categories of disorders are as follows; somatoform disorder 3% (95% CI 2.6-3.4), post traumatic stress disorder (PTSD) 1.7 (95% CI: 1.4-2.0), panic syndrome 0.5% (95% CI of 0.3- 0.7), anxiety syndrome 0.9% (95% CI 0.7-1.1), binge eating disorder 0.02%. Current prevalance measred as presence of symptomsduring last week prevalence of helplessness was 6.3%, hopelessness 4.4%, passive suicidal ideations 4.2% and active suicidal ideations 1.6%. When this prevalence is extrapolated to the total population is it over 300,000 people. Prevalence of alcohol abuse among males was 7.2%.

For all disorders including suicidal ideations, except in alcohol, prevalence was more among females. All disorders were more prevalent among the age group of 35 -65 compared to 16-35. There were no excess of mental illness in tsunami affected population compared to others.

Screening for psychoses was by Psychosis Screening Questionnaire which explores five symptoms. More the number of symptoms reported more the likelihood of being a true case. Prevalance of one, two, three or four psychotoic symptoms was 3.6%, 0.9%, 0.2% and 0.1%. Without using a structured interview no estimation for clinical syndromes can be made.

School Survey

A total of 3871 were recruited. The sample sizes for each district varied from 197-287. It comprised of 51.5% males and 48.5% females. From each districts 4 schools to cover 4 different categories of primary schools (1AB, 1C,2, 3) and another 4 to cover 3 types of junior secondary schools (1AB,1C and 2) were selected.

In the total sample 85% were Sinhala, 8.5% Tamil, and 6.2% were Muslims. Absenteeism among school children was 17.36% and 7.3% of school children are never late or rarely get late. The finings revealed that the caseness of emotional problems, based on the self report by students of 14 years and above, the conduct problems, hyperactivity, peer problems were 5.5%, 6.9%, 4.9% and 4.7% respectively. Caseness as rated by the teachers for the total sample for emotional problems, conduct problems, hyperactivity, peer problems were 10.2%, 18.9%, 16.2% and 13.1%. However the

parental relates varied with reported caseness of 19.5%, 20.3%, 10.6% and 29.5% respectively.

Mental Health Literacy and Attitudes Survey

This part of the survey was conducted among different categories of professionals and the public including people with mental illness. Qualitative methods; case vignettes and in- depth interviews, were used.

Analyses of case vignettes showed that the mental health literacy for all categories were reasonable and most had appropriate vocabulary to describe issues. Those who were suffering from mental health issues were identified as suffering from psychological problems or mental illnesses, mental distress, mental strain. Some mentioned specific disorders, namely schizophrenia, phobia, and depression respectively. On treatment options, most common suggestions were; should be treated by psychiatrists or experienced doctors, or should obtain the services of counselors. By visiting such a professional they anticipated; drug treatment, advice, counselling and help improving self confidence. However a majority felt that they could not be fully cured but most participants stated that mental illnesses can be completely controlled. In addition they recommended help from close friends, neighbors, family members, parents, elders and other close persons. Many emphasized the need of obtaining suitable employment and some stated they would attend vocational training.

Possible causes for mental health problems were identified as psychological factors such as: psychologically stressful, thinking excessively and extensively, and problems in personality. Other causes mentioned were; lack of affection and understanding, insecurity, possible family problems, low level of education, being socially inactive and possible weaknesses in personality of the individuals concerned. The possibility of genetic factors and the hereditary influence were also expressed.

A majority of participants thought that people with mental illnesses were generally seen in the mental hospital. Several specifically mentioned the Angoda mental hospital as a place frequented by individuals with mental illnesses. However, a significant number thought that people with mental illnesses “could be seen anywhere”, including within the family unit, chaotic, busy environments, high class society, cities, shanties, rural areas or even on the roads. Several participants strongly felt that mental patients could be compatible with a normal life.

The survey successfully concluded in spite of a tight time frame and limited funding. It has revealed as in other countries, major depression and 'Common Mental Disorders' i.e. other depression, somatisation are common and should be recognized as a priority for scaling up services. Suicidal ideations which are associated with depression are also considerably high, even though the national suicidal rate has declined over the last 2 decades.

As prevalence figures shows that they are scattered throughout the country, it will not be realistic for specialized mental health services to deal with all these. Therefore integration in PHC, increasing human resource capacity and development, for example, training of primary care health workers is recommended. Mental health leadership needs more awareness on public health perspective, and consistent advocacy messages. Island-wide figures also demands consideration into wider access to care issues to be addressed.

School survey findings should be shared with the Ministry of Education and appropriate steps should be taken to address the needs in schools especially on emotional and conduct disorders. Teachers should be made aware of these findings and their impact on academic performance of school children.

As this survey is confined to 16-65 a survey of over 65 is recommended.

OVERVIEW

Background

Sri Lanka has a population of 20 million (estimated in July 2005). Sri Lanka is a multi ethnic society where the majority (74%) is Sinhalese while 18% are Tamil and 7% Moor. The remaining 1% is consisting of Burgher, Malay and Veddas. Seventy percent of the population is Buddhists. The remaining are Hindus (15%), Christians (8%) and Muslims (7%). Vital statistics are amongst the best in South Asia, with literacy rate over 92.5% in males and 87.9% in females and life expectancy averaging 74 years in males and females. Crude death rate is 5.9 per 1000 population and maternal mortality rate of 3.5 per 10,000 live births. Infant mortality is 15.4 per 1000 live births. In the World Health Report 2000, Sri Lanka is ranked at 76 in overall performance compared to India 112 and China 144.

Sri Lanka is divided in to 9 Provinces. These Provinces are again sub divided in to 25 Districts. Each District is divided in to Divisional Secretariat Divisions depending on the population size of the area. Each Divisional Secretariat Division (DSD) consists of several Grama Niladhari Divisions (GND), which is the lowest level administrative unit. Currently there are 324 DSDs and 14,009 GNDs. During Asian tsunami in 2004, 5 provinces, 13 districts, 57 DSDs and 770 GNDs were affected.

National Mental Health Survey

This is the first ever island wide comprehensive mental health survey carried out in Sri Lanka. This survey, the baseline national surveys; schools and community based, was conducted to assess the prevalence of mental illnesses including suicidal ideations and to study the attitudes of professionals and the public, on mental health in Sri Lanka. It was carried out in 2007 by the Institute for Research and Development on behalf of the Directorate of Mental Health, Ministry of Healthcare and Nutrition.

Why a National Survey?

Research can and should play a substantial role in improving the mental health situation in low- and middle-income countries, where the gap between burden of mental disorders and mental health resources is the largest (Patel, 2007).

Research-generated information is essential to determine mental health needs, to propose cost-effective and culturally appropriate interventions, to monitor the process of their implementation, to evaluate the progress made, and to explore the obstacles that prevents recommended strategies from being implemented.

COMMUNITY SURVEY

The main aim of this component of the survey was to estimate the prevalence of mental disorders including suicidal ideations and alcohol intake in Sri Lanka among individuals between the ages of 18-65. In addition, the IRD undertook to describe the demographic and socioeconomic characteristics associated with mental disorders in Sri Lanka and to explore potential social and environmental risk factors associated with the mental disorders in Sri Lanka

Sample Frame

The survey covered samples of persons aged 16 to 65 years living in all seventeen districts except in the North and Eastern provinces. The initial plan was to conduct the survey in these two provinces too, but due to escalation of war, it was not possible. However it covered the Tamil speaking people living in other districts particularly the samples from Colombo district, Nuwara Eliya and Puttlam which provided valuable data and insight into the prevalence of mental disorders in ethnic minorities in these districts.

In the community survey, cluster sampling method was used in the identification of the study sample with allocation of clusters based on probability proportionate to size of the population. A total sample size was 6000, cluster size was 10 respondents per cluster, and therefore a total of 600 clusters were selected for the study. The initial plan to divide 600 clusters among 25 administrative districts was limited to 17 districts. This made the selection of 36 clusters from each district (600/17). The primary sampling unit was the GND and the secondary sampling unit was the housing unit. One person per each housing unit was selected. If there were two or more eligible persons in one housing unit, one respondent was selected randomly.

Topics Covered in the Community Survey:

The research instrument used to detect mental illness; the PRIME-MD for DSM-IV covers, five current DSM-IV Axis I categories: mood (major depressive [current,

recurrent, or partial remission], minor depressive, bipolar disorders, dysthymia, anxiety (panic disorder, generalised anxiety disorder, and anxiety disorder not otherwise specified), somatoform ("multisomataform" or undifferentiated somatoform disorder and somatoform disorder not otherwise specified), eating [bulimia nervosa (purging and non-purging types) and binge eating disorder], and alcohol-related (alcohol abuse or dependence) disorders. Patient Health Questionnaire has also been used for the assessment of ICD-10 classified depressive episodes in the primary care setting.

A semi-structured questionnaire was administered to all the subjects to elicit a detailed account of demographic and socio-economic background and included information on age, sex, educational status, marital status, employment status, occupation, income, race, religion and the subject's self rated religiousness, income status and indebtedness. Other information consisted of, were major physical illnesses.

Instruments

Seven instruments were used to collect data.

1. Semi-structured questionnaire to collect socio-demographic, risk and service utilization data
2. Primary Care Evaluation of Mental Disorders (PRIME-MD), PRIME-MD/PHQ - Patient Health Questionnaire
3. Psychosis screening questionnaire
4. Composite International Diagnostic Interview section K questions on Post Traumatic Stress Disorder – question 22 to 45
5. Suicidal ideation screening questionnaire
6. Beck Scale of Suicide Ideations was administered to those who became positive for active suicidal ideation in the suicidal ideation screening questionnaire
7. War and Tsunami questionnaires

Data Entry, Data Analysis and writing up

Suitable data files were created using SPSS statistical software. Appropriate codings were also made in order to facilitate data entry and analysis. Before data analysis a

meticulous data cleaning was performed to avoid any error. Data analysis was also done using the same software.

SUMMARY OF THE RESULTS OF THE COMMUNITY SURVEY

In the total sample frame (all districts outside North and East) there were 12018 GNDs out of which 401 (3.33%) was affected by tsunami. In the sample there were 612 GNDs covering 6120 participants, of which, 24 (3.92%) GNDs were affected by tsunami with 240 (3.92%) participants in those GNDs.

A total of 6120 participants were interviewed for the study. All districts had equal numbers of 360 as previously decided. There is a female preponderance in the sample; 62%. Mean age of the sample was 39.8 years (SD 12.6).

The total sample included 86.2% Sinhala, 7.7% Tamils, 6% of Muslims, and 0.1% each from Burgher and Malay. Given the fact that North and East could not be covered by the survey, this seems a reasonable representation of overall population. Nuwara Eliya sample consisted of 56.4% Tamils and Badulla and Colombo districts also consisted around 15%. By religion majority (81.8%) were Buddhists and 6.6% Hindu, 6% Islam, and 5% Roman catholics.

Prevalence

Most significant finding in this study is the overall prevalence of 2.1% (95% CI 1.7-2.5) for major depressive syndrome. It is highest in Puttlam; 4.2% (90%CI 2.1-6.3). The prevalence is les than 0.8% in Hambantota, Matara and Matela.

Overall prevalence of the category of other depression minor depressive, bipolar disorders, dysthymia, is 7.1% (95% CI 6.5-7.7). Monaragala has the highest prevalence of 15.1%, followed by Puttlam 11.9% and Anuradhapura 10.4%. Lowest is in Matara (2.2%). The sample size in every district has been adequate for reliable estimates to be made.

Overall prevalence for panic syndrome was 0.5% (95% CI 0.3- 0.7). However, the sample size of 360 did not allow providing breakdown for each district except for Kalutara where it is 2.7%.

Overall prevalence of Somatoform Disorder for the total sample is 3% (95% CI 2.6-3.4). It is highest in Puttalam district 8.9%. An exception was Matale and Kandy, where the prevalence is 0.6% has confidence values including 0 and therefore the sample size of 360 appears to be too small to estimate reliable prevalence for those two districts.

Overall prevalence figure for other anxiety syndrome is 0.9% (95% CI 0.7-1.1). Similar to panic syndromes this too does not permit to give breakdown at district level except for Colombo, Galle, Gampaha, Anuradhapura, Hambantotota, Kegalle, Kurunegala and Puttlam.

Overall prevalence of bulimia nervosa was 0.03 (95% CI 0.01- 0.07) and the binge eating disorder was also low (0.02%) and it is difficult to make any further meaningful conclusions with this sample size.

Prevalence of alcohol abuse among males was 7.2%. A large variation was seen in district prevalence.

Overall prevalence of post traumatic stress disorder (PTSD) is remarkably low; 1.7 (95% CI 1.4-2.0). This appears to be a significant finding given the high estimates made by outside agencies. Highest is seen in Polonnaruwa District: 4.2% (95% CI 2.1-6.3) followed by Anuradhapura 3.6% (95% CI 1.7-5.5) which are part of the so called border zones and affected by the war. Prevalence of PTSD in Tsunami affected Hambantota is 2.8% (95%CI 1.1-4.5%), Matara 0.6%, Galle 1.1%, Kalutera 3.1% and Colombo 1.7%.

Psychosis screening questionnaires as its name implies is a screening instrument. The maximum number of symptoms that can be reported by a single person is five. More the number of symptoms reported more the likelihood of being a true case. Prevalance of one, two, three or four psychotoic symptoms was 3.6%, 0.9%, 0.2% and 0.1%.

Overall prevalence of helplessness during the previous week was 6.3%, hopelessness 4.4%, passive suicidal ideations 4.2% and active suicidal ideation was 1.6%. When this prevalance is extrapolated to the total population it will be over 300,000 people.

SCHOOL SURVEY

Aims and Methods

The main aim of this component of the survey was to estimate the prevalence of conduct and behavioural disorders among school children between the ages of 6-17 years. In

addition, the IRD undertook to describe the demographic and socioeconomic characteristics associated with mental disorders in Sri Lanka and to explore potential social and environmental risk factors associated with the mental disorders in Sri Lanka.

Sample frame

In sample size calculation we have taken into account the heterogeneous nature of school aged children, schools and administrative structure of Sri Lanka.

As age of the child is the visible and most obvious cause for this heterogeneity we have stratified the school children into two age strata (categories) according to the stages of school education; children of the primary stage of education (grade 1-5; 5-10 year olds); and junior secondary stage of education (grade 6-11; 11-17 year olds). Schools with above mentioned categories of school education are categorised under a different scheme of four types for administrative purpose by the Ministry of Education. These four types are based on the availability of grade levels within a school.

- Type 1AB: Schools with grades up to Grade 13 (with Science stream)
- Type 1C: Schools with grades up to Grade 13 Arts and Commerce streams only
- Type 2: Schools with grades up to Grade 11
- Type 3: Schools with grades up to Grade 5

All four categories of schools are situated in all 25 administrative districts in Sri Lanka.

In selecting the sample these two structural frames were considered. From this structural frame, primary sampling unit and secondary sampling unit were selected in two stages. The primary sampling unit was the school and the secondary sample unit was the individual child. This sampling method was based on a 'longitudinal cohort study on primary school children in Sri Lanka' conducted by the National institute of Education (NIE) and sponsored by UNICEF.

A list of all the government schools in Sri Lanka was obtained from the Ministry of Education. The schools were listed according to the district and within each district two separate lists were made according to availability of secondary grade classes. As students in the primary grades (from grades 1 to 5) and in the secondary grades (from grades 6 to 11) had to be surveyed separately, one of the lists had all schools with primary grade classes. From this list, 4 schools were randomly selected in each district.

The other list consisting all the schools that had classes up to Grade 11, was used to randomly select 4 more schools from each of the 17 districts. Thus, out of the 8 schools selected in each district, data from primary school children was collected from 4 schools while data from secondary school children was collected from the other 4 schools.

Increasing the number of children recruited from each of the 8 schools in a district to 3 times, (from 72 to 216) as opposed to increasing the number of schools from each district, the extra costs would not have increased significantly but with increased precision. This will involve a cluster of 27 (216/8 =27) children from a single school and we decided to increase that to 30 children. Due to breakout of hostilities in North and East we could cover only 17 districts. Hence the total sample size was 4080 (30x8x17).

The following data were collected during the school survey.

1. Mental health measures
    - Full Multi- informant Strengths and Difficulties Questionnaire

        Parents and teachers for 4-10 year olds,

        Parents plus teachers plus self-report for 11-17 year olds.
    - Children impact of life event scale revised 8 (IES 8) for older children (14-17)
    - Mood and Feelings Questionnaire for children.
    - Suicidal ideations in older children (aged 14 -17)
2. School participatory patterns
    - Absenteeism
    - Late attendance
3. Socio-demographic factors including the following risk factors
    - Parents presence/availability
    - Tsunami and war questions
4. Anthropometry
    - Weight
    - Height

SUMMARY OF THE RESULTS OF THE SCHOOL SURVEY

A total of 3871 were recruited. The sample sizes for each district varied from 197-287. It comprised of 51.5% males and 48.5% females. From each districts 4 schools to cover

4 different categories of primary schools (1AB, 1C,2, 3) and another 4 schools to cover 3 types of junior secondary schools (1AB,1C and 2) were selected.

In the total sample 85% were Sinhala, 8.5% Tamil, and 6.2% were Muslims. Absenteeism among school children was 17.36% and 7.3% of school children are never late or rarely get late. The finings revealed that the caseness of emotional problems, based on the self report by students of 14 years and above, the conduct problems, hyperactivity, peer problems were 5.5%, 6.9%, 4.9% and 4.7% respectively. Caseness as rated by the teachers for the total sample for emotional problems, conduct problems, hyperactivity, peer problems were 10.2%, 18.9%, 16.2% and 13.1%. However the parental relates varied with reported caseness of 19.5%, 20.3%, 10.6% and 29.5% respectively.

MENTAL HEALTH LITERACY AND ATTITUDE SURVEY

This part of the survey was carried out to capture attitudes of different categories of professionals and the public attitudes of different categories of people on mental illness; in contemporary Sri Lanka to provide an understanding on belief about mental health and illness.

The aim was to explore the range of beliefs and opinions about mental health and illness-behaviours reflecting attitudes among professionals and the public to ascertain the level of mental health literacy and examine the perceived causes of mental illness, attributions, outcome, treatment preferences, and attitude towards people with mental illness.

Qualitative methods; interviews and case vignettes, which attempt to understand complexities of human behavior from the participants' own frame of reference in a naturalistic setting rather than in an experimental setting were used. Sampling methods were purposive to reflect different levels of social strata among the public and to cover a range of categories of professions, age and gender. The final sample included professionals in fields not directly related to psychiatry or psychology, special participants will be invited from 'Mental Hospitals' Angoda and Mulleriyawa and patients with mental illnesses.

Structured vignettes describe patients with different clinical presentations followed by open-ended questions to elicit the respondent's attitudes to the clinical problem, in

particular whether they consider the presentation as a problem or an illness, their views on causation, appropriate course of action and the role of the doctor or healer.

Majority replied with certainty that the individuals concerned had a problem and a large number thought that they were suffering from a psychological condition. Some stated that they were suffering from mental illnesses, some generalized their problems as mental distress, mental strain, or mental disturbance but some mentioned specific disorders, namely schizophrenia, phobia, and depression respectively.

When questioned about the most suitable treatment options, the most common suggestions were; that they should be treated by psychiatrists or experienced doctors, or they should obtain the services of counselors. By visiting such a professional they anticipated; drug treatment, advice, counselling and help improving self confidence. However a majority felt that they could not be fully cured but participants stated that mental illnesses can be completely controlled. In addition, they admitted that they would seek out close friends, neighbors, family members, parents, elders and other close persons. Many emphasized the need of obtaining suitable employment and some stated they would attend vocational training courses. Possible causes for their problems were identified as psychological factors such as: psychologically stressful situations, thinking excessively and extensively about problems and problems in personality. Other possible causes discussed were; lack of affection and understanding, insecurity, possible family problems, low level of education, being socially inactive and possible weaknesses in personality of the individuals concerned. The possibility of genetic factors and the hereditary influence were also discussed.

A majority of participants thought that people with mental illnesses were generally seen in the mental hospital. Several specifically mentioned the Angoda mental hospital as a place frequented by individuals with mental illnesses. A significant number thought that people with mental illnesses "could be seen anywhere"; and a few stated that such individuals were found within the family unit. In addition, some other participants explained that people with mental illnesses can be seen in: chaotic, busy environments, high class society, cities, shanties, rural areas or even on the road. When enquired, several participants strongly felt that mental patients could be compatible with a normal life. However a significant number were of the opinion that a mental patient would lead to a complicated life.

CHAPTER 1

INTRODUCTION AND RATIONALE

1.1 BACKGROUND

1.1.1 Sri Lanka

Although Sri Lanka is a developing country with a population of 20 million (estimated in July 2005), it has much strength in health and education, that any other developing country does not have. It has a literacy rate over 92.5% in males and 87.9% in females. The life expectancy is around 74 years. Crude death rate is 5.9 per 1000 population and maternal mortality rate of 3.5 per 10,000 live births. Infant mortality is 15.4 per 1000 live births. In the World Health Report 2000, Sri Lanka is ranked at 76 in overall performance compared to India 112 and China 144 (WHO, 2000).

Sri Lanka is a multi ethnic society where the majority (74%) is Sinhalese while 18% are Tamil and 7% Moor. The remaining 1% is consisting of Burgher, Malay and Veddas. Seventy percent of the population are Buddhists. The remaining are Hindus (15%), Christians (8%) and Muslims (7%).

The country has a diverse economy with a growing service industry sector, and important manufacturing and agricultural components (Central Bank of Sri Lanka, 2000). There has been rapid urbanization in parts of the country, and such growth has led to major income inequality. There are internal and external migrations due to economic reasons and due the civil war. It is estimated that one million people are living as displaced and this situation is further aggravated by the Tsunami in December 2004.

1.1.2 Administrative structure of the country

Sri Lanka is divided in to 9 Provinces. These Provinces are again sub divided in to 25 Districts. Each District is divided in to Divisional Secretariat (DS) Divisions depending on the population size of the area. Each DS Division consists of several Grama Niladhari (GN) Divisions, which is the lowest level administrative unit. Currently there are 324 DS Divisions and 14,009 GN Divisions. During Tsunami 5 provinces, 13 districts, 57 DS Divisions, and 770 GN Divisions were affected.

1.1.3 Mental health vs. mental ill-health

Number of definitions has been put forwarded to distinguish between mental ill health and positive mental health. Mental health has been defined from the perspective of absence of mental illness – positive mental health. The determinants of mental health include not only factors related to actions by individuals, such as behaviours and life styles, coping skills, and good interpersonal relationships, but also social and environmental factors such as income, social status, education, employment, housing and working conditions, access to appropriate health services, and good physical health. (WHO, 2002)

1.1.4 Mental helath – an important issue in the developing world

Over the last decade there was a significant rise in the profile of mental health and disorders in the global public health debate. Several reports including the World Health Report 2001 have demonstrated that mental disorders are common and disabling. In 1990, depression and alcohol use ranked respectively first and fourth as causes of disability in the World Health Organisation's global burden of disease study, and their importance is estimated to increase in the next two decades, especially in developing countries (Lopez & Murray, 1998). These reports have influenced health policy and practice for mental health focus in developing countries where there is the greatest unmet need.

However, estimates arising from research and data from developed countries are less relevant to mental health professionals and policy makers in developing countries.

1.1.5 Lack of adequate mental health morbidity data in Sri Lanka

There are no good quality epidemiological data at present, to quantify the burden of disease, death and disability due to mental health problems and mental disorders in Sri Lanka (WHO 2002). This was confirmed during a project undertaken by Forum for Research & Development for Sri Lanka and commissioned by WHO and the Global Forum for Health Research. In this project; research publications, resources and agenda in low and middle income countries in the world were mapped and during the last 5 years there were 47 indexed and 32 non indexed articles published regarding mental health in Sri Lanka. But there were no island wide mental health morbidity data.

1.1.6 Proxy indicators suggest it as a major public health issue

Proxy indicators suggest that mental disorders are a major public health concern in Sri Lanka. The country has a high suicide rate at 40/100 000 per year and a high rate of deliberate self-harm (Eddleston 1998). Men showed a higher rate for suicide (44.6) when compared to women (16.8) in 1991 (WHO 2007). There was a slow, but gradual increase of crude suicide rate from 2.3 in 1880, to 8.2 in 1959. The next decade showed an accelerated increase with 19.1 in 1970. This was followed by a sharp increase since 1979 to reach a peak of 46.6 in 1995. Thereafter, suicide rates showed a consistent decline. The suicide rate in 2001 was 26.5 (Samaraweera 2003). The rate of suicide and attempted suicide in the Northeast of Sri Lanka may be particularly high (Somasundaram & Rajadurai 1995), especially among displaced persons. For example, in Vavuniya, an epidemic rate of 103/100,000 was observed (de Jong et al 2002).

In a large community study done in Ratnapura District the prevalence of passive and active suicidal ideations were 6.2% (95% CI: 4.5-7.9) and 3.6% (95% CI; 2.3-4.9) respectively. Suicide attempts during lifetime were 1.5% (95% CI: 0.7-2.3) There were 16 suicidal attempts and 88 people with active suicidal ideations for each completed suicide during the period of a year (Sameraweera 2004). Sri Lanka has high levels of consumption of alcohol and the prevalence of alcohol dependence was 29 per 1000 population (Samarasingha et al 1987).

Medically unexplained somatic complaints are common in Sri Lanka as in other parts of the world and this is expensive in terms of the disproportionate consumption of health resources and its costs for the health services (Sumathipala 1990, Sumathipala et al 2000; Patel & Sumathipala 2006, Wijesinghe 1970). Cognitive behaviour therapy is effective for these patients (Sumathipala et al 2000).

A community survey (Somasundaram & Sivayokan 1994) of the effects of war found 25% depression, 27% anxiety disorder and 14% post-traumatic stress disorder (PTSD) according to DSM-III-R criteria (and 28% PTSD according to ICD-10 criteria). Even higher rates of mental illness were found in a study of outpatient attendees at a general hospital (WHO 2003). This was possibly because the population was seeking help at general health facilities for medically unexplained somatic complaints.

Ministry of Health statistics in 1999 showed that 50 000 patients had been admitted to state hospitals for treatment for mental disorders of which alcohol related disorders and

schizophrenia were the two leading causes with 25% each. From 1980 onwards the prevalence of mental disorders has remained relatively constant at around 230-250 per 100000 population but because of the population growth total numbers have increased. These numbers are postulated to be a tip of the iceberg as the burden of mental illness in Sri Lanka can be enormous (WHO 2002).

1.1.7 Projections by WHO

It has been estimated that some 2%, suffer from serious mental illnesses such as affective disorders, including major depression, bipolar illness, and schizophrenia, at any given time. About 10 % are thought to suffer from other mental illness such as phobic states, obsessional disorders, somatoform disorders, mood disorders and other forms of delusional disorders. The estimated prevalence of depression among the general public varies from 9% to 25%. (www.wrongdiagnosis.com), 5% - 25% in a survey in the North of Sri Lanka (www.who.int/mental_health/resources)

In the absence of reliable data in tsunami-affected countries, the WHO has also made certain projections (WHO 2005). They have made predictions on clear-cut mental illness as well as on psychological distress that fall short of existing diagnostic categories. Moderate to severe distress that may have resolved to some extent but which had resulted in chronic distress is estimated at 30% to 50% and moderate common mental disorders such as depression, anxiety, somatisation around 20% and severe mental illness around 3-4% (WHO 2005).

1.1.8 Potential risk factors

Information on environmental risk factors for common mental disorder in developing countries is scarce. Work from Zimbabwe has indicated that depression in women was strongly associated with adverse life events, with social support as an important protective factor (Broadhead et al 2001, Braodhead & Abbas 1998). There is evidence from Zimbabwe, Pakistan, Chile, Brazil and India that female gender and social deprivation are important risk factors (Patel et al 1997, 1998, 1998a, 1999, 2002). Other important factors include poor physical health and household structure (Mumford et al 2000). Poverty and its associated conditions such as malnutrition, unemployment, low education, deprivation and homelessness also contribute to the mental heath burden.

Over the last 35 years Sri Lanka has witnessed political violence, 2-armed conflicts in the south and civil war in the north for more than 20 years, which has affected all the sectors of the community. However, people in Sri Lanka are currently experiencing many changes in their lives associated with rapid globalization, and urbanization. There is much concern about the potential negative mental health implications of rapid behavioral and attitudinal changes of people, especially among youth and adolescents, in this context. In Sri Lankan adolescents "strict" parenting (i.e. parenting associated with corporal punishment) and childhood sexual abuse was common, rarely divulged, and strongly associated with mental disorder (Jayasingha 2005).

Adding further to the existing burden, the Indian Ocean tsunami on 26 December 2004 devastated many coastal areas of Sri Lanka. Following the tsunami, over 30,000 people in Sri Lanka died and 6,000 missing are almost certainly dead. Almost 90,000 homes have been totally destroyed and a further 40,000 badly damaged (http://www.sandeepanihome.com/background.php). About 80% of the fishing fleet has been lost or damaged and 13,000 fishermen have lost their lives. The total number of displaced persons following the disaster is estimated to be 441,000, although initially this figure was closer to 800,000. It has also been reported by UNICEF that 1,000 children have lost both parents, many more children have lost one parent and a large number of people have lost close relatives including their children. 70 schools have been destroyed and 93 damaged, affecting some 77,000 children and 3,000 teachers. During the tsunami 5 provinces, 13 districts, 57 DS divisions, and 770 GN divisions were affected.

Natural disasters take a heavy toll on mental health of those affected and can significantly increase the risk of distress, psychological symptoms and mental disorders as predicted by the WHO.

1.1.9 Why do we need a survey of this nature?

Therefore in a baseline national survey, an assessment based on schools and community to measure the prevalence of mental illness including suicidal ideations and study the attitudes of professionals and the public on mental health is timely. For the first time, a survey of this nature and magnitude in Sri Lanka will provide data on the prevalence and correlates of psychiatric disorders on a nationwide sample that can be used to inform equitable and effective national mental health services.

1.2 OVERALL OBJECTIVE OF THE STUDY

To conduct baseline national surveys; schools and community based to assess the prevalence of mental illness including suicidal ideations and to study the attitudes of professionals and the public on mental health.

1.2.1 Specific Objectives

1.2.1.1 Community survey

- To estimate the prevalence of mental disorders including suicidal ideations and alcohol intake in Sri Lanka
- To describe the demographic and socioeconomic characteristics associated with mental disorders in Sri Lanka
- To describe the potential social and environmental risk factors associated with the mental disorders in Sri Lanka

1.2.1.2 Schools survey

- To estimate the prevalence of conduct and behavioural disorders
- To describe the demographic and socioeconomic characteristics associated with the mental disorders in Sri Lanka
- To describe the potential social and environmental risk factors associated with the mental disorders in Sri Lanka

1.2.1.3 Attitude survey

- To capture attitudes of different categories of professionals and the public attitudes of different categories of people on mental illness; in contemporary Sri Lanka to provide an understanding of belief about mental health and illness.

1.3 VALUE ADDITION – DEVELOPMENT OF RESEARCH CAPACITY

Although the project commissioned by the Ministry expects only objectives 1.2.1.1 - 1.2.1.3 to be achieved, Forum for Research & Development used this project to enhance the research capacity in the country; train a critical mass of Sri Lankan mental health and social science professionals in epidemiological, qualitative and clinical research. Therefore from the stage of protocol development to completion of the report, several workshops were organised to offer hands on experience to develop skills in designing and executing large scale research that will have policy impact.

1.4 PUBLIC ENGAGEMENT AND CONSULTATION

In keeping with the social responsibility, transparency and accountability of researchers, public engagement and consultation meetings were held to obtain opinion of informed public and professionals and to share information about the project.

1.5 ADAPTATION OF QUESTIONNAIRES, INFORMATION LEAFLETS AND CONSENT FORMS

Most of the questionnaires proposed to be used in the data collection, had been used in previous research projects in Sri Lanka or had already been translated in to Sinhala or Tamil from their original English version. These included; the PRIME-MD (Patient Health Questionnaire), Brief Questionnaire on War and Tsunami, Section K of the CIDI (Composite International Diagnostic Interview), Screening Questionnaire for Suicidal Ideations, Beck's Scale for Suicidal Ideation, SDQ (Strengths and Difficulties Questionnaire), Mood and Feelings Questionnaire (MFQ), IES-13 (Child Impact of Events Scale), SEMI (Short Explanatory Modal Interview) and the case vignettes. But all of these had to be adopted according to the survey requirements and translated into Tamil in instances where it had not been done previously. The two versions of the Questionnaire on General Information used in the Community survey and the School survey were adapted following modifications to section A of the CIDI, which along with the MFQ had to be translated in to Sinhala and Tamil. The main questionnaire for assessing attitudes on mental health was devised from scratch, according to the requirement of the project.

The information leaflets and consent forms and consent forms used in the 3 arms of the research were based on ones which had been used in the FRD before, and had to be adopted according to the survey requirements and translated in to the two local languages.

All the data collection instruments and consent related documents were revised multiple times following modifications suggested and errors pointed out by experts inside and outside the FRD. Further changes to these instruments made following suggestions by the RAs at the time when they were being trained.

1.6 ETHICAL ASPECTS COVERED AND OFFICIAL PROCEDURES FOLLOWED

Ethical approval was obtained separately for the 3 projects from the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura. Ethics approval for each project was granted without any requests for alterations in the research procedure or instruments.

In the community survey, RAs were provided with an identity card of the FRD, a letter of authorisation signed by the Director, Mental Health of the Ministry of Healthcare and Nutrition and letters for the local Grama Niladharis, Divisional Secretaries and Medical Officers of Health; informing them of the survey and requesting assistance if required.

The school survey required multiple points of approval to be obtained from the government education system. These included; obtaining approval from the Ministry of Education, requesting collaboration with its Research and Development Department from the National Institute of Education (NIE), formally informing and requesting approval from Provincial Directors of Education and Zonal Directors of Education of the areas where the schools selected for the survey were located and asking for authorisation and assistance from the Principals of each of the selected schools.

In the procedure of selecting respondents as well as interviewing respondents in the community survey, the RAs were trained and advised on proper ethical procedures and conduct that should be maintained. All respondents were provided with the details of the study, what is expected of them and informed of their right to refuse without subsequent effects on the healthcare or other services available for them. This was done verbally as well as by giving the information leaflet to each respondent. The consent was obtained by the respondent's signature, thumbprint or the signature of a proxy.

The school survey required obtaining consent from 3 parties. In the collection of data from a single student; the student him/herself, one of the parents or guardian of the student and the student's class teacher had to provide consent. Thus all three parties were provided with specific information leaflets. The parent's and teacher's consent was taken by obtaining their signature, while the student's consent was taken orally due to their signature being legally inadmissible.

When a respondent requests medical advice or treatment for mental health issues or if the RA believes that someone requires such assistance they were given a letter of referral for local Medical Officers of Mental Health (MOMHs) and a list of MOMHs in the district.

Most respondents in the qualitative research on attitudes on mental health were identified and approached through personal correspondence. Thus, written consent was obtained individually after they were provided a specific information leaflet and were explained verbally regarding the contents of the study. In those instances where data were collected at gatherings of professionals, all those who had gathered were informed of the study and provided with the information leaflets, consent forms and the semi-structured case vignettes questionnaires, while explaining that those who does not consent could hand over the empty consent forms and questionnaires, along with the others, without being noted. Specific details linking the respondent to the answers were not documented in the forms used for data collection in the attitude study.

1.7 RECRUITING AND TRAINING OF RESEARCH ASSISTANTS

Following a paper advertisement calling for RAs, we received a large number of applications from different parts of the country from individuals with different backgrounds. Applicants were called for an interview and some of whom were selected based on interest in research, willingness to learn, enthusiasm shown to do honest work aimed at a bigger goal and their suitability otherwise for the work involved. Additionally, some RAs working in other projects of the FRD were also recruited for this survey. Most of the RAs that conducted interviews in Tamil were enrolled through personal contacts.

The RAs consisted of youths that have finished their Advanced Level exams, graduates that have recently completed their degree, individuals that have recently retired from

government service and those with interest in research work that had time between their current occupations.

The RAs thus selected were trained for data collection in the community survey. The FRD staff conducted the training sessions. All RAs initially recruited had participated in training for several days with intervening periods of days to weeks given for further familiarisation with the questionnaires and to practice on the techniques of conducting the interview. RAs that were subsequently enrolled had to be trained individually.

Training of the RAs was conducted based on a training manual prepared specifically for the community survey. These training sessions consisted mainly of the following components;

- Introduction on the Mental Health Survey
- Introduction to mental illnesses
- Official procedures to be followed in conducting the survey
- Selection of respondents and randomising methods
- Obtaining informed consent and other ethical issues
- Basics of conducting questionnaire based interviews
- Training on each questionnaire
- Role playing of conducting the interview

All the RAs were individually assessed for competency in carrying out the required tasks before they were sent out for data collection.

The selection, training and data collection in the school survey was arranged by the Research and Development Department of NIE. RAs of the school survey consisted mainly of teachers, master teachers, principals, government education officials and lecturers that were currently working or has recently retired. Most of these individuals were previously involved in research projects at the NIE or were participants of the research courses conducted at the NIE. Thus it was possible to provide the training for the RAs in the school survey in a much shorter period without having to go in to details.

The training for these RAs was also conducted based on a specifically prepared training manual, and mainly covered the following aspects;

- Official procedures in conducting the survey
- Selection of respondents and randomising methods
- Obtaining informed consent and other ethical issues
- Training on each questionnaire

Three RAs were enrolled to collect data in the study of attitudes on mental health. Two of them were alos had participated in the community survey data collection and the other one was another RA of FRD. They were trained in administration of the relevant questionnaires as well as consent procedures. The training was conducted at the FRD office.

1.8 COLLECTION OF DATA

In the community survey, allocation of the selected GNDs for data collection in each district was initially based on preference of the RAs. Later on, they took up less accessible and unfamiliar GNDs in the districts. In the latter stages of the survey some of the RAs volunteered to collect data from other districts that had not been adequately covered. The RAs were provided with information leaflets, consent forms, selection forms, envelops containing random numbers, and questionnaire booklets to be used for each of the respondents. Not only were they given the addresses of the selected index household in each GND, but were also provided with maps for each district highlighting the selected GNDs.

Review meetings were held onece in every 2 weeks for the RAs, so that they could hand over the completed questionnaires, obtain new sets of questionnaires, select more GNDs for data collection and to discuss issues that they came across. Several modifications in the survey procedure were made in order to improve the study according to issues thus pointed out by the RAs.

Most of the RAs used public transport for travelling, while some used motorcycles. In the more rural parts of the districts the lack of transport facilities was a big issue for the RAs. Yet, as most of the household members were at home or working in a place nearby, in these remote areas, it was possible to collect data from all 10 households of each

cluster on the same day. The opposite was true for the more urban parts of the districts where the respondents were less likely to be at home, even if travelling to the area using public transport was less of an issue. This meant that the RAs had to make repeated visits to collect the data from some of the respondents. Some RAs that volunteered to collect data in districts other than the one they were residing, had to stay in houses of their relatives or had to stay at lodges.

About 99% of the data collection of the community survey was completed within the period from May to September of 2007 by these RAs that numbered 30. The remaining few houses of Tamil speaking respondents required a Tamil speaking RA to be specifically allocated for data collection before it was completed in early December.

In the school survey, allocation of selected schools to each RA was by their own choice. This was mostly based on hte proximity of those schools to the places of work (schools, education offices etc.) or residence of the RAs. Most of the RAs selected only one school for data collection, while some selected 2, 3 and even 4 schools (some of which were in different districts). According to schools that were not allocated to an RA, new RAs were identified and were trained with the intervention of the Research and Development Department of the NIE. Following the completion of data collection in the initial schools they selected, some RAs took up more schools. Ultimately the number of RAs in the school survey numbered almost 100.

Most RAs collected the sets of information leaflets, consent forms and questionnaires at the end of the training sessions, while some were collected later from the FRD office or NIE. For few RAs they were sent by post.

The official steps that had to be followed before selecting respondents and collecting data meant that there were significant delays in the school survey. Obtaining clearance from the principal, selecting students randomly from the registers, approaching class teachers, informing the students and bringing down the parents to school were some of the steps that had to be followed before data collection could be started. Especially due to delays in bringing down parents for obtaining consent and some of the required information the RAs had to visit each school more than 3 days. At times, it was up to 11 days. Several RAs had to personally visit nearby houses of the students to meet their parents. Among the randomly selected schools, some were in very remote areas of the districts with limited transport facilities.

Although almost all principals and staff members of these schools were referred to as being very supportive in the collection of data, few schools had shown little or no interest or had made data collection difficult to the RAs. As a school principal had refused to allow data collection in one of the selected schools, an alternative school had to be randomly selected.

Most of the completed questionnaire sets were handed over to the Research and Development Department of the NIE, while some were handed over or posted to the FRD office by the RAs. From May to December 2007, data collection of 95% of the schools was completed.

All the RAs in the community and school surveys were given a certificate of participation by the FRD.

In the attitude study, qualitative research methods capturing information from targeted groups of participants were used to cover various social strata. Individual interviews were carried out with a total of 245 participants, out of which 221 interviews were completed in this survey with the aim of,

1. Explore the range of beliefs and opinions about mental health and illness behaviors reflecting these attitudes among professionals and the public.

2. Ascertain the level of mental health literacy among professionals and the public.

3. Examine the perceived causes of mental illness, attributions, outcome, treatment preferences, and attitude towards people with mental illness.

1.9 DATA ENTRY AND ANALYSIS

From the time of the initial part of the data collection in the community and school surveys, 4 data entry computer operators were recruited. Proper filing of questionnaires, data coding, entering data in to the computer, merging of data files, data cleaning and systematic analysis was carried out by the data entry team.

Data entry and analysis was done using the programme; SPSS (Statistical Package for Social Sciences) version 13 for Windows.

CHAPTER 2

BASELINE COMMUNITY BASED NATIONAL SURVEY TO ESTIMATE THE PREVALENCE OF MENTAL ILLNESS INCLUDING SUICIDAL IDEATIONS IN SRI LANKA

2.1 SPECIFIC OBJECTIVES

- To estimate the prevalence of mental disorders including suicidal ideations and alcohol intake in Sri Lanka
- To describe the demographic and socioeconomic characteristics associated with the mental disorders in Sri Lanka
- To describe the potential social and environmental risk factors associated with the mental disorders in Sri Lanka

2.2 METHODOLOGY

2.2.1 Methodological challenges and issues

1. There are a few different strategies to estimate the prevalence of mental illness in a larger population based survey.

    - Select a random sample of districts and survey a larger sample in each district. There are advantages in this strategy as the sample in each district will be large enough even to detect mental illness that has very low prevalence and the estimates are made with more precision. (Confidence intervals of the estimates will be narrow). This will also enable the limited resources to be used cost effectively. However such a survey will not generate prevalence rates for each and every district in the country but findings will allow estimates to be made. When conducting research in resource poor countries this method is preferred.
    - Select the sample to include all districts. The main disadvantage of this method is that larger resources are demanded and the sample from each district will have

to be relatively smaller and the precision of the estimates may be affected. However weaknesses of this design can be to some extent rectified by increasing the number of clusters from each district to include a wider geographical representation of the district. If resources are limited this is not the best method to use.

2. Community prevalence surveys have proved most effective in the enumeration of common, non-psychotic conditions; notably, anxiety and depressive states and their congeners among adults, learning disability and behavioural disorders in school-age children and cognitive impairment in the elderly. Their contribution to the epidemiology of psychotic illness, in contrast, has been distinctly modest. Low base rates in the general population, together with problems of non-response and difficulties in contacting high-risk groups of homeless persons and transients, dictate that case numbers will be small, and frequency estimates unreliable, except in the most ambitious projects. Such low case-yields imply that community surveys are an uneconomical way to study the psychoses, unless their detection is in effect a 'spin off' from the enumeration of common, non-psychotic syndromes - in which case prevalence estimates are likely to be inaccurate (Cooper & Singh, 2000). We used a specific psychosis screening questionnaire (See section 2.3.7.9)

3. A variable proportion of people with severe mental illness in the population will be unknown to, or out of contact with, all service agencies, and identifiable only with the aid of special searches (Von Korff et al, 1985). They may not be captured fully by a survey of house holds due to following reasons.

    - People suffering from psychotic illness are unlikely to be living in private housing units.

    - People with severe mental illness are most probably living in the institutions specifically catering for them.

    - Homeless and displaced people who will not be captured in a household survey are likely to have higher proportions suffering from psychotic illness (high prevalence of major psychiatric morbidity-estimates from UK varies from 30% to 50%).

4. The positive predictive value of a test is directly correlated with prevalence of the target group; it will tend to be low for rare disorders. To find each case of psychosis,

assuming the screen maintained its performance level under field-study conditions, an average of six screen-positives would have to be examined if the true prevalence were 1%. A study by Meltzer et al (1995) many of these cases were identified by respondents' self-reports of mental illness or anti-psychotic medication, rather than by screening for psychotic symptoms (Cooper & Singh 2000). Much larger case numbers, and hence more robust and reliable prevalence estimates, have come from key-informant studies of cases of psychosis known to local service agencies; whether only the specialist services covered by cumulative case registers (Freeman & Alpert 1986), or all relevant medical and social agencies co-opted as information sources in ad hoc surveys (Jeffreys et al, 1997). In Sri Lanka a survey carried out in 1996/97 showed that 88.7% of people used allopathic (western) systems and 11.3% used traditional systems of medicine for all illnesses. People seeking treatment from traditional healers and practitioners may be more in mental illness (Central Bank of Sri Lanka 1997).

5. Therefore to acquire comprehensive survey of mental health morbidity data particularly to capture psychoses, three supplementary surveys should be undertaken. With an already over stretched budget such additional surveys were not possible within this project.

6. For the purpose of epidemiological research in psychiatry, diagnostic interviews carried out by clinicians are often too expensive and time consuming to justify use in the general population where the great majority will not show any sign of psychopathology (Dunn et al 1999)

   One of the main advantages of data collected through household surveys is that they provide person or household based health statistics rather than data collected through health services or disease registries, which are episode or event based (United Nations 1995). Self-reported responses in household or other types of interview based survey data are therefore widely used for assessing the health status of populations.

2.3 COMMUNITY SURVEY

2.3.1 Study setting

This is an island wide cross sectional epidemiological survey. Sri Lanka consists of 25 administrative districts. There are wide variations among districts by ethnicity, economic activities, population density and other socio-demographic indicators. Inclusion of all 25 districts will generate data to estimate the national prevalence of mental disorders including suicidal ideations and alcohol intake. It may also enable to calculate provincial prevalence too. However district estimates may have wide confidence intervals with less precision. Some of the areas in the North and East are not directly accessible due to the prevailing violence in that region.

According to the projections from the 2001 National Census, in 2006, there was an estimated population of 20 million. The percentage above 18 years was 67%.

2.3.2 Reference population

The reference population for this study is the entire population of the country between the ages of 18 to 65 years.

2.3.3 Study design

This was a community based cross-sectional survey.

2.3.4 Inclusion and exclusion criteria

Inclusion criteria -

- Aged 18 to 65 years
- Living in each district at least for the past six months period
- Ability to speak either in Sinhala or Tamil or in English

Exclusion criteria –

- Not providing consent

2.3.5 Study population

2.3.5.1 Sample size estimation

The point estimate of prevalence (of mental ill health) is of limited value without some indication of its precision. This is provided by the confidence interval, which has a specified probability (confidence coefficient or coverage probability) of containing the parameter value. We have used most commonly used coverage probability of 0.95.

The greater the sample size the more precise will be estimates of parameters (prevalence of mental ill health). The difficulty lies in deciding what degree of precision to aim for, since an increase in size of the survey costs more money, and takes more time. Determining the sample size is thus likely to be an adaptive process requiring subjective judgement. The balancing of precision against availability of resources may take place by trial and error, until a solution is found which satisfies both requirements. In many situations there may be a range of acceptable solution, so that degree of arbitrariness remains in the choice of sample size (Armitage et al 2002)

By increasing the sampling size, 95% confidence limits can be narrowed and precision of the prevalence estimate will be increased. If we assume 10% prevalence of mental ill-health, the increased precision gained by increasing the sample size from 1000 to 8000 is 3.76% to 1.32%. But, assuming a higher prevalence of 50% (due to political upheaval, terrorism and recent Tsunami); the increase in the precision for the same sample size is 6.3% to 2.2%. Calculations of confidence limits and precision by assumed higher prevalence of (10%-50%) mental ill health, for several estimated sample sizes are given in Annexure 2.

The precision of the 50% prevalence is fairly consistent (between 2 & 3%) for sample sizes between 5000 and 8000. Increasing the sample size more than 5000 will result in only a minute increase in precision. Therefore, we decided to choose a sample size of 6000 considering refusals and incomplete answers.

2.3.6 Identification of the study sample

2.3.6.1 Sampling Method

Cluster sampling method with allocation of clusters based on probability protportaionate to size was of the population was used in the identification of the study sample. Cluster sampling design is one of the best practical method available, to obtain a representative sample in a cross sectional study in a relatively large geographical area.

The cluster size was limited to 10 respondents per cluster. The primary sampling unit (PSU) was the Grama NIladari (GN) Division and the secondary sampling unit was the housing unit. One person per each housing unit was selected. If there were two or more eligible persons in one housing unit, one respondent was selected randomly.

2.3.6.2 Selection of Clusters

When the total sample size (6000) and the cluster size (10) are taken into account, 600 clusters are required for the study. The stages that follow in the selection of clusters are given below:

2.3.6.2.1 Stage I: Allocation of clusters in each Administrative District

Allocating clusters according to the population size will result in districts with smaller population being assigned fewer clusters and subsequently a small sample, affecting the precision (wider confidence interval). Therefore, irrespective of the size of population in each district, clusters were allocated equally among all districts. Initially, the 600 clusters were to be divided among 25 administrative districts. However due to unexpected breakeout of war we had to confine the survey to 17 disctricts. This made the selection of 36 clusters from each district (600/17).

2.3.6.2.2 Stage II: Selection of clusters

In each district, 36 clusters were identified during the Stage II. Cluster selection was on probability proportionate to size of the population. All GN divisions in each district were listed along with the estimated population and cumulative population. The cumulative population was calculated adding each population figure (population in each GN division) to the sum of the one before, until the grand cumulative total is obtained. The

sampling interval is calculated dividing this grand total by 36 (number of clusters to be selected).

$$\text{Sampling Interval} = \frac{\text{Total cumulative population}}{\text{Number of clusters to be selected}}$$

A number less than the sampling interval was generated from a web based random numbers generation tool (www.random.org). The GN division which corresponds to this random number within its total cumulative population was selected for the study. The second GN division was selected by adding the sampling interval to the random number generated.

Random number that is identified in the first GN division + Sampling interval = Second GN division

The rest of the GN divisions were identified in the same manner by adding sampling interval to the previous figure (see Annexure 3 an example describing the sampling method).

2.3.6.2.3 Stage III: Identification of Secondary Sampling Unit (SSU)

Definition of secondary sampling Unit

- Housing unit

  The following 3 conditions should be satisfied in order to consider a building unit as a housing unit.

  (i) It should be a place of dwelling of human beings.

  (ii) It should be separated from other places of dwelling.

  (iii) It should have separate entrance.

Under this definition any building or a part of a building or any structure whether permanent or temporary such as huts, shanties, sheds etc., which are in fact used as place of residence were regarded as housing units.

The following places of residence would be excluded from the study

- Collective Living Quarters

  A place where two or more unrelated persons share common living arrangement is considered as a collective living quarter.

- Institution

  This is a special case of collective living quarters, designed to house groups of persons who are bound by either a common public objective or a common personal interest under the supervision of a central authority sharing common living arrangements.

- Non-Housing Unit

  Every building or part of a building which is not used as a place of dwelling is a non housing unit. e.g.: office, petrol filling station, shop etc. Collective living quarters, Institutions and non housing units were not considered for sampling.

Identification of an index house

It was initially planed that the first household of each cluster within each of the identified GNDs would be selected randomly from the more recently updated electoral register rather than from the 2001 census data. But this would have significantly delayed data collection and additionally burdened the research assistants by having to go through the process of obtaining access to the electoral register from the Grama Niladhari or the Divisional secretary of each area. The Department of Census and Statistics allowed access to the 2001 national census documents of all the districts, by which an index household was identified randomly from almost all of the selected GNDs. As the relevant census documents from some GNDs were not available at the Department of Census and Statistics at the time, random selection of the index household in those clusters was made from the electoral register available with the Grama Niladhari or the census files at the local Divisional Secretariat office.

The following procedure was used to identify the respondent.

1. Initially, the interviewer listed all eligible persons (between and including the ages of 18 to 65 years) according to the age. This was in the order of eldest first and the youngest last. They were numbered from 0 onwards (0, 1, 2, 3…). The following persons were recruited

    a) Those who are permanent residents of the household having their name in the voting register of the area
    b) Those who are not boarders and are not living temporarily or visiting the household
    c) Those that are not available on the specific date (or days) due to being boarded or on a visit elsewhere, yet having their permanent address and their name in the voting register of the area in relation to the specific housing unit
    d) Those that are likely to be available at the household within the proceeding month

2. Interviewer carried a set of random numbers with the value of 20 - 100, each in a sealed envelope. After listing all eligible persons in the house the RA opened one of those envelopes to read the random number.

3. This random number was divided by the total number of eligible persons in the particular housing unit.

4. The balance value is equal to the assigned number in the format of the respondent to be interviewed.

e.g;

Step 1: Number of eligible persons in a housing unit = 4

[Numbers assigned-starting with zero: 0, 1, 2, 3)

Step 2: Random number read from the opened up envelope = 47

Step 3: 47/4 = 11 and balance value = 3

Step 4: The number 3 person of the list of eligible persons in that housing unit will be selected as the respondent.

It must be stated that; even though an 18 to 65 year age restriction was planned, few respondents above 65 years had been included due to selection errors.

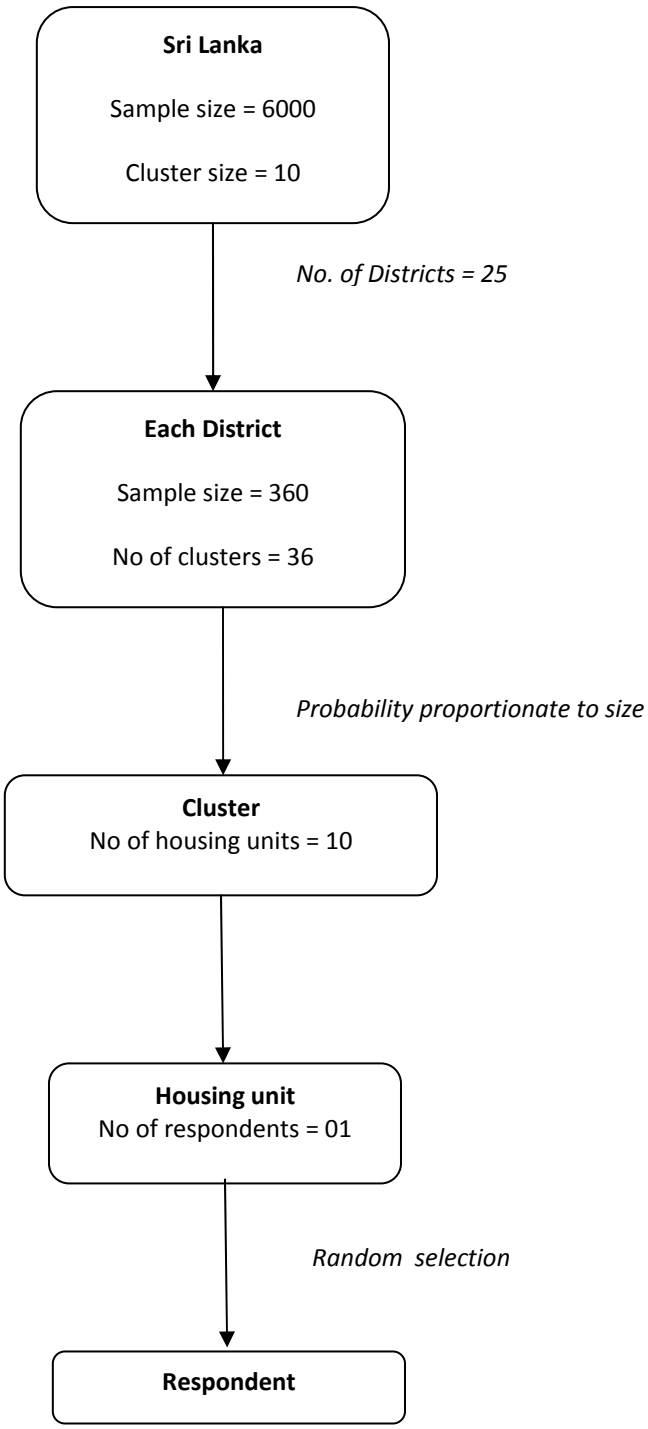
Other 9 households of the cluster were selected by consecutively going to the house where the front door is closest to the previously selected house (irrespective of the side of the road). Accordingly this procedure was followed until the RAs identified ten eligible respondents in ten houses in each cluster. If a house is not currently occupied or if the selected individual of the house does not consent to participate in the study, it was compensated by including an additional house to the cluster.

If the selected respondent was not present at the time of the visit, interviewer needed to make subsequent visits to meet the respondent.

Special Notes:

- To select GN divisions (PSU) in Stage II, estimated total population for each GN division was taken into consideration. It would be more appropriate if the population of 18 years or above was taken in for calculations. If available, the 2001 census data of GN divisions were used, (they were available for all districts except for few district in North and East). Because we used a sampling technique that depends on the proportion of population in each GN division, and if we assumed that there is no major migration in or out of the GN division since 2001, the use of the 2001 census is justifiable. Tsunami may have caused migration out of affected GN divisions. Using the 2001 Census will give an over inflated proportion of population in the Tsunami affected GN divisions according to our sampling method (PPS) as these GN divisions have more probability of being selected as a cluster in our survey. This may be advantageous as we need GN divisions and people affected with the Tsunami to accurately portray the mental health picture in the country. There were 730 GN divisions affected by Tsunami.

Sample selection



2.3.7 Data collection instruments

2.3.7.1 Criteria for Selecting an Interview

Several factors need to be considered when choosing a structured or a semi structured interview. These are related not only to factors characteristic of the interview itself—such as its demonstrated psychometric qualities, degree of structure (i.e., highly structured vs. semi structured, allowing for additional inquiry) and breadth of diagnostic coverage—but also to the context in which the interview is to be used (Blanchard & Brown, 1998).

Not a single instrument will best fit the requirements of all clinicians and researchers. When selecting an interview, health care workers must consider their specific needs, priorities, and resources. For example, it might be tempting to consider broad diagnostic coverage, excellent reliability, and validity to be essential criteria in all instances; however, each of these has the potential for drawbacks, and they can sometimes be mutually exclusive. Broad diagnostic coverage (i.e., number of disorders assessed for) often comes at the cost of in-depth information about specific diagnoses—this is the classic "bandwidth versus fidelity" dilemma (Widiger & Frances, 1987). Reliability, or the reproducibility of results, is enhanced by increasing the degree of structure of the interview (i.e., minimizing the flexibility permitted in inquiry and format of administration). However, this inflexibility has the potential to undermine the validity of the diagnosis.

2.3.7.2 Instruments

Seven instruments were used to collect data.

1. Semi-structured questionnaire to collect socio-demographic, risk and service utilization data
2. PRIME-MD/PHQ -Patient Health Questionnaire
3. Psychosis screening questionnaire
4. Composite International Diagnostic Interview section K questions on Post Traumatic Stress Disorder – question 22 to 45
5. Tsunami and war questions and Suicidal ideation screening questionnaire

6. Beck Scale of Suicide Ideations was administered to those who became positive for active suicidal ideation in the suicidal ideation screening questionnaire

2.3.7.3 Semi-structured questionnaire

A semi-structured questionnaire was administered to all the subjects. It contained questions to elicit a detailed account of demographic and socio-economic background and included information on age, sex, educational status, marital status, employment status, race, religion and the subject's self rated religiousness, income status and indebtedness. Other information consisted of, were major physical illnesses, alcohol consumption and other substance abuse.

2.3.7.4 Identification of variables

Study Variables:

- Socioeconomic variables: education, marital status, occupation, income, Environmental characteristics: housing environment, behavioural characteristics

Objectives of the administration of the questionnaires was to identify the demographic and socio-economic characteristics of the study subjects.

2.3.7.5 Sequencing the questions

Sequencing is important because sensitive areas such as suicidal feelings and history of mental illnesses were explored; for which there is a stigma in this culture. Therefore in the finalised questionnaire, questions were arranged in the following order:

1. Socio-demographic characteristics
2. Economic characteristics
3. Physical health
4. Alcohol and substance use
5. Exposure to suicidal behaviours of others
6. Personal experience of suicidal behaviours

2.3.7.6 PRIME-MD- For the assessment of mental disorders, functional impairment, and recent psychosocial stressors

PRIME-MD is a brief instrument for making criteria-based diagnoses of mental disorders (Spitzer et al 1994, 1999)).

It has two features which makes it suitable for use cross-culturally. First, it covers a wide range of psychosomatic symptoms, which are a common expression of psychological distress in many cultural groups. Second, all questions are in simple everyday language and require only "yes"/"no" answers.

Called Primary Care Evaluation of Mental Disorders (PRIME-MD), The PRIME-MD has two components:

1. The Patient Questionnaire (PQ), a one-page self-report questionnaire, completed by the patient prior to seeing the physician, containing 25 “yes”/“no” questions about psychiatric symptoms present during the past month and 1 question about general health.

2. The Clinician Evaluation Guide (CEG), a nine-page interview consisting of five diagnostic modules, used by the interviewer to follow up on items endorsed by the patient on the PQ. The CEG also contains a diagnostic summary sheet.

The Patient Health Questionnaire (PHQ), which combines the PQ and the CEQ, covers eight of the original DSM-IV diagnoses found in the PRIME-MD (albeit with some simplification, such as the merging of several depressive disorders into a single category). This version only requires the clinician to confirm self identified diagnoses and to apply diagnostic algorithms. The PRIME-MD can also be administered by computer, using either desktop or telephone [i.e. interactive voice response (IVR)]. The PRIME-MD has been translated into several languages, including Chinese, French, German, and Spanish.

The Patient Health Questionnaire (PHQ) is designed to facilitate the recognition and diagnosis of the most common mental disorders in primary care patients: somatoform, depressive, anxiety, eating and alcohol disorders. Since the questionnaire relies on patient self-report, definitive diagnoses must be verified by the clinician, taking into account how well the patient understood the questions in the questionnaire, as well as other relevant information from the patient, his or her family or other sources. In

addition, the diagnoses of Major Depressive Disorder (rather than Syndrome) and Other Depressive Disorder requires ruling out normal bereavement (mild symptoms, duration less than 2 months), a history of a manic episode (Bipolar Disorder) and a physical disorder, medication or other drug as the biological cause of the depressive symptoms. Similarly, the diagnoses of Panic Disorder and Other Anxiety Disorder require ruling out a physical disorder, medication or other drug as the biological cause of the anxiety symptoms. After making a provisional diagnosis with the PHQ or Brief PHQ, there are additional clinical considerations that may affect decisions about management and treatment:

- Have current symptoms been triggered by psychosocial **stressor(s)**?
- What is the **duration** of the current disturbance and has the patient received any **treatment** for it?
- To what extent are the patient's symptoms **impairing** his or her usual work and activities?
- Is there a **history** of similar episodes, and were they **treated**?
- Is there a **family history** of similar conditions?

2.3.7.6.1 Coverage

The PRIME-MD for DSM-IV covers, in part, five current DSM-IV Axis I categories: mood (major depressive [current, recurrent, or partial remission], minor depressive and bipolar disorders, and dysthymia), anxiety (panic disorder, generalised anxiety disorder, and anxiety disorder not otherwise specified), somatoform ("multisomataform" or undifferentiated somatoform disorder and somatoform disorder not otherwise specified), eating [bulimia nervosa (purging and non-purging types) and binge eating disorder], and alcohol-related (alcohol abuse or dependence) disorders. Of these 16 specific conditions, 8 correspond to DSM-IV diagnoses; 3 are "rule-outs" (R/O) (i.e., 1 R/O bipolar disorder, 2 R/O depressive disorder or anxiety disorder) due to general medical condition, medication, or other drug; Patient Health Questionnaire has also been used for the assessment of ICD-10 classified depressive episodes in the primary care setting (Lowe et al 2004).

2.3.7.6.2 Assessment

For all subjects, current major depressive disorder, panic attacks, and alcohol use disorder were assessed with the PRIME-MD. Patient Health Questionnaire, a screening instrument that uses diagnostic algorithms to generate diagnoses of common mental disorders was used. The diagnostic validity of this instrument is comparable to the original clinician-administered PRIME-MD. In this, suicidal ideation are also measured with the question, "Have you had thoughts that you would be better off dead or of hurting yourself in some way for at least several days in the last two weeks?" However this one question is not adequate for the study and was supplemented by suicidal questionnaire.

2.3.7.6.3 Adaptation and validation of the PHQ

Adaptation and preliminary validation of PHQ has already been done by the Forum for Research and Development. Pre testing was done with the intention of assessing its acceptability and identifying suitability about the Sinhalese wording for further improvement.

2.3.7.7 Composite International Diagnostic Interview section K questions on Post Traumatic Stress Disorder – question 22 to 45

Following the 2004 tsunami, many suggested that Post Traumatic Stress Disorder (PTSD) would become common among the survivors. Even though some local experts believe that PTSD is unlikely to be as common as in western cultures it was decided to include a questionnaire on assessing PTSD to study its prevalence.

The Composite International Diagnostic Interview (CIDI) is a comprehensive, fully standardized interview that can be used to assess mental disorders and provide diagnoses according to the definitions and criteria of ICD-10 (WHO 1992) and the DSM-IV (American Psychiatric Association 1994). The CIDI has been designed for use in a variety of cultures and in a variety of settings. It has been translated into several languages including the Sinhala version which was translated by the Forum for Research and Development. CIDI is primarily intended for use in epidemiological studies of mental disorders and is designed for adult respondents. It was designed for persons with markedly different educational and cultural backgrounds and intelligence. It is simple enough that respondents with little education can respond meaningfully to the

questions. It is possible to be used both as self- or interviewer-administration. The CIDI has several sections covering the specific psychiatric diagnostic categories, of which section K covers obsessive compulsive disorder and PTSD. Questions- K22 to K45, which covers PTSD, was used in the study with two sub questions having being omitted due to cultural inappropriateness.

2.3.7.8 Suicidal ideations

To estimate the prevalence of various types of suicidal behaviours, the questionnaire included questions to elicit such behaviours in the past (life time) and suicidal ideations during the last week. Several open-ended questions eliciting information on factors that lead to suicidal behaviours were also included.

2.3.7.8.1 Screening questionnaire for suicidal ideations

Have you ever felt that there is nobody to care about you?	Yes	No
Have you ever felt that there is no point in living anymore?	Yes	No
Have you ever felt that dying is better than living anymore?	Yes	No
Have you ever thought of committing suicide?	Yes	No
During the past week have you felt that there is nobody to care about you?	Yes	No
During the past week have you felt that there is no point in living anymore?	Yes	No
During the past week have you felt that dying is better than living anymore?	Yes	No
During the past week have you thought of committing suicide?	Yes	No

2.3.7.8.2 Suicidal ideation score

A score for suicidal ideations was created by assigning scores from 1 to 4 to each item of screening question, depending on the severity of ideations. If a person felt that 'there is nobody to care' it was assigned 1, 'no point in living anymore' 2, 'dying is better than living' 3 and thought of commiting suicide 4. A person who responds affirmatively to all four questions will score 10 (1+2+3+4). For life time and current suicidal ideations these scores were calculated separately.

2.3.7.8.3 Beck Scale of Suicide Ideation

This was given to participants who were positive for the suicidal screening questionnaire. The Beck Scale for Suicide Ideation (BSSI) (Beck and Steer, 1991); is a self-report instrument for detecting and measuring the current intensity of the patients' specific attitudes, behaviours, and plans to commit suicide during the past week.

The BSSI consists of five screening items. If the respondent reports any active or passive desire to commit suicide, then an additional 14 items are administered.

This instrument is useful in predicting the current suicide risk of an individual. The BSSI measures a broad spectrum of attitudes and behaviours that clinicians routinely consider when assessing suicide risk. The BSSI consists of 21 groups of statements (items). The first 19 items measure gradations of the severity of suicidal wishes, attitudes, and plans. Within each group, the statements reflect increasing gradations, from 0 to 2, of the severity. These ratings are then summed to yield a total score, which ranges from 0 to 38. In order, the 19 items measure the following facets of suicide ideation: Wish to live, Wish to die, Reasons for living or dying, Active suicide attempt, Passive suicide attempt, Duration of suicidal thoughts, Frequency of ideation, Attitude toward ideation, Control over suicidal action, Deterrents to attempt, Reasons for attempt, Specificity of planning, Availability or opportunity of method, Capability to carry out attempt, Expectancy of actual attempt, Extent of actual preparation, Suicide note, Final acts, and Deception and concealment. The BSSI consists of five screening items. If the respondent reports any active or passive desire to commit suicide, then an additional 14 items are administered.

The last two items ask about the number of previous suicide attempts and the seriousness of intention to die associated with last attempt and help to discover important background characteristics about past suicidal behaviours.

The internal reliability, test-retest stability, and concurrent validity of BSI have been established (Beck and Steer, 1991). It has a high internal reliability with Cronbach alpha coefficients ranging from 0.87 to 0.97. This also has a moderate test-retest reliability ($r = 0.54$) over a one week period with psychiatric inpatients. The BSI also has a moderate to high correlation coefficient ranging from 0.53 to 0.94 when compared with Beck Hopelessness Scale, Beck Depression Inventory, and Scale of suicide Ideation (SSI).

2.3.7.9 The Psychosis Screening Questionnaire

The Psychosis Screening Questionnaire (PSQ) (Bebbington & Nayani, 1995) was used to assess psychotic symptoms in the past year. The PSQ has five probe questions (plus secondary questions) enquiring about mania, thought insertion, paranoia, strange experiences and hallucinations.

WHO endorsed 5a of the PSQ (auditory hallucinations) and one or more psychotic symptom (initial probe plus secondary questions) were considered likely to be indicative of psychosis: a self-reported diagnosis or symptoms suggestive of psychotic disorder; taking anti-psychotic medication; a history of admission to a psychiatric hospital or ward.

2.3.7.10 Brief questionnaire on war and tsunami

Regarding the armed conflict and political violence in the country for the last 20 years in North and South, the following questions were asked and if the answer is yes, they were asked to elaborate.

- Did you lose a close family member (parent, sibling or child) as a result of the conflict?
- Was a close family member (parent, sibling or child) injured as a result of the conflict?
- Did you lose a friend or other family member as the result of the conflict?
- Was a friend or other family member injured as a result of conflict?
- Were you displaced as a result of conflict?
- Did you lose property as a result of conflict?
- Did you participate directly in the conflict as a combatant?
- Did you sustain injuries as a result of the conflict?

Regarding the Tsunami of December 2004 following questions were asked and if the answer is yes they were asked to specify.

- Were you in an affected area at the time of the disaster?
- Did you suffer injuries as a result of the tsunami?

- Did you lose a close family member (parent, sibling or child) as a result of the tsunami?
- Was a close family member (parent, sibling or child) injured as a result of the tsunami?
- Did you lose a friend or other family member as a result of the tsunami?
- Was a friend or other family member injured as a result of the tsunami?
- Were you displaced as a result of tsunami?
- Did you lose property as a result of the tsunami?
- Were you involved in relief efforts in affected areas?
- Were there any particular experiences you found difficult?

2.3.8 Informed consent

2.3.8.1 Ethics

Dissemination of data will be strategically for maximum impact among policy makers and academic researchers. In future, findings will be available in the public domain with supervision of the Ministry of Healthcare and Nutrition for maximum utilisation during service development.

Ethical approval was obtained for this proposal from the Ethics Review Committee, Faculty of Medical Sciences, University of Sri Jayewardenepura. An information leaflet, in lay language with a description of the study and its objectives was developed in Sinhalese. All the eligible participants were given the information leaflet and an adequate time was given to go through it. They were encouraged to ask questions and they were answered and clarified further. Participants were clearly made to understand that they were free to make the decision to participate or not to participate in the study and also the right to not to answer in part or in full or to quit the research at any moment of the process of the interview, if wished to do so. Thereafter, written informed consent was obtained from all participants before they were subjected to the interview.

2.3.9 Method of data collection and quality control

2.3.9.1 Collection of Data

Data collection was carried out by research assistants (RA) who were adequately trained and were supervised by designated coordinators (Psychiatrist, Physician and Community Physician) appointed by the Forum for Research & Development. They were centrally coordinated under a designated full time medical officer with adequate experience to do the island wide coordination. Overall supervision was carried out be senior PIs of the Forum for Research & Development. Administration of questionnaires were done at the residence of the subjects. The possibilities of distraction due to household activities and due to the presence of other family members during data collection were taken into account. Interviewers were instructed to select a convenient time for the subjects. At the end of completion of each questionnaire, the interviewer were instructed to go through the questionnaire to check for any omissions and made corrections.

2.3.9.2 Training

Suitable data collectors were recruited locally and trained intensively for the interview schedule and technique. Role playing, assessments and other educational innovations were also used during the training.

2.3.9.3 Quality Control and Validation of Data

Quality control mechanisms were set in place to monitor the quality of the data collection. The coordinator of the study and other senior PIs time to time went through collected data to identify any omissions occurred during data collection. In addition, interviews were evaluated by a senior team member in order to make clinical diagnosis and to assess the level of agreement.

Other steps to improve quality of data included, use of standard instruments, formulation of the questionnaire after thorough literature search and setting clear operational definitions for variables.

2.3.10 Data Entry, Data Analysis cleaning and writing up

Suitable data files were created using SPSS statistical software. Appropriate codings were also made in order to facilitate data entry and analysis. Before data analysis a meticulous data cleaning was performed to avoid any error. Data analysis was also done using the same software.

CHAPTER 3

RESULTS OF THE COMMUNITY SURVEY

In the total sample frame (all districts outside north and east) there were 12018 GND out of which 401 (3.33%) was affected by tsunami. In the sample there were 612 GND divisions covering 6120 participants, of which, 24 (3.92%) GNDs were affected by tsunami with 240 (3.92%) participants in those GN divisions.

A total of 6120 participants were interviewed for the study. The breakdown of the sample according to districts and the gender is given in table 3.1. All districts had equal numbers 360 as decided during the sampling methods. There is a female preponderance in the sample.

Table 3.1 Number of participants in the community survey from each district and their gender

District	Sex of Respondent		Total
	Males (%)	Females (%)	
Anuradhapura	143 (39.7)	217 (60.3)	360
Badulla	141 (39.2)	219 (60.8)	360
Colombo	162 (45.0)	198 (55.0)	360
Galle	126 (35.0)	234 (65.0)	360
Gampaha	166 (46.1)	194 (53.9)	360
Hambantota	145 (40.3)	215 (59.7)	360
Kalutara	110 (30.6)	250 (69.4)	360
Kandy	148 (41.1)	212 (58.9)	360
Kegalle	106 (29.4)	254 (70.6)	360
Kurunegala	125 (34.7)	235 (65.3)	360
Matale	127 (35.3)	233 (64.7)	360
Matara	125 (34.7)	235 (65.3)	360
Monaragala	124 (34.4)	236 (65.6)	360
Nuwara Eliya	162 (45.0)	198 (55.0)	360
Polonnaruwa	143 (39.7)	217 (60.3)	360
Puttalam	130 (36.1)	230 (63.9)	360
Ratnapura	140 (38.9)	220 (61.1)	360
Total	**2323 (38.0)**	**3797 (62.0)**	**6120**

Mean age of the sample was 39.8 years (SD 12.6). The age breakdown of the sample according to the districts is given in table 3.2.

Table 3.2 Mean age of respondents in the community survey in each district

District	Mean Age in Years	Standard Deviation
Anuradhapura	39.3	12.4
Badulla	38.0	12.2
Colombo	39.6	12.7
Galle	39.4	13.1
Gampaha	39.4	12.7
Hambantota	39.9	12.5
Kalutara	39.1	12.1
Kandy	42.0	12.5
Kegalle	41.6	11.8
Kurunegala	39.9	12.6
Matale	40.8	12.7
Matara	41.5	12.6
Monaragala	39.9	12.1
Nuwara Eliya	38.6	12.7
Polonnaruwa	40.5	12.2
Puttalam	38.8	12.6
Ratnapura	38.6	13.5
Total	**39.8**	**12.6**

The total sample included 86.2% Sinhala, 7.7% Tamils, 6% of Muslims, and 0.1% each from Burgher and Malay. Given the fact that North and East could not be covered by the survey, this seems a reasonable representation of overall population. Nuweraeliya sample consisted of 56.4% Tamils and Badulla and Colombo districts also consisted around 15%. A detailed breakdown of ethnic distribution is given in table 3.3.

Table 3.3 Ethnic distribution of respondents of the community survey according to district

District	Race of Respondent						Total
	Sinhala (%)	Tamil (%)	Muslim (%)	Burgher (%)	Malay (%)	Other (%)	
Anuradhapura	318 (88.3)	11 (3.1)	31 (8.6)	0 (0.0)	0 (0.0)	0 (0.0)	360
Badulla	294 (81.7)	57 (15.8)	9 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)	360
Colombo	271 (75.3)	51 (14.2)	32 (8.9)	1 (0.3)	3 (0.8)	2 (0.6)	360
Galle	350 (97.2)	0 (0.0)	10 (2.8)	0 (0.0)	0 (0.0)	0 (0.0)	360
Gampaha	350 (97.2)	2 (0.6)	8 (2.2)	0 (0.0)	0 (0.0)	0 (0.0)	360
Hambantota	354 (98.3)	0 (0.0)	6 (1.7)	0 (0.0)	0 (0.0)	0 (0.0)	360
Kalutara	297 (82.7)	22 (6.1)	40 (11.1)	0 (0.0)	0 (0.0)	0 (0.0)	359
Kandy	267 (74.2)	34 (9.4)	58 (16.1)	0 (0.0)	1 (0.3)	0 (0.0)	360
Kegalle	303 (84.4)	24 (6.7)	32 (8.9)	0 (0.0)	0 (0.0)	0 (0.0)	359
Kurunegala	359 (99.7)	0 (0.0)	1 (0.3)	0 (0.0)	0 (0.0)	0 (0.0)	360
Matale	302 (83.9)	9 (2.5)	49 (13.6)	0 (0.0)	0 (0.0)	0 (0.0)	360
Matara	350 (97.2)	0 (0.0)	10 (2.8)	0 (0.0)	0 (0.0)	0 (0.0)	360
Monaragala	360 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	360
Nuwara Eliya	149 (41.4)	203 (56.4)	6 (1.7)	2 (0.6)	0 (0.0)	0 (0.0)	360
Polonnaruwa	350 (97.2)	0 (0.0)	10 (2.8)	0 (0.0)	0 (0.0)	0 (0.0)	360
Puttalam	268 (74.4)	31 (8.6)	60 (16.7)	1 (0.3)	0 (0.0)	0 (0.0)	360
Ratnapura	331 (91.9)	26 (7.2)	3 (0.8)	0 (0.0)	0 (0.0)	0 (0.0)	360
Total	**5273 (86.2)**	**470 (7.7)**	**365 (6.0)**	**4 (0.1)**	**4 (0.1)**	**2 (0.0)**	**6118**

Table 3.4 reports the breakdown according to the religion as reported by the participants.

Majority (81.8%) were Buddhists and there were 6.6% Hindu, 6% Islam, and 5% Roman catholics.

Table 3.4 Distribution of religion of respondents in the community survey according to district

District	Religion of respondent						Total
	Buddhist (%)	Hindu (%)	Islam (%)	Roman Catholic (%)	Other Christian (%)	Other (%)	
Anuradhapura	312 (86.7)	5 (1.4)	30 (8.3)	8 (2.2)	5 (1.4)	0 (0.0)	360
Badulla	293 (81.4)	54 (15.0)	9 (2.5)	3 (0.8)	1 (0.3)	0 (0.0)	360
Colombo	255 (70.8)	40 (11.1)	34 (9.4)	20 (5.6)	10 (2.8)	1 (0.3)	360
Galle	349 (97.2)	0 (0.0)	10 (2.8)	0 (0.0)	0 (0.0)	0 (0.0)	359
Gampaha	277 (76.9)	2 (0.6)	7 (1.9)	73 (20.3)	1 (0.3)	0 (0.0)	360
Hambantota	351 (97.5)	1 (0.3)	6 (1.7)	0 (0.0)	2 (0.6)	0 (0.0)	360
Kalutara	293 (81.6)	21 (5.8)	40 (11.1)	4 (1.1)	1 (0.3)	0 (0.0)	359
Kandy	263 (73.1)	33 (9.2)	60 (16.7)	3 (0.8)	1 (0.3)	0 (0.0)	360
Kegalle	302 (84.4)	18 (5.0)	32 (8.9)	6 (1.7)	0 (0.0)	0 (0.0)	358
Kurunegala	335 (93.1)	0 (0.0)	1 (0.3)	18 (5.0)	6 (1.7)	0 (0.0)	360
Matale	285 (79.6)	8 (2.2)	49 (13.7)	16 (4.5)	0 (0.0)	0 (0.0)	358
Matara	350 (97.2)	0 (0.0)	10 (2.8)	0 (0.0)	0 (0.0)	0 (0.0)	360
Monaragala	360 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	360
Nuwara Eliya	147 (40.8)	185 (51.4)	6 (1.7)	19 (5.3)	3 (0.8)	0 (0.0)	360
Polonnaruwa	347 (96.4)	0 (0.0)	10 (2.8)	2 (0.6)	1 (0.3)	0 (0.0)	360
Puttalam	149 (41.4)	15 (4.2)	60 (16.7)	133 (36.9)	3 (0.8)	0 (0.0)	360
Ratnapura	329 (91.9)	21 (5.9)	3 (0.8)	0 (0.0)	5 (1.4)	0 (0.0)	358
Total	**4997 (81.8)**	**403 (6.6)**	**367 (6.0)**	**305 (5.0)**	**39 (0.6)**	**1 (0.0)**	**6112**

Overall prevalence of Somatoform Disorder for the total sample is 3% (95% CI 2.6-3.4). The detailed breakdown by the district is presented in the table 3.5. It is highest in Puttalam district 8.9%. Except for Matale and Kandy, where the prevalence is 0.6% has

confidence values including 0 and therefore the sample size of 360 appear to be too small to estimate reliable prevalence for those two districts.

Table 3.5 Prevalence of Somatoform Disorder in each district

District	Somatoform Disorder Positive Number (%)	95% Confidence Intervals	Total (%)
Anuradhapura	14 (3.9)	1.9 - 5.9	357 (100)
Badulla	23 (6.4)	3.9 - 8.9	360 (100)
Colombo	11 (3.1)	1.3 - 4.9	360 (100)
Galle	6 (1.7)	0.4 - 3.0	357 (100)
Gampaha	10 (2.8)	1.1 - 4.5	360 (100)
Hambantota	9 (2.5)	0.9 - 4.1	359 (100)
Kalutara	11 (3.1)	1.3 - 4.9	359 (100)
Kandy	2 (0.6)	-0.2 - 1.4	360 (100)
Kegalle	5 (1.4)	0.2 - 2.6	360 (100)
Kurunegala	10 (2.8)	1.1 - 4.5	360 (100)
Matale	2 (0.6)	-0.2 - 1.4	359 (100)
Matara	6 (1.7)	0.4 - 3.0	360 (100)
Monaragala	14 (3.9)	1.9 - 5.9	358 (100)
Nuwara Eliya	4 (1.1)	0.02 - 2.2	360 (100)
Polonnaruwa	7 (1.9)	0.5 - 3.3	360 (100)
Puttalam	32 (8.9)	5.9 - 11.8	360 (100)
Ratnapura	18 (5.0)	2.7 - 7.2	360 (100)
Total	**184 (3.0)**	**2.6 - 3.4**	**6109 (100)**

Most significant finding in this study is the overall prevalence of 2.1% (95% CI 1.7-2.5) for major depressive syndrome. It is highest in Puttlam; 4.2% (90%CI 2.1-6.3). The prevalence is les than 0.8% in Hambantota, Matara and Matela and its 95% CI include zero and the sample of 360 appear to be not adequate. Detailed breakdown by district is given in table 3.6.

Table 3.6 Prevalence of Major Depressive Syndrome in each district

District	Major depressive syndrome positive (%)	95% Confidence Intervals	Total
Anuradhapura	7 (2.0)	0.5 - 3.4	357
Badulla	5 (1.4)	0.2 - 1.2	360
Colombo	9(2.5)	0.9 - 4.1	360
Galle	10 (2.8)	1.1 - 4.5	357
Gampaha	12 (3.3)	1.5 - 5.1	360
Hambantota	3 (0.8)	-0.1 - 1.7	359
Kalutara	10 (2.8)	1.1 - 4.5	359
Kandy	5 (1.4)	0.2 - 2.6	360
Kegalle	5 (1.4)	0.2 - 2.6	359
Kurunegala	10 (2.8)	1.1 - 4.5	360
Matale	2 (0.6)	-0.2 - 1.4	359
Matara	2 (0.6)	-0.2 - 1.4	360
Monaragala	8 (2.2)	0.7 - 3.7	358
Nuwara Eliya	7 (1.9)	0.5 - 3.3	360
Polonnaruwa	4 (1.1)	0.02 - 2.2	360
Puttalam	15 (4.2)	2.1 - 6.3	360
Ratnapura	14 (3.9)	1.9 - 5.9	359
Total	**128 (2.1)**	**1.7 - 2.5**	**6107**

Overall prevalence of the other depression is 7.1% (95% ci is 6.5-7.7). Monaragala is the highest with prevalence for 15.1%, followed by puttlam 11.9% and Anuradhapura 10.4%. Lowest is in matara (2.2%). The sample size in every district has been adequate for reliable estimates to be made. Detailed breakdown is given in table 3.7.

Table 3.7 Prevalence of other Depressive Syndrome in each district

District	Other Depressive Syndrome Positive (%)	95% Confidence Intervals	Total
Anuradhapura	37 (10.4)	7.2 - 13.6	357
Badulla	17 (4.7)	2.5 - 6.9	360
Colombo	23 (6.4)	3.9 - 8.9	360
Galle	25 (7.0)	4.4 - 9.6	357
Gampaha	11 (3.1)	1.3 - 4.9	360
Hambantota	29 (8.1)	5.3 - 10.9	359
Kalutara	16 (4.5)	2.4 - 6.6	359
Kandy	22 (6.1)	3.6 - 8.6	360
Kegalle	18 (5.0)	2.7 - 7.3	359
Kurunegala	35 (9.7)	6.6 - 12.8	360
Matale	10 (2.8)	1.1 - 4.5	359
Matara	8 (2.2)	0.7 - 3.7	360
Monaragala	54 (15.1)	11.4 - 18.8	358
Nuwara Eliya	21 (5.8)	3.4 - 8.2	360
Polonnaruwa	28 (7.8)	5.0 - 10.6	360
Puttalam	43 (11.9)	8.6 - 15.2	360
Ratnapura	34 (9.5)	6.5 - 12.5	359
Total	**431 (7.1)**	**6.5 - 7.7**	**6107**

Overall prevalence for panic syndrome was 0.5% with 95% CI of 0.3 to 0.7. However the sample size of 360 did not allow providing breakdown for each district except for Kalutara where it is 2.7%. However the breakdown is given in table 3.8.

Table 3.8 Prevalence of Panic Syndrome in each district

District	Panic Syndrome Positive (%)	95% Confidence Intervals	Total
Anuradhapura	2 (0.6)	-0.2 - 1.4	357
Badulla	1 (0.3)	-0.3 - 0.9	358
Colombo	1 (0.3)	-0.3 - 0.9	360
Galle	1 (0.3)	-0.3 - 0.9	358
Gampaha	1 (0.3)	-0.3 - 0.9	360
Hambantota	1 (0.3)	-0.3 - 0.9	357
Kalutara	8 (2.2)	0.7 - 3.7	359
Kandy	1 (0.3)	-0.3 - 0.9	360
Kegalle	0 (0.0)	-	359
Kurunegala	2 (0.6)	-0.2 - 1.4	360
Matale	0 (0.0)	-	359
Matara	1 (0.3)	-0.3 - 0.9	360
Monaragala	1 (0.3)	-0.3 - 0.9	359
Nuwara Eliya	0 (0.0)	-	360
Polonnaruwa	6 (1.7)	0.4 - 3.0	360
Puttalam	1 (0.3)	-0.3 - 0.9	359
Ratnapura	3 (0.8)	-0.1 - 1.7	359
Total	**30 (0.5)**	**0.3 - 0.7**	**6104**

Overall prevalence figure for other anxiety syndrome is 0.9% (95% CI 0.7-1.1). Similar to panic syndromes this too does not permit to give breakdown at district level except for Colombo, Galle, Gampaha, Anuradhapura, Hambantotota, Kegalle, Kurunegala and Puttlam. However detailed breakdown is given in table 3.9.

Table 3.9 Prevalence of other Anxiety Syndrome in each district

District	Other Anxiety Syndrome Positive (%)	95% Confidence Intervals	Total
Anuradhapura	4 (1.1)	0.02 - 2.2	357
Badulla	2 (0.6)	-0.2 - 1.4	358
Colombo	7 (1.9)	0.5 - 3.3	360
Galle	5 (1.4)	0.2 - 2.6	358
Gampaha	4 (1.1)	0.02 - 2.2	360
Hambantota	2 (0.6)	0.3 - 0.9	357
Kalutara	3 (0.8)	-0.1 - 1.7	359
Kandy	2 (0.6)	-0.2 - 1.4	360
Kegalle	4 (1.1)	0.02 - 2.2	359
Kurunegala	8 (2.2)	0.7 - 3.7	360
Matale	0 (0.0)	-	359
Matara	1 (0.3)	-0.3 - 0.9	360
Monaragala	1 (0.3)	-0.3 - 0.9	359
Nuwara Eliya	1 (0.3)	-0.3 - 0.9	360
Polonnaruwa	3 (0.8)	-0.1 - 1.7	360
Puttalam	7 (1.9)	0.5 - 3.3	359
Ratnapura	2 (0.6)	-0.2 - 1.4	359
Total	**56 (0.9)**	**0.7 - 1.1**	**6104**

Overall prevalence of Bulimia Nervosa was 0.03 with 95%CI -0.01 - 0.07 and therefore cannot make any firm conclusions.

Table 3.10 Prevalence of Bulimia Nervosa in each district

District	Bulimia Nervosa Positive (%)	95% Confidence Intervals	Total
Anuradhapura	0 (0.0)	-	356
Badulla	0 (0.0)	-	357
Colombo	0 (0.0)	-	360
Galle	0 (0.0)	-	358
Gampaha	0 (0.0)	-	360
Hambantota	0 (0.0)	-	357
Kalutara	1 (0.3)	-0.3 - 0.9	359
Kandy	0 (0.0)	-	360
Kegalle	0 (0.0)	-	359
Kurunegala	0 (0.0)	-	360
Matale	0 (0.0)	-	359
Matara	0 (0.0)	-	360
Monaragala	0 (0.0)	-	359
Nuwara Eliya	0 (0.0)	-	360
Polonnaruwa	0 (0.0)	-	360
Puttalam	1 (0.3)	-0.3 - 0.9	359
Ratnapura	0 (0.0)	-	360
Total	**2 (0.03)**	**-0.01 - 0.07**	**6103**

Overall prevalence of the Binge eating disorder too was low; 0.02% preventing to make any further meaningful conclusions with this sample size.

Table 3.11 Prevalence of Binge Eating Disorder in each district

District	Binge Eating Disorder Positive (%)	95% Confidence Intervals	Total
Anuradhapura	2 (0.6)	-0.2 - 1.4	354
Badulla	1 (0.3)	-0.3 - 0.9	357
Colombo	1 (0.3)	-0.3 - 0.9	360
Galle	3 (0.8)	-0.1 - 1.7	358
Gampaha	0 (0.0)	-	360
Hambantota	2 (0.6)	-0.2 - 1.4	357
Kalutara	1 (0.3)	-0.3 - 0.9	359
Kandy	1 (0.3)	-0.3 - 0.9	360
Kegalle	0 (0.0)	-	359
Kurunegala	0 (0.0)	-	360
Matale	0 (0.0)	-	359
Matara	0 (0.0)	-	360
Monaragala	0 (0.0)	-	359
Nuwara Eliya	0 (0.0)	-	360
Polonnaruwa	0 (0.0)	-	360
Puttalam	0 (0.0)	-	359
Ratnapura	0 (0.0)	-	360
Total	**11 (0.2)**	**0.09 - 0.3**	**6101**

Overall prevalence of alcohol abuse was 2.8% (95%CI: 2.4-3.2). There is a large variation in district prevalence. Detailed breakdown is given in table 3.12. However, the prevalence of alcohol abuse among males was 7.2% as opposed to 0.1% among females.

Table 3.12 Prevalence of Alcohol Abuse in each district

District	Alcohol abuse Positive (%)	95% Confidence Intervals	Total
Anuradhapura	25 (7.1)	4.4 - 9.8	354
Badulla	3 (0.8)	-0.1 - 1.7	357
Colombo	21 (5.8)	3.4 - 8.2	360
Galle	2 (0.6)	-0.2 - 1.4	358
Gampaha	6 (1.7)	0.4 - 3.0	360
Hambantota	11 (3.1)	1.3 - 4.9	356
Kalutara	8 (2.3)	0.7 - 3.9	350
Kandy	14 (3.9)	1.9 - 5.9	360
Kegalle	10 (2.8)	1.1 - 4.5	358
Kurunegala	4 (1.1)	0.004 - 2.2	348
Matale	20 (5.6)	3.2 - 8.0	359
Matara	2 (0.6)	-0.2 - 1.4	358
Monaragala	1 (0.3)	-0.3 - 0.9	359
Nuwara Eliya	3 (0.8)	-0.1 - 1.7	360
Polonnaruwa	19 (5.3)	3.0 - 7.6	360
Puttalam	5 (1.4)	0.2 - 2.6	358
Ratnapura	16 (4.5)	2.4 - 6.6	359
Total	**170 (2.8)**	**2.4 - 3.2**	**6074**

Overall prevalence of Post Traumatic Stress Disorder (PTSD) is remarkably low; 1.7(95%CI:1.4-2.0). This appears to be a significant finding given the high estimates made by outside agencies. Highest is seen in Polonnaruwa District followed by Anuradhapura which are part of the so called boarder zones and affected by the war. Prevalence in tsunami affected Hambantota it is 2.8%, Matara 0.6%, Galle 1.1%, Kalutera

3.1% and Colombo 1.7%. Prevalence figures in Kurunegala and Kegalle also remains relatively high.

Table 3.13 Prevalence of Post Traumatic Stress Disorder in each district

District	PTSD Positive (%)	95% Confidence Intervals	Total
Anuradhapura	13 (3.6)	1.7 - 5.5	360
Badulla	8 (2.2)	0.7 - 3.7	360
Colombo	6 (1.7)	0.4 - 3.0	360
Galle	4 (1.1)	0.02 - 2.2	360
Gampaha	2 (0.6)	-0.2 - 1.4	360
Hambantota	10 (2.8)	1.1 - 4.5	360
Kalutara	11 (3.1)	1.3 - 4.9	360
Kandy	2 (0.6)	-0.2 - 1.4	360
Kegalle	10 (2.8)	1.1 - 4.5	360
Kurunegala	9 (2.5)	0.9 - 4.1	360
Matale	1 (0.3)	-0.3 - 0.9	360
Matara	2 (0.6)	-0.2 - 1.4	360
Monaragala	4 (1.1)	0.02 - 2.2	360
Nuwara Eliya	1 (0.3)	-0.3 - 0.9	360
Polonnaruwa	15 (4.2)	2.1 - 6.3	360
Puttalam	2 (0.6)	-0.2 - 1.4	359
Ratnapura	2 (0.6)	-0.2 - 1.4	360
Total	**102 (1.7)**	**1.4 - 2.0**	**6119**

Even though it was not a requirement of the commissioning, because of tsunami and conflict was two significant issues in the country, we have carried out an additional data analyses on people who were affected through injuries, or loss of family or property. They are presented in Tables 3.14 – 3.29.

Table 3.14 Those who reported sustaining injuries as a result of conflict in each district of the community survey

District	Sustained injuries as a result of conflict (%)	Total
Anuradhapura	7 (1.9)	360
Badulla	3 (0.8)	356
Colombo	3 (0.8)	360
Galle	4 (1.1)	358
Gampaha	1 (0.3)	360
Hambantota	3 (0.8)	360
Kalutara	3 (0.8)	360
Kandy	2 (0.6)	360
Kegalle	1 (0.3)	360
Kurunegala	4 (1.1)	359
Matale	3 (0.8)	359
Matara	1 (0.3)	360
Monaragala	0 (0.0)	359
Nuwara Eliya	1 (0.3)	360
Polonnaruwa	11 (3.1)	360
Puttalam	1 (0.3)	360
Ratnapura	1 (0.3)	360
Total	**49 (0.8)**	**6111**

Table 3.15 Those who reported losing a close family member as a result of conflict in each district of the community survey

District	Lost a close family member as a result of conflict (%)	Total
Anuradhapura	16 (4.4)	360
Badulla	12 (3.4)	356
Colombo	5 (1.4)	360
Galle	10 (2.8)	358
Gampaha	6 (1.7)	360
Hambantota	9 (2.5)	360
Kalutara	12 (3.3)	360
Kandy	9 (2.5)	360
Kegalle	6 (1.7)	360
Kurunegala	9 (2.5)	359
Matale	17 (4.7)	359
Matara	3 (0.8)	360
Monaragala	11 (3.1)	359
Nuwara Eliya	7 (1.9)	360
Polonnaruwa	17 (4.7)	360
Puttalam	9 (2.5)	360
Ratnapura	6 (1.7)	360
Total	**164 (2.7)**	**6111**

Table 3.16 Those who reported injury to a close family member as a result of conflict in each district of the community survey

District	A close family member got injured as a result of conflict (%)	Total
Anuradhapura	10 (2.8)	360
Badulla	13 (3.7)	356
Colombo	8 (2.2)	360
Galle	17 (4.7)	358
Gampaha	2 (0.6)	360
Hambantota	8 (2.2)	360
Kalutara	10 (2.8)	360
Kandy	18 (5.0)	360
Kegalle	7 (1.9)	360
Kurunegala	10 (2.8)	359
Matale	7 (1.9)	359
Matara	0 (0.0)	360
Monaragala	3 (0.8)	359
Nuwara Eliya	7 (1.9)	360
Polonnaruwa	13 (3.6)	360
Puttalam	8 (2.2)	360
Ratnapura	6 (1.7)	360
Total	**147 (2.4)**	**6111**

Table 3.17 Those who reported losing a friend or other family member as a result of conflict in each district of the community survey

District	Lost a friend or other family member as a result of conflict (%)	Total
Anuradhapura	46 (12.8)	360
Badulla	60 (16.9)	356
Colombo	37 (10.3)	360
Galle	14 (3.9)	358
Gampaha	23 (6.4)	360
Hambantota	79 (21.9)	360
Kalutara	29 (8.1)	358
Kandy	27 (7.5)	360
Kegalle	19 (5.3)	360
Kurunegala	25 (7.0)	359
Matale	7 (1.9)	359
Matara	5 (1.4)	360
Monaragala	13 (3.6)	359
Nuwara Eliya	4 (1.1)	360
Polonnaruwa	38 (10.6)	360
Puttalam	22 (6.1)	360
Ratnapura	29 (8.1)	360
Total	**477 (7.8)**	**6109**

Table 3.18 Those who reported having a friend or other family member injured as a result of conflict in each district of the community survey

District	A friend or other family member injured as a result of conflict (%)	Total
Anuradhapura	17 (4.7)	360
Badulla	26 (7.3)	356
Colombo	10 (2.8)	360
Galle	14 (3.9)	358
Gampaha	4 (1.1)	360
Hambantota	35 (9.7)	360
Kalutara	15 (4.2)	360
Kandy	23 (6.4)	360
Kegalle	4 (1.1)	360
Kurunegala	18 (5.0)	359
Matale	5 (1.4)	359
Matara	0 (0.0)	360
Monaragala	3 (0.8)	359
Nuwara Eliya	11 (3.1)	360
Polonnaruwa	30 (8.3)	360
Puttalam	3 (0.8)	360
Ratnapura	17 (4.7)	360
Total	**235 (3.8)**	**6111**

Table 3.19 Those who reported being displaced as a result of conflict in each district of the community survey

District	Displaced as a result of conflict (%)	Total
Anuradhapura	4 (1.1)	360
Badulla	0 (0.0)	356
Colombo	6 (1.7)	360
Galle	0 (0.0)	358
Gampaha	0 (0.0)	360
Hambantota	0 (0.0)	360
Kalutara	1 (0.3)	360
Kandy	0 (0.0)	360
Kegalle	0 (0.0)	360
Kurunegala	1 (0.3)	359
Matale	1 (0.3)	359
Matara	0 (0.0)	360
Monaragala	1 (0.3)	359
Nuwara Eliya	0 (0.0)	360
Polonnaruwa	4 (1.1)	360
Puttalam	20 (5.6)	360
Ratnapura	0 (0.0)	360
Total	**38 (0.6)**	**6111**

Table 3.20 Those who reported losing property as a result of conflict in each district of the community survey

District	Lost property as a result of conflict (%)	Total
Anuradhapura	5 (1.4)	360
Badulla	3 (0.8)	356
Colombo	7 (1.9)	360
Galle	0 (0.0)	358
Gampaha	1 (0.3)	360
Hambantota	1 (0.3)	360
Kalutara	1 (0.3)	360
Kandy	0 (0.0)	360
Kegalle	0 (0.0)	360
Kurunegala	2 (0.6)	359
Matale	1 (0.3)	359
Matara	1 (0.3)	360
Monaragala	1 (0.3)	359
Nuwara Eliya	1 (0.3)	360
Polonnaruwa	7 (1.9)	360
Puttalam	20 (5.6)	360
Ratnapura	0 (0.0)	360
Total	**51 (0.8)**	**6111**

Table 3.21 Those who reported participating directly in a conflict, in each district in the community survey

District	Participated Directly in conflict (%)	Total
Anuradhapura	5 (1.4)	360
Badulla	4 (1.1)	356
Colombo	7 (1.9)	360
Galle	1 (0.3)	358
Gampaha	1 (0.3)	360
Hambantota	2 (0.6)	360
Kalutara	5 (1.4)	360
Kandy	4 (1.1)	360
Kegalle	1 (0.3)	360
Kurunegala	5 (1.4)	359
Matale	3 (0.8)	359
Matara	1 (0.3)	360
Monaragala	2 (0.6)	359
Nuwara Eliya	1 (0.3)	360
Polonnaruwa	14 (3.9)	360
Puttalam	1 (0.3)	360
Ratnapura	1 (0.3)	360
Total	**58 (0.9)**	**6111**

Table 3.22 Those who reported being present at the time in an affected area and suffered injuries as a result of 2004 Tsunami in each district of the community survey

District	Present at the time in an affected area and suffered injuries from Tsunami (%)	Total
Anuradhapura	0 (0.0)	360
Badulla	0 (0.0)	356
Colombo	0 (0.0)	360
Galle	7 (2.0)	358
Gampaha	0 (0.0)	359
Hambantota	3 (0.8)	360
Kalutara	3 (0.8)	360
Kandy	0 (0.0)	360
Kegalle	0 (0.0)	360
Kurunegala	0 (0.0)	359
Matale	0 (0.0)	359
Matara	3 (0.8)	360
Monaragala	0 (0.0)	359
Nuwara Eliya	0 (0.0)	360
Polonnaruwa	0 (0.0)	360
Puttalam	0 (0.0)	360
Ratnapura	0 (0.0)	359
Total	**16 (0.3)**	**6109**

Table 3.23 Those who reported losing a close family member as a result of 2004 Tsunami in each district of the community survey

District	Lost a close family member as a result of Tsunami (%)	Total
Anuradhapura	5 (1.4)	360
Badulla	0 (0.0)	356
Colombo	1 (0.3)	360
Galle	18 (5.0)	358
Gampaha	2 (0.6)	359
Hambantota	9 (2.5)	360
Kalutara	8 (2.2)	359
Kandy	0 (0.0)	360
Kegalle	0 (0.0)	360
Kurunegala	1 (0.3)	359
Matale	2 (0.6)	359
Matara	10 (2.8)	360
Monaragala	3 (0.8)	359
Nuwara Eliya	1 (0.3)	360
Polonnaruwa	2 (0.6)	360
Puttalam	0 (0.0)	360
Ratnapura	2 (0.6)	359
Total	**64 (1.0)**	**6108**

Table 3.24 Those who reported having a close family member injured as a result of 2004 Tsunami in each district of the community survey

District	A close family member got injured as a result of Tsunami (%)	Total
Anuradhapura	1 (0.3)	360
Badulla	0 (0.0)	356
Colombo	3 (0.8)	360
Galle	17 (4.7)	358
Gampaha	1 (0.3)	359
Hambantota	10 (2.8)	360
Kalutara	6 (1.7)	359
Kandy	1 (0.3)	360
Kegalle	0 (0.0)	360
Kurunegala	0 (0.0)	359
Matale	0 (0.0)	359
Matara	9 (2.5)	360
Monaragala	1 (0.3)	359
Nuwara Eliya	1 (0.3)	360
Polonnaruwa	1 (0.3)	360
Puttalam	3 (0.8)	360
Ratnapura	1 (0.3)	359
Total	**55 (0.9)**	**6108**

Table 3.25 Those who reported losing a friend or other family member as a result of 2004 Tsunami in each district of the community survey

District	Lost a friend or other family member as a result of Tsunami (%)	Total
Anuradhapura	6 (1.7)	360
Badulla	10 (2.8)	356
Colombo	30 (8.3)	360
Galle	40 (11.2)	358
Gampaha	16 (4.5)	359
Hambantota	122 (33.9)	360
Kalutara	35 (9.7)	359
Kandy	9 (2.5)	360
Kegalle	8 (2.2)	360
Kurunegala	2 (0.6)	359
Matale	2 (0.6)	359
Matara	30 (8.3)	360
Monaragala	9 (2.5)	359
Nuwara Eliya	1 (0.3)	360
Polonnaruwa	10 (2.8)	360
Puttalam	9 (2.5)	360
Ratnapura	8 (2.2)	359
Total	**347 (5.7)**	**6108**

Table 3.26 Those who reported having a friend or other family member injured as a result of Tsunami in each district of the community survey

District	A friend or other family member injured as a result of Tsunami (%)	Total
Anuradhapura	3 (0.8)	360
Badulla	1 (0.3)	356
Colombo	6 (1.7)	360
Galle	13 (3.6)	357
Gampaha	2 (0.6)	359
Hambantota	46 (12.8)	360
Kalutara	11 (3.1)	360
Kandy	6 (1.7)	360
Kegalle	0 (0.0)	360
Kurunegala	1 (0.3)	359
Matale	1 (0.3)	359
Matara	7 (1.9)	360
Monaragala	0 (0.0)	359
Nuwara Eliya	1 (0.3)	360
Polonnaruwa	9 (2.5)	360
Puttalam	0 (0.0)	360
Ratnapura	7 (1.9)	359
Total	**114 (1.9)**	**6108**

Table 3.27 Those who reported being displaced as a result of 2004 Tsunami in each district of the community survey

District	Displaced as a result of Tsunami (%)	Total
Anuradhapura	0 (0.0)	360
Badulla	0 (0.0)	356
Colombo	5 (1.4)	360
Galle	15 (4.2)	358
Gampaha	0 (0.0)	359
Hambantota	1 (0.3)	360
Kalutara	23 (6.4)	360
Kandy	0 (0.0)	360
Kegalle	0 (0.0)	360
Kurunegala	0 (0.0)	359
Matale	0 (0.0)	359
Matara	14 (3.9)	360
Monaragala	0 (0.0)	359
Nuwara Eliya	0 (0.0)	360
Polonnaruwa	1 (0.3)	360
Puttalam	0 (0.0)	360
Ratnapura	0 (0.0)	359
Total	**59 (1.0)**	**6109**

Table 3.28 Those who reported losing property as a result of 2004 Tsunami in each district of the community survey

District	Lost property as a result of Tsunami (%)	Total
Anuradhapura	1 (0.3)	360
Badulla	0 (0.0)	356
Colombo	6 (1.7)	360
Galle	25 (7.0)	358
Gampaha	4 (1.1)	359
Hambantota	16 (4.4)	360
Kalutara	19 (5.3)	360
Kandy	0 (0.0)	360
Kegalle	0 (0.0)	360
Kurunegala	0 (0.0)	359
Matale	1 (0.3)	359
Matara	23 (6.4)	360
Monaragala	0 (0.0)	359
Nuwara Eliya	0 (0.0)	360
Polonnaruwa	1 (0.3)	360
Puttalam	0 (0.0)	360
Ratnapura	0 (0.0)	359
Total	**96 (1.6)**	**6109**

Table 3.29 Those who reported being involved in relief efforts in Tsunami affected areas and had difficult relief experiences in each district of the community survey

District	Involved in relief efforts in affected areas and had difficult relief experiences (%)	Total
Anuradhapura	3 (0.8)	360
Badulla	11 (3.1)	356
Colombo	27 (7.5)	360
Galle	7 (2.0)	358
Gampaha	3 (0.8)	359
Hambantota	24 (6.7)	360
Kalutara	50 (13.9)	360
Kandy	4 (1.1)	360
Kegalle	3 (0.8)	360
Kurunegala	7 (1.9)	359
Matale	0 (0.0)	359
Matara	2 (0.6)	360
Monaragala	0 (0.0)	359
Nuwara Eliya	0 (0.0)	360
Polonnaruwa	4 (1.1)	360
Puttalam	1 (0.3)	360
Ratnapura	4 (1.1)	359
Total	**150 (2.5)**	**6109**

Psychosis screening questionnaires as its name implies is a screening instrument. The maximum number of symptoms reported by a single person was four. More the number of symptoms present more the likelihood of being a true case. Therefore, further analyses needs to be done before any conclusion is arrived at.

Table 3.30 Number of positive symptoms in Psychosis Screening Questionnaire (out of 5) in each district of the community survey

District	Number of positive symptoms in Psychosis Screening Questionnaire (out of 5)						Total
	None (%)	One (%)	Two (%)	Three (%)	Four (%)	At Least One (%)	
Anuradhapura	346 (96.9)	7 (2.0)	4 (1.1)	0 (0.0)	0 (0.0)	11 (3.1)	357
Badulla	333 (93.8)	13 (3.7)	8 (2.3)	1 (0.3)	0 (0.0)	22 (6.2)	355
Colombo	341 (94.7)	15 (4.2)	2 (0.6)	2 (0.6)	0 (0.0)	19 (5.3)	360
Galle	331 (92.7)	23 (6.4)	1 (0.3)	2 (0.6)	0 (0.0)	26 (7.3)	357
Gampaha	352 (97.8)	3 (0.8)	4 (1.1)	1 (0.3)	0 (0.0)	8 (2.2)	360
Hambantota	340 (94.7)	16 (4.5)	2 (0.6)	0 (0.0)	1 (0.3)	19 (5.3)	359
Kalutara	332 (92.5)	22 (6.1)	1 (0.3)	1 (0.3)	3 (0.8)	27 (7.5)	359
Kandy	345 (96.1)	14 (3.9)	0 (0.0)	0 (0.0)	0 (0.0)	14 (3.9)	359
Kegalle	350 (97.8)	4 (1.1)	3 (0.8)	1 (0.3)	0 (0.0)	8 (2.2)	358
Kurunegala	344 (95.8)	10 (2.8)	4 (1.1)	1 (0.3)	0 (0.0)	15 (4.2)	359
Matale	347 (97.5)	8 (2.2)	1 (0.3)	0 (0.0)	0 (0.0)	9 (2.5)	356
Matara	355 (98.9)	3 (0.8)	1 (0.3)	0 (0.0)	0 (0.0)	4 (1.1)	359
Monaragala	347 (96.9)	7 (2.0)	3 (0.8)	1 (0.3)	0 (0.0)	11 (3.1)	358
Nuwara Eliya	357 (99.7)	0 (0.0)	1 (0.3)	0 (0.0)	0 (0.0)	1 (0.3)	358
Polonnaruwa	329 (91.4)	22 (6.1)	9 (2.5)	0 (0.0)	0 (0.0)	31 (8.6)	360
Puttalam	346 (96.1)	11 (3.1)	3 (0.8)	0 (0.0)	0 (0.0)	14 (3.9)	360
Ratnapura	310 (86.1)	43 (11.9)	7 (1.9)	0 (0.0)	0 (0.0)	50 (13.9)	360
Total	**5805 (95.3)**	**221 (3.6)**	**54 (0.9)**	**10 (0.2)**	**4 (0.1)**	**289 (4.7)**	**6094**

Table 3.31 to 3.35 provides information on helplessness, hopelessness, suicidal ideation related information.

Table 3.31 Those who reported the feeling of, there is no one to care about them, in each district of the community survey

District	Felt that there is nobody to care		Total
	Ever (%)	During past week (%)	
Anuradhapura	27 (7.5)	6 (1.7)	360
Badulla	21 (5.9)	15 (4.2)	356
Colombo	66 (18.3)	33 (9.2)	360
Galle	34 (9.5)	16 (4.5)	358
Gampaha	76 (21.1)	31 (8.6)	360
Hambantota	54 (15.0)	26 (7.2)	360
Kalutara	53 (14.7)	27 (7.5)	360
Kandy	44 (12.2)	32 (8.9)	360
Kegalle	28 (7.8)	19 (5.3)	360
Kurunegala	35 (9.7)	16 (4.4)	360
Matale	45 (12.6)	24 (6.7)	357
Matara	13 (3.6)	9 (2.5)	360
Monaragala	7 (1.9)	3 (0.8)	359
Nuwara Eliya	31 (8.6)	2 (0.6)	360
Polonnaruwa	110 (30.6)	61 (16.9)	360
Puttalam	92 (25.6)	51 (14.2)	360
Ratnapura	18 (5.0)	14 (3.9)	360
Total	**754 (12.3)**	**385 (6.3)**	**6110**

Table 3.32 Those who reported the feeling of no point in living any more, in each district of the community survey

District	Felt that there is no point in living any more		Total
	Ever (%)	During past week (%)	
Anuradhapura	21 (5.8)	3 (0.8)	360
Badulla	38 (10.7)	13 (3.7)	356
Colombo	54 (15.0)	30 (8.3)	360
Galle	27 (7.5)	12 (3.4)	358
Gampaha	49 (13.6)	11 (3.0)	360
Hambantota	46 (12.8)	22 (6.1)	360
Kalutara	44 (12.2)	21 (5.8)	360
Kandy	37 (10.3)	27 (7.5)	360
Kegalle	24 (6.7)	16 (4.4)	360
Kurunegala	33 (9.2)	13 (3.6)	360
Matale	33 (9.2)	22 (6.2)	357
Matara	15 (4.2)	7 (1.9)	360
Monaragala	6 (1.7)	4 (1.1)	359
Nuwara Eliya	15 (4.2)	1 (0.3)	360
Polonnaruwa	79 (21.9)	30 (8.3)	360
Puttalam	46 (12.8)	25 (6.9)	360
Ratnapura	20 (5.6)	14 (3.9)	360
Total	**587 (9.6)**	**271 (4.4)**	**6110**

Table 3.33 Those who reported the feeling of death is better than living, in each district of the community survey

District	Felt dying is better than living		Total
	Ever (%)	During past week (%)	
Anuradhapura	19 (5.3)	2 (0.6)	360
Badulla	42 (11.8)	15 (4.2)	356
Colombo	54 (15.0)	32 (8.9)	360
Galle	26 (7.3)	8 (2.2)	358
Gampaha	37 (10.3)	11 (3.1)	360
Hambantota	43 (11.9)	24 (6.7)	360
Kalutara	42 (11.7)	18 (5.0)	360
Kandy	34 (9.4)	21 (5.8)	360
Kegalle	26 (7.2)	16 (4.4)	360
Kurunegala	25 (6.9)	7 (1.9)	360
Matale	35 (9.8)	22 (6.2)	357
Matara	15 (4.2)	6 (1.7)	360
Monaragala	7 (1.9)	4 (1.1)	359
Nuwara Eliya	25 (6.9)	2 (0.6)	360
Polonnaruwa	81 (22.5)	36 (10.0)	360
Puttalam	39 (10.8)	21 (5.8)	360
Ratnapura	22 (6.1)	14 (3.9)	360
Total	**572 (9.4)**	**259 (4.2)**	**6110**

Table 3.34 Those who reported thoughts of committing suicide, in each district of the community survey

District	Thought of committing suicide		Total
	Ever (%)	During past week (%)	
Anuradhapura	12 (3.3)	0 (0.0)	360
Badulla	17 (4.8)	9 (2.5)	356
Colombo	25 (6.9)	10 (2.8)	360
Galle	20 (5.6)	7 (2.0)	358
Gampaha	11 (3.1)	4 (1.1)	360
Hambantota	22 (6.1)	4 (1.1)	360
Kalutara	21 (5.8)	6 (1.7)	360
Kandy	12 (3.3)	4 (1.1)	360
Kegalle	15 (4.2)	9 (2.5)	360
Kurunegala	23 (6.4)	3 (0.8)	360
Matale	17 (4.8)	7 (2.0)	357
Matara	12 (3.3)	4 (1.1)	360
Monaragala	4 (1.1)	2 (0.6)	359
Nuwara Eliya	18 (5.0)	1 (0.3)	360
Polonnaruwa	48 (13.3)	16 (4.4)	360
Puttalam	17 (4.7)	4 (1.1)	360
Ratnapura	10 (2.8)	5 (1.4)	360
Total	**304 (5.0)**	**95 (1.6)**	**6110**

Table 3.35 Mean suicidal ideation scores in each district of the community survey

District	Mean Life time Suicidal Ideation Score [out of 10] (SD)	Mean Current Suicidal Ideation Score [out of 10] (SD)
Anuradhapura	0.5 (1.8)	0.05 (0.4)
Badulla	0.56 (2.1)	0.34 (1.6)
Colombo	1.14 (2.6)	0.65 (2.0)
Galle	0.69 (2.2)	0.27 (1.4)
Gampaha	0.93 (2.2)	0.25 (1.2)
Hambantota	1.03 (2.5)	0.44 (1.6)
Kalutara	1.13 (2.6)	0.43 (1.6)
Kandy	0.76 (2.1)	0.46 (1.5)
Kegalle	0.60 (2.2)	0.38 (1.7)
Kurunegala	0.79 (2.4)	0.21 (1.1)
Matale	0.80 (2.3)	0.45 (1.7)
Matara	0.36 (1.7)	0.15 (1.1)
Monaragala	0.16 (1.1)	0.09 (0.8)
Nuwara Eliya	0.59 (1.9)	0.05 (0.5)
Polonnaruwa	1.94 (3.1)	0.81 (2.2)
Puttalam	1.03 (2.4)	0.49 (1.5)
Ratnapura	0.46 (1.7)	0.28 (1.3)
Total	**0.79 (2.2)**	**0.34 (1.5)**

CHAPTER 4

SCHOOL BASED, BASELINE NATIONAL SURVEY TO ASSESS THE PREVALENCE OF MENTAL ILLNESS INCLUDING SUICIDAL IDEATIONS

4.1 BACKGROUND

The prevalence of child psychiatric disorders in the developed world is 10-20%, but in the developing world where children and adolescence make up a higher proportion of the population, the prevalence may be higher (Hackett & Hackett 1999).

In addition to the resent tsunami, over the last 35 years Sri Lanka has witnessed political violence, 2 armed conflicts in the south and civil war in the north for more than 20 years, would have undoubtedly had an impact on children and adolescents. Increasing maternal migration to the Middle East for employment would also have an impact on child mental wellbeing.

However in the absence of locally generated data, it is difficult to predict how much these social risk factors would impact on mental health and illness. Relatively a little is known about the extent to which social risk factors identified in the developed world, are applicable to the developing world (Hackett & Hackett 1999).

Mental health issues and type of morbidity are different in children as opposed to adults. The extent to which adult criteria being applicable to children should be decided on the basis of good empirical data about the phenomenology and continuity of disorders. In the case of obsessive–compulsive disorder, the phenomenology is remarkably similar in both childhood and adulthood. However, for depression the picture is different. Currently, ICD–10 and DSM–IV have few emotional disorder categories specific to childhood, and they are mostly subtypes of anxiety. Mood disorders are diagnosed according to adult criteria, with the consequence that most surveys of depression find prevalence rates of zero for children less than 8 years of age. However classification of child psychiatric conditions has advanced enormously in the past 20 years. There is a much stronger empirical basis to support current schemes, which are based on the many scientific disciplines that contribute to developmental psychopathology (Scott, 2002). Accordingly, behavioral and emotional disorders with onset usually occurring in

childhood and adolescence are categorized separately in to F90 – F98 in the ICD-10 (WHO 1992).

Emotional and behavioural disorder among children has considerable social and economic consequences for families and society (WHO 2005a). This epidemiological survey is the first of an island wide attempt to generate data that will inform the healthcare planning. The approach was to carryout a pragmatic epidemiological survey in the context of limited resources and constrains in contemporary Sri Lanka.

The proposed study was conducted as a collaborative project with the Department of Educational Research in NIE (National Institute of Education) and health service research group of the Forum for Research & Development, and the Institute of Psychiatry, Kings College London.

4.2 SPECIFIC OBJECTIVES

- To estimate the prevalence of conduct and behavioural disorders among children attending schools in Sri Lanka.
- To describe the demographic and socioeconomic characteristics associated with mental disorders in Sri Lanka.
- To describe the potential social and environmental risk factors associated with mental disorders in Sri Lanka.

4.3 STUDY SETTING

This study was carried out in state schools in Sri Lanka

4.4 REFERENCE POPULATION

The reference population for the study was defined as all children aged between 6-17 years attending state schools

4.5 STUDY DESIGN

Island wide school based prospective survey to estimate prevalence of mental disorders.

4.6 INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria:

- School children attending state schools
- Between the ages of 6-17 years

Exclusion criteria:

- Age over 17 years. The SDQ (Strengths and Difficulties Questionnaire) is not suitable for 17-19 year age group of senior secondary pupils. If included there should be an alternative age-appropriate general measure of psychopathology for that group. Given the overlap with the age range in community sample school going children age over 17 years were not included in this component of the study. Both school going and non school going children of this age range were covered in the community survey.
- Children who were attending special schools (children with special needs - mentally subnormal, deaf and dumb, autistic children).
- Children who were attending private and international schools
- Children who were attending Pirivena and religious schools

4.7 SAMPLING PROCEDURE FOR THE SCHOOL BASED STUDY

4.7.1 Sample Size Calculation

In sample size calculation we have taken into account the heterogeneous nature of school aged children, schools and administrative structure of Sri Lanka.

As age of the child is the visible and most obvious cause for this heterogeneity we have stratified the school children into two age strata (categories) according to the stages of school education. Children of the primary stage of education (grade 1-5; 5-10 year olds), and junior secondary stage of education (grade 6-11; 11-17 year olds) are the two strata of the sample.

Schools with above mentioned categories of school education are again categorised under a different scheme for administrative purpose by the Ministry of Education into four types. These four types are also based on the availability of grades in that school.

- Type 1AB: Schools with grades up to grade 13 (with Science stream)
- Type 1C: Schools with grades up to grade 13 Arts and Commerce stream/s only
- Type 2: Schools with grades up to grade 11
- Type 3: Schools with grades up to grade 5

These categories not only reflect the age of children at these schools but also socio-economic backgrounds of the children and resources available to the school. All four categories of schools are situated in all 25 administrative districts in Sri Lanka.

In selecting the sample these two structural frames were considered. From this structural frame, primary sampling unit and secondary sampling unit were selected in two stages (Dunn et al 1999). The primary sampling unit was the school and the secondary sample unit was the individual child. This sampling method is based on a 'longitudinal cohort study on primary school children in Sri Lanka' conducted by the National institute of Education (NIE) and sponsored by UNICEF (NIE 2006)

4.7.2 Sample size estimation

Sample size was calculated using the following formula (Lwanga and Lemeshow 1991):

$$N = \frac{Z^2 \times P\,(I-P)}{P^2}$$

P – The expected prevalence of mental disorders in a given district

Z – The standard normal deviation for a two tailed α

d – Absolute precision required on either sides of the proportion

Prevalence studies on mental disorders in Sri Lanka have not been carried out previously. Therefore, the true prevalence is unknown. The anticipated proportion of

some other key variables supposed to measure in this also is unknown. Hence, to obtain the maximum sample size, P was taken as 50%.

For a 95% confidence level $\alpha = 0.05$

$Z\alpha = 1.96$

$d = 5\%$

$p = 50\%$

$$N = \frac{1.962 \text{ X } 0.5\ (1 - 0.5)}{0.25}$$

$= 384$

Since the sampling technique is not simple random sampling,

Total sample size = design effect X N (Lwanga and Lemeshow 1991).

Design effect = 1 + (b –1) (roh)

Whereas, b = responses per cluster, roh = intraclass correlation coefficient. Since these values are not available from previous studies, a design effect of 2 is set for this study.

Total sample size = 384 X 2

= 768

As the allowance of non-response, 10% (n=77) was added to the total.

Minimum sample size required = 768 + 77

= 845

Therefore minimum sample size required is 845 for each category of schools.

4.7.3 Calculation of the number of secondary sampling units (individual child)

Hence, 845 children is the potential number needed from each age category of school education. So there will be (845x2) 1690 school children from two categories. For one category, number of school children for one district will be 34 (845/25).

Table 4.1 Sample size of school children by the stage of education

	No of children	SSU per district
Primary stage of education (grade 1-5; 5-10 year olds)	845	34
Junior secondary stage of education (grade 6-11; 11-17 year olds)	845	34

Therefore for one district the total minimum sample needed to be recruited was 68.

4.7.4 Selection of primary sample unit (schools)

A list of all the government schools in Sri Lanka was obtained from the Ministry of Education. The schools were separated according to the 17 districts and within each district two separate lists were made according to availability of secondary grade classes. As students in the primary grades (from grades 1 to 5) and in the secondary grades (from grades 6 to 11) had to be separately surveyed, one of the lists had all schools that had primary grade classes (which were all the schools in each of the districts). From which 4 schools were randomly selected in each district. The other list contained all the schools that had classes up to grade 11 (which were type 2, type 1AB and type 1C schools, as classified by the Education Ministry), which was used randomly to select 4 more schools from each of the 17 districts. Thus, out of the 8 schools selected in each district, 4 were for the collection of data from children in the primary grades, while the other 4 schools were for the collection of data from children in the secondary grades.

Table 4.2 Type and number of schools per district selected

	School types	No. of children	No. of schools per district
Primary stage of education	Types 1AB, 1C, 2, 3	845	4
Junior secondary stage of education	Types1 AB, 1C, 2	845	4

4.7.5 Calculation of the number of secondary sampling units (PSU)

In selecting the school sample, nine children were taken as a cluster with total sample size of 1800 children (9x8x25). Although this number was an increase from the original calculation (68 children from a district and 1690 from the island) still it was not adequate for a adequate precision. Considering the limited resources available, increasing the sample size by increasing the number of schools selected from a district (primary sampling unit) appeared not to provide any additional or proportionate cost benefits. Only if the prevalence is expected to be around 5% an increase of sample size of schools for a district would have give an additional benefit considering the potentially disproportionate costs increase. But during emergencies such as tsunami, population rates of mental disorders are expected to go up by 5-10%. (WHO 2005) Therefore it was highly unlikely the prevalence to be below 10% and assumed to be around 20%. (Examples of 95% Confidence intervals (precision) for different prevalence estimates for specified sample sizes for a district are given in Annexure 2)

4.7.5.1 Summary of sample sizes in other countries

Community studies in UK sampled was around 7000, Bangladesh 1500 and Brazil 1250 (Goodman personal communication). His opinion is that 2500 is adequate and the most important is to get complete information from all participants using the full multi-informant SDQ on a smaller sample than collecting information on a smaller number of informants from a larger sample. His advice was not to exceed 5000 anyway.

4.7.5.2. Final calculation of the total sample

Increasing the number of children recruited from each of the 8 schools in a district to 3 times, i.e. from 72 to 216 as opposed to increasing the number of schools from each district, the extra costs would not have increased significantly but with increased precision. This will involve a cluster of 27 (216/8 =27) children from a single school and we decided to increase that to 30 children per school. Due to breakout of hostilities in North and East we could do only 17 districts, Hence the total sample size was 4080 (30x8x17).

4.7.6 Selection of Secondary sample unit

Within each of the schools, 30 children were selected from the relevant grades, utilizing the attendance registers of the classes. All attendance registers were lined up consecutively from grade 1 or the lowest grade to the highest grade. Each child was given a number starting from one till all the children in the relevant grades are have a number (sample frame). Final number would be the total number of children in the all relevant grades and classes. Then we used the Probability Proportionate to Size method to select the individual student (see section 2.3.6.2.2 for further details). The total number of children in each school was divided by 30 to determine the sampling interval. A number less than the sampling interval was generated from a web based random numbers generation tool (www.random.org). Sampling interval and the random number was conveyed by the study coordinators based in IRD office to the research assistants who visited the school and informed them the number of children in the total sample frame through the phone.

In cases of refusal to participate or if data relating to a student were not obtained due to some other reason, no attempt was made to compensate by including replacement subjects. In a considerable number of schools, there were less than 30 students in all the classes of the relevant grades. According to the randomization method utilized, in schools where the cumulative total of students in the relevant grades were less than 59, only the first 30 children would have been selected (as the sampling interval would be 1). But it was later decided to include all the students for the study when there are less than 59 students in the relevant grades because the sampling interval was less than 2.

4.8 MAIN OUTCOME MEASURES

5. Mental health

- Full Multi- informant Strengths and Difficulties Questionnaire

  Parents and teachers for 4-10 year olds,

  Parents plus teachers plus self-report for 11-17 year olds.

- Children impact of life event scale revised 8 (IES 8) for older children (14-17)
- Mood and Feelings Questionnaire for children.
- Suicidal ideations in older children (aged 14 -17)

6. School participatory patterns
    - Absenteeism
    - Late attendance
7. Socio-demographic factors including the following risk factors
    - Parents presence/availability
    - Tsunami and war questions
8. Anthropometry
    - Weight
    - Height

4.9 STUDY INSTRUMENTS

4.9.1 Strengths and Difficulties Questionnaire (SDQ)

This is a 25 item instrument designed to be used to inquire 25 attributes, some positive and others negative (Goodman 1997, 2001). The 25 items on psychological attributes are divided into 5 scales of 5 items each measuring conduct problems, hyperactivity-inattention, emotional symptoms, peer problems, and pro-social behaviour of children between 4-17 years.

There are several versions of SDQ – for researchers, clinicians and educationists and informant-rated version to be completed by either parents or teachers of children aged 4-11 and self-report version for children over 14. It takes about 5 minutes to complete.

Both parent and teacher reports are needed to make a prediction of ADHD/Hyperkinesis. Similarly, it is very common for behavioural problems to be restricted to home or to school, so unless you have asked from parents and teachers both, then the rate of behavioural problems is seriously underestimated. Self-reports are also very important, particularly for identifying emotional disorders.

There are also extended versions (impact supplement), developed to ask whether respondents thought the child or teenager had a problem, and if so, enquired further about distress, social impairment, burden, and chronicity.

Scoring:

There are three response categories. 'Somewhat true' is always scored 1. Scoring for 'Not true' and 'certainly true' varies with the item; it can be 0 or 2.

All but the pro-social scale are summed to generate a total difficulties score. Though the scores can be used as continuous variables they can be classified as normal, borderline, and abnormal to identify likely cases with mental health disorders.

For extended versions, the responses to the perceived difficulty question are rated on a 4-point scale: 0 = no, 1 = minor, 2 = definite, 3 = severe. The chronicity rating is scored as 1=less than a month, 2=1 to 5months, 3= 6 to 12 months, and 4= over a year. The burden question is also rated on a 4-point scale: 0=not at all, 1=only a little, 2= quite a lot, and 3=a great deal.

A computerised algorithm has been developed to predict child psychiatric diagnoses on the basis of the symptom and impact scores derived from Strengths and Difficulties Questionnaires (SDQs) completed by parents, teachers and young people. The predictive algorithm generates "unlikely", "possible" or "probable" ratings for four broad categories of disorder, namely conduct disorders, emotional disorders, hyperactivity disorders, and any psychiatric disorder. The algorithm applied to patients attending child mental health clinics in Britain and Bangladesh that the level of chance-corrected agreement between SDQ prediction and an independent clinical diagnosis was substantial and highly significant (Kendall's tau-b between 0.49 and 0.73; $p<0.001$). A "probable" SDQ prediction for any given disorder correctly identified 81-91% of the children who definitely had that clinical diagnosis. The algorithm appears to be sufficiently accurate and robust to be of practical value in planning the assessment of new referrals to a child mental health service (Goodman et al, 2000).

4.9.1.1 Justification of using the SDQ

The SDQ is being used as a research tool throughout the world. It is the most widely used instrument to assess the prevalence of psychiatric morbidity among children and adolescence. Validated Sinhala and Tamil version were also available. SDQ was designed By Goodman et al (1998) and initially validated in a community sample of a random household survey conducted in ten different areas of London and the clinical sample was obtained from a child and mental health clinic on the periphery of London which routinely used the SDQ as part of an initial evaluation.

This had been widely used and scales are available in Arabic, Basque, Bengali, Catalan, Chinese, Croatian, Czech, Danish, Dutch, English (UK), English (USA), Farsi, French, Finnish, Gaelic, Gallego, German, Greek, Gujarti, Hindi, Hungarian, Icelandic, Irish, Italian, Japanese, Khmer, Lithuanian, Macedonian, Malay, Norwegian, Polish, Portugal (Brazil), Portuguese (Portugal), Punjabi, Romanian, Russian, Serbian, Sinhalese, Slovene, Spanish, Swedish, Tamil, Turkish, Ukrainian, Urdu, and Welsh.

Multi-informant SDQ has given indicative prevalence rates in the UK, and probably most of the other places it has been used.

4.9.1.2 Reliability

Intra-class correlation vary between 0.44 (burden rating) to 0.85 (total difficulties score). However, the 95% confidence intervals were wide due to the small sample size (Goodman 1999).

4.9.1.3 Validity

SDQ is reported to function equally well as the Rutter questionnaire and Child Behaviour Checklist at detecting conduct and emotional problems and better than the Child Behaviour Checklist at detecting inattention and hyperactivity. The self-report version has also been shown to discriminate satisfactorily between community and clinic samples. Caseness based on locally appropriate cut off on the total difficulties score can be used to distinguish between cases and non-cases for Sri Lankan children.

4.9.1.4 Validation of SDQ in Sri Lanka

SDQ has been validated using clinic and general population and administered on 2007 adolescences in Sri Lanka. (Perera 2004).

4.9.2 Short Mood and Feelings Questionnaire for children (MFQ)

Angold had13 items (Angold et al 1995) and Dalgleish et al (1998) had added two for tracking suicidal thoughts. Participants are asked to say how they have been feeling or acting recently. Participants are asked for each question, tick how much you have felt or acted this way in the past two weeks.

If a sentence was true about you most of the time, tick TRUE

If it was only sometimes true, tick SOMETIMES

If a sentence was not true about you, tick NOT TRUE.

The 15 items are then given with columns headed True, Sometimes, Not True to the right.

1. I felt miserable or unhappy
2. I didn't enjoy anything at all
3. I felt so tired I just sat around and did nothing
4. I was very restless
5. I thought about death and dying
6. I felt I was no good any more
7. I cried a lot
8. I found it hard to think properly or concentrate
9. I hated myself
10. I thought about killing myself
11. I was a bad person
12. I felt lonely
13. I thought nobody loved me
14. 14 I thought I could never be as good as other kids
15. I did everything wrong

4.9.3 The children's impact of events scale (IES-8)

The Impact of Events Scale (IES) was originally developed by Horowitz et al (1979) to monitor the main phenomena of re-experiencing the traumatic event and of avoidance of that event and the feelings to which it gave rise. Hence, this 15 item, four-point scale, has two subscales of Intrusion and Avoidance.

It was not originally designed to be used with children, but it has been successfully used in a number of studies with children aged 8 years and older. However, two separate large scale studies (Yule – personal communication) found that a number of items are

misinterpreted by children. These separate studies identified identical factor structures of the IES and these were used to select eight items that best reflected the underlying factor structure and so produced a shortened version – the IES-8 for children.

With the dominance of DSM-IV, Weiss (1997), working with adults, added items to reflect symptoms of increased physiological arousal, although Horowitz had found that these did not form a separate factor. We also decided to develop 5 items that were designed to reflect the 5 DSM-IV Cluster D symptoms of arousal. Thus the present version is designed for use with children aged 8 years and above who are able to read independently. It consists of 4 items measuring Intrusion, 4 items measuring Avoidance and 5 items measuring Arousal – hence it is called the IES-13.

The development of this instrument has been largely undertaken by colleagues working under the auspices of the Children and War Foundation which was established to support good quality research studies into the effects of war and disasters on children.

4.9.3.1 Administration

The IES is self administered and can therefore be administered in groups.

4.9.3.2 Scoring

There are 8 items that are scored on a four-point scale:

Not at all	= 0
Rarely	= 1
Sometimes	= 3
Often	= 5

There are three sub-scales:

Intrusion	= sum of items 1+4+8+9
Avoidance	= sum of items 2+6+7+10
Arousal	= sum of items 3+5+11+12+13

The layout has been designed so that scoring can be easily done in the three columns on the right hand side. The total for each sub-scale can be entered at the bottom of each column.

4.9.3.3 Evaluation and psychometric status

Only one published study has used the 13-item version (Smith et al 2003). Psychometric data relevant to the reliability and validity of the 8-item version were presented in Yule (1997). There, it was reported that the total score on the 8-item IES correlated highly with the total score on the 15-item version of which it was a part ($r = +.95$, $P <. 001$).

The two versions of IES correlated with a symptom count based on the number of DSM symptoms present in adolescents following an acute trauma as follows: 15-IES = 0.7551; 8-IES, r = 0.6970. Thus, on this relatively independent measure, the short form still correlates very highly and there is not too much attrition with the shorter scale.

In an analysis of the scores of 87 survivors of the sinking of the Jupiter, it was found that the 62 children who received a DSM diagnosis of PTSD scored 26.0 on the 8-item version while the 25 who did not reach DSM criteria for a diagnosis of PTSD only scored 7.8 ($P < 0.001$). Using these data, it was found that a combined score (Intrusion + Avoidance) of 17 or more misclassified fewer than 10% of the children.

The 13-item version was used in a survey of 2,976 children aged 9-14 years who had experienced the war in Mostar, Bosnia (Smith et al 2002). The scale was translated into Bosnian and back-translated by a separate Bosnian speaker to establish its accuracy. No major differences were found between boys and girls in respect of the factors identified and so only the total results are presented here.

The Scales had satisfactory internal consistency. Cronbach alphas were as follows:

Intrusion = 0.70; Avoidance = 0.73; Arousal = 0.60; Total = 0.80

The analysis revealed a three-factor solution corresponding to the three hypothesised sub-scales. The solution accounted for 49.3% of the total variance.

Despite the theoretical criticisms often made against using such self-completed scales in different cultures, the IES has now been applied in a variety of cultures, including studies with children. It is now clear that posttraumatic stress symptoms in children

are more similar across cultures than they are different. Indeed, Intrusion and Arousal are robust factors of the Impact of Event Scale in children from different cultures.

However, one cannot make a clinical diagnosis from scores on the self-completed scales alone. A proper clinical diagnosis relies on much more detailed information obtained from a structured interview that assesses not only the presence and severity of stress symptoms, but also the impact on the child's overall social functioning.

At present, there are no studies that have used the IES-13 and validated it against an independent clinical diagnosis. Therefore, for screening purposes it was recommend to use the results from the Intrusion and Avoidance scales only. If the sum of the scores on these two scales is 17 or more, then the probability is very high that that child will obtain a diagnosis of PTSD.

In this study we used IES-8 (intrusion and avoidance scales) only.

4.10 ETHICS

Ethical approval was obtained from the Ethics Review Committee of the Faculty of Medical Sciences, Univeristy of Sri Jayewardenepura.

4.10.1 Informed consent and assent

- We made liaision with the Department of Education through NIE. Thereafter we contacted the Regional Directors of Education and informed about the study and through them informed the principals of selected schools.
- Informed consent from the parents were obtained for minors after providing an information leaflet. Parents meetings were also held in schools prior to the data collection to explain the purpose of the study and to clarify any issues if any.
- Even if informed consent is given by parents for eligible minors, children were also informed about the study and consent obtained.
- Information leaflets for parents/teachers and children were made available separately.
- The participated in the study will NOT be divulged at any stage associating them with prevalence figures when reporting information to the public as it may cause prejudices.

4.11 COLLECTION OF DATA

Data collection was carried out by the investigators/trained research assistants. During this process we could contribute in capacity building in the NIE and Ministry of Education by training researchers involved in the UNESCO funded island wide longitudinal cohort study on primary school children.

Quality was assessed and maintained through regular supervision and meetings.

4.11.1 Training

RAs of the school survey consisted mainly of teachers, master teachers, principals, government education officials and lecturers that were currently working or has recently retired. Most of these individuals were involved in research projects at the NIE or were participants of the research courses at the NIE. Thus it was possible to provide the training for the RAs in the school survey in a shorter period without having to go in to details and mainly covered the following aspects;

- Official procedures in conducting the survey
- Selection of respondents and randomising methods
- Obtaining informed consent and other ethical issues
- Training on each questionnaire

Suitable data collectors were recruited locally and trained intensively for the interview schedule and technique. Role playing, assessments and other educational innovations were used during the training.

4.12 DATA ENTRY AND ANALYSIS

Suitable data files were created using SPSS statistical software. Appropriate codings were also made in order to facilitate data entry and analysis. Data analysis were also done using the same software.

4.13 OVERALL STRATEGY

Official support from NIE, Ministry of Education was obtained.

CHAPTER 5

RESULTS OF THE SCHOOL SURVEY

Total sample of the schools survey was 3871. This is 94.9% completeness of the estimated sample. The sample sizes for each district varied from 197-287.

Absenteeism among school children was 17.36% and 7.3% of school children are never late or rarely get late.

Number and types of school in each district that was included in the survey and that could not be covered are given below.

Table 5.1 Type and number of schools of the study sample by district

District	Primary				Secondary			Total	Schools that could not be covered
	Type 1AB	Type 1C	Type 2	Type 3	Type 1AB	Type 1C	Type 2		
Anuradhapura			1	3		2	2	8	
Badulla		1		2	1	1	2	7	Type 2
Colombo	1		1	2	1	1	1	7	Type 2
Galle		1	1	1		2	2	7	Type 2
Gampaha			2	2	2	2		8	
Hambantota		1	3			1	2	7	Type 1C
Kalutara			2	1		1	2	6	2xType 2
Kandy	1	1	1	1		2	1	7	Type 2
Kegalle		1	3			2	2	8	
Kurunegala			4			1	3	8	
Matale	1	1		2	1	2	1	8	
Matara		2	1	1		3	1	8	
Monaragala	2		1	1		4		8	
Nuwaraeliya			2	2		1	3	8	
Polonnaruwa		1	2	1	1	2	1	8	
Puttallam	1	1	1				4	7	Type 2
Ratnapura		1	3			1	3	8	
Total	6	11	28	19	6	28	28	128	8

Breakdown of the sample according to the district is given below.

Table 5.2 The number of students selected for the school survey in each district

District	Number of Students	Percentage from the total sample
Anuradhapura	220	5.7
Badulla	198	5.1
Colombo	205	5.3
Galle	230	5.9
Gampaha	222	5.7
Hambantota	197	5.1
Kalutara	224	5.8
Kandy	220	5.7
Kegalle	209	5.4
Kurunegala	287	7.4
Matale	241	6.2
Matara	239	6.2
Monaragala	246	6.4
Nuwara Eliya	237	6.1
Polonnaruwa	249	6.4
Puttallam	219	5.7
Ratnapura	229	5.9
Total	**3872**	**100.0**

Table 5.3 Mean weight by age of the National sample

AGE	Male			Female		
	N	Mean weight (kg)	Std. Deviation	N	Mean weight (kg)	Std. Deviation
5	22	16.25	3.548	18	20.34	22.953
6	197	16.81	2.806	179	16.58	3.24
7	213	18.59	12.226	198	19.3	14.31
8	179	20.93	4.118	185	20.83	8.546
9	185	22.63	6.286	162	22.82	6.35
10	157	23.7	4.864	116	25.61	5.899
11	151	27.46	6.109	152	27.96	5.371
12	169	29.8	5.424	141	31.4	6.353
13	181	33.25	6.619	172	35.46	6.797
14	150	37.12	7.62	150	38.18	6.864
15	123	42.5	9.199	136	41.92	7.961
16	74	44.68	6.521	81	41.1	5.819
17	28	47.43	10.105	8	40.63	9.226
18	4	46	7.528	4	41.75	5.679
19	1	48	.	.	.	.

Table 5.4 Mean height by age of the National sample

AGE (Years)	Male			Female		
	N	Mean height (Cm)	Std. Deviation	N	Mean height (Cm)	Std. Deviation
5	24	109.44	12.131	19	100.45	23.06
6	200	109.89	10.312	189	110.26	9.124
7	220	114.76	9.539	203	115.88	11.054
8	181	118.76	14.954	187	118.87	13.714
9	189	125.32	12.477	167	124.11	9.837
10	158	129.12	12.088	117	129.09	13.416
11	154	132.36	14.922	154	131.53	16.955
12	176	135.15	17.319	139	137.25	18.734
13	179	140.92	16.541	175	142.22	13.728
14	156	144.7	16.839	156	143.62	14.705
15	124	152.51	12.988	137	146.85	13.156
16	76	153.12	18.421	78	149.86	13.302
17	29	155.21	16.973	8	140.5	13.148
18	4	145.82	28.231	4	152	5.164
19	1	148	.			

Table 5.5 Mean age of selected students of the school survey in each district

District	Mean Age in Years	Standard Deviation
Anuradhapura	10.4	3.3
Badulla	11.1	2.9
Colombo	10.1	3.1
Galle	11.0	2.9
Gampaha	10.3	3.1
Hambantota	9.9	3.2
Kalutara	10.6	3.4
Kandy	10.3	3.3
Kegalle	10.4	3.3
Kurunegala	10.6	3.3
Matale	10.4	3.0
Matara	10.3	3.2
Monaragala	10.7	3.3
Nuwara Eliya	10.3	3.2
Polonnaruwa	10.3	3.2
Puttallam	10.8	2.8
Ratnapura	10.5	3.3
Total	**10.5**	**3.2**

Gender distribution of the sample was almost equal. Table 5.6 shows the sex distribution in each district.

Table 5.6 Students' sex distribution of the school survey in each district

District	Student's Sex		Total
	Males (%)	Females (%)	
Anuradhapura	119 (55.6)	95 (44.4)	214
Badulla	97 (51.9)	90 (48.1)	187
Colombo	71 (35.3)	130 (64.7)	201
Galle	122 (55.2)	99 (44.8)	221
Gampaha	100 (50.5)	98 (49.5)	198
Hambantota	112 (59.3)	77 (40.7)	189
Kalutara	97 (49.7)	98 (50.3)	195
Kandy	105 (48.4)	112 (51.6)	217
Kegalle	101 (48.8)	106 (51.2)	207
Kurunegala	150 (53.2)	132 (46.8)	282
Matale	120 (50.4)	118 (49.6)	238
Matara	123 (53.5)	107 (46.5)	230
Monaragala	132 (54.1)	112 (45.9)	244
Nuwara Eliya	108 (46.8)	123 (53.2)	231
Polonnaruwa	129 (52.9)	115 (47.1)	244
Puttallam	113 (51.6)	106 (48.4)	219
Ratnapura	127 (57.5)	94 (42.5)	221
Total	**1926 (51.5)**	**1812 (48.5)**	**3738**

Ethnic variation of sample and its breakdown for each district is given in table 5.7. In the total sample 85% were Sinhala, 8.5% Tamil, and 6.2% were Muslims. It appears to be a reasonable representation.

Table 5.7 Ethnic distribution of students in each district of the school survey

District	Nationality of Student					Total
	Sinhala (%)	Tamil (%)	Muslim (%)	Burgher (%)	Malay (%)	
Anuradhapura	215 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	215
Badulla	115 (61.5)	42 (22.5)	30 (16.0)	0 (0.0)	0 (0.0)	187
Colombo	181 (88.7)	2 (1.0)	21 (10.3)	0 (0.0)	0 (0.0)	204
Galle	222 (98.2)	4 (1.8)	0 (0.0)	0 (0.0)	0 (0.0)	226
Gampaha	186 (93.9)	3 (1.5)	8 (4.0)	0 (0.0)	1 (0.5)	198
Hambantota	187 (98.9)	2 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	189
Kalutara	157 (77.7)	33 (16.3)	12 (5.9)	0 (0.0)	0 (0.0)	202
Kandy	150 (68.5)	34 (15.5)	33 (15.1)	2 (0.9)	0 (0.0)	219
Kegalle	159 (77.2)	20 (9.7)	27 (13.1)	0 (0.0)	0 (0.0)	206
Kurunegala	238 (83.8)	3 (1.1)	43 (15.1)	0 (0.0)	0 (0.0)	284
Matale	233 (98.3)	3 (1.3)	1 (0.4)	0 (0.0)	0 (0.0)	237
Matara	225 (95.3)	11 (4.7)	0 (0.0)	0 (0.0)	0 (0.0)	236
Monaragala	245 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	245
Nuwara Eliya	80 (34.6)	122 (52.8)	28 (12.1)	0 (0.0)	1 (0.4)	231
Polonnaruwa	244 (99.6)	1 (0.4)	0 (0.0)	0 (0.0)	0 (0.0)	245
Puttallam	181 (82.6)	9 (4.1)	29 (13.2)	0 (0.0)	0 (0.0)	219
Ratnapura	190 (85.6)	30 (13.5)	2 (0.9)	0 (0.0)	0 (0.0)	222
Total	**3208 (85.2)**	**319 (8.5)**	**234 (6.2)**	**2 (0.1)**	**2 (0.1)**	**3765**

Table 5.8 Religion distribution of students in each district of the school survey

District	Religion of student						Total
	Buddhism	Hindu	Islam	Roman Catholic	Other Christian	Other	
Anuradhapura	215 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	215
Badulla	113 (60.4)	42 (22.5)	31 (16.6)	0 (0.0)	1 (0.5)	0 (0.0)	187
Colombo	178 (87.3)	2 (1.0)	21 (10.3)	1 (0.5)	2 (1.0)	0 (0.0)	204
Galle	222 (98.7)	3 (1.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	225
Gampaha	157 (79.3)	3 (1.5)	8 (4.0)	29 (14.6)	1 (0.5)	0 (0.0)	198
Hambantota	189 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	189
Kalutara	159 (78.7)	29 (14.4)	11 (5.4)	1 (0.5)	2 (1.0)	0 (0.0)	202
Kandy	149 (68.0)	31 (14.2)	33 (15.1)	2 (0.9)	4 (1.8)	0 (0.0)	219
Kegalle	159 (76.8)	15 (7.2)	27 (13.0)	3 (1.4)	3 (1.4)	0 (0.0)	207
Kurunegala	231 (81.3)	2 (0.7)	44 (15.5)	6 (2.1)	1 (0.4)	0 (0.0)	284
Matale	231 (97.9)	3 (1.3)	1 (0.4)	0 (0.0)	1 (0.4)	0 (0.0)	236
Matara	225 (95.3)	11 (4.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	236
Monaragala	245 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	245
Nuwara Eliya	78 (34.1)	112 (48.9)	28 (12.2)	8 (3.5)	3 (1.3)	0 (0.0)	229
Polonnaruwa	244 (99.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.4)	245
Puttallam	134 (61.2)	7 (3.2)	29 (13.2)	46 (21.0)	3 (1.4)	0 (0.0)	219
Ratnapura	189 (85.1)	25 (11.3)	2 (0.9)	2 (0.9)	4 (1.8)	0 (0.0)	222
Total	**3118 (82.9)**	**285 (7.6)**	**235 (6.2)**	**98 (2.6)**	**25 (0.7)**	**1 (0.0)**	**3762**

According to SDQ caseness of emotional symptoms, 5.5% can be categorised as abnormal for the total sample. However, there is a considerable variations in the district prevalence figures.

Table 5.9 Students' SDQ Emotional symptoms 'caseness' in each district

District	Students SDQ Emotional symptoms caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	87 (94.6)	2 (2.2)	3 (3.3)	92
Badulla	99 (90.8)	5 (4.6)	5 (4.6)	109
Colombo	71 (84.5)	4 (4.8)	9 (10.7)	84
Galle	104 (99.0)	0 (0.0)	1 (1.0)	105
Gampaha	66 (77.6)	8 (9.4)	11 (12.9)	85
Hambantota	43 (75.4)	8 (14.0)	6 (10.5)	57
Kalutara	69 (76.7)	9 (10.0)	12 (13.3)	90
Kandy	79 (87.8)	7 (7.8)	4 (4.4)	90
Kegalle	95 (90.5)	7 (6.7)	3 (2.9)	105
Kurunegala	137 (89.5)	8 (5.2)	8 (5.2)	153
Matale	99 (90.8)	5 (4.6)	5 (4.6)	109
Matara	91 (93.8)	3 (3.1)	3 (3.1)	97
Monaragala	99 (83.9)	12 (10.2)	7 (5.9)	118
Nuwara Eliya	72 (82.8)	8 (9.2)	7 (8.0)	87
Polonnaruwa	100 (92.6)	5 (4.6)	3 (2.8)	108
Puttallam	107 (95.5)	2 (1.8)	3 (2.7)	112
Ratnapura	98 (89.9)	7 (6.4)	4 (3.7)	109
Total	**1516 (88.7)**	**100 (5.8)**	**94 (5.5)**	**1710**

Overall caseness on conduct problems was 6.9% and the district wise breakdown is given in table 5.10.

Table 5.10 Prevalence of student SDQ 'caseness' on Conduct problems in each district

District	Students SDQ Conduct problems caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	85 (92.4)	3 (3.3)	4 (4.3)	92
Badulla	102 (93.6)	4 (3.7)	3 (2.8)	109
Colombo	66 (78.6)	7 (8.3)	11 (13.1)	84
Galle	90 (85.7)	12 (11.4)	3 (2.9)	105
Gampaha	68 (80.0)	9 (10.6)	8 (9.4)	85
Hambantota	41 (71.9)	9 (15.8)	7 (12.3)	57
Kalutara	63 (70.8)	14 (15.7)	12 (13.5)	89
Kandy	69 (76.7)	12 (13.3)	9 (10.0)	90
Kegalle	91 (86.7)	8 (7.6)	6 (5.7)	105
Kurunegala	126 (82.4)	17 (11.1)	10 (6.5)	153
Matale	89 (81.7)	13 (11.9)	7 (6.4)	109
Matara	87 (89.7)	8 (8.2)	2 (2.1)	97
Monaragala	104 (88.1)	7 (5.9)	7 (5.9)	118
Nuwara Eliya	63 (72.4)	11 (12.6)	13 (14.9)	87
Polonnaruwa	93 (86.1)	10 (9.3)	5 (4.6)	108
Puttallam	104 (92.9)	3 (2.7)	5 (4.5)	112
Ratnapura	95 (88.8)	6 (5.6)	6 (5.6)	107
Total	**1436 (84.1)**	**153 (9.0)**	**118 (6.9)**	**1707**

Overall caseness on hyperactivity was 4.9% and the district wise breakdown is given in table 5.11.

Table 5.11 Students' SDQ Hyperactivity 'caseness' in each district

District	Students SDQ Hyperactivity caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	86 (93.5)	4 (4.3)	2 (2.2)	92
Badulla	98 (89.9)	8 (7.3)	3 (2.8)	109
Colombo	76 (90.5)	5 (6.0)	3 (3.6)	84
Galle	92 (87.6)	3 (2.9)	10 (9.5)	105
Gampaha	77 (90.6)	4 (4.7)	4 (4.7)	85
Hambantota	34 (59.6)	13 (22.8)	10 (17.5)	57
Kalutara	72 (80.0)	9 (10.0)	9 (10.0)	90
Kandy	75 (83.3)	13 (14.4)	2 (2.2)	90
Kegalle	91 (86.7)	9 (8.6)	5 (4.8)	105
Kurunegala	129 (84.3)	11 (7.2)	13 (8.5)	153
Matale	94 (86.2)	13 (11.9)	2 (1.8)	109
Matara	91 (93.8)	5 (5.2)	1 (1.0)	97
Monaragala	106 (89.8)	4 (3.4)	8 (6.8)	118
Nuwara Eliya	70 (80.5)	12 (13.8)	5 (5.7)	87
Polonnaruwa	102 (94.4)	3 (2.8)	3 (2.8)	108
Puttallam	108 (96.4)	2 (1.8)	2 (1.8)	112
Ratnapura	102 (94.4)	4 (3.7)	2 (1.9)	108
Total	**1503 (87.9)**	**122 (7.1)**	**84 (4.9)**	**1709**

Overall caseness on peer problems was 4.7% and the district wise breakdown is given in table 5.12. There are wide variations in the districts.

Table 5.12 Students' SDQ peer problems 'caseness' in each district

District	Students SDQ Peer problems caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	78 (84.8)	9 (9.8)	5 (5.4)	92
Badulla	97 (89.0)	12 (11.0)	0 (0.0)	109
Colombo	66 (78.6)	13 (15.5)	5 (6.0)	84
Galle	74 (70.5)	20 (19.0)	11 (10.5)	105
Gampaha	64 (75.3)	20 (23.5)	1 (1.2)	85
Hambantota	44 (77.2)	10 (17.5)	3 (5.3)	57
Kalutara	56 (62.9)	25 (28.1)	8 (9.0)	89
Kandy	71 (78.9)	15 (16.7)	4 (4.4)	90
Kegalle	75 (71.4)	22 (21.0)	8 (7.6)	105
Kurunegala	118 (77.1)	28 (18.3)	7 (4.6)	153
Matale	78 (71.6)	23 (21.1)	8 (7.3)	109
Matara	88 (90.7)	8 (8.2)	1 (1.0)	97
Monaragala	93 (78.8)	18 (15.3)	7 (5.9)	118
Nuwara Eliya	60 (69.0)	23 (26.4)	4 (4.6)	87
Polonnaruwa	91 (84.3)	16 (14.8)	1 (0.9)	108
Puttallam	101 (90.2)	8 (7.1)	3 (2.7)	112
Ratnapura	85 (78.7)	18 (16.7)	5 (4.6)	108
Total	**1339 (78.4)**	**288 (16.9)**	**81 (4.7)**	**1708**

Overall caseness on pro-Social behaviour was 4.2% and the district wise breakdown is given in table 5.13. There are wide variations in the districts.

Table 5.13 Students' SDQ Pro-Social behaviour 'caseness' in each district

District	Students SDQ Pro-Social behaviour caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	91 (98.9)	0 (0.0)	1 (1.1)	92
Badulla	101 (92.7)	7 (6.4)	1 (0.9)	109
Colombo	73 (86.9)	7 (8.3)	4 (4.8)	84
Galle	82 (78.1)	7 (6.7)	16 (15.2)	105
Gampaha	74 (87.1)	7 (8.2)	4 (4.7)	85
Hambantota	49 (86.0)	6 (10.5)	2 (3.5)	57
Kalutara	72 (80.0)	7 (7.8)	11 (12.2)	90
Kandy	76 (84.4)	11 (12.2)	3 (3.3)	90
Kegalle	77 (73.3)	22 (21.0)	6 (5.7)	105
Kurunegala	135 (88.2)	12 (7.8)	6 (3.9)	153
Matale	95 (87.2)	7 (6.4)	7 (6.4)	109
Matara	89 (91.8)	7 (7.2)	1 (1.0)	97
Monaragala	109 (93.2)	4 (3.4)	4 (3.4)	117
Nuwara Eliya	74 (85.1)	11 (12.6)	2 (2.3)	87
Polonnaruwa	101 (93.5)	5 (4.6)	2 (1.9)	108
Puttallam	105 (93.8)	5 (4.5)	2 (1.8)	112
Ratnapura	102 (94.4)	6 (5.6)	0 (0.0)	108
Total	**1505 (88.1)**	**131 (7.7)**	**72 (4.2)**	**1708**

Overall caseness based on total difficulties was 5.9% and the district wise breakdown is given in table 5.14. There are wide variations in the districts.

Table 5.14 Students' SDQ Total Difficulties 'caseness' in each district

District	Students SDQ Total Difficulties caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	87 (94.6)	2 (2.2)	3 (3.3)	92
Badulla	104 (95.4)	3 (2.8)	2 (1.8)	109
Colombo	67 (79.8)	13 (15.5)	4 (4.8)	84
Galle	92 (87.6)	9 (8.6)	4 (3.8)	105
Gampaha	67 (78.8)	11 (12.9)	7 (8.2)	85
Hambantota	34 (59.6)	13 (22.8)	10 (17.5)	57
Kalutara	54 (60.7)	24 (27.0)	11 (12.4)	89
Kandy	66 (73.3)	19 (21.1)	5 (5.6)	90
Kegalle	83 (79.0)	16 (15.2)	6 (5.7)	105
Kurunegala	124 (81.0)	16 (10.5)	13 (8.5)	153
Matale	90 (82.6)	11 (10.1)	8 (7.3)	109
Matara	91 (93.8)	6 (6.2)	0 (0.0)	97
Monaragala	101 (85.6)	11 (9.3)	6(5.1)	118
Nuwara Eliya	63 (72.4)	12 (13.8)	12 (13.8)	87
Polonnaruwa	95 (88.0)	11 (10.2)	2 (1.9)	108
Puttallam	106 (94.6)	2 (1.8)	4 (3.6)	112
Ratnapura	99 (92.5)	4 (3.7)	4 (3.7)	107
Total	**1423 (83.4)**	**183 (10.7)**	**101 (5.9)**	**1707**

Caseness based on the parental version on the SDQ is given from table 5.15 – 5.20. These appear to be significantly higher for all domains except in pro-social beahaviour.

Table 5.15 Parents' SDQ Emotional symptoms 'caseness' in each district

District	Parents SDQ Emotional symptoms caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	166 (86.5)	9 (4.7)	17 (8.9)	192
Badulla	141 (77.5)	15 (8.2)	26 (14.3)	182
Colombo	130 (66.3)	25 (12.8)	41 (20.9)	196
Galle	132 (73.7)	27 (15.1)	20 (11.2)	179
Gampaha	135 (73.4)	15 (8.2)	34 (18.5)	184
Hambantota	86 (60.1)	26 (18.2)	31 (21.7)	143
Kalutara	75 (60.5)	22 (17.7)	27 (21.8)	124
Kandy	130 (62.5)	19 (9.1)	59 (28.4)	208
Kegalle	116 (57.7)	29 (14.4)	56 (27.9)	201
Kurunegala	163 (66.5)	34 (13.9)	48 (19.6)	245
Matale	164 (77.7)	23 (10.9)	24 (11.4)	211
Matara	151 (81.6)	16 (8.6)	18 (9.7)	185
Monaragala	168 (71.2)	28 (11.9)	40 (16.9)	236
Nuwara Eliya	99 (43.6)	25 (11.0)	103 (45.4)	227
Polonnaruwa	149 (66.2)	31 (13.8)	45 (20.0)	225
Puttallam	176 (89.3)	8 (4.1)	13 (6.6)	197
Ratnapura	124 (60.2)	32 (15.5)	50 (24.3)	206
Total	**2305 (69.0)**	**384 (11.5)**	**652 (19.5)**	**3341**

Table 5.16 Parents' SDQ conduct problems 'caseness' in each district

District	Parents SDQ Conduct problems caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	164 (85.4)	12 (6.3)	16 (8.3)	192
Badulla	144 (79.1)	21 (11.5)	17 (9.3)	182
Colombo	113 (57.9)	37 (19.0)	45 (23.1)	195
Galle	121 (67.6)	30 (16.8)	28 (15.6)	179
Gampaha	135 (73.4)	23 (12.5)	26 (14.1)	184
Hambantota	78 (54.9)	32 (22.5)	32 (22.5)	142
Kalutara	62 (50.4)	26 (21.1)	35 (28.5)	123
Kandy	98 (47.1)	35 (16.8)	75 (36.1)	208
Kegalle	103 (51.5)	40 (20.0)	57 (28.5)	200
Kurunegala	162 (66.1)	33 (13.5)	50 (20.4)	245
Matale	160 (76.2)	13 (6.2)	37 (17.6)	210
Matara	122 (65.9)	36 (19.5)	27 (14.6)	185
Monaragala	161 (68.2)	43 (18.2)	32 (13.6)	236
Nuwara Eliya	89 (39.0)	30 (13.2)	109 (47.8)	228
Polonnaruwa	136 (60.4)	31 (13.8)	58 (25.8)	225
Puttallam	166 (84.3)	18 (9.1)	13 (6.6)	197
Ratnapura	138 (67.0)	32 (15.5)	36 (17.5)	206
Total	**2152 (64.5%)**	**492 (14.7)**	**693 (20.8)**	**3337**

Table 5.17 Parents' SDQ Hyperactivity 'caseness' in each district

District	Parents SDQ Hyperactivity caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	172 (89.6)	13 (6.8)	7 (3.6)	192
Badulla	154 (84.6)	17 (9.3)	11 (6.0)	182
Colombo	148 (75.5)	24 (12.2)	24 (12.2)	196
Galle	143 (79.9)	11 (6.1)	25 (14.0)	179
Gampaha	151 (81.6)	16 (8.6)	18 (9.7)	185
Hambantota	97 (68.3)	21 (14.8)	24 (16.9)	142
Kalutara	92 (74.2)	20 (16.1)	12 (9.7)	124
Kandy	164 (78.8)	18 (8.7)	26 (12.5)	208
Kegalle	150 (74.6)	31 (15.4)	20 (10.0)	201
Kurunegala	184 (75.1)	30 (12.2)	31 (12.7)	245
Matale	175 (82.9)	15 (7.1)	21 (10.0)	211
Matara	144 (77.8)	20 (10.8)	21 (11.4)	185
Monaragala	193 (81.8)	27 (11.4)	16 (6.8)	236
Nuwara Eliya	165 (72.7)	45 (19.8)	17 (7.5)	227
Polonnaruwa	158 (70.2)	26 (11.6)	41 (18.2)	225
Puttallam	173 (87.8)	17 (8.6)	7 (3.6)	197
Ratnapura	151 (73.3)	22 (10.7)	33 (16.0)	206
Total	**2614 (78.2)**	**373 (11.2)**	**354 (10.6)**	**3341**

Table 5.18 Parents' SDQ Peer problems 'caseness' in each district

District	Parents SDQ Peer problems caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	133 (69.3)	34 (17.7)	25 (13.0)	192
Badulla	112 (61.5)	34 (18.7)	36 (19.8)	182
Colombo	89 (45.9)	39 (20.1)	66 (34.0)	194
Galle	85 (47.5)	22 (12.3)	72 (40.2)	179
Gampaha	136 (74.3)	24 (13.1)	23 (12.6)	183
Hambantota	40 (28.2)	37 (26.1)	65 (45.8)	142
Kalutara	55 (44.7)	18 (14.6)	50 (40.7)	123
Kandy	102 (49.3)	46 (22.2)	59 (28.5)	207
Kegalle	87 (43.3)	39 (19.4)	75 (37.3)	201
Kurunegala	127 (51.6)	51 (20.7)	68 (27.6)	246
Matale	125 (59.5)	26 (12.4)	59 (28.1)	210
Matara	91 (49.5)	39 (21.2)	54 (29.3)	184
Monaragala	115 (48.7)	54 (22.9)	67 (28.4)	236
Nuwara Eliya	65 (28.6)	37 (16.3)	125 (55.1)	227
Polonnaruwa	134 (59.6)	42 (18.7)	49 (21.8)	225
Puttallam	140 (71.1)	28 (14.2)	29 (14.7)	197
Ratnapura	120 (58.3)	25 (12.1)	61 (29.6)	206
Total	**1756 (52.7)**	**595 (17.8)**	**983 (29.5)**	**3334**

Table 5.19 Parents' SDQ ProSocial behaviour 'caseness' in each district

District	Parents SDQ ProSocial behaviour caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	138 (71.9)	43 (22.4)	11 (5.7)	192
Badulla	149 (81.9)	18 (9.9)	15 (8.2)	182
Colombo	158 (80.6)	23 (11.7)	15 (7.7)	196
Galle	150 (83.8)	18 (10.1)	11 (6.1)	179
Gampaha	171 (92.9)	4 (2.2)	9 (4.9)	184
Hambantota	76 (53.5)	43 (30.3)	23 (16.2)	142
Kalutara	101 (80.8)	8 (6.4)	16 (12.8)	125
Kandy	158 (75.6)	30 (14.4)	21 (10.0)	209
Kegalle	160 (79.2)	26 (12.9)	16 (7.9)	202
Kurunegala	193 (78.5)	34 (13.8)	19 (7.7)	246
Matale	166 (78.3)	31 (14.6)	15 (7.1)	212
Matara	144 (77.8)	29 (15.7)	12 (6.5)	185
Monaragala	185 (78.4)	34 (14.4)	17 (7.2)	236
Nuwara Eliya	158 (69.3)	52 (22.8)	18 (7.9)	228
Polonnaruwa	197 (87.6)	19 (8.4)	9 (4.0)	225
Puttallam	179 (90.9)	10 (5.1)	8 (4.1)	197
Ratnapura	194 (94.2)	9 (4.4)	3 (1.5)	206
Total	**2677 (80.0)**	**431 (12.9)**	**238 (7.1)**	**3346**

Table 5.20 Parents' SDQ Total Difficulties 'caseness' in each district

District	Parents SDQ Total Difficulties caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	171 (89.1)	10 (5.2)	11 (5.7)	192
Badulla	142 (78.0)	20 (11.0)	20 (11.0)	182
Colombo	120 (61.9)	39 (20.1)	35 (18.0)	194
Galle	134 (74.9)	23 (12.8)	22 (12.3)	179
Gampaha	140 (77.3)	15 (8.3)	26 (14.4)	181
Hambantota	84 (59.2)	23 (16.2)	35 (24.6)	142
Kalutara	69 (56.1)	20 (16.3)	34 (27.6)	123
Kandy	129 (62.3)	32 (15.5)	46 (22.2)	207
Kegalle	106 (53.0)	35 (17.5)	59 (29.5)	200
Kurunegala	162 (66.1)	35 (14.3)	48 (19.6)	245
Matale	156 (74.3)	26 (12.4)	28 (13.3)	210
Matara	140 (76.1)	22 (12.0)	22 (12.0)	184
Monaragala	181 (76.7)	23 (9.7)	32 (13.6)	236
Nuwara Eliya	93 (41.0)	31 (13.7)	103 (45.4)	227
Polonnaruwa	142 (63.1)	37 (16.4)	46 (20.4)	225
Puttallam	171 (86.8)	12 (6.1)	14 (7.1)	197
Ratnapura	131 (63.6)	34 (16.5)	41 (19.9)	206
Total	**2271 (68.2)**	**437 (13.1)**	**622 (18.7)**	**3330**

Caseness based on the teachers versions of the SDQ are given from table 5.21 -5.26. These are also higher as in the parental versions compared to student versions.

Table 5.21 Teachers' SDQ Emotional symptoms 'caseness' in each district

District	Teachers SDQ Emotional symptoms caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	191 (88.4)	12 (5.6)	13 (6.0)	216
Badulla	167 (89.3)	9 (4.8)	11 (5.9)	187
Colombo	166 (82.6)	16 (8.0)	19 (9.5)	201
Galle	193 (88.9)	13 (6.0)	11 (5.1)	217
Gampaha	181 (89.6)	10 (5.0)	11 (5.4)	202
Hambantota	145 (86.3)	7 (4.2)	16 (9.5)	168
Kalutara	153 (81.8)	19 (10.2)	15 (8.0)	187
Kandy	163 (75.5)	24 (11.1)	29 (13.4)	216
Kegalle	134 (66.3)	30 (14.9)	38 (18.8)	202
Kurunegala	218 (76.8)	32 (11.3)	34 (12.0)	284
Matale	192 (86.9)	12 (5.4)	17 (7.7)	221
Matara	199 (92.1)	7 (3.2)	10 (4.6)	216
Monaragala	213 (87.7)	12 (4.9)	18 (7.4)	243
Nuwara Eliya	144 (61.0)	26 (11.0)	66 (28.0)	236
Polonnaruwa	193 (81.1)	19 (8.0)	26 (10.9)	238
Puttallam	194 (89.0)	10 (4.6)	14 (6.4)	218
Ratnapura	181 (80.4)	17 (7.6)	27 (12.0)	225
Total	**3027 (82.3)**	**275 (7.5)**	**375 (10.2)**	**3677**

Table 5.22 Teachers' SDQ Conduct problems 'caseness' in each district

District	Teachers SDQ Conduct problems caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	192 (88.9)	10 (4.6)	14 (6.5)	216
Badulla	153 (81.8)	19 (10.2)	15 (8.0)	187
Colombo	133 (66.2)	29 (14.4)	39 (19.4)	201
Galle	167 (77.0)	23 (10.6)	27 (12.4)	217
Gampaha	151 (75.1)	28 (13.9)	22 (10.9)	201
Hambantota	115 (68.5)	22 (13.1)	31 (18.5)	168
Kalutara	106 (56.7)	24 (12.8)	57 (30.5)	187
Kandy	136 (63.0)	22 (10.2)	58 (26.9)	216
Kegalle	97 (48.0)	38 (18.8)	67 (33.2)	202
Kurunegala	170 (59.9)	45 (15.8)	69 (24.3)	284
Matale	174 (78.7)	14 (6.3)	33 (14.9)	221
Matara	172 (79.6)	23 (10.6)	21 (9.7)	216
Monaragala	175 (72.0)	28 (11.5)	40 (16.5)	243
Nuwara Eliya	127 (53.6)	20 (8.4)	90 (38.0)	237
Polonnaruwa	159 (66.8)	35 (14.7)	44 (18.5)	238
Puttallam	165 (75.7)	27 (12.4)	26 (11.9)	218
Ratnapura	157 (69.8)	27 (12.0)	41 (18.2)	225
Total	**2549 (69.3)**	**434 (11.8)**	**694 (18.9)**	**3677**

Table 5.23 Teachers' SDQ Hyperactivity 'caseness' in each district

District	Teachers SDQ Hyperactivity caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	177 (81.9)	14 (6.5)	25 (11.6)	216
Badulla	168 (89.8)	3 (1.6)	16 (8.6)	187
Colombo	143 (71.1)	20 (10.0)	38 (18.9)	201
Galle	175 (80.6)	11 (5.1)	31 (14.3)	217
Gampaha	164 (81.2)	13 (6.4)	25 (12.4)	202
Hambantota	113 (67.3)	14 (8.3)	41 (24.4)	168
Kalutara	123 (65.8)	26 (13.9)	38 (20.3)	187
Kandy	159 (73.6)	25 (11.6)	32 (14.8)	216
Kegalle	136 (67.3)	17 (8.4)	49 (24.3)	202
Kurunegala	219 (77.1)	22 (7.7)	43 (15.1)	284
Matale	165 (74.7)	19 (8.6)	37 (16.7)	221
Matara	163 (75.5)	13 (6.0)	40 (18.5)	216
Monaragala	181 (74.5)	26 (10.7)	36 (14.8)	243
Nuwara Eliya	159 (67.1)	47 (19.8)	31 (13.1)	237
Polonnaruwa	164 (68.9)	27 (11.3)	47 (19.7)	238
Puttallam	179 (82.1)	17 (7.8)	22 (10.1)	218
Ratnapura	153 (68.0)	28 (12.4)	44 (19.6)	225
Total	**2741 (74.5)**	**342 (9.3)**	**595 (16.2)**	**3678**

Table 5.24 Teachers' SDQ Peer problems 'caseness' in each district

District	Teachers SDQ Peer problems caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	188 (87.0)	14 (6.5)	14 (6.5)	216
Badulla	155 (82.9)	17 (9.1)	15 (8.0)	187
Colombo	152 (75.6)	24 (11.9)	25 (12.4)	201
Galle	169 (77.9)	21 (9.7)	27 (12.4)	217
Gampaha	166 (83.0)	27 (13.5)	7 (3.5)	200
Hambantota	127 (75.6)	24 (14.3)	17 (10.1)	168
Kalutara	135 (72.2)	28 (15.0)	24 (12.8)	187
Kandy	152 (70.4)	31 (14.4)	33 (15.3)	216
Kegalle	101 (50.0)	41 (20.3)	60 (29.7)	202
Kurunegala	208 (73.2)	33 (11.6)	43 (15.1)	284
Matale	169 (76.5)	32 (14.5)	20 (9.0)	221
Matara	165 (76.4)	31 (14.4)	20 (9.3)	216
Monaragala	190 (78.2)	32 (13.2)	21 (8.6)	243
Nuwara Eliya	117 (49.4)	47 (19.8)	73 (30.8)	237
Polonnaruwa	180 (75.6)	28 (11.8)	30 (12.6)	238
Puttallam	176 (80.7)	24 (11.0)	18 (8.3)	218
Ratnapura	164 (72.9)	25 (11.1)	36 (16.0)	225
Total	**2714 (73.8)**	**479 (13.0)**	**483 (13.1)**	**3676**

Table 5.25 Teachers' SDQ Pro-Social behaviour 'caseness' in each district

District	Teachers SDQ ProSocial behaviour caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	132 (61.1)	60 (27.8)	24 (11.1)	216
Badulla	142 (75.9)	33 (17.6)	12 (6.4)	187
Colombo	118 (58.7)	50 (24.9)	33 (16.4)	201
Galle	145 (66.8)	42 (19.4)	30 (13.8)	217
Gampaha	119 (58.9)	47 (23.3)	36 (17.8)	202
Hambantota	58 (34.5)	50 (29.8)	60 (35.7)	168
Kalutara	95 (50.8)	64 (34.2)	28 (15.0)	187
Kandy	130 (59.9)	37 (17.1)	50 (23.0)	217
Kegalle	102 (50.5)	62 (30.7)	38 (18.8)	202
Kurunegala	153 (53.9)	84 (29.6)	47 (16.5)	284
Matale	144 (65.2)	55 (24.9)	22 (10.0)	221
Matara	129 (59.7)	49 (22.7)	38 (17.6)	216
Monaragala	141 (58.0)	56 (23.0)	46 (18.9)	243
Nuwara Eliya	124 (52.3)	89 (37.6)	24 (10.1)	237
Polonnaruwa	142 (59.7)	64 (26.9)	32 (13.4)	238
Puttallam	171 (78.4)	20 (9.2)	27 (12.4)	218
Ratnapura	118 (52.4)	56 (24.9)	51 (22.7)	225
Total	**2163 (58.8)**	**918 (25.0)**	**598 (16.3)**	**3679**

Table 5.26 Teachers' SDQ Total Difficulties 'caseness' in each district

District	Teachers SDQ Total Difficulties caseness			Total
	Normal	Borderline	Abnormal	
Anuradhapura	167 (77.3)	29 (13.4)	20 (9.3)	216
Badulla	146 (78.1)	17 (9.1)	24 (12.8)	187
Colombo	102 (50.7)	51 (25.4)	48 (23.9)	201
Galle	143 (65.9)	45 (20.7)	29 (13.4)	217
Gampaha	137 (68.5)	34 (17.0)	29 (14.5)	200
Hambantota	99 (58.9)	31 (18.5)	38 (22.6)	168
Kalutara	95 (50.8)	31 (16.6)	61 (32.6)	187
Kandy	112 (51.9)	41 (19.0)	63 (29.2)	216
Kegalle	70 (34.7)	37 (18.3)	95 (47.0)	202
Kurunegala	150 (52.8)	58 (20.4)	76 (26.8)	284
Matale	141 (63.8)	40 (18.1)	40 (18.1)	221
Matara	137 (63.4)	48 (22.2)	31 (14.4)	216
Monaragala	144 (59.3)	52 (21.4)	47 (19.3)	243
Nuwara Eliya	80 (33.9)	63 (26.7)	93 (39.4)	236
Polonnaruwa	128 (53.8)	50 (21.0)	60 (25.2)	238
Puttallam	144 (66.1)	45 (20.6)	29 (13.3)	218
Ratnapura	118 (52.4)	42 (18.7)	65 (28.9)	225
Total	**2113 (57.5)**	**714 (19.4)**	**848 (23.1)**	**3675**

As in the case of community study even though it was not a requirement of the commissioning, because tsunami and conflict was two significant issues in the country, we have carried out additional data analyses on students who were affected through injury, or loss of family or property. They are presented in Tables 5.27-5.41.

Table 5.27 Sustained injuries as a result of conflict in each district of the school survey

District	Sustain injuries as a result of conflict (%)	Total
Anuradhapura	0 (0.0)	184
Badulla	0 (0.0)	183
Colombo	0 (0.0)	173
Galle	0 (0.0)	170
Gampaha	1 (0.5)	190
Hambantota	0 (0.0)	153
Kalutara	0 (0.0)	174
Kandy	4 (1.9)	211
Kegalle	0 (0.0)	203
Kurunegala	0 (0.0)	264
Matale	0 (0.0)	232
Matara	0 (0.0)	192
Monaragala	2 (0.9)	232
Nuwara Eliya	0 (0.0)	209
Polonnaruwa	3 (1.4)	210
Puttalam	0 (0.0)	198
Ratnapura	1 (0.5)	192
Total	**11 (0.3)**	**3370**

Table 5.28 Those who reported losing a close family member (parent or sibling) as a result of conflict in each district of the school survey

District	Lost a close family member as a result of conflict (%)	Total
Anuradhapura	5 (2.7)	184
Badulla	0 (0.0)	183
Colombo	4 (2.3)	173
Galle	0 (0.0)	170
Gampaha	0 (0.0)	190
Hambantota	1 (0.7)	153
Kalutara	4 (2.3)	174
Kandy	1 (0.5)	211
Kegalle	2 (1.0)	203
Kurunegala	7 (2.7)	264
Matale	3 (1.3)	232
Matara	1 (0.5)	192
Monaragala	3 (1.3)	232
Nuwara Eliya	1 (0.5)	209
Polonnaruwa	7 (3.3)	210
Puttalam	0 (0.0)	198
Ratnapura	3 (1.6)	192
Total	**42 (1.2)**	**3370**

Table 5.29 Those who reported injury to a close family member (parent or sibling) as a result of conflict in each district of the school survey

District	A close family member got injured as a result of conflict (%)	Total
Anuradhapura	11 (6.0)	184
Badulla	3 (1.6)	183
Colombo	2 (1.2)	173
Galle	1 (0.6)	170
Gampaha	0 (0.0)	190
Hambantota	0 (0.0)	153
Kalutara	5 (2.9)	174
Kandy	1 (0.5)	211
Kegalle	5 (2.5)	203
Kurunegala	2 (0.8)	264
Matale	6 (2.6)	232
Matara	3 (1.6)	192
Monaragala	4 (1.7)	232
Nuwara Eliya	5 (2.4)	209
Polonnaruwa	10 (4.8)	210
Puttalam	2 (1.0)	198
Ratnapura	9 (4.7)	192
Total	**69 (2.0)**	**3370**

Table 5.30 Those who reported losing a friend or other family member as a result of conflict in each district of the school survey

District	Lost a friend or other family member as a result of conflict (%)	Total
Anuradhapura	15 (8.2)	184
Badulla	0 (0.0)	183
Colombo	2 (1.2)	173
Galle	5 (2.9)	170
Gampaha	4 (2.1)	190
Hambantota	11 (7.2)	153
Kalutara	17 (9.8)	174
Kandy	1 (0.5)	211
Kegalle	7 (3.4)	203
Kurunegala	5 (1.9)	264
Matale	4 (1.7)	232
Matara	4 (2.1)	192
Monaragala	26 (11.2)	232
Nuwara Eliya	7 (3.3)	209
Polonnaruwa	12 (5.7)	210
Puttalam	3 (1.5)	198
Ratnapura	5 (2.6)	192
Total	**128 (3.8)**	**3370**

Table 5.31 Those who reported having a friend or other family member injured as a result of conflict in each district of the school survey

District	A friend or other family member injured as a result of conflict (%)	Total
Anuradhapura	18 (9.8)	184
Badulla	1 (0.5)	183
Colombo	1 (0.6)	173
Galle	2 (1.2)	170
Gampaha	4 (2.1)	190
Hambantota	2 (1.3)	153
Kalutara	7 (4.0)	174
Kandy	2 (0.9)	211
Kegalle	5 (2.5)	203
Kurunegala	5 (1.9)	264
Matale	5 (2.2)	232
Matara	2 (1.0)	192
Monaragala	9 (3.9)	232
Nuwara Eliya	6 (2.9)	209
Polonnaruwa	7 (3.3)	210
Puttalam	4 (2.0)	198
Ratnapura	5 (2.6)	192
Total	**85 (2.5)**	**3370**

Table 5.32 Those who reported being displaced as a result of conflict in each district of the school survey

District	Displaced as a result of conflict (%)	Total
Anuradhapura	24 (13.0)	184
Badulla	0 (0.0)	183
Colombo	0 (0.0)	173
Galle	0 (0.0)	170
Gampaha	0 (0.0)	190
Hambantota	0 (0.0)	153
Kalutara	3 (1.7)	174
Kandy	0 (0.0)	211
Kegalle	1 (0.5)	203
Kurunegala	0 (0.0)	264
Matale	2 (0.9)	232
Matara	0 (0.0)	192
Monaragala	3 (1.3)	232
Nuwara Eliya	3 (1.4)	209
Polonnaruwa	0 (0.0)	210
Puttalam	0 (0.0)	198
Ratnapura	0 (0.0)	192
Total	**36 (1.1)**	**3370**

Table 5.33 Those who reported losing property as a result of conflict in each district of the school survey

District	Lost property as a result of conflict (%)	Total
Anuradhapura	8 (4.3)	184
Badulla	0 (0.0)	183
Colombo	0 (0.0)	173
Galle	0 (0.0)	170
Gampaha	1 (0.5)	190
Hambantota	1 (0.7)	153
Kalutara	2 (1.1)	174
Kandy	0 (0.0)	211
Kegalle	1 (0.5)	203
Kurunegala	0 (0.0)	264
Matale	1 (0.4)	232
Matara	0 (0.0)	192
Monaragala	3 (1.3)	232
Nuwara Eliya	2 (1.0)	209
Polonnaruwa	0 (0.0)	210
Puttalam	0 (0.0)	198
Ratnapura	0 (0.0)	192
Total	**19 (0.6)**	**3370**

Table 5.34 Those who reported being present at the time in an area affected by the 2004 Tsunami, in each district of the school survey

District	Present at the time in an area affected by the Tsunami (%)	Total
Anuradhapura	0 (0.0)	183
Badulla	0 (0.0)	182
Colombo	1 (0.6)	171
Galle	4 (2.4)	170
Gampaha	2 (1.0)	191
Hambantota	1 (0.7)	152
Kalutara	1 (0.6)	168
Kandy	0 (0.0)	209
Kegalle	1 (0.5)	203
Kurunegala	0 (0.0)	259
Matale	0 (0.0)	232
Matara	0 (0.0)	192
Monaragala	0 (0.0)	232
Nuwara Eliya	0 (0.0)	208
Polonnaruwa	0 (0.0)	180
Puttalam	0 (0.0)	198
Ratnapura	1 (0.5)	192
Total	**11 (0.3)**	**3322**

Table 5.35 Those who reported suffering injuries as a result of 2004 Tsunami in each district of the school survey

District	Suffered injuries from Tsunami (%)	Total
Anuradhapura	0 (0.0)	183
Badulla	0 (0.0)	182
Colombo	1 (0.6)	171
Galle	2 (1.2)	170
Gampaha	0 (0.0)	164
Hambantota	1 (0.7)	151
Kalutara	1 (0.6)	168
Kandy	1 (0.5)	208
Kegalle	0 (0.0)	203
Kurunegala	0 (0.0)	259
Matale	0 (0.0)	232
Matara	0 (0.0)	192
Monaragala	2 (0.9)	232
Nuwara Eliya	0 (0.0)	208
Polonnaruwa	0 (0.0)	180
Puttalam	0 (0.0)	198
Ratnapura	0 (0.0)	192
Total	**8 (0.2)**	**3293**

Table 5.36 Those who reported losing a close family member as a result of 2004 Tsunami in each district of the school survey

District	Lost a close family member as a result of Tsunami (%)	Total
Anuradhapura	0 (0.0)	183
Badulla	0 (0.0)	182
Colombo	1 (0.6)	171
Galle	2 (1.2)	170
Gampaha	0 (0.0)	191
Hambantota	3 (2.0)	152
Kalutara	0 (0.0)	167
Kandy	0 (0.0)	208
Kegalle	0 (0.0)	203
Kurunegala	0 (0.0)	259
Matale	0 (0.0)	232
Matara	0 (0.0)	192
Monaragala	2 (0.9)	232
Nuwara Eliya	1 (0.5)	208
Polonnaruwa	2 (1.1)	180
Puttalam	0 (0.0)	198
Ratnapura	2 (1.0)	192
Total	**13 (0.4)**	**3320**

Table 5.37 Those who reported having a close family member injured as a result of 2004 Tsunami in each district of the school survey

District	A close family member got injured as a result of Tsunami (%)	Total
Anuradhapura	0 (0.0)	183
Badulla	0 (0.0)	182
Colombo	2 (1.2)	171
Galle	4 (2.4)	170
Gampaha	1 (0.5)	191
Hambantota	2 (1.3)	152
Kalutara	3 (1.8)	168
Kandy	2 (1.0)	208
Kegalle	0 (0.0)	203
Kurunegala	0 (0.0)	259
Matale	2 (0.9)	232
Matara	1 (0.5)	192
Monaragala	3 (1.3)	232
Nuwara Eliya	1 (0.5)	208
Polonnaruwa	1 (0.6)	180
Puttalam	0 (0.0)	198
Ratnapura	8 (4.2)	192
Total	**30 (0.9)**	**3321**

Table 5.38 Those who reported losing a friend or other family member as a result of 2004 Tsunami in each district of the school survey

District	Lost a friend or other family member as a result of Tsunami (%)	Total
Anuradhapura	1 (0.5)	183
Badulla	1 (0.5)	182
Colombo	2 (1.2)	171
Galle	7 (4.1)	170
Gampaha	3 (1.6)	191
Hambantota	17 (11.2)	152
Kalutara	8 (4.8)	167
Kandy	0 (0.0)	208
Kegalle	2 (1.0)	203
Kurunegala	0 (0.0)	259
Matale	1 (0.4)	232
Matara	7 (3.6)	192
Monaragala	5 (2.2)	232
Nuwara Eliya	6 (2.9)	208
Polonnaruwa	2 (1.1)	180
Puttalam	2 (1.0)	198
Ratnapura	5 (2.6)	192
Total	**69 (2.1)**	**3320**

Table 5.39 Those who reported having a friend or other family member injured as a result of Tsunami in each district of the school survey

District	A friend or other family member injured as a result of Tsunami (%)	Total
Anuradhapura	0 (0.0)	183
Badulla	0 (0.0)	182
Colombo	0 (0.0)	171
Galle	7 (4.1)	170
Gampaha	1 (0.5)	191
Hambantota	7 (4.6)	152
Kalutara	6 (3.6)	168
Kandy	3 (1.4)	208
Kegalle	0 (0.0)	203
Kurunegala	0 (0.0)	259
Matale	0 (0.0)	232
Matara	3 (1.6)	192
Monaragala	6 (2.6)	232
Nuwara Eliya	1 (0.5)	208
Polonnaruwa	0 (0.0)	180
Puttalam	1 (0.5)	198
Ratnapura	4 (2.1)	192
Total	**39 (1.2)**	**3321**

Table 5.40 Those who reported being displaced as a result of 2004 Tsunami in each district of the school survey

District	Displaced as a result of Tsunami (%)	Total
Anuradhapura	0 (0.0)	183
Badulla	0 (0.0)	182
Colombo	1 (0.6)	171
Galle	3 (1.8)	170
Gampaha	3 (1.6)	191
Hambantota	1 (0.7)	152
Kalutara	1 (0.6)	168
Kandy	1 (0.5)	208
Kegalle	1 (0.5)	203
Kurunegala	0 (0.0)	259
Matale	0 (0.0)	232
Matara	0 (0.0)	192
Monaragala	3 (1.3)	232
Nuwara Eliya	0 (0.0)	208
Polonnaruwa	0 (0.0)	180
Puttalam	0 (0.0)	198
Ratnapura	0 (0.0)	192
Total	**14 (0.4)**	**3321**

Table 5.41 Those who reported losing property as a result of 2004 Tsunami in each district of the school survey

District	Lost property as a result of Tsunami (%)	Total
Anuradhapura	0 (0.0)	183
Badulla	0 (0.0)	182
Colombo	1 (0.6)	171
Galle	3 (1.8)	170
Gampaha	1 (0.5)	191
Hambantota	4 (2.6)	152
Kalutara	1 (0.6)	168
Kandy	1 (0.5)	208
Kegalle	1 (0.5)	203
Kurunegala	0 (0.0)	259
Matale	0 (0.0)	232
Matara	0 (0.0)	192
Monaragala	2 (0.9)	232
Nuwara Eliya	0 (0.0)	208
Polonnaruwa	0 (0.0)	180
Puttalam	0 (0.0)	198
Ratnapura	0 (0.0)	192
Total	**14 (0.4)**	**3321**

CHAPTER 6

ATTITUDES OF PROFESSIONALS AND THE PUBLIC, ON MENTAL HEALTH AND ILLNESS

6.1 BACKGROUND

Society has long faced the challenge of breaking-down stigma and discrimination associated with mental ill health. Stigma is the cognitive element; assumptions, thoughts, beliefs, and is linked to the emotional component prejudice and the resulting discriminatory behaviours.

Despite the common occurrence of mental health problems, societies continue to hold deep-rooted, culturally sensitive, negative beliefs about mental illnesses (Fabrega, 1991; Crisp et al, 2000). Community surveys in several countries have shown poor recognition of mental disorders among the general population and beliefs about treatment that often diverge from those of health professionals. This lack of mental health literacy can limit the optimal use of treatment services (Jorm et al, 2005).

Beliefs about various types of professional help are also important. For example, if a person with a mental disorder believes that consulting a psychiatrist or psychologist is unlikely to be helpful, this will reduce their chance of getting help from these professionals (Jorm et al, 2005). Attitudes to types of treatment also play a role. Surveys in several countries have found predominantly negative attitudes towards psychotropic medication (Jorm et al 1997, Croghan et al, 2003, Angermeyer et al 1993, Priest et al, 1996). This is due to concern about side effects and the belief that medications only deal with the symptoms rather than the cause (Angermeyer et al 1993, Priest et al, 1996). Such beliefs may affect adherence to prescribed medication. By contrast, psychological therapies are seen more positively (Hugo et al 2003, McKeon & Carrick 1991, Angermeyer & Matschinger, 1996), as are complementary therapies such as vitamins and herbs (Jorm et al, 1997, Angermeyer & Matschinger, 1996).

The decision to take action in response to perceived symptoms will depend on how they are interpreted by the individual. Underlying cognitions, assumption, beliefs and thoughts are the basis of these interpretations. The “Cognitive Representation of Illness”

model (Horne, 1997), describes how an individual constructs an internal representation of what is happening when they experience physical or psychological symptoms. Irrespective of the nature of the symptoms most people organise their thinking around five key components: (i) what is it (identity), (ii) why has it happened (cause) (iii) how long will it last, will it recur (timeline) (iv) what effects will it have (consequences), and (v) what can I do to make it go away (cure or control) (Horne, 1997).

6.2 OVERALL OBJECTIVE

- The proposed study was to investigate the attitudes of different categories of professionals and the public in contemporary Sri Lanka to provide an understanding of belief about mental health and illness. This understanding will have implications for change in practices if it is required, and allow us to plan the best strategies to inform the public about mental health and illness to reduce stigma.

6.3 SPECIFIC OBJECTIVES

- To explore the range of beliefs and opinions about mental health and illness-behaviours reflecting these attitudes among professionals and the public.
- To ascertain the level of mental health literacy among professionals and the public.
- To examine the perceived causes of mental illness, attributions, outcome, treatment preferences, and attitude towards people with mental illness.

6.4 METHODOLOGY

Definitions:

Attitude - is defined in the Oxford dictionary as opinion or way of thinking; behaviours reflecting this.

Professionals - are the providers of health, education and policy makers.

6.4.1 Research tools to be used for the study

For this part of the study we intended to rely on qualitative methods. In medical research, the uses of qualitative methods alone are helpful to study problems where

psychosocial issues are more important than the bio-medical aspects. (Sumathipala et al 2003).

6.4.2 Justification of using qualitative methods

Qualitative research methods have the ability to reach areas of inquiry inaccessible by other methods (Pope & Mays, 1995). Qualitative methods attempts to understand complexities of human behavior from the participants own frame of reference in a naturalistic setting rather than in an experimental setting. The aim is to study the range of phenomena such as feelings, processes, thoughts, human interactions etc. (Arnold et al 1993).

Qualitative methods are fundamentally different from quantitative research methods because it probes "what", "why", and "how" rather than "how often" or "how many". The prime goal is not to enumerate, as usually done in quantitative research (Busten et al, 1998). Quantitative research begins with an idea (usually articulated as a hypothesis), which then, through measurement, generates data and, by deduction, allows a conclusion to be drawn. Qualitative research, in contrast, begins with an intention to explore a particular area, collects “data" and generates ideas and hypotheses from these data largely through what is known as inductive reasoning (Mays & Pope, 1996). Therefore, to achieve the objectives; investigating to capture the divers range of attitudes of different strata of the society on mental illness’ and mental heath, qualitative methods will be the best option.

6.4.3 Different types of qualitative research methods

1. Interviews – Semi structured or in-depth interviews
2. Focus groups
3. Consensus methods; Delphi technique and expert panels/nominal groups,
4. Observation methods – passive observation and participatory observation
5. Action research
6. Structured vignettes

Methods 1, 2, and 6 were used as the main strategies to capture attitudes but also the method 3 was used to generate consensus on the concepts to be studied and for fine tuning of the protocol.

6.4.4 Specific research instruments/strategies

6.4.4.1 Explanatory model Interview

There are individual interviews in which the explanatory model of the patient is used to construct a cognitive representation of illness. Lloyd et al (1998), Weiss (1992) have developed instruments (SEMI and EMIC) to elicit explanatory models and Buhai & Bhurga (2002) compared these two and discussed the advantages of SEMI. It was developed using Kleinman's original concepts (1980). The SEMI has been previously used to assess a group of patients with Common Mental Disorders in India (Shankar et al 2006), Taiwan (Liu 2002) and in Sri Lanka (Sumathipala et al 2000).

SEMI was used to examine the perceived causes of mental illness, illness attributions, outcome treatment preferences, and attitudes towards people with mental illnesses.

These are individual interviews in which the explanatory models of patients were used to construct a cognitive representation of illness.

The SEMI elicits participant's assumptions, beliefs, thoughts about their symptoms and its causes, fears about their future, reduction in usual functions, increase in dysfunctional behaviours, the expectations of the patients and their satisfaction with care. SEMI is divided into five sections; personal background, the presenting problem, help-seeking behaviour, interaction with physician and traditional healers, and beliefs. It is written in simple language and questions are open-ended. Probes are employed to confirm beliefs and to explore areas not volunteered initially by participants.

6.4.4.2 In-depth interveiws

In-depth interviews were used to explore the range of beliefs and opinions about mental health and illness behaviors reflecting the attitudes among professionals and the public.

The questionnaire on in-depth interview consisted of open-ended questions on mental health that allowed for individual variation. During these interviews, participants explored and clarified their views regarding mental health issues. This was useful for

exploring peoples' knowledge and experiences and was used to examine not only what people thought but also why? Some of the questions explored general ideas of the public on mental health issues such as; what they thought disease and mental illnesses were, whether mental illnesses could be treated or cured completely and factors that could lead to mental illnesses. The remainder of questions was used to explore individual ideas of each participant such as marrying a mentally ill person, availability and sufficiency of mental health services in Sri Lanka, and whether children could become mentally ill and the extent of approved association of the participant's child with a mentally ill child. Probes were employed to confirm beliefs and to explore areas not volunteered initially by participants.

6.4.4.3 Structured vignettes

This is relatively a new technique developed by Lloyd and others (Lloyd et al 1998), to elicit health beliefs about Common Mental Disorders (CMD) using case vignettes. The vignettes describe patients with different clinical presentations. They are followed by open-ended questions to elicit the respondent's attitudes to the clinical problem, in particular whether they consider the presentation as a problem or an illness, their views on causation, appropriate course of action and the role of the doctor or healer. The method has been used to elicit explanatory models of patients with a variety of illnesses (Patel et al 1995, Liu et al 2002, Sumathipala et al 2003). Greenhalgh and others (1998) recently used the case vignette method to study health belief models of Bangladeshi diabetes patients living in Britain.

We used two types of case vignettes. (see Annexure 59)

A. The four case vignettes that belong to SEMI and used by Sumathipala et al (2000). These have been validated for Sri Lanka, Sinhala speaking population. They cover common mental disorders.

B. Case studies used by Jorm et al, (2005) for the cross cultural comparative study in Australia and Japan. They cover severe mental disorders. They were adapted for local use before use.

6.5 PARTICIPANTS

Participants were selected from the general public, and they were categorized according to gender (Male/Female), religion (Buddhist/Hindu/Christian/Muslim), age groups (18-30 years, 31-50 years, 51-70 years) and level of education (Primary: up to grade 5, Secondary: from grade 5 up to grade 13, Tertiary: degree holders). In addition media personnel (2 participants), university lecturers (3 participants), university students (1 participant), residents of Angoda (3 participants) and nurses (2 participants) working in the mental hospital were also included among participants.

6.5.1 Sample size

Statistical representation is not a prime requirement when the objective is to understand the social process. Therefore power calculation was not an issue in qualitative studies.

We had 57 indepth interviews until saturation (at point which no new themes arise) is achieved in the areas of study themes.

6.5.2 Sampling strategy

Purposive sampling using the snowballing technique was followed for identifying individuals to gather data on the attitudes on mental health. No attempt was made to include respondents from different districts, as this was carried out as a qualitative study.

Respondents were identified based on pre-agreed characteristics thought to represent the span of the social structure of Sri Lankan society. This included respondents representing each gender, religion, level of education and age categories of; 18-30 years, 31-50 years, 51-70 years. Additionally attempts at including individuals of differing professions were made.

As the name Angoda-Mulleriyawa area has become synonymous with mental illness, with the main mental hospital in Sri Lanka established there for over 100 years, special attention was paid to obtain information from people living in and around that area, in the aim of identifying special influence on attitudes regarding mental illness.

Patients currently diagnosed with mental illnesses, were also included as respondents in the study.

6.6 STRATEGY FOR DATA COLLECTION

In the qualitative study three RAs were enrolled for collecting data of the study on attitudes on mental health. Two of whom were those that participated in the community survey data collection and the other one was another RA of FRD. They were trained in administration of the relevant questionnaires as well as consent procedures. The training was conducted at the FRD office

6.7 MANAGEMENT AND ANALYSIS OF QUALITATIVE DATA

The grounded theory approach widely used as a strategy for analyzing qualitative data was used (Strauss & Corbin 2001). In this approach, concepts and theory are grounded in the data collected and it is up to the researcher to extract these, thereby uncovering the participants' own understanding and explanations (Bustan et al 1998).

Line-by-line coding is used to identify information (units) and linked to concepts and themes around which the final report is organized. Qualitative data analysis requires a system for coding and retrieval of chunks of text and for organizing codes and themes into files. One-way of doing this is by content analysis: drawing up a list of coded categories and "cutting and pasting" each segment of transcribed data into one of these categories. This can be done either manually or, if large amounts of data are to be analyzed, via tailor made computer packages. (Greenhalgh & Taylor 1997) We analysed data manually.

6.8 OVERALL STRATEGY

Before data collection is commenced, we had several individual and group meetings with researchers who are experienced in qualitative research as well as with psychiatrists, community physicians and other relevant professionals to refine the methodology and to identify broad themes of interest.

CHAPTER 7

RESULTS OF THE ATTITUDE SURVEY

This research was conducted to gain information regarding the attitudes of different categories of professionals and the public in contemporary Sri Lanka to provide an understanding of belief about mental health and illness.

Qualitative research methods used were: Vignettes, In-depth interviews and SEMI interviews.

7.1 VIGNETTES

Vignettes were used to ascertain the level of mental health literacy among professionals and the public.

The vignettes describe patients with different clinical presentations. They are followed by open-ended questions to elicit the respondent's attitudes to the clinical problem, in particular whether they consider the presentation as a problem or an illness, their views on causation, appropriate course of action and the role of doctor and healer.

The first four vignettes (from V1-V4) cover common mental disorders such as depression, social phobia and somatization. V5-V8 covers severe mental disorders such as depression with suicidal thoughts, states of early and late schizophrenia.

As participants, specialist psychiatrists (3 participants), Medical Officers of Mental Health (MOMH) (21 participants), MOs (2 participants) were selected from the health sector. Teachers (74 participants), research assistants (20 participants) were selected to represent educational and social services and 20 participants represented general public.

7.1.1. Results obtained from Vignette 1(V1), Vignette 2 (V2), Vignette 3 (V3) and Vignette 4 (V4) collectively.

V1-V4 [Common mental disorders: Social phobia with panic attacks (V1), Depression with somatic symptoms (V2), Depression (V3), Somatoform disorder (V4)]

- A majority of respondents were able to identify that the people concerned (in the questions) were suffering from a psychological condition.
- A few individuals opted to label the conditions mentioned, to be physical in nature.
- A small number of respondents thought that the people were suffering from mental illnesses, while a scanty few were able to identify the illnesses as social phobia, depression with or without somatic symptoms. Not surprisingly these respondents were essentially either doctors or psychiatrists.
- With regard to the causes of problems, the main ideas put forward were that they were suffering from psychological conditions which have arisen due to an external stimulus (in V1), due to physical or financial problems, fear or merely due to mental illnesses itself (in V2, V3 and V4).
- The preponderant opinion among the respondents concerning how the situation should be controlled was that the people concerned should seek medical help professional (from a psychiatrist) or otherwise (advice from a GP), while a few others thought that they should obtain help of family and people close to them. A significant number reflected that counselling should play a major role in helping the relevant people to overcome their problems.
- With regard to what should be expected from the physician; a large number of respondents opted to express that the physician should discuss the problems and advice the person concerned, while a significant portion thought that counselling should form the foundation of any treatment plan. A few others suggested that drug treatment, psychotherapy or referrals to psychiatrists would prove to be beneficial.

7.1.2 Results obtained from Vignette 5 (V5), Vignette 6 (V6), Vignette 7 (V7) and Vignette 8 (V8) collectively.

V5-V8 [Severe mental disorders: Depression (V5), Depression with suicidal ideas (V6), Early schizophrenia (V7), Chronic schizophrenia (V8)]

- Again an overwhelming majority immediately replied with certainty that the individuals concerned had a problem and a large number thought that they were suffering from a psychological condition. While some merely stated that they were suffering from mental illnesses some generalized their problems as mental distress, mental strain, or mental disturbance. In addition, some mentioned specific disorders, namely schizophrenia, phobia, and depression respectively. Other suggestions made were that the problems were due to physical conditions such as

physical illnesses, loss of appetite or sleep, lack of sleep, neglect of personal hygiene or excessive tiredness. The "correct diagnosis" was again given by either doctors or psychiatrists.

- When the respondents were queried about the most suitable treatment options, the most common suggestions were; that they should be treated by psychiatrists or experienced doctors, or that they should obtain the services of counsellors. A few mentioned specifically that drug treatment would be beneficial. Other ideas put forward were; that the family and friends should have more involvement in their treatment, and that they needed someone who would be willing to listen to them attentively.
- In addition, the participants selected the following from the list given as suitable treatment methods: seeing a typical GP/family doctor, psychiatrist, and counsellor. Prescribing antipsychotic drugs were recommended. Advice stating they should become more physically active, have an occasional alcoholic drink to relax, kept busy and actively participate in social activities. It was also thought that they should be directed towards social services and for suitable employment.
- An overwhelming majority confirmed that in a similar situation they would seek suitable treatment, either from a doctor, a psychiatrist or from a qualified counsellor. By visiting such a professional they anticipated; drug treatment, advice, counselling and help improving self confidence. In addition they admitted they would seek out close friends, neighbours, family members, parents, elders and other close persons. Also many emphasized the need of obtaining suitable employment and some stated they would attend vocational training courses. However, a few also mentioned they would engage in meditation, relaxing activities/other exercises in order to relieve stress and improve mental and physical health.
- When asked about the results that could be anticipated after treatment, a vast number of respondents believed that "full recovery with no further problems" could be expected. A significant amount thought that "a full recovery was possible but problems would probably reoccur". A few others thought that a partial recovery was possible, while some others were of the opinion that in spite of a partial recovery, the problems would probably reoccur. A minority said that "no improvement" could be expected and an insignificant amount thought that the situation could get worse.
- The principal opinion with regard to the possible causes for their problems was that their problems arose due to psychological factors such as: psychologically stressful situations, thinking excessively and extensively about problems and problems in

personality. Other possible causes discussed were; lack of affection and understanding, insecurity, possible family problems, low level of education, being socially inactive and possible weaknesses in personality of the individuals concerned. The possibility of prevalence of genetic factors and the hereditary influence were also discussed, highlighting their increased susceptibility towards exhibition of the symptoms revealed. However, several external factors were also discussed by some individuals as possible causes, among which were financial worries, social problems and isolation in society. Other factors which were introduced were; inability to cope with possible long term mental strain, excessive introverted thought processes which gave rise to wrong conclusions, low self esteem and perceived inability to measure up to peers.

- When the respondents were questioned regarding their attitude towards a person like the individual mentioned, the majority expressed sympathy for them. They also expressed a willingness to help these individuals overcome their illness and said they wanted to assist in obtaining medical treatment, counselling and rehabilitation. The majority felt they should be treated with goodwill, kindness, and that through proper treatment they could be completely cured and become a normal productive part of society. Also the respondents stated they would not reject such people and would unquestioningly accept them into society.
- When asked how close a relationship they were willing to have with such a person the majority of participants were willing to maintain a close relationship and thereby provide these individuals with relief and assistance for daily life, behavioural change, treatments, problem solving and to overcome their illnesses. Some said they would become a friend and advisor and would put maximal effort in this regard. However others said they would only have an average cordial relationship where they would be careful and if they themselves were adversely affected as a result, they would terminate the relationship. Another opinion was that the relationship should be a limited one but that fact should not be made apparent to the individual. A few mentioned that they were willing to talk with the individuals at length or said they would have to consider the time available for them to maintain such a relationship. Some additionally stated they would not mind having a closer relationship provided the individual complied with medical treatment and advice. Many of the doctors said they would maintain a professional therapeutic, doctor-patient relationship.

7.2 IN-DEPTH INTERVIEWS

The In-depth interviews were used to explore the range of beliefs and opinions about mental health and illness behaviors reflecting the attitudes among professionals and the public.

The questionnaire on in-depth interview consisted of open-ended questions on mental health that allowed for individual variation. During these interviews, participants explored and clarified their views regarding mental health issues. This was useful for exploring peoples' knowledge and experiences and was used to examine not only what people thought but also why? Some of the questions explored general ideas of the public on mental health issues such as; what they thought disease and mental illnesses were, whether mental illnesses could be treated or cured completely and factors that could lead to mental illnesses. The remainder of questions was used to explore individual ideas of each participant such as marrying a mentally ill person, availability and sufficiency of mental health services in Sri Lanka, and the extent of association of the participant with a child whose parents were mentally ill. Probes were employed to confirm beliefs and to explore areas not volunteered initially by participants.

Participants were selected from the general public, and they were categorized according to gender (Male/Female), religion (Buddhist/Hindu/Christian/Muslim), age groups (18-30 years, 31-50 years, 51-70 years) and level of education (Primary: up to grade 5, Secondary: from grade 5 up to grade 13, Tertiary: degree holders). In addition media personnel (2 participants), university lecturers (3 participants), university students (1 participant), residents of Angoda (3 participants) and nurses (2 participants) working in the mental hospital were also included among participants. A total of 57 participants were interviewed.

7.2.1 Results obtained from the In-depth interviews

- When the participants were asked to define the word "illness", the widely held opinion was that an illness was a physical discomfort or a physical change in the body. Many thought that external physical factors (e.g.: imbalance of natural conditions, deficiency of food, weakness of body and entry of a causative agent in to the body) triggered off an illness.

- The main observations that came forward when asked what was understood by the term “mental illness” were: weakness of mind, decreased mental powers, mental regression, illness of the mind, difference in attitudes, different behavioural patterns, thinking differently from a normal person, and a situation arising due to shock or grief respectively.
- When the respondents were questioned regarding what could cause a mental illness, wide ranges of factors were hypothesized. A precipitating and perpetuating factor that was widely expressed was that mental illnesses arose due to the deterioration of an individual’s mind due to psychological reasons. Examples given to illustrate this opinion were: family problems, break up of a love affair, lack of attention or love, due to grief or shock, and frequent worries. Additionally, genetic or hereditary influence, loss or property or money, substance abuse, physical problems, and environmental changes were other purported causative factors.
- The respondents commented that the difference between a mental illness and a physical illness was that a mental illness was: “an illness of the brain, a change occurring in the body due a stressful situation or a problem, a condition arising due to some kind of an influence on the mind or simply occurring due to a sudden scare”. A few further explained that a mental illness was “a distortion of the mind”. Some felt that a mentally ill person deserved more kindness and attention compared to a person with a physical illness; while some others thought that a mentally ill person felt less pain. A physical illness was thought to be an illness “occurring in the body, and an illness which could be seen”, in contrast to a mental illness which was thought to be “hidden, and occurring in the mind”.
- A few were able to specifically name depression, phobia, anxiety disorders, schizophrenia, dementia, mania, and split personality when questioned about mental illnesses known to them. Interestingly these terms were given mainly by nurses working in the Angoda mental hospital and by individuals who have received tertiary education. A majority of respondents viewed it from a psychological aspect and called “stress, psychological confusion and deficit in mindfulness” a mental illness. Intriguingly, the majority used physical descriptions to identify a mental illness. “Looking in to space, excessive sleepiness and greed for money, doing things aimlessly and laughing” were some of the physical descriptions used. One individual believed that underestimation of oneself can be called a mental illness, while another stated with confidence that “polio, heart diseases and epilepsy” were mental illnesses.

- A majority of participants thought that people with mental illnesses were generally seen in the mental hospital. Several specifically mentioned the Angoda mental hospital as a place frequented by individuals with mental illnesses. A significant number thought that people with mental illnesses "could be seen anywhere"; and a few stated that such individuals were found within the family unit. In addition, some other participants explained that people with mental illnesses can be seen in: chaotic, busy environments, high class society, cities, shanties, rural areas or even on the road.
- Most participants stated that mental illnesses can be completely cured. When enquired, several participants strongly felt that mental patients could lead a normal life. A significant number was of the opinion that a mental patient would lead a complicated life, explaining that this was due to their difference in behaviour.
- When asked if they would consider marrying a person diagnosed of having a mental illness, most participants decided that they would. However, a significant number of participants disclosed that they will consider marriage to a mental patient only if the illness was curable or controllable. Some stated that they would need more information regarding the partner before arriving at a decision, since the mental status of the partner would have an enormous impact on their married life. A minority firmly replied in the negative, explaining that marriage to such a person "would prove to be complicated, would create unwanted problems or lead to public humiliation".
- Interestingly, a considerable number of participants revealed that should the need arise; they had no objection to obtaining treatment for a physical illness from an out patient department established in the Angoda mental hospital. Accordingly, several individuals assured that they had no objection to establishing a special unit / ward for mental patients in an ordinary hospital. Furthermore, a few approved of mental patients and patients with physical illnesses collectively receiving treatment in the same ward. However, when given the options of going to an ordinary hospital, mental hospital or to a general clinic should the respondents require treatment for a mental illness; majority opted to go to an ordinary hospital. These participants explained that they felt more secure in an ordinary hospital. A significant amount of participants declared that they would prefer to go to a mental hospital, in order to obtain treatment specific for mental illnesses; while a few others chose the general clinic. The remaining few stated that they would go to the place nearest to them or that they would prefer to consult a specialist. One individual mentioned that "I

wouldn't mind going to any place as long as I receive the relevant treatment to alleviate my condition" while another said "I would go to any place that will safeguard my privacy".

- When asked about the extent of association of the participant with a child of parents who were mentally ill; many stated that they were willing to have a close relationship. A significant number informed that they would have an average acquaintance. Some expressed their willingness to help such a child, and a minority believed that they would take care of such a child as their own. Several others revealed that they would have a limited association with the child; while a few others refused any degree of association.
- With regard to availability and sufficiency of mental health services in Sri Lanka, a majority was not aware of the services available. A significant number replied hesitantly that they were neither certain about the institutions nor the services available. A few respondents however, mentioned specific institutions such as "Sumithrayo and Sahanaya".

7.3 SHORT EXPLANATORY MODEL INTERVIEW (SEMI)

SEMI was used to examine the perceived causes of mental illness, illness attributions, outcome treatment preferences, and attitudes towards people with mental illnesses.

These are individual interviews in which the explanatory models of patients were used to construct a cognitive representation of illness.

The SEMI elicits participant's assumptions, beliefs, thoughts about their symptoms and its' causes, fears about their future, reduction in usual functions, increase in dysfunctional behaviors, expectations of patients and their satisfaction with care. SEMI was divided in to five sections; personal background, the presenting problem, help-seeking behavior, interaction with physician and traditional healers, and beliefs.

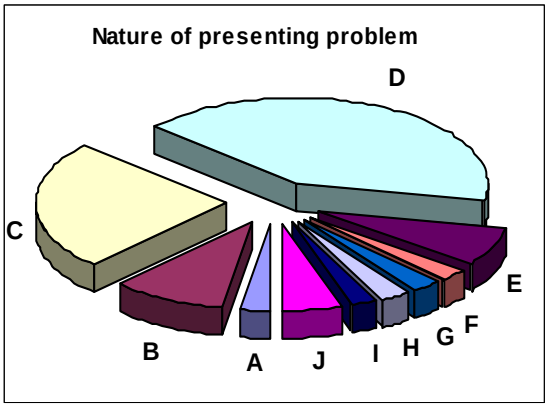
It is written in simple language and questions are open-ended. Probes were employed to confirm beliefs and to explore areas not volunteered initially by participants.

Participants chosen were resident patients of Angoda Mental Hospital. 22 participants; 11 male and 11 female were interviewed.

7.3.1 Results obtained from the Short Explanatory Model Interviews

A variety of assumptions, perceptions and beliefs of resident mental patients were elicited.

The problems which lead the patient to seek help from a doctor are illustrated in Figure 7.1. According to the participants' perspective, 17 out of 22 sought help due to psychological reasons. 10 participants had non specific problems, 4 with physical complaints, 3 with family problems, and 1 patient each with money related problems, problems with neighbours and problem of being unmarried. One patient sought help following her doctor's orders and another was not certain of the nature of his problem.



A - Not known
B - Physical complaints
C - Non specific
D - Psychological
E - Marital/Family problems
F - Money related

Figure 7.1: The problem which lead patient to seek help from a doctor

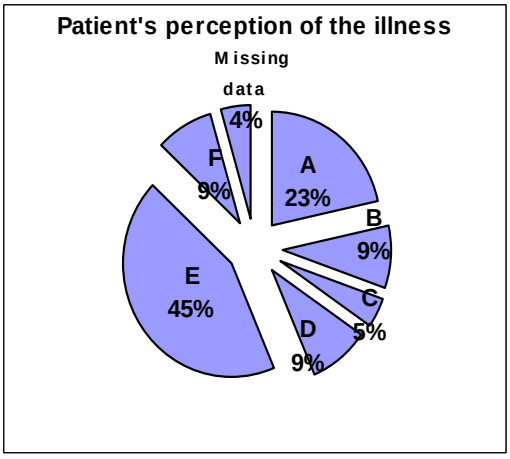
The number of visits made by each patient during the last 3 months, the 3 months prior to the last 3 months and number of times hospitalised are tabulated in Table 7.1.

Table 7.1 Frequency of visits during last 6 months and frequency of hospitalisation

Patient	Number of visits during last 3 months	Number of visits 3 months prior to the last 3 months	Number of time hospitalised
1	4	2	2
2	*	0	3
3	*	*	1
4	10	*	2
5	*	*	1
6	1	2	1
7	5	0	1
8	0	0	1
9	3	*	1
10	0	0	*
11	0	0	0
12	*	*	1
13	3	2	1
14	0	0	2
15	3	3	0
16	5	5	0
17	8	4	3
18	2	0	1
19	1	10	1
20	1	*	1
21	*	*	*
22	10	*	1

* Missing data

The patients' perceptions and onset of their illnesses are shown in Figures 7.2 and 7.3 respectively.



A-Unable to say

B-A specific physical diagnosis

C-A specific psychiatric / psychological diagnosis

D-Non specific diagnosis indicating physical aetiology

E-Non specific diagnosis indicating psychiatric / psychological aetiology

F-Any other

Figure 7.2 Patients' perception of their illness

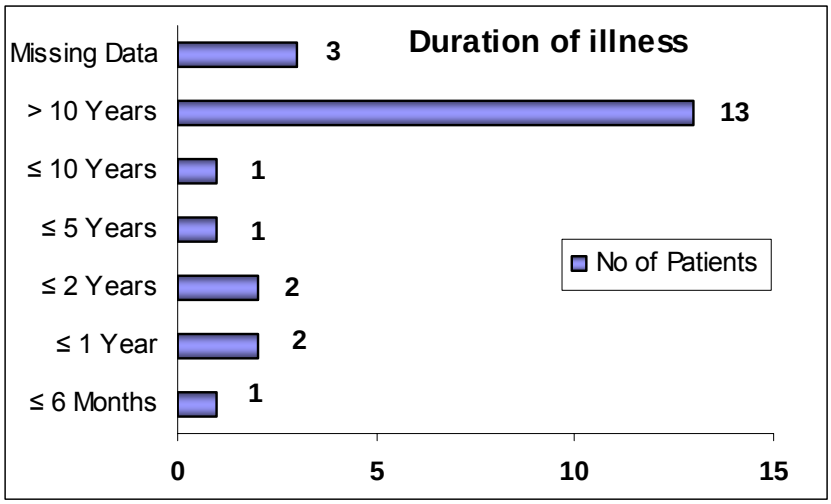


Figure 7.3 Duration of illness

In addition, the following factors illustrated in Figure 7.4 were thought to have triggered their illnesses.

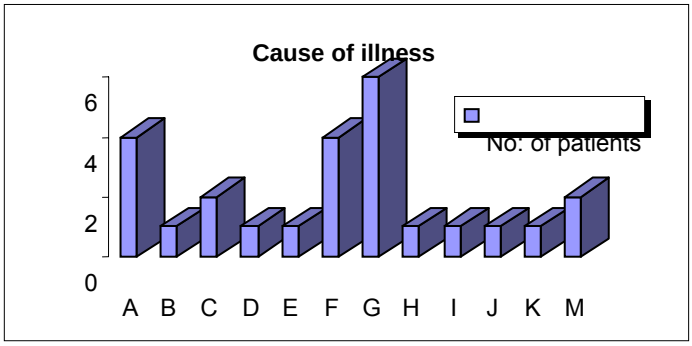


Figure 7.4 Factors thought to have triggered the illness

A - Not known / unable to say;

B - Debilitation: run down / weak spot / non specific stress;

C - Self abuse: smoking /alcohol / drugs;

D - Hereditary: runs in the family / genetics;

E - Mechanical: damage / blockage / abnormal functioning;

F – Other;

G – Interpersonal conflict / marital / stress from children;

H – Money / economic;

I – Work related;

J – Punishment by deity / related to deity / karma related punishment;

K – Magic by human agency / obiah / spell / substance given;

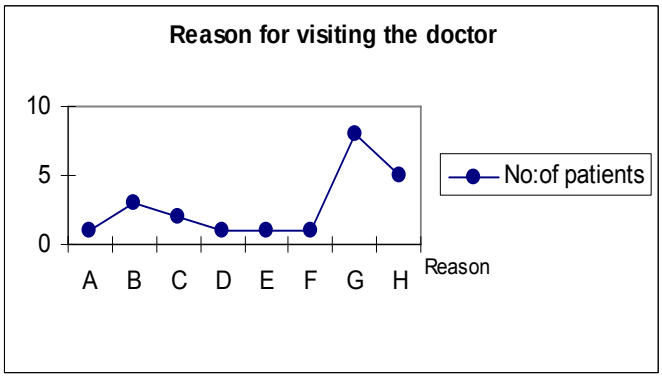
M – Missing data

The participants gave the following answers when probed whether their actions caused the illness: 10 replied in the affirmative, 9 negatively, and 2 were uncertain. One patient offered no answer.

The actions which gave rise to their conditions were thought to be: self abuse - smoking / alcohol consumption or drugs (1 patient); psychological worry / fear (2 patient); other (1 patient); interpersonal conflict / marital problems / stress from children (1 patient); economic problems (1 patient); education (1 patient); work related (1 patient); punishment by deity (3 patients); missing data (1 patient).

Regarding the degree of severity; 13 perceived that their illness was very serious, 2 reflected that their illness were moderately serious, 2 said that their illness was mildly serious, and 3 did not consider their illnesses to be serious at all.

Reasons given by the patients for visiting the doctor are shown below in Figure 7.5.



A - Own decision: discomfort or impaired functioning - either personal or in role

B - Own decision: getting worse

C - Own decision: treatment

D - Own decision: for admission

E - Unable to say

Figure 7.5 Reasons for visiting the doctor

Anticipations of patients and satisfaction regarding treatment and care received are demonstrated in Figure 7.6 and 7.7.

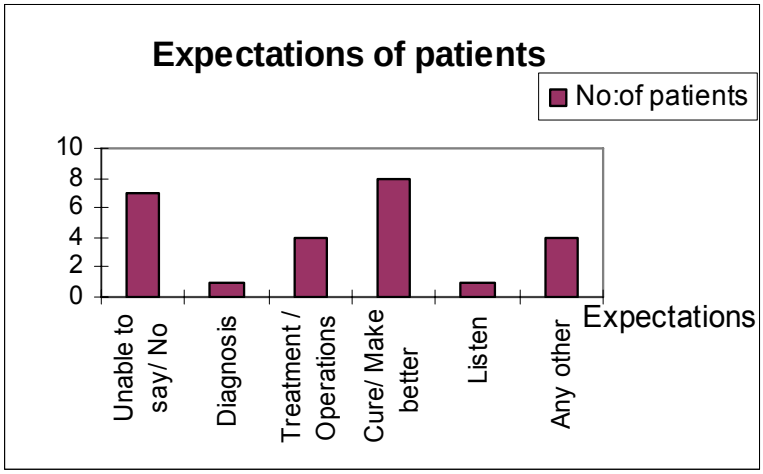


Figure 7.6 Expectations of patients regarding treatments

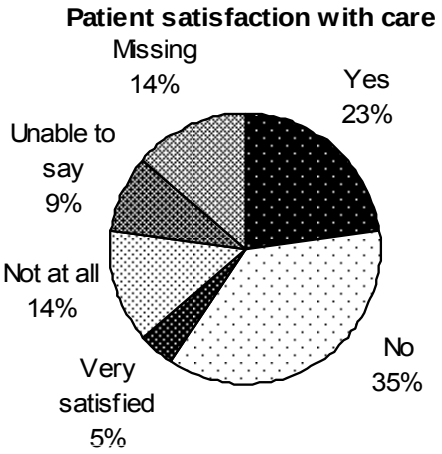


Figure 7.7 Patient satisfaction with care received

The individuals from whom the participants sought advice are displayed in the Figure 7.8.

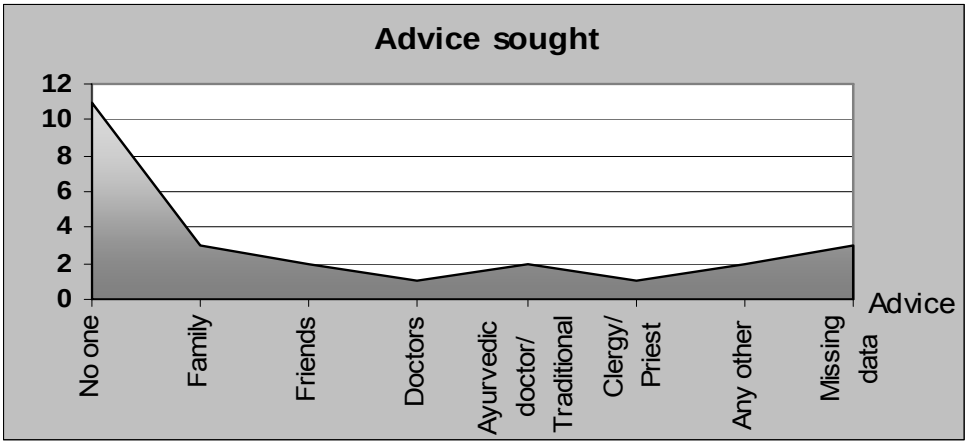


Figure 7.8 Pattern of help seeking behaviour of patients

CHAPTER 8

CONCLUSIONS AND RECOMMENDATION

Overall objective of the study to conduct baseline national surveys; schools and community based to assess the prevalence of mental illness including suicidal ideations and to study the attitudes of professionals and the public on mental health and illness, was successfully concluded. Overall one month prevalence of mental illness was found to be around 15% when all the categories are pooled together. Highest being other depressive syndromes 7%, somatisation 3%, major depression 2%, PTSD 1.7%, anxiety 1%. However it has to be noted that some of these may co-exist. Current prevalance measred as presence of active suicidal ideations during last week was 6.3%. For all disorders including suicidal ideations, prevalence was more in females. All disorders were more prevalent among the age group of 35 -65 compared to 16-35. There were no excess of mental illness in tsunami affected population compared to others.

Due to the issues discussed in the section on methodologoical challenges (Section 2.2.1) community studies cannot produce comprehensive prevalence estiames for psychotic illness. Prevalence figures reported in this study are generated only of screening questions.

The finings of the school survey revealed that the caseness of emotional problems, based on the self report by students of 14 years and above, the conduct problems, hyperactivity, peer problems were 5.5%, 6.9%, 4.9% and 4.7% respectively. Caseness as rated by the teachers for the total sample for emotional problems, conduct problems, hyperactivity, peer problems were 10.2%, 18.9%, 16.2% and 13.1%. However the parental relates varied with reported caseness of 19.5%, 20.3%, 10.6% and 29.5% respectively.

Mental health literacy and attitude survey showed reasonable literacy and positive attitudes on mental illness.

For the first time, this survey provides data on the prevalence of mental illness on a nationwide sample that can be used to inform equitable and effective national psychiatric services.

In terms of specific objectives in relation to the community survey, the objective of estimating the prevalence of mental disorders including suicidal ideations and alcohol intake in Sri Lanka has provided generalisable figures for most of the districts.

14% of global burden of disease has been attributed to neuropsychiatry disorders arising mostly from the chronically disabling nature of depression. Therefore these findings are in keeping with the world wide figures.

Recommendations

1. Major depression and 'Common Mental Disorders' i.e. other depression, somatisation should be recognized as a priority for scaling up services.
2. It is widely accepted that mental disorders are inextricably associated with a wide range of other health conditions: there is no health without mental health. Mental disorders are associated with great suffering in all cultures and countries. Mental health services are poorly resourced and inequitably and inefficiently distributed. Despite evidence on cost-effective treatments, there is an enormous treatment gap. Therefore the findings of this study should be taken serious and necessary human resources and other facilities should be planned.
3. As prevalence figures shows that they are scattered throughout the country it will not be realistic for specialized mental health services to deal with all these. Therefore integration in PHC, increasing human resource capacity and development, for example, training of primary health workers is recommended.
4. Mental health leadership needs more awareness on public health perspective and consistent advocacy messages.
5. Island-wide figures also demands consideration into wider access to care issues to be addressed.
6. School survey findings should be shared with the Ministry of Education and appropriate steps should be taken to address the needs in schools especially on emotional and conduct disorders.

7. As this community study covers only between the ages of 18 – 65, a study should be undertaken on the population over 65, especially in the context of demographic transition and the increase of over 65 population
8. A comprehensive study on psychoses should be undertaken as with additional copomants described in the section 2.2.1
9. The time frame given for the study initially was unrealistic and was only one year to complete 3 different surveys of this magnitude. Future surveys should be planned taking into consideration of this fact.
10. The funding provided was only 4 million Sri Lankan rupees. If not for pooling the resources of the IRD and its commitment a study of this scale would not have been successfully completed. This contribution should be duly acknowledged. Unit costing for this survey should ne taken into consideration when future studies are planned.
11. Based on the district prevalence generated in this study, follow-up studies should be carried out in larger samples for each district.
12. The survey should be carried out in Eastern province and whenever possible in Northern Province.
13. A national survey should be conducted once in every 5 years.
14. The results of the study should be widely publicized for proper use nationally and internationally.
15. The data set is so rich more secondary analyses should be carried out in the future.

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ANNEXURE 1

Ethical Review Committee
Faculty of Medical Sciences,
University of Sri Jayewardenapura
Gangodawila, Nugegoda, Sri Lanka

24th November 2006

Dr. A. Sumathipala
Dr. S. Siribaddana
762/4B, Pannipitiya Rd.,
Battaramulla.

Dear Dr. Sumathipala,

Application / Approval No: A 319 / 06 - 02

BASELINE COMMUNITY BASED NATIONAL SURVEY TO ESTIMATE PREVALENCE OF MENTAL ILLNESS INCLUDING SUICIDAL IDEATION IN SRI LANKA

I am pleased to inform you that provisional clearance was granted for your proposals at the Ethical Review Committee meeting held on 22nd November 2006. Definitive clearance will be given once the study is completed and a report submitted to the Ethical Review Committee.

Dr. S. D. Jayaratne
Chairman / Ethical Review Committee

Dr. B. C. V. Senaratna
Secretary / Ethical Review Committee

Telephone: 2802695 & 6 ext 555 (President), 680 (Secretary)

Ethical Review Committee
Faculty of Medical Sciences,
University of Sri Jayewardenapura
Gangodawila, Nugegoda, Sri Lanka

24th November 2006

Dr. A. Sumathipala
Dr. S. Siribaddana
762/4B, Pannipitiya Rd.,
Battaramulla.

Dear Dr. Sumathipala,

Application / Approval No: A 319 / 06 - 03

BASELINE NATIONAL SURVEY: SCHOOL-BASED, TO ASSESS THE PREVALENCE OF MENTAL ILLNESS INCLUDING SUICIDAL IDEATION

I am pleased to inform you that provisional clearance was granted for your proposals at the Ethical Review Committee meeting held on 22nd November 2006. Definitive clearance will be given once the study is completed and a report submitted to the Ethical Review Committee.

Dr. S. D. Jayaratne
Chairman / Ethical Review Committee

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Telephone: 2802695 & 6 ext 555 (President), 680 (Secretary)

Ethical Review Committee
Faculty of Medical Sciences,
University of Sri Jayewardenapura
Gangodawila, Nugegoda, Sri Lanka

24th October 2006

Dr. A. Sumathipala
Dr. S. Siribaddana
762/4B, Pannipitiya Rd.,
Battaramulla.

Dear Dr. Sumathipala,

Application / Approval No: A 319 / 06 - 01

ATTITUDES OF PROFESSIONALS AND PUBLIC ON MENTAL HEALTH AND ILLNESS

I am pleased to inform you that provisional clearance was granted for your proposals at the Ethical Review Committee meeting held on 18th October 2006. Definitive clearance will be given once the study is completed and a report submitted to the Ethical Review Committee.

Dr. S. D. Jayaratne
Chairman / Ethical Review Committee

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Telephone: 2802695 & 6 ext 555 (President), 680 (Secretary)

ANNEXURE 2

SAMPLE SIZE CALCULATION

Change in the 95% confidence interval in relation to sample size and estimated prevalence of mental illness

Number in the sample survey	Estimated prevalence of mental illness %	95%CI	
		lower	upper
1000	10	8.12	11.88
1000	15	12.76	17.24
1000	20	17.49	22.51
1000	50	46.85	53.15
2000	10	8.68	11.32
2000	15	13.42	16.58
2000	20	18.23	21.77
2000	50	47.78	52.22
3000	10	8.92	11.08
3000	15	13.71	16.29
3000	20	18.56	21.44
3000	50	48.19	51.81
4000	10	9.07	10.93
4000	15	13.89	16.11
4000	20	18.75	21.25
4000	50	48.44	51.56
5000	10	9.16	10.84
5000	15	14.01	15.99
5000	20	18.88	21.12
5000	50	48.60	51.40
6000	10	9.24	10.76
6000	15	14.09	15.91
6000	20	18.98	21.02
6000	50	48.73	51.27
7000	10	9.29	10.71
7000	15	14.16	15.84
7000	20	19.06	20.94
7000	50	48.82	51.18
8000	10	9.34	10.66
8000	15	14.21	15.79
8000	20	19.12	20.88
8000	50	48.90	51.10

Precision for the various sample sizes in relation to 50% prevalence of mental illness

Postulated sample size	95% CI for the prevalence of 50%	Precision % (span of the confidence interval)
1000	46.85-53.15	6.3
2000	47.78-52.22	4.44
3000	48.19-51.81	3.62
4000	48.44-51.56	3.12
5000	48.60-51.40	2.8
6000	48.73-51.27	2.54
7000	48.82-51.18	2.36
8000	48.90-51.10	2.2

95% Confidence intervals (precision) for different prevalence estimates for specified sample sizes for a district

Prevalence	Sample size 36	Sample size 72	Sample size 144
05%	-2.22% to 12.22%	-0.07% to 10.07%	1.43% to 8.57%
10%	0.06% to 19.94%	3.02% to 16.98%	5.08% to 14.92%
20%	6.75% to 33.25%	10.70% to 29.30%	13.44% to 26.56%
30%	14.82% to 45.18%	19.34% to 40.66%	22.49% to 37.51%
40%	23.77% to 56.23%	28.60% to 51.40%	31.97% to 48.03%
50%	33.43% to 66.57%	38.37% to 61.63%	41.80% to 58.20%

ANNEXURE 3

SAMPLING PROCEDURE FOR THE COMMUNITY SURVEY: EXAMPLE – POLONNARUWA DISTRICT

Total cumulative population : 359197

Sample Size for the district : 360

Cluster Size : 10

Number of clusters : 36

Sampling interval : 359197/36 = 9977.69

(Rounded off to 9978)

Random number : 8867

Grama Niladari Divisions (GND) in Polonnaruwa District & selecting them according to the probability proportionate to population sampling

DS Division		GN Division	Population	Cumulative total	Cluster No.	Housing units
Dimbulagala	1	Manampitiya	1604	1604		409
	2	Manampitiya East	1646	3250		464
	3	Dalukana	1164	4414		357
	4	Kudawewa	1023	5437		305
	5	Medagama	1238	6675		363
	6	Jayapura	1148	7823		398
	7	Wijayabapura	1583	9406	1	494
	8	Veheragama	900	10306		293
	9	Millana	761	11067		260
	10	Dimbulagala	1819	12886		445
	11	Yakkure	679	13565		213
	12	Damanewewa	801	14366		306
	13	Pihitiwewa	966	15332		339
	14	Pahala Yakkure	1214	16546		352
	15	Maguldamana	1295	17841		368
	16	Pelatiyawa	1589	19430	2	489
	17	Mahaulpatha	636	20066		223
	18	Bogaswewa	1085	21151		324
	19	Rathmalthenna	1316	22467		358
	20	Track 05 Aralaganvila	1048	23515		298
	21	Gomathiyaya	764	24279		230

	22	Arunapura	554	24833		138
	23	Aralaganvila	1765	26598		455
	24	Aralaganvila West	2175	28773		653
	25	Weerana	886	29659	3	275
	26	Bimpokuna	1069	30728		299
	27	Pahala Ellewewa	1344	32072		378
	28	Kalukele	2074	34146		546
	29	Navagaha Ela	960	35106		297
	30	Nuwaragala	1042	36148		327
	31	Bandanagala	1196	37344		322
	32	Ellewewa	1831	39175	4	546
	33	Ihala Ellewewa	1882	41057		460
	34	Mahadamana	1218	42275		342
	35	Pimburattewa West	927	43202		276
	36	Divuldamana	1425	44627		397
	37	Nidanwala	545	45172		185
	38	Ihalawewa	1170	46342		343
	39	Pimburattewa East	1596	47938		430
	40	Aluthoya	1520	49458	5	437
	41	Veheragala	871	50329		295
	42	Warapitiya	2293	52622		700
	43	Gal Eliya	749	53371		240
	44	Weeralanda	716	54087		250
	45	Sandagalathenna	676	54763		198
	46	Ulpathwewa	715	55478		255
	47	Alawakumbura	3893	59371	6	744
	48	Kandegama	1321	60692		357
	49	Kanichchagala	740	61432		244
	50	Kekulawela	1232	62664		336
	51	Maldeniya	524	63188		267
Elahera	1	Ihakuluwewa	1628	64816		455
	2	Katukeliyawa	1412	66228		397
	3	Diyabeduma	2548	68776	7	751
	4	Konduruwawa	1367	70143		493
	5	Attanakadawala West	616	70759		189
	6	Radavigeoya	1162	71921		322
	7	Madudamana	1391	73312		411
	8	Attanakadawala North	1703	75015		443
	9	Attanakadawala South	963	75978		272
	10	Ikiriwewa	2105	78083		562
	11	Kahatagahapitiya	1592	79675	8	403
	12	Nikapitiya	1631	81306		513
	13	Sarubima	1473	82779		374
	14	Segala	1601	84380		419

	15	Kottapitiya South	1221	85601		355
	16	Somils	679	86280		180
	17	Gangeyaya	1087	87367		290
	18	Kottapitiya North	823	88190		231
	19	Damanayaya	1570	89760	9	476
	20	Elahera	2124	91884		583
	21	Heeratiya	646	92530		178
	22	Bakamoona	2040	94570		555
	23	Sirikanduruyaya	762	95332		202
	24	Atharagallewa	2193	97525		636
	25	Maluweyaya	2294	99819	10	619
	26	Orubendi Siyambalawa	1388	101207		380
	27	Kumara Ella	732	101939		216
	28	Kirioya	1014	102953		312
Hingurakgoda	1	Sinhagama	1195	104148		341
	2	Galoya	1373	105521		387
	3	Rotawewa	1193	106714		310
	4	Rathmale	777	107491		244
	5	Paluwaddana	704	108195		211
	6	Yodha Ela	1593	109788	11	443
	7	Yatiyalpathana	1384	111172		367
	8	Rankothgama	1154	112326		306
	9	Siriketha	943	113269		286
	10	Kumaragama	815	114084		217
	11	Samapura	1327	115411		354
	12	Kimbulawala	1019	116430		305
	13	Ulpathwewa	990	117420		304
	14	Minihirigama	2682	120102	12	273
	15	Moragaswewa	1899	122001		522
	16	Mahasengama	752	122753		212
	17	Bathgampattuwa	1353	124106		355
	18	Samagipura	1718	125824		473
	19	Minneriya	674	126498		175
	20	Pasiyawewa	1076	127574		301
	21	Akkara 70	1427	129001	13	396
	22	R.B. 01	1726	130727		449
	23	Pulathisigama	1232	131959		287
	24	Ulkatupotha	2248	134207		585
	25	Bopura	1447	135654		396
	26	Jayapura	1415	137069		248
	27	Hinguraka Bandaragama	980	138049		262
	28	Hinguraka	829	138878	14	211
	29	Hathamuna	1297	140175		330
	30	Hingurakgoda	1046	141221		238
	31	Bubula	691	141912		184

	32	Raja Ela	1312	143224		334
	33	Raja Ela Gama	869	144093		248
	34	Muwanpelessa	922	145015		237
	35	C.P. Pura	1666	146681		265
	36	Girithale	842	147523		218
	37	Girithale Puranagam	632	148155		150
	38	Girithale Colony	1171	149326	15	315
	39	Henkolawela	1013	150339		289
	40	Jayanthipura	1423	151762		366
	41	Unagalavehera West	1366	153128		387
	42	Unagalavehera East	801	153929		235
	43	Chandana Pokuna	1199	155128		304
	44	Nagapokuna	869	155997		237
	45	Track 12 Pedesa	1017	157014		277
	46	Chethiyagirigama	782	157796		203
	47	Weeragama	688	158484		199
	48	Track 05 Pedesa	811	159295	16	218
	49	Wijayaraja Wewa	1042	160337		294
	50	Agbopura	1218	161555		321
	51	Katukeliyawa	671	162226		182
	52	Sudukanda - Nikawewa	656	162882		191
	53	Thambalawewa	1030	163912		293
Lankapura	1	Weli Ela	1086	164998		310
	2	Maha Kirimetiya	960	165958		250
	3	Buddhayaya	1111	167069		291
	4	Sungavila	810	167879		218
	5	Jayabima	386	168265		112
	6	Jayapura	2666	170931	17	659
	7	Nelumpura	1250	172181		359
	8	Patunugama	918	173099		274
	9	Munisirigama	978	174077		293
	10	Pansalgodella	1380	175457		362
	11	Galamuna	726	176183		240
	12	Hingurakdamana	1041	177224		279
	13	Gemunupura	1417	178641	18	398
	14	Senanayakapura	906	179547		253
	15	Debarella	1246	180793		333
	16	Somapura	1192	181985		331
	17	Abhayapura	1363	183348		365
	18	Sanghabodhi Gama	1077	184425		296
	19	Pulasthigama	1264	185689		368
	20	Kegalugama	1255	186944		363
	21	Thalpotha	941	187885		247
	22	Bauddhartha Gama	1525	189410	19	406
	23	Lankapura	1133	190543		314

	24	Rifaipura	1583	192126		450
	25	Alhilalpura	2060	194186		584
	26	Thambala	1956	196142		535
	27	Onegama Muslimgama	205	196347		64
	28	Weerapura	1207	197554		361
Medirigiriya	1	Wedikachchiya	1228	198782	20	387
	2	Jayathugama	1043	199825		351
	3	Ekamuthugama	1049	200874		309
	4	Meegaswewa	1441	202315		414
	5	Palliyagodella	0	202315		0
	6	Wadigawewa	1034	203349		271
	7	Senarathpura	1809	205158		556
	8	Etambaoya	988	206146		275
	9	Kavuduluwewa (Ralapanawa)	1854	208000		511
	10	Meniksorowwa	816	208816	21	244
	11	Bisobandara	1439	210255		420
	12	Thissapura	965	211220		278
	13	Abhayapuragama	1502	212722		410
	14	New Town	2044	214766		566
	15	Diggalpura	1372	216138		353
	16	Wedehapura	1068	217206		320
	17	Bisobandara Gama	1470	218676	22	393
	18	Ambagaswewa	1911	220587		507
	19	Jayagampura	544	221131		165
	20	Nagarapura	937	222068		287
	21	Kumudupura	927	222995		283
	22	Damsopura	1640	224635		469
	23	Aluthwewa	1068	225703		274
	24	Thalakolawewa	1430	227133		360
	25	Ihalagama	1677	228810	23	472
	26	Wijayapura	940	229750		267
	27	Bisouyana	1343	231093		372
	28	Diyasenpura	1824	232917		471
	29	Gajabapura	1543	234460		421
	30	Kavudulugama	833	235293		232
	31	Mandalagiriya	1230	236523		323
	32	Medirigiriya	2573	239096	24	654
	33	Viharagama	1747	240843		499
	34	Divulankadawala	1193	242036		368
	35	Nelumpokuna	1004	243040		294
	36	Thissa Amuna	1424	244464		390
	37	Kusumpokuna	1343	245807		362
	38	Wijayarajapura	927	246734		247
	39	Perakumpura	1354	248088		353
	40	Kahambiliyawa	1194	249282	25	332

	41	Akbarpura	0	249282		13
	42	Sansungama	1225	250507		301
	43	Veheragala	1435	251942		379
	44	Mahasenpura	1160	253102		301
	45	Yudhaganawa	2395	255497		663
Thamankaduwa	1	Shanthi Pura	1277	256774		348
	2	Sinha Pura	986	257760		299
	3	Wijayabahu Pura	906	258666	26	267
	4	Unagalavehera South	785	259451		211
	5	Laksha Uyana	1430	260881		416
	6	Sevagama	1443	262324		348
	7	Wewethenna	835	263159		224
	8	Monarathenna	1063	264222		293
	9	Damana Gemunupura	1005	265227		248
	10	Kalinga Ela	1391	266618		350
	11	Onegama	747	267365		205
	12	Sinharajapura	1004	268369	27	263
	13	Pudur	548	268917		142
	14	Medamaluwa	1029	269946		271
	15	Wijayaraja Pura	1056	271002		259
	16	Palugasdamana 03 Ela	890	271892		234
	17	Palugasdamana 02 Ela	1449	273341		376
	18	Palugasdamana 01 Ela	911	274252		220
	19	Palugasdamana South	973	275225		242
	20	Palugasdamana North	785	276010		203
	21	Nishshankamallapura	1687	277697		479
	22	Ethumalpitiya	1508	279205	28	406
	23	Nikawewa	1143	280348		304
	24	Kadawala Wewa	1196	281544		326
	25	Samudragama	1311	282855		330
	26	Sirisangabo Pedesa	2040	284895		575
	27	Bendiwewa	1183	286078		267
	28	Galthambarawa	815	286893		207
	29	Kuruppu Junction	971	287864		260
	30	Mahasen Pedesa	968	288832	29	220
	31	Kaduruwela West	2102	290934		343
	32	Kaduruwela East	1942	292876		340
	33	Divulana	983	293859		254
	34	Gallella	1667	295526		456
	35	Manikkampattiya	1523	297049		376
	36	Gallella West	1077	298126		250

	37	Nelumvila	1327	299453	30	378
	38	Kaduruwela South	3982	303435		888
	39	Perakum Pedesa	1971	305406		481
	40	Weera Pedesa	1807	307213		464
	41	Pulathisi Pedesa	1205	308418	31	311
	42	Polonnaruwa Town	3851	312269		665
	43	Thopawewa	1226	313495		346
	44	Sinha Udagama	1504	314999		418
	45	Pothgul Pedesa	1734	316733		464
	46	Udawela	1783	318516	32	469
	47	Ganangolla	1948	320464		557
	48	Nishshankamalla Pedesa	1530	321994		413
	49	Mahaweli Pedesa	1257	323251		334
	50	Kotaleeya	991	324242		253
	51	Aluth Wewa East	715	324957		206
	52	Aluth Wewa West	803	325760		237
	53	Parakrama Samudraya	867	326627		230
	54	Ambanganga	1841	328468	33	589
	55	Kalahagala	1578	330046		447
Welikanda	1	Sinhapura	2198	332244		856
	2	Kandakaduwa	223	332467		72
	3	Katuwanvila West	694	333161		218
	4	Katuwanvila East	1513	334674		349
	5	Kudapokuna	692	335366		182
	6	Muthuwella	451	335817		180
	7	Mahindagama	4222	340039	34	1407
	8	Mangulpokuna	1485	341524		499
	9	Ruhunuketha	512	342036		169
	10	Malvila	361	342397		158
	11	Senapura	1296	343693		379
	12	Muthugala	727	344420		177
	13	Alinchipothana	0	344420		0
	14	Madurangala	748	345168		232
	15	Malinda	427	345595		162
	16	Sandunpitiya	1179	346774		322
	17	Susirigama	922	347696		252
	18	Monarathenna	646	348342	35	188
	19	Welikanda	1615	349957		344
	20	Kadawathmaduwa	810	350767		241
	21	Bo-Atta	521	351288		177
	22	Menikwela	699	351987		236
	23	Sevanapitiya	1069	353056		271
	24	Mahawewa	1231	354287		367
	25	Karapola	1468	355755		320
	26	Ginidamana	784	356539		260

27	Borawewa	579	357118		202
28	Nelumwewa	652	357770		212
29	Rideepokuna	524	358294	36	167
30	Aluthwewa	903	359197		266

ANNEXURE 4

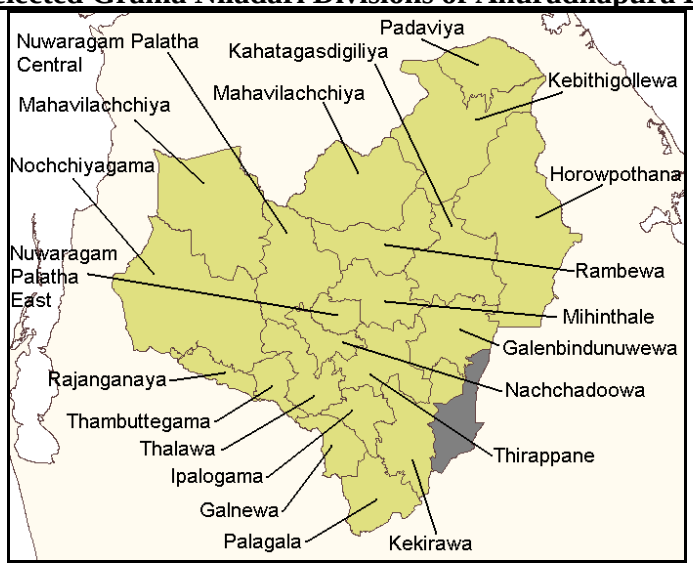
Community Based Baseline National Survey on Mental Health in Sri Lanka

List and maps:

Selected Grama Niladhari Divisions of each Administrative District

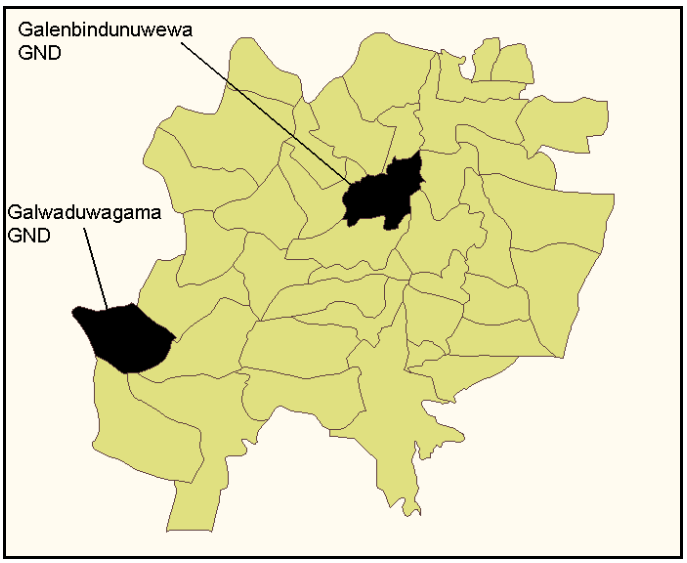
COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

The selected Grama Niladari Divisions of Anuradhapura Distric

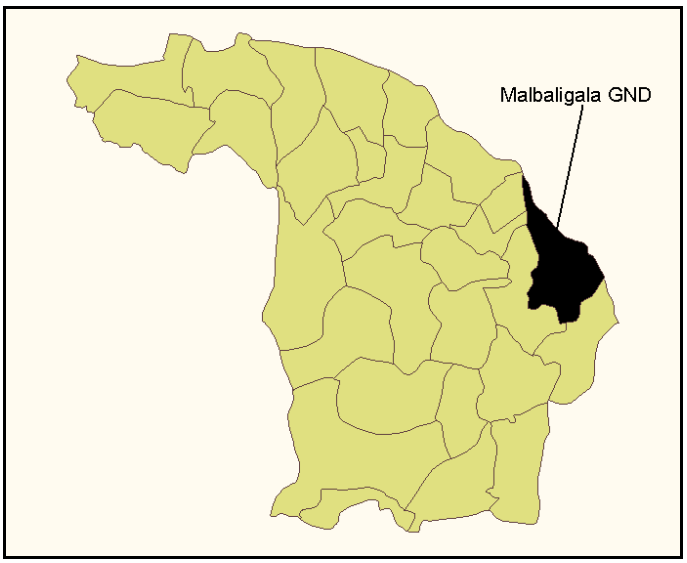


DSDs in Anuradhapura Distric

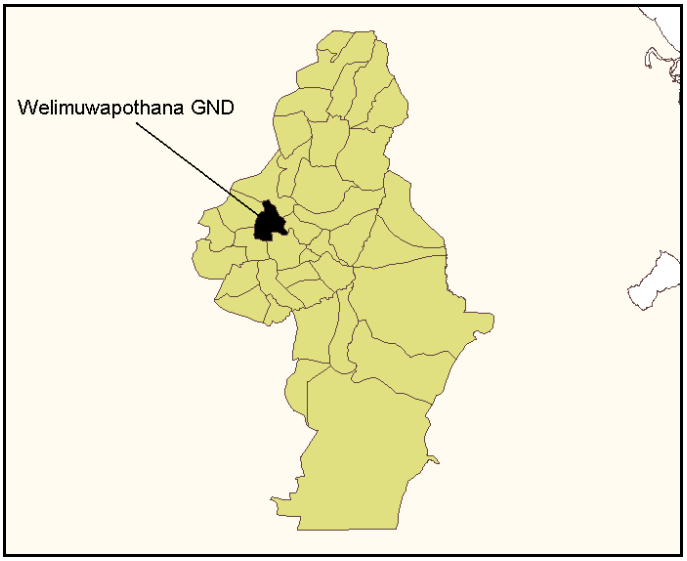
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Galenbindunuwewa	(1.)Galenbindunuwewa, (2.)Galwaduwagama
2	Galnewa	(3.)Malbaligala
3	Horowpothana	(4.)Welimuwapothana
4	Ipalogama	(5.)Dikwewa –Senapura, (6.)2 Ela - Kagama
5	Kahatagasdigiliya	(7.)Pandarellewa, (8.)Kelenikawewa
6	Kebithigollewa	(9.)Handagala Kirimetiyawa
7	Kekirawa	(10.)Pothanegama, (11.)Maha Elagamuwa
8	Mahavilachchiya	(12.)Mannaram Junction
9	Medawachchiya	(13.)Anekattiya, (14.)Medawachchiya West
10	Mihinthale	(15.)Kannattiya
11	Nachchadoowa	(16.)Aluthwewa
12	Nochchiyagama	(17.)Thalgaswewa, (18.)Pahala Halmillewa
13	Nuwaragam Palatha Central	(19.)Galpottegama, (20.)Dewanampiyathissa Pura
14	Nuwaragam Palatha East	(21.)Nuwara Wewa, (22.)Wannithammennawa, (23.)Step 3 part iii, (24.)Step 3 part i
15	Padaviya	(25.)Track B
16	Palagala	(26.)Aluth Galkiriyagama, (27.)Budugehinna
17	Rajanganaya	(28.)Veheragala, (29.)04 1/2 Kanuwa
18	Rambewa	(30.)Ikirigollewa
19	Thalawa	(31.)Rajjallegama, (32.)Katiyawa Track1, (33.)Korakahawewa
20	Thambuttegama	(34.)Thammennagama
21	Thirappane	(35.)Perimiyankulama, (36.)Uttupitiya



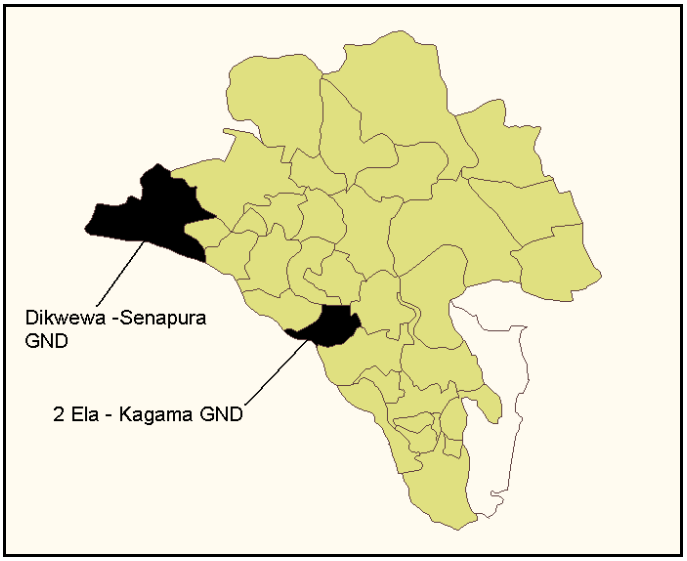
Galenbindunuwewa DSD Selected GNDs



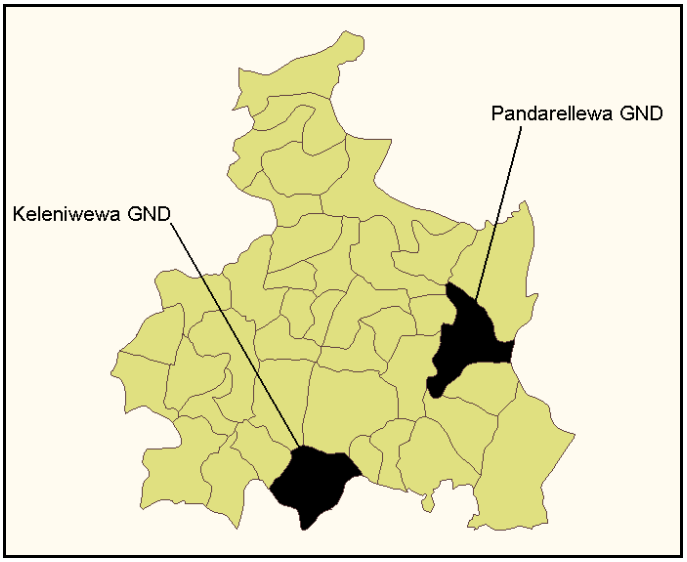
Galnewa DSD Selected GNDs



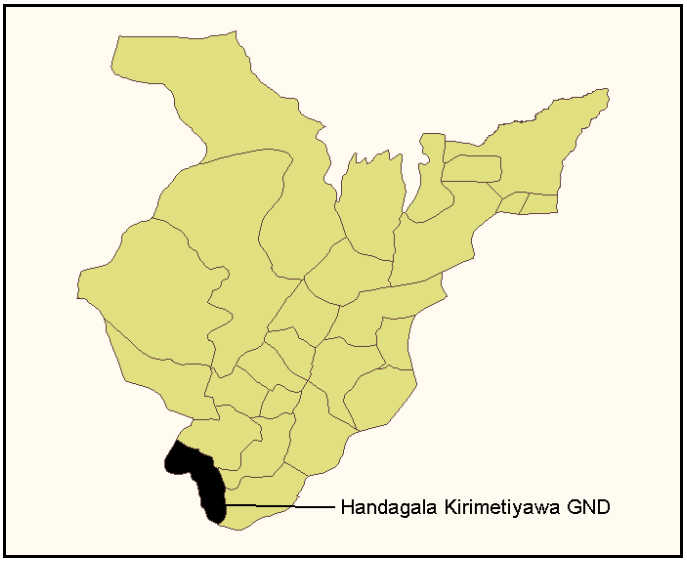
Horowpothana DSD Selected GNDs



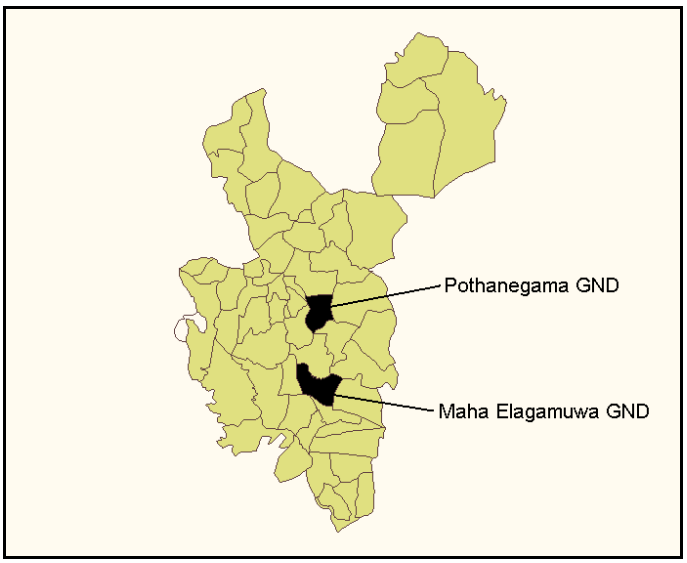
Ipalogama DSD Selected GNDs



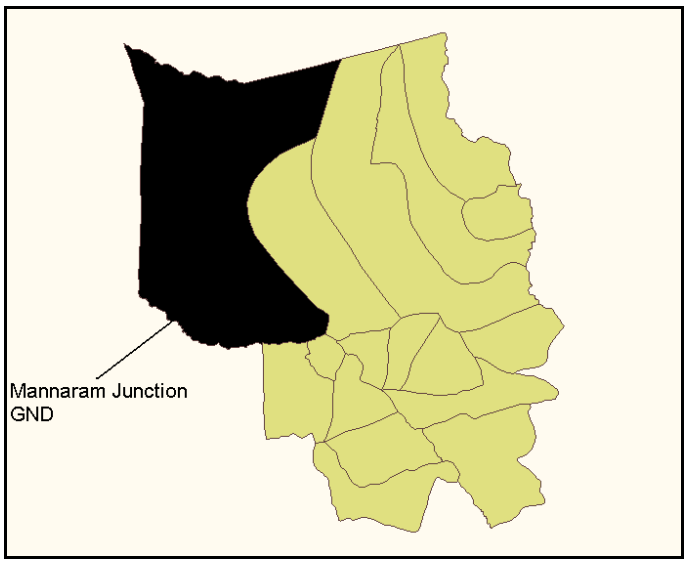
Kahatagasdigiliya DSD Selected GNDs



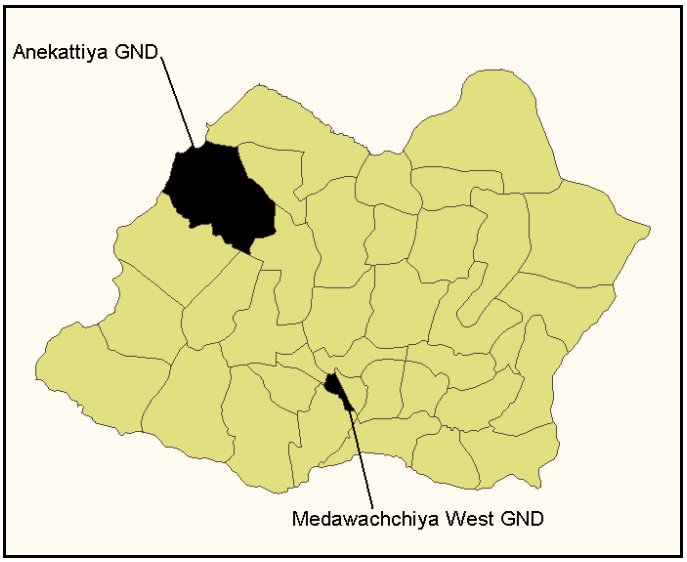
Kebithigollewa DSD Selected GNDs



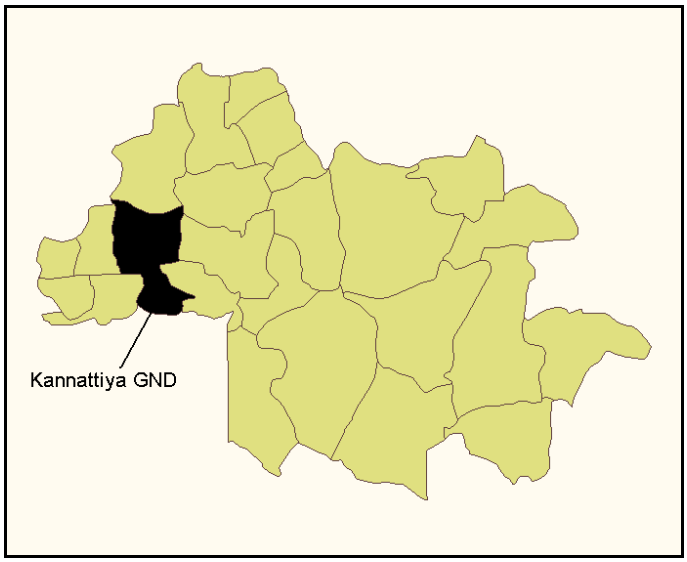
Kekirawa DSD Selected GNDs



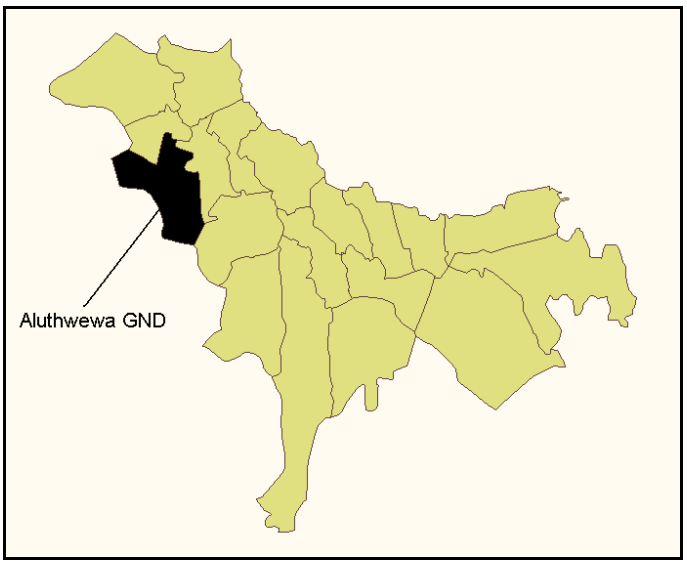
Mahavilachchiya DSD Selected GNDs



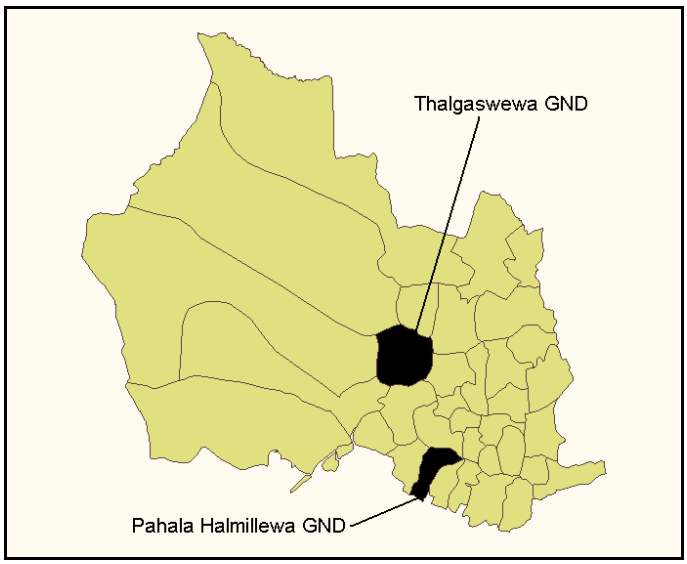
Medawachchiya DSD Selected GNDs



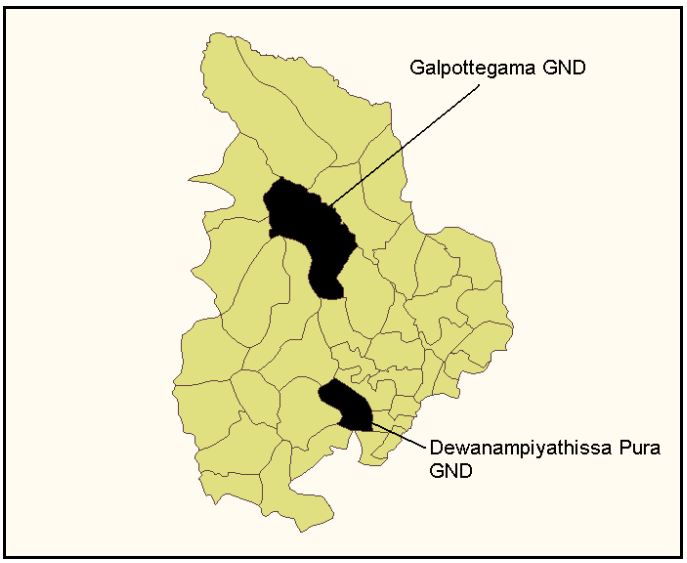
Mihinthale DSD Selected GNDs



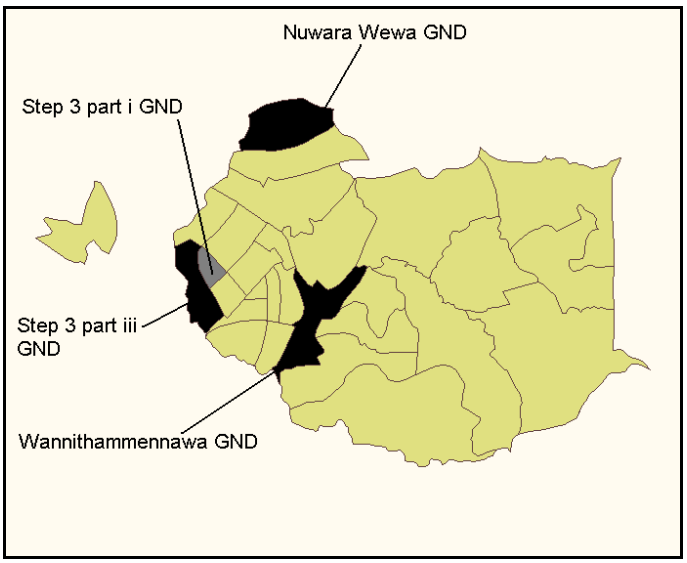
Nachchadoowa DSD Selected GNDs



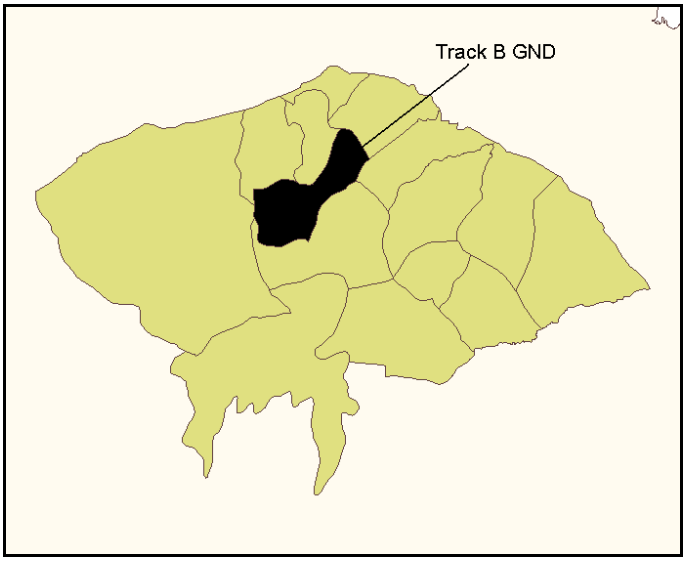
Nochchiyagama DSD Selected GNDs



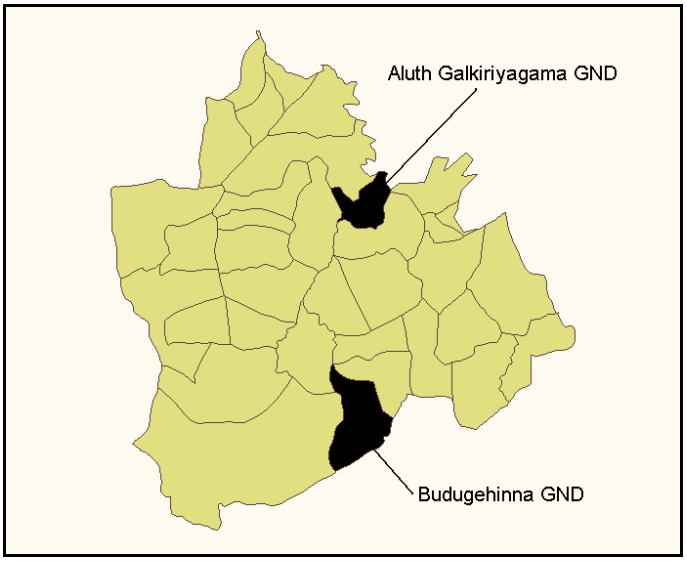
Nuwaragam Palatha Central DSD Selected GNDs



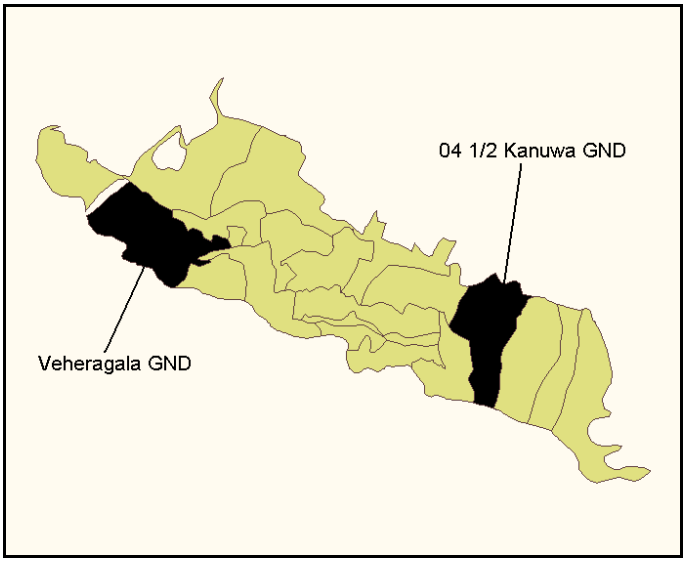
Nuwaragam Palatha East DSD Selected GNDs



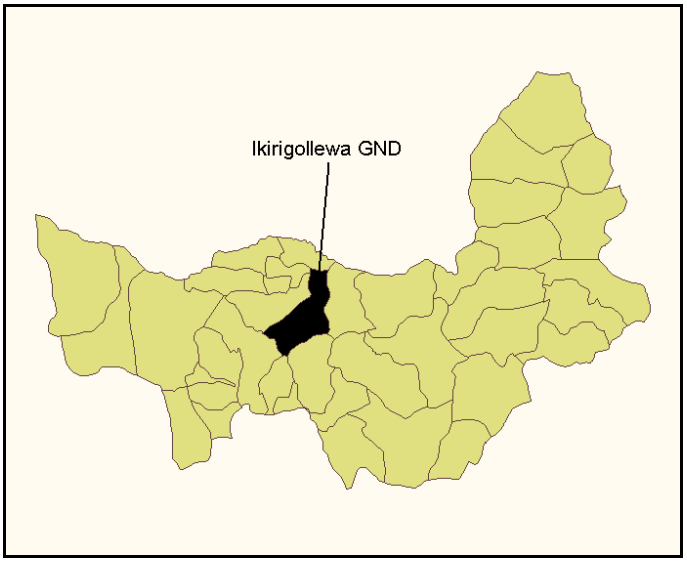
Padaviya DSD Selected GNDs



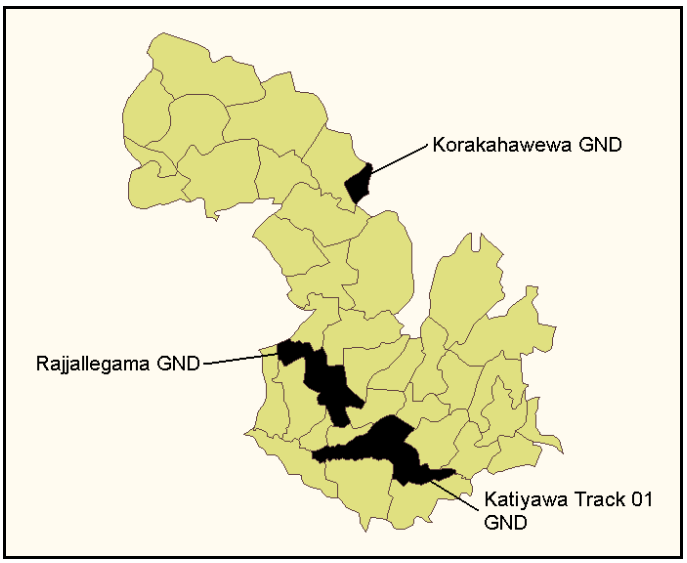
Palagala DSD Selected GNDs



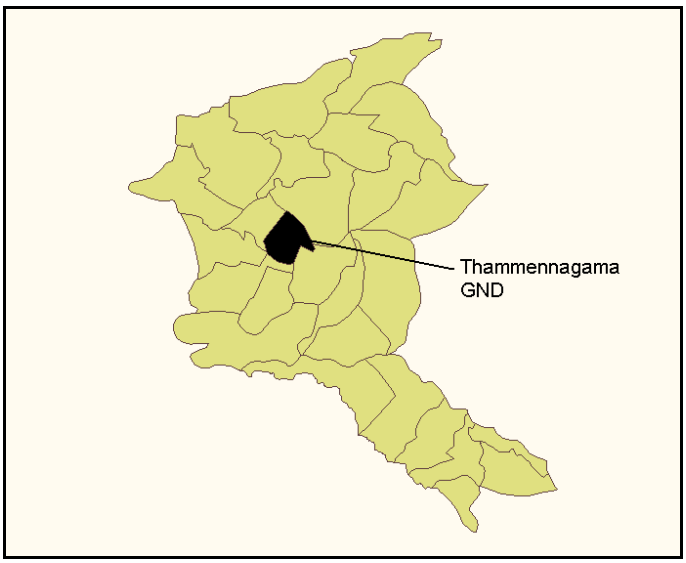
Rajanganaya DSD Selected GNDs



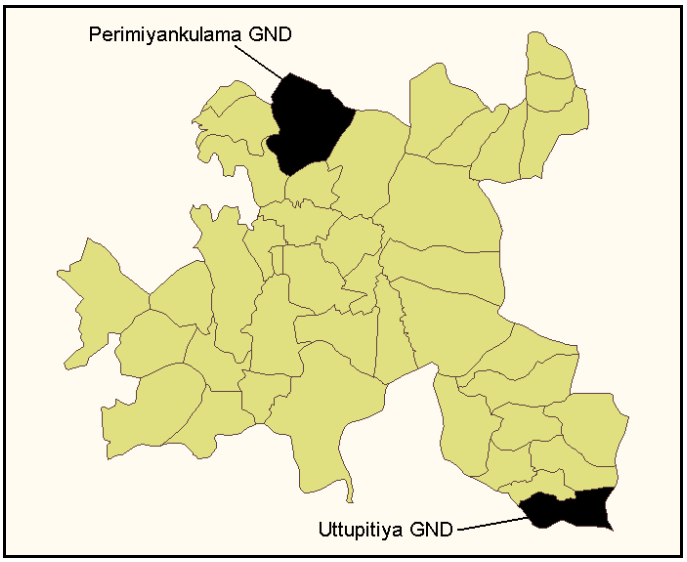
Rambewa DSD Selected GNDs



Thalawa DSD Selected GNDs

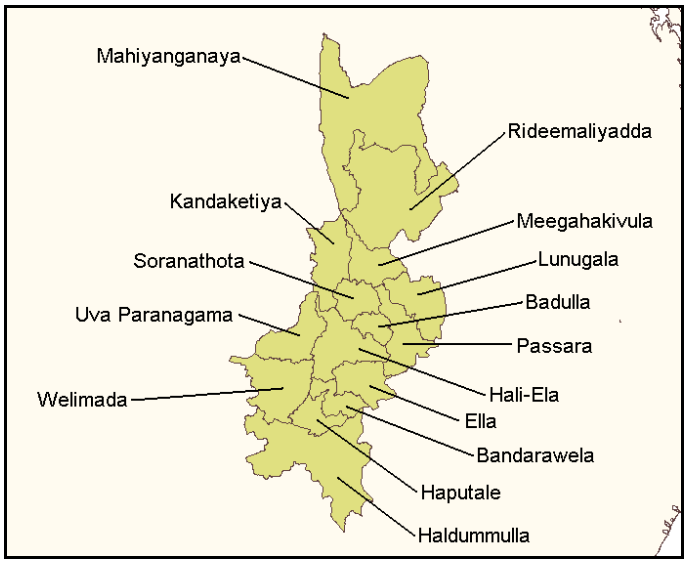


Thambuttegama DSD Selected GNDs



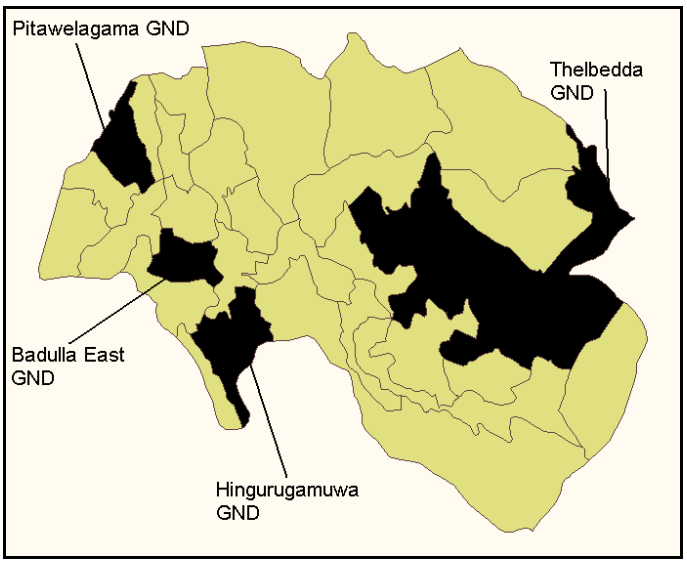
Thirappane DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Badulla district

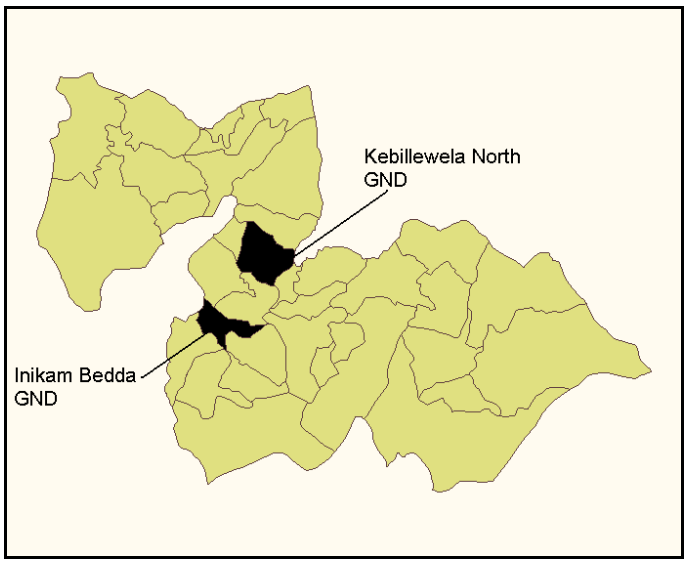


DSDs in Badulla district

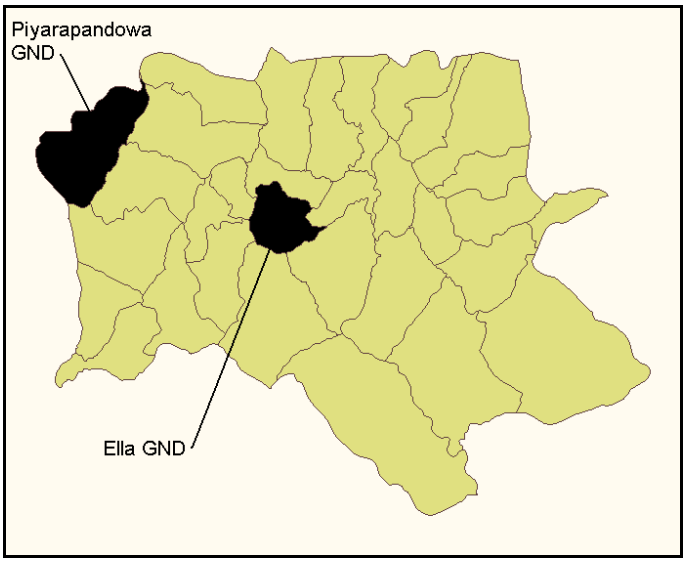
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Badulla	(1.)Pitawelagama, (2.)Thelbedda, (3.)Badulla East, (4.)Hingurugamuwa
2	Bandarawela	(5.)Kebillewela North, (6.)Inikam Bedda
3	Ella	(7.)Piyarapandowa, (8.)Ella
4	Haldummulla	(9.)Kalupahana, (10.)Gampaha
5	Hali-Ela	(11.)Ketawala, (12.)Dikwella, (13.)Kandana, (14.)Dehiwinna
6	Haputale	(15.)Ranjallawa, (16.)Hela Kadurugamuwa, (17.)Galkanda
7	Kandaketiya	(18.)Galauda
8	Lunugala	(19.)Sumudugama
9	Mahiyanganaya	(20.)Hebarawa, (21.)Haddattawa, (22.)Mahiyangana Town
10	Meegahakivula	(23.)Watagommana
11	Passara	(24.)Maligathenna, (25.)Thennuge
12	Rideemaliyadda	(26)Welampele, (27.)Kuralewela
13	Soranathota	(28.)Budugekanda, (29.)Kandegedara Town
14	Uva Paranagama	(30.)Thawalampola, (31.)Lunuwatta, (32.)Kumarapattiya
15	Welimada	(33.)Vidurupola, (34.)Puhulpola, (35.)Mawithikumbura, (36.)Helayalkumbura



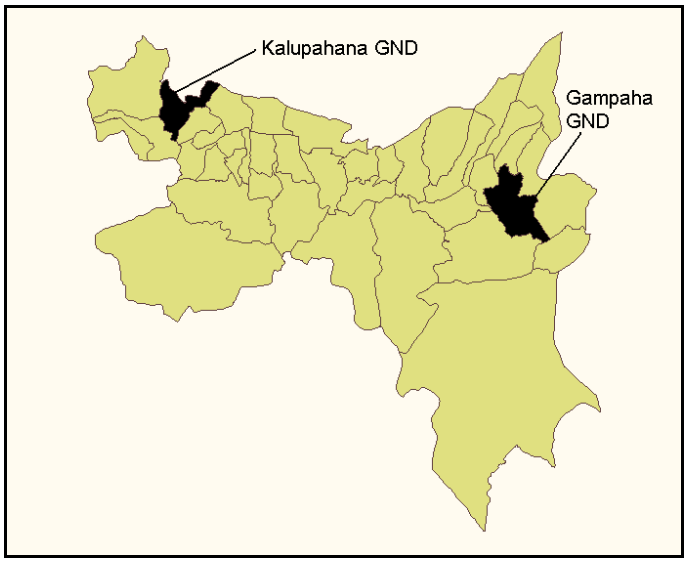
Badulla DSD Selected GNDs



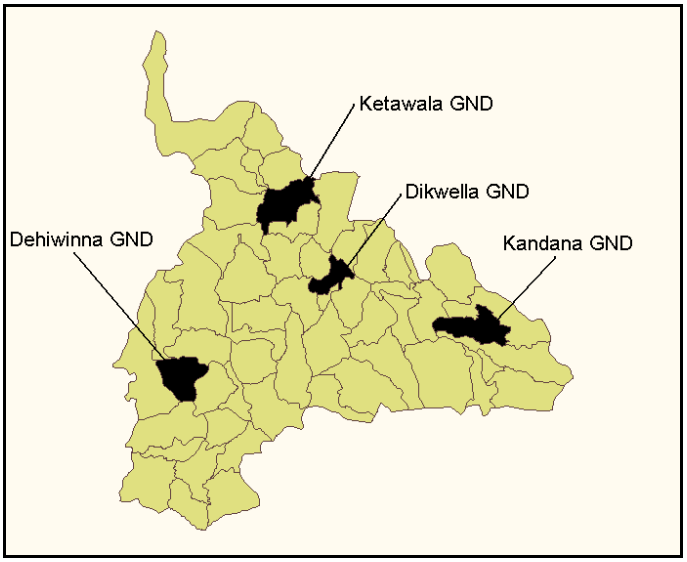
Bandarawela DSD Selected GNDs



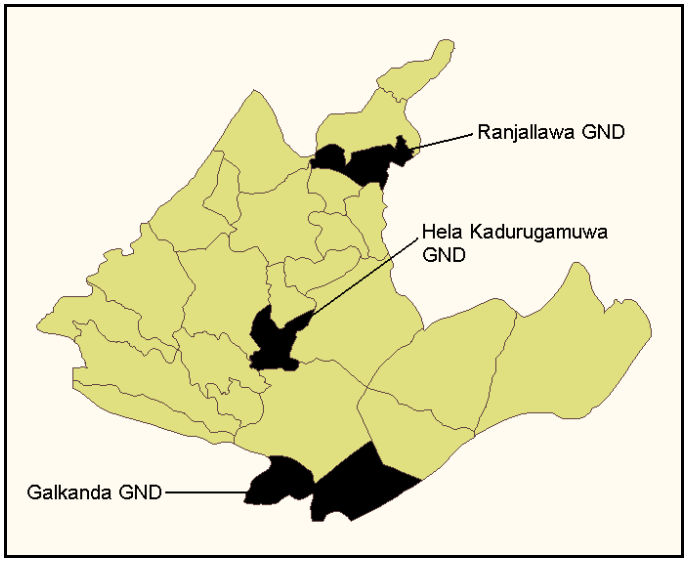
Ella DSD Selected GNDs



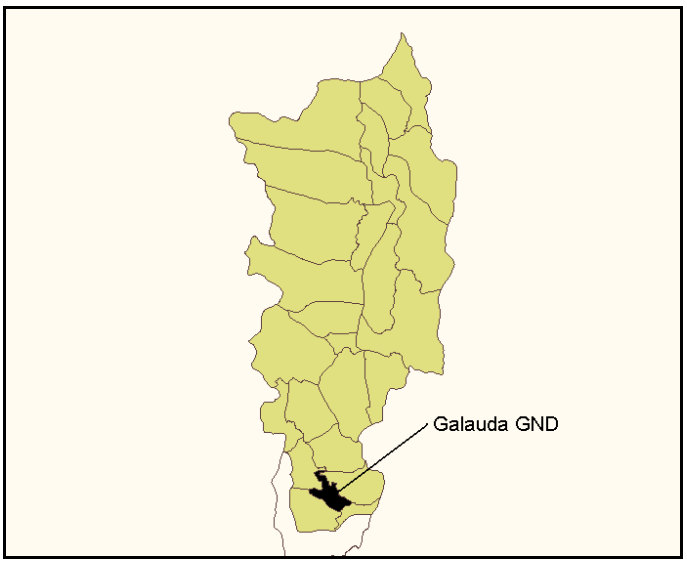
Haldummulla DSD Selected GNDs



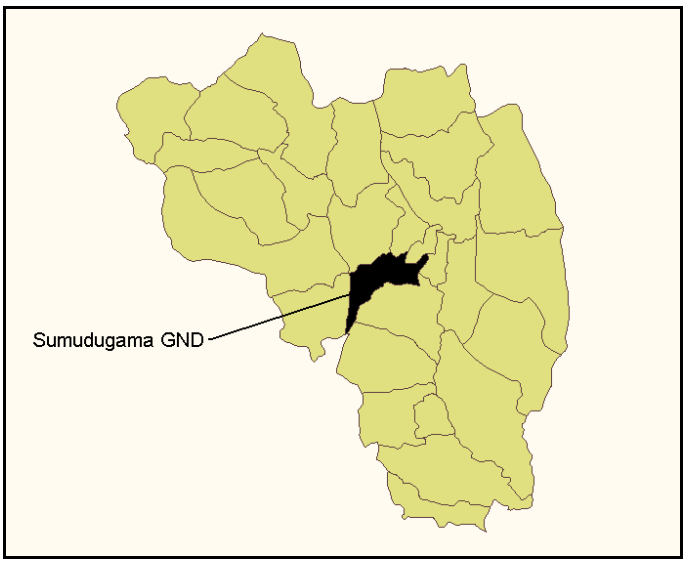
Hali-Ela DSD Selected GNDs



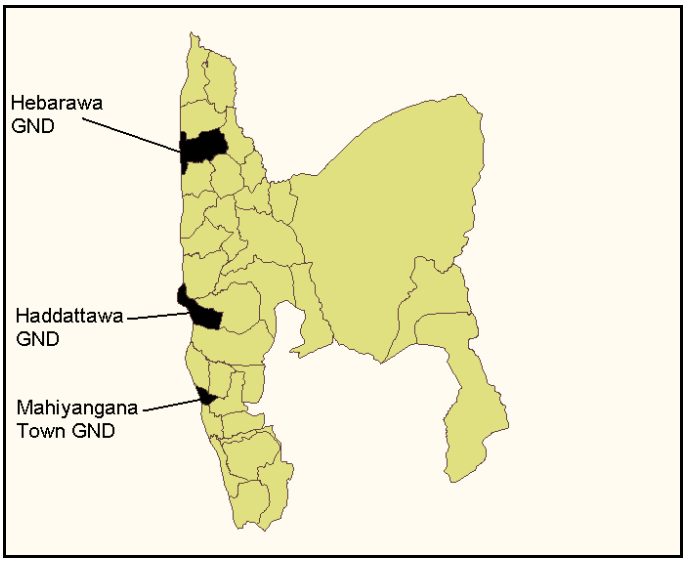
Haputale DSD Selected GNDs



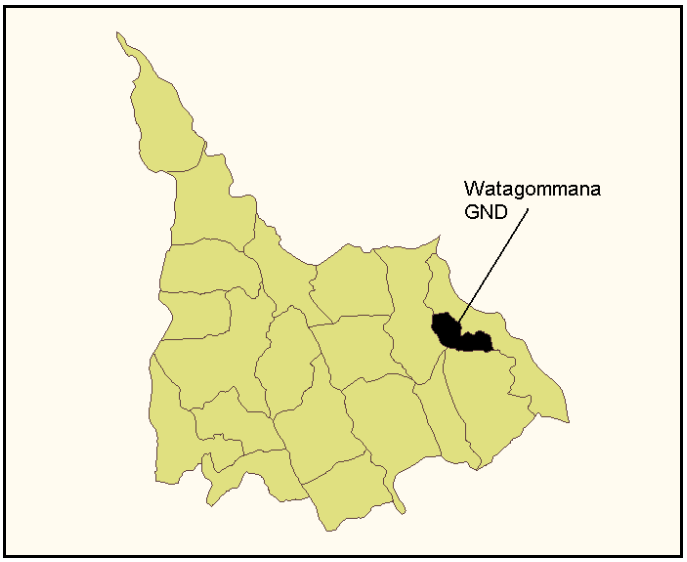
Kandaketiya DSD Selected GNDs



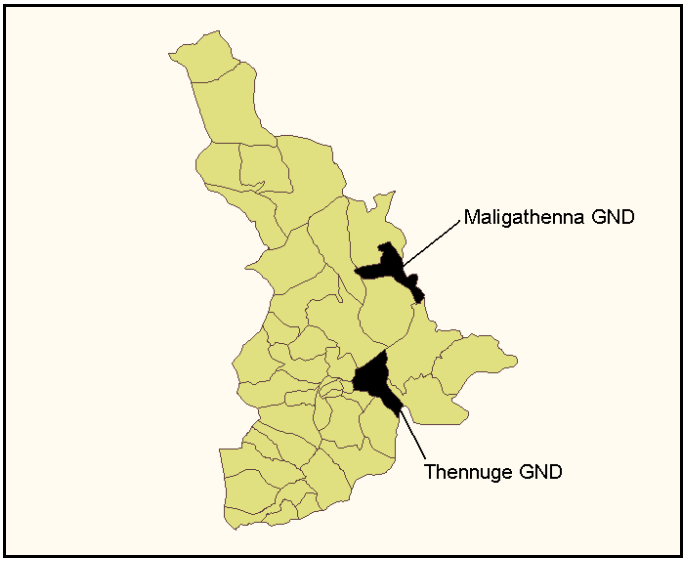
Lunugala DSD Selected GNDs



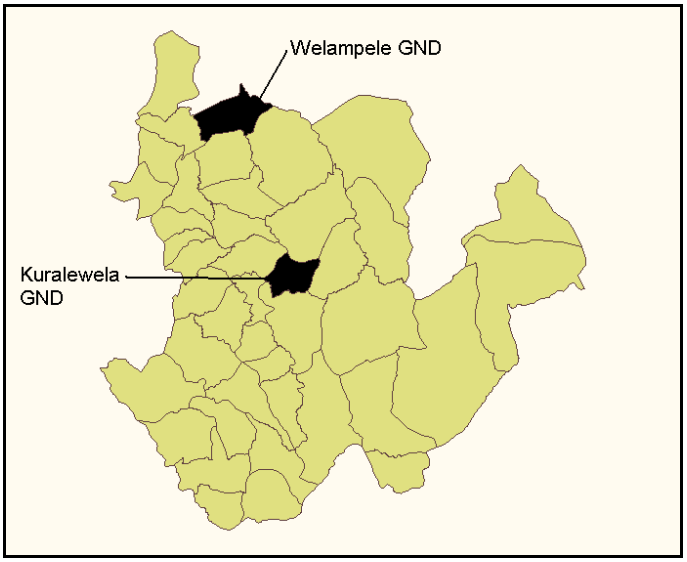
Mahiyanganaya DSD Selected GNDs



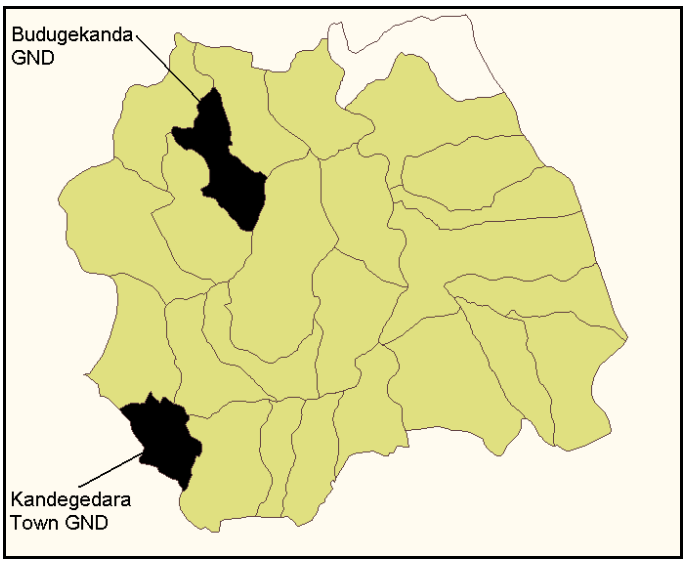
Meegahakivula DSD Selected GNDs



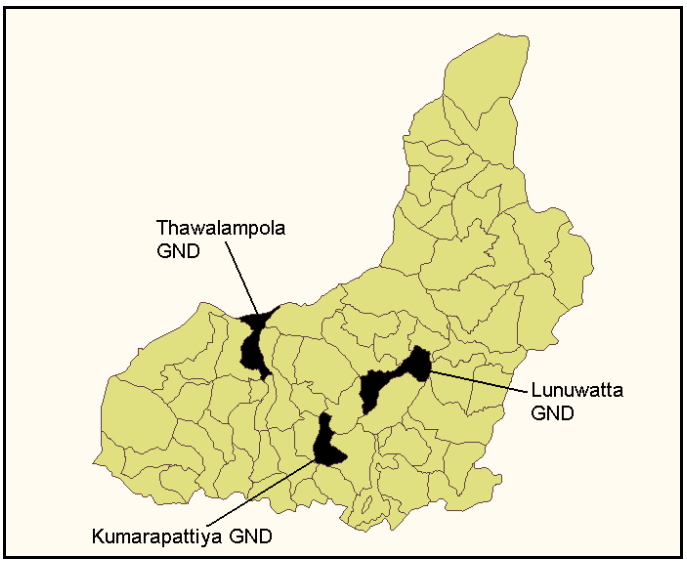
Passara DSD Selected GNDs



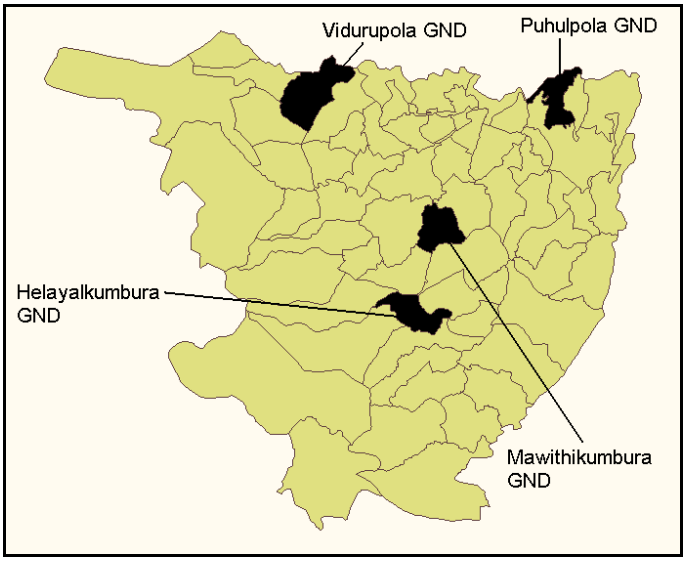
Rideemaliyadda DSD Selected GNDs



Soranathota DSD Selected GNDs

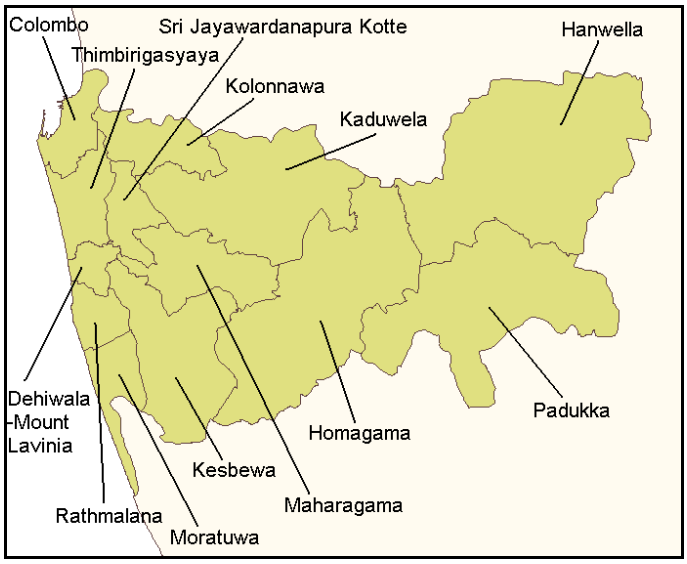


Uva Paranagama DSD Selected GNDs



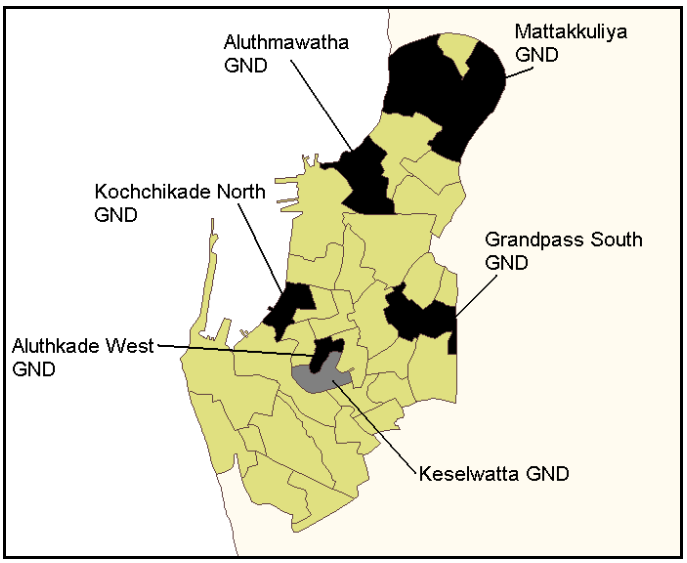
Welimada DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Colombo District

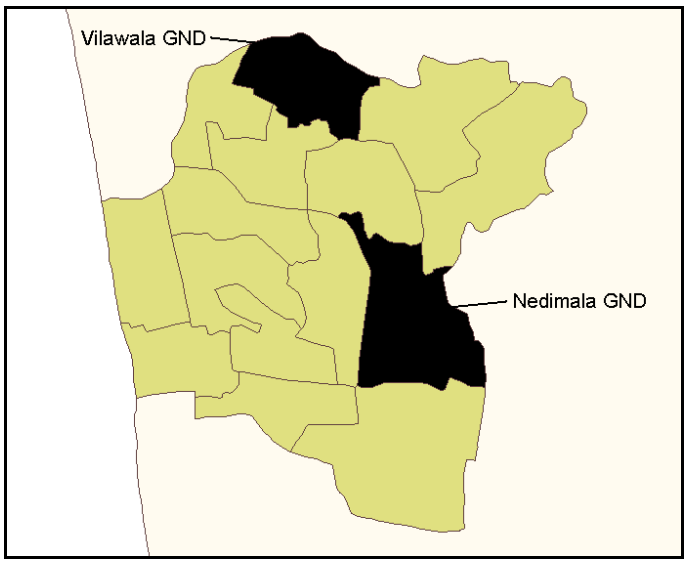


DSDs in Colombo District

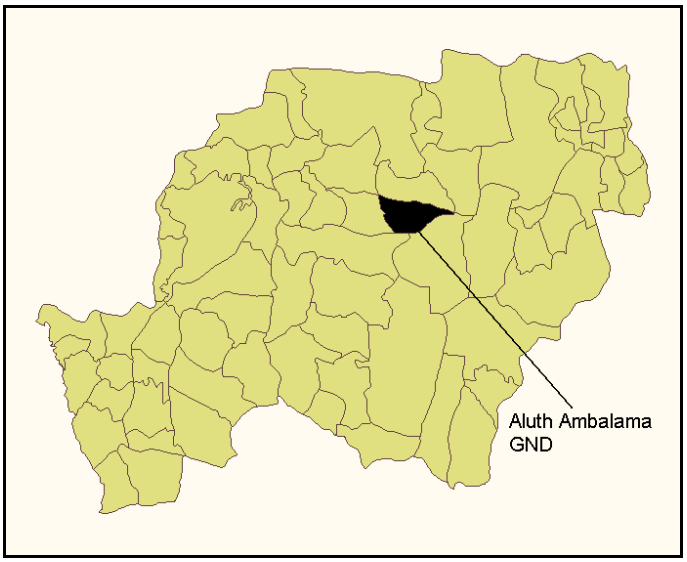
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Colombo	(1.)Mattakkuliya, (2.)Aluthmawatha, (3.)Kochchikade North, (4.)Grandpass South, (5.)Aluthkade West, (6.)Keselwatta
2	Dehiwala-Mount Lavinia	(7.)Vilawala, (8.)Nedimala
3	Hanwella	(9.)Aluth Ambalama
4	Homagama	(10.)Jalthara, (11.)Pitipana Town, (12.)Magammana East
5	Kaduwela	(13.)Raggahawatta, (14.)Ranala, (15.)Udumulla, (16.)Pahalawela,
6	Kesbewa	(17.)Neelammahara, (18.)Wewala West, (19.)Kesbewa South
7	Kolonnawa	(20.)Orugodawatta, (21.)Dahampura, (22.)Wijayapura
8	Maharagama	(23.)Kottawa North, (24.)Kottawa South, (25.)Gangodavila South B
9	Moratuwa	(26.)Uyana North, (27.)Moratumulla East
10	Sri Jayawardanapura Kotte	(28.)Obsekarapura, (29.)Pitakotte West
11	Padukka	(30.)Waga West
12	Thimbirigasyaya	(31.)Bambalapitiya, (32.)Wanathamulla, (33.)Thimbirigasyaya, (34.)Kirulapone
13	Rathmalana	(35.)Mount Lavinia, (36.)Piriwena



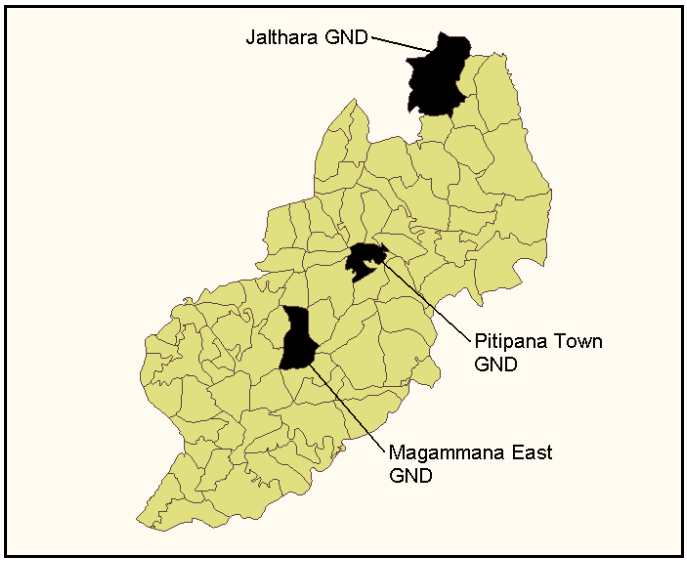
Colombo DSD Selected GNDs



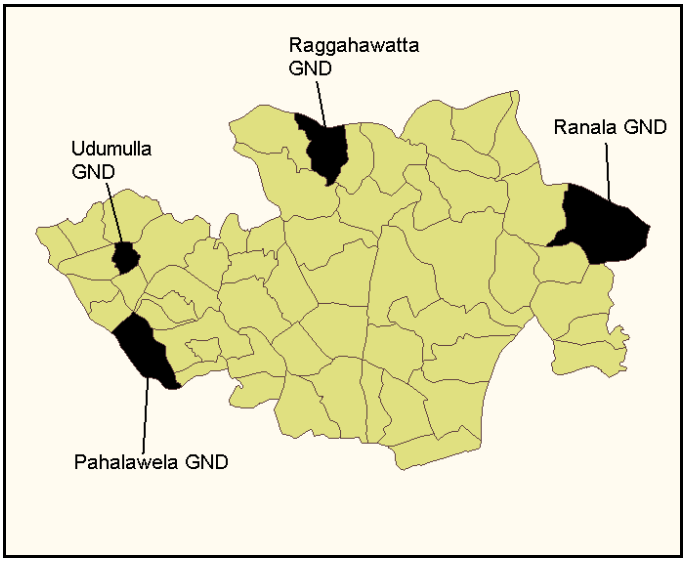
Dehiwala-Mount Lavinia DSD Selected GNDs



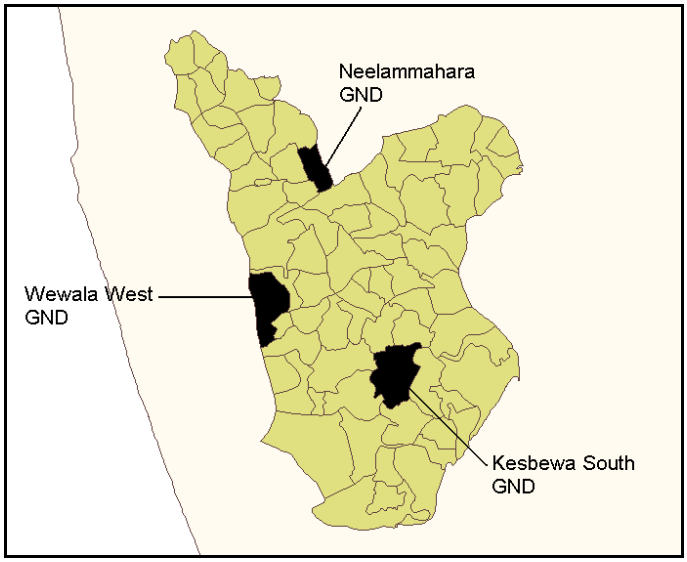
Hanwella DSD Selected GNDs



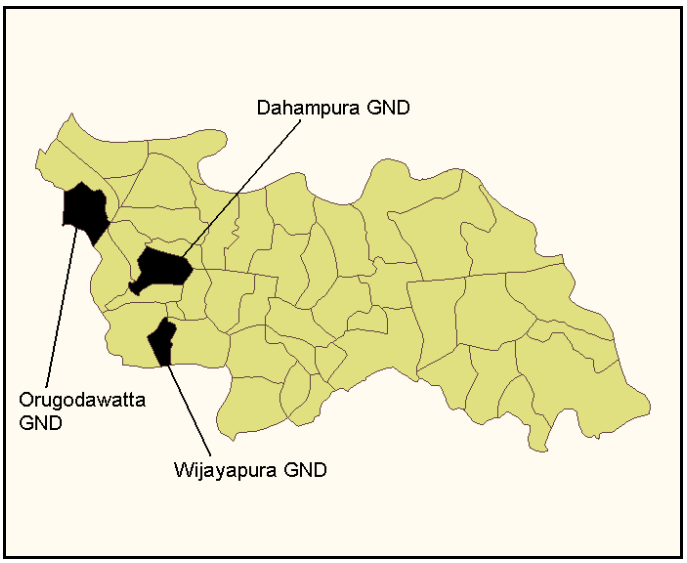
Homagama DSD Selected GNDs



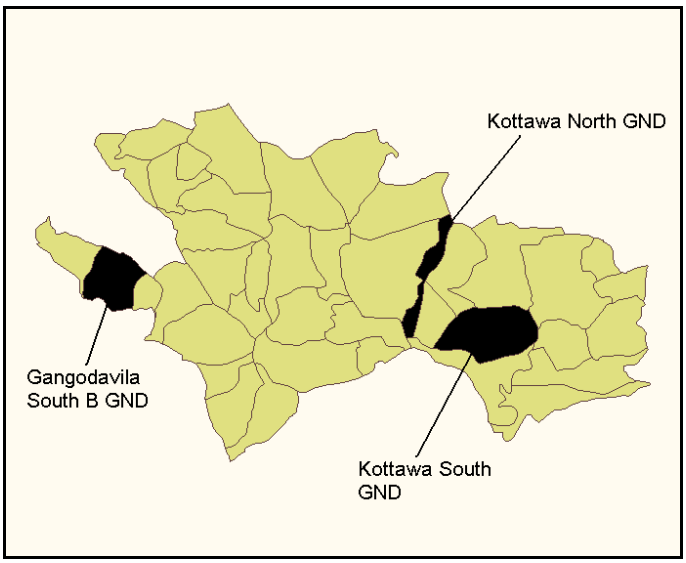
Kaduwela DSD Selected GNDs



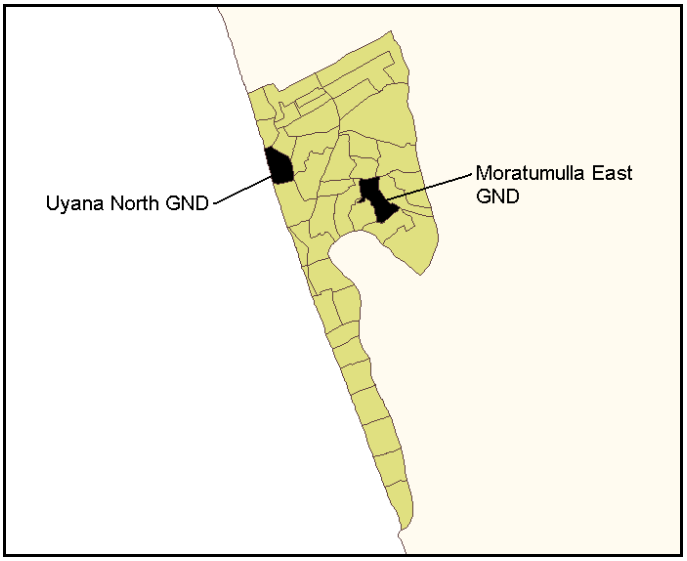
Kesbewa DSD Selected GNDs



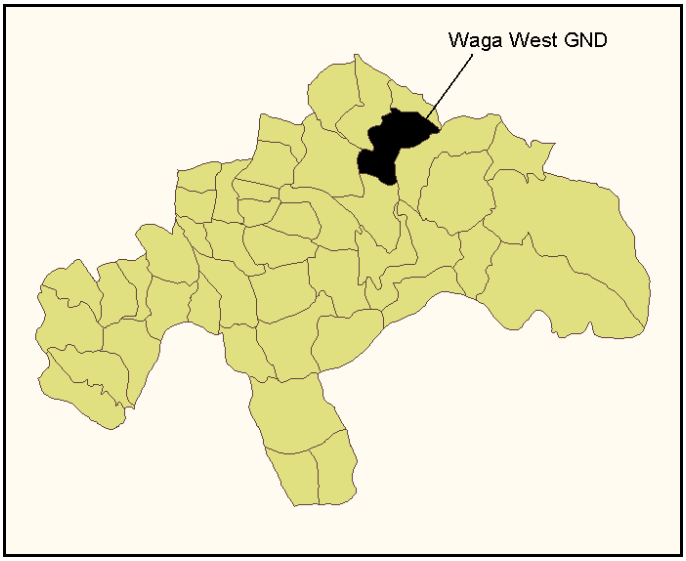
Kolonnawa DSD Selected GNDs



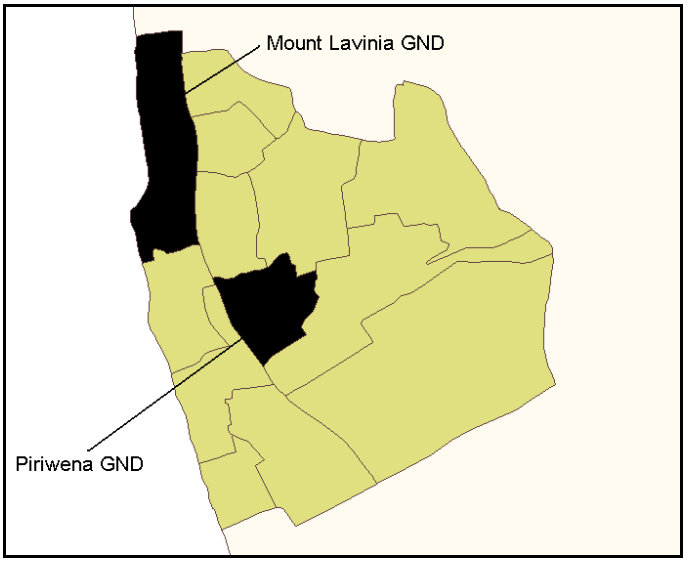
Maharagama DSD Selected GNDs



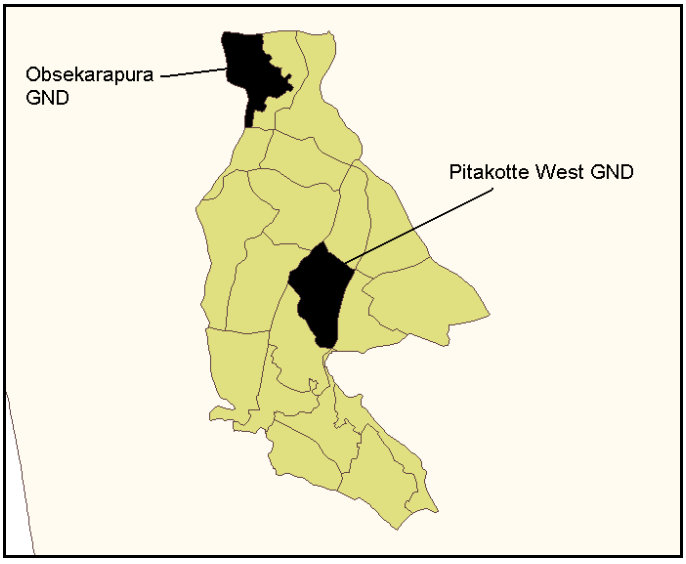
Moratuwa DSD Selected GNDs



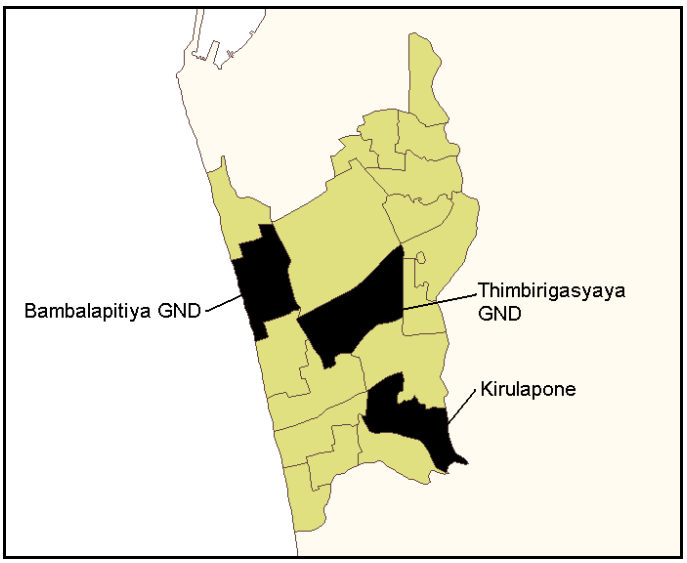
Padukka DSD Selected GNDs



Rathmalana DSD Selected GNDs



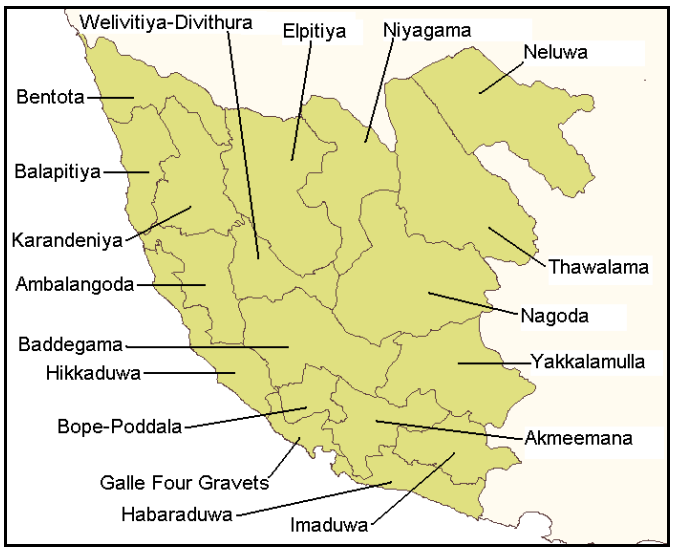
Sri Jayawardanapura Kotte DSD Selected GNDs



Thimbirigasyaya DSD Selected GNDs

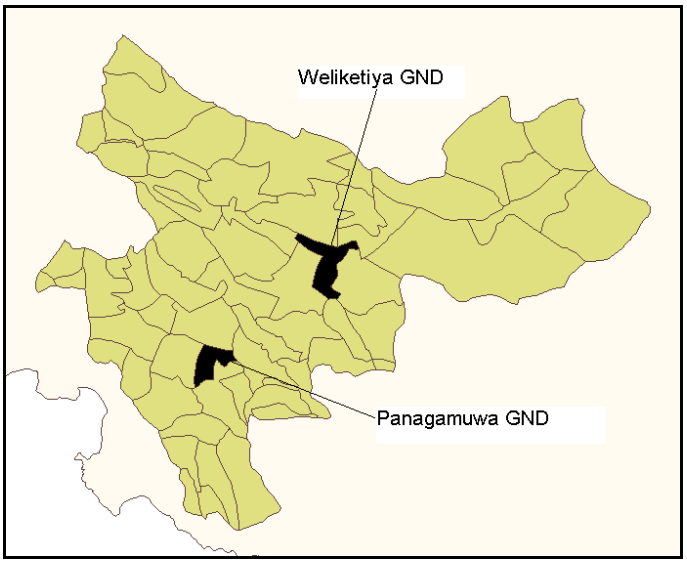
COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

The selected Grama Niladari Divisions of Galle District

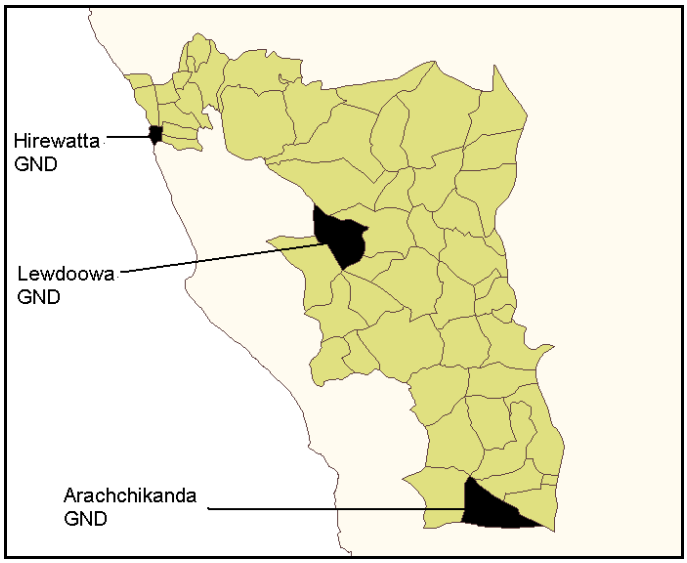


DSDs in Galle District

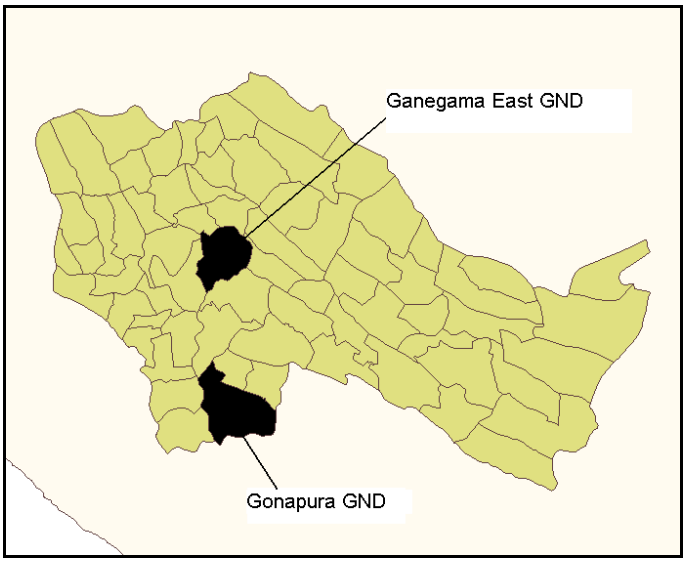
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Akmeemana	(1.)Weliketiya, (2.)Panagamuwa
2	Ambalangoda	(3.)Hirewatta, (4.)Lewdoowa, (5.)Arachchikanda
3	Baddegama	(6.)Ganegama East, (7.)Gonapura
4	Balapitiya	(8.)Seenigoda, (9.)Kudagodagama
5	Bentota	(10.)Etawalawatta East, (11.)Sinharoopagama
6	Bope-Poddala	(12.)Karapitiya, (13.)Wakwella
7	Elpitiya	(14.)Mahawela Abhayapura, (15.)Thalagaspe
8	Galle Four Gravets	(16.)Kumbalwella North, (17.)Siyambalagahawatta (18.)Makuluwa (19.)Katugoda
9	Habaraduwa	(20.)Lanumodara, (21.)Wadugegoda
10	Hikkaduwa	(22.)Delmar Colony, (23.)Katukoliha, (24.)Mahahegoda
11	Imaduwa	(25.)Puswelkada, (26.)Ellalagoda
12	Karandeniya	(27.)Angulugalla, (28.)Kirinuge
13	Nagoda	(29.) Udugama West, (30.)Aluthwatta
14	Neluwa	(31.)Dewalegama West
15	Niyagama	(32.)Poddiwala West
16	Thawalama	(33.)Malgalla
17	Welivitiya-Divithura	(34.)Divithura
18	Yakkalamulla	(35.)Kaludiyawala, (36.)Pahala Thellambura



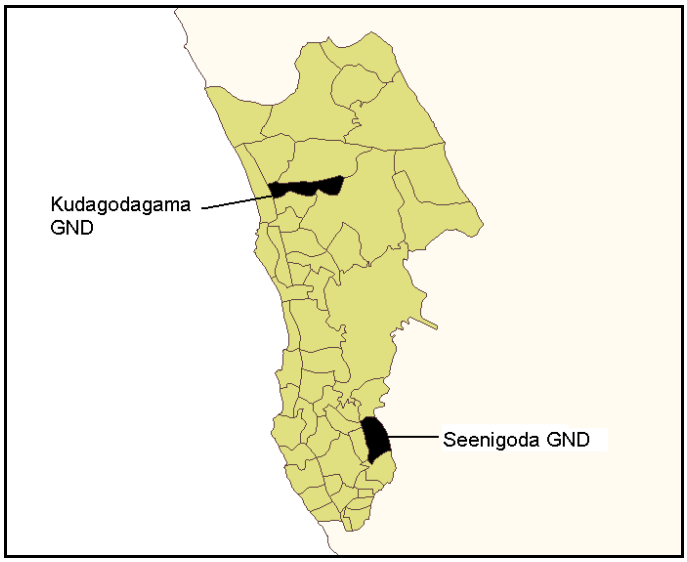
Akmeemana DSD selected GNDs



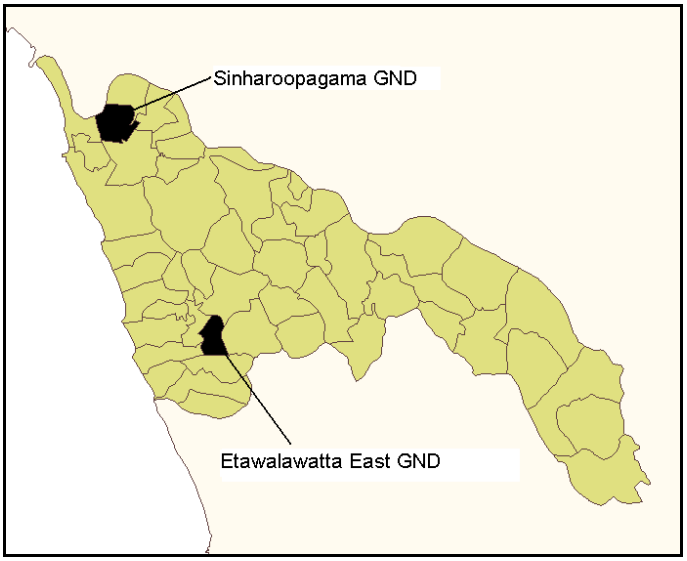
Ambalangoda DSD selected GNDs



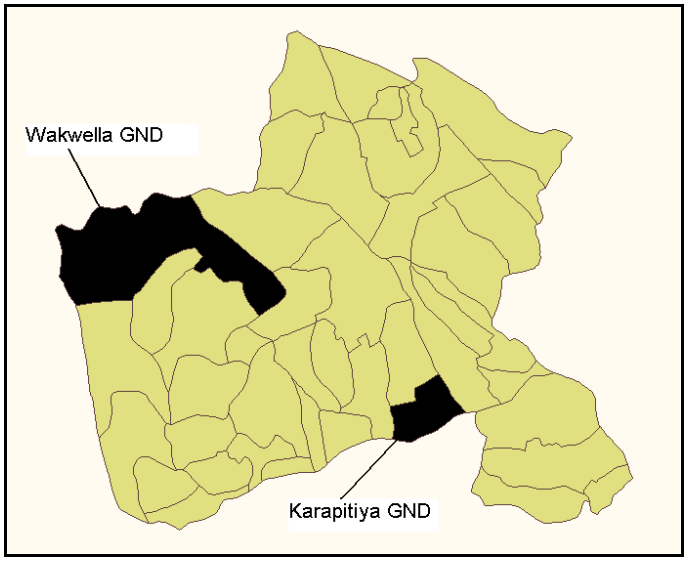
Baddegama DSD selected GNDs



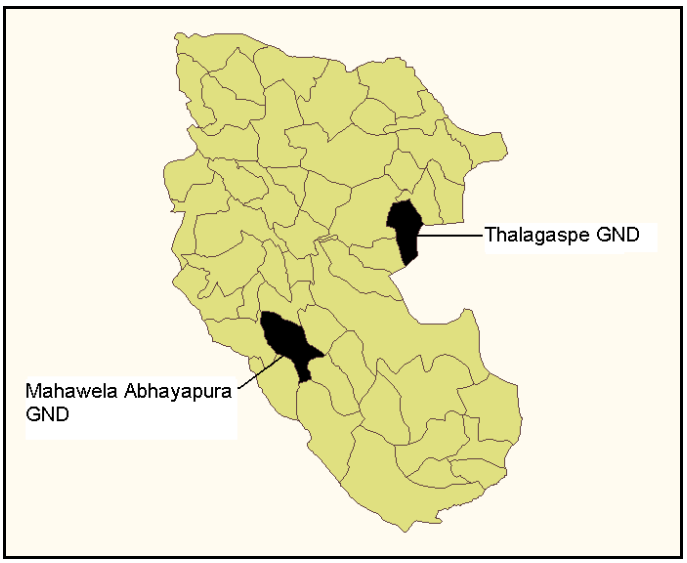
Balapitiya DSD selected GNDs



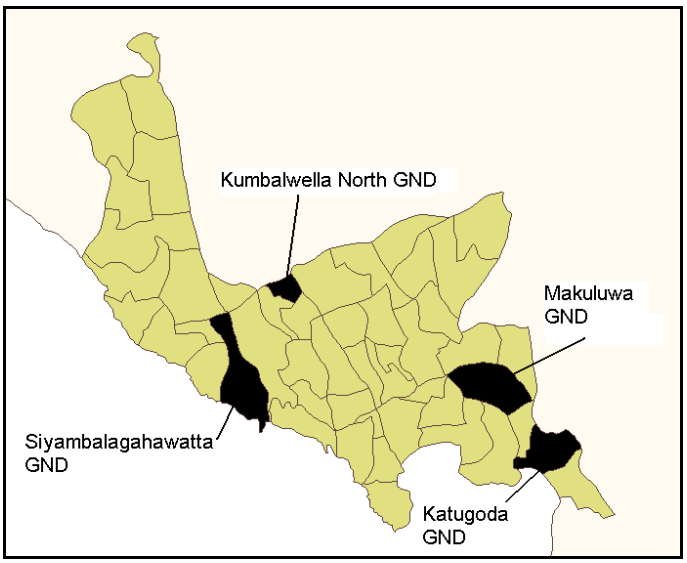
Bentota DSD selected GNDs



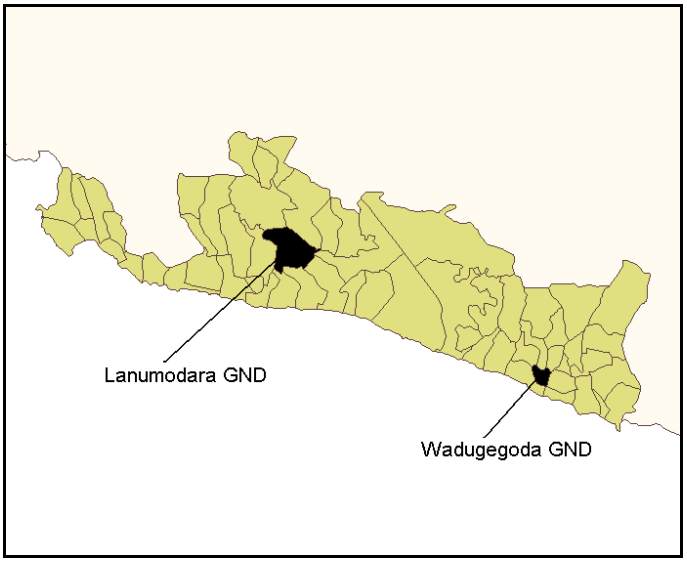
Bope-Poddala DSD selected GNDs



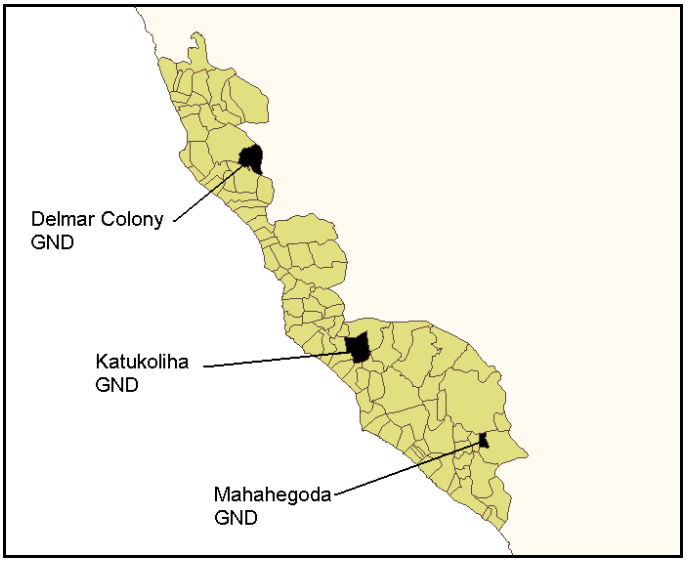
Elpitiya DSD selected GNDs



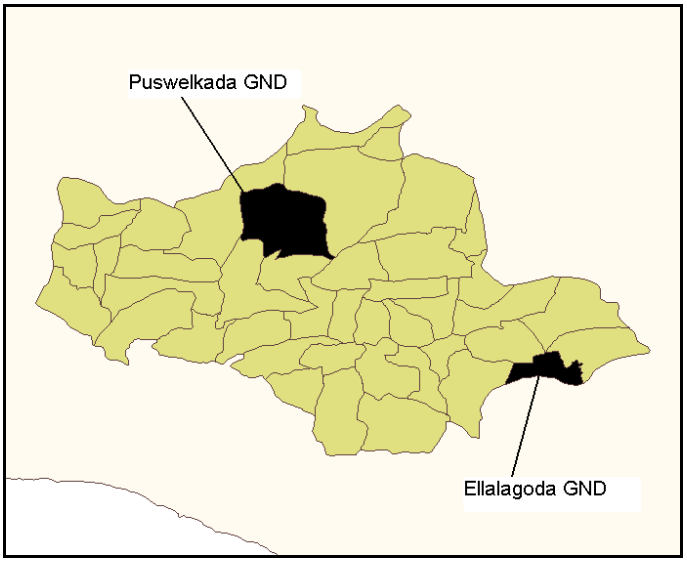
Galle Four Gravets DSD selected GNDs



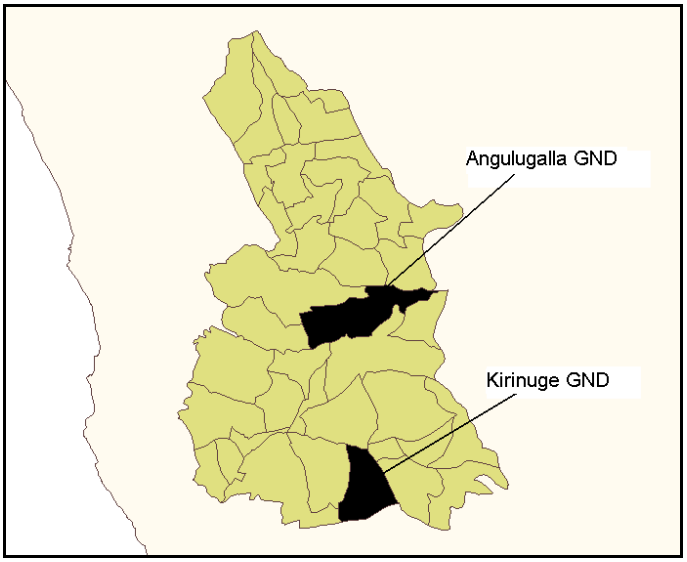
Habaraduwa DSD selected GNDs



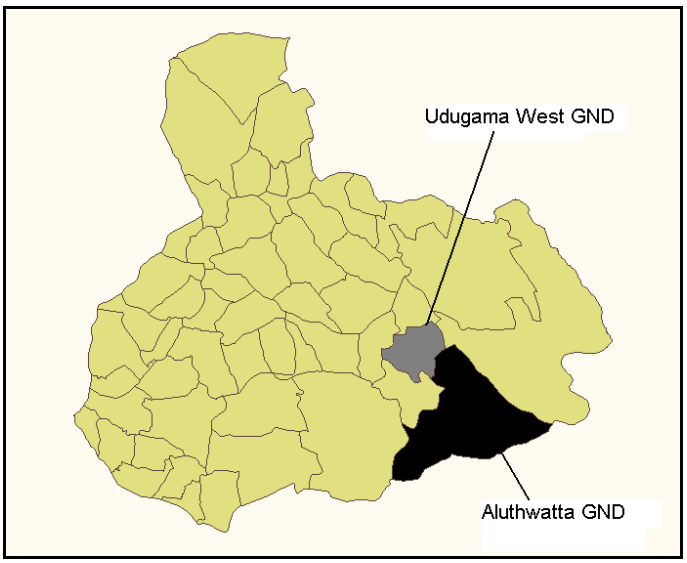
Hikkaduwa DSD selected GNDs



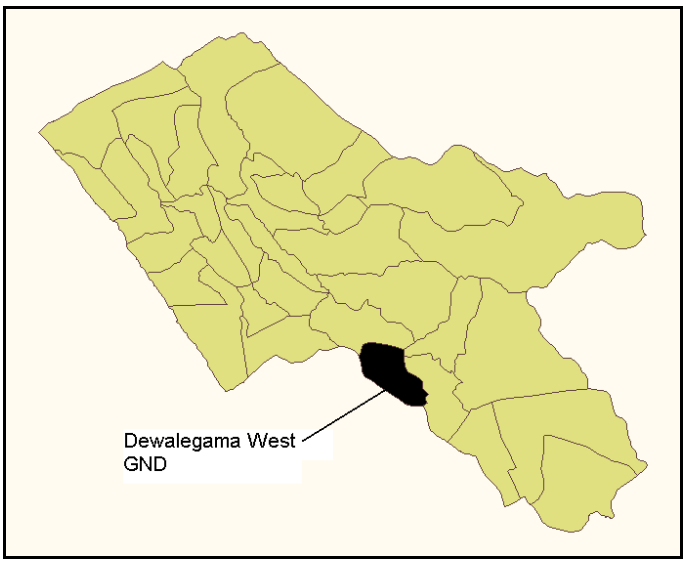
Imaduwa DSD selected GNDs



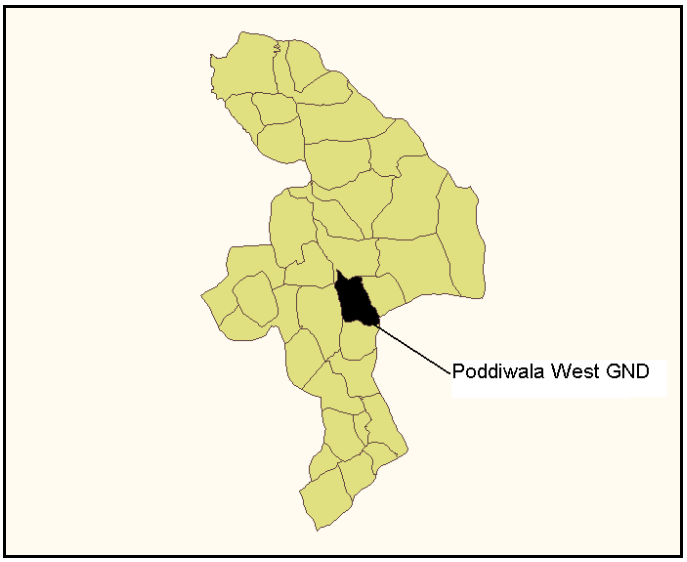
Karandeniya DSD selected GNDs



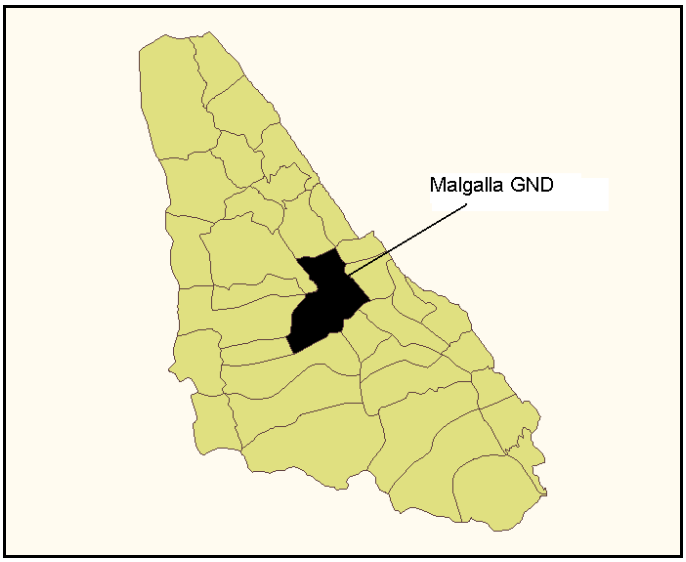
Nagoda DSD selected GNDs



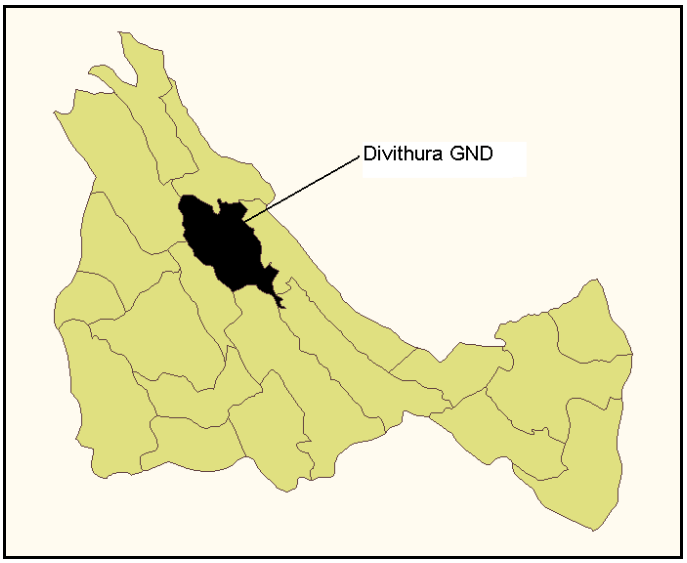
Neluwa DSD selected GNDs



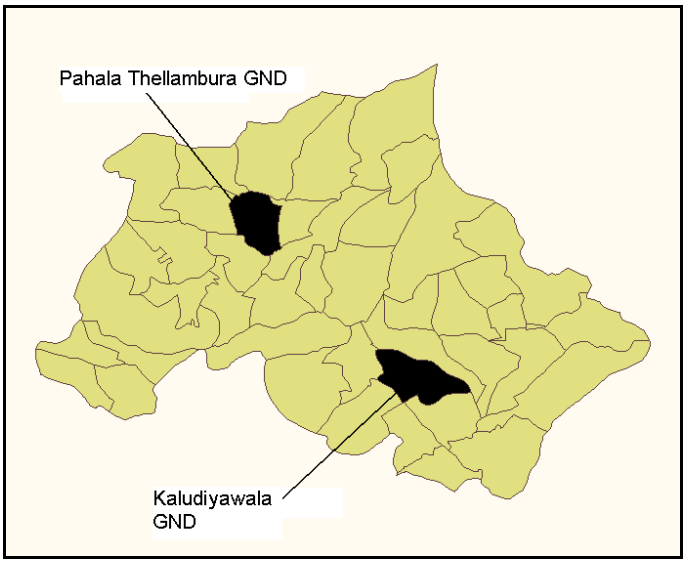
Niyagama DSD selected GNDs



Thawalama DSD selected GNDs



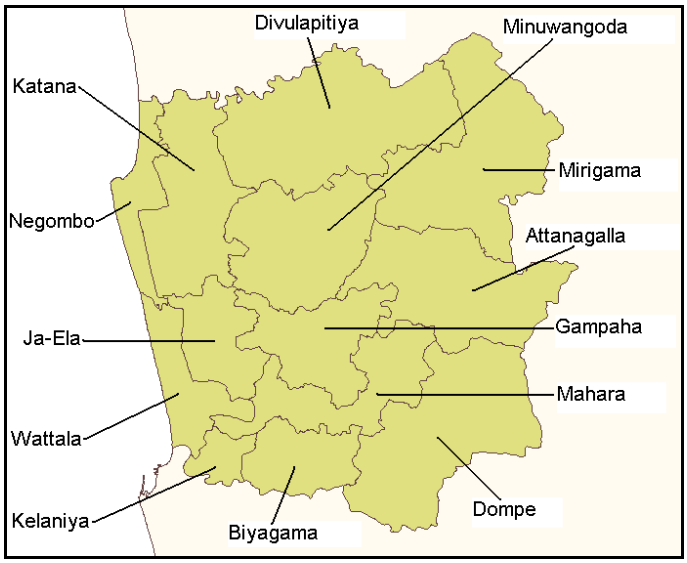
Welivitiya-Divithura DSD selected GNDs



Yakkalamulla DSD selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

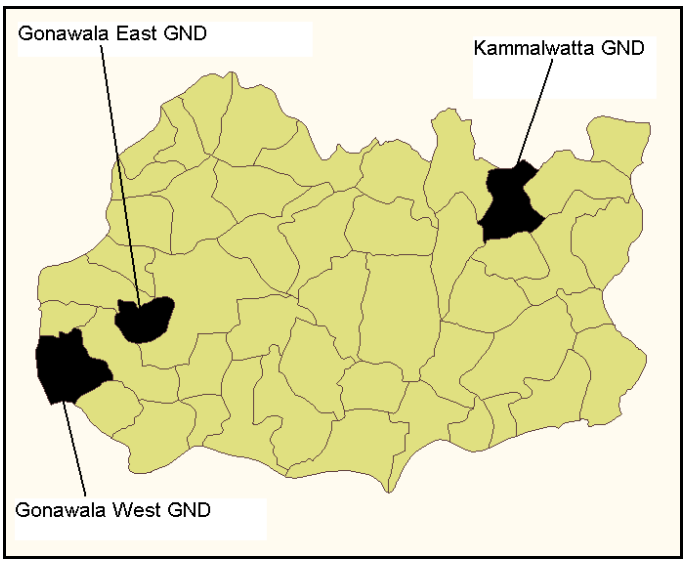
The selected Grama Niladari Divisions of Gampaha District



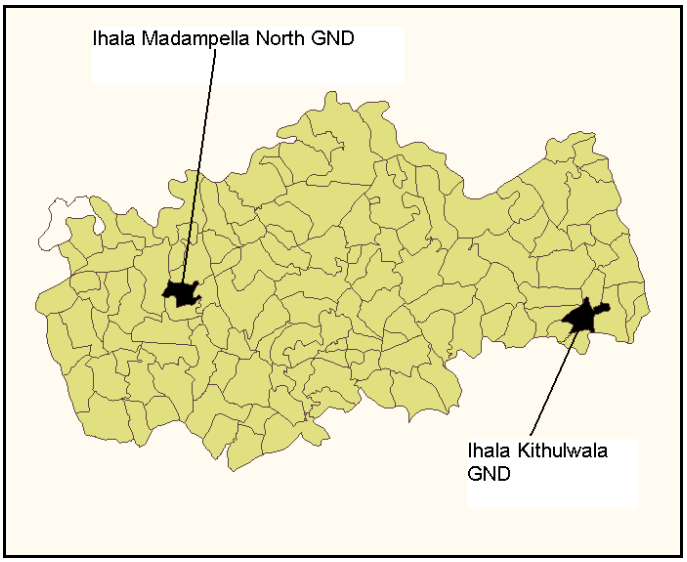
DSDs in Gampaha District

	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Attanagalla	(1.)Eluwapitiya, (2.)Dadagamuwa, (3.)Pannila
2	Biyagama	(4.)Kammalwatta, (5.)Gonawala East, (6.)Gonawala West
3	Divulapitiya	(7.)Ihala Madampella North, (8.)Ihala Kithulwala
4	Dompe	(9.)Radawana North, (10.)Pattiyagama
5	Gampaha	(11.)Makevita South, (12.)Bollatha South, (13.)Amunugoda North
6	Ja-Ela	(14.)Mahawatta, (15.)Batagama North, (16.)Batuwatta West, (17.)Ketagewatta
7	Katana	(18.)Thimbirigaskatuwa, (19.)Evariwatta, (20.)Amandoluwa, (21.)Udammita South
8	Kelaniya	(22.)Weweldoowa, (23.)Polhena
9	Mahara	(24.)Etikehelgalla West, (25.)Sooriyapaluwa East, (26.)Dalupitiya West
10	Minuwangoda	(27.)Medemulla South, (28.)Korase, (29.)Kotugoda 1
11	Mirigama	(30.)Indiparape, (31.)Uthuwanbogahawatta
12	Negombo	(32.)Palangathure, (33.)Udayarthoppuwa, (34.)Thalahena
13	Wattala	(35.)Horapethuduwa, (36.)Mabola

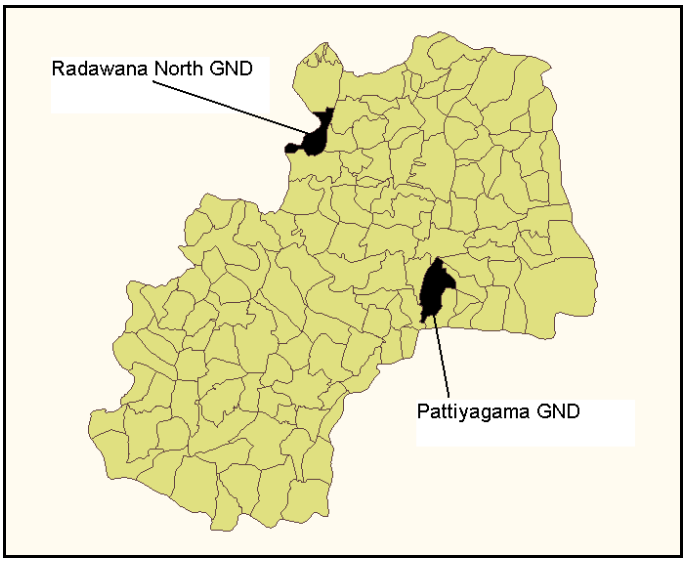
Attanagalla DSD Selected GNDs



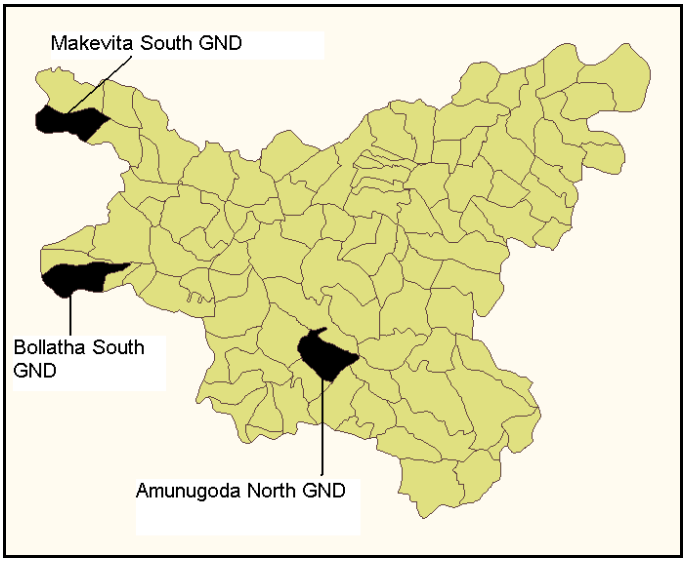
Biyagama DSD Selected GNDs



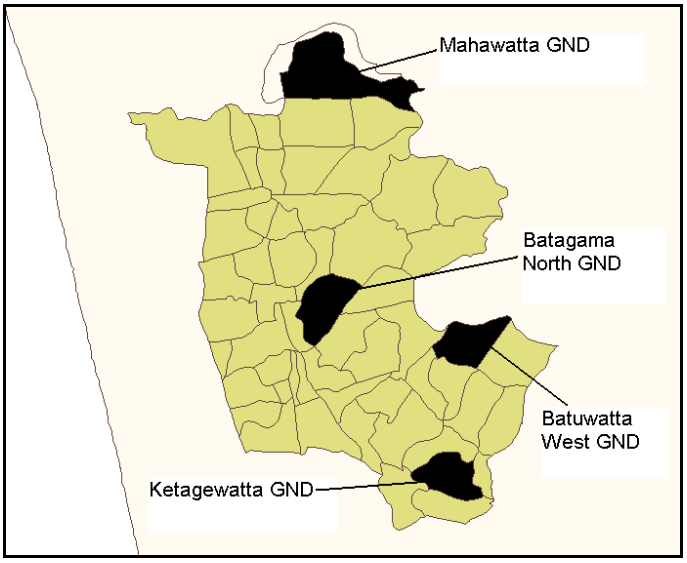
Divulapitiya DSD Selected GNDs



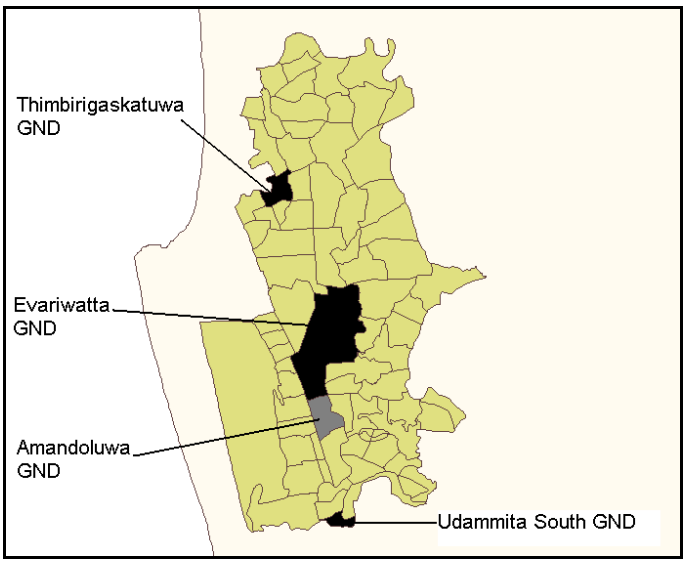
Dompe DSD Selected GNDs



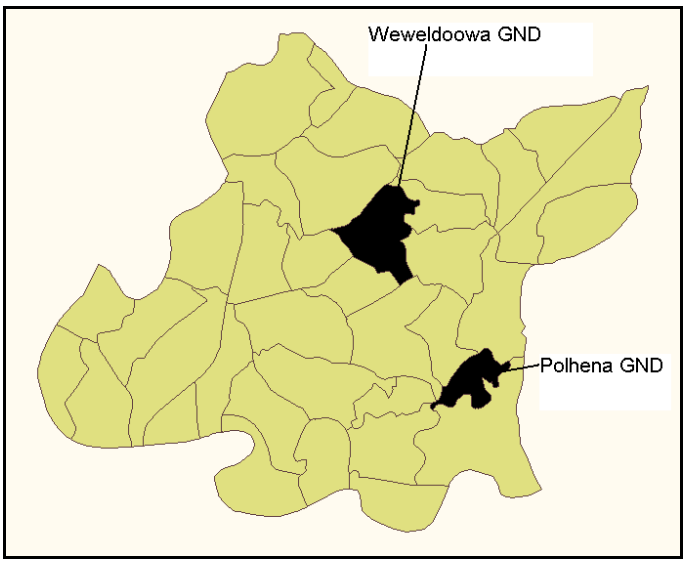
Gampaha DSD Selected GNDs



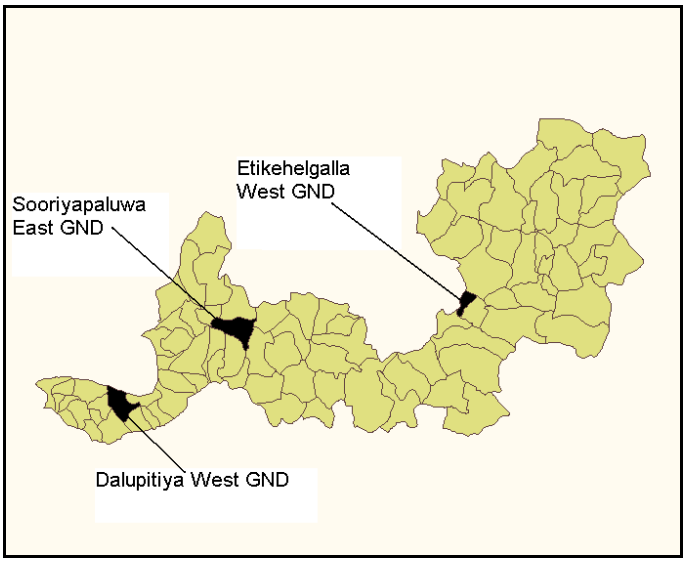
Ja-Ela DSD Selected GNDs



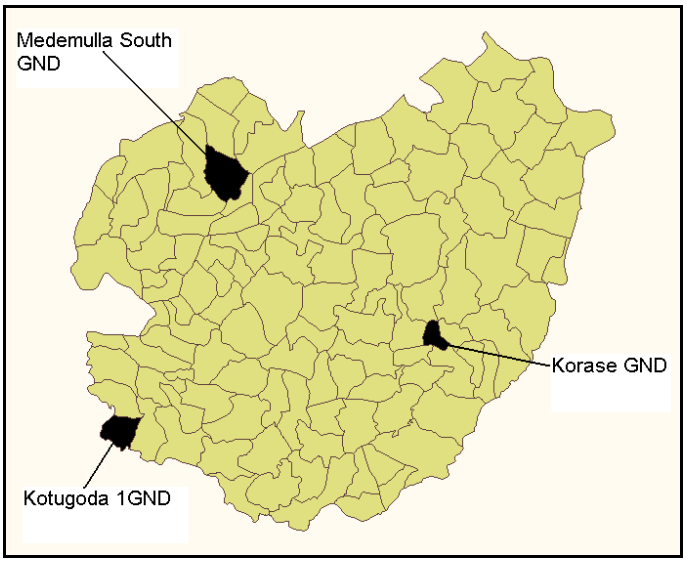
Katana DSD Selected GNDs



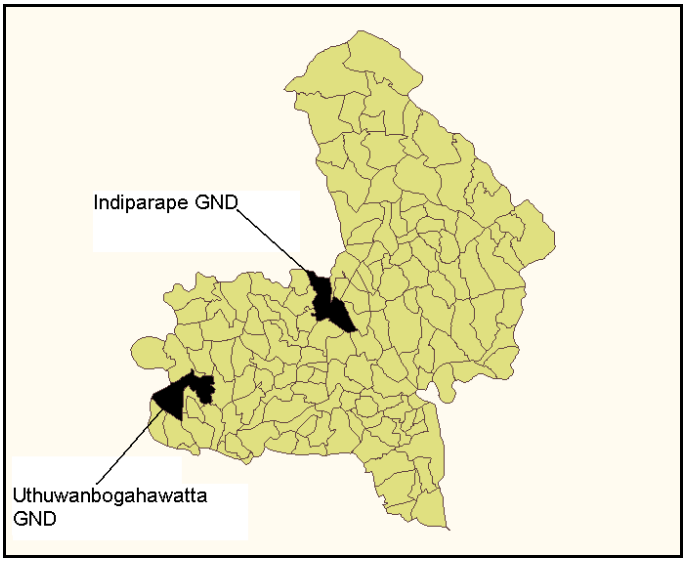
Kelaniya DSD Selected GNDs



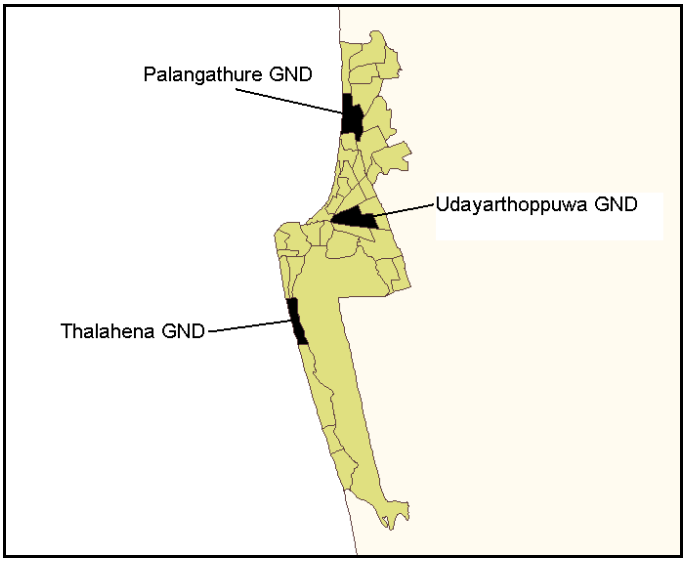
Mahara DSD Selected GNDs



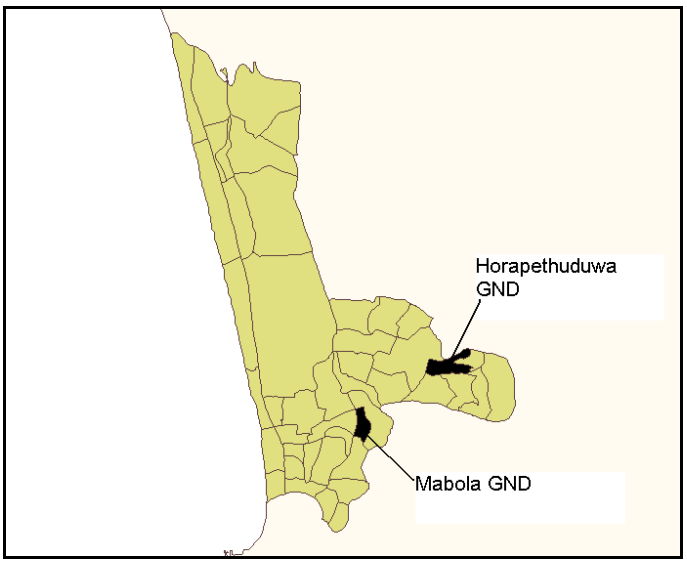
Minuwangoda DSD Selected GNDs



Mirigama DSD Selected GNDs

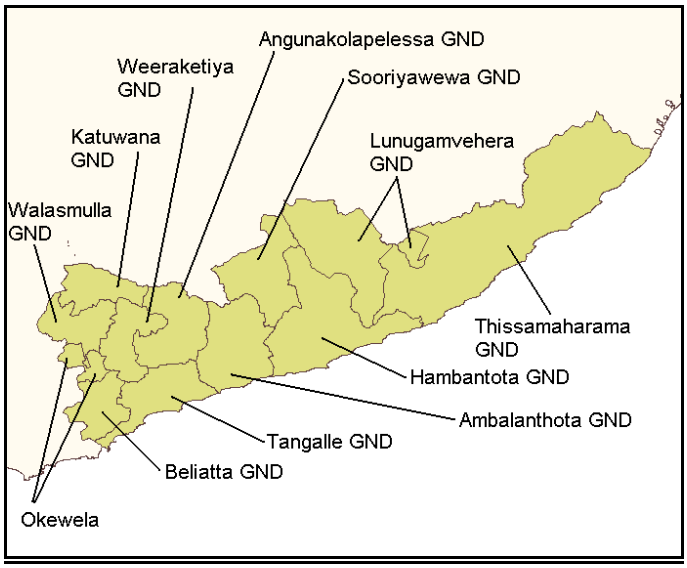


Negombo DSD Selected GNDs



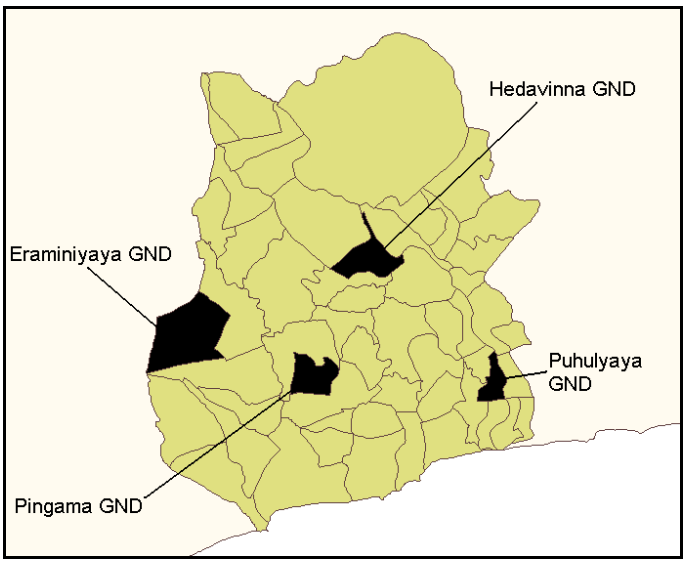
Wattala DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Hambantota District

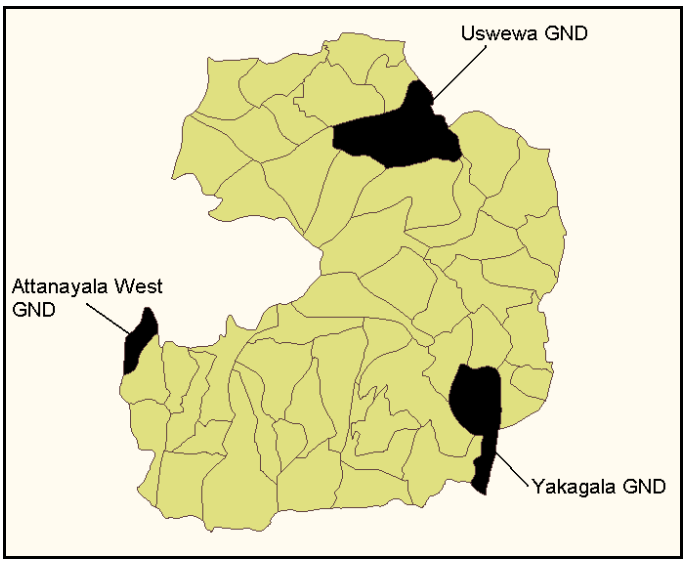


DSDs in Hambantota District

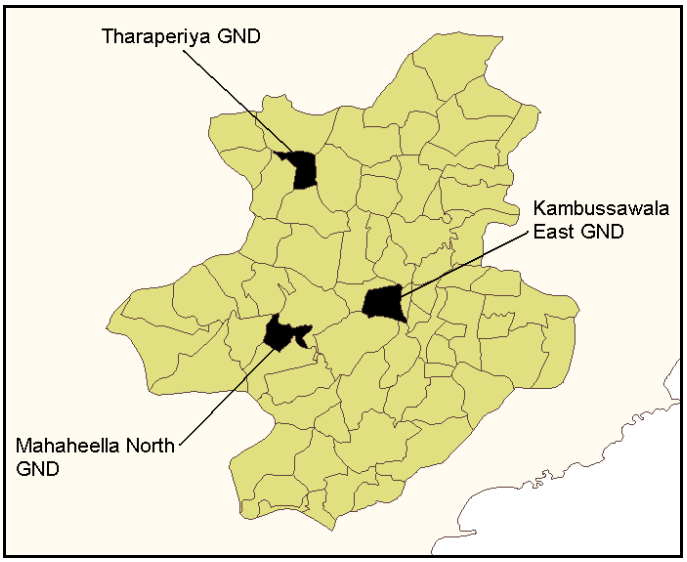
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Ambalanthota	(1.)Hedavinna, (2.)Eraminiyaya, (3.)Pingama, (4.)Puhulyaya
2	Angunakolapelessa	(5.)Uswewa, (6.)Attanayala West, (7.)Yakagala
3	Beliatta	(8.)Tharaperiya, (9.)Kambussawala East, (10.)Mahaheella North
4	Hambantota	(11.)Elalla, (12.)Pahala Beragama, (13.)Hambantota West, (14.)Pallemalala
5	Katuwana	(15.)Dangalakanda, (16.)Adalugoda,
6	Lunugamvehera	(17.)Seenimunna, (18.)Jayagama
7	Okewela	(19.)Kahatellagoda
8	Sooriyawewa	(20.)Samajasewapura, (21.)Beddewewa
9	Tangalle	(22.)Thalunna, (23.)Marakolliya, (24.)Wagegoda, (25.)Pallikkudawa Urban, (26.)Kudawella South
10	Thissamaharama	(27.)Vijithapura, (28.)Mahasenpura, (29.)Rubberwatta, (30.)Nedigamvila
11	Weeraketiya	(31.)Malhewage Ayna, (32.)Bedigama South
12	Walasmulla	(33.)Keredeniya, (34.)Mapitakanda, (35.)Galahitiya North, (36.)Walasmulla South



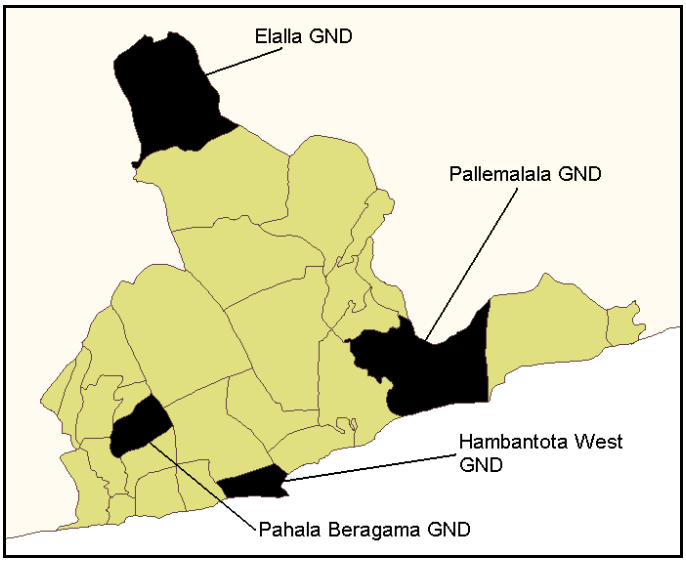
Ambalanthota DSD Selected GNDs



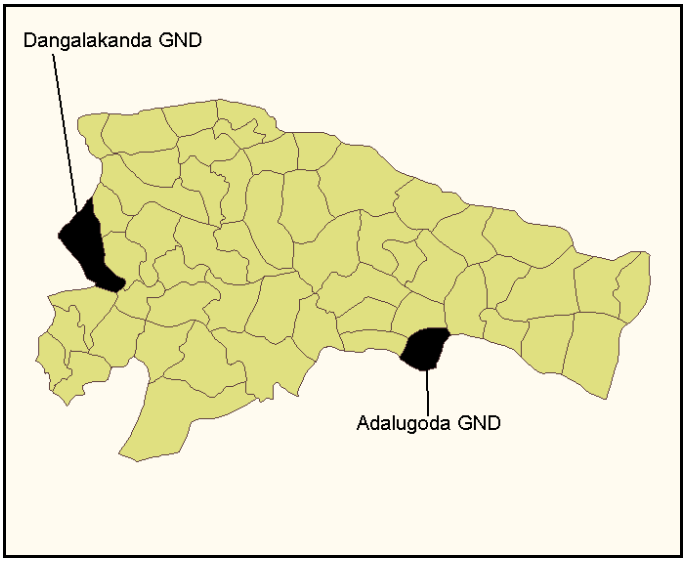
Angunakolapelessa DSD Selected GNDs



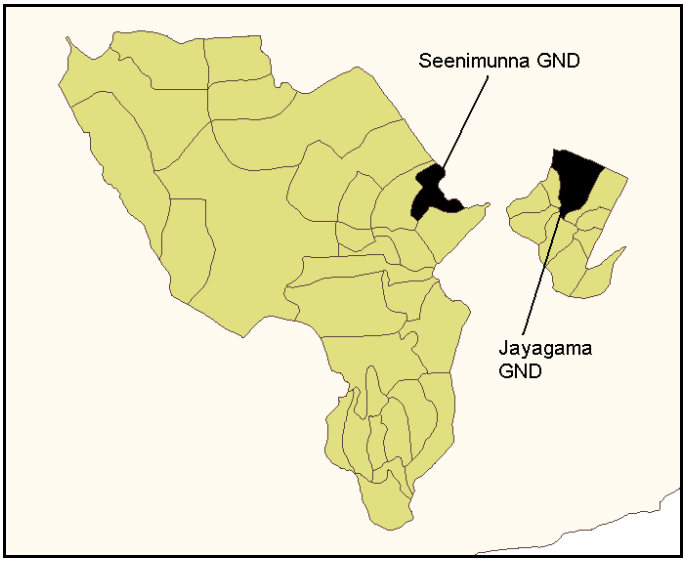
Beliatta DSD Selected GNDs



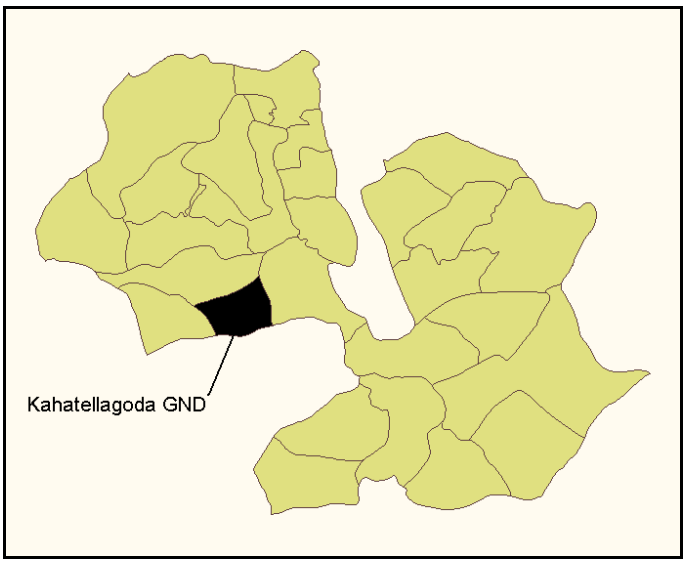
Hambantota DSD Selected GNDs



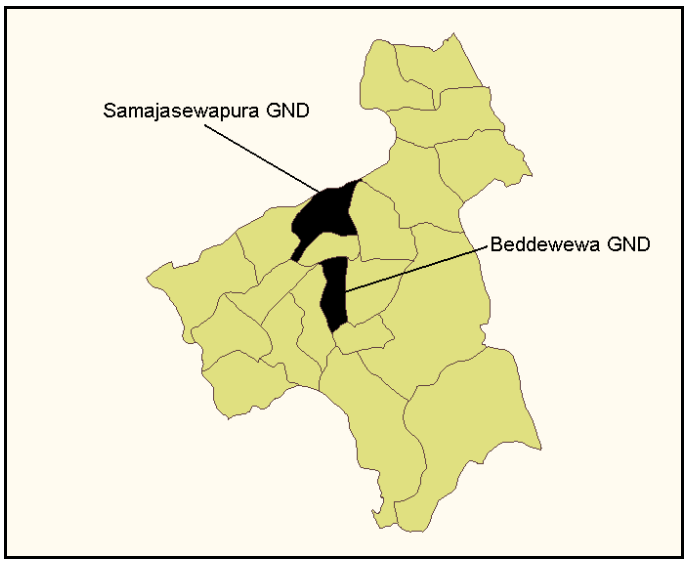
Katuwana DSD Selected GNDs



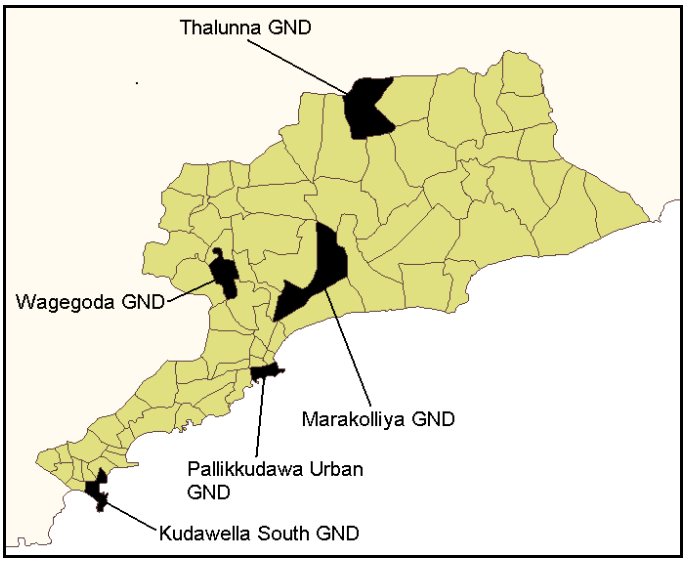
Lunugamvehera DSD Selected GNDs



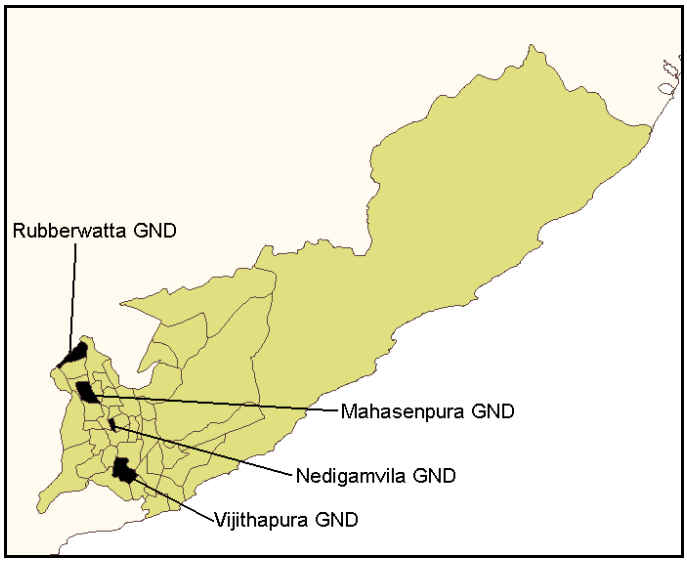
Okewela DSD Selected GNDs



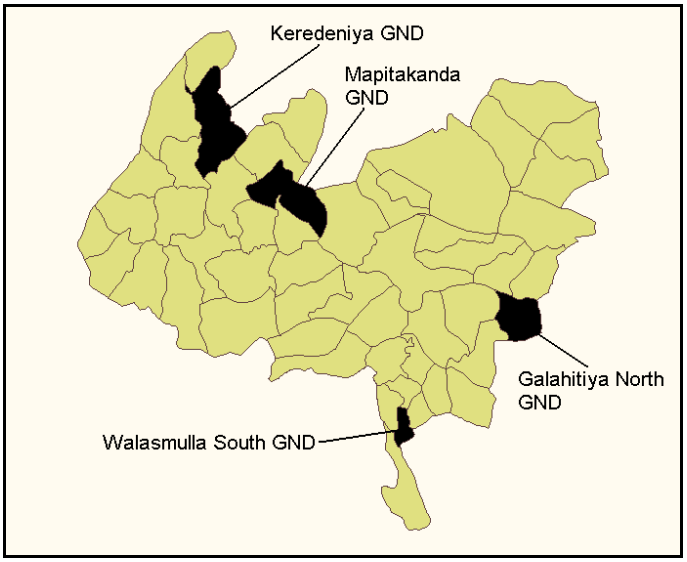
Sooriyawewa DSD Selected GNDs



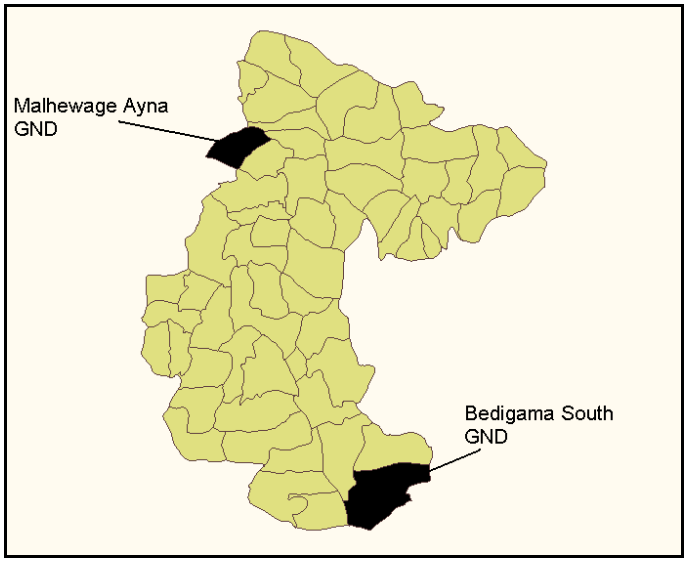
Tangalle DSD Selected GNDs



Thissamaharama DSD Selected GNDs

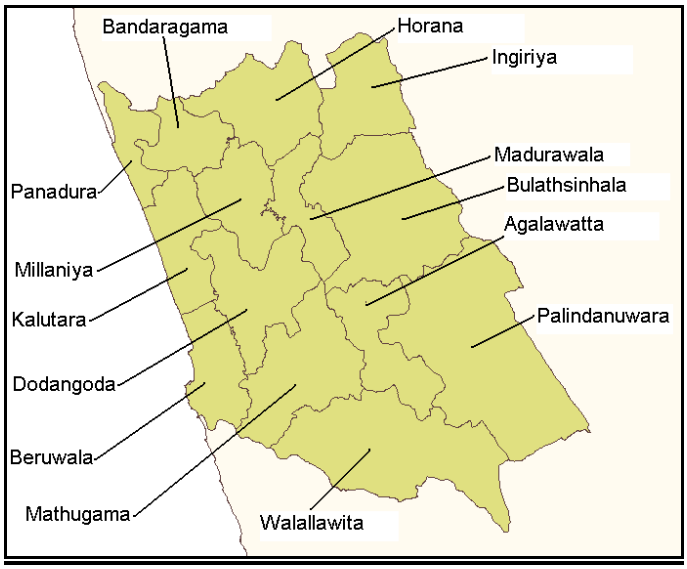


Walasmulla DSD Selected GNDs



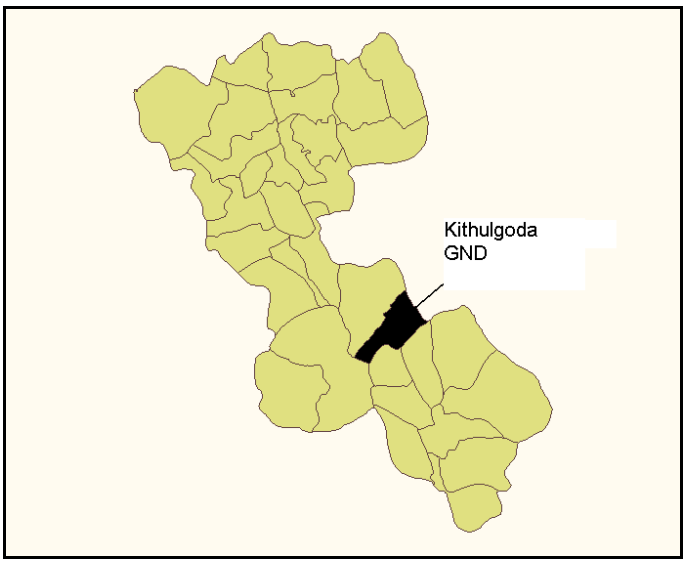
Weeraketiya DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Kalutara District

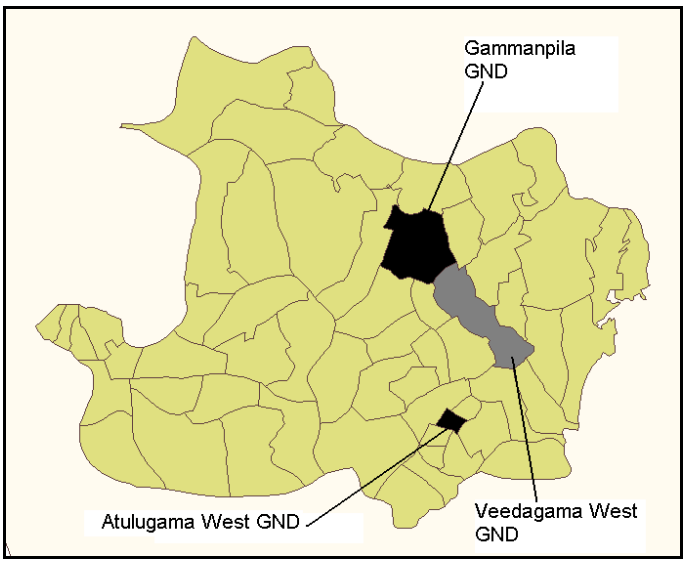


DSDs in Kalutara District

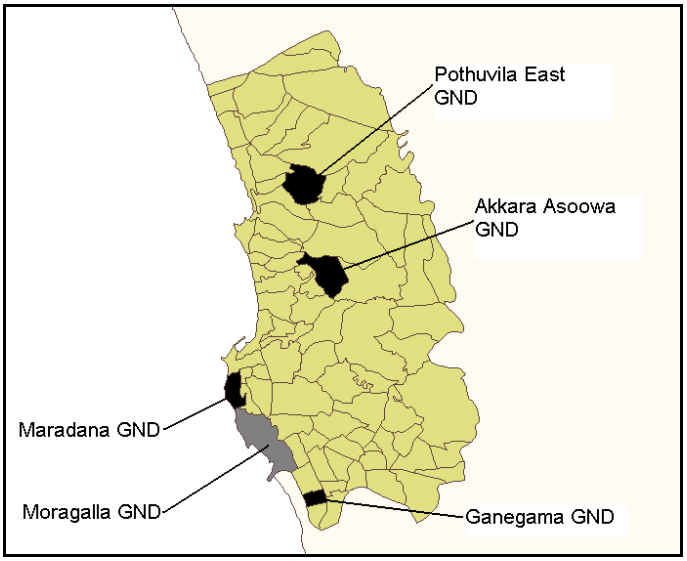
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Agalawatta	(1.)Kithulgoda
2	Bandaragama	(2.)Gammanpila, (3.)Veedagama West, (4.)Atulugama West
3	Beruwala	(5.)Pothuvila East, (6.)Akkara Asoowa, (7.)Maradana, (8.)Moragalla, (9.)Ganegama
4	Bulathsinhala	(10.)Galahena, (11.)Ihala Kudaligama
5	Dodangoda	(12.)Bombuwala South – West, (13.)Eladoowa
6	Horana	(14.)Olaboduwa East, (15.)Uduwa South, (16.)Wewala East
7	Ingiriya	(17.)Nimalagama,
8	Kalutara	(18.)Habaralagahalanda, (19.)Usgodella, (20.)Kalutara North, (21.)Akkaragoda, (22.)Nagoda West
9	Madurawala	(23.)Madurawala East
10	Mathugama	(24.)Wettewa, (25.)Sandasirigama
11	Millaniya	(26.)Bellanthudawa, (27.)Galpatha West
12	Palindanuwara	(28.)Lathpandura East
13	Panadura	(29.)Horethuduwa North, (30.)Henamulla, (31.)Hirana, (32.)Bazaar North, (33.)Moravinna, (34.)Wadduwa East
14	Walallawita	(35.)Halwala, (36.)Miriswatta



Agalawatta DSD Selected GNDs

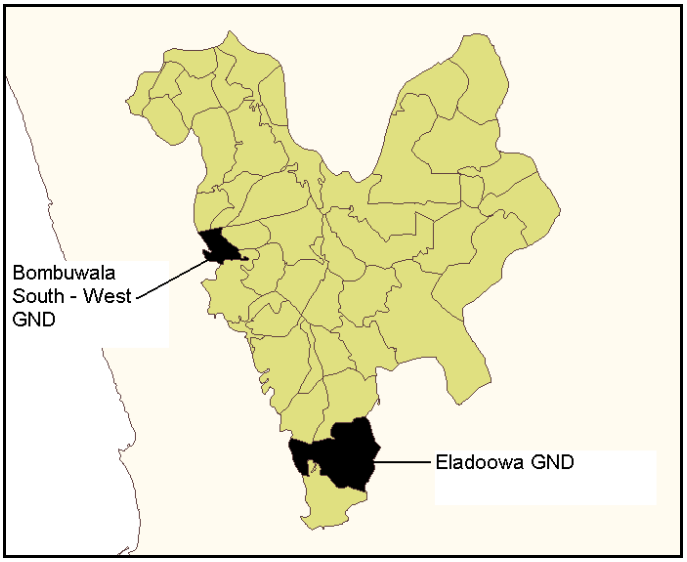


Bandaragama DSD Selected GNDs

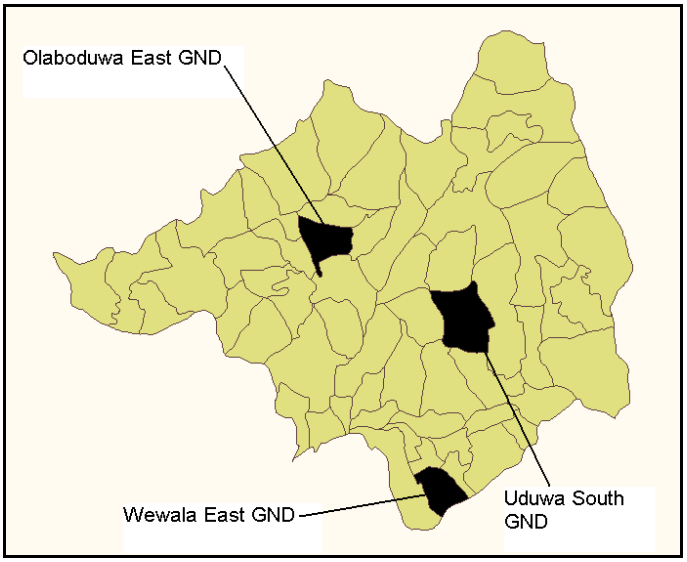


Beruwala DSD Selected GNDs

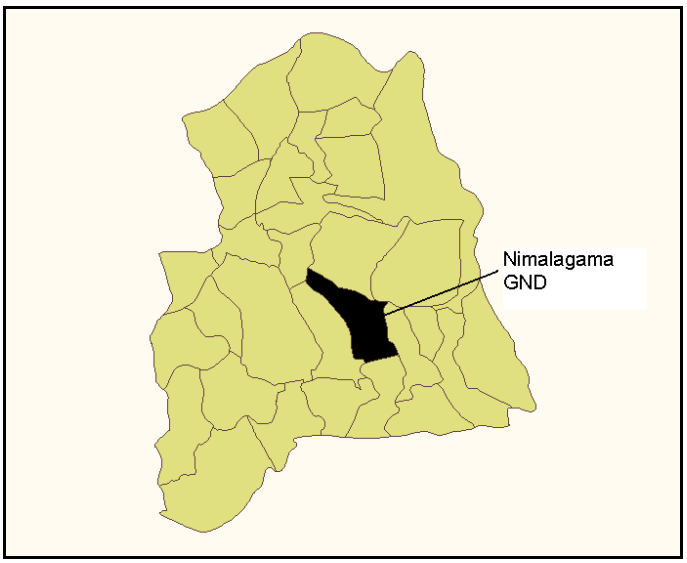
Bulathsinhala DSD Selected GNDs



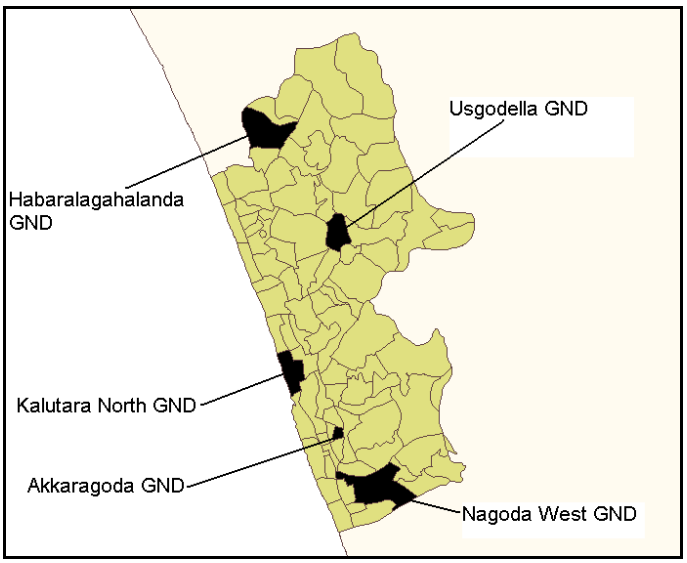
Dodangoda DSD Selected GNDs



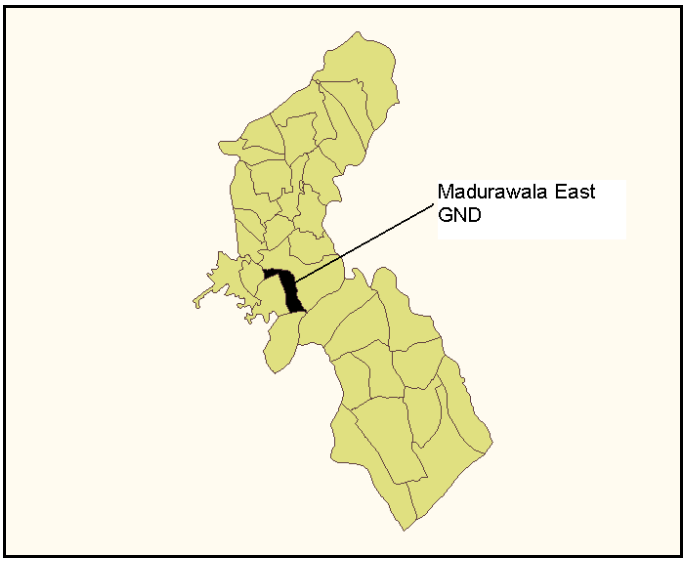
Horana DSD Selected GNDs



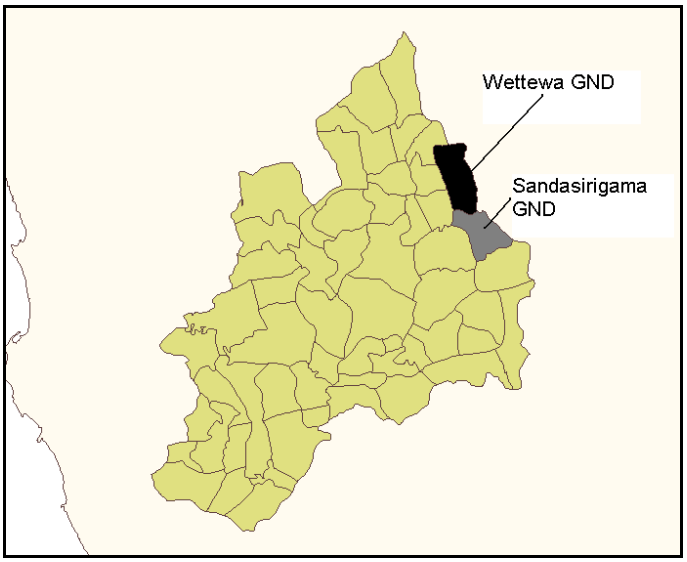
Ingiriya DSD Selected GNDs



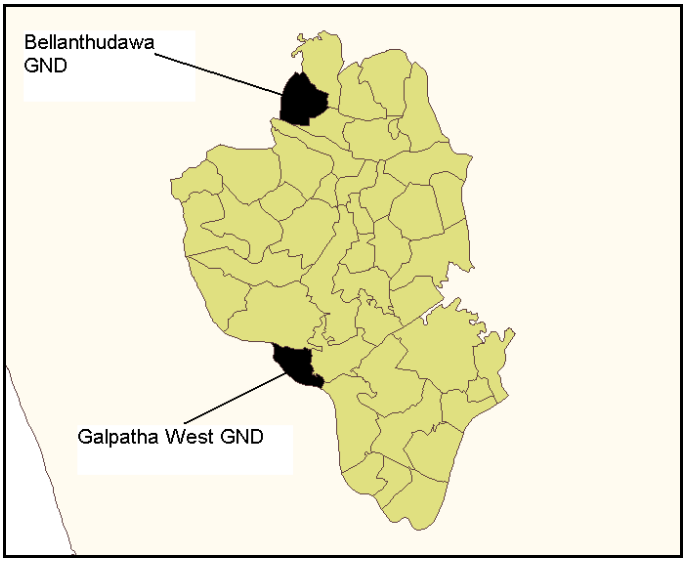
Kalutara DSD Selected GNDs



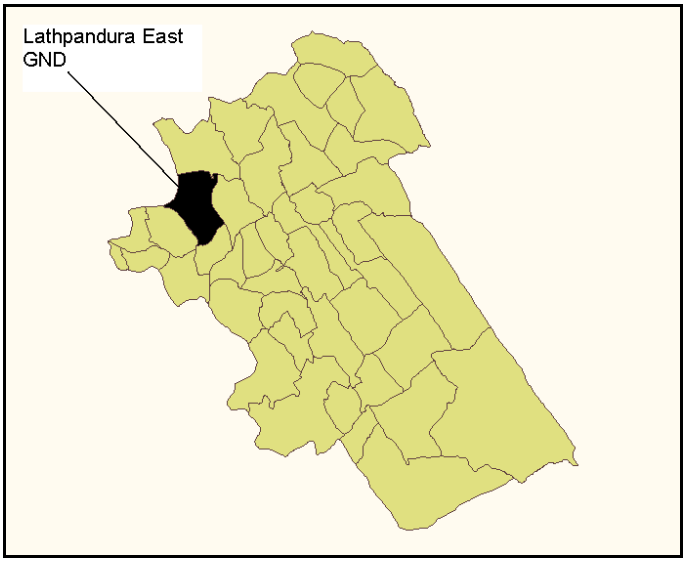
Madurawala DSD Selected GNDs



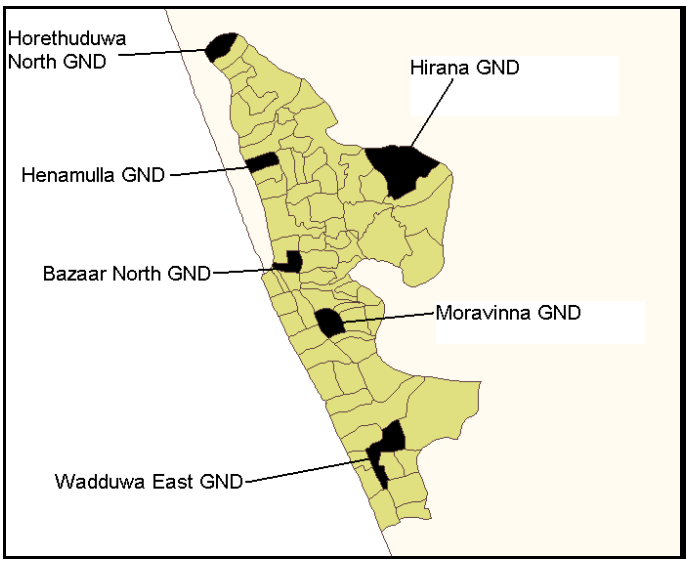
Mathugama DSD Selected GNDs



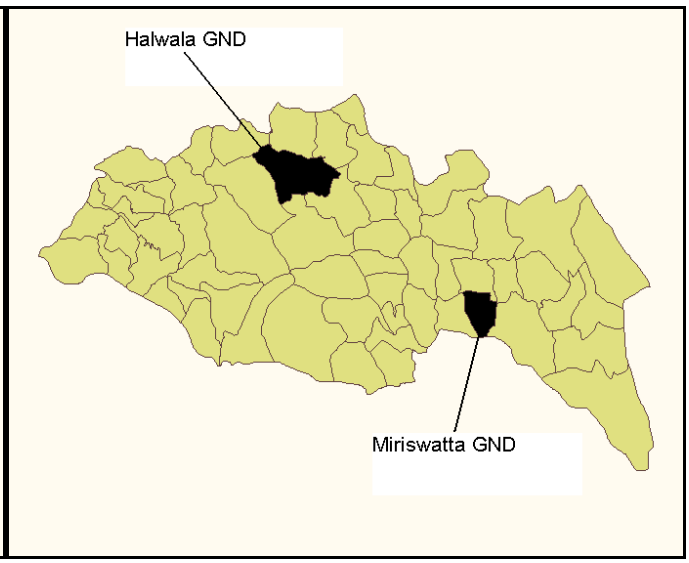
Millaniya DSD Selected GNDs



Palindanuwara DSD Selected GNDs

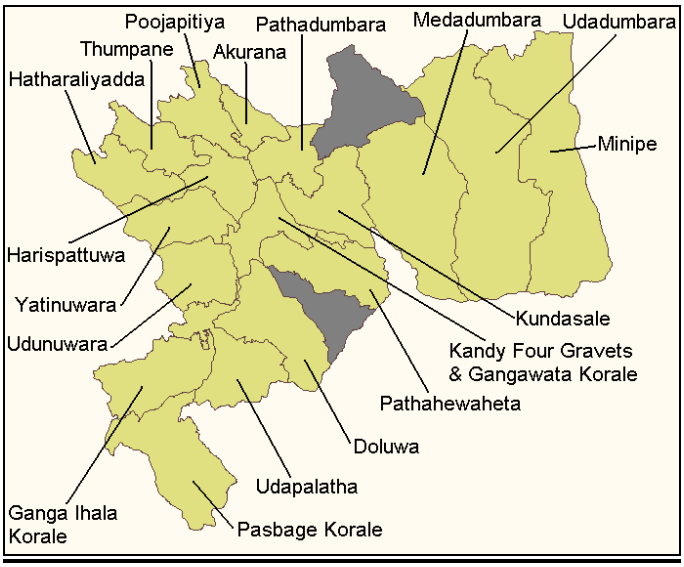


Panadura DSD Selected GNDs



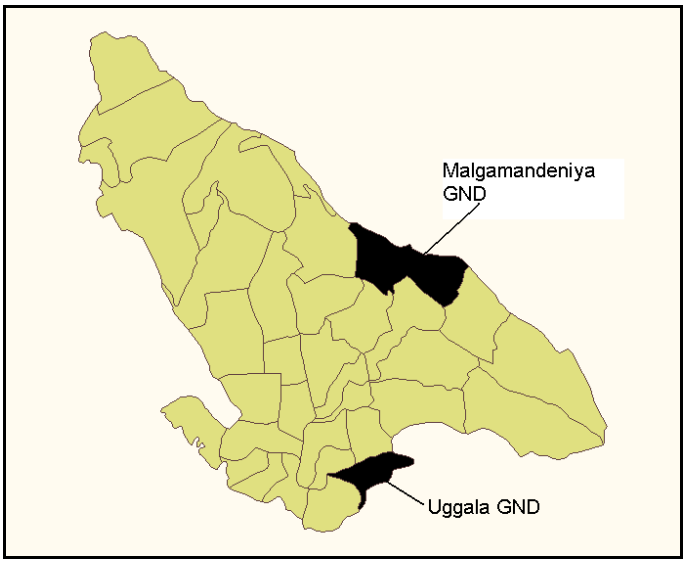
Walallawita DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Kandy District

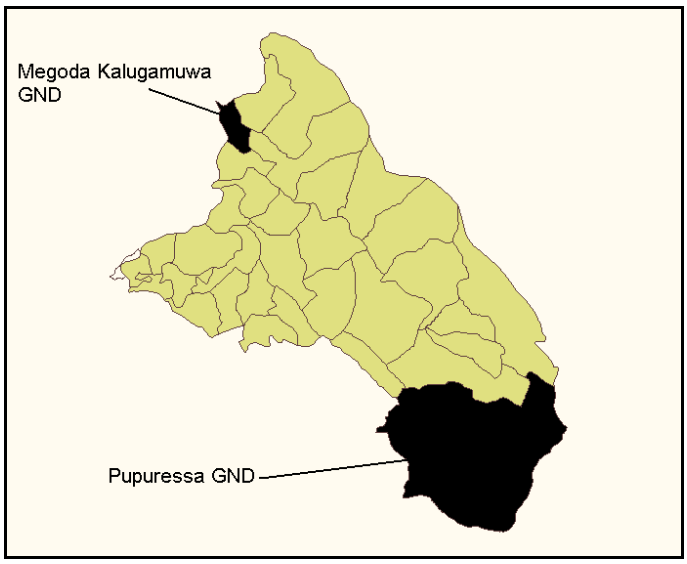


DSDs in Kandy District

	Divisional Secretariat Division (DSD)	**Selected Grama Niladari Divisions (GNDs)**
1	Akurana	(1.)Malgamandeniya, (2.)Uggala
2	Doluwa	(3.)Megoda Kalugamuwa, (4.)Pupuressa
3	Ganga Ihala Korale	(5.)Pellapitiya South
4	Harispattuwa	(6.)Arambegama, (7.)Etamurungagoda
5	Hatharaliyadda	(8.)Kalotuwawa
6	Kandy Four Gravets & Gangawata Korale	(9.)Nittawela, (10.)Katukele, (11.)Welata, (12.)Ampitiya North, (13.)Uda Peradeniya
7	Kundasale	(14.)Amunugama North, (15.)Ihalawela, (16.)Aluth Pallekele
8	Medadumbara	(17.)Ranmulla
9	Minipe	(18.)Dehemigama, (19.)Batumulla
10	Pasbage Korale	(20.)Warakawa, (21.)Kendopitiya
11	Pathadumbara	(22.)Wattegama, (23.)Meegamawatta
12	Pathahewaheta	(24.)Hippola, (25.)Elikewela
13	Poojapitiya	(26.)Kahatagasthenna
14	Thumpane	(27.)Kandanhena East
15	Udadumbara	(28.)Wadawalakanda
16	Udapalatha	(29.)Gampola East, (30.)Ihalagama
17	Udunuwara	(31.)Boyagama, (32.)Hiddavulla West, (33.)Batupitiya
18	Yatinuwara	(34.)Kobbekaduwa, (35.)Mangalagama, (36.)Uda Eriyagama East

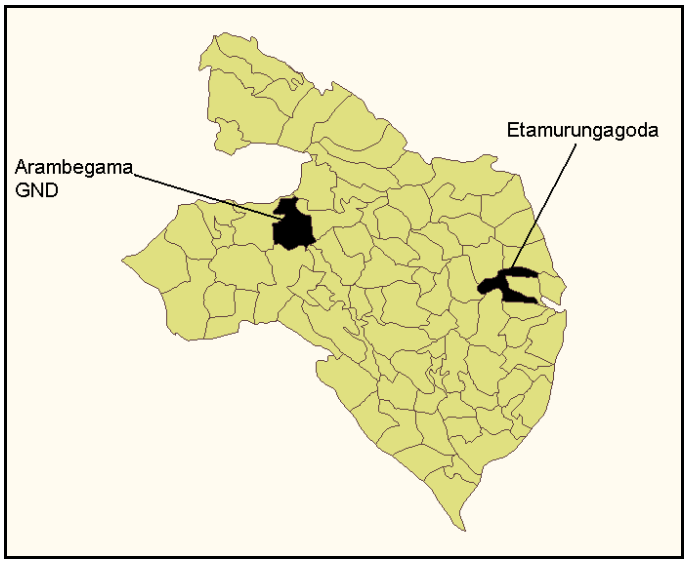


Akurana DSD Selected GNDs

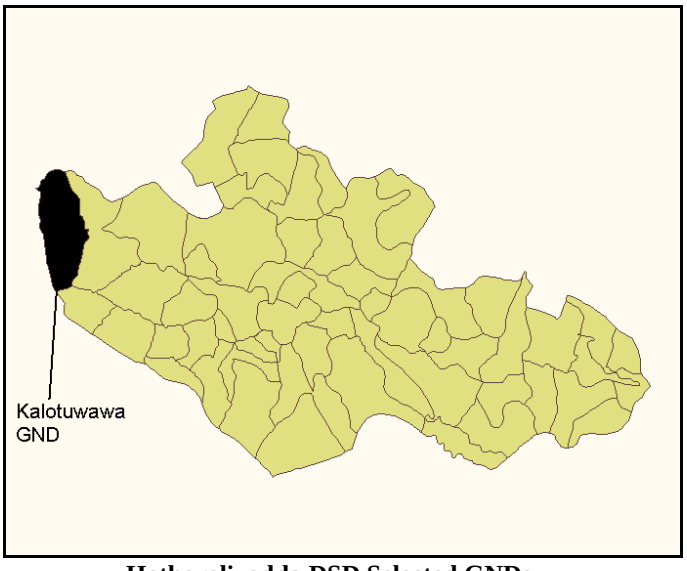


Doluwa DSD Selected GNDs

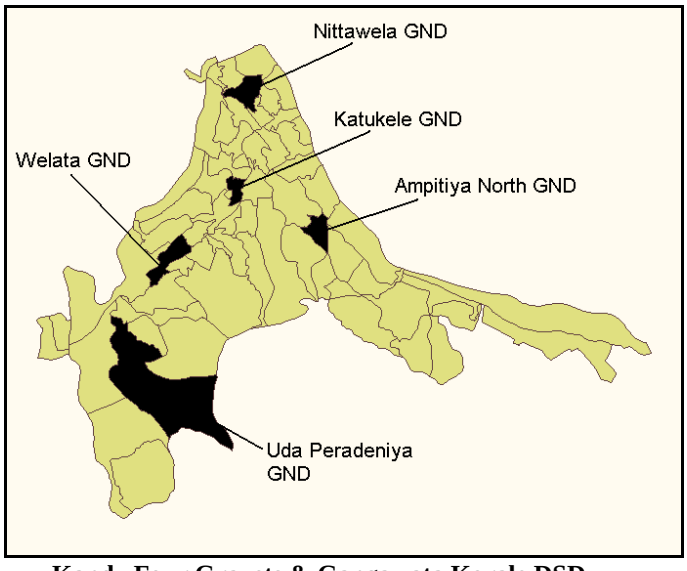
Ganga Ihala Korale DSD Selected GNDs



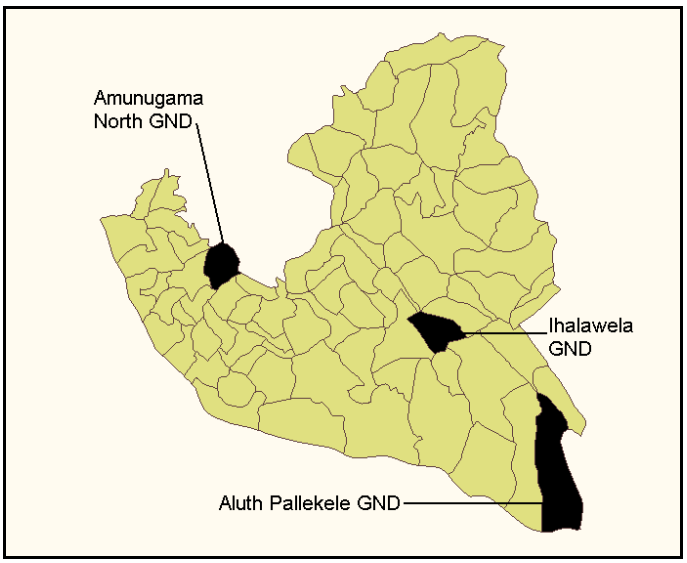
Harispattuwa DSD Selected GNDs



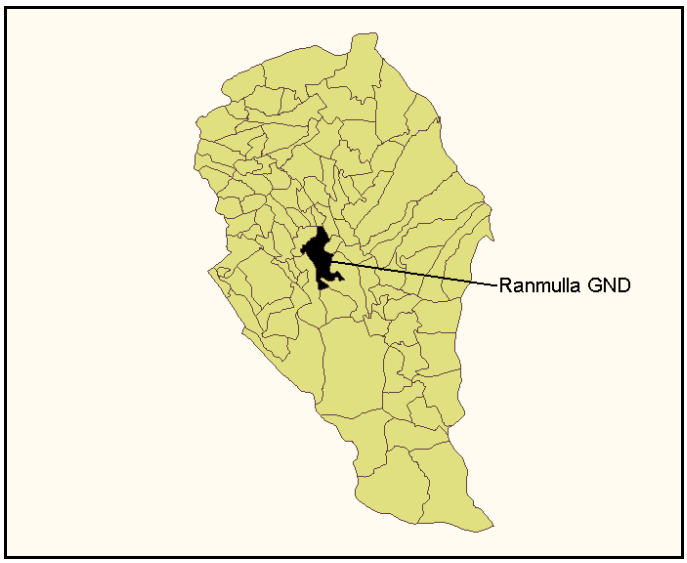
Hatharaliyadda DSD Selected GNDs



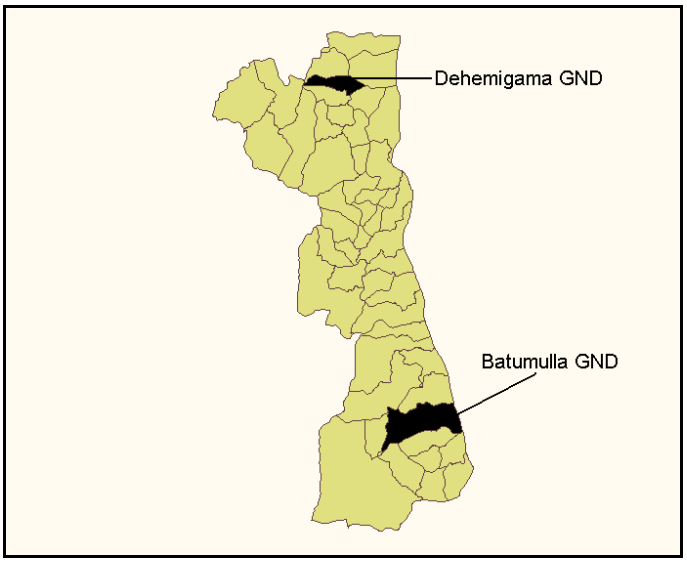
Kandy Four Gravets & Gangawata Korale DSD Selected GNDs



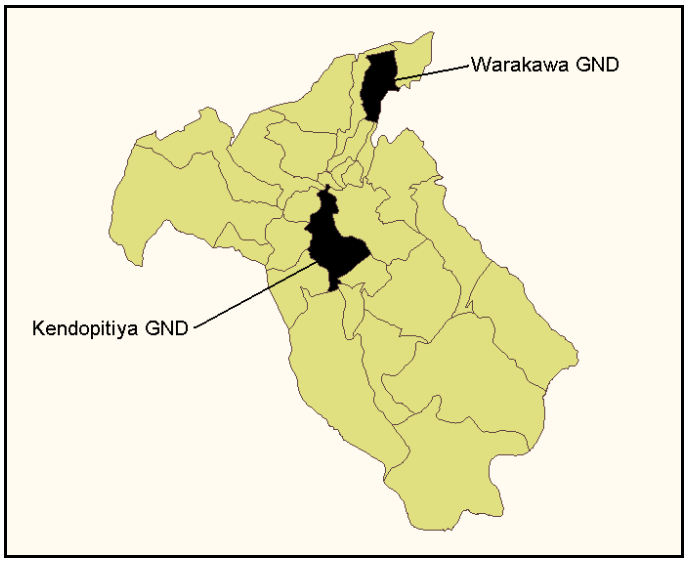
Kundasale DSD Selected GNDs



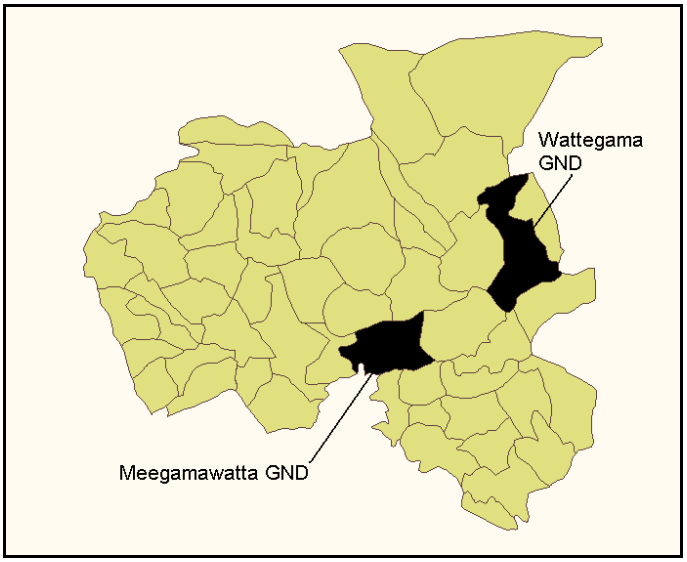
Medadumbara DSD Selected GNDs



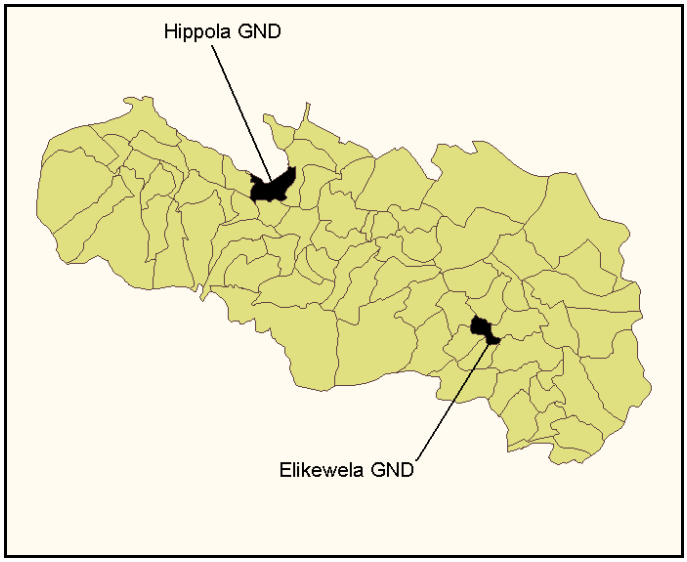
Minipe DSD Selected GNDs



Pasbage Korale DSD Selected GNDs

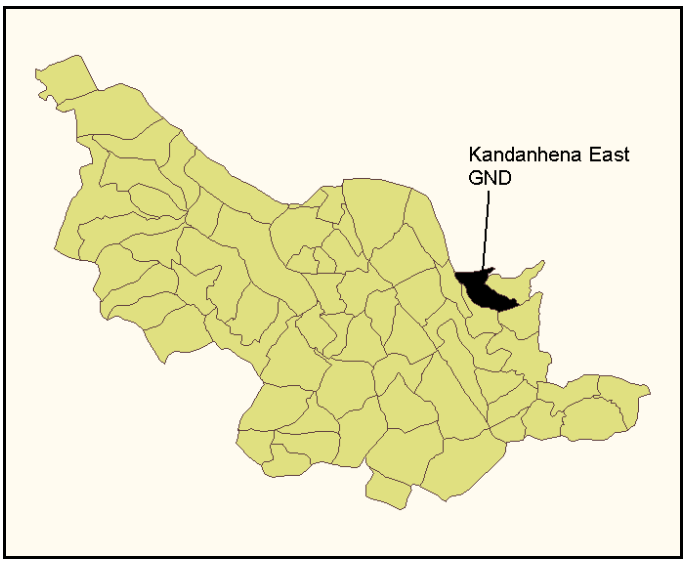


Pathadumbara DSD Selected GNDs

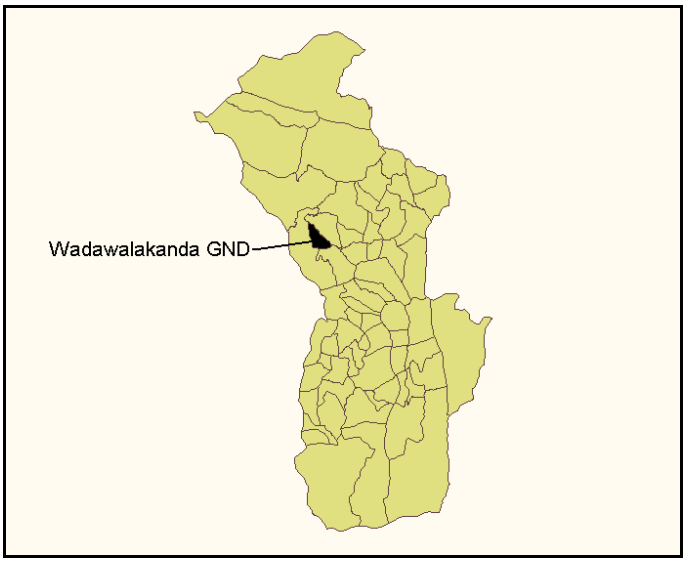


Pathahewaheta DSD Selected GNDs

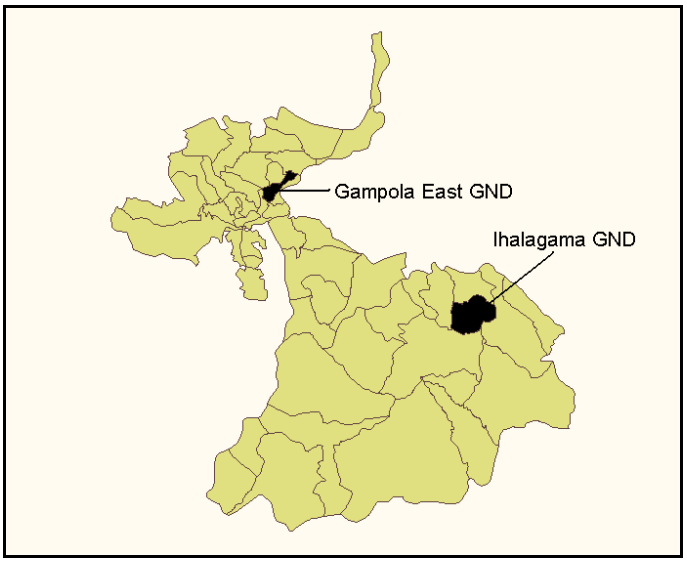
Poojapitiya DSD Selected GNDs



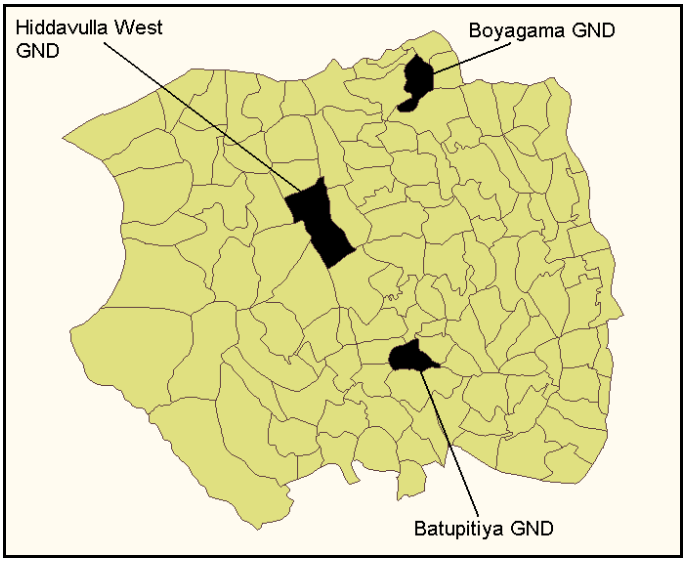
Thumpane DSD Selected GNDs



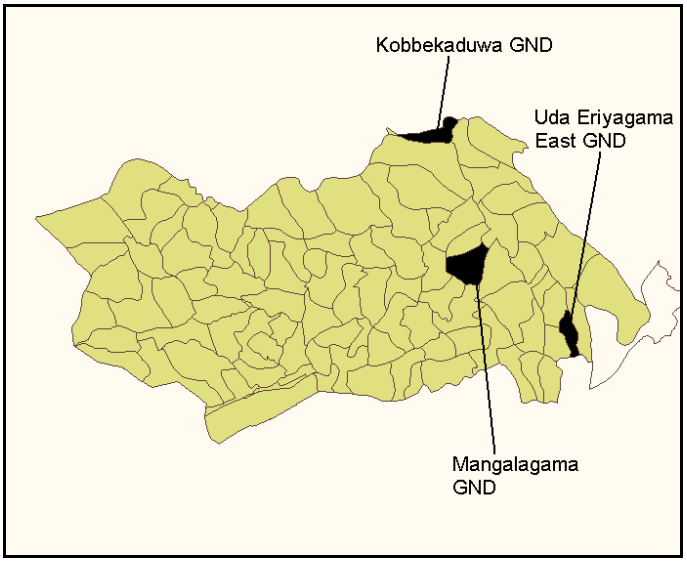
Udadumbara DSD Selected GNDs



Udapalatha DSD Selected GNDs



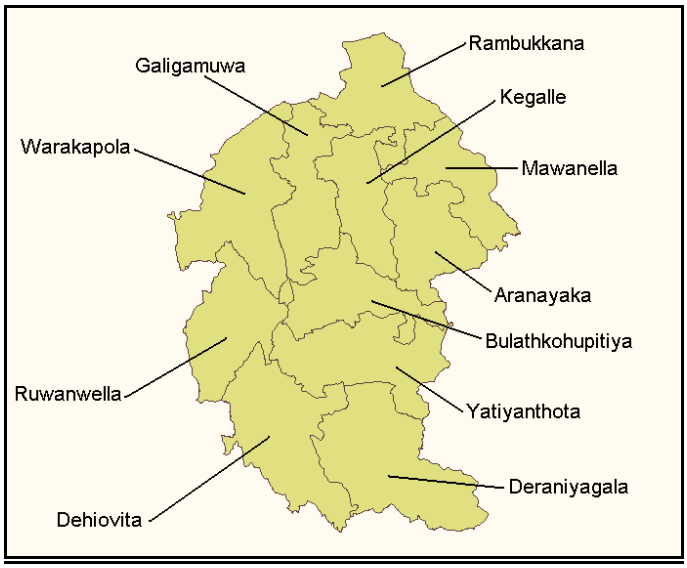
Udunuwara DSD Selected GNDs



Yatinuwara DSD Selected GNDs

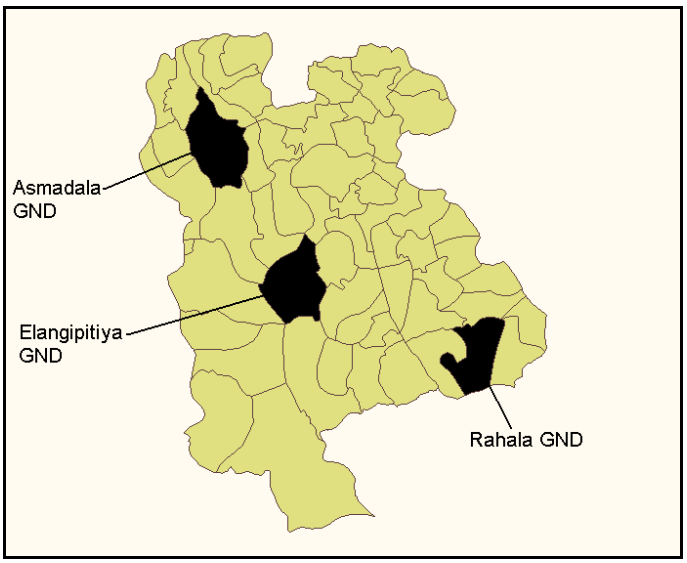
COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

The selected Grama Niladari Divisions of Kegalle District

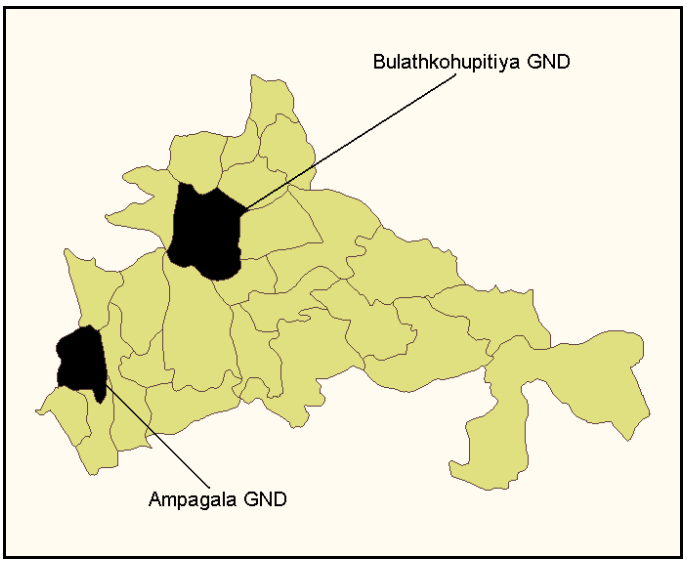


DSDs in Kegalle District

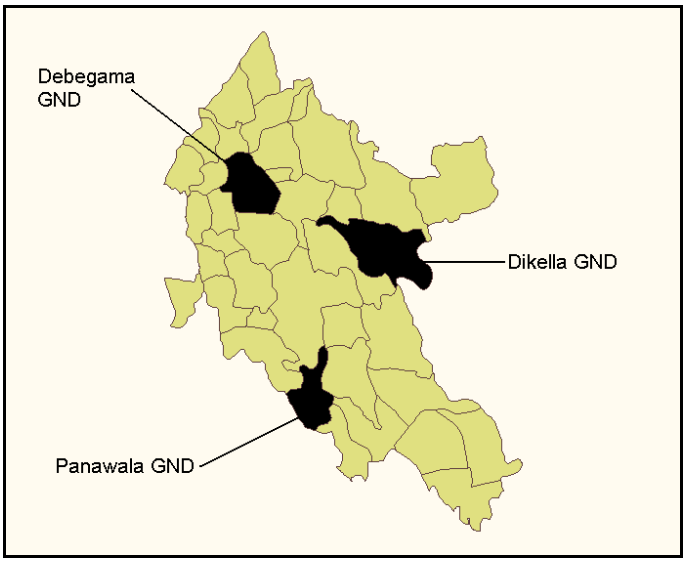
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Aranayaka	(1.)Asmadala, (2.)Elangipitiya, (3.)Rahala
2	Bulathkohupitiya	(4.)Bulathkohupitiya, (5.)Ampagala
3	Dehiovita	(6.)Dikella, (7.)Debegama, (8.)Panawala
4	Deraniyagala	(9.)Keerihena, (10.)Miyanavita
5	Galigamuwa	(11.)Weragoda, (12.)Ballapana Udabage, (13.)Kiridana
6	Kegalle	(14.)Dimbulgamuwa, (15.)Ambanpitiya, (16.)Buluruppa, (17.)Godigamuwa
7	Mawanella	(18.)Keppetipola, (19.)Muruthawala, (20.)Kiringadeniya, (21.)Mawela, (22.)Madulbowa
8	Rambukkana	(23.)Deliwala, (24.)Diyasunnatha, (25.)Kottana Watta
9	Ruwanwella	(26.)Galapitamada, (27.)Pethangoda, (28.)Mapitigama
10	Warakapola	(29.)Thulhiriya, (30.)Warakapola, (31.)Ganithapura, (32.)Pitadeniya, (33.)Kivuldeniya
11	Yatiyanthota	(34.)Garagoda Ihala, (35.)Mahabage, (36.)Kalukohuthenna



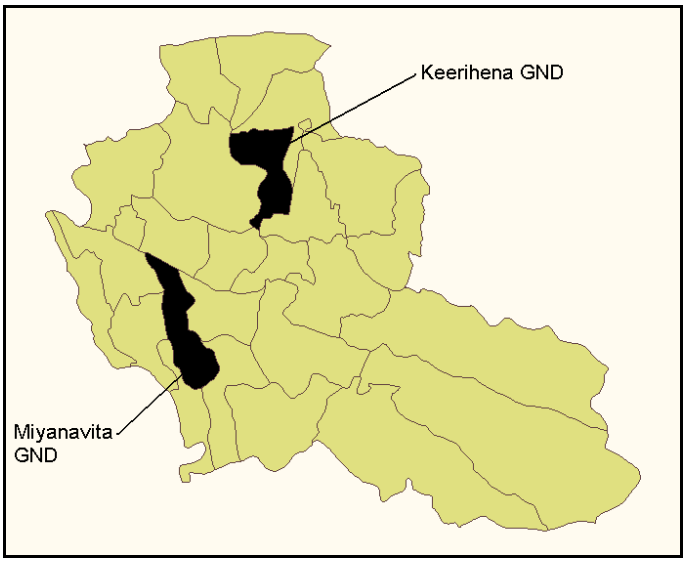
Aranayaka DSD Selected GNDs



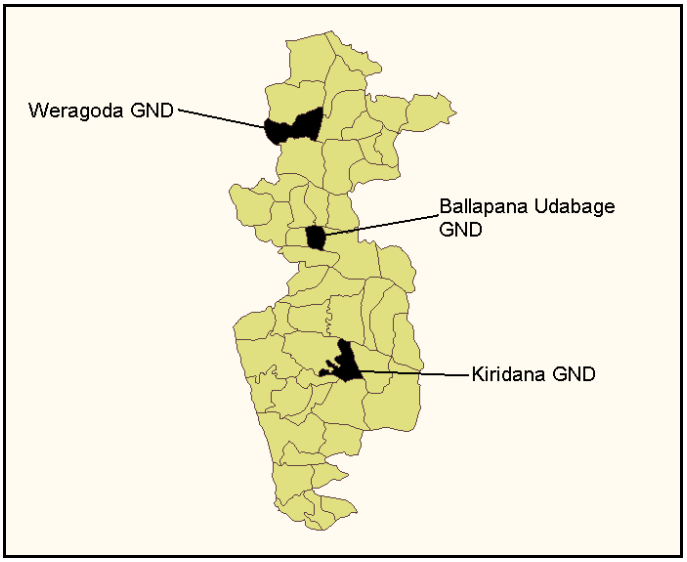
Bulathkohupitiya DSD Selected GNDs



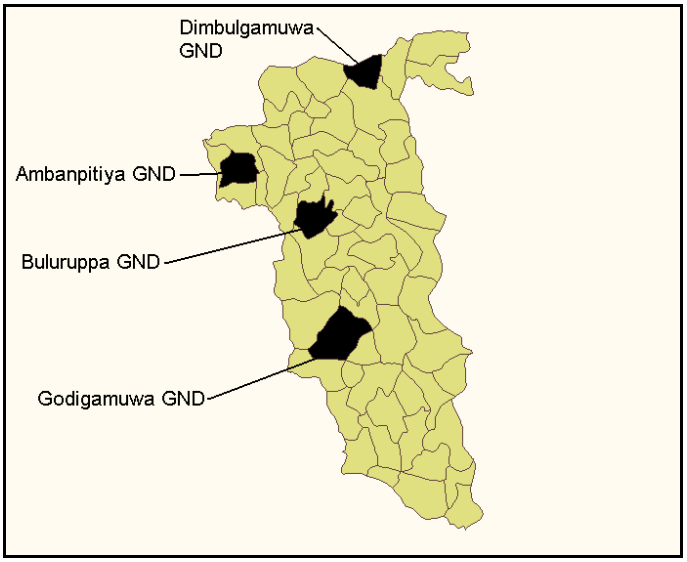
Dehiovita DSD Selected GNDs



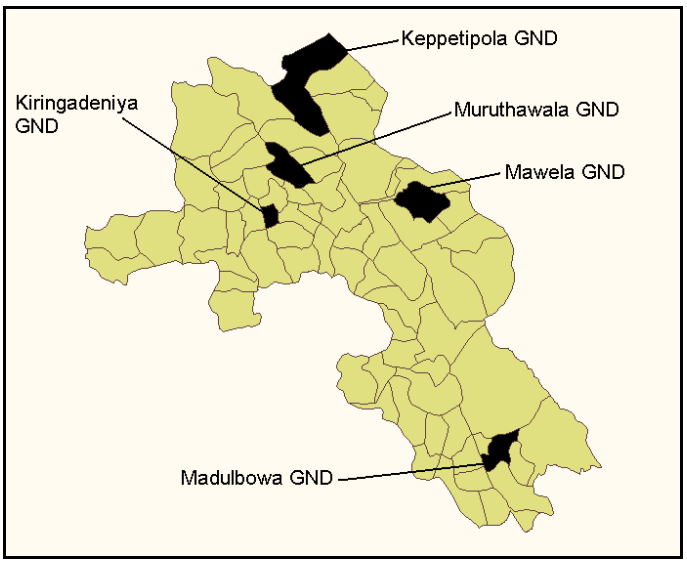
Deraniyagala DSD Selected GNDs



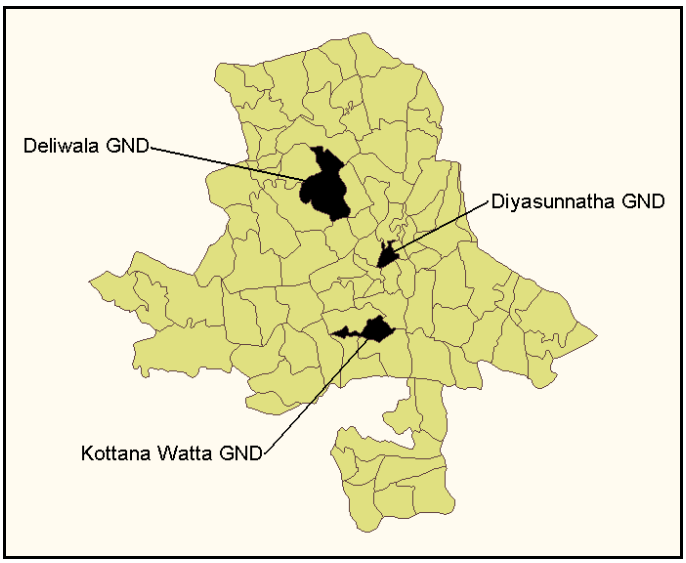
Galigamuwa DSD Selected GNDs



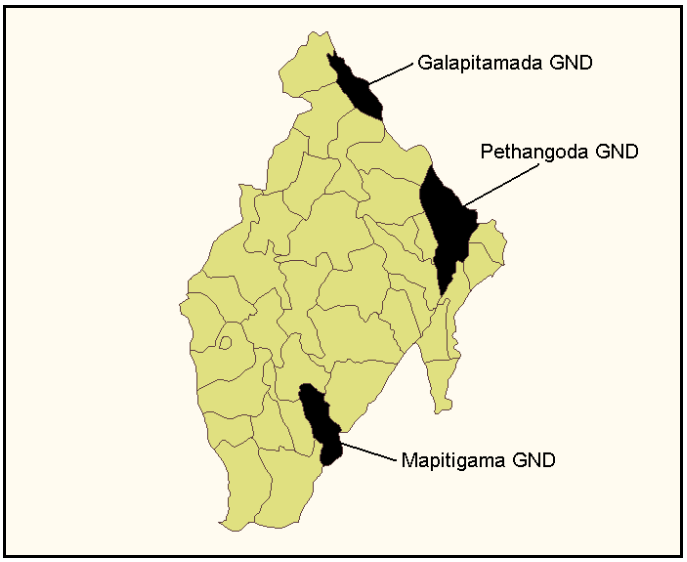
Kegalle DSD Selected GNDs



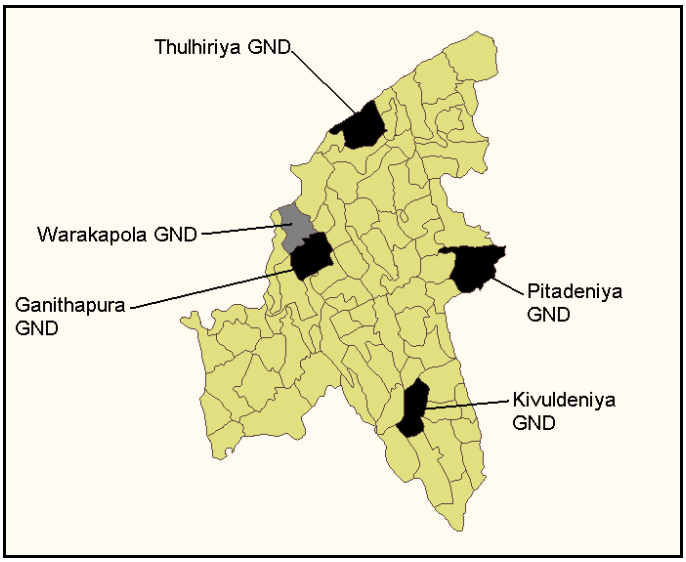
Mawanella DSD Selected GNDs



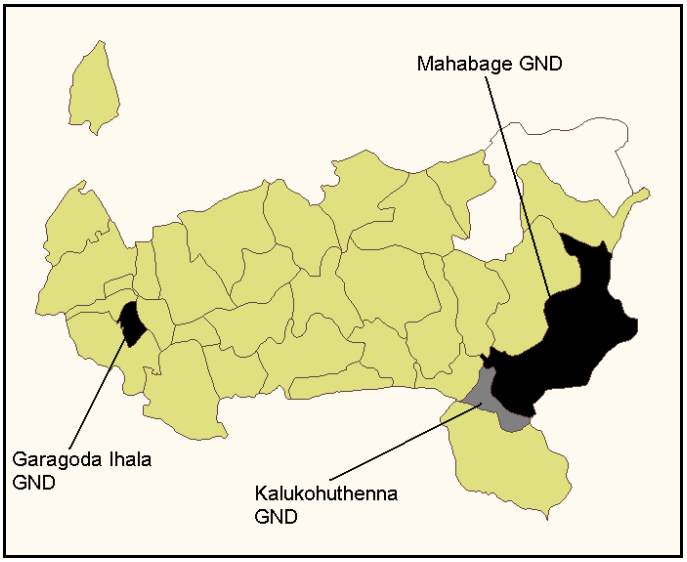
Rambukkana DSD Selected GNDs



Ruwanwella DSD Selected GNDs



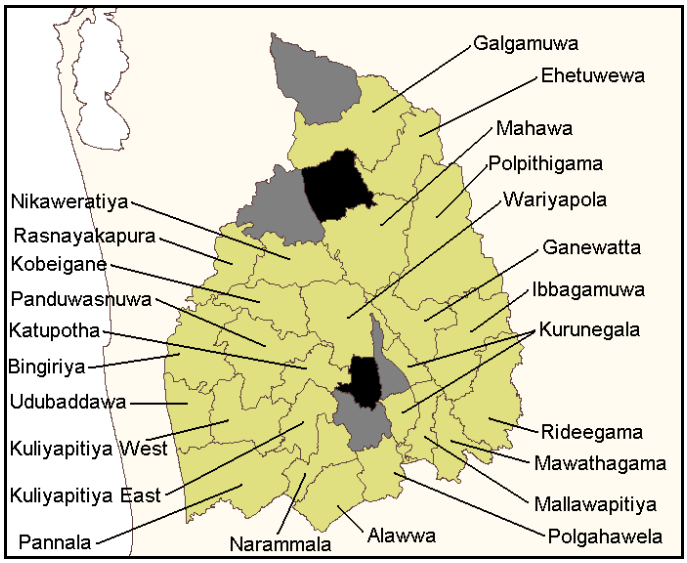
Warakapola DSD Selected GNDs



Yatiyanthota DSD Selected GNDs

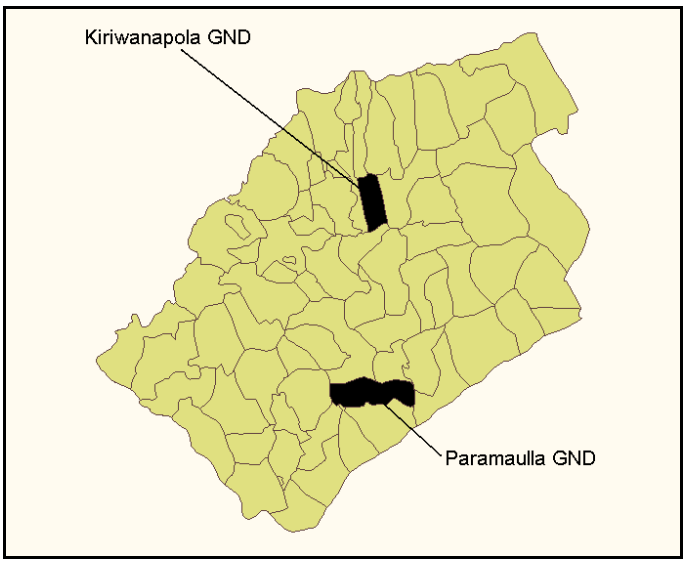
COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

The selected Grama Niladari Divisions of Kurunegala District

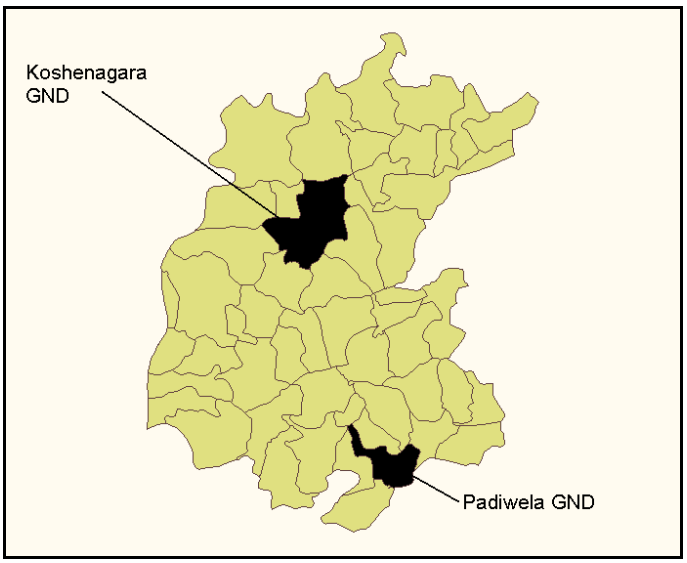


DSDs in Kurunegala District

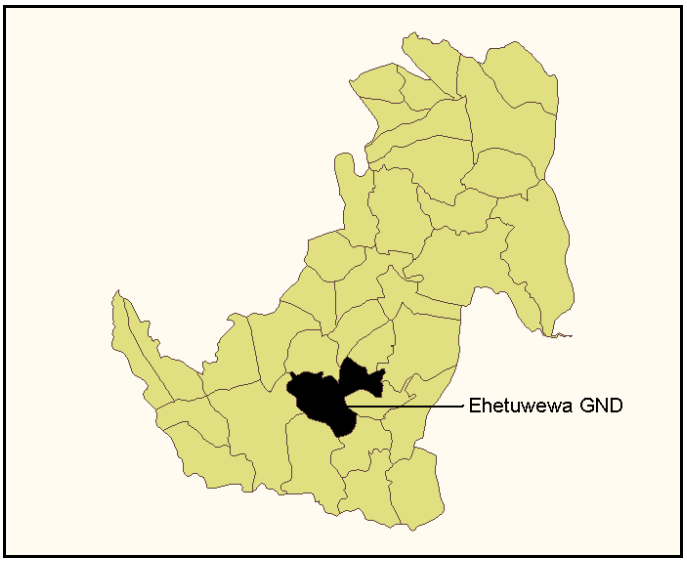
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Alawwa	(1.)Kiriwanapola, (2.)Paramaulla
2	Bingiriya	(3.)Koshenagara, (4.)Padiwela
3	Ehetuwewa	(5.)Ehetuwewa
4	Galgamuwa	(6.)Aluthherathgama
5	Ganewatta	(7.)Hidawewa
6	Ibbagamuwa	(8.)Kimbulwana Oya, (9.)Siyambalawehera
7	Katupotha	(10.)Beddegama
8	Kobeigane	(11.)Alahenegama
9	Kuliyapitiya East	(12.)Thoranegedara
10	Kuliyapitiya West	(13.)Koshena, (14.)Kithalawa
11	Kurunegala	(15.)Budanapitiya, (16.)Iluppugedara
12	Mahawa	(17.)Kirimetiyawa, (18.)Balagollagama
13	Mallawapitiya	(19.)Mahagama
14	Mawathagama	(20.)Madawa, (21.)Malandeniya
15	Narammala	(22.)Metiyagane East
16	Nikaweratiya	(23.)Divullegoda
17	Panduwasnuwa	(24.)Kadawalagedara, (25.)Karagahagedara
18	Pannala	(26.)Daraluwa, (27.)Makandura Pahala
19	Polgahawela	(28.)Ahugoda West, (29.)Kuleepitiya North
20	Polpithigama	(30.)Koruwawa
21	Rasnayakapura	(31.)Malpanawa
22	Rideegama	(32.)Lihiniwehera, (33.)Medakanda
23	Udubaddawa	(34.)Bunnehepola
24	Wariyapola	(35.)Bayawa, (36.)Pahala Imiyangoda



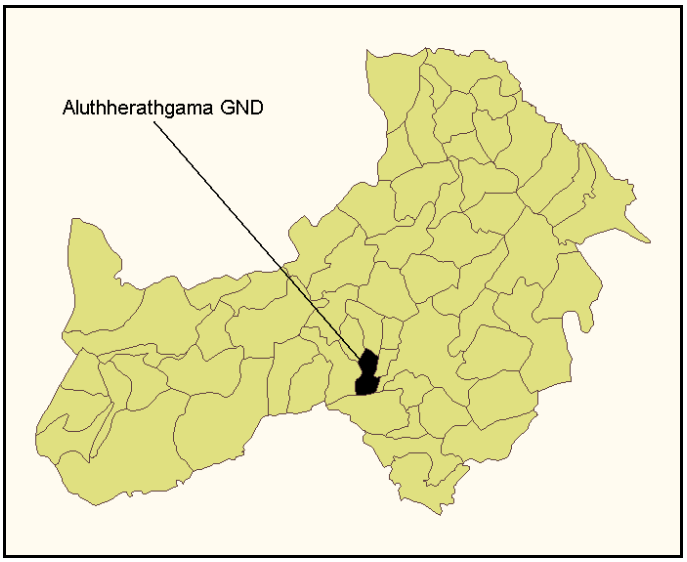
Alawwa DSD Selected GNDs



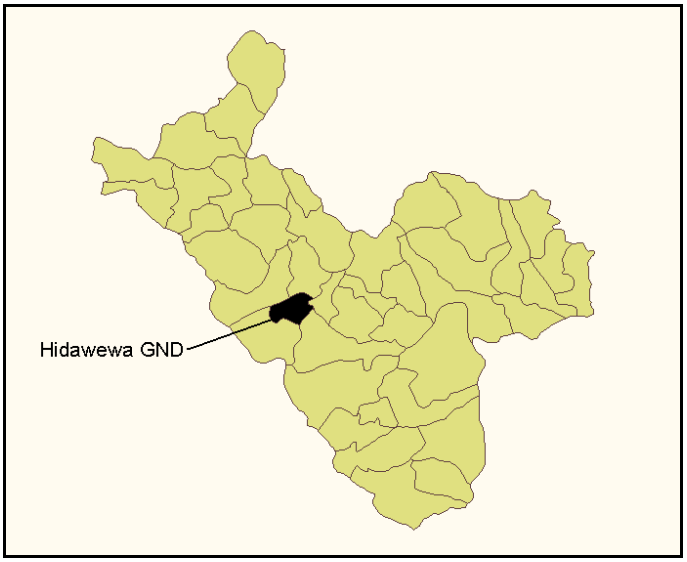
Bingiriya DSD Selected GNDs



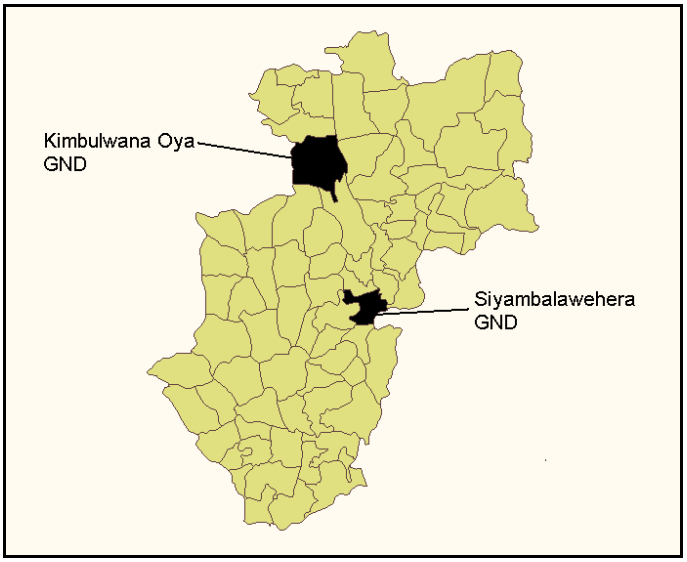
Ehetuwewa DSD Selected GNDs



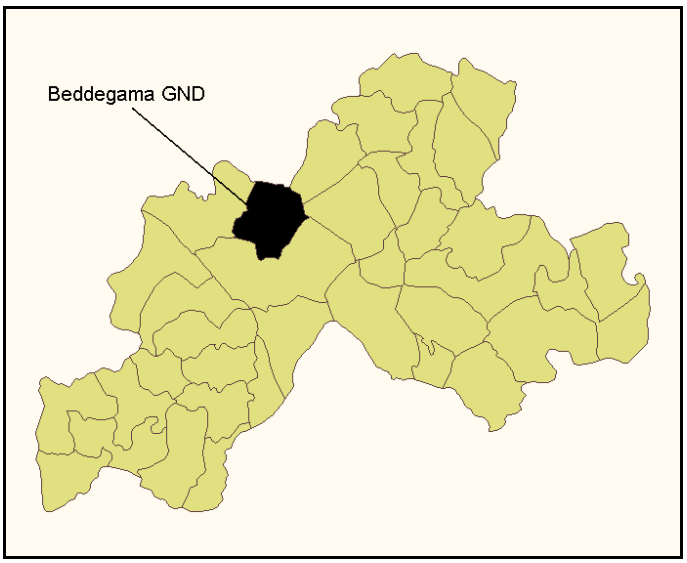
Galgamuwa DSD Selected GNDs



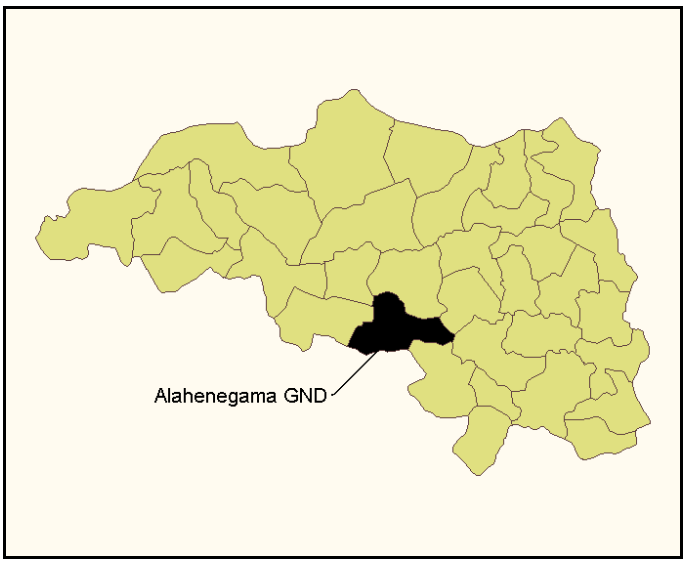
Ganewatta DSD Selected GNDs



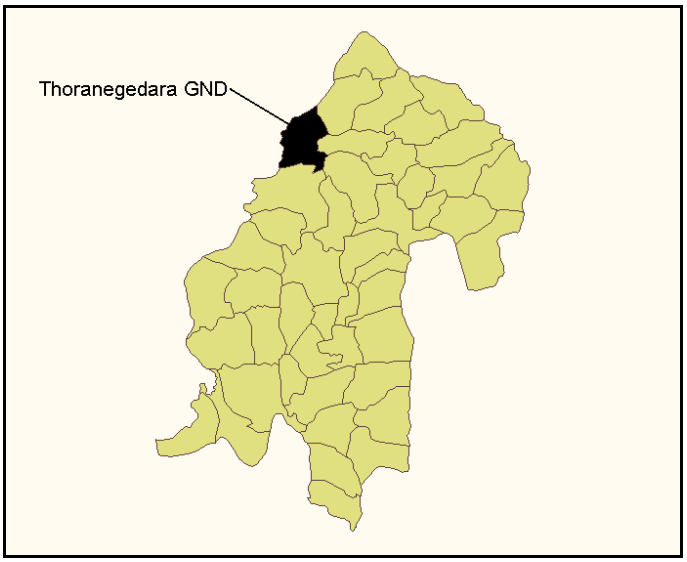
Ibbagamuwa DSD Selected GNDs



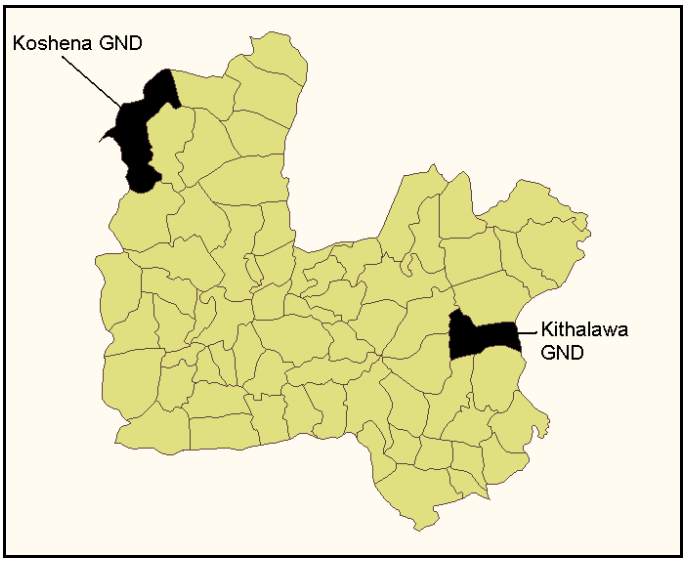
Katupotha DSD Selected GNDs



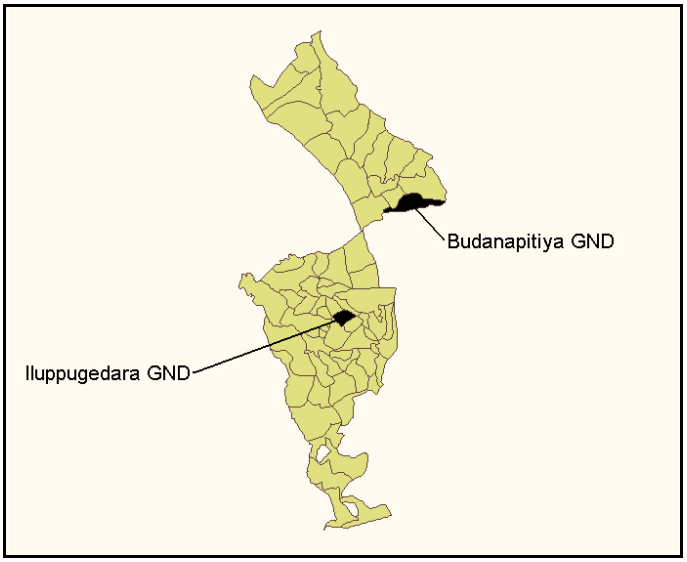
Kobeigane DSD Selected GNDs



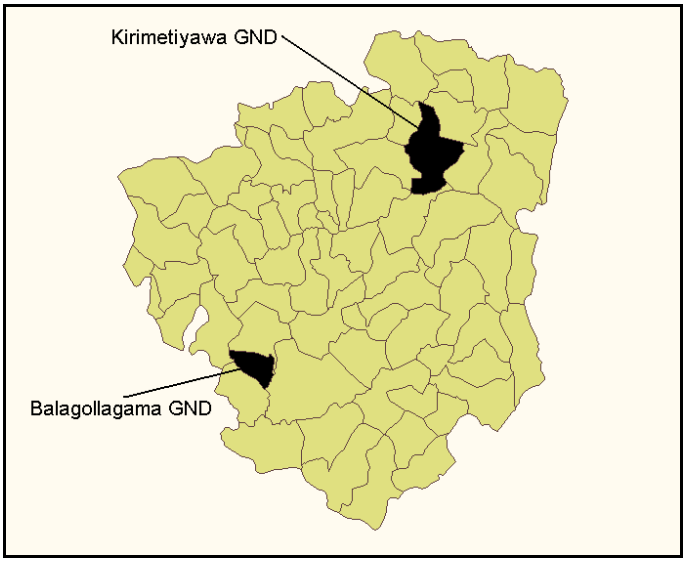
Kuliyapitiya East DSD Selected GNDs



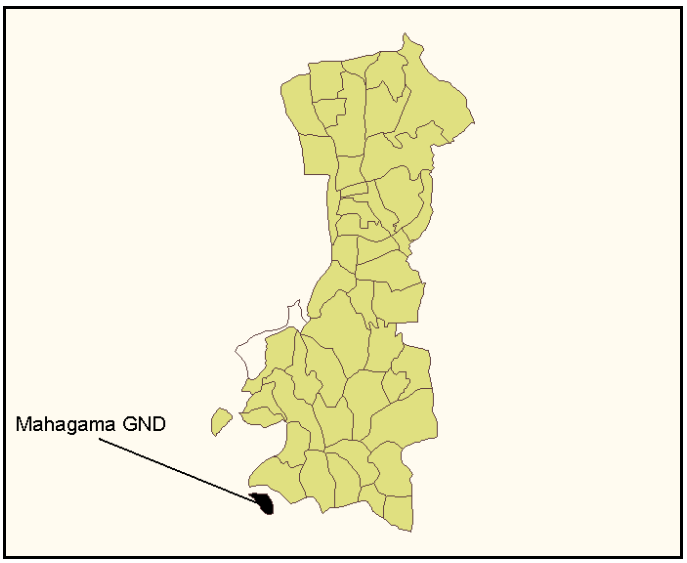
Kuliyapitiya West DSD Selected GNDs



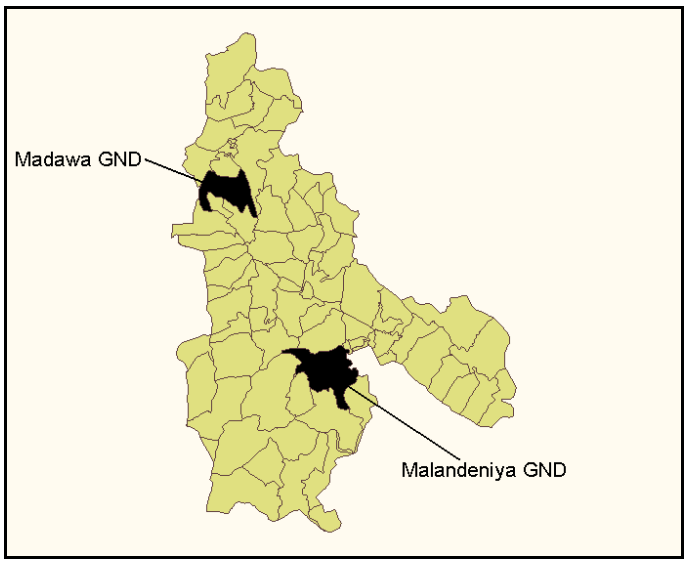
Kurunegala DSD Selected GNDs



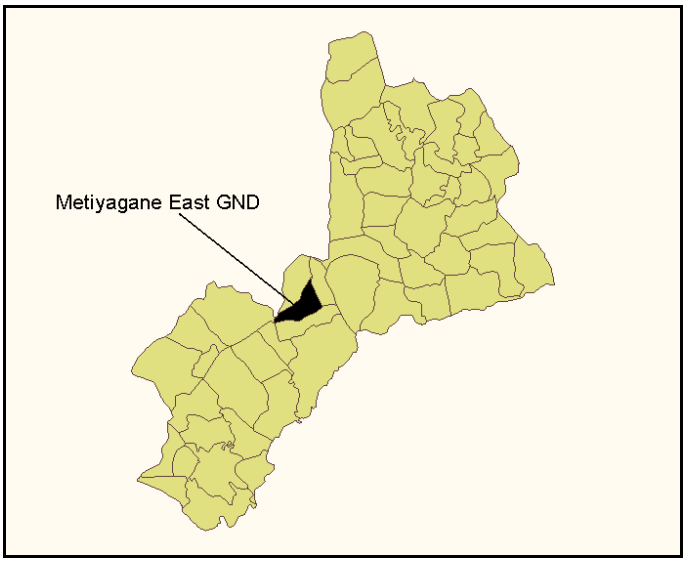
Mahawa DSD Selected GNDs



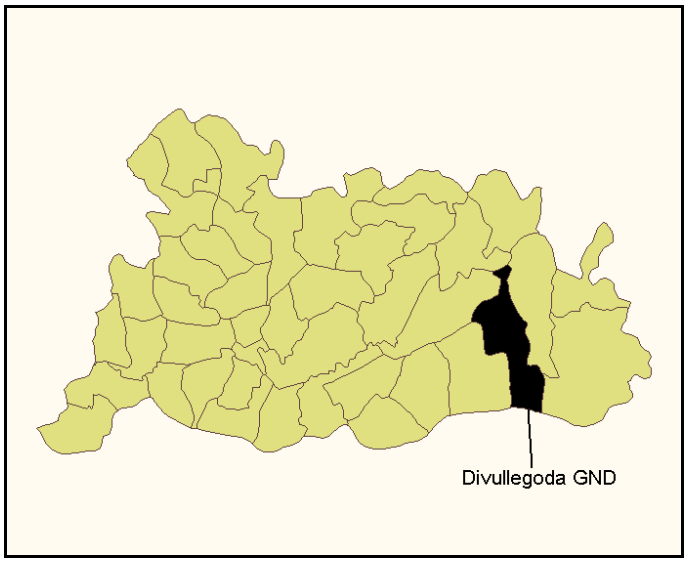
Mallawapitiya DSD Selected GNDs



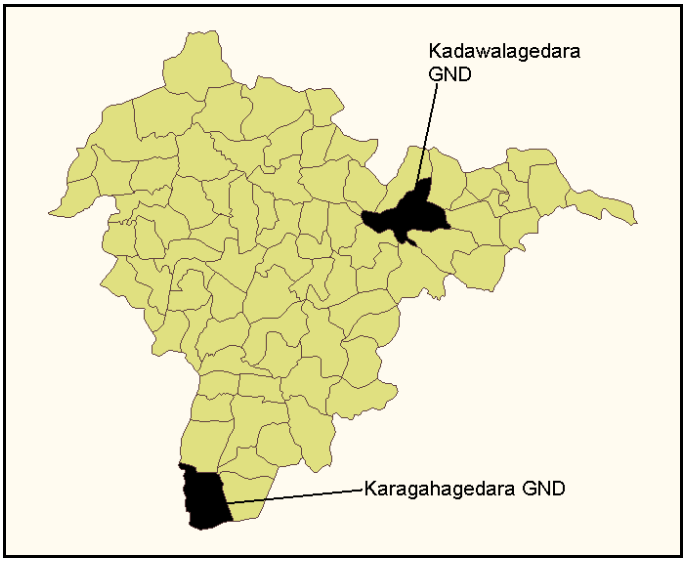
Mawathagama DSD Selected GNDs



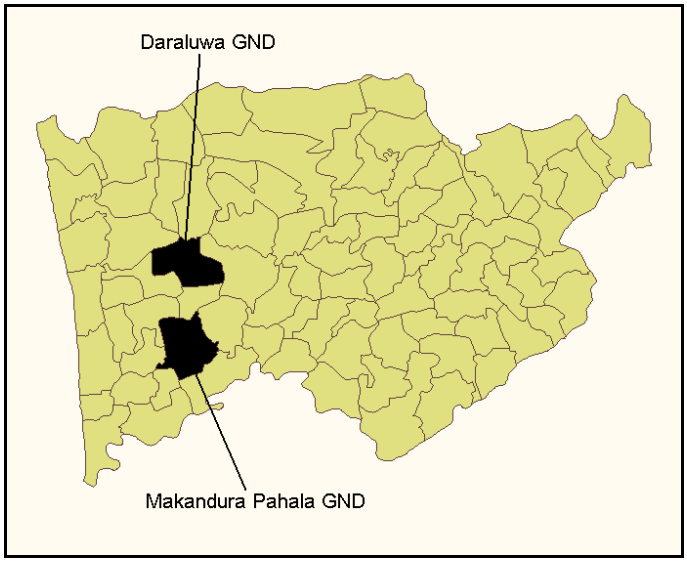
Narammala DSD Selected GNDs



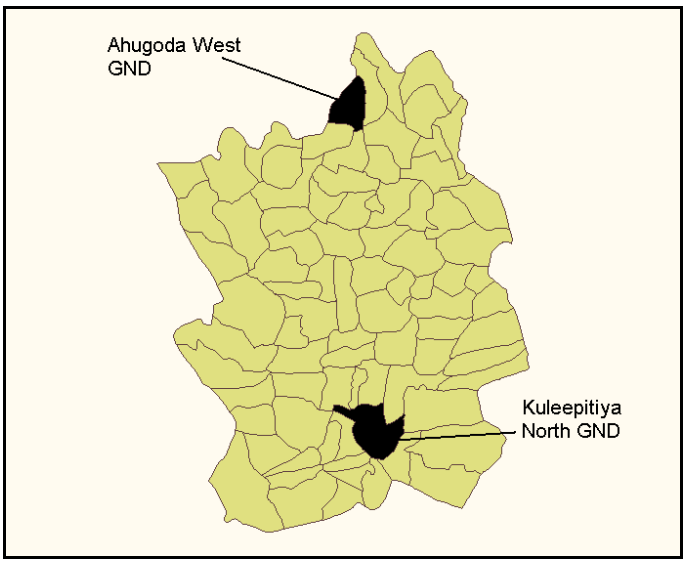
Nikaweratiya DSD Selected GNDs



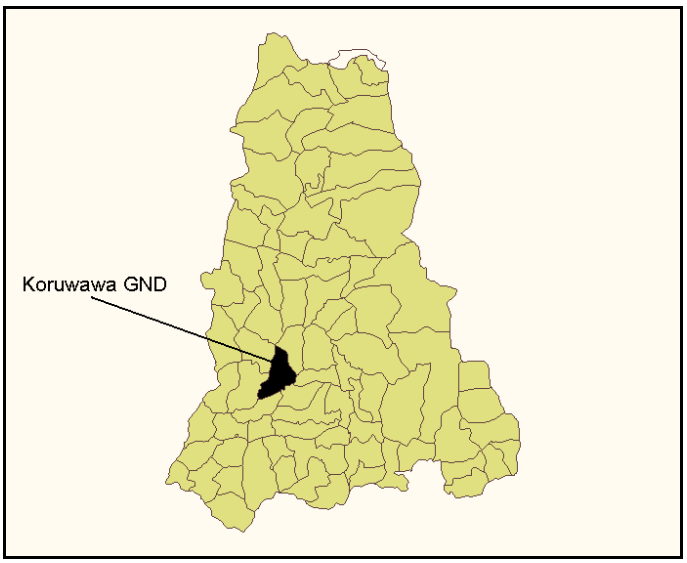
Panduwasnuwa DSD Selected GNDs



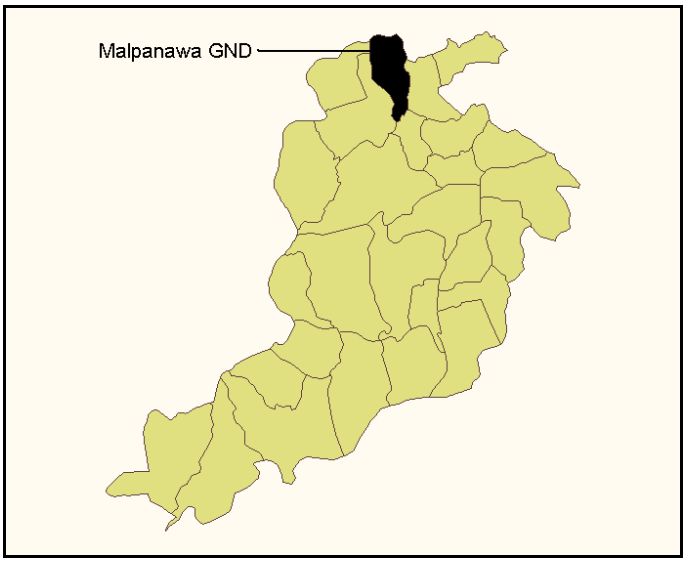
Pannala DSD Selected GNDs



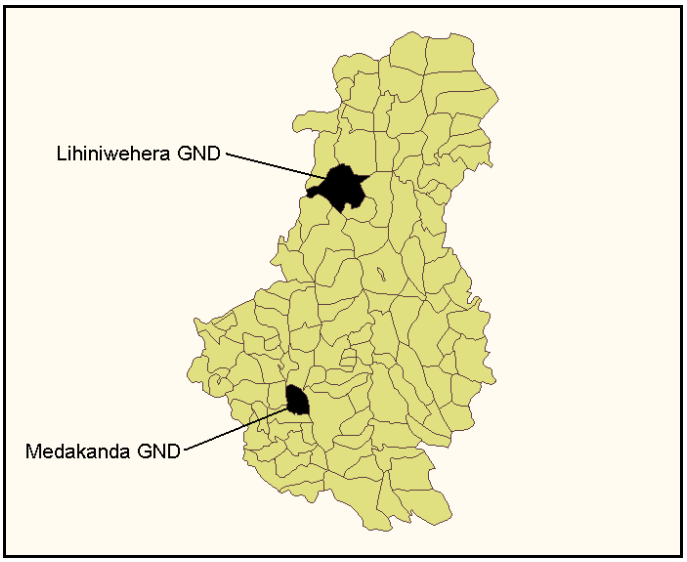
Polgahawela DSD Selected GNDs



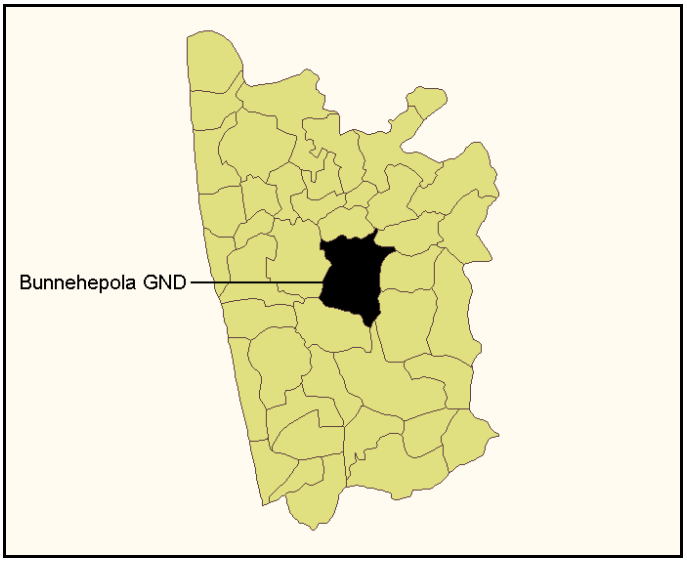
Polpithigama DSD Selected GNDs



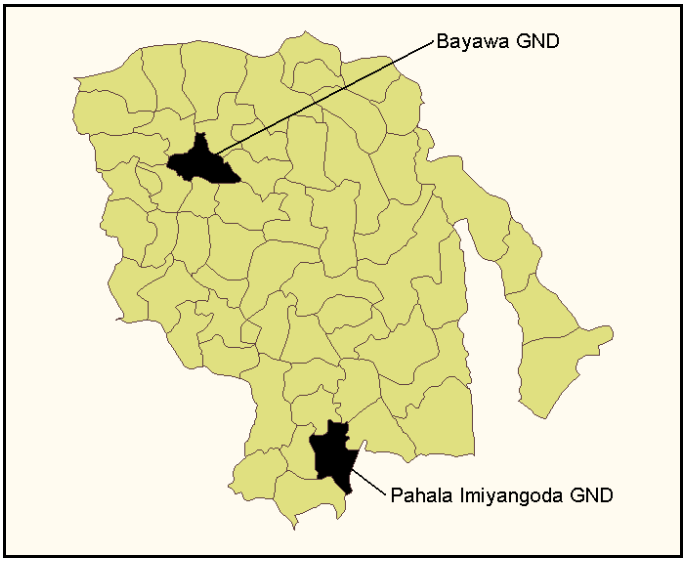
Rasnayakapura DSD Selected GNDs



Rideegama DSD Selected GNDs

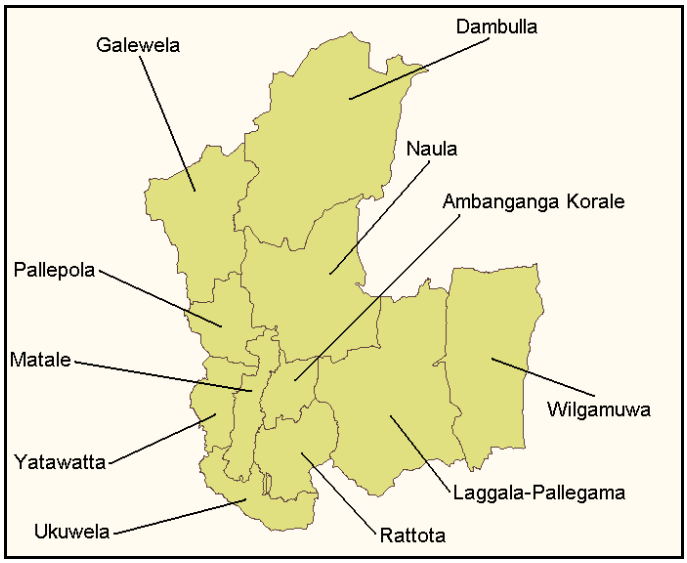


Ududbaddawa DSD Selected GNDs



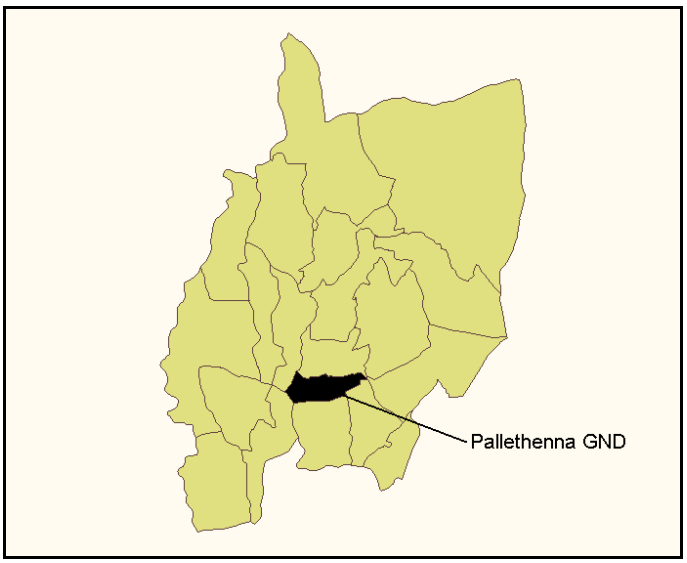
Wariyapola DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Matale District

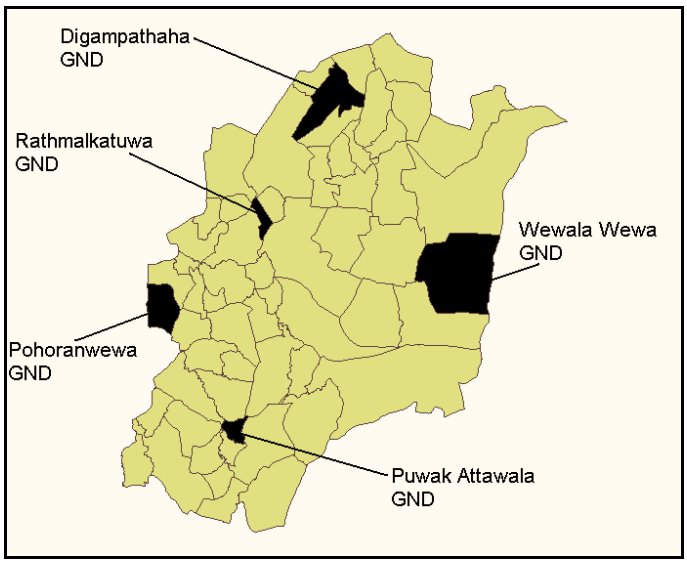


DSDs in Matale District

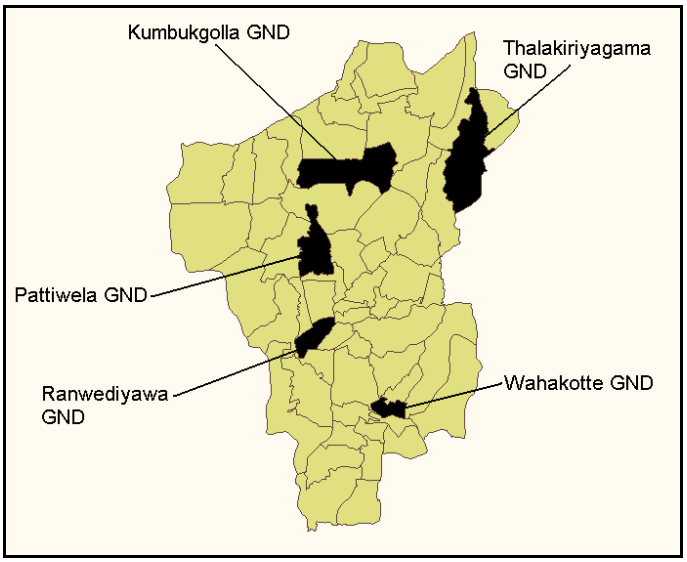
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Ambanganga Korale	(1.)Pallethenna
2	Dambulla	(2.)Digampathaha, (3.)Rathmalkatuwa, (4.)Wewala Wewa, (5.)Pohoranwewa, (6.)Puwak Attawala
3	Galewela	(7.)Thalakiriyagama, (8.)Kumbukgolla, (9.)Pattiwela, (10.)Ranwediyawa, (11.)Wahakotte
4	Laggala-Pallegama	(12.)Dasgiriya,
5	Matale	(13.)Madawala, (14.)Kottagoda, (15.)Parawatta, (16.)Malwatta, (17.)Sinhala Town, (18.)Pandivita Welagama
6	Naula	(19.)Mailpitiya, (20.)Alugolla
7	Pallepola	(21.)Thalakiriyawa, (22.)Ekamuthugama
8	Rattota	(23.)Ihala Owala, (24.)Weralugasthenna, (25.)Bogambara, (26.)Palleyaya
9	Ukuwela	(27.)Wademada, (28.)Wariyapola, (29.)Warakamura, (30.)Manaboda, (31.)Marukona
10	Wilgamuwa	(32.)Palupitiya, (33.)Hettipola, (34.)Sonutta
11	Yatawatta	(35.)Rathalawewa, (36.)Unaweruwa



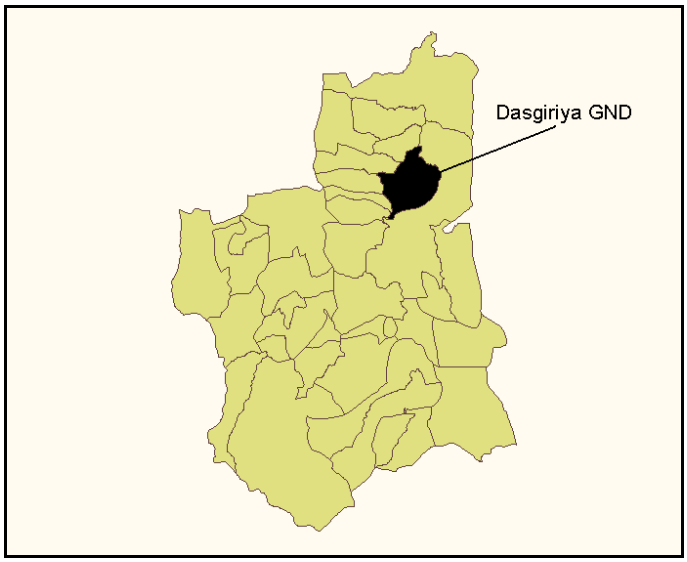
Ambanganga Korale DSD Selected GNDs



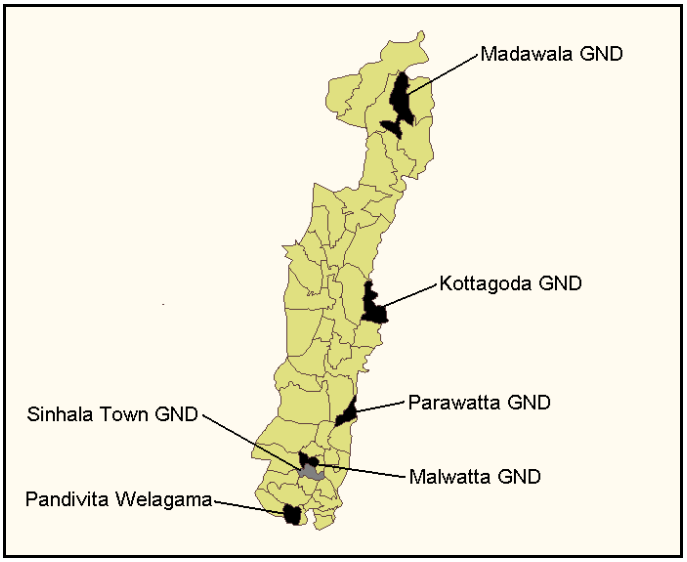
Dambulla DSD Selected GNDs



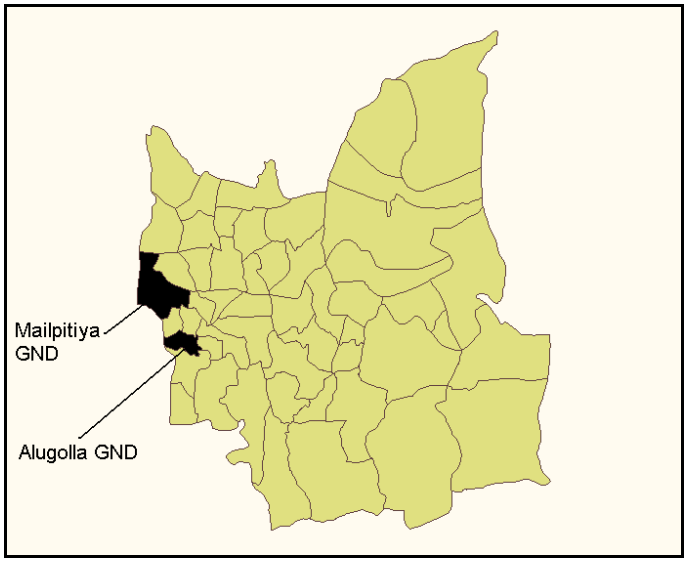
Galewela DSD Selected GNDs



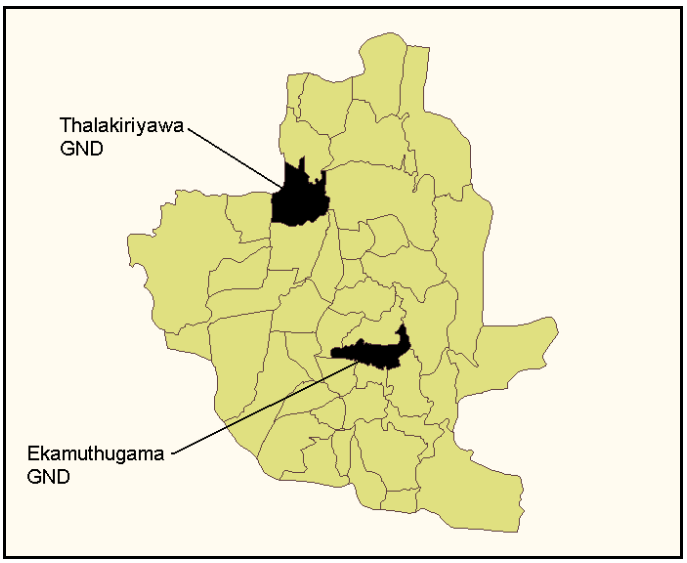
Laggala-Pallegama DSD Selected GNDs



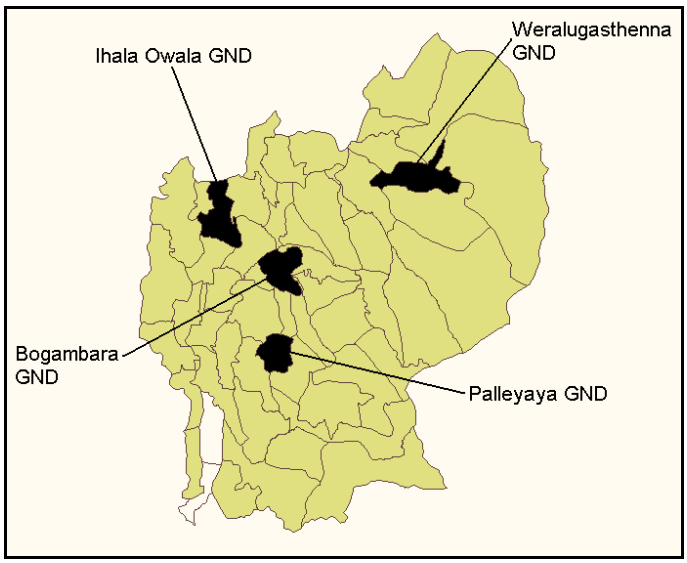
Matale DSD Selected GNDs



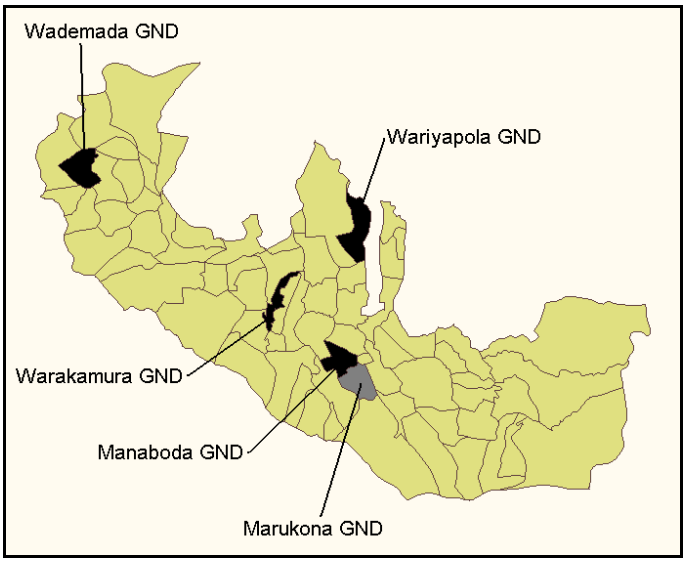
Naula DSD Selected GNDs



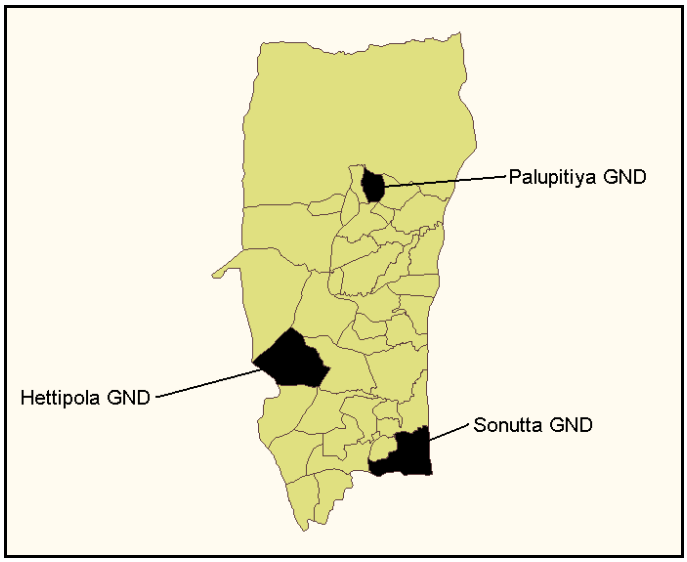
Pallepola DSD Selected GNDs



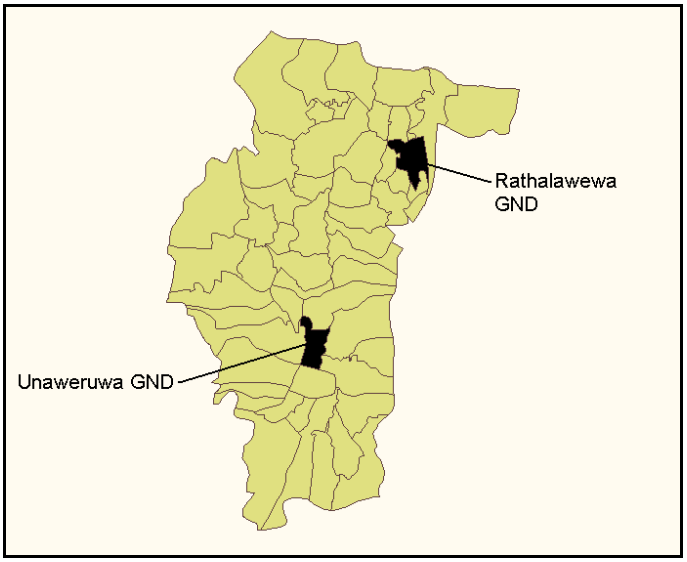
Rattota DSD Selected GNDs



Ukuwela DSD Selected GNDs

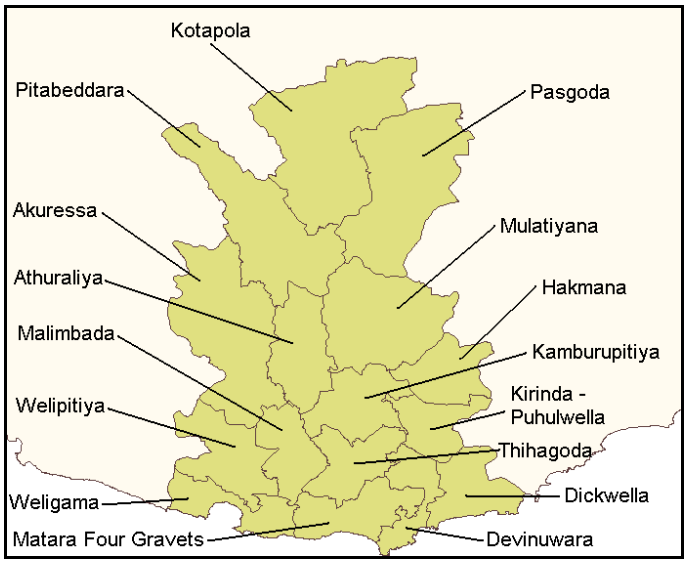


Wilgamuwa DSD Selected GNDs



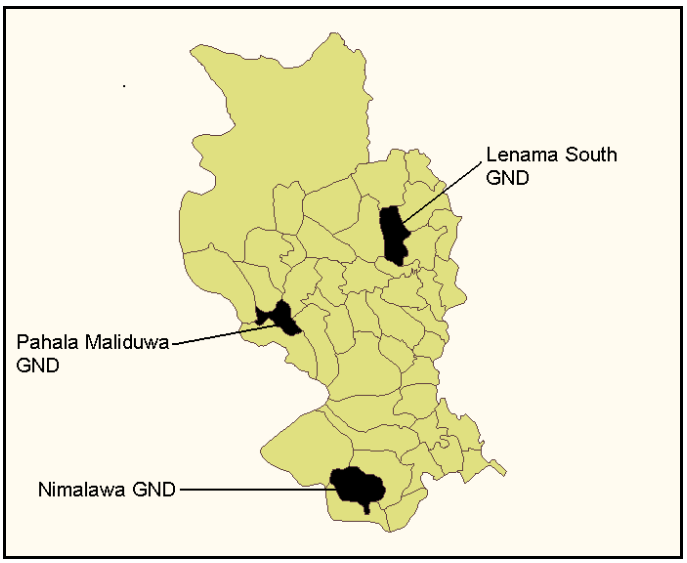
Yatawatta DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Matara District

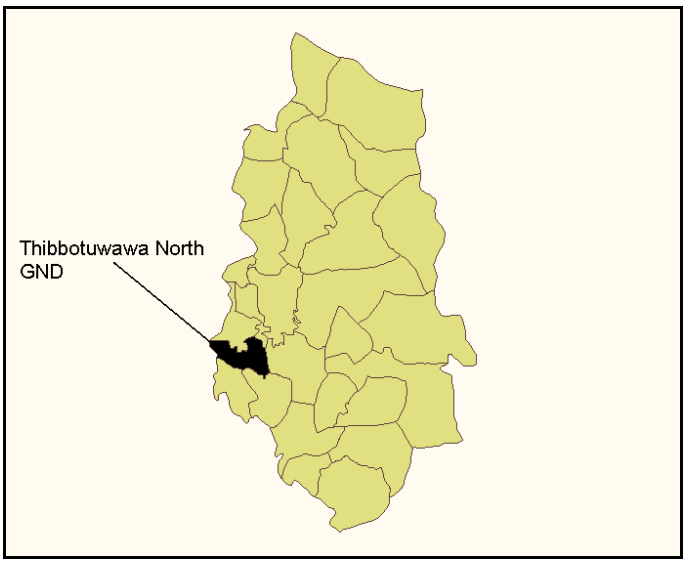


DSDs in Matara District

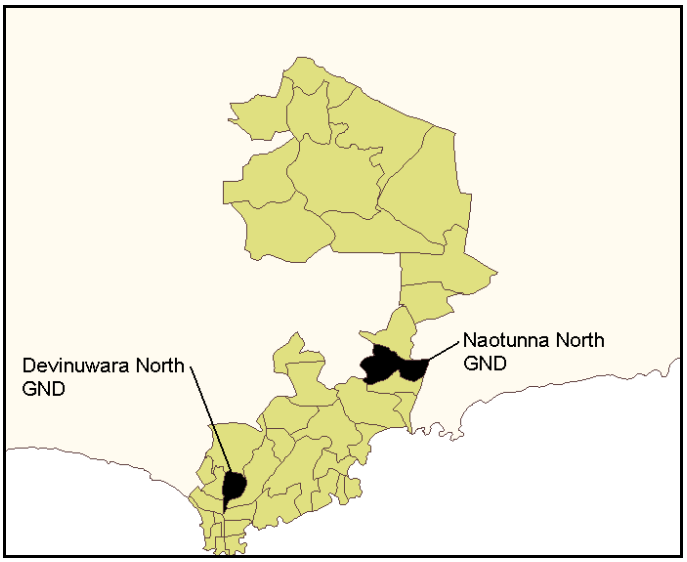
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Akuressa	(1.)Lenama South, (2.)Pahala Maliduwa, (3.)Nimalawa
2	Athuraliya	(4.)Thibbotuwawa North
3	Devinuwara	(5.)Naotunna North, (6.)Devinuwara North
4	Dickwella	(7.)Dandeniya South, (8.)Dickwella Muslim Yonakapura East
5	Hakmana	(9.)Denagama East, (10.)Pottewela
6	Kamburupitiya	(11.)Godawa, (12.)Kahagala
7	Kirinda - Puhulwella	(13.)Walakanda South
8	Kotapola	(14.)Pallegama North, (15.)Kotapola North, (16.)Uvaragala
9	Malimbada	(17.)Kirimetimulla North
10	Matara Four Gravets	(18.)Deeyagaha West, (19.)Isadeen Town, (20.)Veherahena, (21.)Mathotagama, (22.)Thotamuna
11	Mulatiyana	(23.)Athapattukanda, (24.)Dewalegama East
12	Pasgoda	(25.)Batandura North, (26.)Ginnaliya West, (27.)Bengamuwa South
13	Pitabeddara	(28.)Banagala West, (29.)Gorakawela
14	Thihagoda	(30.)Pahala Vitiyala Eas, (31.)Attudawa
15	Weligama	(32.)Midigama East, (33.)Paranakade, (34.)Kapparathota South
16	Welipitiya	(35.)Penetiyana East, (36.)Welipitiya



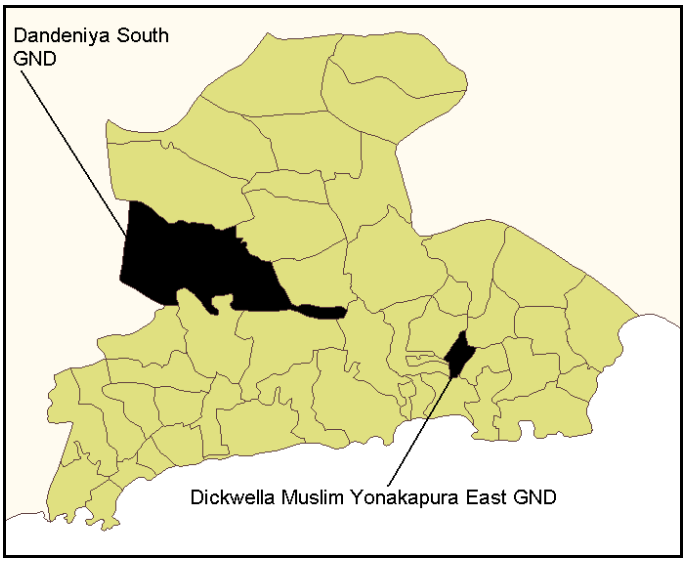
Akuressa DSD Selected GNDs



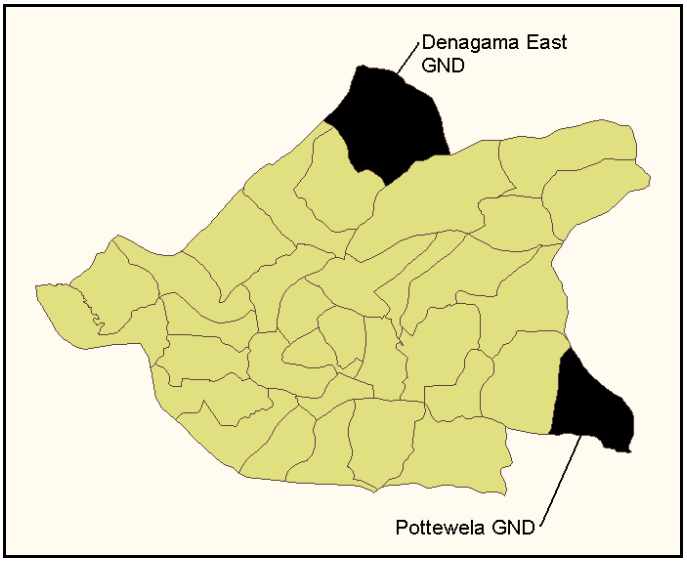
Athuraliya DSD Selected GNDs



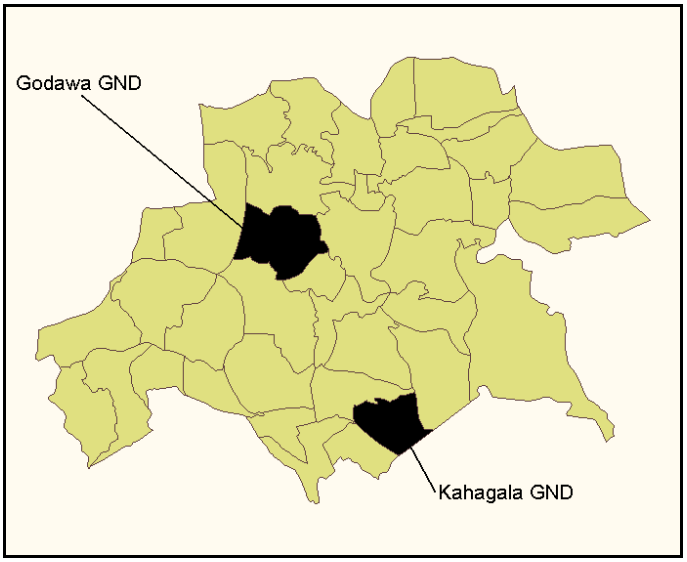
Devinuwara DSD Selected GNDs



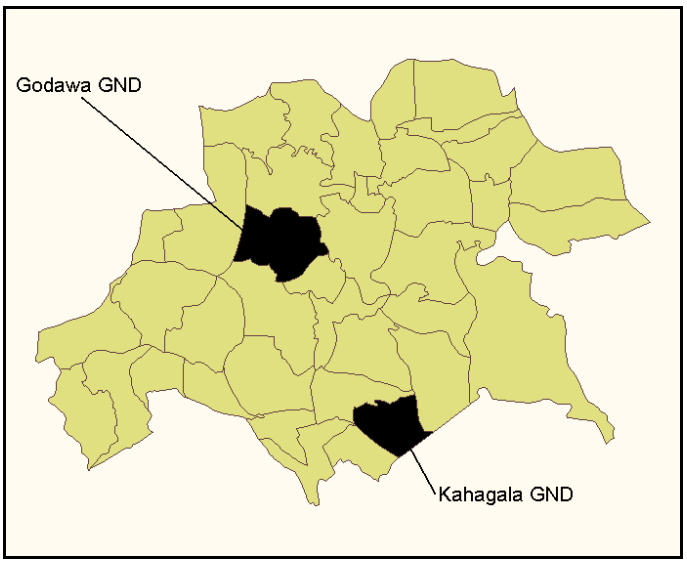
Dikwella DSD Selected GNDs



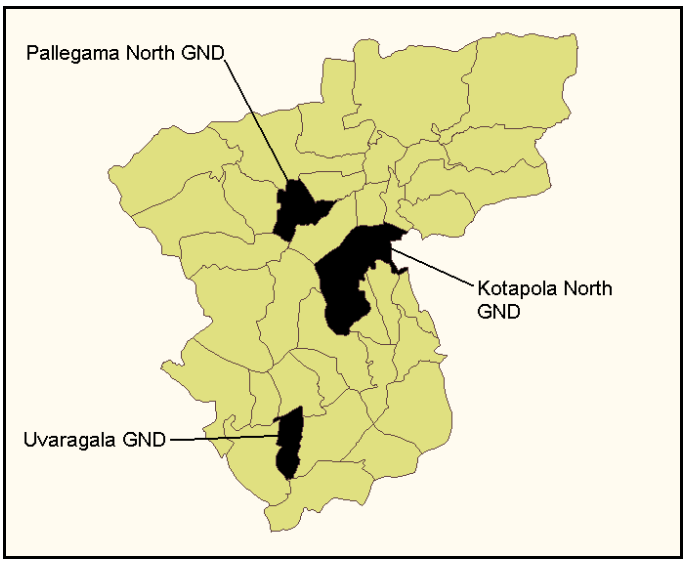
Hakmana DSD Selected GNDs



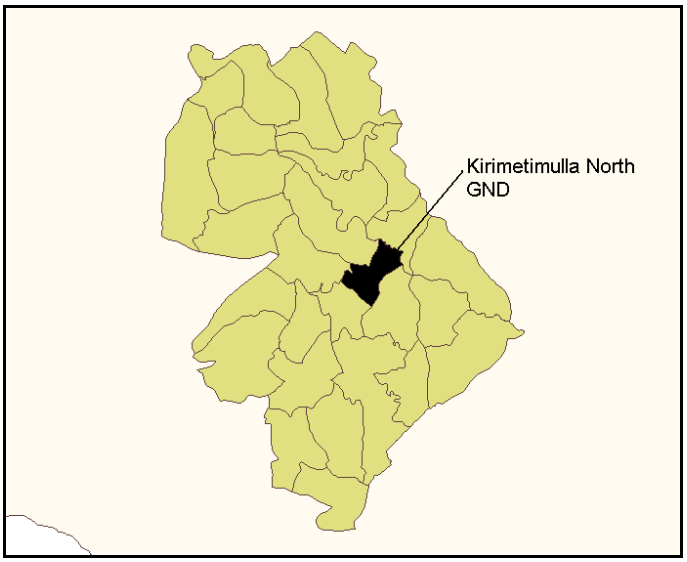
Kamburupitiya DSD Selected GNDs



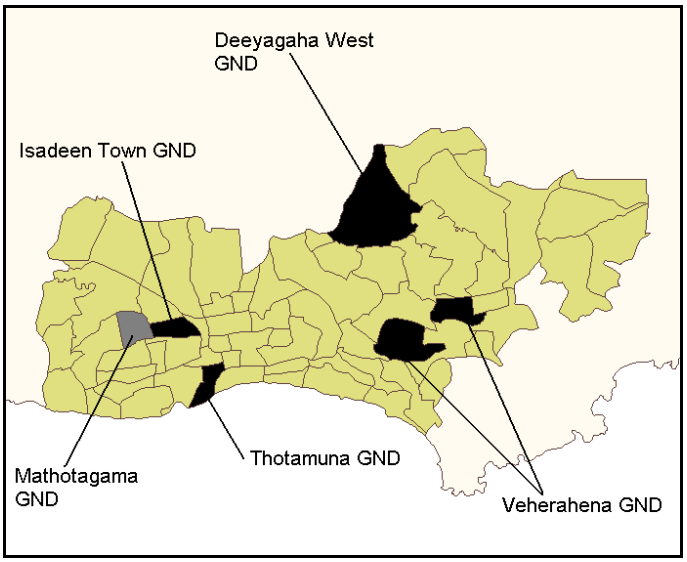
Kirinda - Puhulwella DSD Selected GNDs



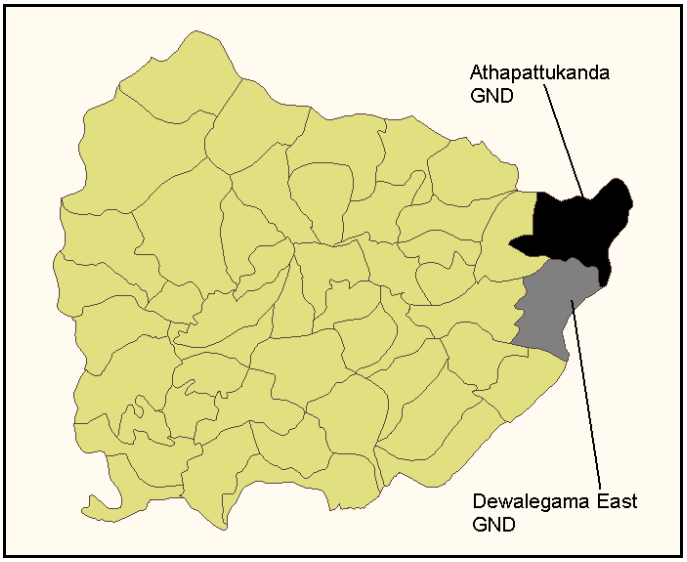
Kotapola DSD Selected GNDs



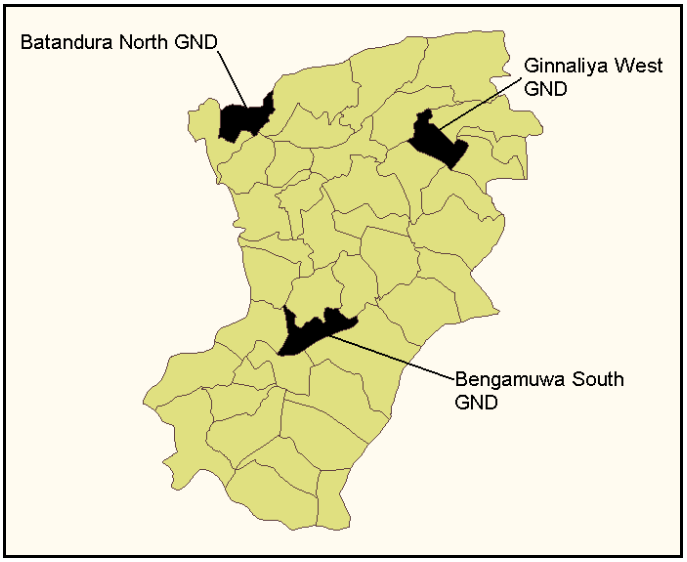
Malimbada DSD Selected GNDs



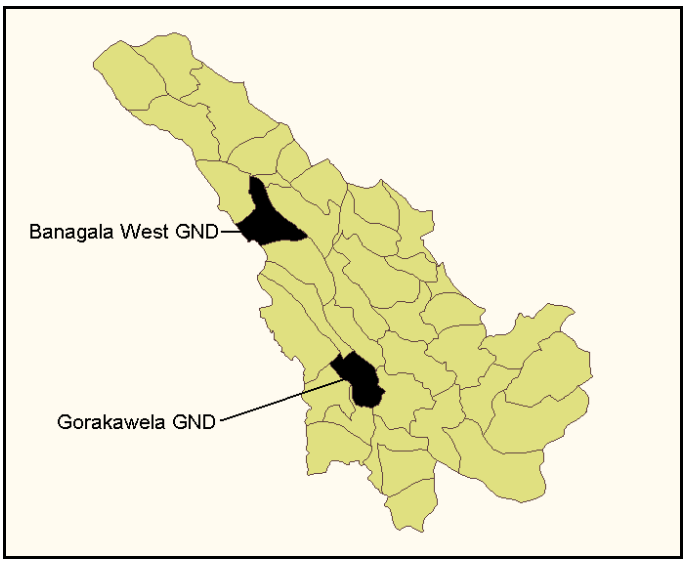
Matara Four Gravets DSD Selected GNDs



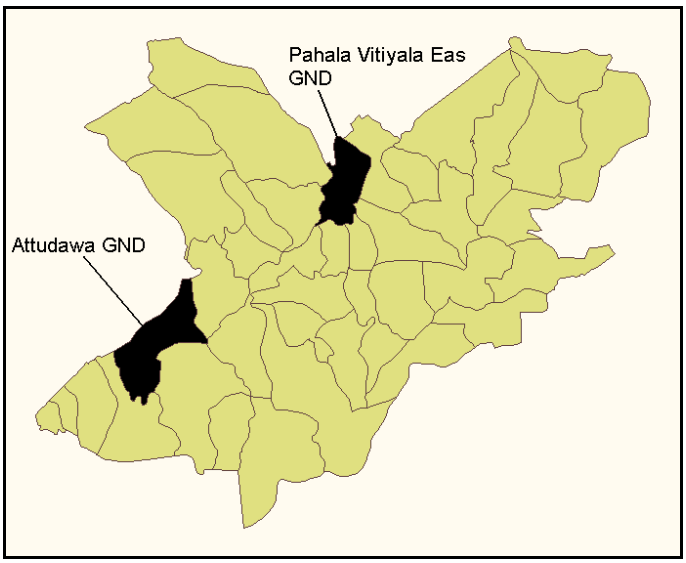
Mulatiyana DSD Selected GNDs



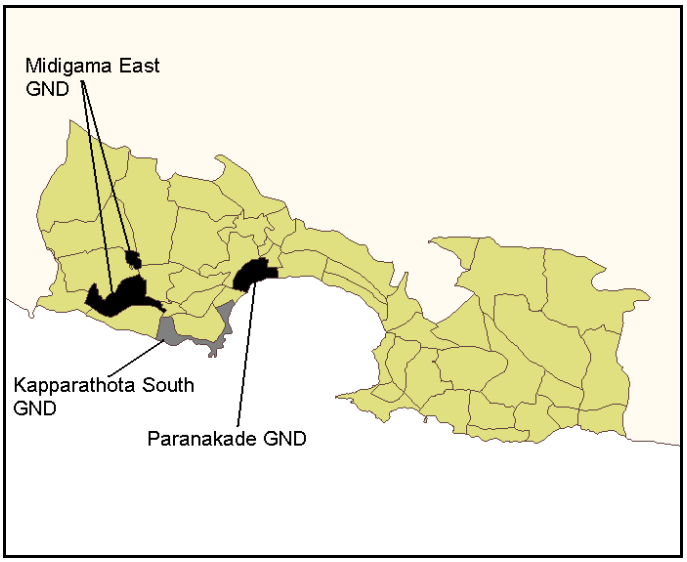
Pasgoda DSD Selected GNDs



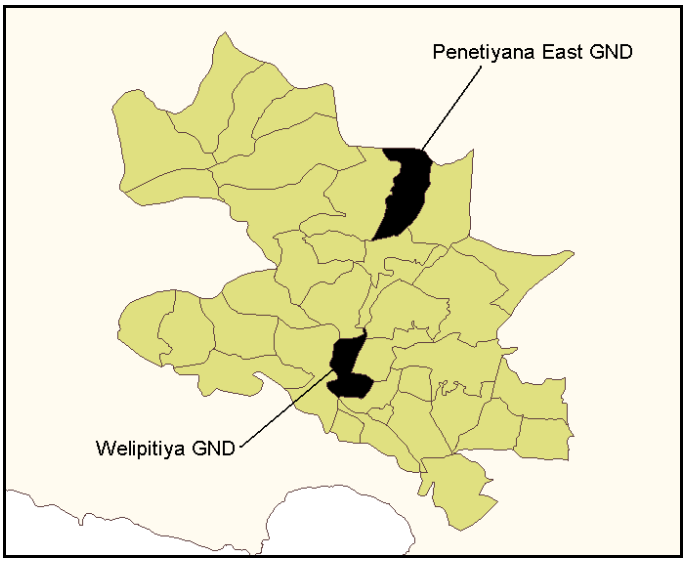
Pitabeddara DSD Selected GNDs



Thihagoda DSD Selected GNDs

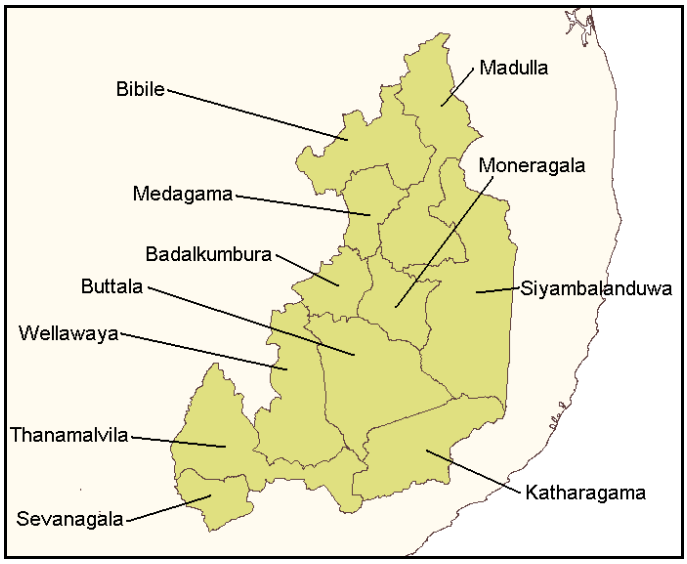


Weligama DSD Selected GNDs



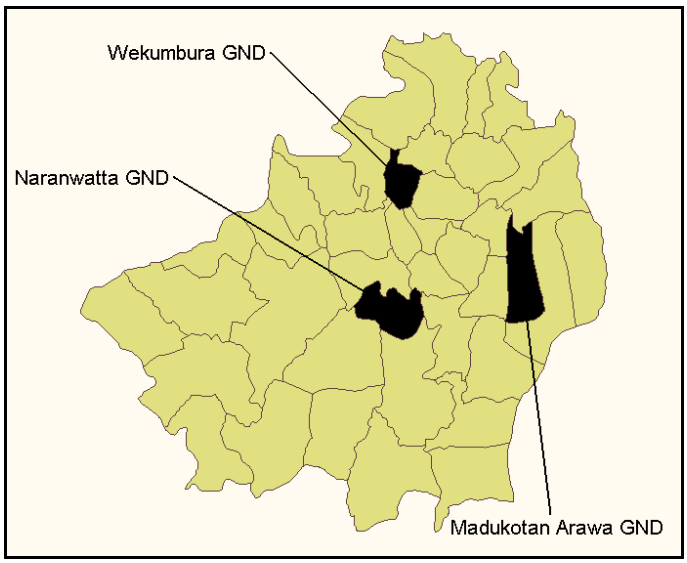
Welipitiya DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Monaragala District

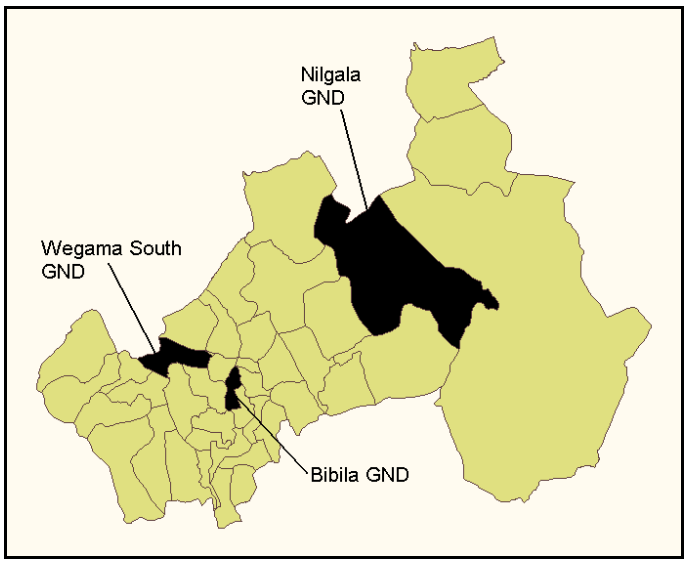


DSDs in Monaragala District

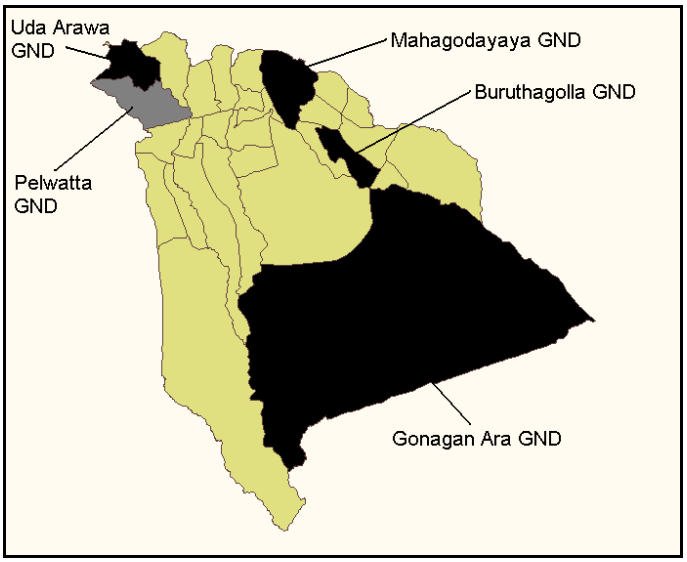
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Badalkumbura	(1.)Wekumbura, (2.)Madukotan Arawa, (3.)Naranwatta
2	Bibile	(4.)Nilgala, (5.)Wegama South, (6.)Bibila
3	Buttala	(7.)Uda Arawa, (8.)Mahagodayaya, (9.)Buruthagolla, (10.)Pelwatta, (11.)Gonagan Ara
4	Katharagama	(12.)Detagamuwa
5	Madulla	(13.)Inginiyagala, (14.)Alpitiya, (15.)Dambagalla
6	Medagama	(16.)Senapathiya, (17.)Mellagama, (18.)Rattanadeniya
7	Moneragala	(19.)Nakkala, (20.)Kolonvinna, (21.)Maduruketiya, (22.)Thenagallanda
8	Sevanagala	(23.)Samagipura, (24.)Muthuminigama, (25.)Mahagama
9	Siyambalanduwa	(26.)Govindupura, (27.)Karambagoda, (28.)Indigasella, (29.)Thissapura
10	Thanamalvila	(30.)Kotavehera Mankada, (31.)Sooriyaara
11	Wellawaya	(32.)Randeniya, (33.)Wellawaya, (34.)Neluwagala, (35.)Handapanagala, (36.)Debara Ara



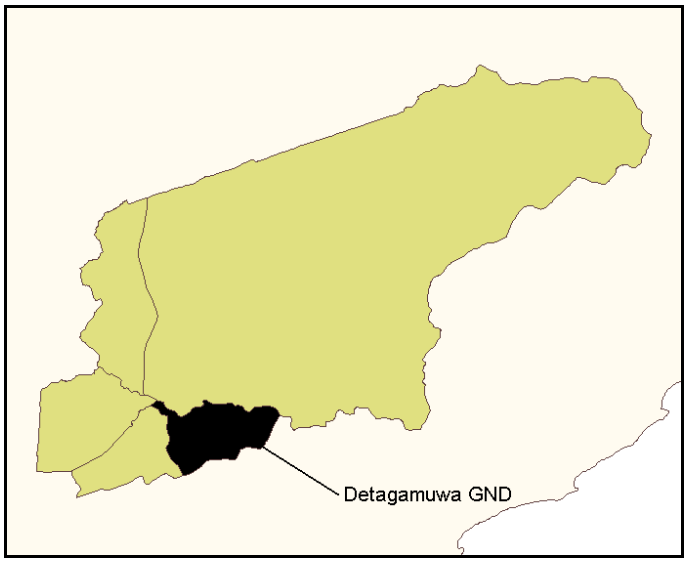
Badalkumbura DSD Selected GNDs



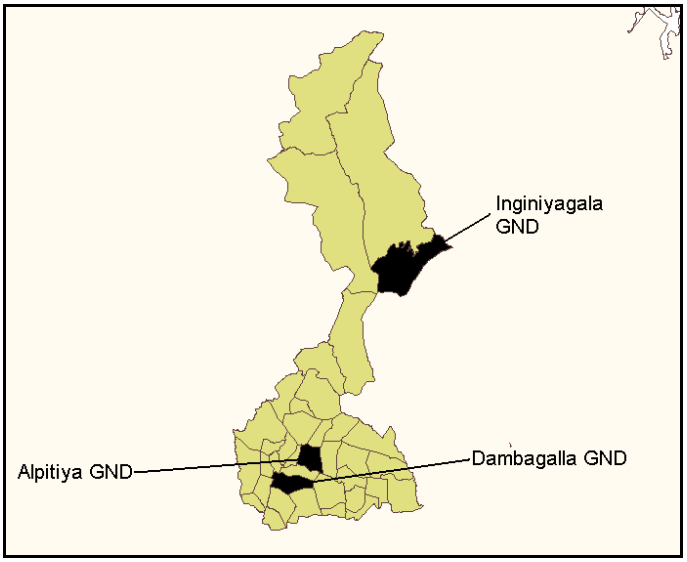
Bibile DSD Selected GNDs



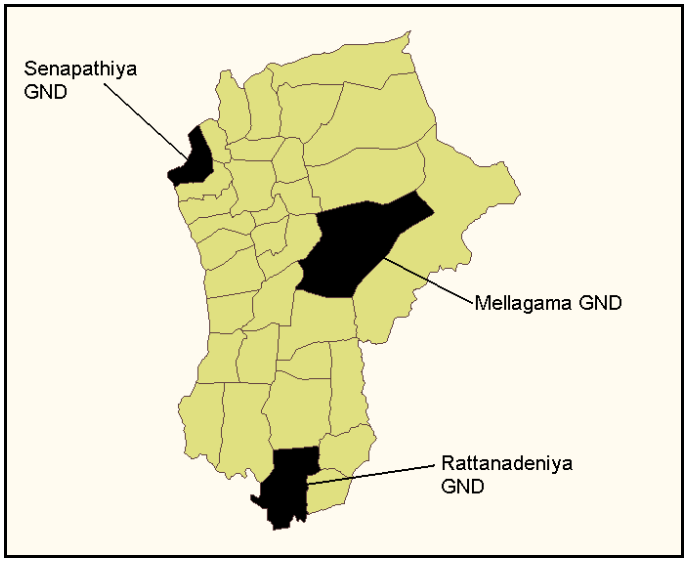
Buttala DSD Selected GNDs



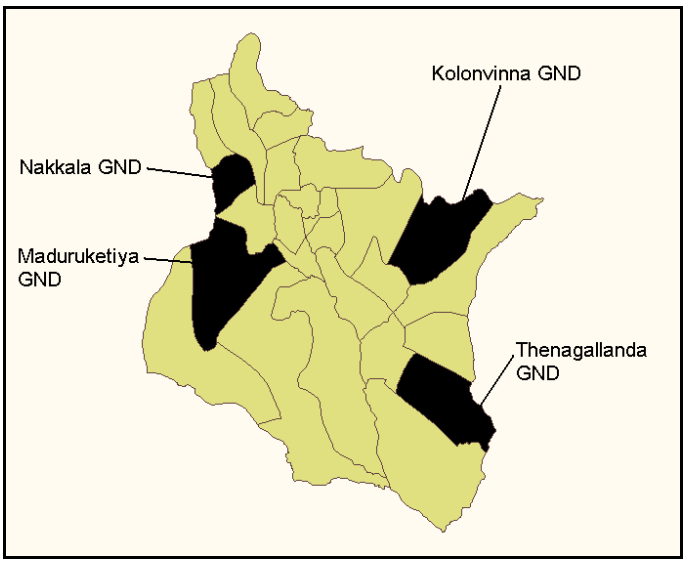
Katharagama DSD Selected GNDs



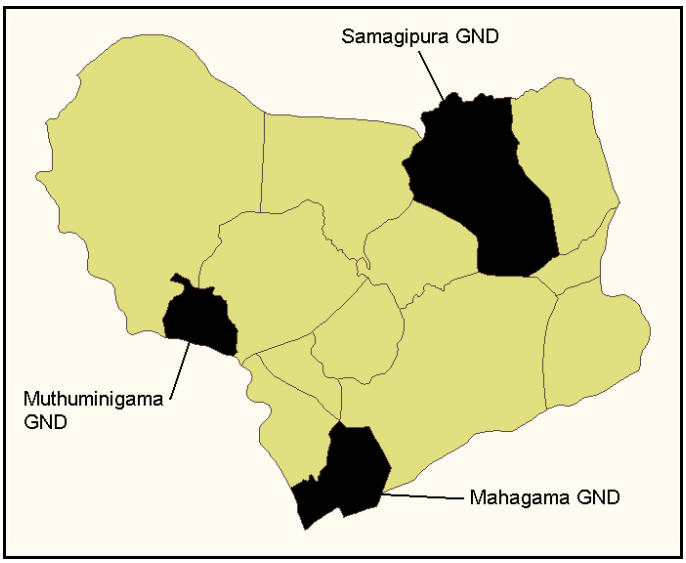
Madulla DSD Selected GNDs



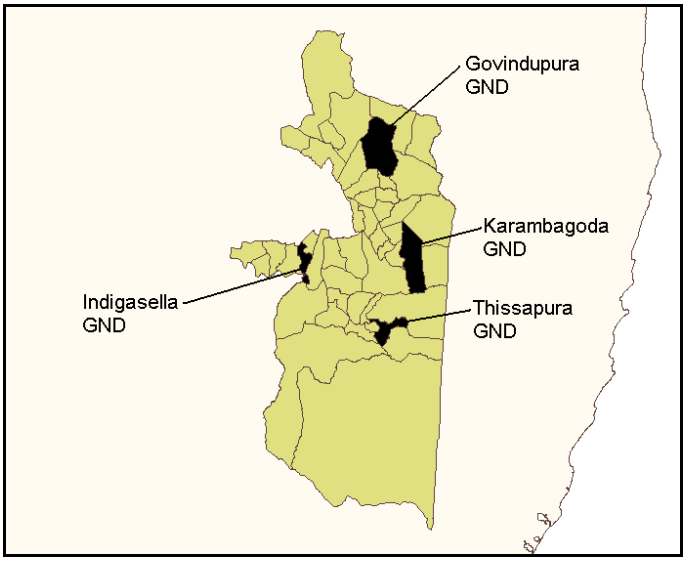
Medagama DSD Selected GNDs



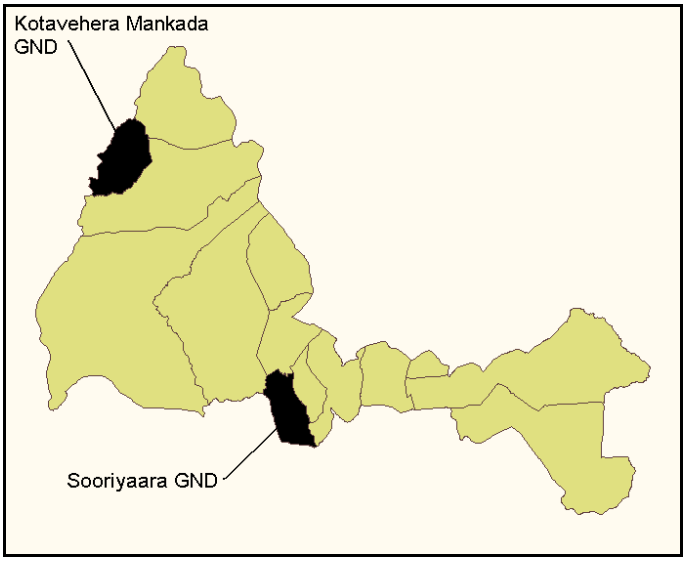
Moneragala DSD Selected GNDs



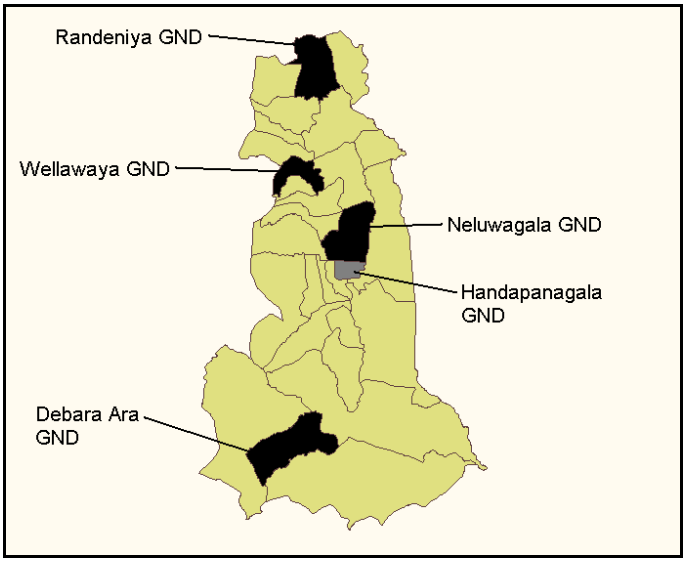
Sevanagala DSD Selected GNDs



Siyambalanduwa DSD Selected GNDs

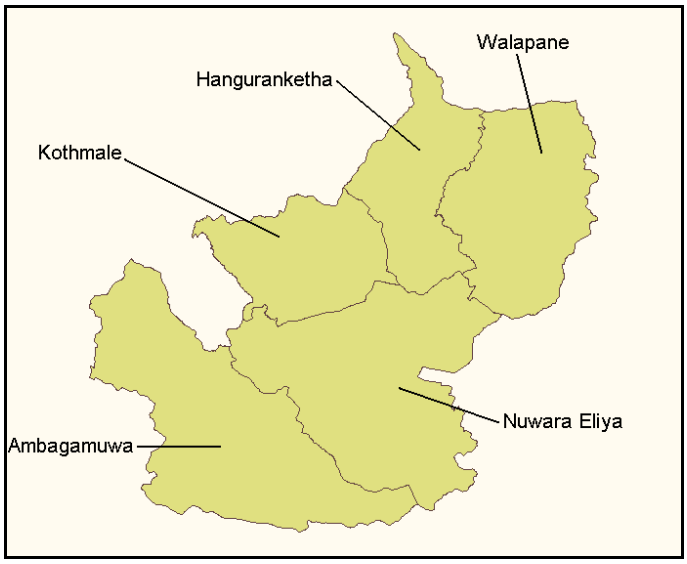


Thanamalvila DSD Selected GNDs



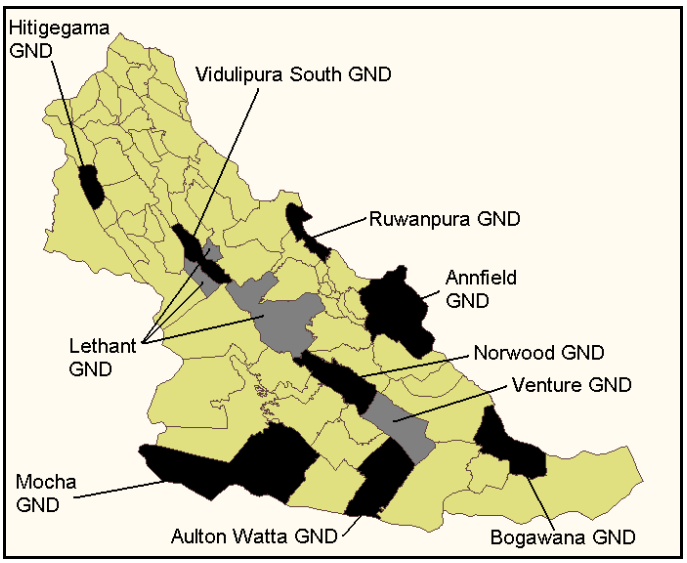
Wellawaya DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Nuwara Eliya District

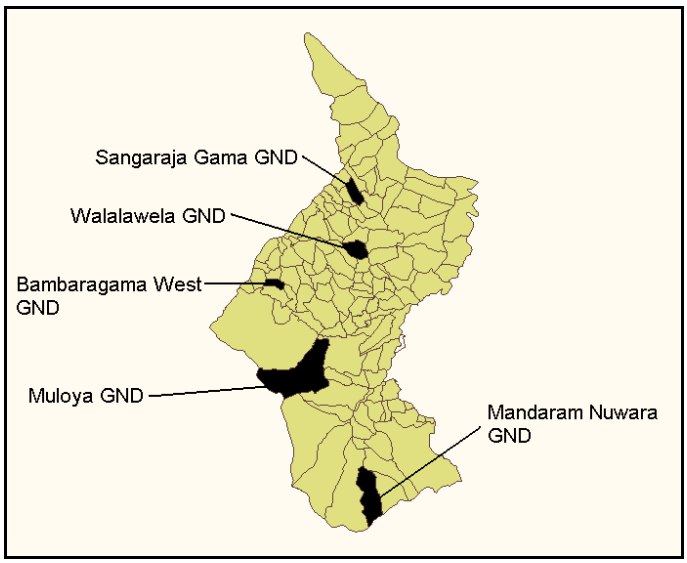


DSDs in Nuwara Eliya District

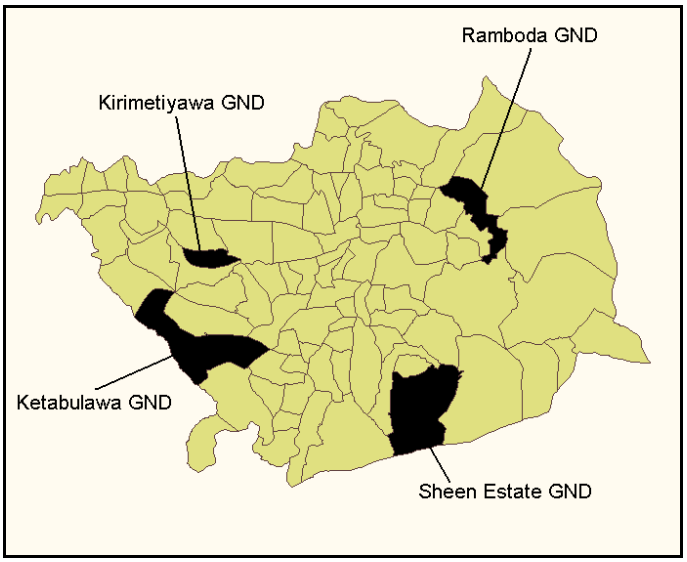
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Ambagamuwa	(1.)Hitigegama, (2.)Vidulipura South, (3.)Lethant, (4.)Ruwanpura, (5.)Annfield, (6.)Norwood, (7.)Mocha, (8.)Venture, (9.)Bogawana, (10.)Aulton Watta
2	Hanguranketha	(11.)Sangaraja Gama, (12.)Walalawela, (13.)Bambaragama West, (14.)Muloya, (15.)Mandaram Nuwara
3	Kothmale	(16.)Ramboda, (17.)Kirimetiyawa, (18.)Ketabulawa, (19.)Sheen Estate
4	Nuwara Eliya	(20.)Bogahawatta, (21.)Toppass, (22.)Bambarakele, (23.)Dimbula, (24.)Yulefield, (25.)Summerset, (26.)Bulu Ela, (27.)Ruwaneliya, (28.)Rahanwatta, (29.)Lippakelle, (30.)Elbedda
5	Walapane	(31.)Deliwala South, (32.)Watambe, (33.)High Forest Watta, (34.)Pallewela, (35.)Galkadapathana, (36.)St. Magret



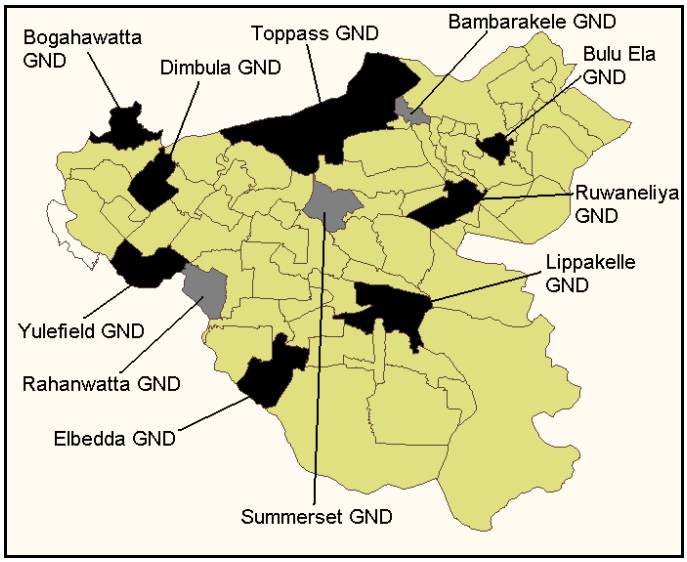
Ambagamuwa DSD Selected GNDs



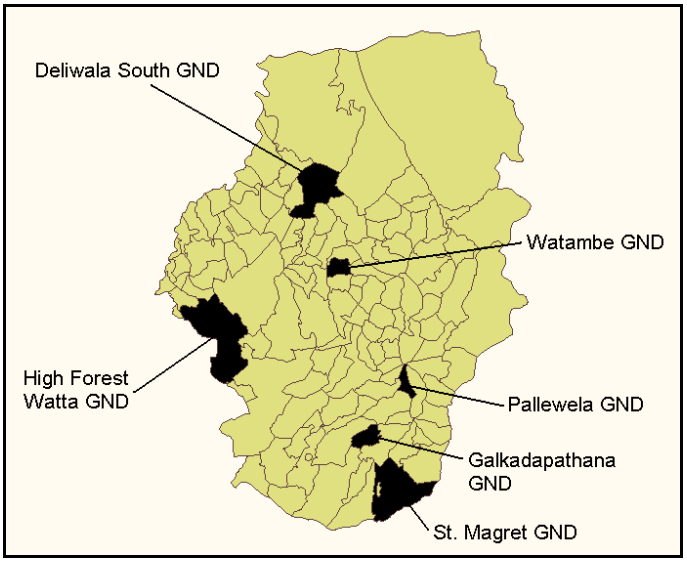
Hanguranketha DSD Selected GNDs



Kothmale DSD Selected GNDs

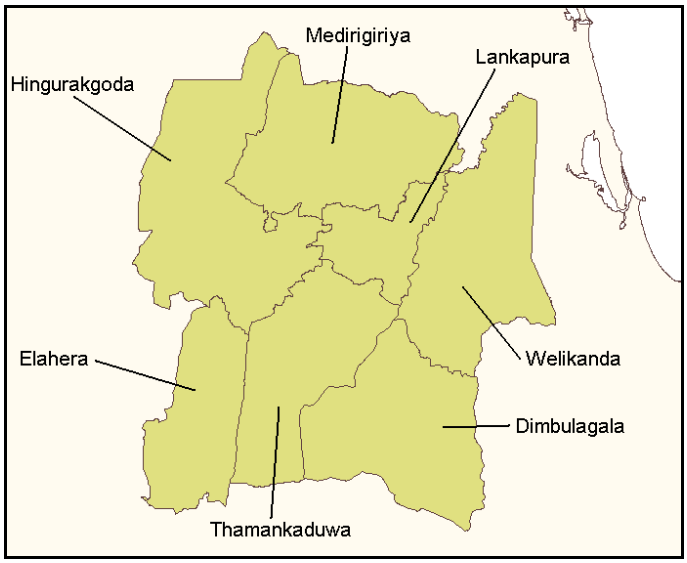


Nuwara Eliya DSD Selected GNDs



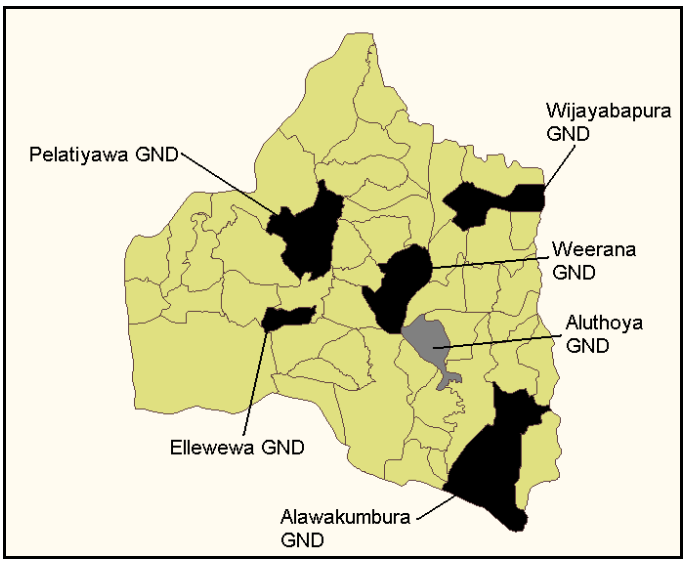
Walapane DSD Selected GNDs

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Polonnarowa District

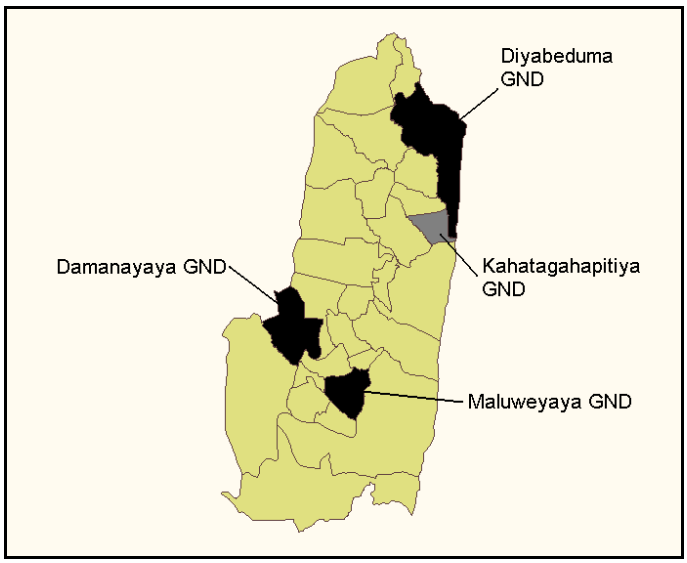


DSDs in Polonnarowa District

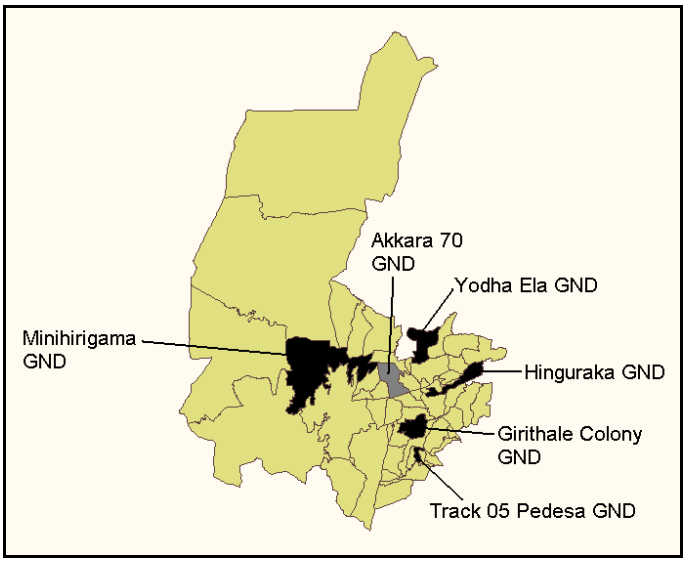
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Dimbulagala	(1.)Wijayabapura, (2.)Pelatiyawa, (3.)Weerana, (4.)Ellewewa, (5.)Aluthoya, (6.)Alawakumbura
2	Elahera	(7.)Diyabeduma, (8.)Kahatagahapitiya, (9.)Damanayaya, (10.)Maluweyaya
3	Hingurakgoda	(11.)Yodha Ela, (12.)Minihirigama, (13.)Akkara 70, (14.)Hinguraka, (15.)Girithale Colony, (16.)Track 05 Pedesa
4	Lankapura	(17.)Jayapura, (18.)Gemunupura, (19.)Bauddhartha Gama
5	Medirigiriya	(20.)Wedikachchiya, (21.)Meniksorowwa, (22.)Bisobandara Gama, (23.)Ihalagama, (24.)Medirigiriya, (25.)Kahambiliyawa
6	Thamankaduwa	(26.)Wijayabahu Pura, (27.)Sinharajapura, (28.)Ethumalpitiya, (29.)Mahasen Pedesa, (30.)Nelumvila, (31.)Pulathisi Pedesa, (32.)Udawela, (33.)Ambanganga
7	Welikanda	(34.)Mahindagama, (35.)Monarathenna, (36.)Rideepokuna



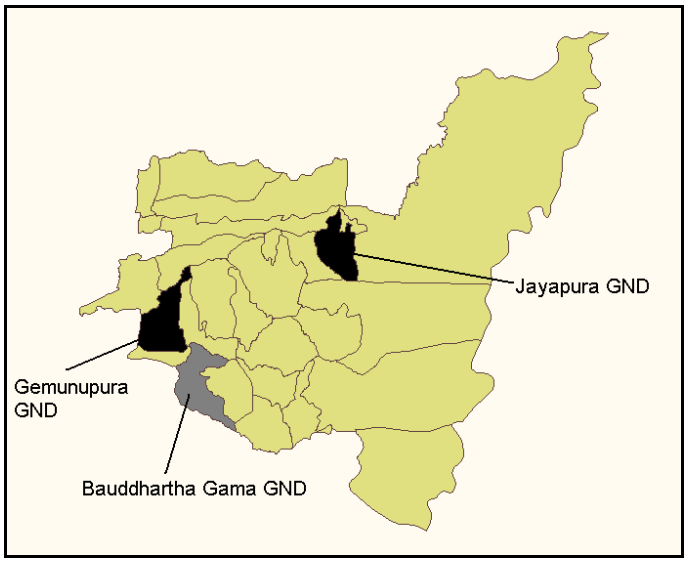
Dimbulagala DSD Selected GNDs



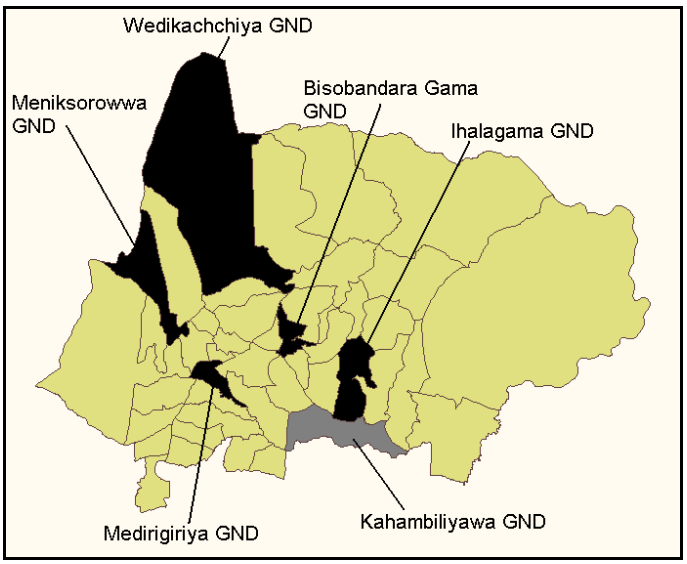
Elahera DSD Selected GNDs



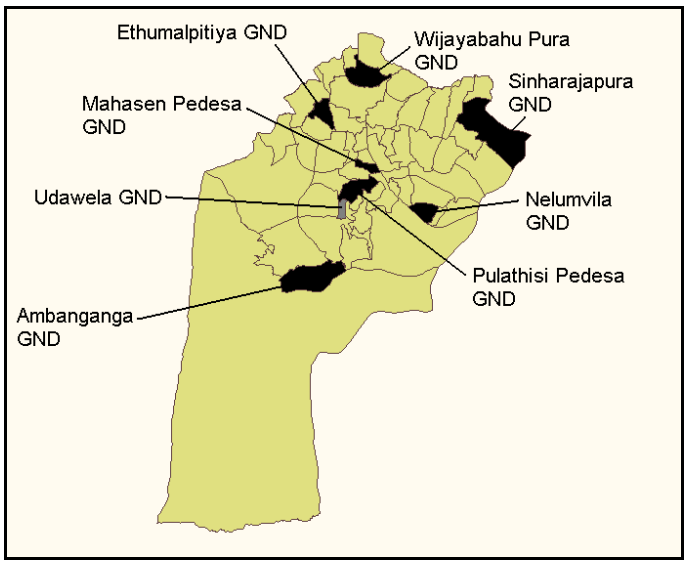
Hingurakgoda DSD Selected GNDs



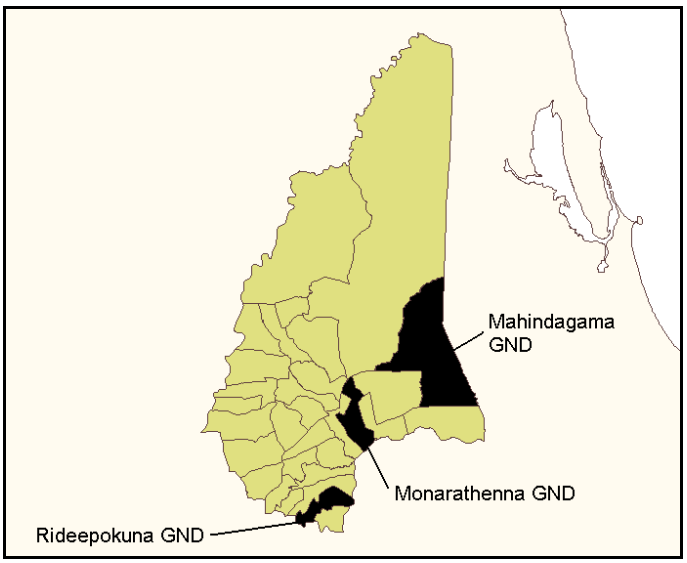
Lankapura DSD Selected GNDs



Medirigiriya DSD Selected GNDs



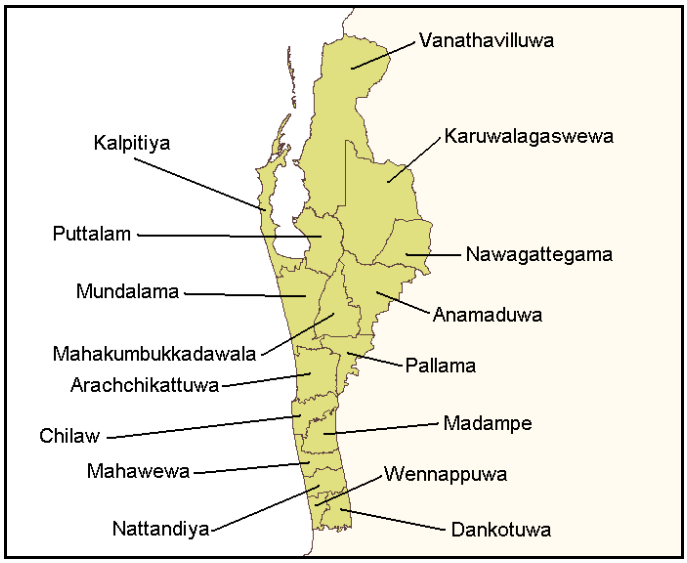
Thamankaduwa DSD Selected GNDs



Welikanda DSD Selected GNDs

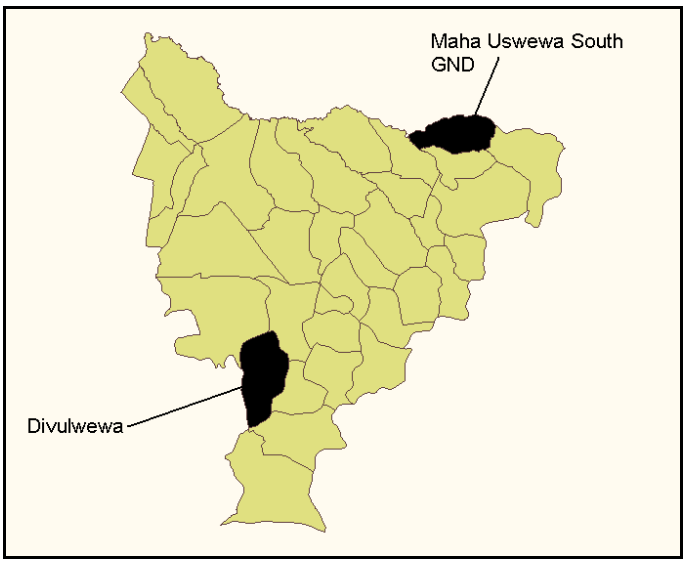
COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

The selected Grama Niladari Divisions of Puttalam District

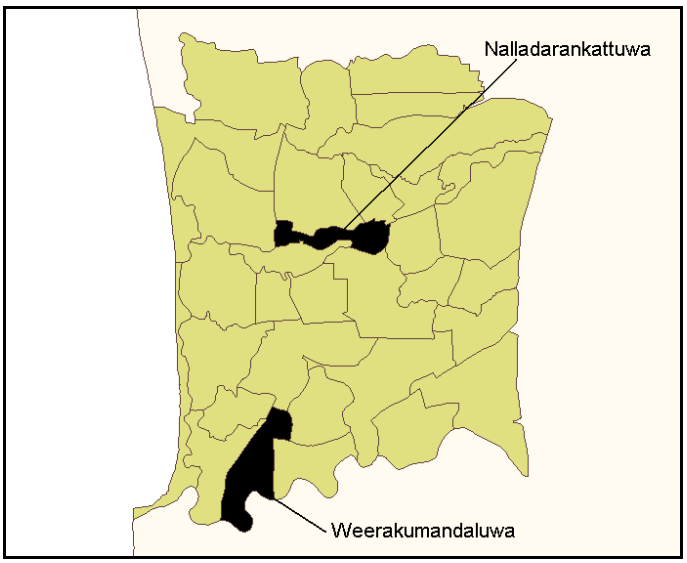


DSDs in Puttalam District

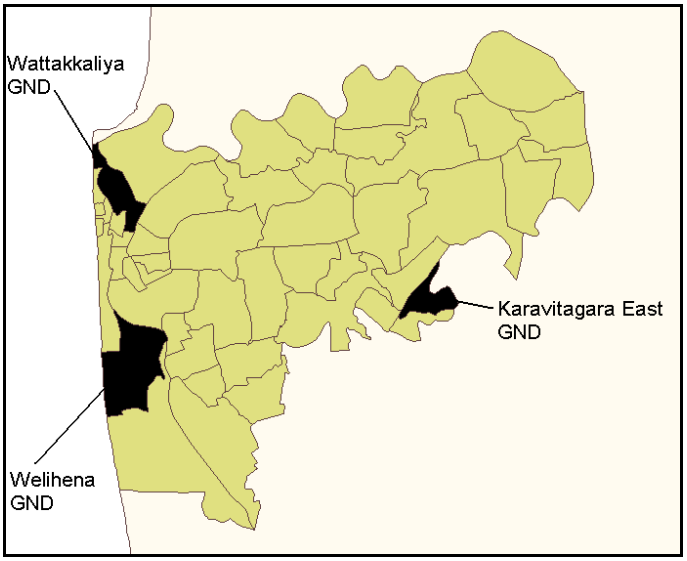
	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Anamaduwa	(1.)Maha Uswewa South, (2.)Divulwewa
2	Arachchikattuwa	(3.)Nalladarankattuwa, (4.)Weerakumandaluwa
3	Chilaw	(5.)Wattakkaliya, (6.)Karavitagara East, (7.)Welihena
4	Dankotuwa	(8.)Kirimetiyana West, (9.)Dankotuwa North, (10.)Metikotuwa
5	Kalpitiya	(11.)Mandalakudawa, (12.)Musalpitiya, (13.)Alankuda, (14.)Thethapola
6	Karuwalagaswewa	(15.)Kumbukwewa
7	Madampe	(16.)Nankadawara, (17.)Ihalagama
8	Mahakumbukkadawala	(18.)Karuwalabedda
9	Mahawewa	(19.)Thoduwawa South, (20.)Ihala Koswadiya
10	Mundalama	(21.)Puludiviyal, (22.)Palasola, (23.)Poonapitiya
11	Nattandiya	(24.)Pilakatumulla, (25.)Mudukatuwa South, (26.)Thummodara East
12	Nawagattegama	(27.)Thammennawetiya
13	Pallama	(28.)Katupotha
14	Puttalam	(29.)Sella Kandal, (30.)Puttalam East, (31.)Parana Jumma Palli, (32.)Pottuvilluwa
15	Vanathavilluwa	(33.)Mailankulama
16	Wennappuwa	(34.)Ulhitiyawa West, (35.)Meda Dummaladeniya, (36.)Rangammulla



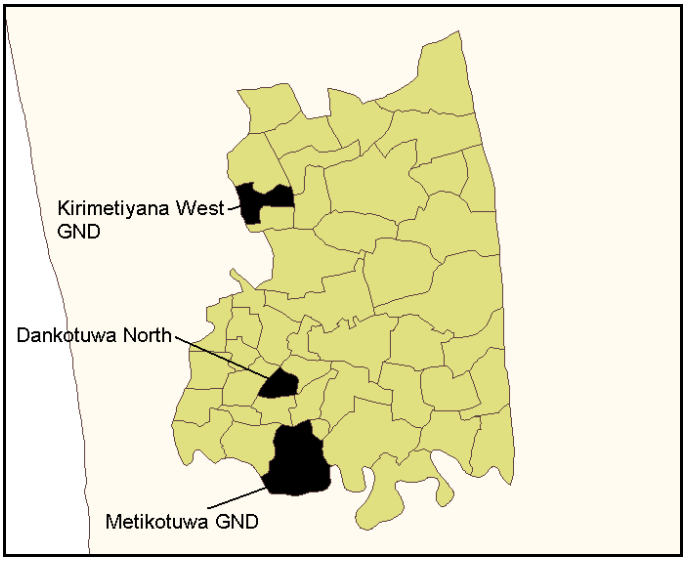
Anamaduwa DSD Selected GNDs



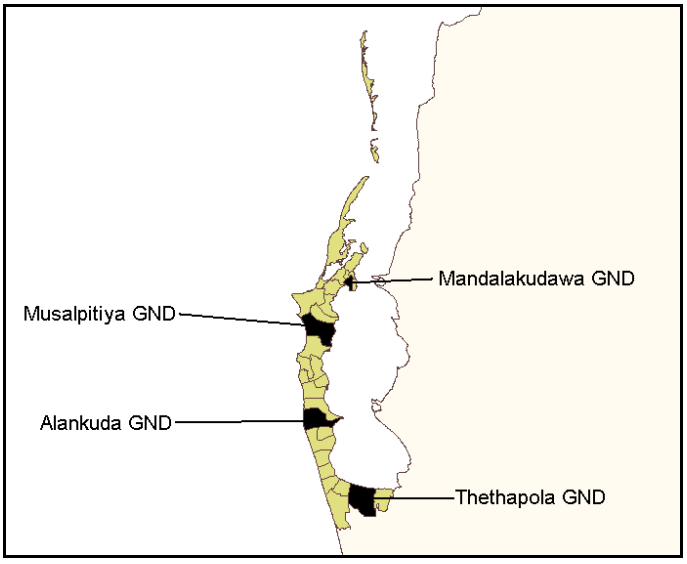
Arachchikattuwa DSD Selected GNDs



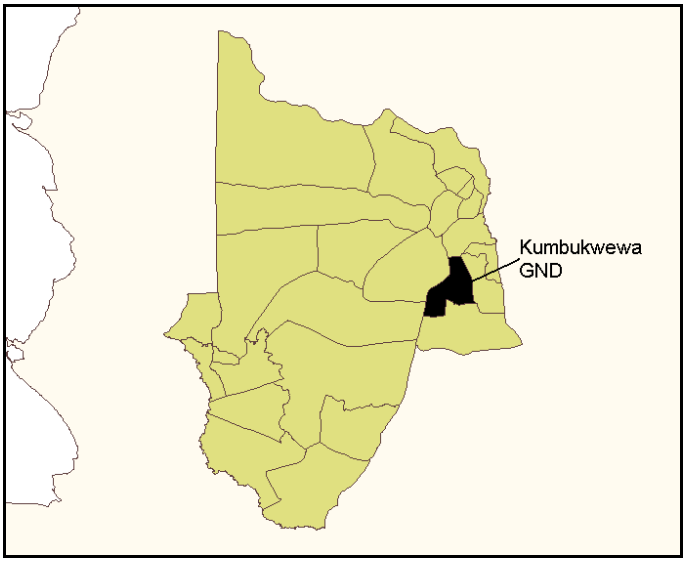
Chilaw DSD Selected GNDs



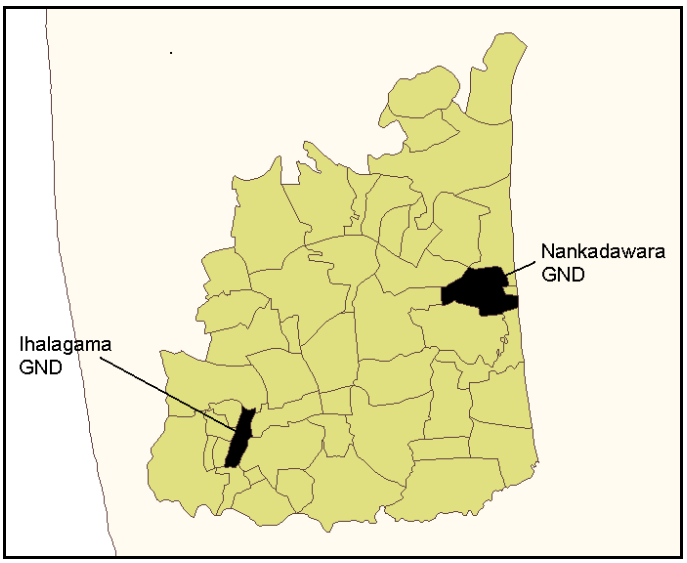
Dankotuwa DSD Selected GNDs



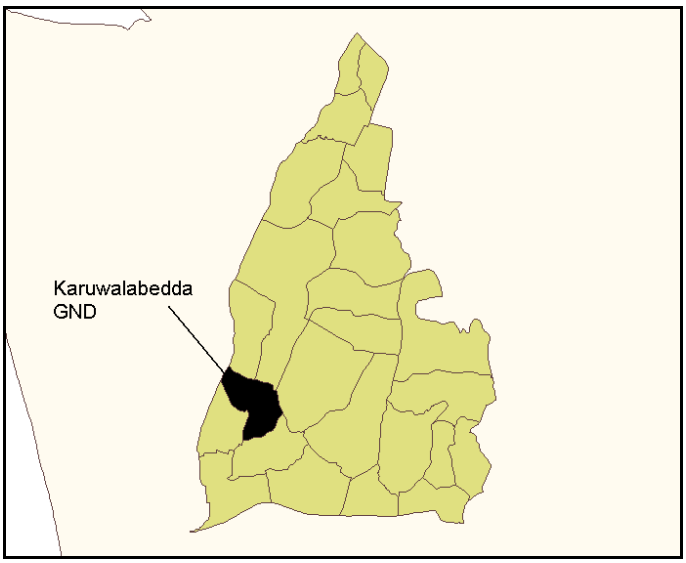
Kalpitiya DSD Selected GNDs



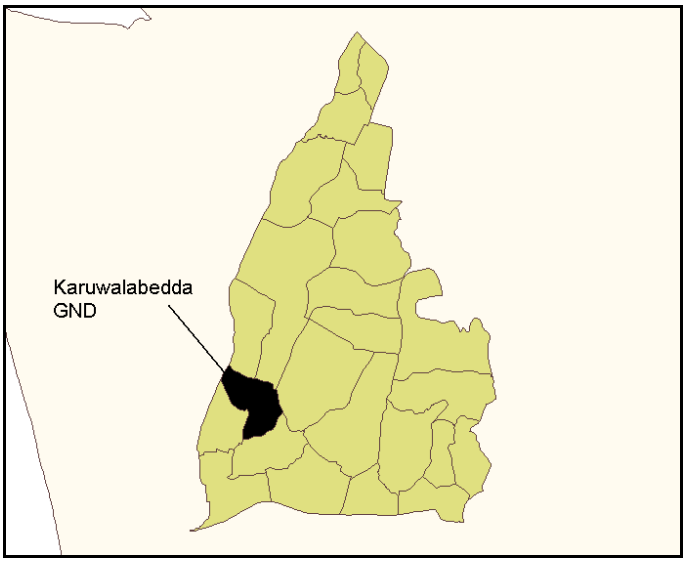
Karuwalagaswewa DSD Selected GNDs



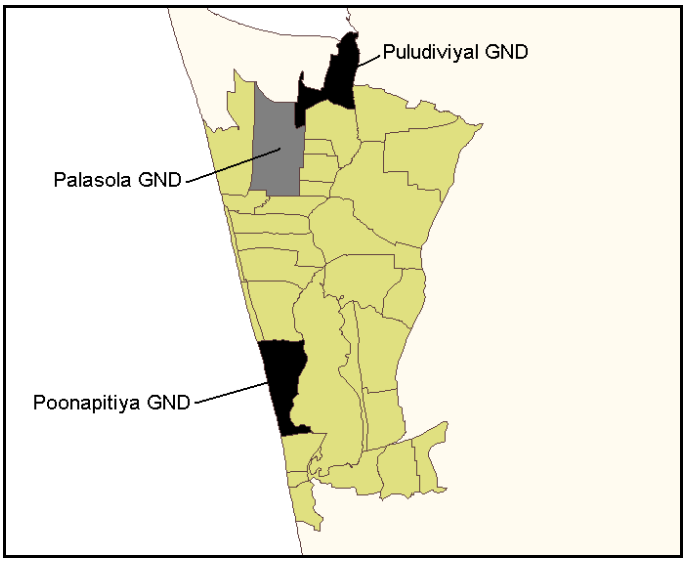
Madampe DSD Selected GNDs



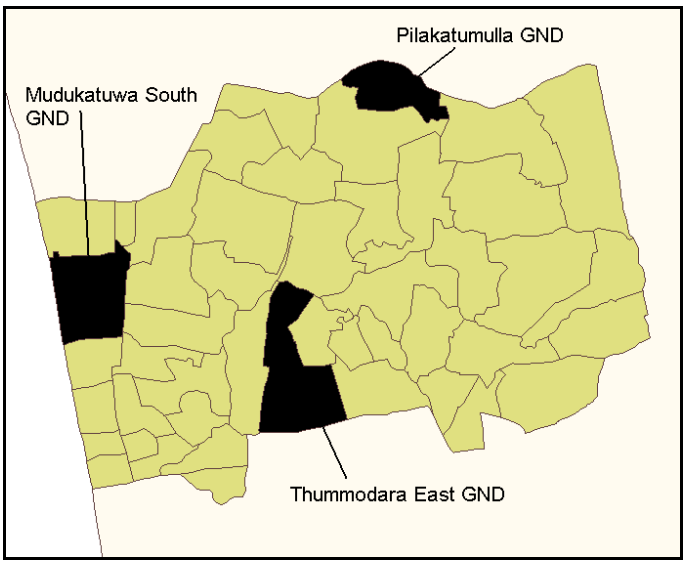
Mahakumbukkadawala DSD Selected GNDs



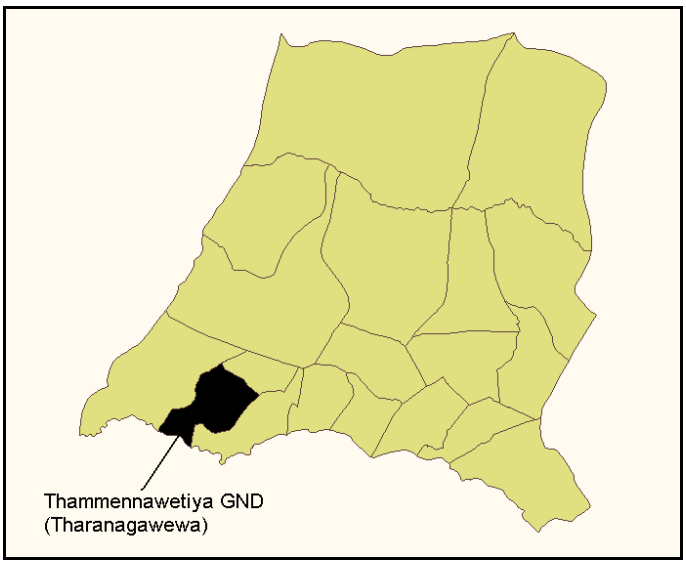
Mahawewa DSD Selected GNDs



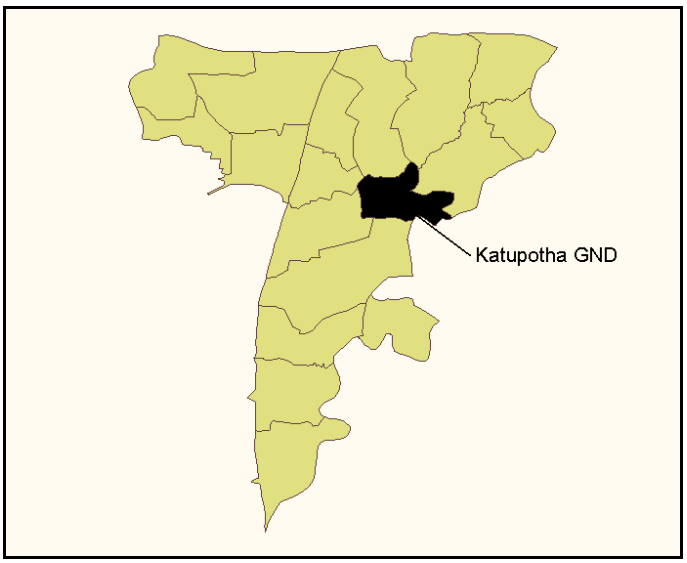
Mundalama DSD Selected GNDs



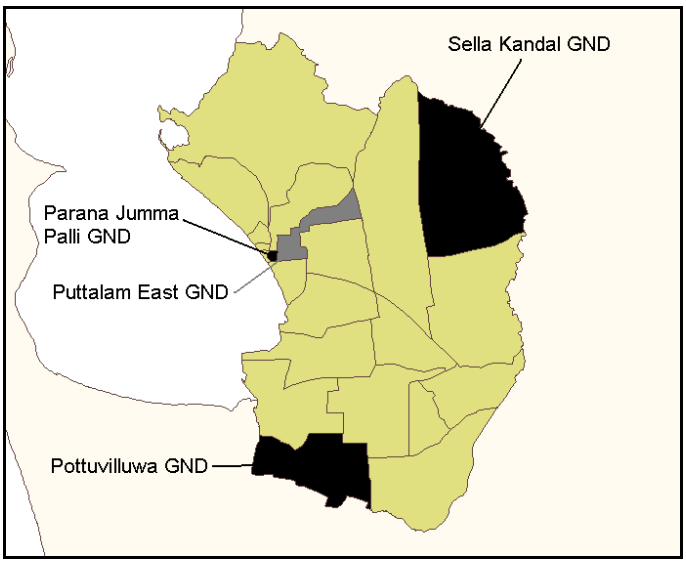
Nattandiya DSD Selected GNDs



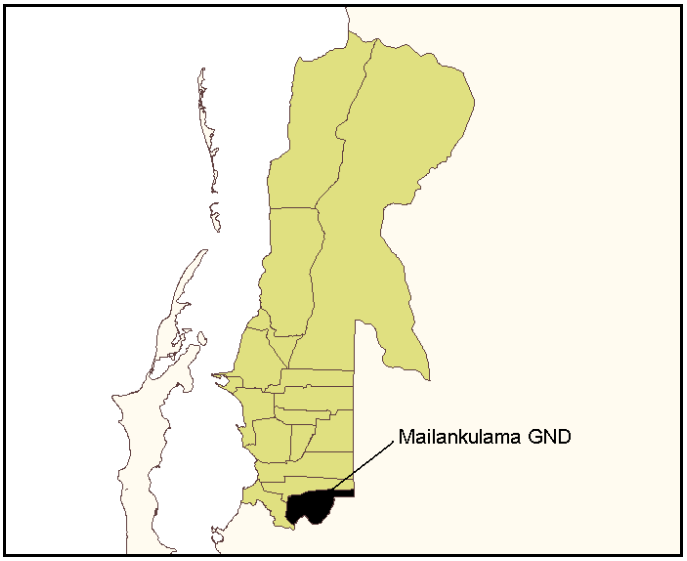
Nawagattegama DSD Selected GNDs



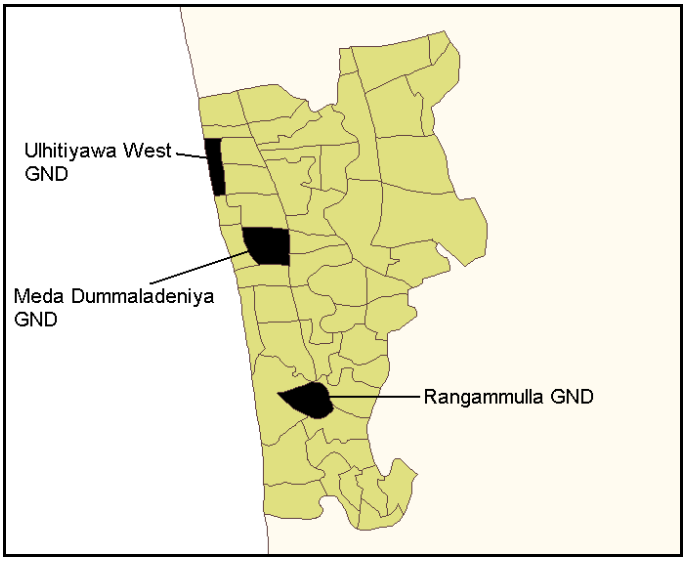
Pallama DSD Selected GNDs



Puttalaml DSD Selected GNDs

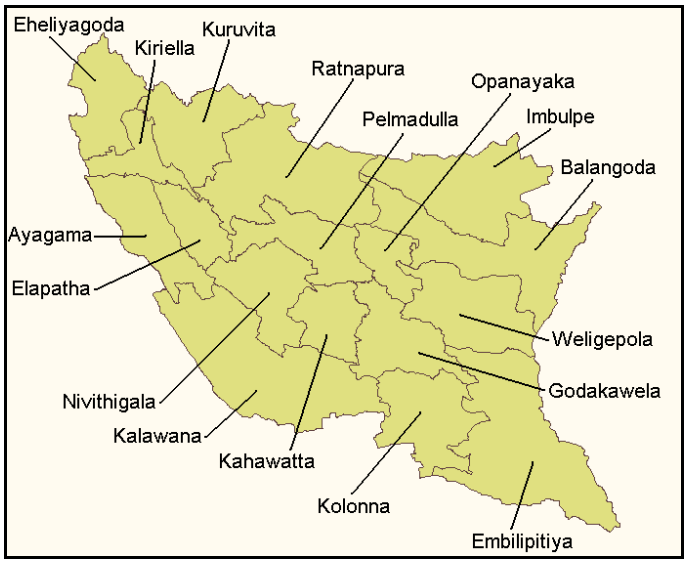


Vanathavilluwa DSD Selected GNDs



Wennappuwa DSD Selected GNDs

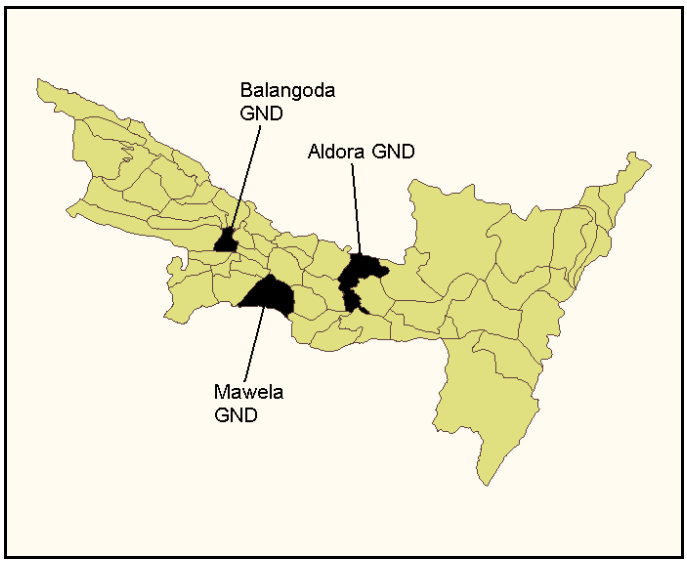
COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA
The selected Grama Niladari Divisions of Ratnapura District



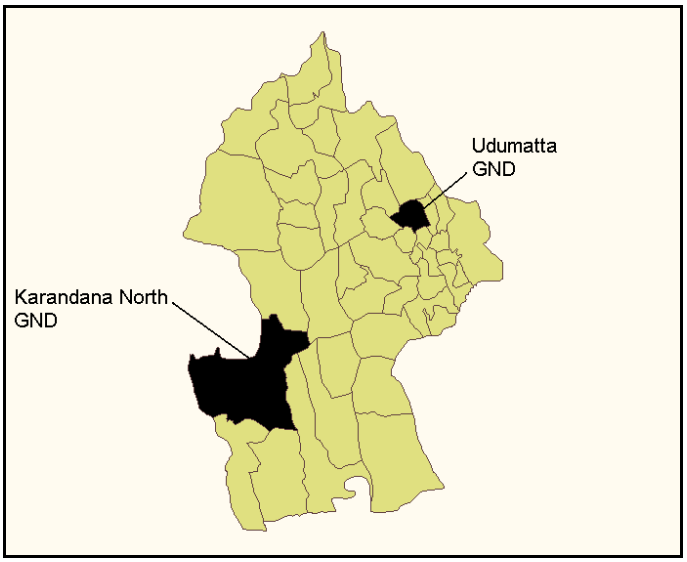
DSDs in Ratnapura District

	Divisional Secretariat Division (DSD)	Selected Grama Niladari Divisions (GNDs)
1	Ayagama	(1.)Pallekada
2	Balangoda	(2.)Aldora, (3.)Balangoda, (4.)Mawela,
3	Eheliyagoda	(5.)Udumatta, (6.)Karandana North
4	Elapatha	(7.)Elapatha
5	Embilipitiya	(8.)Thimbolketiya, (9.)Nindagam Pelessa, (10.)Embilipitiya Pallegama, (11.)Kumbugoda Ara
6	Godakawela	(12.)Kotakethana, (13.)Werahera West, (14.)Yahalawela
7	Imbulpe	(15.)Muttettuwegama, (16.)Wegapitiya
8	Kahawatta	(17.)Madalagama Colony
9	Kalawana	(18.)Meepagama, (19.)Weddagala West
10	Kiriella	(20.)Kiriella
11	Kolonna	(21.)Ereporuwa, (22.)Dapane
12	Kuruvita	(23.)Pussella, (24.)Pahala Kuruvita, (25.)Kithulpe
13	Nivithigala	(26.)Yakdehiwatta, (27.)Kolombugama
14	Opanayaka	(28.)Wallaketiya
15	Pelmadulla	(29.)Lellopitiya, (30.)Rilhena, (31.)Morathota
16	Ratnapura	(32.)Hapugasthenna, (33.)Durekkanda, (34.)Dewalaya Gawa, (35.)Mudduwa
17	Weligepola	(36.)Ammaduwa

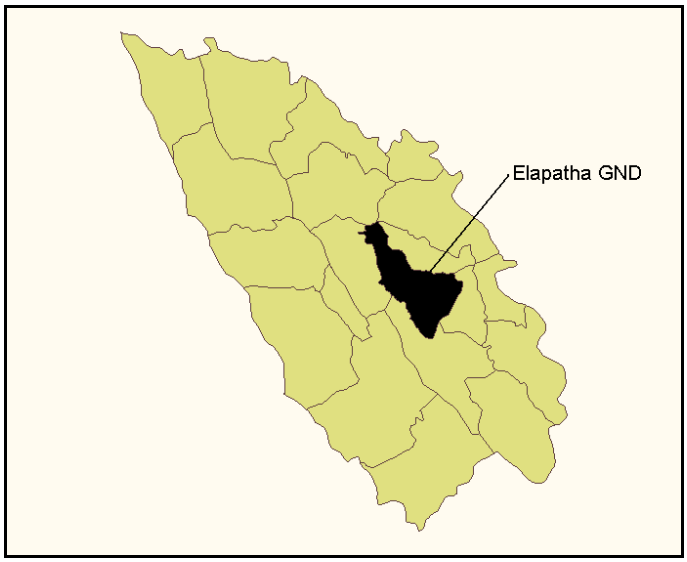
Ayagama DSD Selected GNDs



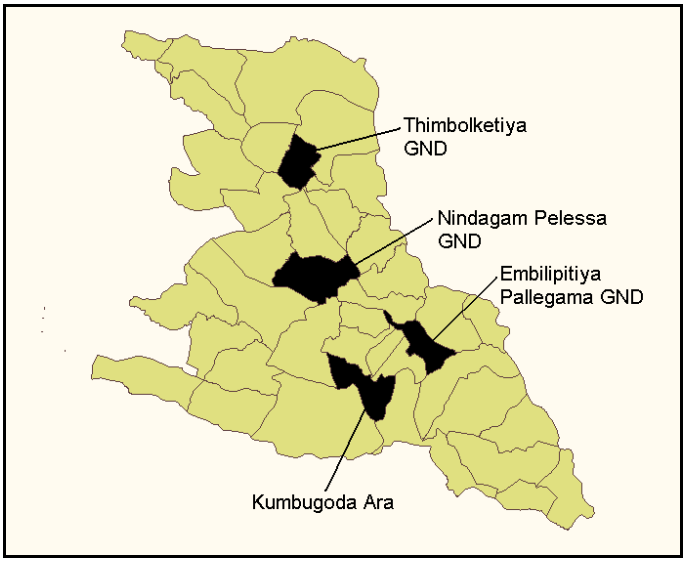
Balangoda DSD Selected GNDs



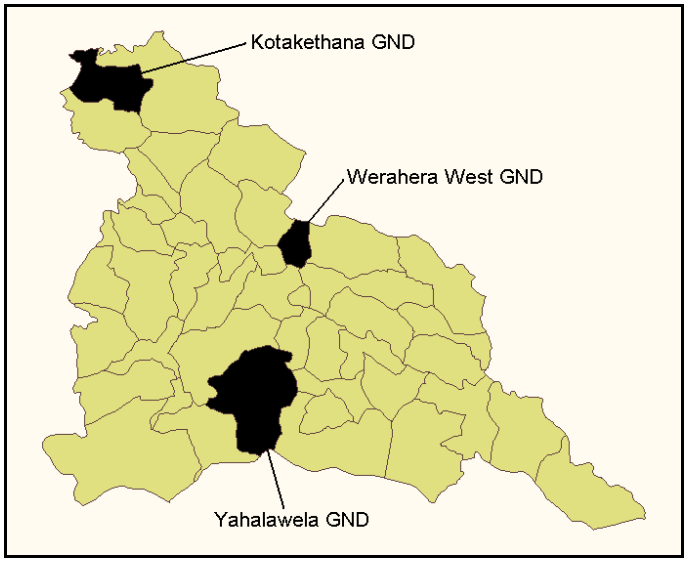
Eheliyagoda DSD Selected GNDs



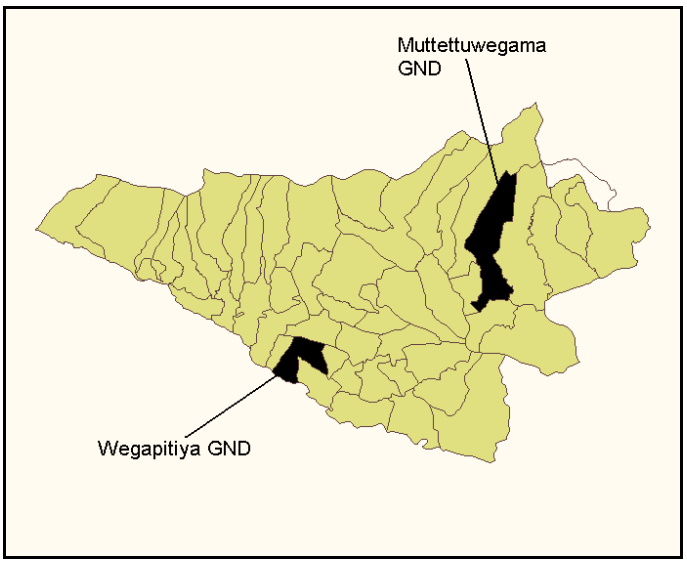
Elapatha DSD Selected GNDs



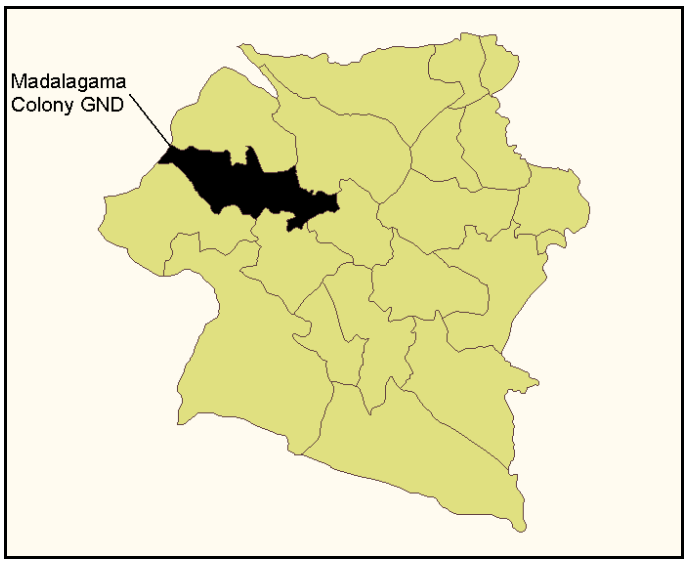
Embilipitiya DSD Selected GNDs



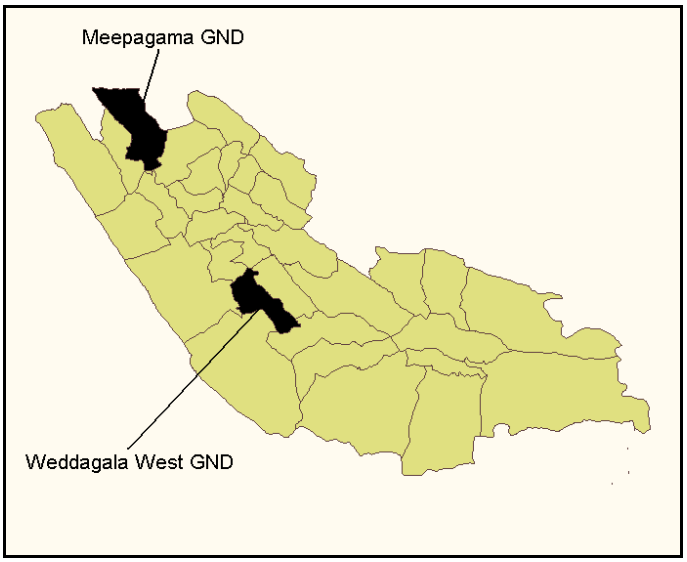
Godakawela DSD Selected GNDs



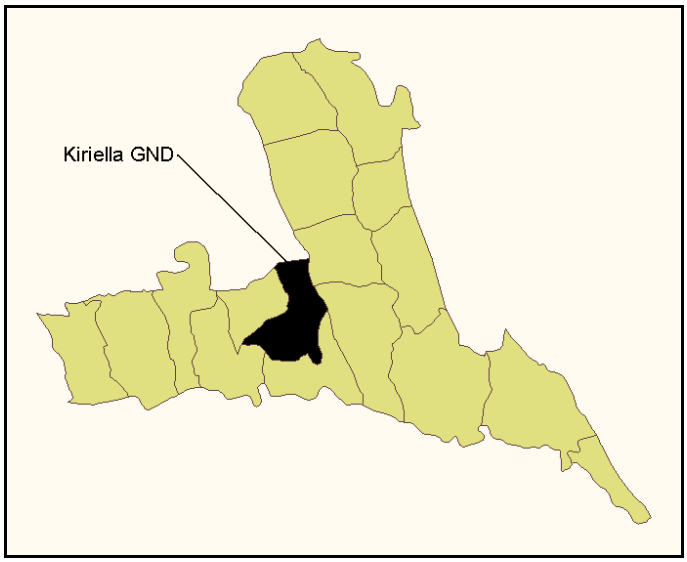
Imbulpe DSD Selected GNDs



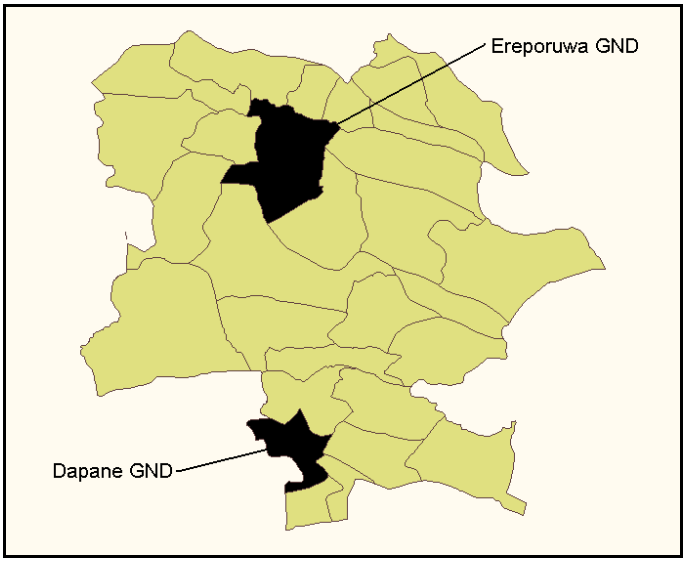
Kahawatta DSD Selected GNDs



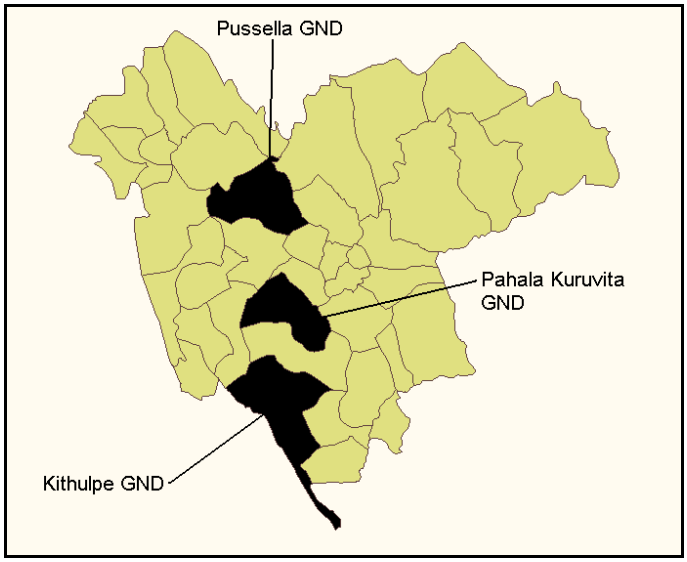
Kalawana DSD Selected GNDs



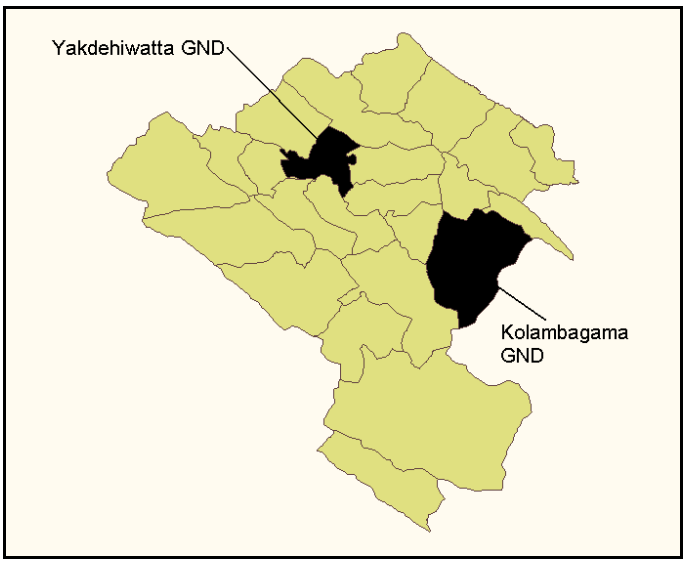
Kiriella DSD Selected GNDs



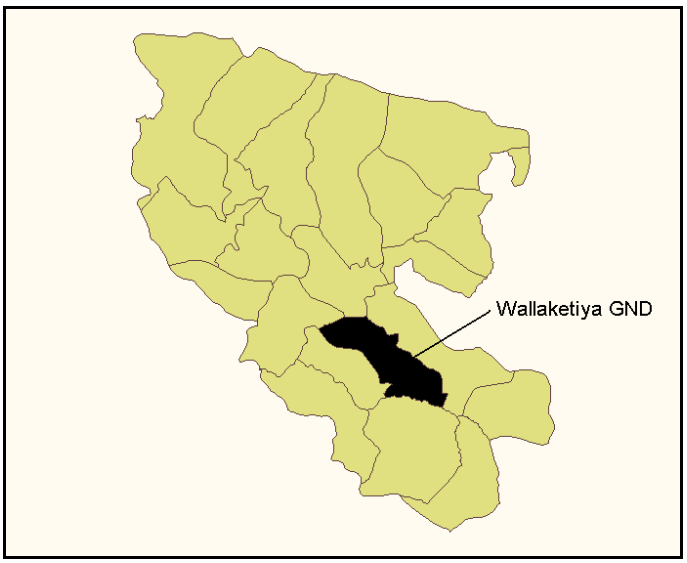
Kolonna DSD Selected GNDs



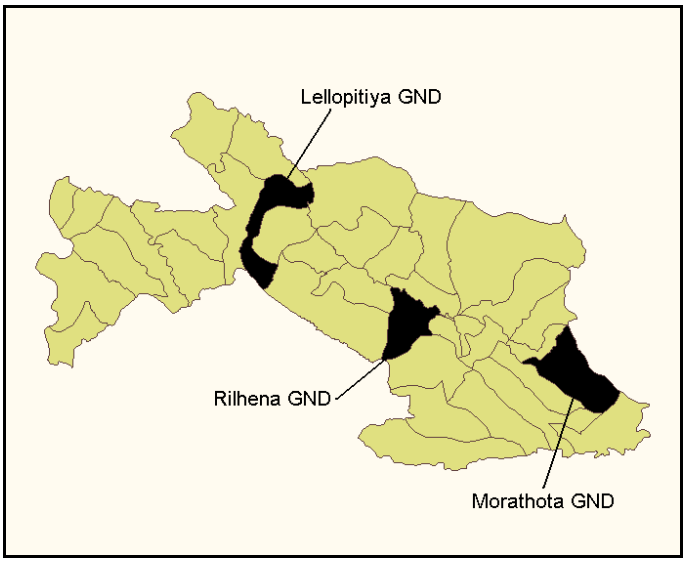
Kuruvita DSD Selected GNDs



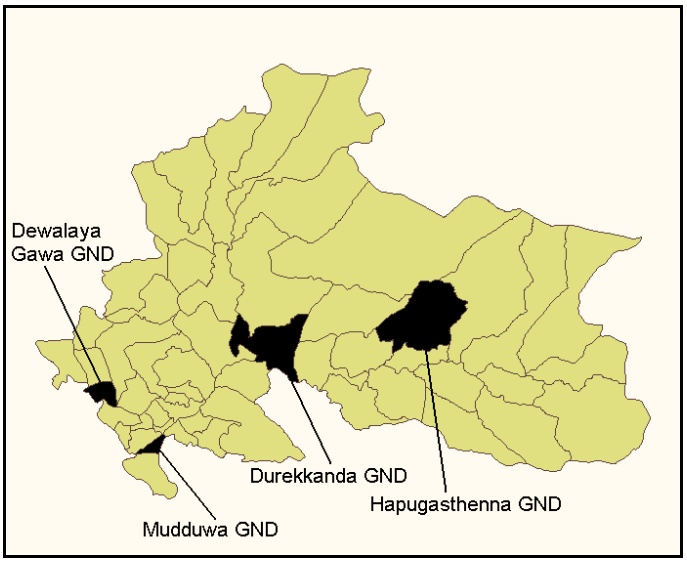
Nivithigala DSD Selected GNDs



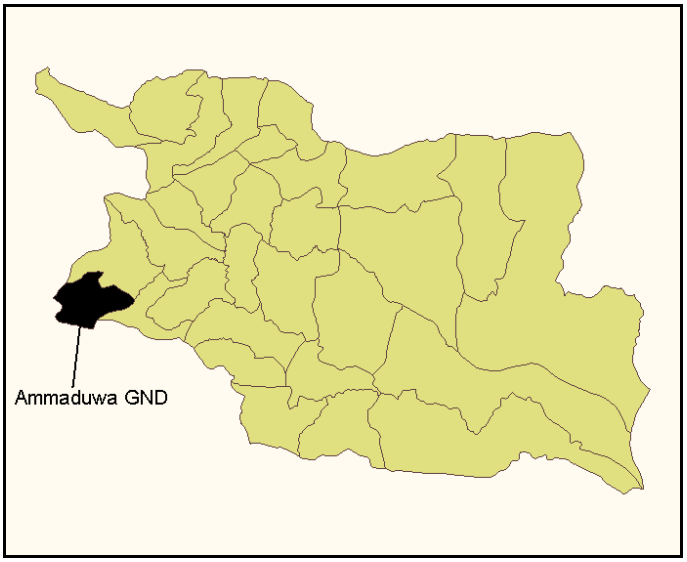
Opanayaka DSD Selected GNDs



Pelmadulla DSD Selected GNDs



Ratnapura DSD Selected GNDs



Weligepola DSD Selected GNDs

ANNEXURE 5

LIST OF RESEARCH ASSISTANTS – SCHOOL SURVEY

1. Mr. S Chandrasekara -Kirigalwewa, Medawachchiya.
2. Mr. H M Gamunu Bandara -Janaudana Gammanaya, Adiyala
3. Mr. U S Wanasinghe - Hemali, No 03, Ellawewa, Galenbindunuwewa
4. Ms. A H G Amara Wijewardene - No276, Thammannagama, Thambuttegama
5. Mr. A M P Athapattu - “Priya Sewana” Bogaha Arava, Hela Halpee, Bandarawela
6. Ms. P M Subeitha Fuleel - 103, Haputale Road, Koslanda
7. Ms. S A Susilawathie - No 380/10, Kalalgoda, Pannipitiya
8. Mr. S V P Sirisena - No.40/2, Jayagath Road, Nawinna, Maharagama
9. Ms. A A T D Amarasekara - 1A/35, Dewala Rd, Pagoda, Nugegoda / "Kalyani", 133/1, Hokandara South, Hokandara
10. C Liyanage - "Padma Villa", Waduramba
11. P W S Kularatne - "Padma Villa", Waduramba
12. Ms. Nirosha Manawadu - “Ajantha”, Baddegama Rd, Gonapnuwala
13. Ms. S G M M S Kumarihamy - Sumali, Aluthgama Rd, Elpitiya
14. Ms. M H Padmini - 195, Samupakara Mw, Honnaththara, Piliyandala
15. Ms. W A Charlotte - No 78/3, Ihalakaragahamuna, Kadawatha.
16. Mr. M R Mahinda - No. 80/2, Midellawala, Pallewela.
17. Mr. P M Thilakeratne - Henpitagedara, Marandagahamula.
18. Mr. C N Weerasinghe - 293/2, Udupila, Delgoda
19. Ms. M T L N Kularatne - No.153G, Nugahena Mawatha, Kadawatha Road, Ganemulla
20. Ms. P Yapaarachchi - Sri Pali Weeraketiya Road, Walasmulla
21. Ms. A A Nalinie - “Sathira”, Denagama West, Denagama.

22. K M Abeywickrama - No.24, Ruwan Mawatha, Ethgalmulla, Vitharandeniya
23. Mr. N S K Wijesinghe - Sinha Sevana, Akkara 50, Yatiyana, Matara
24. Ms. J D P Jayasekara - H/ Getamanna Vijaya National School, Getamanna.
25. Ms. A S Misrul Fareedah - 55, Diggala Road, Henamulla, Panadura
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31. Mr. R L P Chandrasiri - No 57, Delgaslanda, Lunuketiyamaditta, Menikhinna, Kandy
32. Mr. J M Hafees - 25/2, Teldeniya Rd, Madawala Bazaar.
33. Ms. N M M R de Silva - A152, Ayurvedha Rd, Pallekele, Kundasale.
34. Mr. G R S Wijayawickrama - Lenagala, Weragala, Warakapola
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36. Mr. U P R Pathirana - Kuda oya lane, Warakopala
37. Ms. A G H R Kumari - Dadigama Road, Dematapitiya, Hakahinna
38. Mr. R A J Kumara - Atam pala, Madagama, Algama
39. Ms. G R Manel Premasinghe - No154, Aguruwella Rd, Warakapola.
40. Mr. S P Amarasinghe - S.B. Herath National School, Ganewatta, Nikadalupotha
41. Ms. D P Rajaratne - Madiraoda, Madawala Ulpatha, Matale
42. Mr. J M Jayaweera - 1/50, Bandarapola, Kivula, Matale
43. W W M R G M Wijethunga - No. 201, Prathiba, Metihakka, Matale
44. Ms. H A Bandaramenike - 6/C Alwela, Ukuwela
45. Mr. S W S Yapa - Wikumpaya, Kanaththegoda, Kamburugamuwa
46. Mr. W A Dayapala - "Pubudu", Kadduwa Rd, Dampella, Telijjawila
47. Ms. Ranjani Jayaweera - "Deshika", Henawala, Kadugannawa/ 85 Junction, Agbopura, Kantale

48. Mr. Yasapala Mallawage - Bopagoda, Akuressa.
49. Mr. M A Rathnasiri - "Sureka", Akuressa Rd, Makadura, Matara
50. Mr. K M Gunasekara - 16 Post, Maha Kalungalla, Siyabalanduwa
51. Ms. M A Swarnalatha - No.6, Udagangoda Rd, Madukotanarawa, Badalkumbura.
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55. Mr. M Udayakumaran - Sripada National College of Education, Patana
56. Mr. N Sanjeevi - Sripada National College of Education, Patana
57. Mr. H M Dayaratne Banda - No 273/4, Uduwela Rd, Ampitiya
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59. Ms. R S K Abeynayake - Sri Pada National Collage of Education Patana
60. Mr. P Ramadas - Sri Pada National College of Education, Patana
61. Mr. C Gnanapragasam - Visunupuram, Wooton, Kotagala
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63. Ms. M W C Ramyalatha - Principal's Quarters, Veheragala Maha Vidyalaya, Ruhunugama, Polonnaruwa
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65. Mr. K A H G Amaradasa - Weerasinghe Shop, Medirigiriya
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67. Mr. A H M Jayathilaka - Karabelanda, Anamaduwa
68. Ms. A A R Adikari - Kahatawila Junction, Pothuwatawana
69. Ms. H R D Ayomi Peiris - Veeragoda Factory watta, Hidella, Rathnapura
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75. Mr. A I R Jayawardane - Arandara, Atala
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80. Mr. H W C P Kithsiri - Udahawatta, "Madaya", Malalanda, Koggalla, Ambalantota
81. Mr. K K D T Ranaweera - No. 14, Gurupuraya, Mathugama
82. Ms. D P Damayanthi Lekha - 220/2, "Kalyani", Mahamodara, Galle
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84. Mr. S L M Minsar - Alankuda, Ethale, Puttalam
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88. Mr. W N Samaranayaka - Galagedara, Kanawatuwa, Demataluwa
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90. Mr. R M Ariyaratne - Puttalam / U. B. Jayasooriya Maha Viddyalaya, Siyabalagashena, Anamaduwa
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93. Ms. Vineetha Rupasinghe - "Vineetha", Uduwa Road, Munagama, Horana.
94. Mr. P Paramasivam - R/Niv/Dela Tamil M.V, Dela
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4. Mr. SEPALA SENARATHNE - Sethsiri Sevana, Jambugahawatta, Delduwa, Wadduwa
5. Mr. J A NALIN WIJITHA KUMARA - 265/5B, Rosevil Place, Dalugama, Kelaniya
6. Mr. H W U PUBUDU KITHSIRI - 187/7, Madayamalalanda, Koggalla, Ambalantota
7. Ms. K B GEETHA WEERASEKARA - 52/1, Bandarawatta, Pokunuwita
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10. Ms. R M CHANDRALATHA - Aladuwa Watta, Mathugama.
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17. Mr. R M RUKMAN ABEYSINGHE - 451, Kambarangagoda, Narammala
18. Mr. A INDIKA SAMAN KUMARA - 404, Near School, maningamuwa, pallepola, Matale
19. Ms. L M N S JAYATHUNGA - Jayawasa, Naotunna, Kottegoda
20. Mr. M E SURAVEERA - 296, Koggala, Habaraduwa
21. Ms. M M P B MANATHUNGA - Jeewananda Oushadalaya, 100, Busstand Rd, Monaragala
22. Mr. K G ABEYRATHNA - Sudarma, Beramana, Wijayabahukanda, Hatton
23. Mr. D P RAVEENDRA INDIKA WEERASINGHE - 25, Divuladamana, Aralaganvila
24. Mr. AJANTHA PALUGASWEWA - Dharmapala Mw, Hathamuna, Hingurakgoda

25. Ms. RAHUMATTULLA SUHAIBA - 546/A, Safamorwa, Karambai, Palavi
26. Ms. MOHAMED RASOOL RAMEESA - 645 A, 8th Cross Str, Safa marwa, Karambe, Palavi
27. Mr. P G DUMINDA SAMPATH DHARMASENA - I 93 C, Pannila, Godagampala
28. Ms. MALA EDIRISINGHE - Hunuwala South, Othamandiya, Thanayamgoda, Opanayake.
29. K P VITHARANA - 25/35, Aradanakandawatta, Galapitamadapitama Para, Awissawella.
30. P N S KUMARA PERERA - Nungamugama, Kanaththewawe
31. H G CHAMINDA MANJULA BANDARA - Baladaksha Mawatha, Galkadawala, Anuradhapura
32. H G ANURADHA MANJULA BANDARA - Baladaksha Mawatha, Galkadawala, Anuradhapura
33. BUDDHIKA GUNATHILAKE – 156 Maligagodella Road, Mulleriyawa New Town.
34. MANEESHA CHATHURANGI JAYAWEERA – No 70/1, Udumulla, Angoda.
35. PRADEEP KARUNARATNA RANAWAKA – No 118A, Yatawathura, Kahawala, Padukka.
36. ARUNA P S WALISUNDARA – “Sanasuma”, D-9 Canel Road, Mithreepura, Padaviya.

ANNEXURE 6

TRAINING MANUAL

COMMUNITY BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

FORUM FOR RESEARCH AND DEVELOPMENT

CONTENTS

1. INTRODUCTION

For decisions on planning health care delivery to the people, a correct evaluation of what illnesses are prevalent, in what areas of the country and what segments of the community is required. In addition the specific socio-economic and other factors that are associated with the illnesses must be looked in to, so that attempts at modifying them could be initiated. Even though there are limitations in the amount of such research surveys in Sri Lanka, one of the most seriously ignored areas of health in this country is mental health. With the increase in interest in mental health worldwide and the special attention given to it following the Indian Ocean tsunami, the lack of epidemiological data on the matter was prominently noted.

The Director of Mental Health in the Ministry of Health Care and Nutrition with funding from the Sri Lanka Health Sector Development Project of the World Bank has commissioned the Forum for Research and Development (FRD) to conduct the first ever national survey on mental health in Sri Lanka. The aim of this study is to assess the mental health status including suicidal ideations and alcohol intake in Sri Lanka. We are also interested in finding out about socio-economic characteristics associated with mental ill health in Sri Lanka and how strongly mental disorders are linked to social and environmental risk factors. This landmark project has three components;

1. **The Community Survey** - aimed at assessing mental health status of the adult population of the country
2. **The School Survey** - for evaluation of childhood mental health problems
3. **The Attitude Survey** - to identify the public understanding and views in relation to mental health, psychiatric disorders and patients with mental illnesses

The school survey is conducted among children of randomly selected schools in each district. The administration of the questionnaires and the coordination work will be done by teachers trained in such research projects. The attitude survey is a special project where selected individuals representing different layers of the community are involved, so that their attitudes and understanding of the relevant issues are brought out. This manual deals with the details of conducting the community survey.

2. THE PROCESS OF SELECTING AND APPROACHING COMMUNITY SURVEY PARTICIPANTS

It was initially planned that all districts of the country would be included in the study, but with the escalation of violence in the Northern and Eastern provinces of the country, it was decided that all districts of those two provinces would be excluded due to safety reasons. This has left 17 districts which will be included in the survey. From each of these districts 36 Grama Niladari Divisions (GNDs) were randomly selected from the data of the 2001 census. In each of the selected Grama Niladari Divisions a single household will be selected randomly from the electoral register (see section 2.2). From this selected household, one individual from those above 18 years of age, living in that residence is again selected in a random way (see section 2.3). The set of questionnaires are to be administered to this specifically selected person of the household (see section 4).

2.1. INFORMING AND OBTAINING APPROVAL FROM THE RELEVANT OFFICIALS

The randomly selected GNDs that are to be included in the survey in each district would be provided to the relevant research assistants (RAs) of the districts. Official letters informing the relevant authorities of the area, requesting their assistance in the survey, would be posted or hand delivered. The authorities that should be informed include;

1. The Divisional Secretaries (DS), whom were formally referred to as the Assistant Government Agent or AGA
2. The Grama Niladaris (GN)
3. The Medical Officers of Health (MOH)

In some areas it may be required for the research assistant (RA) or other members of the research team to individually meet the authorities before proceeding with the survey.

- **It is preferred that at least one of the relevant officials have been informed before a RA approach a household to obtain information in an area**

2.2. HOW ARE THE HOUSEHOLDS SELECTED FROM EACH GND?

The RAs should obtain the total number of households in each selected GND. This is obtained from the latest update of the electoral register that is with the GN (or from the DS). The number of households of each GN should be informed to the main coordination office of the survey (FRD head office Battaramulla). According to the number of households a random number will be generated for each GND by the coordinating office and given to the relevant RA. The household which is positioned at the place

similar to the random number in the GND electoral register is selected as the first house that should be approached.

The RA should get the address of that house and visit it. If the house is not located after multiple genuine attempts or if the house is no longer there, the RA should obtain another random number relevant to that GND and approach the appropriate house.

After the data from an individual of that household is collected (see section 4) or if the house is not currently occupied or if the selected individual of the house does not consent to participate in the study, the RA should approach the second household. The second household will be the house where the front door is closest to the previously selected house (irrespective of the side of the road). Accordingly **this procedure will be followed until the RA identifies ten eligible respondents in ten houses**.

2.3. HOW IS A PERSON CHOSEN FOR OBTAINING INFORMATION FROM A SELECTED HOUSE?

After approaching the house the RA would address an available person residing in the premises to obtain information on the number and age of all individuals above 18 years of age living in the housing unit.

- **Only those who are permanent residents of the household having their name in the voting register of the area are considered here**
- **Boarders and those that are living temporarily or visiting the household should not be included**
- **Those that are not available on the specific date (or days) due to being boarded or on a visit elsewhere, yet having their permanent address and their name in the voting register of the area in relation to the specific housing unit are included for consideration**
- **Only those that have had their 18th birthday before the day of the visit should be considered eligible**
- **If any of the individuals are unlikely to be available at the household within the next month, even if they fulfil all other criteria it is preferable to exclude them from the list**

After reconfirming all eligible individuals, the following procedure will be used to identify the respondent.

1. Interviewer will list all eligible persons according to age. This will be in the order of eldest first and the youngest last
2. They should be numbered from 0 onwards (0, 1, 2, 3…). The first page of Questionnaire on General Information should be used for this purpose
3. Interviewer will carry a set of sealed envelops containing a piece of paper with a random number from 20 to 49 printed in each. Only after listing all eligible persons in the house, the RA will open one of the envelopes to read the random number

4. This random number will be divided by the total number of eligible persons in the particular housing unit
5. The person that was assigned the number equal to the balance value should be selected as the respondent to be interviewed

e.g.-

Step 1: Number of eligible persons in a housing unit = 4

[Numbers assigned-starting with zero: 0, 1, 2, 3)

Step 2: Random number read from the opened up envelope = 47

Step 3: 47/4 = 11 and balance value = 3

Step 4: The number 3 person of the list of eligible persons in that housing unit will be selected as the respondent.

Number of persons 18 – 65 years living in the house -___***4***_____

Persons in descending order

Random number-_____***47***_____

Number	Age
0	***56***
1	***53***
2	***21***
3	***19***
4	
5	
6	
7	
8	
9	
10	

Calculation -

Number of persons 18 – 65 years living in the house | Random number

```
      11
   ------
4 | 47
    44
   ---
     3
```

Balance-___***3***____ = Selected respondent

2.4. SPECIFICS OF APPROACHING OFFICIALS AND INDIVIDUALS OF HOUSEHOLDS

Above all, it is required that all RAs have a consistent, cordial, respectful, non-judgmental approach to all individuals. All RAs must have a sound overall knowledge about the survey, including what it is about, what are its objectives, who are conducting it, who are funding it and the importance of conducting the research. If there are questions about the research that the RA is unable to answer, the contact details of responsible principle investigators at FRD should be provided so that clarifications could be obtained by contacting them.

- **The RAs should always have the national identity card, FRD identity card, relevant documents (Documents of approval from the Ministry of Health) and contact details of the responsible principle investigators (including names, titles and phone numbers) that may have to be produced when questioned about the project**

In dealing with the relevant officials the RAs should be respectful of other commitments of those individuals and will require patience and perseverance.

In each selected GND, the RA ought to build up a rapport with the GN to obtain access to the voting register; from which, the RA should clearly document and inform the coordinating office of;

1. The name and contact details (including the telephone number) of the GN, DS and MOH
2. The number of housing units registered in the voting list
3. The specific random number given by the office
4. The name and address of the selected house of the GND

This is due to the fact that the researchers would make follow-up inquiries and visits as part of quality assurance of the project.

It must be kept in mind that people could be suspicious and reluctant when a stranger visits their home requesting information for a survey. This could be due to their worry of the stranger having the intention of harming or stealing from the house or the concern that the information that is collected could be abused.

Before the identified house to be visited is approached it is preferred if it could be arranged for the GN or Public Health Midwife or some other respected, well known personality of the area accompany the RA so that he /she could be introduced to the residents. Whether that was arranged or not the RA should;

1. **Introduce him/herself** – including the name and as a research assistant
2. **Mention what organisation he/she represent** – Forum for Research and Development
3. **The reason for the visit** – to collect data for the national survey on mental health

4. **The reason for selecting this house** – random nature of selecting this GND and the specific housing unit
5. **What is required from them** – assisting to select a person living in the house and that person to answer some questions regarding his/her personal details, experiences and mental health
6. **Inform of the voluntary nature and the national importance of participation** – the decision to participate or not should be made by them and that if they decide not to participate it will not have any impact on that person or the family in their relationship with the Grama Niladari or Public Health Midwife

This information should be stated concisely and clearly while giving the opportunity for the individual/s to ask questions if required. If the individual/s available at the house agrees to participate, RA should progress to selecting the respondent of the household (see section 2.3). If it is stated that they are unable to give permission without advice from others, a proper time to revisit should be obtained (if possible a phone number as well) and go on to the next house (see section 2.2). If the individual/s of the household does not agree to participate, even after further clarifications, they should be thanked for the time spent and move on to the next house without showing displeasure.

If the selected respondent is not present at the time of the visit, interviewer needs to make subsequent visits to interview the respondent. The selected respondent may only be available at certain hours of the day and/or days of the week. By obtaining information about when the selected respondent would be available and if possible a phone number by which that person could be contacted; the date, time and even the place could be arranged for a subsequent visit.

- **Under no circumstance should the selected respondent be substituted by another individual of the house. Be it; for convenience of the RA or due to the selected respondent not consenting to participate or due to requests of the individuals of the house, such an action would have significant effect on the results of the survey and will not be allowed.**

3. OBTAINING CONSENT AND OTHER ETHICAL ISSUES OF IMPORTANCE

Once the identified respondent of the household is contacted the RA should progress to the process of obtaining informed consent.

3.1. INFORMED CONSENT

This is the process, by which agreement for participation is obtained from an individual after giving adequate information to make a decision on participating or not. As described in section 2.4 a proper introduction about: who you are, what you represent, what the survey is about……etc. by the RA is essential. But in this instance, a more formal and detailed process should be followed. In which, an information leaflet (Annex 1) in either of the three languages (Sinhala/Tamil/English), containing a description of the survey, what is meant by participation and contact details of the researchers is provided along with the verbal explanation. The important components of this explanation which must be stressed are;

- **The random nature by which he/she was selected**
- **What is required if he/she agrees to participate – spending about 30 minutes to one hour to answer some questions on personal details, experiences and mental health**
- **The assurance of complete confidentiality regarding the information obtained from him/her**
- **The importance of the survey – to make decisions on healthcare of national significance**
- **Voluntary nature of participation – the decision to participate or not, should entirely be made by him/herself, if required after talking with friends and family members**
- **The assurance of not having any adverse effects to him/herself or others in the house, even if the decision was not to participate**

The opportunity and time to read the information leaflet and to ask questions must be provided. Questions from the individual must be encouraged, especially if it appears that the person is not clear on the matter. Queries must be answered honestly, and when an answer is unable to be provided, they should be requested to contact the researchers or the RA should inquire from the coordinating office and go back to the individual with the answer. If the individual decides to participate, the RA should provide the consent form (Annex 2) in one of the three languages that the respondent could read, for the individual to read, fill and sign. Only after the sign has been obtained should the RA progress to administering the questionnaires (see section 4). If the individual decides against participation and refuses to give consent even after his/her concerns have been addressed or even if he/she blankly refuses without discussing the

matter further, the RA should humbly thank the person and go on to the next house without showing discontent.

The process of obtaining informed consent should be properly adhered to, as it may have significant ethical and legal consequences.

3.2. PROPER CONDUCT IN INTERVIEWING RESPONDENTS

The RA should always conduct him/herself in a professional manner and should not act or engage in activities that would put the organisation he/she represent in disrepute. In the field the RAs represent the FRD as well as the Ministry of Health.

It is always important to maintain the attitude of giving priority for the convenience and dignity of the participants. The RA should always do their best not to expose the respondent to potential harm, put them at unease or discomfort. It is also advised that male RAs should avoid interviewing female respondents alone; especially those of the younger age groups. It is preferred that the RA conducts the interview with a fellow female RA or a member of the household close by, yet maintaining adequate privacy regarding the matters discussed. Improper conduct in relation to a respondent by a RA will be taken very seriously and it is advised to adhere to the above conventions to avoid false accusations being levelled against any of the RAs.

3.3. PRIVACY

Some questions in this interview can be embarrassing for both the interviewer and the respondent, especially if asked in the presence of others. Asking all questions in a matter-of-fact way and in private reduces the risk of embarrassment. This will also help to maintain confidentiality and obtain honest answers.

But the reality in the local culture is that some parents, husbands and wives may insist being with the respondent while answering the questions. If the request of the RA to conduct the interview in private is not accepted by the respondent or a family member, it is best that the RA continue with the interview without showing displeasure.

3.4. CONFIDENTIALITY

Not only should the RAs and the researchers make sure that the information obtained from the respondent are kept confidential, but also should reassure the respondents about this commitment by the research team. It is natural for the respondents to feel uneasy about giving some details which could be potentially embarrassing or even harmful if it was revealed to certain individuals. So it is vital to inform them of the practices of the research team to maintain confidentiality, such as;

- Insistence on conducting the interview in private
- Not writing down the name or address of the respondent in the questionnaire
- The filled questionnaires being kept and handed over to the research team personally by the RAs
- Access to the filled questionnaires are kept strictly limited to individuals of the research team
- The final research report will not have specific details that could identify any of the respondents

The option for any respondent to, not answer a question, if he or she wishes, should be offered; as specific questions may be too sensitive for some respondents. These details would usually be covered in the information leaflet and the informed consent process (see section 3.1).

3.5. SUPPORT FOR PARTICIPANTS

The primary goal of the survey is to obtain information from the respondents. But that doesn't mean that we have no other responsibility for the respondents involved. At times the RAs may come across individuals who may require urgent help, such as those who are actively suicidal, acutely disturbed, seriously physically ill or in threat of being harmed. Some may have potentially serious issues that may not need immediate intervening and some may request help for symptoms that they may be having. It would be unethical for a RA to turn a blind eye in such a situation.

As the issue of confidentiality still applies, it is best if the RA could discuss with the respondent or a member of the family about the concerns that were identified while suggesting the need and the possible ways to intervene. If the individual/s agree to it or if they request it; firstly the RA could suggest the ways that help could be obtained. Suggestions could be;

- To seek immediate medical assistance – to see a general practitioner/ go to the nearest hospital
- To request assistance from the police
- To meet the GN of the area

If the way of intervening is not clear, the RA could contact the researchers or the MOH of the area for advice.

- **The RA should not undertake to advise or treat the respondent himself or herself**

If the matter is so serious that the RA decides it should be informed, even without the consent of the people involved he/she should do what is required under the circumstance. If in doubt, the best thing is to seek advice from the principle investigators. In some instances it would be the social responsibility of the RA to inform relevant authorities as the GN or even the police, if there is any concern of a potentially

serious danger about the safety of the individual, household member or the wider public. It is preferred if the RA could inform the FRD office before taking any steps, but in an emergency the RA could take the relevant steps and inform the FRD office afterwards.

3.6. SAFETY OF THE RESEARCH ASSISTANT

Above all the safety of RAs should be a primary concern at all times. The RAs should be confident of their safety when approaching a household. If in doubt, it is advised to go to the house accompanied by someone else. These are especially applicable for female RAs. If there is a potential threat while being in a house the RA could tactfully leave or take steps to avoid being harmed. It is permissible to exclude a selected house or an individual from the survey if there are genuine concerns about the safety of the RAs.

4. CONDUCTING THE INTERVIEW

4.1. BASICS OF CONDUCTING INTERVIEWS

The aim of the interviewer is to ask questions and record the relevant data in the questionnaire accurately. RAs must follow instructions in conducting the interview precisely with clear knowledge of the intention of each question. This is to ensure that their results are consistent with those of other interviewers. The approach of the RAs should be serious, pleasant, and self-confident. Nervousness on the part of interviewer can make the respondent feel uneasy. The interviewer should approach all respondents as if they are friendly and interested in the research.

Appropriate setting

It is preferred that the RA and the respondent are seated comfortably while the interview is carried out. It would be ideal if there is adequate privacy, no distractions and the surroundings being pleasant and comfortable. But it is likely that in most households all the requirements would not be fulfilled. The RA should do his best to obtain the required information in the prevailing conditions or reschedule the interview for a time when things would be more suitable. The interviewer should have a firm surface to keep the questionnaires on, so that marking the provided answers could be done properly. A book or a file cover would be suitable for this.

Clear voice

The interviewer should use a clear, pleasant tone of voice which conveys assurance, interest, and a professional manner. They must be able to read aloud, smoothly in a conversational manner. Questions are best read at a slightly slower pace than normal conversation.

Listen carefully

The RA should be empathic and skilled at listening carefully to determine whether the question was correctly understood by the respondent. The interviewer's ability to determine if the respondent is producing information the questions are intended to get; is achieved through active listening and a thorough understanding of the intent of the questions. Respondents at times respond to what they thought the interviewer was about to ask, imagining a question that includes a key word that caught their attention. Listening carefully to their answers will help detect this type of misunderstanding. Interviewers must remember that an answer is obtained only when the respondent understands the intent of the question and has responded appropriately.

Mark the answers properly

Having good clerical skills for marking down the answers, in-between asking the questions, is required; so that the coding is accurate and their entries are legible. The answers should be marked in the questionnaires with a blue or black pen. It is best if red pens and pencils are avoided, as it may get mixed up with notes of those who code the answers and enter data.

Recheck before finishing

After completing an interview, the interviewer must scan through all the questionnaires to see if there are any missed questions or ones that have not been marked properly. It is best to take this time to edit it before going on to the next interview because, having to go back to the respondent later to fill the missing answers would be inconvenient for both the interviewer and the respondent.

4.2. GENERAL RULES AND TECHNIQUES IN CONDUCTING INTERVIEWS

Consistency in asking the questions

In conducting a standardised interview as this, it is essential to maintain consistency in the way answers are obtained. The questions must be asked in the order they appear in the questionnaires and in each the entire question must be read to ensure comparability across respondents. Even slight deviations from wording and the ordering of questions have been shown to affect responses.

Read the entire question before accepting the answer

Before accepting the respondent's answer, the interviewer must be sure that the respondent has heard the entire question. If the respondent interrupts the interviewer before hearing the whole question by giving an answer, the interviewer should repeat the question making sure the respondent hears it through to the end. Even if the answer seems appropriate for the question, the interviewer should not assume a premature response as being admissible. This is important for ensuring that all concepts in the question are being considered by the respondent before giving the answer.

Stress key words in a question

In some questions it is important that some key words or phrases are emphasised in order for the question to be properly interpreted. These are typically; words defining frequency, intensity, or duration, that are used repeatedly in questions. Some examples of these are:

Frequency- ‘frequently’, ‘often’, ‘usually’

Intensity- ‘any’, ‘a lot’, ‘most’

Duration- ‘ever’, ‘always’

Stressing these words or phrases could be done by: reading it louder, reading it more slowly, making eye contact while reading it and making a gesture from hand, face or head.

Clarification of questions and answers

Even though it is important to ask the same questions similarly with all respondents, clarifications may be required when the respondent is unable to answer a question because he/she does not understand all or some part of the question. Similarly, when the respondent appears to understand the question, yet gives a response which is inadequate or irrelevant, the interviewer should provide clarification without directing the respondent to a particular answer. Some specific rules for clarification and probing are as follows:

a. If it appears that the respondent has not heard the entire question or the portion of the question, e.g. the respondent answers irrelevantly or does not appear to understand all aspects of the question, the whole question or the portion that is not understood should be read again.
b. If the respondent asks about a specific part of the question that was not heard or unclear, it is acceptable to repeat only that part.
c. If asked to repeat one response option, the interviewer should repeat all response options.
d. The interviewer should only use question text or neutral clarifications so that it does not introduce bias into the question.
f. If a respondent appears to contradict what he/she said earlier, the interviewer should not show dissatisfaction or disbelief, but should ask for clarification of the discrepancy and revise the marked answer of the previous or current response as necessary.

Feedback and keeping control of the interview

Feedback given by the interviewer while the interview is in progress is important in maintaining control over the interview, keeping the respondent on track and making the interview more naturally flowing. Feedbacks could be provided verbally or by gestures in reaction to the respondent’s behaviour throughout the interview. These techniques are of significant value in keeping the respondent engaged on the topic without loosing interest. Although feedback can be useful in maintaining respondent motivation and task focus, there is a danger of biasing respondent answers by using feedback too much. The interviewer must give appropriate feedback at an appropriate amount by using neutral techniques. Some rules in giving feedback are as follows:

a. Feedback can be used to reinforce focused, attentive respondent behaviour and to discourage digression, distraction, and inappropriate inquiries from the respondent. When respondents

have inappropriate inquiries like asking for advice, information, or the interviewer's personal experiences phrases such as the following could be useful.

"In this research, we are really interested in learning about your experiences."

"When we finish, let's talk about that."

When respondents digress from the questions by giving lengthy responses or providing more information than is necessary phrases such as the following could be useful.

"I have a lot more questions to ask, so we should move on to those now."

"If you would like to talk more about that, we can do that at the end of the interview."

Similarly each RA could use appropriate phrases and techniques according to the situation.

b. Behaviour of the respondent that is inattentive or distractive should not be criticised, but it is discouraged by making clarifications and persisting with the topic of the question.
c. Silence can be an effective tool for discouraging inappropriate responses or conversation
d. Short feedback can be used throughout the interview to acknowledge respondent's answers to closed questions. Long feedback can be used to reinforce respondent motivation and attention on long series of questions, open-ended questions, or questions that are difficult for the respondent. Some suggested feedback phrases are as follows;
   - Long Feedback: *"That's useful/helpful information"*
     "It's useful to get your ideas on this"
     "I see, that's helpful to know"
     "That can be difficult to remember/answer"
   - Short Feedback:*"Thank you"/"Thanks"*
     "I see"
     "Uh-huh"
   - Task-Related Phrases: *"Let me get that down"*
     "I want to make sure I have that right" (repeat answer)
     "Let me review what you just told me"

Marginal Notes

The interviewer should make the maximum effort to mark the given answer in a suitable way that could be coded and entered as data in to the computer. On occasions the RA may find some of the answers difficult to code or may think that some additional information given by the respondent could be important for the researcher or the person entering the data to make a decision. Sometimes respondents will simply explain their responses rather than giving an answer that qualifies for one of the options provided. In such occasions the interviewer should record that information at the left margin of the

questionnaire, as it could be important to the researchers to make a decision. Sometimes the interviewer needs more room to record an open-ended response than is provided. When this occurs, rest of the response should be written in the left margin.

Missing Data

If the researchers or the data entry team discovers questions which the answers were not marked by the interviewer and, which should not have been skipped, it may be decided that the respondent should be re-contacted to obtain these missing data.

If the respondent refused to answer a question the interviewer should write "REFUSED" in the left margin. This indicates to the researchers and the data entry team that the question was not skipped inadvertently and that the respondent should not be re-contacted in an attempt to retrieve the missing data. Questions skipped intentionally according to the instructions in the questionnaire should be left blank.

4.3. SPECIFIC QUESTIONNAIRES USED IN THE SURVEY

The following questionnaires are used in this survey to obtain the required information. The questionnaires are arranged in a specific order, so that questions which are less sensitive are asked first, while those which are more sensitive are asked later.

1. **Questionnaire on General Information** (see section 5.1) - To obtain socio-economic information
2. **Patent Health Questionnaire** (see section 5.2) - Assesses somatoform disorder, depressive disorders, anxiety disorders, eating disorders and alcohol abuse
3. **Brief Questionnaire on War and Tsunami** (see section 5.3) - To assess the exposure to war and tsunami
4. **Section K of the Composite International Diagnostic Interview** (CIDI) (see section 5.4) - To identify post traumatic stress disorder
5. **Psychoses Screening Questionnaire** (see section 5.5) - Identifies symptoms suggestive of a psychotic illness
6. **Screening Questionnaire for Suicidal Ideations** (see section 5.6) - Elicits ideations of suicidal tendency
7. **Beck Scale for Suicide Ideation** (see section 5.7) - In-depth assessment of suicidal intent and behaviours for those who become positive for the Screening Questionnaire for Suicidal Ideation

The next chapter deals with the specific issues in administering each questionnaire.

5. ADMINISTERING EACH QUESTIONNAIRE

5.1. QUESTIONNAIRE ON GENERAL INFORMATION

Introduction

The Questionnaire on General Information is the initial study instrument that is used for the assessment of the research participants, since it facilitates to create an overall image of the informant, including family and social background. It is also helpful to build up a good rapport with the participant in order to promote mutual cooperation in the process of interviewing because trust serves a great deal in revealing confidential information.

The questionnaire elicits basic demographic data including personal details such as age, race, marital status, religion and educational achievements, employment status & information regarding home environment and personal habits. This has been adapted following modifications of section A of the Composite International Diagnostic Interview (CIDI).

It comprises of 25 questions. However, the first page of the questionnaire would have been already completed when approaching the participant except for the section where the time and date of the commencement of interview with the selected informant needs to be stated.

Specific instructions

- This research tool is used as an interviewer-administered questionnaire. The capitalised statements are instructions to the interviewer and therefore, those should not be read to the participants. Further, the underlined words in the question should be given more emphasis with the view of attracting the participant's attention to facilitate better understanding.

- The responses should be marked by encircling the relevant number representing the appropriate answer given in the questionnaire and all questions should have only one answer (the best suitable answer). These rules apply for all questions except for questions 18 and 19 (see e.g. 7.).

e.g.1.-

1. RECORD SEX AS OBSERVED.

MALE.....(1)

FEMALE.....2

If the respondent is observed to be a male, the first question would be answered as given above. (It would be silly to ask whether the person is male or female)

- The interviewer ought to follow the questionnaire sequentially unless specifically stated as; "skip to…" or "ask…" along with the answer.

e.g.2.-

---

3. What's your marital status?

Married..... (ask A).....1

Widowed.....(ask B).....2

Separated.....(ask B).....3

Divorced.....(ask B).....4

Never married.....(ask B).....5

A. IF CURRENTLY MARRIED,

ASK: **Are you currently living with your (husband/wife)?**

NO.....1

YES .....(SKIP TO 4) 5

B. **Are you currently living with someone as though you were married?**

NO.....1

YES 5

In the preceding instance, if the answer to question 3 is "Married", "1" should be circled and the next question that should be asked is "A" (as instructed- "ask A"). If the answer was "Widowed", "2" should be circled and the next question that should be asked is "B" (as instructed – "ask B"). If the answer to "A" is "YES", the remaining question 3 subsections (B & C) should be skipped and proceed to question 4.

- Dotted lines denote situations where the answer is to be written in words.

e.g. 3.-

B. What kind of work do you do?

RECORD: *Marketing Executive in a private firm*.....

In subsection B of question 6, the occupation should be written in the given space as above.

- Blank straight lines with an intervening forward slash (___/___) denote situations where the answer is to be written in numbers with each number at either side of the slash. If it is a single digit number "0" should be written before the slash and the number after the slash.

e.g. 4.-

2. How old are you?

AGE __***3***/***1***__

What is your birth date?

DAY__***0***/***5***_ MO__***0***/***2***__ YR__***7***/***6***__

- If the participant's response is coded as "Other" in any of the questions, it is also required, what that "Other" means to be specified in the space provided.

e.g. 5.-

4. What is your ethnicity?

Sinhala.....1

Tamil.....2

Muslim.....3

Burgher.....4

Malay.....5

Other (specify).....6

.....**Japanese**.....

- In the question 8, the word "full-time student" means a student receiving primary, secondary or tertiary education in either a government or private institution. Even if the respondent is doing a part time job, but primarily occupied in their studies, he or she should be considered as a "full-time student". If a person is involved in part time studies (e.g. attending regular weekend classes) while doing a job, he or she should not be taken as a "full-time student"

- In some houses there maybe more than one type of construction material, source of drinking water, toilet etc. But in questions 14, 15, 16 and 17 the main type used should be considered. It could be the type of roofing material covering most of the house or the type of toilet mostly used by the people in the house. If it is difficult to say which type is the principle one, as in a house which is built by bricks and mud in equal proportions, the interviewer should mark the material which is higher up in the list (the one with the smallest response number)

e.g. 6.-

16. What is the principle type of cooking fuel at your home?

Electricity……1

Gas……..2

Kerosene…….3

Fire wood…….4

Coconut shells / Saw dust/ Paddy husk…….5

Other (specify)…….6

……..……..……..

If the respondent says that gas and fire wood are used equally in the house and that it is difficult to say which one is the principle type, gas should be marked as it is higher in the list.

- When a question includes a dotted line as in questions 18, and 19, it should be read together with the answer code.

e.g. 7.

18. Does your house have a……?

Radio..……1☑

TV……..2☑

Refrigerator…….3☐

Phone (mobile / fixed)……4☑

The interviewer should read the above question as, "Does your house have a radio?", "Does your house have a TV?" and so on.

- Answers to questions 18 and 19 should be marked by putting a tick (☑) over the relevant box. It should also be noted that questions 18 and 19 could have more than one response (see e.g. 7.)

Interpretation

Based on the information gathered, the participant can be categorised for example in to different social strata, educational levels, ethnic groups, various religious groups, individuals having major physical illnesses and subjects consuming alcohol or abusing other substances. This is very helpful in analyzing disease characteristics revealed by other specific questionnaires and thereby offers a stem for formulating conclusions.

5.2. PATIENT HEALTH QUESTIONNAIRE

Introduction

The Patient Health Questionnaire (PHQ) helps to evaluate and diagnose mental disorders. It is a diagnostic tool that includes questions in simple everyday language, which require "yes" or "no" answers, making make it suitable for use in different countries and cultures. The PHQ is an enhanced version of the widely known PRIME-MD (Primary Care Evaluation of Mental Disorders) program and has been translated into several languages.

The questions of the first three pages of PHQ assess mental disorders; namely somatoform disorders (question 1), mood disorders (question 2), anxiety disorders (questions 3, 4 and 5), eating disorders (questions 6, 7 and 8) and alcohol related disorders (questions 9 and 10). The question 11 is meant to assess the functional impairment while questions 12, 13 and 14 will be assessing recent stressors. Whether it has come to the attention of healthcare practitioner may be depicted by question 15. Components of Question 16 which are specifically designed for women to elicit information regarding menstruation, pregnancy and child birth; suggest the presence of underlying physiological reasoning; therefore they may undervalue the significance of responses in preceding sections in arriving at a probable diagnosis of a psychiatric disorder.

Since this is a self-reported questionnaire, extent of understanding of the questionnaire by the informant, other relevant information from his or her family or other sources have to be taken in to account before concluding a definitive diagnosis. Further, for instance, it needs to rule out normal bereavement (mild depressive symptoms lasting less than two months), past history of manic episodes, physical disease, and any medication or drugs, in order to make a diagnosis of Depressive disorder.

It should be stressed that mere clinical diagnosis is not adequate for ultimate management of the individual and therefore it is necessary to explore psychosocial stressors as triggers, duration of the current problem and any treatment given, previous similar episodes and family history of similar conditions, degree of interference with activities of daily living and his or her living context as healthcare practitioner should treat person with a disease but not the disease in its own.

The PHQ was Adapted and validated by the Forum for Research and Development to improve its acceptability and suitability for Sri Lankan culture and literature.

Specific instructions

- In using the PHQ as an interviewer administered questionnaire, the way it is read has significance in eliciting the correct answer. The question should be read as it is stated in the questionnaire, followed by reading the available answers one by one.

e.g. 1.

1. During the <u>last 4 weeks</u>, how much have you been bothered by any of the following problems?	Not bothered at all	Bothered a little	Bothered a lot
a. Stomach pain…….	[ ]	[ ]	[ ]

In asking the above question, it could be read in the following way;

"During the last 4 weeks….., how much have you been bothered by any of the following problems?"....."Stomach pain?"..... "Were you ..... not bothered at all, ... bothered a little .... or .... bothered a lot"

If it appears that the respondent did not understand the question, the whole question along with answers could be repeated. The answers could be repeated to make it easy for the respondent to make a decision. In asking the next symptom, it would be best if the stem of the question is repeated alone with the answers. But when it appears that the respondent has understood the flow of the questions, the symptom could be asked alone, in the following way;

"*Chest pain?*"

If it seems that the respondent needs to be reminded of the steam or the responses, they should be repeated as before.

- All the questions have to be answered by marking a tick [✓] in the relevant cage except for question 14, that requires the answer to be written in words. Each of the sub-questions in each question should have only one answer which is most suitable and appropriate for that particular participant.

- It should be noted that in each question the time period for which the symptom is inquired is underlined. This specified time period should be stressed when asking the question from the respondent. If the answer of the respondent indicates that this specific time period was not considered, the interviewer should repeat the question with further emphasis on the underlined time period.

- In some of the questions the respondent may ask how it is defined as "Bothered a little" or "Bothered a lot" and how it is separated. The answer should be " a little or a lot, as you understand it" or "as is a little or a lot for you".

e.g. 2.-

1. During the last 4 weeks, how much have you been bothered by any of the following problems?	Not bothered at all	Bothered a little	Bothered a lot
a. Stomach pain…….	[ ]	[✓]	[ ]

When answering question **1.a**, if the participant was bothered by stomach pain ”a little” during last 4 weeks, the answer should be marked as above.

- The respondent is expected to answer all questions unless specifically asked to skip over in instances where a question is irrelevant according to the preceding answer.

e.g. 3.-

3. Questions about anxiety.

	NO	YES
a. In the last 4 weeks, have you had an anxiety attack - suddenly feeling fear or panic?	[✓]	[ ]

If you checked “NO”, go to question 5

b. Has this ever happened before?	[ ]	[ ]
c. Do some of these attacks come suddenly out of the blue - that is, in situations where you don't expect to be nervous or uncomfortable?	[ ]	[ ]
d. Do these attacks bother you a lot or are you worried about having another attack?	[ ]	[ ]

If the informant answers question 3 a. as “NO”, there is no point in proceeding to b, c & d subsections or question 4.This is because; they are elaborating on the same stem. So the interviewer should skip to question 5.

- The interviewer should be careful not to ask the questions 1. d. and 16 from male respondent as it would be unprofessional and resulting in harming the credibility of the interviewer.

Interpretation

With the view of facilitating the interpretation of patient responses, all clinically significant responses are found in the column farthest to the right.

Below mentioned coding system could be used to evaluate the responses and to establish a diagnosis;

- **Somatoform Disorder -** If at least 3 of questions **1. a. – m.** are marked as “**Bothered a lot**” for the patient, and lack an adequate biological explanation
- **Major Depressive Syndrome** - If question **2. a.** or **b.** and **5.** or more of question **2. a. – i.** are at least “**More than half the days**” (count question **2. i.** if present at all)

- **Other Depressive Syndrome** - If question **2. a.** or **b.** and either 2 or 3 or 4 of **2. a. – i.** are at least **"More than half the days"** (count question **2. i.** if present at all)
- **Panic Syndrome** - If question **3. a. – d.** are all "**Yes"** and 4 or more of questions **4. a. – k.** are "**YES**"
- **Other Anxiety Syndrome** - If question **5. a.** and answers to 3 or more of questions **5. b. – g.** are "**More than half the days**"
- **Bulimia Nervosa** - If questions **6. a.**, **b.**, & **c.** and question 8 are '**YES**';
- **Binge Eating Disorder**- If questions **6. a.**, **b.**, & **c.** are '**YES**'; but question 8 is either '**NO**' or left blank
- **Alcohol abuse -** If any of questions **10. a. - e.** is "**YES**"

5.3. BRIEF QUESTIONNAIRE ON WAR AND TSUNAMI

Introduction

Sri Lankan citizens are experiencing the tragedy of an armed conflict over the last 20 years, mainly involving Northern and Eastern provinces in the Island. This has resulted in enormous number of casualties in many parts of the country. However the direct physical injury that the victim has sustained is virtually the tip of the ice-berg of this problem. Its impact on one's psychological and social well-being could have severe implications on him or her and his or her family. On the other hand, in December 2004 Tsunami disaster despoiled many human lives and their houses & property in the coastal belt in many provinces, producing considerable distortion in family and social context in survivors. It has been suggested that these two factors could have significant bearing on causation or modification of mental illnesses. Therefore the Brief Questionnaire on War and Tsunami is aimed at eliciting these experiences so that it could be compared with the diagnoses of mental illnesses from other questionnaires.

The Brief Questionnaire on War and Tsunami consists of 8 questions elaborating on armed conflict and its ill effects; and 8 questions regarding the tsunami disaster & its aftermath.

Specific instructions

- The interviewer should give a brief introduction about the questionnaire, as noted at the top, so as to explain its objectives. As there is a possibility that the informant has been a victim of either war or tsunami, calming and empathetic approach should be followed to avoid further traumatization.

- All the questions need to be answered as either "Yes" or "No" and if any question is answered as "Yes" it has to be supplemented with the details in words. Encircling the relevant answer is required.

e.g. 1.-

If the informant is a soldier, the answer for question 1 in the section on war should be marked as follows;

1. Did you participate directly in the conflict as a combatant? (Yes) / No

If yes, specify:……***Soldier***..……
…….

- In the section on war, the meaning of the word "conflict" is not restricted to war front in the north and east and it is extended to represent the hazards encountered during terrorist attacks in other regions, such as bomb blasts.

- The question 8 of the section on tsunami and its aftermath is to reveal information regarding any contribution or help given by the respondent in the immediate or intermediate post tsunami period. For instance; rescuing, treating in the case of medical person, or any other relief given to tsunami victims. The words "particular experiences" in the same question indicate any interesting incidence / event, emotionally or physically the informant experienced during relief activities, and therefore it has to be clearly explained by the interviewer.

5.4. SECTION K OF THE COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW

Introduction

This questionnaire has been extracted from the Composite International Diagnostic Interview (CIDI) which includes questions on Post Traumatic Stress Disorder under section K (questions K22 –K45). The CIDI is a highly structured interview for the assessment of mental disorders according to the definitions and criteria of 10th edition of International Classification of Diseases and the revised 4th edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM IV-R).

It is intended to be use in a diverse spectrum of cultural and health care settings with the core version currently available in 16 languages including Sinhala. The instrument is designed for use with adults and written in simple language so that participants with various educational backgrounds can respond meaningfully to the questions.

The Post Traumatic Stress Disorder (PTSD) is an abnormally intense psychological reaction an individual might develop as a result of severely distressful experience and it encompasses three fundamental characteristics. These are; intrusions, increased arousal, and avoidance.

The questionnaire on PTSD consists of 23 questions (K22 to K 45) which convene information as to identify and explore disease characteristics.

Specific instructions

- This questionnaire is employed as an interviewer-administered questionnaire. After the initial introduction the respondent should be given the K 1 card which describes a set of events he or she may have experienced.
- In the questionnaire the statements written in capital letters are instructions to the interviewer and they are not supposed to be read to the respondents.

e.g. 1.-

IF YES, ASK: Briefly, what was the most stressful or upsetting experience of this sort that ever happened to you?

In the above example "IF YES, ASK" will not be read aloud and instead interviewer needs to follow it to maintain smooth flow of the interview.

- The blank lines indicate that the interviewer is supposed to record the respondent's answer in words.

e.g. 2.-

IF YES, ASK: Briefly, what was the event that you found most stressful or upsetting when it happened to someone close to you?

DESCRIPTION: *My son was severely injured in an accident*

- With regard to K 22. 1-8 questions, the interviewer should ask each of those events whether the respondent has experienced and the answers need to be marked as either "NO" or "YES" in column I, by encircling the relevant number (Please refer the questionnaire)

e.g. 3.-

If the informant is a soldier who was involved in military operations, he would answer the K 22.1 in the following manner.

	COL. I		COL. II WORST EVENT	
	NO	YES	NO	YES
1. Did you ever have direct combat experience in a war?.....	1	(5)	1	5

- The question K 22. 8 means any extremely stressful / upsetting experience other than events mentioned in preceding K 22. 1- 7 questions. If there is such an experience, it could be written in the space after the word 'DESCRIPTION' subsequently.

- Similarly, if the respondent has experienced an incident as mentioned in question K 22. 9, it needs to be briefly stated accordingly.

- After completing the first page of the questionnaire (K 22. 1-9), if none of them is answered "YES" (i.e. no 5's in column I) the interview needs to be terminated. If there is only one "YES" answer in column I, encircle 5 in the column II relevant to the particular event and proceed to the question K 22A. 1. For other respondents who are having more than one stressful experiences, the interviewer is expected to proceed to question K 22A.2. and follow the instructions given in the questionnaire [i.e.

Ultimately the respondent is guided to select the worst event experienced in his/her life. Hence there will be only one 5 ("YES") in the column II].

- In asking question K 22A. 1. as instructed within the parenthesis, the event coded 5 in column I should be read .

e.g. 4.-

K22A 1. You mentioned that you have experienced (EVENT CODED 5 IN COL. I). Did this happen only once in your lifetime or more than once? IF ONCE, SKIP TO K22B, OTHERS ASK: Of these times, was one of them more stressful or upsetting than the others? SKIP TO K22B.

If , as stated by the respondent, only K22 1 (Did you ever have direct combat experience in a war?) was marked 5, the above question should be asked in the following way;
"*You mentioned that you have experienced….. **direct combat experience in a war**. Did this happen only once in your lifetime or more than once?*"

- The same method should be followed when asking K 22A. 2.

e.g. 5.-

K22A 2. You said that you have experienced (EVENTS CODED 5 IN COL. I). Of those events, which was the most stressful or upsetting? CODE 5 FOR THAT EVENT IN COL. II.

If 3, 5 and 6 were marked 5 in K22 , the above question should be asked in the following way;
*"You said that you have experienced.... **a fire, flood or other natural disaster, seriously physically attacked or assaulted and threatened with a weapon, held captive, or kidnapped**. Of those events, which was the most stressful or upsetting?"*

- The rest of the questions (K22B – K45) are focused on only the event which is marked in the column II as the worst experience.

- In questions K23– K45 the EVENT referred to within parenthesis is the one which is coded 5 in column II. In asking those questions, that event should be used at the place where the word EVENT is within parenthesis.

e.g. 6.-

K27 Did you sweat or did your heart beat fast or did you tremble when you were reminded of (EVENT)?

NO..... 1
YES..... 5

If the event coded 5 in column II is K22. 2 (Were you ever involved in a life threatening accident?), the above question should be read in the following way;

"Did you sweat or did your heart beat fast or did you tremble when you were reminded of.... ***being involved in a life threatening accident****?"*

- If questions K23– K27 are answered "NO" (Coded 1), this questionnaire (Section K of the CIDI) should be skipped and go to the next one (Psychoses Screening Questionnaire). Further, the same instruction could be followed at the end of question K32 with regard to K28 – K32. If it is not specifically asked to skip, all questions need to be addressed in order.

- In question K40, SX CODED 5 IN K23 TO K39 refers to the symptoms that were marked as being positive (coded 5) from K23 to K39. In asking K40, the symptoms that were coded 5 in K23 to K39 should be used. The parts of those questions that are underlined are the parts that should be read in asking K40.

e.g. 7.-

K40 You said that you had problems after (EVENT) like (SX CODED 5 IN K23 TO K39). How soon after (EVENT) did you start to have any of these problems?
CODE LOWEST NUMBER.

If the event coded 5 in column II is K22. 4 (Did you ever witness someone being badly injured or killed?) and the questions that were coded 5 were K23, K24, K26 and K33, the above question should be read in the following way;

"You said that you had problems after ***witnessing someone being badly injured or killed*** *like;.....* ***remembering when you didn't want to,…..having bad dreams or nightmares about it,….. get very upset when you were reminded of it….. and try not to think or talk about witnessing someone being badly injured or killed****. How soon after* ***witnessing someone being badly injured or killed*** *did you start to have any of these problems?"*

Interpretation

There is a computerised scoring system to diagnose PTSD on information gathered through the questionnaire (CIDI – section K) according to specified criteria.

5.5. PSYCHOSES SCREENING QUESTIONNAIRE

Introduction

Psychotic illnesses involve a fundamental disruption of thought processes, in which the individual suffers from a combination of distressing delusions and hallucinations. Delusions often involve convictions that one is being watched or persecuted or that some external force is controlling one's thoughts. Hallucinations typically involve hearing voices talking about or to the individual, but may also involve visual experiences or smells. Individuals often lose insight into the nature of the illness, particularly during an acute episode. These disorders, which include schizophrenia and other delusional disorders, are relatively infrequent.

In samples where relatively few subjects are likely to be psychiatrically disturbed (e.g. general populations) it is often not cost effective to examine all members with a lengthy clinical interview. It is in this context that this screening interview called the Psychoses Screening Questionnaire (PSQ) was developed to identify whether there was any possibility of the informant suffering from a psychotic illness.

Specific instructions

The specific method in going from one question to the other should be as follows. The possible diagnosis from the answers that were obtained is also mentioned.

1. Over the past year, have there been times when you felt very happy indeed without a break for days on end?

If yes go to section a) if no or unsure go to question 2.

a) Was there an obvious reason for this?

If yes or unsure go to question 2

if no go to section b)

b) Did your relatives or friends think it was strange or complain about it?

If yes positive for hypomania, go to question 2

If no or unsure negative for hypomania, go to question 2

2. Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?

If yes go to section a)

If no or unsure go to question 3

a) Did this come about in a way that many people would find hard to believe, for instance, through telepathy?

If yes positive for thought interference, go to question 3

If no or unsure negative for thought interference, go to question 3

3. Over the past year, have there been times when you felt that people were against you?

If yes go to section a)

If no or unsure go to question 4

a) Have there been times when you felt that people were deliberately acting to harm you or your interests?

If yes go to section b)

If no or unsure go to question 4

b) Have there been times when you felt that a group of people were plotting to cause you serious harm or injury?

If yes positive for persecution, go to question 4

If no or unsure negative for persecution, go to question 4

4. Over the past year, have there been times when you felt that something strange was going on?

If yes go to section a)

If no or unsure go to question 5

a) Did you feel it was so strange that other people would find it very hard to believe?

If yes positive for perceptual abnormalities, go to question 5

If no or unsure negative for perceptual abnormalities, go to question 5

5. Over the past year, have there been times when you heard or saw things that other people could not?

If yes go to section a)

If no or unsure go to the next questionnaire

a) Did you at any time hear voices saying quite a few words or sentences when there was no one around that might account for it?

If yes positive for auditory hallucinations, go to the next questionnaire

If no or unsure negative for auditory hallucinations, go to the next questionnaire.

Interpretation

The PSQ as used here covers five broad categories of symptoms: hypomania; thought interference; delusions of persecution; a feeling that something 'strange' is taking place that is hard to explain; and auditory hallucinations. Two or three questions are used for each symptom category, a general introductory stem question and one or two more targeted questions for those who answer 'yes' to the introductory questions. The informant must have answered 'yes' to all questions within a symptom category in order to screen positive on that item.

In the standard use of the PSQ, informants are not asked to continue the psychosis screening sequence once they have answered positively to one item, because a positive screen would route the informant into a more detailed clinical assessment. However, in this study, which will not conduct such clinical assessments, informants will ask all of the stem questions, regardless of their response to earlier ones. Studies have shown that the higher the number of positive PSQ items, the greater the risk of meeting the criteria for psychotic illness in the clinical interview. In the current study, the use of the full PSQ for all informants and the broad symptom categories covered by the PSQ will be mapped across the ethnic groups, and the prevalence of psychotic symptoms (as measured by the PSQ) will be explored by demographic and socio-economic factors.

The authors of the instrument estimated that if it were used in a population with a typical one per cent prevalence of psychotic illness, only one in every six cases identified as positive by the PSQ would be a true case.

5.6. SCREENING QUESTIONNAIRE FOR SUICIDAL IDEATIONS

Introduction

This Questionnaire is designed to quantify and assess suicidal intention. Furthermore, it is sensitive to changes in levels of depression and hopelessness over time.

The major risk factors for attempted suicide include mental disorders, especially mood disorders, co-morbid substance abuse disorders, history of deliberate self-harm, and a history of suicide attempts.

Deliberate self-harm refers to intentionally initiated acts of self-harm with a non-fatal outcome (including self-poisoning and self-injury). Suicide risk is assessed along a continuum, ranging from suicidal ideation alone (relatively less severe) to suicidal ideation with a plan (more severe). Suicidal ideation with a specific plan of action is associated with a significant risk for attempted suicide. The Screening Questionnaire for Suicidal Ideations is useful in identifying such asymptomatic young adults with significant depression and suicidal ideation.

The Screening Questionnaire for Suicidal Ideations consists of 4 questions revealing thoughts and feelings which the informant has ever had in his or her life and experienced over the last two weeks.

Specific instructions

- The subject is expected to answer all 4 components of this screening questionnaire. The answer could be marked by encircling either 'Yes' or 'No' as stated by the informant.

e.g. 1.-

1. Have you ever felt that there is nobody to care about you? (Yes) / No

For an individual who admits the feeling that there is no one to care him, the first question will be marked as shown above.

- If the main part of any of the 4 questions are answered as 'Yes', the interviewer should ask the a. subsection of that question as well. The a. subsection asks about the same symptom as the main question, but only if it occurred within the last two weeks including the day of interview.

Interpretation

Presence of "Yes" responses are regarded as the subject being positive for those suicidal ideations. If at least one of the questions were answered as 'Yes', the questionnaire is considered as being positive for screening of suicidal ideation. In such an instance the interviewer should go to the next questionnaire; which is the Beck Scale for Suicide Ideation. If none of the questions were marked as 'Yes', the interview should be ended without going to the next questionnaire.

5.7. BECK SCALE FOR SUICIDE IDEATION (BSI)

In this survey Beck Scale for Suicide Ideation (BSI) is to be administered on participants identified through the Screening Questionnaire as being positive for suicidal intention. The BSI assesses the severity of the suicidal risk and reveals specific suicidal characteristics which require greater clinical scrutiny, in

addition to its capability of serving as a screening tool. It was found to have high internal consistency and correlations with clinical ratings of suicidal risk and self-administered measures of self-harm. This comprises of two parts. Part 1 includes five screening items and the part 2 possessing 16 items addresses specific information regarding respondent's attitudes and plans for committing suicide.

Specific instructions

- There are 3-4 statements for each of the 21 items in which the informant has to choose only the most suitable answer that best describes the attitudes, feelings or behaviour during the past week including the day of interview.
- The response could be provided by encircling the number preceding the statement.

e.g. 1.-

Part 1.

1. 1. I have a strong wish to live
2. I have a moderate wish to live
(3.) I have a weak wish to live
4. I have no wish to live

The above example shows how it would be marked question 1 in an instance where a subject says that there is only a feeble interest of living.

- All five components of the part 1 need to be answered by every respondent. If both question 4 and 5 were marked as 1 the interviewer should skip questions 6 to 19 and go to question 20. if either of question 4 or 5 were marked as 2 or 3 or 4, the interviewer should proceed to question 6 and continue up to question 20.

- If question 20 was marked as 1 the interview should be stopped and the interviewer should go through all the questionnaires to see if there are questions that were missed or improperly marked. If question 20 was marked as 2 or 3 the interviewer should proceed to question 21.

Interpretation

The number leading the statement marked as the response is taken to give the score for that question. The severity of suicidal ideation is calculated by summing the ratings for the first 19 items. Hence item 20 & 21 are excluded from the score. The total BSI score is used to estimate the suicidal risk and higher scores reflect increased risk of suicide.

ANNEX 1

COMMUNITY BASED NATIONAL SURVEY ON MENTAL HEALTH
Information Sheet

We would like to invite you to participate in a research project. Please read this leaflet carefully, and if you have any questions about the survey do not hesitate to ask from the research assistant. Feel free to discuss the project with your family or friends before you make a decision on participating.

Introduction
The aim of this study is to assess the mental health status including suicidal ideations and alcohol intake in Sri Lanka. We are also interested in finding out about social and economic characteristics associated with mental health in Sri Lanka and how strongly mental disorders are linked to social and environmental risk factors.

This research project is a collaboration between the **Forum for Research and development** and **Ministry of Health care and Nutrition.**

The project is funded through the Sri Lanka Health Sector Development Project of the Ministry of Health care and Nutrition.

Why have I been invited?

We randomly selected several Grama Niladhari divisions in Sri Lanka and 6000 individuals were selected

randomly from those areas. The selection process is completely random, that is; your selection was completely

by chance.

Do I have to take part?

No. Participation is entirely voluntary. There is no obligation for you to take part, and **if you do not want to take part, this will have no effect on your medical care, or affect you in any other way.** It is also possible for you to withdraw from the interview at any point without giving any reasons. As we are conducting this survey to get information that would help to develop policies and improve mental health in Sri Lanka, we would greatly appreciate you participation.

What will the research involve?

We will ask you to take part in an interview, carried out in private, by a trained research assistant. The interview includes questions about your mental wellbeing and symptoms of common mental disorders. We will ask about how you are now, as well as how you have been in the past, data regarding war and tsunami experiences and some general information. This interview takes approximately 1 hour.

Are there any risks?

The research does not involve any investigations or treatments which might put you at risk.

Will the information I give stay confidential?

Yes. All information you give is strictly confidential. If we were to find that you may be having a significant problem, we will suggest and direct you to the necessary health care providers with your permission.

The information you give may be used for a research report, but it will not be possible to identify you in any way from this.

If you have any further questions please inquire by contacting us:

Principal Investigators:

Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895
Dr Sisira Siribaddana Telephone 011-2779354/011-2884431/011-5662895

Forum for Research and Development,
762/4 B,
Pannipitiya Road,
Battaramulla

Telephone No – 011-2884431/011-5662895
E-mail – forum4research@gmail.com , projects@sysnet.lk

ANNEX 2

COMMUNITY BASED NATIONAL SURVEY ON MENTAL HEALTH

Consent form:

Principal Investigators:

Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895

Dr Sisira Siribaddana Telephone 011-2779354/011-2884431/011-5662895

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762/4 B,

Pannipitiya Road,

Battaramulla

Telephone No – 011-2884431/011-5662895

E-mail – forum4research@gmail.com , projects@sysnet.lk

Please circle your answer

Have you read the information sheet? Yes/No

Did you have an opportunity to ask questions and discuss about the study? Yes/No

Have you received satisfactory answers to the questions you asked about the project? Yes/No

Who explained the study to you? ----------

Do you understand that you are free to leave the study without giving any reasons? Yes/No

Did you agree to take part on your own wish? Yes/No

Signature …….

Your name …….

Date ……..

Research Assistant Training Programme (First Phase)

COMMUNITY SURVEY OF THE NATIONAL MENTAL HEALTH SURVEY

Time Table

Time	Monday 02/04/2007	Tuesday 02/04/2007
9.30am-10.30am	(1) Introduction on the Mental Health Survey	(7) Basics of conducting interviews
10.30am-10.45am	**Tea**	**Tea**
10.45am-12.45pm	(2) Introduction to mental illnesses	(8) Training on each questionnaire
12.45pm-1.30pm	**Lunch**	**Lunch**
1.30pm-2.00pm	(3) Official procedures to be followed in conducting the survey	(9) Practicing on conducting the interview-role play
2.00pm-2.30pm	(4) Selection of respondents and randomising methods	
2.30pm-3.30pm	(5) Obtaining informed consent and other ethical issues	(10) Practicing on each other – role play
3.30pm-3.45pm	**Tea**	**Tea**
3.45pm-5.00pm	(6) Practicing on obtaining informed consent-role play	(11) Discussion

ANNEXURE 7

TRAINING MANUAL

SCHOOL BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

FORUM FOR RESEARCH AND DEVELOPMENT

CONTENTS

1. INTRODUCTION

Childhood psychiatric disorders are a significant problem, with a worldwide prevalence estimated to be 10 – 20 %. However majority do not come to the attention of mental health services. Though it lacks definitive statistics, it has been suggested that mental health problems in children and adolescents are more common in developing countries.

In Sri Lanka the principal causes of morbidity and mortality in younger population are deliberate self-harm, suicide and poisoning. Nevertheless these areas of research interest have been explored inadequately in Sri Lanka.

The Director of Mental Health in the Ministry of Health Care and Nutrition has commissioned the Forum for Research and Development (FRD) to conduct the first ever national survey on mental health in Sri Lanka. This research project is funded by the Sri Lanka Health Sector Development Project of the World Bank. The objectives of this study are to assess the mental health status in Sri Lanka and to find out socio-economic characteristics associated with mental ill health. Further it also expects to study attitudes of professionals and the public on mental health. This landmark project has three components;

1. **The Community Survey** - Aimed at assessing mental health status of the adult population of the country.
2. **The School Survey** - For evaluation of childhood and adolescent mental health problems.
3. **The Attitude Survey** - To determine the public understanding and their views towards mental health, psychiatric disorders and patients with mental illnesses.

The community survey is implemented on an island wide sample of about 6000 subjects through random selection of Grama Niladari Divisions of 17 districts. The attitude survey is a special project where selected individuals representing different layers of the community are involved, so that their attitudes and understanding of the relevant issues are brought out. This manual deals with the details of conducting the community survey.

2. THE PROCESS OF SELECTING AND APPROACHING SCHOOL SURVEY PARTICIPANTS

The school based baseline national survey on mental health is coordinated through the Research and Development Department of the National Institute of Education (NIE); trained teachers of which are to be involved as research assistants (RA) in the process of collecting data.

The survey encompasses schools of 17 districts and excludes those of Northern and Eastern provinces owing to security reasons. Eight schools have been randomly selected from each district (Of the 8 schools, 4 will be to select children in primary stage of education and 4 will be to select children of junior secondary stage of education). There will be 27 students randomly selected from each school.

2.1. INFORMING AND OBTAINING APPROVAL FROM THE RELEVANT OFFICIALS

The regional educational authorities would be informed of the survey by the FRD and NIE. Although the schools would have also been informed by the research coordinators; through post, the RA is expected to individually meet the principal of the selected school and get permission for conducting the research within the school premises.

2.2 HOW IS A STUDENT CHOSEN FOR THE STUDY

Once the permission is granted, the RA needs to complete the form on details about the school and its available facilities (See Annex. 1). RA should obtain the required information from either the principle or a teacher or a relevant official in the school. For the process of random selection of students from that school the RAs should follow the procedure noted below;

1. RA should request and obtain all the current attendance registers of the grades that will be included in the survey. For schools selected to obtain information from the primary stage of education, the RA should only ask for the attendance registers of grades 1 to 5. For schools selected to obtain information from the junior secondary stage of education, the RA should only ask for the attendance registers of grades 6 to 11.
2. Then the RA should fill the table of the form with the number of students in each class in all the grades that are relevant to the study from this school.

- **What is required is to get the number of students that are regularly attending school in each class; it is not required to consider the students attending school on that particular day.**

e.g.1.-

18. Distribution of students in each grade due to be involved in the survey

Grade	Grade 1									
Class										
No. of student										
Cumulative total										
Grade	Grade 2									
Class										
No. of student										
Cumulative total										
Grade	Grade 3									
Class										
No. of student										
Cumulative total										
Grade	Grade 4									
Class										
No. of student										
Cumulative total										
Grade	Grade 5									
Class										
No. of student										
Cumulative total										
Grade	Grade 6									
Class	A	B	C	D	E					
No. of student	36	36	33	40	36					
Cumulative total	36	72	105	145	181					
Grade	Grade 7									
Class	A	B	C	D						
No. of student	40	38	41	37						
Cumulative total	221	259	300	337						
Grade	Grade 8									
Class	A	B	C	D						
No. of student	41	39	37	40						
Cumulative total	378	417	454	494						
Grade	Grade 9									
Class	A	B	C	D						
No. of student	39	37	41	38						
Cumulative total	533	570	611	649						
Grade	Grade 10									
Class	A	B	C	D						
No. of student	40	38	39	38						
Cumulative total	689	727	766	804						
Grade	Grade 11									
Class	A	B	C	D						
No. of student	38	39	41	40						
Cumulative total	842	881	922	962						
Grade	Grade 12									
Class										
No. of student										
Cumulative total										
Grade	Grade 13									
Class										
No. of student										
Cumulative total										
Total no. of students of the school									2723	

3. After writing down the number of students in each class of the grades that are considered for the survey in this school, the RA should add the numbers sequentially together (mark the cumulative total). This should be done by adding the number of students in the first class of the smallest grade that is considered (at the top left hand corner of the table), to the number of students in the next class, and marking at the 'Cumulative total' row. This is followed by the addition of the number of students in the next class to the earlier total, and writing it down at the 'Cumulative total' row. This should be continued until the last class of the highest grade of the school which is considered in the survey, is added up (see e.g.1 on page 4).

- **This gives a number to each student in each of the classes within the cumulative total**
- **The total number of students in the school should be entered separately at the bottom of the same table, which is usually more than the ultimate total of the students in grades that are considered for the survey**

4. Next the RA should divide the final cumulative total of the students from the grades that are taken for the study from that school by the number of students that are taken for the study, which is 30. The value obtained by this process is termed the sampling interval.

e.g.2.-

Taking the data of e.g.1 (see table in page 4);

Cumulative total = 962

Number of students to be selected = 30

Sampling interval = $\frac{962}{30}$ = 32.06 = **32**

5. This sampling interval should be informed to the main coordination office of the survey (FRD head office Battaramulla). According to the informed number, a random number will be generated for each school by the coordinating office and given to the relevant RA.
6. The RA should look in the cumulative total row from the start, to see where this random number is placed. The student who is placed in the number equal to the random number is taken as the first respondent (see e.g. 3). To obtain the name of that student the RA should go back to the relevant attendance register.

e.g.3.-

If the random number was given as 21 for the sampling interval of 32, as in e.g.2 the first student selected would be the 21st student in the cumulative total row in the table. In the school

considered in e.g. 1, it would be the 21st student in the attendance register of grade 6 A class (see the table in e.g.1 in page 4)

7. Next, the sampling interval is added to the random number to obtain the number which represents the second respondent (see e.g. 4). Sequentially the sampling interval should be added to the number of the preceding respondent, until a total of 30 students have been selected.

e.g.4.-

The second student selected would be- 21+32 = 53

Accordingly the second respondent would be placed as the 20th (as the last student in grade 6 A attendance register is the 36th in the cumulative total 53rd is 53-36=17th student in grade 6B) student in the attendance register of grade 6 B class.

Thereafter RA should revisit the school and get the permission from the class teacher of each student selected and then has to proceed to the process of obtaining informed consent from the child concerned and his or her parents/guardian as to involve the child as a research subject.

2.3 SPECIFICS OF APPROACHING OFFICIALS AND RESEARCH PARTICIPANTS

Above all it is required that all RAs have a consistent, cordial, respectful, non-judgmental approach to all individuals. All RAs should possess a sound overall knowledge about the survey, including what it is about, what are its objectives, who are conducting it, who are funding it and the importance of conducting the research. If there are questions about the research that the RA is unable to answer, the contact details of the principle investigators should be provided so that clarifications could be obtained by contacting them.

- **The RAs should always have the national identity card, FRD identity card, relevant documents (Documents of approval from the Ministry of Health) and contact details of the principle investigators (including names, titles and phone numbers) that may have to be produced when questioned about the project.**

In dealing with the relevant officials the RAs should be respectful of other commitments of those individuals and will require patience and perseverance.

When approaching the principal, teachers as well as the students, the RA should,

1. **Introduce him/herself** – including the name and as a research assistant
2. **Mention what organisation he/she represent** – Forum for Research and Development
3. **The reason for the visit** – to collect data for the national survey on mental health
4. **The reason for selecting this school** – random nature of selecting the school and the particular student.

5. **What is required from them** – assisting to select a sample of students from the school and those students to answer some questions regarding their personal details, experiences and mental health.
6. **Inform of the voluntary nature and the national importance of participation** – the decision whether to participate should be made by the particular student and his or her parents or guardian and though they decide not to participate, it will not have any impact on that child or the family in their relationship with the principal or teachers.

This information should be stated concisely and clearly while giving the opportunity for the participants to ask questions if required.

If the selected respondent is not present at the time of the visit, interviewer needs to make subsequent visits to interview the respondent.

- **Under no circumstance should the selected respondent be substituted by another individual. Be it; for convenience of the RA or due to the selected respondent not consenting to participate or due to requests of the individuals, such an action would have significant effect on the results of the survey and will not be allowed.**

The fact that there is no specific reason for selecting those students other than by chance should be stressed to the officials and research participants. It could be stated that; as only a sample of students would be recruited for the study the 30 students will be selected randomly. This could be achieved for instance by the way of informing all the staff members and students at morning assembly.

- **Therefore the RA should be able to accurately convey the general information about the survey such as what sort of research it is, main objectives and more importantly the random nature of the study.**

3. OBTAINING CONSENT AND OTHER ETHICAL ISSUES OF IMPORTANCE

The information regarding the research subject is collected from his/her parent or the guardian and the class teacher in addition to the child concerned. Therefore it is required to obtain informed consent from the parents or the guardian and the teacher. Further depending on "maturity", an applicable informed consent has to be obtained from the child.

3.1 INFORMED CONSENT

This is the process, by which agreement for participation is obtained from an individual after giving adequate information to make a decision on participating or not. As described in section 2.2 a proper introduction about: who you are, what you represent, what the survey is about……etc. by the RA is essential. But in this instance, a more formal and detailed process should be followed where information leaflets in either of the three languages (Sinhala/Tamil/English), containing a description of the survey, what is meant by participation and contact details of the researchers are provided along with the verbal explanation. There are three separate information leaflets for the student, parents or the guardian and the class teacher (Annex. 2, 3 & 4 respectively)

The important components of this explanation which must be stressed are;

- **The random nature by which the child was selected**
- **What is required if he/she agrees to participate – spending few minutes to answer some questions on personal details, experiences and mental health and some information regarding the particular student will be obtained from the class teacher as well as parent or guardian.**
- **The assurance of complete confidentiality of the information obtained.**
- **The importance of the survey – to make decisions on healthcare policy planning.**
- **Voluntary nature of participation – the decision whether to participate, should entirely be made by him/herself and parents or guardian, if required after talking with friends and or any other concerned.**
- **The assurance of not having any adverse effects to him/herself or others, even if the decision was not to participate**

The opportunity and sufficient time to read the information leaflet and to ask questions should be provided. Questions from the informants ought to be encouraged, especially if it appears that the person is not clear on the matter. Queries must be answered honestly, and when an answer is unable to be provided, they should be requested to contact the principle investigators or the RA should inquire from the coordinating office and go back to the informant with the answer.

The RA should provide the consent forms (Annex 5) in one of the three languages to the child, parents or the guardian and the class teacher to read, fill and sign if the they decide to participate. Only after

the sign has been obtained should the RA progress to administering the questionnaires (see sections 4 and 5).

If the informant decides against participation and refuses to give consent even after his/her concerns have been addressed or even if he/she blankly refuses without discussing the matter further, the RA should humbly thank the person and go on to the next informant without showing discontent.

The process of obtaining informed consent should be properly adhered to, as it may have significant ethical and legal consequences.

3.2 PROPER CONDUCT IN INTERVIEWING RESPONDENTS

The RA should always conduct him/herself in a professional manner and should not act or engage in activities that would put the organisation he/she represent in disrepute. In the field the RAs represent the FRD, the NIE as well as the Ministry of Health.

It is always important to maintain the attitude of giving priority for the convenience and dignity of the informants.

Improper conduct with regard to an informant by a RA will be taken very seriously and it is advised to adhere to the above conventions to avoid false accusations against any of the RAs.

3.3 PRIVACY

Some questions in this interview can be embarrassing for both the interviewer and the respondent, especially if asked in the presence of others. Asking all questions in a matter-of-fact way and in private reduces the risk of embarrassment. This will also help to maintain confidentiality and obtain honest answers.

3.4 CONFIDENTIALITY

Not only should the RAs and the researchers make sure that the information obtained from the respondent are kept confidential, but also should reassure the respondents about this commitment by the research team. It is natural for the respondents to feel uneasy about giving some details which could be potentially embarrassing or even harmful if it was revealed to certain individuals. So it is vital to inform them of the practices of the research team to maintain confidentiality, such as;

- Insistence on conducting the interview in private
- Not writing down the name or address of the respondent in the questionnaire
- The filled questionnaires being kept and handed over to the research team personally by the RAs
- Access to the filled questionnaires are kept strictly limited to individuals of the research team
- The final research report will not have specific details that could identify any of the respondents

The option for any informant not to answer a question, if he or she wishes should be offered; as specific questions may be too sensitive for some respondents. These details are elaborated in the information leaflet and the informed consent process (see section 3.1).

3.5 SUPPORTS FOR THE RESEARCH PARTICIPANTS

The primary goal of the survey is to obtain information from the respondents. But that doesn't mean that we have no other responsibility towards the respondents involved. At times the RAs may come across individuals who may require urgent help, such as those who are actively suicidal, acutely disturbed, seriously physically ill or in threat of being harmed. Some may have potentially serious issues that may not need immediate interventions and some may request help for symptoms that they may have. It would be unethical for a RA to turn a blind eye in such a situation.

As the issue of confidentiality still applies, it is best if the RA discusses with the child and/or parents about the concerns that were identified while suggesting the need and the possible ways to intervene. If they agree or if they request it; firstly the RA could suggest the ways that help could be obtained. Suggestions could be;

- To seek immediate medical assistance – to see a general practitioner/ go to the nearest hospital
- To discuss the matter with the principal or the class teacher.

If the way of intervening is not clear, the RA could contact the principle investigators or the MOH of the area for advice.

- **The RA should not undertake to advise or treat the respondent himself or herself**

If the matter is supposed to be serious the RA should do what is required under the circumstance, even without the consent of the people involved. If in doubt, the best option is to seek advice from the researchers. In some instances it would be the social responsibility of the RA to inform relevant authorities.

4. CONDUCTING THE INTERVIEW

4.1 BASICS OF CONDUCTING INTERVIEWS

The aim of the interviewer is to accurately administer the questionnaires, some of which are used as interviewer-administered questionnaires and some as self-administered questionnaires. In the case of interviewer-administered questionnaires, RAs must follow instructions in conducting the interview precisely with clear knowledge of the intention of each question. This is to ensure that their results are consistent with those of other interviewers. The approach of the RAs should be serious, pleasant, and self-confident. Nervousness on the part of interviewer can make the respondent feel uneasy. The interviewer should approach all respondents as if they are friendly and interested in the research.

The RAs should give relevant instructions for the informants in the case of self-administered questionnaires nevertheless clarifications should not be in favour of a specific answer.

Appropriate setting

It is preferred that the RA and the respondent are comfortable with the setting during the process of administering the questionnaires, i.e. being seated and availability of a desk to keep documents on and write. It would be ideal if there is adequate privacy and no distractions.

Clear pleasant voice

The interviewer should use a clear, pleasant tone of voice which conveys assurance, interest and a professional manner. However the RA needs to realise that children usually expect a rather friendly, smooth and trustworthy conversation than adults. When needed, questions have to be best read at a slightly slower pace.

Listening skills

The RA should be empathic and skilled in meaningful listening to determine whether the instructions or questions were correctly understood by the informant. The interviewer's ability to determine if the respondent is producing information, the questions are intended to get; is achieved through active listening and a thorough understanding of the intent of the questions. Interviewers ought to remember that a response is recorded only when the informant understands the intent of the question and has responded appropriately.

Proper recording of answers

It is required to have good clerical skills for recording responses, in-between asking the questions; so that the coding could be accurate and their entries are legible. The answers should be marked in the

questionnaires with a blue or black pen. It is best if red pens and pencils are avoided, as it may get mixed up with notes of those who enter data.

Recheck before finishing

After completing an interview, the interviewer must scan through all the questionnaires to see if there are any missed questions or ones that have not been marked properly. It is best to take this time to edit it before going on to the next interview because, having to go back to the respondent later to fill the missing answers would be inconvenient for both the interviewer and the respondent. This rechecking and editing also applies to the self-administered questionnaires where the RA should check for any omissions & inadequacies and ask the informants to complete them.

4.2 GENERAL RULES AND TECHNIQUES IN CONDUCTING INTERVIEWS

Consistency in asking the questions

In conducting such a standardised interview, it is essential to maintain consistency in the way answers are obtained. The questions must be asked in the order they appear in the questionnaires and in each the entire question must be read to ensure comparability across respondents. Even slight deviations from wording and the ordering of questions have been shown to affect responses.

Read the entire question before accepting the answer

Before accepting the respondent's answer, the interviewer must be sure that the respondent has heard the entire question. If the respondent interrupts the interviewer before hearing the whole question by giving an answer, the interviewer should repeat the question making sure the respondent hears it through to the end. Even if the answer seems appropriate for the question, the interviewer should not assume a premature response as being admissible.

Stress key words in a question

In the questionnaires it is important that some key words or phrases need to be emphasised for the purpose of proper interpretation of the questions. Typically, these are words defining frequency, intensity, or duration that are used repeatedly in questions. Some examples of these are:

Frequency- ‘frequently’, ‘often’, ‘usually’

Intensity- ‘any’, ‘a lot’, ‘most’

Duration- ‘ever’, ‘always’

Stressing these words or phrases could be done by: reading it louder, reading it more slowly, making eye contact while reading it and making a gesture from hand, face or head**.**

Clarification of questions and answers

Even though it is important to ask the same questions similarly from all respondents, clarifications may be required when the respondent is unable to answer a question because he/she does not understand all or some part of the question. Moreover, when the respondent appears to understand the question, yet gives a response which is inadequate or irrelevant, the interviewer should provide clarification without directing the respondent to a particular answer. Some specific rules for clarification and probing are as follows:

a. If it appears that the respondent has not heard the entire question or the portion of the question, e.g. the respondent answers irrelevantly or does not appear to understand all aspects of the question, the whole question or the portion that is not understood should be read again.
b. If the respondent asks about a specific part of the question that was not heard or unclear, it is acceptable to repeat only that part.
c. If asked to repeat one response option, the interviewer should repeat all response options.
d. The interviewer should only use question text or neutral clarifications so that it does not introduce bias into the question.
f. If a respondent appears to contradict what he/she said earlier, the interviewer should not show dissatisfaction or disbelief, but should ask for clarification of the discrepancy and revise the marked answer of the previous or current response as necessary.

Feedback and making the interview more interactive

Feedback given by the interviewer while the interview in progress is important in maintaining control over the interview, keeping the respondent on track and making the interview more naturally flowing. Feedbacks could be provided verbally or by gestures in reaction to the respondent's behaviour throughout the interview. Thus reinforcements greatly serve maintaining the interest in the interview. Nevertheless, though feedback is useful in maintaining respondent's motivation and task focus, there is a chance of their answers being biased if feedback used too much. The interviewer must give appropriate feedback at an appropriate amount by using neutral techniques. Some rules in giving feedback are as follows:

a. Feedback can be used to reinforce focused, attentive respondent behaviour and to discourage digression, distraction, and inappropriate inquiries from the respondent. When respondents have inappropriate inquiries like asking for advice, information, or the interviewer's personal experiences phrases such as the following could be useful.

   "In this research, we are really interested in learning about your experiences."

   "When we finish, let's talk about that."

When respondents digress from the questions by giving lengthy responses or providing more information than is necessary phrases such as the following could be useful.

"I have a lot more questions to ask, so we should move on to those now."

"If you would like to talk more about that, we can do that at the end of the interview."

Similarly each RA could use appropriate phrases and techniques according to the situation.

b. Behaviour of the respondent that is inattentive or distractive should not be criticised, but it is discouraged by making clarifications and persisting with the topic of the question.
c. Silence can be an effective tool for discouraging inappropriate responses or conversation
d. Short feedback can be used throughout the interview to acknowledge respondent's answers to closed questions. Long feedback can be used to reinforce respondent motivation and attention on long series of questions, open-ended questions, or questions that are difficult for the respondent. Some suggested feedback phrases are as follows;

- Long Feedback: "*That's useful/helpful information"*
  "It's useful to get your ideas on this"
  "I see, that's helpful to know"
  "That can be difficult to remember/answer"
- Short Feedback: "*Thank you"/"Thanks"*
  "I see"
  "Uh-huh"
- Task-Related Phrases: *"Let me get that down"*
  "I want to make sure I have that right" (repeat answer)
  "Let me review what you just told me"

However in small children the attention span is too narrow therefore they could get easily distracted. In such situations the interviewer has to give time for adjustments and be tactful to maintain the child within context of interviewing, hence it may for instance require stopping the administration of the questionnaire for a while.

Marginal Notes

The interviewer should make the maximum effort to mark the given answer in a suitable way that could be coded and entered as data in to the computer. On occasions the RA may find some of the answers difficult to code or may think that some additional information given by the respondent could be important for the researcher or the person entering the data to make a decision. Sometimes respondents will simply explain their responses rather than giving an answer that qualifies for one of the options provided. In such occasions the interviewer should record that information at the left margin of the questionnaire, as it could be important to the research team to make decisions.

Sometimes the interviewer needs more room than what is provided to record an open-ended response; if so, the rest of the response can be written in the left margin.

Missing Data

If the data entry team discovers questions which the answers were not marked by the interviewer and, which should not have been skipped, it may be decided that the respondent should be re-contacted to obtain these missing data.

If the respondent refused to answer a question the interviewer should write "REFUSED" in the left margin. This indicates to the researchers and the data entry team that the question was not skipped inadvertently and that the respondent should not be re-contacted in an attempt to retrieve the missing data.

Questions skipped intentionally according to the instructions in the questionnaire should be left blank.

4.3 SPECIFIC QUESTIONNAIRES USED IN THE SURVEY

The following questionnaires are used in this survey to gather necessary information. The questionnaires are arranged in a specified order, so that questions which are less sensitive are asked first, while those which are more sensitive are asked later.

1. **Questionnaire on General Information** – To obtain socio-demographic information
2. **Strengths and Difficulties Questionnaire** (SDQ) – To elicit conduct problems, pro-social behaviour, hyperactivity, emotional symptoms and peer problems.
3. **Mood and Feelings questionnaire** (MFQ) - To detect clinical depression in children and adolescents and to differentiate depression from other psychiatric diagnoses.
4. **Brief Questionnaire on War and Tsunami -** To elaborate on armed conflict and its consequences and the impact of the tsunami disaster & its aftermath.
5. **Revised Child Impact of Events Scale** (IES-13) - To screen children at risk of developing Post-traumatic Stress Disorder (PTSD) and also to measure the impact of any specific traumatic event.

The next chapter deals with the specific issues in administering each questionnaire.

5. ADMINISTERING EACH QUESTIONNAIRE

5.1. QUESTIONNAIRE ON GENERAL INFORMATION

Introduction

The Questionnaire on General Information is the first research tool used to assess the students selected for the survey with the view of mapping an overall image of the informant including the child's living environment and socio-economic status. Further it offers an opportunity for building up a rapport which is very helpful in enhancing the cooperation towards the progress of the interview leading to more accurate information from the child.

This Questionnaire has been adapted following modifications of section A of the Composite International Diagnostic Interview (CIDI) and comprises 20 questions that explores socio-demographic characteristics including personal details such as age, race, religion, details regarding family context, educational achievements, information regarding home environment and Child's relationships with others.

Specific instructions

- This study instrument is employed as an interviewer-administered questionnaire. The statements in capital letters are instructions to the interviewer and therefore those should not be read to the participants.

- Words underlined in the questions should be given more emphasis as to attract the participant's attention to facilitate better understanding.

- At the beginning of the questionnaire, the respondent number indicates the serial number that can be given to each of the selected students.

- The Classification of school is the type of school according to the standard classification of schools as noted below.

  Type 1AB: Schools with grades up to grade 13 including Science stream

  Type 1C: Schools with grades up to grade 13 with Arts and Commerce streams only

  Type 2: Schools with grades up to grade 11

  Type 3: Schools with grades up to grade 5

- The responses should be marked by encircling the relevant number representing the appropriate answer given in the questionnaire and all questions should have only one answer (the best suitable answer). These rules apply for all questions except for questions 15 and 16 (see e.g. 8.).

e.g.1.-

1. RECORD SEX AS OBSERVED.

MALE.....(1)

FEMALE.....2

If the respondent is observed to be a male, the first question would be answered as given above. (It would be silly to ask if the person is male or female)

- The interviewer should follow the questionnaire sequentially unless specifically asked to skip over as mentioned in questions 6 and 7

e.g.2.-

6. Is your mother available at home?

YES……(ask B)……1
NO…….(ask A)……2

A. IF NOT AVALABLE:
What is the reason for your mother not being available?

Mother died……1

Mother working abroad……2

Parents' divorce/separation……3

Abandoned by Mother or never knew Mother……4

Mother's illness……5

Other reason (Specify)……6

.....

B. What is the educational standard of your mother or your mother figure?

Not received school education……1

From grade 1 to 5……2

From grade 6 up to O/L……3

Passed O/L……4

From grade 12 to 13……5

Passed A/L……6

University education or beyond……7

Don't know / not relevant……8

In the preceding instance, if question 6. is answered "YES", the interviewer is expected to proceed to 6.B, where as if it's answered "NO", he or she should answer the subsection A as well.

- Dotted lines denote situations where the answer is to be written in words.

e.g.3.-

C. If your mother or your mother figure is employed, what is her job?

.....**Nurse**.....

- Blank straight lines with an intervening forward slash (___/___) denote situations where the answer is to be written in numbers with each number at either side of the slash. If it is a single digit number "0" should be written before the slash and the number after the slash.

e.g. 4.-

---

1. How old are you?

AGE __***1***/***1***__

What is your birth date?

DAY_***0***/***5***_ MO__***0***/***2***__ YR__***9***/***6***__

- If the participant's response is coded as "Other" in any of the questions, it is also required that, what that "Other" means to be specified in the space provided.

e.g. 5.-

---

3. What is your ethnicity?

Sinhala.....1

Tamil.....2

Muslim.....3

Burgher.....4

Malay.....5

Other (specify).....(6)

.....**Japanese**.....

In the question 3, any ethnic group other than Sinhala, Tamil, Muslim, Burger and Malay; should be indicated by "Other" and it has to be written.

- In questions 6 and 7, the terms "Mother figure" "Father figure" are; individuals in the lives of the children that are like a mother or a father to them, that are not their true mother or father.

- In question 8, the number of each of the type of siblings needs to be marked as requested. If any one type of the siblings is not there, it should be marked as '0'. Twin brothers or sisters refers to the other (or others) of a child that is one of a twin (or a multiple), and not to siblings that are twins.

e.g. 6.-

8. How many brothers and sisters do you have?

Siblings	Number
Older brothers	***1***
Older sisters	***0***
Younger brothers	***0***
Younger sisters	***1***
Twin (or multiple) brothers	***1***
Twin (or multiple) sisters	***0***
Total	***3***

If the student has two elder brothers, one younger sister and a twin brother, the question would be marked as above.

- In some houses there maybe more than one type of construction material, source of drinking water, toilet etc. But in questions 11, 12, 13 and 14 the main type used should be considered. It could be the type of roofing material covering most of the house or the type of toilet mostly used by the people in the house. If it is difficult to say which type is the principle one, as in a house which is built by bricks and mud in equal proportions, the interviewer should mark the material which is higher up in the list (the one with the smallest response number)

e.g. 7-

13. What is the principle type of cooking fuel at your home?

Electricity……1
Gas……2
Kerosene……3
Fire wood……4
Coconut shells / Saw dust/ Paddy husk……5
Other (specify)……6
……..……..……..

If the respondent says that gas and fire wood are used equally in the house and that it is difficult to say which one is the principle type, gas should be marked as it is higher in the list.

- When a question includes a dotted line as in questions 15 and 16, it should be read together with the answer code.

e.g. 8. -

15. Does your house have a……?

Radio..……1☑

TV……..2☑

Refrigerator…….3☐

Phone (mobile / fixed)……4☑

The interviewer should read the above question as, "Does your house have a radio?", "Does your house have a TV?" and so on.

- Answers to questions 15 and 16 should be marked by putting a tick (☑) over the relevant box. It should also be noted that questions 18 and 19 could have more than one response (see e.g. 8.)
- The questions 17 &18 require to be answered with the assistance of the class teacher of the student concerned
- For the questions 19 and 20, the interviewer needs to be equipped for relevant measurements.

Interpretation

Information convened through the Questionnaire on General Information is used to categorize the subject for example in to different social strata, educational performance, ethnic groups and various religious groups; as such it provides the infrastructure for analysis and interpretation of characteristics unmasked by other specific questionnaires.

5.2. STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

Introduction

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening instrument which comprises 25 items based on 5 subscales eliciting conduct problems, pro-social behaviour, hyperactivity, emotional symptoms and peer problems. The design of the SDQ increases its acceptability to the informants and makes it particularly suitable for studies in general population where the majority of children are healthy. The SDQ is being used as a research tool throughout the world - in developmental, genetic, social, clinical and educational studies.

The Strengths and Difficulties Questionnaire is capable of capturing the overall image of the problem as such it possibly eliminates some aspects being overlooked, for instance, if a child has been referred with marked conduct problems, an assessment that focused too narrowly on that specific behaviour and related family issues might overlook associated hyperactivity.

The SDQ is presented as three independent versions to be completed by 11 to 16-year-old children (S^{11-16} which is a self-report version) and the parents and teachers of children aged 4 to 16 years (P^{4-16} and T^{4-16} respectively).

It has been shown that multi-informant SDQs can predict the presence of a psychiatric disorder with good specificity and sensitivity. It is common for some behavioural problems in children to be confined to home environment or school. As a result, contribution from both parents and teachers is vital to detect behavioural disorders, for example hyperkinetic disorder in a child. The self-report version of SDQ is particularly good at identifying emotional disorders.

In each version (teachers', parents' and students') there are 25 components on strengths and difficulties on the front of the page and an impact supplement on the back. All three questionnaires convey the meaning of the same stem of origin with adapted wording in relevance with the circumstances and aim at unmasking a behavioural problem in a particular child.

The Strengths and Difficulties Questionnaire has been validated using both high risk and low risk populations of children and adolescents for mental health problems in Sri Lanka.

Specific instructions

- The SDQ marked as S^{11-16} should be administered to selected students in grades 6 – 11, while P^{4-16} and T^{4-16} questionnaires should be given respectively to parents and teachers of all selected students, irrespective of the grade. i.e. Information of a student in grades 1-5 category will be obtained for the SDQ from one of his/her parents and the class teacher; in addition students themselves will have to answer the SDQ for grades 6 – 11.
- These questionnaires are focused on child's behaviour over the last six months, and the informant is expected to answer all questions/components in SDQ bearing that in mind.

In each of the questionnaires (S^{11-16}, P^{4-16} and T^{4-16}) the 25 items on the front of the page need to be marked as "Not true", "Somewhat True" or "Certainly True" depending on how much a particular statement is relevant to the student concerned; marked by putting a tick (☑) over the relevant box.

e.g. 1.

Considering a child in grade 7, who has been restless and unable to stay still for a long period of time, in most of the instances over the last six months and this has also been noticed by his class teacher as well as his parents. Therefore the answer for the 2nd statement of each version of SDQ would be as follows;

- **The Strengths and Difficulties Questionnaire (S^{11-16}) –** for students

	Not True	Somewhat True	Certainly True
I am restless; I cannot stay still for long	☐	☐	☑

- **<u>The Strengths and Difficulties Questionnaire</u> (P^{4-16}) –** for parents

	Not True	Somewhat True	Certainly True
Restless, overactive, cannot stay still for long	☐	☐	☑

- **<u>The Strengths and Difficulties Questionnaire</u> (T^{4-16}) –** for teachers

	Not True	Somewhat True	Certainly True
Restless, overactive, cannot stay still for long	☐	☐	☑

- At the bottom of the front facet of each questionnaire there is a room led by a question "Do you have any other comments or concerns?", for the informant to mention any additional information that he or she thinks as important or not adequately elaborated in the questionnaire.
- Of all SDQs, the questions on the back of the page that are to assess the impact or the severity of the problem/s have four sets of answers for each. Therefore the respondent should select the most suitable answer for the child concerned.

e.g. 2.

If the student concerned has problems in concentrating and getting on with other people as noticed by parents and the teacher as well as perceived by self; and it is an obvious difficulty which is moderately interfering with his learning & personal life, the first section on back of the page would be answered as mentioned below;

- **<u>The Strengths and Difficulties Questionnaire</u> (S^{11-16}) –** for students

Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- Minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☑	☐

- **<u>The Strengths and Difficulties Questionnaire</u> (P^{4-16}) –** for parents

  Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- Minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☑	☐

- **<u>The Strengths and Difficulties Questionnaire</u> (T^{4-16}) –** for teachers

  Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- Minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☑	☐

- Only if the above question was answered "Yes", should it be necessary to proceed to rest of the questions. If it was answered "No", the interviewer should go on to the other questionnaires for the student or finish the questionnaire for the parents or the teachers.

<u>Interpretation</u>

There is a standard scoring system in which each component of the questionnaire is given a score according to the answer provided. On aggregate of the score the student is classified as normal, borderline or abnormal. Thus all five subscales can be separately rated, which are; emotional symptoms score, conduct problems score, hyperactivity score, peer problems score and pro-social behaviour score. Further Total difficulties score is calculated by summing all the above scales except for pro-social behaviour score.

Similarly the impact supplement is also rated and the overall distress and social impairment can be assessed using total impact score.

5.3. MODIFIED SHORT MOOD AND FEELINGS QUESTIONNAIRE FOR CHILDREN (MFQ)

Introduction

The Modified Short Mood and Feelings Questionnaire for children is the self-report version of the Mood and Feelings Questionnaire (MFQ) which has been designed to detect clinical depression in children and adolescents and able to differentiate depression from other psychiatric diagnoses such as anxiety disorders, oppositional defiant disorder and conduct disorder, hyperkinetic disorder/attention deficit hyperactivity disorder and adjustment disorder/post-traumatic stress disorder.

It has been shown that the Modified Short Mood and Feelings Questionnaire for children has acceptable reliability and is a satisfactory screening instrument for major depressive disorder diagnosed by a standardized interview with the child. It is also a useful measure of clinical remission.

The questionnaire can validly identify mood disorders in youth diverse in demographic and clinical characteristics

The Modified Short Mood and Feelings Questionnaire for children consists of 15 questions/statements that reveal feelings and behaviour a child might have experienced within the period of past two weeks.

Specific instructions

The modified short MFQ is applied as a self-administered questionnaire. After giving an age-appropriate brief introduction about the questionnaire explaining its purpose and instructions relevant to answering, the questionnaire should be distributed among selected children.

The child is supposed to express his or her opinion on how much each statement is relevant / true with regard to his or her personal life; of all 15 statements / questions.

The answer has to be given as “True”, “Sometimes” or “Not true”. Since these cording is already stated in the questionnaire, the child only needs to mark a tick (✓) in the appropriate cage.

If a sentence/statement reflects most of his/her feelings and/or behaviour, the answer would be “True”. If a sentence describes feelings/behaviour which only sometimes prevails, mark “Sometimes” as the answer. If a statement depicts a behaviour/feeling, which he or she didn’t have at all over the last two weeks, “Not true” will be the answer.

e.g. suppose, a child has felt miserable or unhappy in some instances during last two weeks, the answer should be given as follows,

	True	Sometimes	Not true
1. I felt miserable or unhappy		✓	

5.4. BRIEF QUESTIONNAIRE ON WAR AND TSUNAMI

Introduction

As we are all aware, Sri Lankan citizens are experiencing the tragedy of armed conflict over the last 20 years mainly involving Northern and Eastern provinces in the Island. This has resulted in enormous number of casualties in many parts of the country. However the direct physical injury that the victim has sustained is virtually the tip of "ice-berg of problem". Its impact on one's psychological, spiritual and social well-being would be to such severity that he or she and his or her family could be completely incapacitated. On the other hand in December 2004 Tsunami disaster despoiled many human lives and their houses & property in the coastal belt in many provinces, producing considerable distortion in family and social context in survivors. As a result, these two factors have got significant bearing in the causation or modification of mental illnesses. Therefore it is wise to look in to this aspect separately which this Brief Questionnaire on War and Tsunami is supposed to accomplish.

The Brief Questionnaire on War and Tsunami consists of 7 questions elaborating on armed conflict and its consequences; and 7 questions regarding the tsunami disaster & its aftermath.

Specific instructions

The interviewer should give a brief introduction about the questionnaire as to explain its objectives and be able to gain the mutual trust in order to avoid further traumatization and to ensure calming approach since there is a possibility of informant being a victim of either war or tsunami.

All the questions need to be answered as either "No" or "Yes" and if any question is answered as "Yes" it has to be supplemented with the reason in words. Since cording is already stated in the questionnaire only encircling the relevant answer is required.

e.g. suppose a student has been injured as result of a bomb blast in the vicinity of school. If he is a participant, the answer for the question 1 (in the section on war) would be as follows,

1. Did you sustain injuries as a result of the conflict? (Yes) / No

   If yes, specify:……***I was a victim of a bomb blast in Colombo***…….

   ……..

In the section on war and its consequences the meaning of the word "conflict" is not restricted to war front in the north and east and it is extended to represent the hazards encountered during terrorist attacks in other regions as well, e.g. bomb blast as in the above example. The word, property would mean their houses, land, vehicles or any other equipment belonging to them.

5.5. REVISED CHILD IMPACT OF EVENTS SCALE (IES-13)

Introduction

The Revised Child Impact of Events Scale is a brief child-friendly diagnostic tool designed to screen children at risk of developing Post-traumatic Stress Disorder (PTSD) and also it measures the impact of any specific traumatic event.

The PTSD is an abnormal form of intense reaction to extremely severe stressful events such as natural disasters, man-made calamities; for example major fires, serious accidents & the effects of war and serious physical assault or rape.

The Revised child IES is capable of unmasking the three principal groups of features characteristic of post-traumatic stress disorder, namely intrusions, increased arousal, and avoidance/repression. The intrusions are memories of traumatic events invading the mind in the form of intense intrusive imagery or flashbacks and recurring distressing dreams. The increased arousal is reflected as persistent anxiety, irritability, insomnia, and poor concentration. And the symptom, avoidance is suggested by refraining from reminders of the events, difficulty in recalling the events at will, detachment, emotional numbness and diminished interest in activities.

The Revised Child Impact of Events Scale has high sensitivity and specificity in distinguishing between groups with high and low levels of psychological distress.

This instrument consists of 13 questions with 4 items measuring intrusions (1, 4, 8 and 9 questions); 4 items revealing avoidance (2, 6, 7 and 10 questions) and 5 items measuring the degree of arousal (3, 5, 11, 12 and 13 questions).

Specific instructions

The Revised child IES is employed as a self-administered questionnaire. Before start answering the questionnaire the informant has to think of any stressful event directly or indirectly related to self and as a result; feelings, attitudes and changes in behaviour which he or she experienced during the past seven days.

Each question has to be answered by marking a tick [✓] at the appropriate cage. Further the informant is expected to answer all questions stating the degree of self-relevance.

For instance, a student has met a serious road traffic accident in the recent past resulting in loss of loved one and its memories often disturb his mind over last few days. Hence, the 1st question of the revised child IES would be answered as mention below.

During the last 7 days	Not at all	Rarely	Sometimes	Often
1. Do you think about it even when you don't mean to?	[ ]	[ ]	[ ]	[✓]

If any of the questions does not describe the student's feelings, attitudes or behaviour within last seven days; it would be answered as Not at all. In an instance where the respondent had not experienced any mentionable stressful event, all questions will be answered "Not at all'.

Interpretation

Each of the questions will be given a score depending on the answer provided. i.e. 0 for Not at all, 1 for "Rarely", 3 for "Sometimes" and 5 for "Often". Also sum of scores of the three subscales can separately be calculated. Based on the total score the student can be categorized in to sub clinical illness or overt manifestation which is further classified as mild, moderate and severe disease.

0 – 8 Sub clinical range

9 – 25 Mild

26 – 43 Moderate

44 + Severe

ANNEX 1

SCHOOL BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

Questionnaire on school information

1. Name of the school in full_____
   _____
2. Address of the school _____
   _____
3. School telephone no. _____
4. District that school belongs to _____
5. Electorate _____No_____
6. Divisional secretariat _____
7. Grama Niladari Division_____No_____
8. Administrative division

   Municipal council……1
   Urban council...……2
   Pradeshiya Saba……...3
9. Educational Zone _____
10. Educational division _____
11. Type of school based on ethnicity

    Sinhala…….1
    Tamil……2
    Muslim…….3

12. Teaching medium of the school

    Sinhala only…….1
    Tamil only…….……..2
    Sinhala, Tamil…….3
    Sinhala, English…….....4
    Tamil, English…….5
    Sinhala, Tamil, English…...6

13. Type of school based on Gender

Boys' school…..1

Girls' school…..2

Mixed school….3

14. This school is a…

National school……...1

D.S.D school (Navodya)…….2

National and D.S.D school….3

Other……..…4

15. Type of school according to grades

1 AB – Grades up to 13 with science stream……..1

1 C – Grades up to 13 with arts and/or commerce stream/s only…...2

2 - Grades up to 11…….3

3 – Grades up to 5……..4

16. According to circular 1998/47 of Ministry of Education, the school is a …

Very congenial school……..….1

Congenial school……2

Non-congenial school…..…….3

School with difficulties……..…4

School with greater difficulties….5

17. Physical facilities of the school

a. Electricity – available / not available
b. Telephone facilities - available / not available
c. Student counselling unit - available / not available
d. Access to drinking water - available / not available

   Describe the principal source_____

e. Toilet facilities - available / not available

   Describe_____

f. Library facilities - available / not available

   Describe._____

g. Laboratory facilities - available / not available

   Describe._____

18. Distribution of students in each grade due to be involved in the survey

Grade	Grade 1									
Class										
No. of student										
Cumulative total										
Grade	Grade 2									
Class										
No. of student										
Cumulative total										
Grade	Grade 3									
Class										
No. of student										
Cumulative total										
Grade	Grade 4									
Class										
No. of student										
Cumulative total										
Grade	Grade 5									
Class										
No. of student										
Cumulative total										
Grade	Grade 6									
Class										
No. of student										
Cumulative total										
Grade	Grade 7									
Class										
No. of student										
Cumulative total										
Grade	Grade 8									
Class										
No. of student										
Cumulative total										
Grade	Grade 9									
Class										
No. of student										
Cumulative total										
Grade	Grade 10									
Class										
No. of student										
Cumulative total										
Grade	Grade 11									
Class										
No. of student										
Cumulative total										
Grade	Grade 12									
Class										
No. of student										
Cumulative total										
Grade	Grade 13									
Class										
No. of student										
Cumulative total										
Total no. of students of the school										

19. For selection of students for the survey;

Random numbers used for the school

Total number of students from whom information was collected _____

ANNEX 2

SCHOOL BASED NATIONAL SURVEY ON MENTAL HEALTH
Information Sheet for the children

We would like to invite you to participate in a research project by giving us some information about you. Please read this leaflet carefully, and if you have any questions about the survey do not hesitate to ask from one of the teachers that have come to conduct the research project. Feel free to discuss the project with the class teacher, the principle, your parents or your friends before you make a decision on participating.

Introduction

This research project is conducted by the **Forum for Research and development** with the support of the Research and development Division of the **National Institute of Education**. It is supervised by the **Ministry of Health care and Nutrition.**

The project is funded through the Sri Lanka Health Sector Development Project of the Ministry of Health care and Nutrition.

Why was I selected?

It has happened completely by chance. We randomly selected several schools in each district of Sri Lanka and few children were again selected randomly from each of those schools. You are one of those children that were selected in that way.

Do I have to take part?

No. Participation is entirely voluntary. It is not compulsory. You should participate only if you want to. **If you decide not to take part, it will not have any bad effect on you, from your class, school or in any other way.** As we are conducting this survey to get information that would help to improve the health of children, we would be very grateful if you take part.

What do I have to do?

We will ask you to answer some questions on your feelings, behaviour, studies, experiences and some general details. If you do not whish to answer any of the questions you are free to skip those. It may take about 30 minutes to answer these questions.

Will the information I give stay confidential?

Yes. All information that is given would be kept secret. The given information may be used for a research report, but it will not be possible to identify you from this.

If you have any further questions please ask from the class teacher, school principle or contact us:

Principal Investigators: Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895
Dr Sisira Siribaddana Telephone 011-2779354/011-2884431/011-5662895

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ANNEX 3

SCHOOL BASED NATIONAL SURVEY ON MENTAL HEALTH
Information Sheet for Parents

We would like to invite you to participate in a research project on child mental health and behaviour, by providing us with some information about your child. Please read this leaflet carefully, and if you have any questions about the survey do not hesitate to ask from the research assistant. Feel free to discuss the project with the class teacher, the principle, your family or friends before you make a decision on participating.

Introduction

The aim of this study is to **assess the mental health status of school children in Sri Lanka**. We are also interested in finding out about social and economic characteristics associated with mental health of children and how strongly conduct and behavioural problems are linked to social and environmental risk factors.

This research project is conducted by the **Forum for Research and development** with the support of the Research and development Division of the **National Institute of Education**. It is commissioned and supervised by the **Ministry of Health care and Nutrition.**
The project is funded through the Sri Lanka Health Sector Development Project of the Ministry of Health care and Nutrition.

Why has my child been selected?

It has happened completely by chance. We randomly selected several schools in each district of Sri Lanka and few children were again selected randomly from each of those schools. Your child is one of those children that were selected in that way.

Do I have to take part?

No. Participation is entirely voluntary. There is no obligation for you to take part, and it should happen only if you, the class teacher or your child decides to participate. **If you, the class teacher or your child decides not to take part, it will not have any adverse effect on you, your child's education, medical care, or in any other way.** As we are conducting this survey to obtain information that would help to develop policies and improve the health status of children, we would greatly appreciate your participation.

What will the research involve?

We will ask you, the class teacher and the child to answer some questions on; the child's behaviour, studies, feelings, experiences and some general details. If you do not whish to answer any of the questions you are free to skip those. It may take approximately 30 minutes to answer these questions.

Are there any risks?

The research does not involve any investigations or treatments which might put the child at risk. If we were to find that your child may be having a significant problem; we will suggest and direct you to the necessary health care providers with your permission.

Will the information given about my child stay confidential?

Yes. All information that is given would be strictly confidential. The information given may be used for a research report, but it will not be possible to identify you or your child from this.

If you have any further questions please inquire from the school principle or contact us:

Principal Investigators: Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895
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ANNEX 4

SCHOOL BASED NATIONAL SURVEY ON MENTAL HEALTH
Information Sheet for Teachers

We would like to invite you to participate in a research project by providing us with some information about one of the children in your class. Please read this leaflet carefully, and if you have any questions about the survey do not hesitate to ask from the research assistant. Feel free to discuss the project with the principle, other teachers or parents of the child before you make a decision on participating.

Introduction

The aim of this study is to **assess the mental health status of school children in Sri Lanka**. We are also interested in finding out about social and economic characteristics associated with mental health of children and how strongly conduct and behavioural disorders are linked to social and environmental risk factors.

This research project is conducted by the **Forum for Research and development** with the support of the Research and development Division of the **National Institute of Education**. It is commissioned and supervised by the **Ministry of Health care and Nutrition.**
The project is funded through the Sri Lanka Health Sector Development Project of the Ministry of Health care and Nutrition.

Why has this child been selected?

It has happened completely by chance. We randomly selected several schools in each district of Sri Lanka and few children were again selected randomly from each of those schools. This child is one of those children that were selected in that way.

Do I have to take part?

No. Participation is entirely voluntary. There is no obligation for you to take part, and it should happen only if you, the parents of the child and the child decide to participate. **If you, the parents of the child and the child decides not to take part, it will not have any adverse effect on you or the child's education, medical care, or in any other way.** As we are conducting this survey to obtain information that would help to develop policies and improve the health status of children, we would greatly appreciate your participation.

What will the research involve?

We will ask you, the parents and the child to answer some questions on the child's behaviour, studies, feelings, experiences and some general information. If you do not whish to answer any of the questions you are free to skip those. It may take approximately 30 minutes to answer these questions.

Are there any risks?

The research does not involve any investigations or treatments which might put the child at risk. If we were to find that the child may be having a significant problem, we will suggest and direct you to the necessary health care providers with the permission of you and the parents.

Will the information I give about the child stay confidential?

Yes. All information that is given would be **strictly confidential**. The given information may be used for a research report, but it will not be possible to identify you or the child from this.

If you have any further questions please inquire from the school principle or contact us:

Principal Investigators: Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895
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ANNEX 5

SCHOOL BASED NATIONAL SURVEY ON MENTAL HEALTH

Consent form:

Principal Investigators:

Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895

Dr Sisira Siribaddana Telephone 011-2779354/011-2884431/011-5662895

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Please circle your answer

Have you read the information sheet? Yes/No

Did you have an opportunity to ask questions and discuss about the study? Yes/No

Have you received satisfactory answers to the questions you asked about the project? Yes/No

Who explained the study to you? ----------

Do you understand that you are free to leave the study without giving any reasons? Yes/No

Did you agree to take part on your own wish? Yes/No

Signature …….

Your name …….

Date ……..

ANNEXURE 8

Training Manual

Psychoses Screening Questionnaire

First National Mental Health Survey Sri Lanka 2007

Psychotic illnesses involve a fundamental disruption of thought processes, in which the individual suffers from a combination of distressing delusions and hallucinations. Delusions often involve convictions that one is being watched or persecuted or that some external force is controlling one's thoughts. Hallucinations typically involve hearing voices talking about or to the individual, but may also involve visual experiences or smells. Individuals often lose insight into the nature of the illness, particularly during an acute episode. These disorders, which include schizophrenia and other delusional disorders, are relatively infrequent.

The Psychosis Screening Questionnaire (PSQ) will be used to assess psychotic symptoms in the First National Mental Health Survey of Sri Lanka (Bebbington & Nayani 1995). In samples where relatively few subjects are likely to be psychiatrically disturbed (e.g. general populations) it is often not cost effective to examine all members with a lengthy clinical interview. It is in this context this screening interview is developed to identify whether there was any possibility of the informant suffering from a psychotic illness. For example, when used in a sample of psychiatric in-patients, psychiatric out-patients and GP attendees, only 2 out of 124 informants who screened negative on the PSQ were found to have a psychotic illness during a full diagnostic interview (using the Schedules for Clinical Assessment in Neuropsychiatry SCAN). However, the use of such an instrument, while minimising the possibility of false negative assessments, does increase the false positive rate. The authors of the instrument estimated that if it were used in a population with a typical one per cent prevalence of psychotic illness, only one in every six cases identified as positive by the PSQ would be a true case.

The PSQ as used here covers five broad categories of symptoms: hypomania; thought interference; delusions of persecution; a feeling that something 'strange' is taking place that is hard to explain; and auditory hallucinations. Two or three questions are used for each symptom

category, a general introductory stem question and one or two more targeted questions for those who answer 'yes' to the introductory questions. The informant must have answered 'yes' to all questions within a symptom category in order to screen positive on that item. The actual questions used are:

1. Over the past year, have there been times when you felt very happy indeed without a break for days on end?
   If yes go to section a) if no or unsure go to question 2.

   a) Was there an obvious reason for this?

   If yes or unsure go to question 2

   if no go to section b)

   b) Did your relatives or friends think it was strange or complain about it?

   If yes positive for hypomania, go to question 2

   If no or unsure negative for hypomania, go to question 2

2. Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?
   If yes go to section a)

   If no or unsure go to question 3

   a) Did this come about in a way that many people would find hard to believe, for instance, through telepathy?

   If yes positive for thought interference, go to question 3

   If no or unsure negative for thought interference, go to question 3

3. Over the past year, have there been times when you felt that people were against you?
If yes go to section a)

If no or unsure go to question 4

a) Have there been times when you felt that people were deliberately acting to harm you or your interests?

If yes go to section b)

If no or unsure go to question 4

b) Have there been times when you felt that a group of people were plotting to cause you serious harm or injury?

If yes positive for persecution, go to question 4

If no or unsure negative for persecution, go to question 4

4. Over the past year, have there been times when you felt that something strange was going on?

If yes go to section a)

If no or unsure go to question 5

a) Did you feel it was so strange that other people would find it very hard to believe?

If yes positive for perceptual abnormalities, go to question 5

If no or unsure negative for perceptual abnormalities, go to question 5

5. Over the past year, have there been times when you heard or saw things that other people could not?

If yes go to section a)

If no or unsure end the interview

a) Did you at any time hear voices saying quite a few words or sentences when there was no one around that might account for it?

If yes positive for auditory hallucinations, end of the interview

If no or unsure negative for auditory hallucinations, end of the interview.

In the standard use of the PSQ, informants are not asked to continue the psychosis screening sequence once they have answered positively to one item, because a positive screen would route

the informant into a more detailed clinical assessment. However, in this study, which will not conduct such clinical assessments, informants will ask all of the stem questions, regardless of their response to earlier ones. Studies have shown that the higher the number of positive PSQ items, the greater the risk of meeting the criteria for psychotic illness in the clinical interview. In the current study, the use of the full PSQ for all informants and the broad symptom categories covered by the PSQ will be mapped across the ethnic groups, and the prevalence of psychosis symptoms (as measured by the PSQ) will be explored by demographic and socio-economic factors.

ANNEXURE 9

ADAPTATION AND VALIDATION OF THE PHQ

Adaptation and preliminary validation of PHQ has been done by the Forum for Research and Development. The Sinhalese version of the PHQ was pre tested among diabetic patients attending the diabetic clinic at a primary care hospital in the Colombo district (Peripheral unit Thalangama) with permission of the Medical Officer-in-Charge of the diabetes clinic. Informed verbal consent was obtained from all individuals. Pre-testing was done with the intention of assessing its acceptability and identifying suitability about the Sinhalese words which may need further improvement. The PHQ was administered while the clinic attendees were waiting for the consultation with the doctor. Steps were taken to observe adequate privacy. Although PHQ was designed as a self-completion questionnaire in this instance interviewer administered it or it was self administered under supervision (captive-audience). Here, respondents complete the questionnaire in the presence of a researcher, who is available to provide some assistance or explanation and who may also check questionnaires for completeness of response (McColl et al, 2001). This was done during two clinic days (two mornings) on 22 patients. Their age ranged from 44 to 80 years, with a mean of 60.14 years. There were 18 females. The PHQ took about 20 minutes to administer per person.

According to the PHQ coding system, the number of syndromes and disorders identified in these 22 participants were as follows;

- Somatoform disorder - 6
- Major depressive syndrome - 2
- Other depressive syndrome - 0
- Panic syndrome - 0
- Other anxiety syndrome - 3
- Bulimia nervosa - 1
- Binge eating disorder -0
- Alcohol abuse – 3

Patients with one or more common mental disorder (CMD) - 9 (41%)

Patients with a single CMD - 4

Patients with two CMDs - 4

Patients with three CMDs – 1

ANNEXURE 10

INFORMATION SHEETS AND CONSENT FORMS

COMMUNITY BASED NATIONAL SURVEY ON MENTAL HEALTH

Information Sheet

We would like to invite you to participate in a research project. Please read this leaflet carefully, and if you have any questions about the survey do not hesitate to ask from the research assistant. Feel free to discuss the project with your family or friends before you make a decision on participating.

Introduction

The aim of this study is to assess the mental health status including suicidal ideations and alcohol intake in Sri Lanka. We are also interested in finding out about social and economic characteristics associated with mental health in Sri Lanka and how strongly mental disorders are linked to social and environmental risk factors.

This research project is a collaboration between the **Forum for Research and development** and **Ministry of Healthcare and Nutrition.**

The project is funded through the Sri Lanka Health Sector Development Project of the Ministry of Health care and Nutrition.

Why have I been invited?

We randomly selected several Grama Niladhari divisions in Sri Lanka and 6000 individuals were selected randomly from those areas. The selection process is completely random, that is; your selection was completely by chance.

Do I have to take part?

No. Participation is entirely voluntary. There is no obligation for you to take part, and **if you do not want to take part, this will have no effect on your medical care, or affect you in any other way.** It is also possible for you to withdraw from the interview at any point without giving any reasons. As we are conducting this survey to get information that would help to develop policies and improve mental health in Sri Lanka, we would greatly appreciate you participation.

What will the research involve?

We will ask you to take part in an interview, carried out in private, by a trained research assistant. The interview includes questions about your mental wellbeing and symptoms of common mental disorders. We will ask about how you are now, as well as how you have been in the past, data regarding war and tsunami experiences and some general information. This interview takes approximately 1 hour.

Are there any risks?

The research does not involve any investigations or treatments which might put you at risk.

Will the information I give stay confidential?

Yes. All information you give is strictly confidential. If we were to find that you may be having a significant problem, we will suggest and direct you to the necessary health care providers with your permission.

The information you give may be used for a research report, but it will not be possible to identify you in any way from this.

If you have any further questions please inquire by contacting us:

Principal Investigators:

Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895

Dr Sisira Siribaddana Telephone 011-2779354/011-2884431/011-5662895

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COMMUNITY BASED NATIONAL SURVEY ON MENTAL HEALTH

Consent Form

Principal Investigators:

Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895

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E-mail – forum4research@gmail.com , projects@sysnet.lk

Please circle your answer

Have you read the information sheet? Yes/No

Did you have an opportunity to ask questions and discuss about the study? Yes/No

Have you received satisfactory answers to the questions you asked about the project? Yes/No

Who explained the study to you? ----------

Do you understand that you are free to leave the study without giving any reasons? Yes/No

Did you agree to take part on your own wish? Yes/No

Signature ……..

Your name ……..

Date ……..

SCHOOL BASED NATIONAL SURVEY ON MENTAL HEALTH

Information Sheet for the children

We would like to invite you to participate in a research project by giving us some information about you. Please read this leaflet carefully, and if you have any questions about the survey do not hesitate to ask from one of the teachers that have come to conduct the research project. Feel free to discuss the project with the class teacher, the principle, your parents or your friends before you make a decision on participating.

Introduction:

This research project is conducted by the **Forum for Research and development** with the support of the Research and development Division of the **National Institute of Education**. It is supervised by the **Ministry of Healthcare and Nutrition.**

The project is funded through the Sri Lanka Health Sector Development Project of the Ministry of Healthcare and Nutrition.

Why was I selected?

It has happened completely by chance. We randomly selected several schools in each district of Sri Lanka and few children were again selected randomly from each of those schools. You are one of those children that were selected in that way.

Do I have to take part?

No. Participation is entirely voluntary. It is not compulsory. You should participate only if you want to. **If you decide not to take part, it will not have any bad effect on you, from your class, school or in any other way.** As we are conducting this survey to get information that would help to improve the health of children, we would be very grateful if you take part.

What do I have to do?

We will ask you to answer some questions on your feelings, behaviour, studies, experiences and some general details. If you do not whish to answer any of the questions you are free to skip those. It may take about 30 minutes to answer these questions.

Will the information I give stay confidential?

Yes. All information that is given would be kept secret. The given information may be used for a research report, but it will not be possible to identify you from this.

If you have any further questions please ask from the class teacher, school principle or contact us:

Principal Investigators:

Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895

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SCHOOL BASED NATIONAL SURVEY ON MENTAL HEALTH

Information Sheet for Teachers

We would like to invite you to participate in a research project by providing us with some information about one of the children in your class. Please read this leaflet carefully, and if you have any questions about the survey do not hesitate to ask from the research assistant. Feel free to discuss the project with the principle, other teachers or parents of the child before you make a decision on participating.

Introduction

The aim of this study is to **assess the mental health status of school children in Sri Lanka**. We are also interested in finding out about social and economic characteristics associated with mental health of children and how strongly conduct and behavioural disorders are linked to social and environmental risk factors.

This research project is conducted by the **Forum for Research and development** with the support of the Research and development Division of the **National Institute of Education**. It is commissioned and supervised by the **Ministry of Healthcare and Nutrition.**

The project is funded through the Sri Lanka Health Sector Development Project of the Ministry of Healthcare and Nutrition.

Why has this child been selected?

It has happened completely by chance. We randomly selected several schools in each district of Sri Lanka and few children were again selected randomly from each of those schools. This child is one of those children that were selected in that way.

Do I have to take part?

No. Participation is entirely voluntary. There is no obligation for you to take part, and it should happen only if you, the parents of the child and the child decide to participate. **If you, the parents of the child and the child decides not to take part, it will not have any adverse effect on you or the child's education, medical care, or in any other way.** As we are conducting this survey to obtain information that would help to develop policies and improve the health status of children, we would greatly appreciate your participation.

What will the research involve?

We will ask you, the parents and the child to answer some questions on the child's behaviour, studies, feelings, experiences and some general information. If you do not whish to answer any of the questions you are free to skip those. It may take approximately 30 minutes to answer these questions.

Are there any risks?

The research does not involve any investigations or treatments which might put the child at risk. If we were to find that the child may be having a significant problem, we will suggest and direct you to the necessary health care providers with the permission of you and the parents.

Will the information I give about the child stay confidential?

Yes. All information that is given would be **strictly confidential**. The given information may be used for a research report, but it will not be possible to identify you or the child from this.

If you have any further questions please inquire from the school principle or contact us:

Principal Investigators:

Dr A Sumathipala Telephone 011-2578336/011-2884431/011-5662895

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SCHOOL BASED NATIONAL SURVEY ON MENTAL HEALTH

Information Sheet for Parents

We would like to invite you to participate in a research project on child mental health and behaviour, by providing us with some information about your child. Please read this leaflet carefully, and if you have any questions about the survey do not hesitate to ask from the research assistant. Feel free to discuss the project with the class teacher, the principle, your family or friends before you make a decision on participating.

Introduction

The aim of this study is to **assess the mental health status of school children in Sri Lanka**. We are also interested in finding out about social and economic characteristics associated with mental health of children and how strongly conduct and behavioural problems are linked to social and environmental risk factors.

This research project is conducted by the **Forum for Research and development** with the support of the Research and development Division of the **National Institute of Education**. It is commissioned and supervised by the **Ministry of Healthcare and Nutrition.**

The project is funded through the Sri Lanka Health Sector Development Project of the Ministry of Healthcare and Nutrition.

Why has my child been selected?

It has happened completely by chance. We randomly selected several schools in each district of Sri Lanka and few children were again selected randomly from each of those schools. Your child is one of those children that were selected in that way.

Do I have to take part?

No. Participation is entirely voluntary. There is no obligation for you to take part, and it should happen only if you, the class teacher or your child decides to participate. **If you, the class teacher or your child decides not to take part, it will not have any adverse effect on you, your child's education, medical care, or in any other way.** As we are conducting this survey to obtain information that would help to develop policies and improve the health status of children, we would greatly appreciate your participation.

What will the research involve?

We will ask you, the class teacher and the child to answer some questions on; the child's behaviour, studies, feelings, experiences and some general details. If you do not whish to answer any of the questions you are free to skip those. It may take approximately 30 minutes to answer these questions.

Are there any risks?

The research does not involve any investigations or treatments which might put the child at risk. If we were to find that your child may be having a significant problem; we will suggest and direct you to the necessary health care providers with your permission.

Will the information given about my child stay confidential?

Yes. All information that is given would be strictly confidential. The information given may be used for a research report, but it will not be possible to identify you or your child from this.

If you have any further questions please inquire from the school principle or contact us:

Principal Investigators:

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ANNEXURE 11

COMMUNITY BASED NATIONAL SURVEY ON MENTAL HEALTH
Participant Selection Form

RESPONDENT NUMBER - _____

DISTRICT _____

GRAMA NILADARI DIVISION _____

INTERVIEWER'S NAME _____

NUMBER OF PERSONS 18 – 65 YEARS LIVING IN THE HOUSE -_____

PERSONS IN DESCENDING ORDER

NUMBER	AGE
0	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

RANDOM NUMBER-_____

CALCULATION -

NUMBER OF PERSONS 18 – 65 YEARS LIVING IN THE HOUSE | RANDOM NUMBER

BALANCE-_____ = SELECTED RESPONDENT

- IF THE SELECTED INDIVIDUAL IS HAVING SOME TYPE OF DISABILITY, WHAT IS THE NATURE OF THE DISABILITY?

DESCRIBE THE DISABILITY AS MUCH AS POSSIBLE. (HOW IT OCCURRED, HOW LONG IT IS PRESENT, WHAT ARE THE DRUGS USED ETC.)

MENTALLY CHALLENGED……1
HEARING OR SPEECH DISABILITY……2
VISUALLY HANDICAPPED..……..3
ABNORMAL BEHAVIOR..……..4
MOVEMENT RELATED DISABILITY..……..5
OTHER (SPECIFY)……6

- IF MENTALLY CHALLENGED, HEARING OR SPEECH DISABLED TO A DEGREE TO WHICH THAT THE QUESTIONNAIRE COULD NOT BE ADMINISTERED, GO TO ANOTHER HOUSE. IF THERE IS ANOTHER REASON FOR NOT BEING ABLE TO ADMINISTER THE QUESTIONNAIRE, SPECIFY IT.

……

ANNEXURE 12

ප්‍රජා මානසික සෞඛ්‍ය පිළිබඳ ජාතික සමීක්ෂණය

පිලිතුරු සපයන්නා තෝරා ගැනීමේ පත්‍රිකාව

පිලිතුරු සපයන්නාගේ අංකය _____

*දිස්ත්‍රික්කය*_____

*ග්‍රාමනිලධාරී කොට්ඨාශය*_____

සාකච්ඡාව මෙහෙයවන්නාගේ නම _____

*නිවසේ පීවිත්වන වයස අවුරුදු 18-65 අතර පුද්ගලයන් ගණන*_____

වයස අඩුවන අනුපිලිවෙලින් පුද්ගලයන්

අංකය	*වයස*
0	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

*අහඹු අංකය*_____

ගණනය කිරීම -

නිවසේ පීවිත්වන වයස අවුරුදු 18-65 අතර පුද්ගලයන් ගණන | *අහඹු අංකය*

ඉතිරි-_____ = *තෝරාගන්නා පිලිතුරු සපයන්නා*

- *තෝරා ගත් පුද්ගලයා කිසියම් හෝ ආබාධයක් සහිත අයෙක් නම්, එම ආබාධයේ ස්වභාවය කුමක් ද?*

එම ආබාධ තත්වය හැකි පමණින් විස්තර කරන්න. (එය ඇති වූ ආකාරය, පවතින කාලය, ගන්නා ඖෂධ වල නම් ආදිය) -

වටහාගැනීමේ ඌණතාවය/ මන්ද මානසික තත්වය.....1

ඇසීමේ හෝ කථා කිරීමේ අපහසුතාව.....2

ඇස් පෙනීමේ අපහසුතාව.....3

ඇඟාමානය හැසිරීම් පෙන්වීම.....4

අංග චලන අපහසුතා පෙන්වීම.....5

වෙනත් (සටහන් කරන්න).....6

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- *වටහාගැනීමේ ඌණතාවය/ මන්ද මානසික තත්වය, ඇසීමේ හෝ කථා කිරීමේ අපහසුතාව ප්‍රශ්නාවලිය ඉදිරිපත් කල නොහැකි මට්ටමක පවතී නම් වෙනත් නිවසකට යන්න. ප්‍රශ්නාවලිය ඉදිරිපත් කල නොහැකි වෙනත් හේතුවක් ඇත්නම්, එය සඳහන් කරන්න.*

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ANNEXURE 13

சமூக ரீதியிலான தேசிய உளநல மதிப்பீடு

பொதுத்தகவல்கள் சம்பந்தமான வினாக்கொத்து

விடையளிப்பவர் எண் : .....

மாவட்டம் : .....

கிராம அதிகாரி பிரிவு : .....

செவ்வி காண்பவர் பெயர் : .....

வீட்டில் வதியும் 18 - 65 வருடங்களுக்கு இடைப்பட்ட வயதுடையோரின் எண்ணிக்கை : .....

எழுமாறான எண் : .....

சுழற்சி :

வீட்டில் வதியும் 18 - 65 வருடங்களுக்கு இடைப்பட்ட வயதுடையோரின் எண்ணிக்கை | *எழுமாறான எண்*

மீதி : ..... = தெரிவுசெய்யப்பட்ட பதில் கூறுபவர்

இறங்குவரிசைப்படி ஆட்கள்

எண்	*வயது*
0	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

- *தெரிவு செய்யப்பட்டவர் ஏதாவது குறைபாடு உடையவராயின், அந்த குறைபாட்டின் தன்மை யாது?*

அக் குறைபாட்டை முடியுமான அளவுவிபரிக்க. (அது ஏற்பட்ட விதம்,நிலைத்துள்ள காலம் பாவிக்கப்படும் மருந்து வகைகளின் பெயர் முதலியன) -

விளங்கிக் கொள்ளும் குறைபாடு /மந்த உள நிலை.....1

கேட்டல் அல்லது பேச இயலாமை.....2

கண் பார்வை இயலாமை.....3

அசாதாரண நடத்தை காட்டல்.....4

உறுப்பு இயக்க இயலாமையைக் காட்டல்.....5

வேறு (குறிப்பிடுக).....6

.....

- *விளங்கிக் கொள்ளும் குறைபாடு / மந்த உள நிலை / கேட்டல் அல்லது பேச இயலாமை / வினாக்களை முன் வைக்க முடியாத நிலை இருக்குமானால் வேறு வீட்டுக்குச் செல்க. வினாக்களை முன் வைக்க முடியாத வேறு காரணம் இருக்குமானால் அதனைக் குறிப்பிடுக*

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ANNEXURE 14

COMMUNITY BASED NATIONAL SURVEY ON MENTAL HEALTH
Questionnaire on General Information

TIME BEGAN- hr _____/_____/min _____/_____

DATE- DAY___/___MO___/___YR___/___

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1. RECORD SEX AS OBSERVED.

MALE.....1

FEMALE.....2

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2. How old are you?

AGE ___/___

What is your birth date?

DAY___/___ MO___/___ YR___/___

---

3. What's your marital status?

Married..... (ask A).....1

Widowed.....(ask B).....2

Separated.....(ask B).....3

Divorced.....(ask B).....4

Never married.....(ask B).....5

A. IF CURRENTLY MARRIED,
ASK: **Are you currently living with your (husband/wife)?**

NO.....1

YES .....(ask C).....5

B. **Are you currently living with someone as though you were married?**

NO.....1

YES 5

C. **How many children have you had, not counting any who are yours by adoption or who were born dead?**

CHILDREN ___/___

---

4. What is your ethnicity?

Sinhala.....1

Tamil.....2

Muslim.....3

Burgher.....4

Malay.....5

Other (specify).....6

.....

5. What is your religion?

Buddhist.....1

Hindu.....2

Islam.....3

Roman Catholic.....4

Other Christian.....5

Other (specify).....6

.....

6. Are you currently employed?

NO.....(ask A).....1

YES .....(ask B).....5

IF 6 IS "NO", ASK:

A. **If so, are you……?**

A Student…….(ask F).…….1

A House wife…..…(ask F).…….2

Retired..……(ask F).…….3

At home – only involved in household work……(ask F).…….4

Unemployed- off sick..…..(ask F).…….5

Unable to work- Disabled..…..(ask F).…….6

Currently looking for work……(ask F).…….7

Any other (Specify)…….(ask F).…….8

……..

IF 6 IS "YES", ASK:

B. **If so, are you……?**

Full time paid employee outside the home…….(ask C).…….1

Part time or seasonally employed e.g. working in the fields…….(ask C).…….2

Businessperson/ Entrepreneur…….(ask D).…….3

Self employed e.g. Tailoring etc…….(ask D).…….4

Any other (Specify)…….(ask D).…….5

……..

IF 6 B IS 1 or 2, ASK:

C. **Is your job……?**

Permanent……..……1

Temporary……..……2

Daily paid……..……3

Providing a share of the earnings……..……4

NOT RELEVANT……..……5

D. **In what kind of business or industry are you working?**
RECORD: ……..……

E. **What kind of work do you do? What is your post / designation?**
RECORD: ……..……

F. **In the last twelve months how many months have you been employed?**
COUNT SELF-EMPLOYMENT OR SALARIED. IF NONE, CODE 00 AND SKIP TO 7. IF LESS THAN 1 MONTH CODE 01. # MOS ___/___

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7. What is your educational status?

Not had school education……..1

From grade 1 up to grade 5..……2

From grade 6 up to O/Ls.……3

Passed O/Ls.……4

From grade 12 up to grade 13.……5

Passed A/Ls.……6

University or higher…….7

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8. Are you still in school?

NO…..….(ask A).……..1

YES….(skip to 9).....5

A. **How old were you when you stopped being a full-time student?** AGE ___/___

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9. How many people usually live in the house with you?
(CONSIDER NON FAMILY MEMBERS AS DOMESTIC AIDS, BOARDERS ETC.) Number___/___

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10. How many people live in the same house as yourself and eat with you?

Sr No	Relationship with the Person	Age (years)
1.	SELF	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

11. What type of surrounding is your home situated?

Village / rural area……1

City / town / urban area……2

Suburban area……3

Plantation……4

Costal fishing community……5

Other(Specify)……6

……

12. What is the type of house you have?

Normal single story house……1

Two story house……2

House with three stories or more……3

Multi-story housing complex....……4

Annex...……..5

House in the plantation sector……6

Other (specify)……7

……

13. Who owns this house?

Owned by an occupant.....1

Rent free (house of a friend/ relative/ employee/government quarters).....2

Rent/ Lease.....3

Encroached….....4

Other (specify).....5

……

14. How many rooms are there in your house?

Single roomed house……1

More than one room……2

15. What are the principal materials of construction of your house?

A. **WALL**

Brick/ Cabook/ Cement block/ Stone/ Other high quality material……..……..1

Mud/ Mud brick/ Plank/ Other medium quality material……2

Cadjan/ Palmyrah / Metal sheet/ Other temporary material……3

Other (specify)……4

……

B. **FLOOR**

Terrazzo/ Carpet/ Tile/ Granite/ Polished wood ……1

Cement…….2

Mud / Dung/ Sand / unprepared floor…….3

Other (specify)…..……4

……..……

C. **ROOF**

Tile/ Asbestos/ Concrete.……1

Metal sheet/ Tar sheet…..……2

Cadjan/ Palmyrah/ Straw…...……..3

Other (specify)…...…….4

……..……

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16. What is your principle source of drinking water at home?

Water line.…(ask A)……1

Well with a motorised water pump…(ask A)..…….2

Well without a motorised water pump…(ask A)…….3

Tube well…(ask A)……4

River, tank, stream, spring etc...(skip to 17).....5

Other (specify)……...……..6

…….…….……..

A. **To whom does the principle source of drinking water at home belong? at home belong?**

The Family (Private)……1

Public…….2

Some other house/ individual……3

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17. What is the principle type of cooking fuel at your home?

Electricity.……1

Gas……..2

Kerosene…….3

Fire wood…….4

Coconut shells / Saw dust/ Paddy husk…….5

Other (specify)…….6

…….…….……..

18. What is the main type of toilet used at your house?

Water sealed with cistern flush system…(ask A)……1

Water sealed with pour flush system.…(ask A)……2

Pit latrine.…(ask A)……3

Bucket latrine…(ask A)……4

No latrine facility..(skip to 19)...5

Other (specify)…(ask A)……6

…….…….……..

A. **To whom does this main type of toilet used at your house belong?**

A Private toilet (belongs to the residents)……1

Public toilet…….2

Belongs to some other house/ individual……3

19. Does your house have a……?

Radio..……1☐

TV……..2☐

Refrigerator…….3☐

Phone (mobile / fixed)……4☐

20. Does any member of your household have……..?

Bicycle.……1☐

Motorcycle or scooter..……2☐

Car / van……..3☐

Tractor / Lorry / Bus / Other vehicle……..4☐

21. Are you or your family in debt at present?

YES……1
NO……2
DON'T KNOW……3

If yes: for what reason?

……

22. How well do you feel you are managing financially these days?

Living comfortably….……..……1

Doing alright……..…….……..2

Just about getting by…….3

Finding it difficult to make ends meet.…….4

Finding it very difficult to make ends meet.…….5

23. Are you suffering from a diagnosed illness for a period of time? YES…..…(ask A)…1
NO….(skip to 24)…5

A. IF YES; **What is that illness?**
…..……

B. For how long have you been suffering from the illness? Months__/__ Years__/__

24. Have you ever for a period of time, daily smoked cigarettes, cigars, a pipe or used chewed tobacco or snuff? YES……(ask A)……1
NO...(skip to 25)……5

A. IF YES; **What is the longest period that you smoked cigarettes, cigars, a pipe or used chewed tobacco or snuff in that way?** Months__/__ Years__/__

B. Do you still smoke cigarettes, cigars, a pipe or used chewed tobacco or snuff? YES……1
NO...……5

25. Have you ever for a period of time, daily drink alcohol such as Beer, Wine, Arrack, Toddy or Whisky? YES……(ask A)……1
NO...(skip to 26)……5

A. IF YES; **What is the longest period that you drank alcohol In that way?** Months__/__ Years__/__

B. Do you still drink alcohol? YES……1
NO...……5

26. Have you ever for a period of time, daily use any addictive drug such as Ganja or Heroin? YES..……...(ask A)..1
NO..(skip to next part)..5

A. IF YES; **What is the longest period that you used such a drug?** Months__/__ Years__/__

B. Do you still use that drug? YES……1
NO...……5

ANNEXURE 15

ප්‍රජා මානසික සෞඛ්‍ය පිළිබඳ ජාතික සමීක්ෂණය

පොදු තොරතුරු පිළිබඳ ප්‍රශ්නාවලිය

ආරම්භ කළ වේලාව : පැය ___/___ විනාඩි ___/___

දිනය : දවස ___/___ මාසය___/___ වර්ෂය___/___

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1. *පෙනෙන ආකාරයට ස්ත්‍රී / පුරුෂ භාවය ලකුණු කරන්න*

පුරුෂ 1

ස්ත්‍රී 2

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2. ඔබේ වයස කීය ද? *වයස ___/___*

ඔබගේ උපන් දිනය කවදා ද? *දවස ___/___ මාසය___/___ වර්ෂය___/___*

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3. ඔබ දැනට විවාහක ද?

විවාහකයි .....(A *අසන්න*).... 1

වැන්දඹු.....(B *අසන්න*)... 2

වෙන්වී ඉඳියි .....(B *අසන්න*)... 3

දික්කසාද වී ඉඳියි .....(B *අසන්න*).. 4

කවදාවත් විවාහ වී නැත .....(B *අසන්න*).. 5

A. *දැනට විවාහක නම්, මෙය අසන්න*

ඔබ දැනට ඔබේ ස්වාමිපුරුෂයා / බිරිඳ එක්ක එකට ජීවත් වෙනවා ද?

නැහැ.....(B *අසන්න*)..... 1
ඔව්.....(C *අසන්න*)..... 5

B. ඔබ දැනට විවාහ වෙලා වගේ වෙන කෙනෙක් එක්ක එකට ජීවත් වෙනවා ද?

නැහැ..... 1
ඔව්..... 5

C. දරුකමට හදාගත්ත දරුවන් හෝ උපතේදී මිය ගිය දරුවන් හැර ඔබට දරුවන් කීදෙනෙක් ඉන්නවා ද?

දරුවන් ___/___

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4. ඔබගේ ජාතිය කුමක් ද?

සිංහල..... 1

දෙමළ..... 2

මුස්ලිම්..... 3

බර්ගර්..... 4

මැලේ..... 5

වෙනත් (සඳහන් කරන්න)..... 6

.....

5. ඔබගේ ආගම කුමක් ද?

බෞද්ධ..... 1

හින්දු..... 2

ඉස්ලාම්..... 3

රෝමානු කතෝලික..... 4

වෙනත් ක්‍රිස්තියානි..... 5

ආගමක් අදහන්නේ නැත..... 6

වෙනත් (කරුණාකර සඳහන් කරන්න)..... 7

.....

6. ඔබ දැනට රැකියාවක් කරනවා ද?

නැහැ.....(A *අසන්න*)..... 1

ඔව්.....(B *අසන්න*)..... 5

6. *"නැහැ" නම් අසන්න :*

A. එසේ නම්, ඔබ..... ද?

ශිෂ්‍යයෙක් / ශිෂ්‍යාවක්.....(F *අසන්න*).....1

ගෘහණියක්.....(F *අසන්න*).....2

විශ්‍රාමික.....(F *අසන්න*).....3

ගෙදර දොරේ වැඩවල පමණක් නිරත වෙනවා / නිවසේ පසුවෙනවා.....(F *අසන්න*)..... 4

අසනීප නිසා දැනට රැකියාවක් කරන්නේ නැහැ.....(F *අසන්න*)..... 5

ආබාධිත නිසා රැකියාවක් කිරීමට නොහැකි.....(F *අසන්න*)..... 6

දැනට රැකියාවක් සොයමින් සිටිනවා.....(F *අසන්න*)..... 7

වෙනත් (කරුණාකර සඳහන් කරන්න).....(F *අසන්න*)..... 8

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6. *"ඔව්" නම් අසන්න :*

B. එසේ නම්, ඔබ ..... ද?

පූර්ණ කාලීනව වැටුප් ලබන රැකියාවක නිරත වෙනවා.....(C *අසන්න*).....1

අර්ධ කාලීන හෝ අවුරුද්දේ සමහර කාල වලදී පමණක් රැකියාව කරනවා (උදා: කුඹුරු වැඩ).....(C *අසන්න*).....2

ව්‍යාපාරයක් කරනවා / ව්‍යවසායකයෙක්.....(D *අසන්න*).....3

ස්වයං රැකියාවක් කරනවා (උදා: ඇඳුම් මැසීම).....(D *අසන්න*).....4

වෙනත් (කරුණාකර සඳහන් කරන්න).....(D *අසන්න*).....5

.....

6.B. *හි පිළිතුර 1 හෝ 2 නම් අසන්නාගෙ :*

C. ඔබේ රැකියාව ..... රැකියාවක් ද?

ස්ථිර.....1

අනියම්.....2

දෛනික වැටුප් ලබන.....3

පංගුවක් /කොටසක් හිමිවන.....4

අදාල නැත.....5

D. ඔබ රැකියාව කරන්නේ මොන ආකාරයක ව්‍යාපාරයක හෝ ක්ෂේත්‍රයක ද?

සවහන් කරන්න :.....

E. ඔබ කරන්නේ මොන විදිහේ රැකියාවක් ද? රැකියාවේ තත්වය / තනතුර මොකක් ද?

සවහන් කරන්න :.....

F. පසුගිය මාස 12 න් මාස කීයක් ඔබ රැකියාවක් කළා ද?
වැටුප් ලබන රැකියා මෙන්ම ස්වයං රැකියාද මෙහිදී සලකන්න.
රැකියාවක් නැතිනම්, 00 *ගොදා* 7 *ට යන්න. මසකට වඩා අඩු කාලයක් නම්* 01 *ගොදන්න.* *මාස* __/__

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7. ඔබ කොයිතරම් දුරට අධ්‍යාපනය ලබා තිබේ ද?

පාසල් අධ්‍යාපනය ලබා නැත..... 1

1 සිට 5 ශ්‍රේණිය දක්වා..... 2

6 ශ්‍රේණිය සිට සාමාන්‍ය පෙළ දක්වා..... 3

සාමාන්‍ය පෙළ සමත්..... 4

12 සිට 13 ශ්‍රේණිය දක්වා..... 5

උසස් පෙළ සමත්..... 6

විශ්ව විද්‍යාල හෝ ඉන් ඉහල උසස් අධ්‍යාපනය ලැබූ..... 7

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8. ඔබ තවම පූර්ණ කාලීන අධ්‍යාපනය ලබනවා ද?

නැහැ.....(A *අසන්න*)..... 1
ඔව්.....(9 *ට යන්න*)..... 5

A. ඔබ පූර්ණ කාලීන අධ්‍යාපනය නතර කරනකොට ඔබේ වයස කීයද? *වයස* __/__

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9. ඔබගේ නිවසේ කී දෙනෙක් ජීවත් වෙනවා ද?
(පවුලේ සාමාජිකයින් නොවන මෙහෙකරුවන්, රියදුරන්, නේවාසිකයින් ආදීන් ද ඇතුළත් කරන්න) *ගණන* __/__

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10. ඔබ වගේම එකම නිවසේ ජීවත් ව සිටින ඔබත් සමඟ එකට ආහාර ගන්නා කී දෙනෙක් ඔබේ නිවසේ ඉන්නවා ද?

අනු අංකය	*එම පුද්ගලයාට ඇති සම්බන්ධය*	*වයස (අවුරුදු)*
1.	*තමා*	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

11. ඔබගේ නිවස පිහිටා ඇත්තේ මොන ආකාරයේ පරිසරයක ද?

ගමක / ග්‍රාමීය පරිසරයක..... 1

නගරයක / නාගරික පරිසරයක..... 2

අර්ධ නාගරික පරිසරයක..... 3

වතුකරයේ..... 4

වෙරළ ප්‍රදේශයක..... 5

වෙනත් (සඳහන් කරන්න)..... 6

.....

12. ඔබගේ නිවසේ වර්ගය කුමක් ද?

තනි තට්ටුවේ සාමාන්‍ය නිවසක්..... 1

දෙමහල් නිවසක්..... 2

තෙමහල් හෝ ඊට වැඩි නිවසක්..... 3

තට්ටු නිවාස සංකීර්ණයක නිවසක්..... 4

ඇනෙක්සි/ අනුබද්ධ නිවසක්..... 5

වතු අංශයේ නිවසක්..... 6

වෙනත් (සඳහන් කරන්න)..... 7

.....

13. මේ නිවස අයිති කාට ද?

පදිංචි වී සිටින අයට අයිතියි..... 1

කුලියක් නොගෙවයි (නෑදෑයෙකුගේ/ යහළුවෙකුගේ/ රජයේ නිල නිවාස/ සේවා යොජකයාගේ නිවසක්)..... 2

කුලියට/ බද්දට..... 3

අනවසරයෙන් පදිංචි වී සිටියි..... 4

වෙනත් (සඳහන් කරන්න.)..... 5

.....

14. ඔබගේ ගෙදර කාමර කීයක් තිබේ ද?

තනි කාමරයක් සහිත ගෙයක්..... 1

එක් කාමරයකට වඩා වැඩි..... 2

15. ඔබගේ නිවස සෑදීමට භාවිතා කර ඇති <u>ප්‍රධානතම</u> අමුද්‍රව්‍ය මොනවා ද?

A. *බිත්ති:*

ගඩොල් /කඹොක් /සිමෙන්ති ගල් /කලු ගල් /වෙනත් උසස් තත්වයේ අමු ද්‍රව්‍ය..... 1

මැටි / මැටි ගඩොල් /ලෑලි / වෙනත් මධ්‍යම තත්වයේ අමු ද්‍රව්‍ය..... 2

පොල් අතු / තල් අතු /තහඩු ෂීට් / වෙනත් තාවකාලික අමු ද්‍රව්‍ය..... 3

වෙනත් (සඳහන් කරන්න)..... 4

.....

B. *පොළොව*

වෙරාසෝ /කාර්පට් / ටයිල් / ග්‍රැනයිට් / බිම දම ලද ලෑලි..... 1

සිමෙන්ති..... 2

මැටි / ගොම / වැලි / නිම නොකළ බිම..... 3

වෙනත් (සඳහන් කරන්න)..... 4

.....

C. *විහලය*

උළු /ඇස්බැස්ටස් / කොන්ක්‍රීට්..... 1

ටකරන් තහඩු /තාර ෂීට්..... 2

පොල් අතු / තල් අතු /ඉණුක් / පිදුරු..... 3

වෙනත් (සඳහන් කරන්න)..... 4

.....

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16. ඔබ බීමට ජලය ලබාගන්නා <u>ප්‍රධානතම</u> මාර්ගය කුමක් ද?

නළ ජලය.....(A *ඇසන්න*)..... 1

මෝටරයක් <u>සහිත</u> ළිඳක්.....(A *ඇසන්න*)..... 2

මෝටරයක් <u>රහිත</u> ළිඳක්.....(A *ඇසන්න*)..... 3

නල ළිඳක්.....(A *ඇසන්න*)..... 4

ගඟක් /වැවක් /ජලාශයක් /දිය පාරක් .....(17 *ට යන්න*)..... 5

වෙනත් (සඳහන් කරන්න)..... 6

.....

A. ඔබ බීමට ජලය ලබාගන්නා <u>ප්‍රධානතම</u> මාර්ගය අයිති කාට ද ?

පවුලේ අයට අයිතියි (පෞද්ගලික).....1

පොදු.....2

වෙනත් නිවසකට /අයෙකුට අයත්.....3

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17. ඔබගේ නිවසේ ආහාර පිසීමට ගන්නා <u>ප්‍රධානතම</u> ක්‍රමය කුමක් ද?

විදුලිය..... 1

ගෑස්..... 2

භූමිතෙල්..... 3

දර..... 4

පොල් කටු / ලී කුඩු / දහයියා..... 5

වෙනත් (සඳහන් කරන්න)..... 6

.....

18. ඔබගේ නිවසේ භාවිතා වන ප්‍රධානතම වැසිකිළිය කුමන වර්ගයේ එකක් ද?

ඕස්ටනයක් සහිත ජල මුද්‍රිත වැසිකිළියක්.....(A *අසන්න*)..... 1

වතුර ගෑසා පිරිසිදු කරන ජල මුද්‍රිත වැසිකිළියක්.....(A *අසන්න*)..... 2

වල වැසිකිළියක්.....(A *අසන්න*)..... 3

බාල්දි වැසිකිළියක්.....(A *අසන්න*)..... 4

වැසිකිළියක් නැත.....(19 *ට යන්න*)..... 5

වෙනත් (සඳහන් කරන්න).....(A *අසන්න*)..... 6

.....

A. ඔබ භාවිතා කරන ප්‍රධානතම වැසිකිළිය අයිති කාට ද ?

පෞද්ගලික වැසිකිළියක් (පදිංචි වී සිටින අයට අයිතියි).....1

පොදු වැසිකිළියක්.....2

වෙනත් නිවසකට / අයෙකුට අයත් වැසිකිළියක් 3

19. ඔබගේ නිවසේ..... තියෙනවා ද?

ගුවන් විදුලි යන්ත්‍රයක්..... 1☐

රූපවාහිනී යන්ත්‍රයක්..... 2☐

ශීතකරණයක්..... 3☐

දුරකථනයක් (ජංගම/ ගෘහස්ථ)..... 4☐

20. ඔබගේ පවුලේ කෙනෙකුට ..... තියෙනවා ද?

බයිසිකලයක්..... 1☐

මෝටර් බයිසිකලයක් හෝ ස්කූටරයක්..... 2☐

කාර් එකක් / වෑන් එකක්..... 3☐

ට්‍රැක්ටරයක් / ලොරියක් /බස් එකක් / වෙනත් මොටර් වාහනයක්..... 4☐

21. ඔබ හෝ ඔබේ පවුල දැනට ණය වෙලා ද ඉන්නේ?

ඔව්..... 1

නැහැ..... 2

දන්නේ නැහැ..... 3

ඔව් නම්: කුමන හේතුවක් සඳහා ද?

.....

22. මේ දවස්වල ඔබගේ ආර්ථික තත්ත්වය කොහොම ද?

පහසුවෙන් ජීවත් වෙනවා..... 1

සාමාන්‍යයි..... 2

යන්තම් පිරිමහගන්නවා..... 3

අවශ්‍යතා සපුරා ගන්නේ අමාරුවෙන්..... 4

අවශ්‍යතා සපුරා ගන්නේ හුගක් අමාරුවෙන්..... 5

23. ඔබ කාලයක් තිස්සේ හඳුනාගත් රෝගයකින් හෝ රෝග වලින් පීඩා විඳිනවා ද?

ඔව් .....(A *ඇසුන්න*)..... 1
නැහැ .....(24 *ට යන්න*)..... 5

A. ***ඔව් නම් :*** එම රෝගය හෝ රෝග මොනවා ද?

.....

B. ඔබ එම රෝගයෙන් හෝ රෝග වලින් කොපමන කාලයක් පීඩා විඳිනවා ද? *මාස*___/___ *අවුරුදු*___/___

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24. ඔබගේ ජීවිතයේ කවර හෝ කාල වකවානුවක සිගරට් බීම, සුරුට්ටු බීම, පයිප්ප ඉරීම, දුම්කොළ හැපීම හෝ උරන දුම්කුඩු ගැනීම කාලයක් තිස්සේ දිනපතා කළා ද?

ඔව් .....(A *ඇසුන්න*)..... 1
නැහැ .....(25 *ට යන්න*)..... 5

A. ***ඔව් නම් :*** ඔබ එසේ සිගරට් බීම, සුරුට්ටු බීම, පයිප්ප ඉරීම, දුම්කොළ හැපීම හෝ උරන දුම්කුඩු ගැනීම සිදුකල දිගම කාලය කොපමන ද? *මාස*___/___ *අවුරුදු*___/___

B. ඔබ තවම සිගරට් බීම, සුරුට්ටු බීම, පයිප්ප ඉරීම, දුම්කොළ හැපීම හෝ උරන දුම්කුඩු ගැනීම සිදුකරනවා ද?

ඔව් 1
නැහැ 5

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25. ඔබගේ ජීවිතයේ කවර හෝ කාල වකවානුවක මත්පැන්, ඒ කියන්නේ බීයර්, වයින්, සීල් අරක්කු, සුදුවා, රා, විස්කි වගේ දේවල් ගැනීම කාලයක් තිස්සේ දිනපතා කළා ද?

ඔව් .....(A *ඇසුන්න*)..... 1
නැහැ .....(26 *ට යන්න*)..... 5

A. ***ඔව් නම් :*** ඔබ එසේ මත්පැන් ගැනීම සිදුකල දිගම කාලය කොපමන ද? *මාස*___/___ *අවුරුදු*___/___

B. ඔබ තවම මත්පැන් ගැනීම සිදුකරනවා ද?

ඔව් 1
නැහැ 5

---

26. ඔබගේ ජීවිතයේ කවර හෝ කාල වකවානුවක ගන්ජා, මත්කුඩු හෝ එවැනි වෙනත් මත්ද්‍රව්‍යයක් කාලයක් තිස්සේ දිනපතාගත්තා ද?

ඔව් .....(A *ඇසුන්න*)..... 1
නැහැ .....(*වීලඟ කොටසට යන්න*).... 5

A. ***ඔව් නම්,*** ඔබ එසේ මත්ද්‍රව්‍ය ගැනීම සිදුකල දිගම කාලය කොපමන ද? *මාස*___/___ *අවුරුදු*___/___

B. ඔබ තවම මත්ද්‍රව්‍ය ගන්නවා ද?

ඔව් 1
නැහැ 5

ANNEXURE 16

சமூக ரீதியிலான தேசிய உளநல மதிப்பீடு

பொதுத்தகவல்கள் சம்பந்தமான வினாக்கொத்து

தொடங்கிய நேரம் : __/__மணி __/__நிமிடம்
திகதி : __/__ஆந் திகதி __/__மாதம் __/__வருடம்

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1. ***அவதானிப்பின்படி பால் :*** *(அடையாளமிடவும்)*

ஆண்.....1
பெண்.....2

---

2. **உங்களது வயது எவ்வளவு?**

வயது __/__வருடங்கள்

உங்களது பிறந்த திகதி எப்போது? *__/__ஆந் திகதி __/__மாதம் __/__வருடம்*

---

3. **உங்களது குடும்ப நிலை என்ன?**

திருமணமானவர்.....(*வினவுக* A).....1
விதவை.....(*வினவுக* B).....2
பிரிந்து வாழ்பவர்.....(*வினவுக* B).....3
விவாகரத்துப் பெற்றவர்.....(*வினவுக* B).....4
திருமணமாகவேயில்லை.....(*வினவுக* B).....5

A. *இப்போது திருமணமானவராயின் வினவுக* :

இப்போது நீங்கள் உங்கள் வாழ்க்கைத்துணையுடன் (கணவனுடன் / மனைவியுடன்) வாழ்கின்றீர்களா?

இல்லை.....(*வினவுக* B)....1
ஆம்.....(*வினவுக* C)....5

B. **திருமணமானவர் போன்று இப்போது நீங்கள் வேறொருவருடன் வாழ்கின்றீர்களா?**

இல்லை.....1
ஆம்.....5

C. **தத்தெடுத்த அல்லது செத்துப் பிறந்த பிள்ளைகள் தவிர உங்களுக்கு எத்தனை பிள்ளைகள்?**

__/__ பிள்ளைகள்

---

4. **உங்களது இனம் எது?**

சிங்களவர்.....1
தமிழர்.....2
முஸ்லிம்.....3
பறங்கியர்.....4
மலாயர்.....5
வேறு (குறிப்பிடுக).....6

.....

5. உங்களது சமயம் எது?

பௌத்தம்.....1

இந்து / சைவம்.....2

இஸ்லாம்.....3

ரோமன் கத்தோலிக்கம்.....4

கத்தோலிக்கமல்லாதகிறிஸ்தவம்.....5

சமயம் பின்பற்றாதவர்.....6

வேறு (குறிப்பிடுக).....7

.....

6. நீங்கள் தற்போது தொழில் செய்கிறீர்களா?

இல்லை.....(*வினவுக* A)....1
ஆம்.....(*வினவுக* B)....5

6 -*"இல்லை" ஆயின் கேட்கவும்:*

A. அவ்வாறாயின் நீங்கள்.....?

மாணவன் / மாணவி.....(*வினவுக* F).....1

மனையாள்.....(*வினவுக* F).....2

ஓய்வு பெற்றவர்.....(*வினவுக* F).....3

வீட்டு வேலைகளில் மட்டும் ஈடுபடுபவர் /வீட்டில் இருப்பவர்.....(*வினவுக* F).....4

சுகவீனம் காரணமாக தற்போது தொழில் செய்பவரல்ல.....(*வினவுக* F).....5

வலது குறைந்தவராதலால் வேலை செய்ய முடியாதவர்.....(*வினவுக* F).....6

வேலை தேடிக்கொண்டிருப்பவர்.....(*வினவுக* F).....7

வேறு (குறிப்பிடுக).....(*வினவுக* F).....8

.....

6 -*"ஆம்" ஆயின் கேட்கவும்:*

B. அவ்வாறாயின் நீங்கள்.....?

முழு நேர ஊதியம் பெறும் ஊழியர்.....(*வினவுக C*).....1

பகுதி நேரம் அல்லது வருடத்தில் சில காலங்களில் மட்டும்
தொழில் செய்பவர் (உதாரணம்:வயல்களில் வேலைசெய்பவர்).....(*வினவுக C*).....2

வியாபாரம் செய்பவர் / முயற்சியாண்மையாளர்.....(*வினவுக D*).....3

சுயதொழில் செய்பவர் (உதாரணம்: தையற்காரர்).....(*வினவுக D*).....4

வேறு (குறிப்பிடுக).....(*வினவுக D*).....5

.....

6.B *யின் விடை 1 அல்லது 2 ஆயின் வினவுக:*

நிரந்தர.....1

C. உங்களது தொழில் ..... தொழிலா?

தற்காலிக.....2

தினக் கூலி பெறும்.....3

பங்கு / பகுதி உரித்துடைய.....4

பொருத்தமற்றது.....5

D. நீங்கள் எவ்வாறான தொழில் / வேலை செய்கிறீர்கள்?

பதிவுசெய்க .....

E. நீங்கள் எந்த வகையான கைத்தொழிலில் அல்லது வர்க்கத்துறையில் வேலை செய்கிறீர்கள்? தொழிலின் தன்மை / பதவியாது?

பதிவுசெய்க .....

F. கடந்த பன்னிரண்டு மாதங்களில் நீங்கள் எத்தனை மாதங்கள் தொழில் செய்தீர்கள்?

சுயதொழில் அல்லது சம்பளம் பெற்றிருத்தல் ஆகியவற்றையும் கவனத்திலெடுக்கவும். எதுவும் இல்லையெனில், குறியீடு 00 வழங்கி 7 இற்குச் செல்லவும். ஒரு மாதத்தில் குறைவாயின் குறியீடு 01 என்றுக் குறியிடுக. __/__*மாதங்கள்*

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7. உங்கள் கல்வித்தகமை என்ன?

பாடசாலைக் கல்வி பெறவில்லை.....1

தரம் 1 இலிருந்து தரம் 5 வரை.....2

தரம் 6 இலிருந்து O/L வரை.....3

O/L சித்தி எய்திருப்பின்.....4

தரம் 12 இலிருந்து தரம் 13 வரை.....5

A/L சித்தி எய்திருப்பின்.....6

பல்கலைக்கழகம் / அதற்கு மேல்.....7

---

8. நீங்கள் இப்போதும் முழு நேரக் கல்வி கற்கிறீர்களா?

இல்லை.....(வினவுக A).....1

ஆம்.....(9 *க்குச் செல்லுங்கள்*).....5

A. நீங்கள் முழு நேர கல்வியை நிறுத்தியபோது உங்கள் வயது என்ன? __/__ *வருடங்கள்*

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9. உங்களது வீட்டில் எத்தனை பேர் வசிக்கின்றீர்கள்?
(குடும்ப அங்கத்தவர் அல்லாத வேலையாட்கள் சாரதிகள், விடுதியில் தங்கியுள்ளவர் போன்றோரை உள்ளடக்கவும்) __/__ *பேர்*

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10. அதே வீட்டில் உங்களுடன் வாழ்வதோடு உணவு உட்கொள்வோர் எத்தனை பேர் உள்ளனர்?

தொடர் இல	*உங்களுடன் உள்ள உறவுமுறை*	*வயது வருடங்கள்*
1.	*சுயம்*	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

11. உங்களது வீடு எவ்வாறான சுற்றாடலில் அமைந்து காணப்படுகின்றது?

கிராமம் /கிராமப் புறம்.....1

நகரம் /நகர்ப்புறம்.....2

இடைப்பட்டநகரபிரதேசம்.....3

தோட்டப்பகுதி.....4

கடற்கரை மீன்பிடி பகுதி.....5

வேறு (குறிப்பிடுக).....6

.....

12. உங்களது வீட்டின் வகை யாது?

சாதாரண வீடு.....1

இருமாடி வீடு.....2

மூன்றுமாடி அல்லது அதற்து மேல்.....3

மாடித்தொகுதி வீடு.....4

இணைப்பு வீடு.....5

தோட்டப்பகுதி வீடு.....6

ஏனைய (குறிப்பிடுக).....7

.....

13. இந்த வீடு யாருக்குச் சொந்தமானது?

குடியிருப்பாளருக்குச் சொந்தமானது.....1

வாடகை அற்றது (உறவினரின் / நண்பரின் / அரசாங்க / நிறுவன).....2

வாடகை /குத்தகை.....3

அத்துமீறிய.....4

வேறு (குறிப்பிடுக).....5

.....

14. உங்கள் வீட்டில் எத்தனை அறைகள் உள்ளன?

ஓர் அறையுள்ள வீடு.....1

ஒன்றுக்கு மேற்பட்ட அறைகள்.....2

15. உங்கள் வீடு கட்டுவதற்கு பயன்படுத்தப்பட்டுள்ள பிரதான மூலப்பொருள் யாது?

A. ***சுவர் :***

செங்கல் / "கபூக்" கல் / சீமெந்து / கருங்கல் / ஏனைய உயர்தர மூலப்பொருள்.....1

களிமண் / செங்கல் களி / பலகை / ஏனைய நடுத்தர மூலப்பொருள்.....2

தென்னோலை. / பனையோலை. / உலோகத் தகடு / ஏனைய தற்காலிக மூலப்பொருள்.....3

வேறு (குறிப்பிடுக).....4

.....

B. *தரை :*

டெராசோ /கம்பளம் /தரையோடு மெருகூட்டப்பட்ட பலகை.....1

சீமெந்து.....2

களிமண் /சாணம் / மண் /பதனிடாத தரை.....3

வேறு (குறிப்பிடுக).....4

.....

C. *கூரை :*

ஓடு /எஸ்பெஸ்டர்ஸ் சீட் / கொங்கிரீட்.....1

உலோகத்தகடு / தார் சீட்.....2

பன்/ தொன்னோலை / பனையோலை / வைக்கோல்.....3

வேறு (குறிப்பிடுக).....4

.....

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16. உங்களின் பிரதான குடிநீர் கிடைக்கும் வழி என்ன?

குழாய் நீர்.....(A. *வினவுங்கள்*)....1

மோட்டார் பூட்டிய கிணறு (வினவுங்கள்).....(A. *வினவுங்கள்*)....2

மோட்டார் பூட்டாத கிணறு.....(A. *வினவுங்கள்*)....3

குழாய் கிணறு.....(A. *வினவுங்கள்*)....4

ஆறு, குளம், அருவி.....(17*க்குச் செல்லுங்கள்*)....5

வேறு (குறிப்பிடுக).....6

.....

A. நீங்கள் குடிப்பதற்கு நீர் பெரும் பிரதான வழி யாருக்கு சொந்தமானது?

குடும்ப உறுப்பினருக்கு சொந்தமானது (தனிப்பட்ட).....1

பொது.....2

வேறு வீட்டுக்கு / நபருக்கு சொந்தமானது.....3

---

17. உங்கள் வீட்டில் சமையலுக்காகப் பயன்படுத்தும் பிரதானமான முறை எது?

மின்சாரம்.....1

எரிவாயு (Gas).....2

மண்ணெண்ணெய்.....3

விறகு.....4

மரத்தூள் / உமி / தேங்காய் சிரட்டை.....5

வேறு (குறிப்பிடுக).....6

.....

18. உங்களது வீட்டில் உள்ள மலசலகூட வகை (வினவுக)?

தொட்டி அலசும் முறை - நீர்த்தடை வகை.....(A. *வினவுங்கள்*)....1

நீர்ஊற்றி அலசும் முறை - நீர்த்தடை வகை.....(A. *வினவுங்கள்*)....2

குழி மலசலகூடம்.....(A. *வினவுங்கள்*)....3

வாளி மலசலகூடம்.....(A. *வினவுங்கள்*)....4

மலசலகூட வசதி கிடையாது....(*19க்குச் செல்லுங்கள்*)....5

வேறு (குறிப்பிடுக).....(A. *வினவுங்கள்*)....6

.....

A. நீங்கள் பாவிக்கும் பிரதான மலசலகூடம் யாருக்குரியது?

தனிமலகூடம் (வசிப்போருக்குரியது).....1

பொது மலகூடம்.....2

வேறு வீட்டுக்கு / நபருக்குரிய மலகூடம்.....3

19. உங்களது வீட்டில் பின்வருவன உள்ளனவா?

வானொலி.....1☐

தொலைக்காட்சி.....2☐

குளிர் சாதனப் பெட்டி.....3☐

தொலைபேசி (கைத்தொலைபேசி / நிலையான தொலைபேசி).....4☐

20. உங்களது குடியிருப்பாளருள் எவரிடமேனும் பின்வருவன உள்ளனவா?

சைக்கிள்.....1☐

மோட்டர் சைக்கிள் / ஸ்கூட்டர்.....2☐

கார் / வேன்.....3☐

டிரொக்டர் / லொறி / பஸ் / வேறு.....4☐

21. உங்களுக்கு அல்லது உங்களது குடும்பத்துக்கு இப்போது கடன் சுமை ஏதேனும் உண்டா?

ஆம்.....1

இல்லை.....2

தெரியாது.....3

இருந்தால் என்ன காரணத்திற்காக கடன்?

.....

22. தற்போது நீங்கள் உங்களது பொருளாதார நிலை குறித்து என்ன நினைக்கிறீர்கள்?

வசதியாக வாழ்கிறேன்.....1

சாதாரணமாக வாழ்கிறேன.....2

ஒருவாறாக சமாளிக்கிறேன்.....3

தேவைகளை நிறைவேற்ற முடியாது கஷ்டப்படுகிறேன்.....4

தேவைகளை நிறைவேற்ற முடியாது மிகவும் கஷ்டப்படுகிறேன்.....5

23. நீங்கள் ஏதாவது அறியப்பட்ட நோயினால் துன்புறுகிறீர்களா? *ஆம்*.....(A *வினவுங்கள்*).....1
இல்லை....(24 *இற்கு செல்க*).....5

A. *ஆம் எனில்* : என்ன நோய்?

.....

B. எவ்வளவு காலமாக துன்புறுகிறீர்கள் *மாதம்* __/__ *வருடங்கள்* __/__

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24. நீங்கள் எப்போதாவது ஒவ்வொருநாளும் சிகரெட், சுருட்டு, சுக்கான் புகைத்தீர்களா அல்லது புகையிலை சப்பினீர்களா அல்லது மூக்குப்பொடி இட்டீர்களா? *ஆம்*.....(A *வினவுங்கள்*).....1
இல்லை...(25 *இற்கு செல்க*).....5

A. *ஆம் எனில்* : எவ்வளவு காலமாக இடைவிடாமல் நீங்கள் தொடர்ச்சியாக சிகரெட், சுருட்டு, சுக்கான் புகைத்தீர்கள் அல்லது புகையிலை சப்பினீர்கள்? *மாதம்* __/__ *வருடங்கள*__/__

B. நீங்கள் தற்போதும் சிகரெட், புகையிலை, சுக்கான் புகைப்பதுண்டா / புகையிலை சப்புவது உண்டா / மூக்குப்பொடி பொடுவதுண்டா? *ஆம்*.....1
இல்லை.....5

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25. நீங்கள் எப்போதாவது பீயர், வைன், சாராயம், கள்ளு அல்லது விஸ்கி போன்ற மதுபான வகைகளைப் தொடர்ச்சியாக ஒவ்வொருநாளும் பாவித்ததுண்டா? *ஆம்*.....(A *வினவுங்கள்*).....1
இல்லை...(26 *இற்கு செல்க*).....5

A. *ஆம் எனில்* : எவ்வளவு காலமாக இடைவிடாது மதுபானம் அருந்தினீர்கள்? *மாதம்* __/__ *வருடங்கள*__/__

B. நீங்கள் தற்போதும் மதுபானம் அருந்துவதுண்டா? *ஆம்*.....1
இல்லை.....5

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26. நீங்கள் எப்போதாவது ஒவ்வொருநாளும் கஞ்சா, ஹெரோயின் போன்ற போதைப் பொருள் வகைகளைப் பாவித்ததுண்டா? *ஆம்*.....(A *வினவுங்கள்*).....1
இல்லை...(*அடுத்த பகுதிக்கு செல்க*).....5

A. *ஆம் எனில்* : எவ்வளவு காலமாக இடைவிடாது தொடர்ச்சியாகப் போதைப் பொருள் வகைகளைப் பாவித்தீர்கள்? *மாதம்* __/__ *வருடங்கள*__/__

B. நீங்கள் தற்போதும் போதைப் பொருள் வகைகளைப் பாவிப்பதுண்டா? *ஆம்*.....1
இல்லை.....5

Patient Health Questionnaire

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

DATE _____ NAME _____ AGE _____ SEX: Female Male

1. During the last 4 weeks, how much have you been bothered by any of the following problems?	**Not bothered at all**	**Bothered a little**	**Bothered a lot**
a. Stomach pain	[ ]	[ ]	[ ]
b. Back pain	[ ]	[ ]	[ ]
c. Pain in your arms, legs, or joints (knees, hips, etc.)	[ ]	[ ]	[ ]
d. Menstrual cramps or other problems with your periods	[ ]	[ ]	[ ]
e. Pain or problems during sexual intercourse	[ ]	[ ]	[ ]
f. Headaches	[ ]	[ ]	[ ]
g. Chest pain	[ ]	[ ]	[ ]
h. Dizziness	[ ]	[ ]	[ ]
i. Fainting spells	[ ]	[ ]	[ ]
j. Feeling your heart pound or race	[ ]	[ ]	[ ]
k. Shortness of breath	[ ]	[ ]	[ ]
l. Constipation, loose bowels, or diarrhea	[ ]	[ ]	[ ]
m. Nausea, gas, or indigestion	[ ]	[ ]	[ ]

2. Over the last 2 weeks, how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a. Little interest or pleasure in doing things	[ ]	[ ]	[ ]	[ ]
b. Feeling down, depressed, or hopeless	[ ]	[ ]	[ ]	[ ]
c. Trouble falling or staying asleep, or sleeping too much	[ ]	[ ]	[ ]	[ ]
d. Feeling tired or having little energy	[ ]	[ ]	[ ]	[ ]
e. Poor appetite or overeating	[ ]	[ ]	[ ]	[ ]
f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	[ ]	[ ]	[ ]	[ ]
g. Trouble concentrating on things, such as reading the newspaper or watching television	[ ]	[ ]	[ ]	[ ]
h. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	[ ]	[ ]	[ ]	[ ]
i. Thoughts that you would be better off dead or of hurting yourself in some way	[ ]	[ ]	[ ]	[ ]

FOR OFFICE CODING:
Som Dis if at least 3 of #1a-m are “a lot” and lack an adequate biol explanation
Maj Dep Syn if #2a or b and 5 or more of #2a-i are at least “More than half the days” (count #2i if present at all)
Other Dep Syn if #2a or b and 2, 3 or 4 of #2a-i are at least “More than half the days” (count #2i if present at all)

3. Questions about anxiety.

	NO	YES
a. In the last 4 weeks, have you had an anxiety attack - suddenly feeling fear or panic?	[ ]	[ ]

If you checked "NO", go to question #5.

	NO	YES
b. Has this ever happened before?	[ ]	[ ]
c. Do some of these attacks come suddenly out of the blue - that is, in situations where you don't expect to be nervous or uncomfortable?	[ ]	[ ]
d. Do these attacks bother you a lot or are you worried about having another attack?	[ ]	[ ]

4. Think about your last bad anxiety attack.	**NO**	**YES**
a. Were you short of breath?	[ ]	[ ]
b. Did your heart race, pound, or skip?	[ ]	[ ]
c. Did you have chest pain or pressure?	[ ]	[ ]
d. Did you sweat?	[ ]	[ ]
e. Did you feel as if you were choking?	[ ]	[ ]
f. Did you have hot flashes or chills?	[ ]	[ ]
g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	[ ]	[ ]
h. Did you feel dizzy, unsteady, or faint?	[ ]	[ ]
i. Did you have tingling or numbness in parts of your body?	[ ]	[ ]
j. Did you tremble or shake?	[ ]	[ ]
k. Were you afraid you were dying?	[ ]	[ ]

5. Over the last 4 weeks, how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**
a. Feeling nervous, anxious, on edge, or worrying a lot about different things	[ ]	[ ]	[ ]

If you checked "Not at all", go to question #6.

b. Feeling restless so that it is hard to sit still	[ ]	[ ]	[ ]
c. Getting tired very easily	[ ]	[ ]	[ ]
d. Muscle tension, aches, or soreness	[ ]	[ ]	[ ]
e. Trouble falling asleep or staying asleep	[ ]	[ ]	[ ]
f. Trouble concentrating on things, such as reading a book, watching TV	[ ]	[ ]	[ ]
g. Becoming easily annoyed or irritable	[ ]	[ ]	[ ]

FOR OFFICE CODING:
Pan Syn if #3a-d are all "Yes" and 4 or more of #4a-k are "Yes"
Other Anx Syn if #5a and answers to 3 or more of #5b-g are "more than half the days"

6. Questions about eating.	**NO**	**YES**
a. Do you often feel that you can't control <u>what</u> or <u>how much</u> you eat?	[ ]	[ ]
b. Do you often eat, <u>within any 2-hour period</u>, what most people would regard as an unusually <u>large</u> amount of food?	[ ]	[ ]

If you checked 'NO' to either #6a or #6b, go to question #9.

	NO	**YES**
c. Has this been as often, on average, as twice a week for the last 3 months? ..	[ ]	[ ]

7. In the <u>last 3 months</u> have you <u>often</u> done any of the following in order to avoid gaining weight?	**NO**	**YES**
a. Made yourself vomit?	[ ]	[ ]
b. Took more than twice the recommended dose of laxatives?	[ ]	[ ]
c. Fasted - not eaten anything at all for at least 24 hours?	[ ]	[ ]
d. Exercised for more than an hour specifically to avoid gaining weight after binge eating?	[ ]	[ ]

8. If you checked 'YES' to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?	**NO** [ ]	**YES** [ ]

	NO	**YES**
9. Do you ever drink alcohol (including beer or wine)?	[ ]	[ ]

If you checked "NO" go to question #11.

10. Have any of the following happened to you <u>more than once in the last 6 months</u>?	**NO**	**YES**
a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health	[ ]	[ ]
b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities ...	[ ]	[ ]
c. You missed or were late for work, school, or other activities because you were drinking or hung over	[ ]	[ ]
d. You had a problem getting along with other people while you were drinking ..	[ ]	[ ]
e. You drove a car after having several drinks or after drinking too much	[ ]	[ ]

11. If you checked off <u>any</u> problems on this questionnaire, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
[ ]	[ ]	[ ]	[ ]

FOR OFFICE CODING:
Bul Ner if #6a, b and c and #8 are all “Yes”; Bin Eat Dis is the same but #8 either 'No' or left blank
Alc Abu if any of #10a-e are “Yes”

12. During the last 4 weeks, how much have you been bothered by any of the following problems?	**Not bothered at all**	**Bothered a little**	**Bothered a lot**
a. Worrying about your health	[ ]	[ ]	[ ]
b. Your weight or how you look	[ ]	[ ]	[ ]
c. Little or no sexual desire or pleasure during sex	[ ]	[ ]	[ ]
d. Difficulties with husband/wife, partner/lover or boyfriend/girlfriend	[ ]	[ ]	[ ]
e. The stress of taking care of children, parents or other family members	[ ]	[ ]	[ ]
f. Stress at work or outside of the home or at school	[ ]	[ ]	[ ]
g. Financial problems or worries	[ ]	[ ]	[ ]
h. Having no one to turn to when you have a problem	[ ]	[ ]	[ ]
i. Something bad that happened recently	[ ]	[ ]	[ ]
j. Thinking or dreaming about something terrible that happened to you in the past - like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act	[ ]	[ ]	[ ]

	NO	**YES**
13. In the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?	[ ]	[ ]

14. What is the most stressful thing in your life right now?

_____

_____

	NO	**YES**
15. Are you taking any medicine for anxiety, depression or stress?	[ ]	[ ]

16. FOR WOMEN ONLY: Questions about menstruation, pregnancy and childbirth.

a. Which best describes your menstrual periods?
- ___ Periods are unchanged
- ___ No periods because pregnant or recently gave birth
- ___ Periods have become irregular or changed in frequency, duration or amount
- ___ No periods for at least a year
- ___ Having periods because taking hormone replacement (estrogen) therapy or oral contraceptive

	NO	**YES**
b. During the week before your period starts, do you have a serious problem with your mood - like depression, anxiety, irritability anger or mood?	[ ]	[ ]
IF YES: Do these problems go away by the end of your period?	[ ]	[ ]
c. Have you given birth within the last 6 months?	[ ]	[ ]
d. Have you had a miscarriage within the last 6 months?	[ ]	[ ]
e. Are you having difficulty getting pregnant?	[ ]	[ ]

Validation:
Spitzer RL et al, Validation and Utility of a Self-report Version of PRIME-MD: The PHQ Primary Care Study, JAMA, 282 (18): 1737, 1999

(DO NOT DISTRIBUTE THIS PAGE TO THE PATIENT)

Quick Guide to the Patient Health Questionnaire

Purpose. The Patient Health Questionnaire (PHQ) is designed to facilitate the recognition and diagnosis of the most common mental disorders in primary care patients. For patients with a depressive disorder, a PHQ Depression Severity Index score can be calculated and repeated over time to monitor change.

Who Should Take the PHQ. Ideally, the PHQ should be used with all new patients, all patients who have not completed the questionnaire in the last year, and all patients suspected of having a mental disorder.

Making a Diagnosis. Since the questionnaire relies on patient self-report, definitive diagnoses must be verified by the clinician, taking into account how well the patient understood the questions in the questionnaire, as well as other relevant information from the patient, his or her family or other sources.

Interpreting the PHQ. To facilitate interpretation of patient responses, all clinically significant responses are found in the column farthest to the right. (The only exception is for suicidal ideation when diagnosing a depressive syndrome.) In addition, the diagnoses of Major Depressive Disorder (rather than Syndrome) and Other Depressive Disorder requires ruling out normal bereavement (mild symptoms, duration less than 2 months), a history of a manic episode (Bipolar Disorder) and a physical disorder, medication or other drug as the biological cause of the depressive symptoms. Similarly, the diagnoses of Panic Disorder and Other Anxiety Disorder require ruling out a physical disorder, medication or other drug as the biological cause of the anxiety symptoms. At the bottom of each page, beginning with "FOR OFFICE CODING", in small type, are criteria for diagnostic judgments for summarizing the responses on that page. The names of the categories are abbreviated, e.g., Major Depressive Syndrome is Maj Dep Syn..

Page 1

Somatoform Disorder if at least 3 of #1a-m bother the patient "a lot" and lack an adequate biological explanation.
Major Depressive Syndrome if #2a or b.and 5 or more of #2a-i are at least "more than half the days" (count #2i if present at all) .
Other Depressive Syndrome if #2a or b and 2, 3 or 4 of #2a-i are at least "more than half the days" (count #2i if present at all).

Note: the diagnoses of Major Depressive Disorder and Other Depressive Disorder requires ruling out normal **bereavement (mild symptoms, duration less than 2 months)**, a history of a **manic** episode (Bipolar Disorder) and a **physical disorder, medication or other drug** as the biological cause of the depressive symptoms.

Page 2

Panic Syndrome if #3a-d are all 'Yes' and 4 or more of #4a-k are 'Yes'.
Other Anxiety Syndrome if #5a and answers to 3 or more of #5b-g are "more than half the days".

Note: The diagnoses of Panic Disorder and Other Anxiety Disorder require ruling out a **physical disorder, medication or other drug** as the biological cause of the anxiety symptoms.

Page 3

Bulimia Nervosa if #6a,b, and c and #8 are 'Yes'; Binge Eating Disorder the same but #8 is either 'NO' or left blank.

Alcohol abuse if any of #10a-e are "Yes"

Additional Clinical Considerations.

After making a provisional diagnosis with the PHQ, there are additional clinical considerations that may affect decisions about management and treatment:

*Have current symptoms been triggered by psychosocial **stressor(s**)?*

*What is the **duration** of the current disturbance and has the patient received any **treatment** for it?*

*To what extent are the patient's symptoms i**mpairing** his or her usual work and activities?*

*Is there a **history** of similar episodes, and were they **treated**?*

*Is there a **family history** of similar conditions?*

ANNEXURE 18

රෝගීන්ගේ සෞඛ්‍යය පිළිබඳ ප්‍රශ්නාවලිය

වඩාත් ගැළපෙන පිළිතුරට අදාළ ස්ථානයේ ✔ ලකුණ යොදන්න

1. **පසුගිය සති 4 ක කාලය තුළ පහත සඳහන් එක් එක් ප්‍රශ්නය නිසා ඔබ කොපමණ පීඩා වින්දා ද?**	**කිසිම පීඩාවකට පත් වූයේ නැහැ**	**තරමක පීඩාවට පත් වුණා**	**බොහෝ පීඩාවට පත් වුණා**
a. බඩ රිදීම	[ ]	[ ]	[ ]
b. කොන්ද කැක්කුම	[ ]	[ ]	[ ]
c. අත් පාවල හෝ හන්දිවල වේදනාව (දණහිස, වළලුකර වැනි)	[ ]	[ ]	[ ]
d. ඔසප් වීමත් සමග එන වේදනාව හෝ ඔසප් වීමේ දී තිබෙන වෙනත් ප්‍රශ්න	[ ]	[ ]	[ ]
e. ලිංගික එක් වීමේ දී ඇති වන වේදනාව හෝ එසේ එක් වීමේ දී ඇති වෙනත් ප්‍රශ්න	[ ]	[ ]	[ ]
f. හිසේ කැක්කුම	[ ]	[ ]	[ ]
g. පපුවේ වේදනාව	[ ]	[ ]	[ ]
h. කරකැවිල්ල	[ ]	[ ]	[ ]
i. කලන්ත වීම්	[ ]	[ ]	[ ]
j. හෘදය වස්තුව තදින් හෝ වේගයෙන් ගැහෙන ලෙස දැනීම	[ ]	[ ]	[ ]
k. හුස්ම ගැනීමේ අපහසුතාව	[ ]	[ ]	[ ]
l. බඩ වේලීම හෝ බඩ බුරුලට යාම	[ ]	[ ]	[ ]
m. වමනයට එන ගතිය, වාතය පිටවීම හෝ අජීර්ණය	[ ]	[ ]	[ ]

2. **පසුගිය සති දෙක ඇතුළත පහත එක් එක් ප්‍රශ්නය නිසා ඔබ කොයි තරම් දින ගණනක් පීඩා වින්දා ද?**	**කිසිසේත් ම නැහැ**	**දින කීපයක්**	**දින වැඩි හරියක දී**	**ඉැම දා ම වගේ**
a. වැඩ කිරීමේ සතුට හෝ උනන්දුව අඩුකම	[ ]	[ ]	[ ]	[ ]
b. හිතේ දුක්බර, බලාපොරොත්තු රහිත, බිඳ වැටුණු හෝ කලකිරුණු හැඟීම	[ ]	[ ]	[ ]	[ ]
c. නින්දට යාමේ අපහසුතාව හෝ නින්ද නිතර කැඩෙන බව, එහෙම නැත්නම් ඕනෑවට වඩා නින්ද යාම	[ ]	[ ]	[ ]	[ ]
d. තෙහෙට්ටු ගතිය හෝ ඇඟේ පණ නැති ගතිය	[ ]	[ ]	[ ]	[ ]
e. කෑම අරුචිය, එහෙම නැත්නම් උවමනාවට වඩා කෑම ගැනීම	[ ]	[ ]	[ ]	[ ]
f. තමා ගැන කලකිරීම හෝ තමා අසාර්ථක කෙනෙකු ලෙස සිතීම, නැත හොත් තමාගේ හෝ තම පවුලේ අයගේ අපේක්ෂාවන් ඔබ නිසා බිඳ වැටුණු බව හැඟීම	[ ]	[ ]	[ ]	[ ]
g. පත්තර කියවීම හෝ රූපවාහිනිය බැලීම වැනි දේවල දී හිත එක තැනක තියාගෙන ඉන්න අපහසු වීම	[ ]	[ ]	[ ]	[ ]
h. වෙන අයගේ අවධානය යොමු වෙන්න පුළුවන් තරමට, ඔබගේ ගමන් කරන හෝ කථා කරන වේගය අඩු වීම, එහෙම නැත්නම් ඒකෙ අනික් පැත්ත - ඔබ කොයිතරම් අසහනකාරී හෝ නොසන්සුන් වුවා ද කිව්වොත් ඔබ සාමාන්‍ය ප්‍රමාණයට වඩා එහා මෙහා ගමන් කිරීම	[ ]	[ ]	[ ]	[ ]
i. මැරුණා නම් මීට වඩා හොඳයි කියා සිතීම හෝ ජීවිතයට හානියක් කර ගන්න සිතීම	[ ]	[ ]	[ ]	[ ]

3. අහේතුක තැති ගැනීම/ කාංසාව පිළිබඳ ප්‍රශ්න

		නැහැ	ඔව්
a.	පසුගිය සති 4 ඇතුළත ඔබට හදිසියේ ම තැති ගැනීමක්, එනම් බියක් හෝ කලබල වීමක් ඇති වී තිබේ ද?	[ ]	[ ]

ඔබ මෙයට "නැහැ" ලෙස සලකුණු කළේ නම් ප්‍රශ්න අංක 5 ට යන්න

		නැහැ	ඔව්
b.	මීට පෙර එසේ සිදු වී තිබෙනවා ද?	[ ]	[ ]
c.	ඔබ අපේක්ෂා නොකරන විට එනම් ඔබ අපහසුවට හෝ කලබලයට පත් වේ ය යි කියා නොසිතන අවස්ථාවල දී එක වර, එසේ සිදු වෙනවා ද?	[ ]	[ ]
d.	මෙවැනි සිදුවීම් ඔබ ව බොහෝ පීඩාවට පත් කරනවා ද? එහෙම නැත්නම් නැවත එසේ සිදු වේ ය යි හිතේ කරදරෙන් සිටින්නේ ද?	[ ]	[ ]

4. ඔබට අවසන් වරට මෙවැනි දරුණු හදිසි තැති ගැනීමක් ඇති වූ අවස්ථාව ගැන සිතන්න.

		නැහැ	ඔව්
a.	ඔබට හුස්ම ගැනීමේ අපහසුතාවක් ඇති වුණා ද?	[ ]	[ ]
b.	ඔබේ හෘදය වස්තුව ඉතා වේගයෙන් හෝ තදින් ගැහෙන ලෙස දැනීම, හෝ එක වර ගැහෙන එක නැවතී නැවත පටන් ගැනීමක් සිදු වූවා ද?	[ ]	[ ]
c.	ඔබට පපුවේ වේදනාවක් හෝ තද වීමක් තිබුණා ද?	[ ]	[ ]
d.	ඔබට දහඩිය දැම්මා ද?	[ ]	[ ]
e.	උගුර තද වී හුස්ම හිර වෙන බවක් දැනුණා ද?	[ ]	[ ]
f.	එක වර ඇඟ රත් වී යාමක් හෝ සීතල වී යාමක් සිදු වූවා ද?	[ ]	[ ]
g.	ඔබට වමනෙට එන ගතියක් හෝ බඩේ අමාරුවක් හෝ බඩඑළිය යන්න එනවා වැනි හැඟීමක් තිබුණා ද?	[ ]	[ ]
h.	ඔබට කරකැවිල්ලක්, ඇඟේ සමබරතාව තියා ගන්න අමාරු ගතියක් හෝ කලන්තේ වීමක් තිබුණා ද?	[ ]	[ ]
i.	ඔබේ ඇඟේ සමහර කොටස්වල කුඩා අල්පෙනෙතිවලින් අනිනවා වගේ හැඟීමක් හෝ හිරි වැටීමක් ඇති වුණා ද?	[ ]	[ ]
j.	ඔබේ ඇඟ ගැහුණා ද? නැත්නම් ඔබ වෙව්ලුවා ද?	[ ]	[ ]
k.	ඔබ මැරෙන්න යනවා කියා බියක් ඇති වුණා ද?	[ ]	[ ]

5. <u>පසුගිය සති 4ක</u> කාලය තුළ ඔබ කොයි තරම් දින ගණනක් පහත එක් එක් ප්‍රශ්නය නිසා පීඩා වින්දා ද?

		කිසිසේත් ම නැහැ	දින කීපයක්	දින වැඩි හරියක දී
a.	හිත කැලඹුණු, අසහනකාරී, තැති ගත් ස්වභාවයක් පැවතීම හෝ නොයෙක් දේ ගැන බොහෝ හිත කරදරයට පත් කර ගැනීම	[ ]	[ ]	[ ]

ඔබ මෙයට කිසිසේත්ම "නැහැ" ලෙස සලකුණු කළේ නම් ප්‍රශ්න අංක 6ට යන්න

b.	එක විධියකට ඉන්න අමාරු තරමට නොසන්සුන් ගතියක් දැනීම	[ ]	[ ]	[ ]
c.	ඉතා ඉක්මනින් වෙහෙසට පත් වීම	[ ]	[ ]	[ ]
d.	මස්පිඬුවල තද ගතිය, ඇදුම් කෑම හෝ වේදනාව	[ ]	[ ]	[ ]
e.	නින්දට යාමේ අපහසුතාව හෝ නින්ද නිතර කැඩෙන බව	[ ]	[ ]	[ ]
f.	පොත් කියවීම හෝ රූපවාහිනිය බැලීම වගේ දේවල දී අවධානය එක තැනක තියාගෙන ඉන්න අපහසු වීම	[ ]	[ ]	[ ]
g.	පහසුවෙන් තරහ යන හෝ නුරුස්සන ගතිය	[ ]	[ ]	[ ]

6. කෑම ගැනීම පිළිබඳ ප්‍රශ්න

		නැහැ	ඔව්
a.	ඔබ කන කෑම ජාති හෝ කන තරම පාලනය කර ගන්න බැහැ කියලා ඔබට නිතර ම හිතෙනවා ද?	[ ]	[ ]
b.	ඕනෑම පැය 2ක කාල සීමාවක් තුළ ඔබ, නිතර ම වෙනත් අය අසාමාන්‍ය ලෙස වැඩි යයි සලකන ආහාර ප්‍රමාණයක් කෑමට ගන්නවා ද?	[ ]	[ ]

ඔබ 6a හෝ 6b යන ප්‍රශ්න දෙකෙන් එකකට හෝ "නැහැ" ලෙස සලකුණු කළේ නම් ප්‍රශ්න අංක 9 ට යන්න

		නැහැ	ඔව්
c.	ඉහත ආකාරයට කෑම ගැනිම සාමාන්‍යයෙන් පසුගිය මාස 3 දී සතියකට දෙපාරක් තරම් වත් සිදු වුණා ද?	[ ]	[ ]

7. පසුගිය මාස 3ක කාලයේ දී ඔබේ බර වැඩි වන එක වළක්වා ගන්න පහත සඳහන් කුමන දේවල් නිතර ම කළා ද?

		නැහැ	ඔව්
a.	බලෙන් වමනය කිරීම	[ ]	[ ]
b.	ගන්න සාමාන්‍යයෙන් අනුමත කර ඇති ප්‍රමාණයට වඩා දෙගුණයක්වත් වැඩියෙන් බඩ විරේක බෙහෙත් ගැනීම		
c.	අඩු ම වශයෙන් පැය 24ක් වත් කිසිම දෙයක් නොකා සිටීම	[ ]	[ ]
d.	එක වර අධික ලෙස කෑම ගත් අවස්ථාවකට පසු ව, ඇහේ බර වැඩි වෙන එක වළක්වා ගැනීම සඳහා ම, පැයකට වඩා කාලයක් ව්‍යායාම කිරීම	[ ]	[ ]

		නැහැ	ඔව්
8.	**මෙලෙස බර වැඩි වීම වළක්වා ගන්න ගත්ත පියවර එකකට හෝ "ඔව්" ලෙස සලකුණු කළේ නම්, ඒ එක් ක්‍රමයක් හෝ සාමාන්‍යයෙන් සතියට දෙපාරක් තරම් වත් කළා ද?**	[ ]	[ ]

		නැහැ	ඔව්
9.	**ඔබ කවදා හෝ මත්පැන් පානය කර තිබේ ද?(බියර් හෝ වයින් ඇතුළු ව)**	[ ]	[ ]

ඔබ මෙයට "නැහැ" ලෙස සලකුණු කළේ නම් ප්‍රශ්න අංක 11ට යන්න.

10. පසුගිය මාස 6 ක කාලය තුළ පහත සඳහන් කිසිවක් හෝ එක් වරකට වැඩියෙන් ඔබට සිදුවෙලා තියනවා ද?

		නැහැ	ඔව්
a.	ඔබගේ අසනීප තත්වයක් නිසා (සෞඛ්‍ය ප්‍රශ්නයක් නිසා), දොස්තර කෙනෙක් ඔබට මත්පැන් ගැනීම නවත්වන ලෙස උපදෙස් දුන්නත් ඔබ මත්පැන් පානය කළා	[ ]	[ ]
b.	ඔබ රැකියාව කරන විට දී, පාසලේ දී හෝ ළමයින් බලාගැනීම වැනි වෙනත් වගකිව යුතු කටයුත්තක දී, මත්පැන් ගනිමින්, මත්පැන්වලින් මත් ව හෝ මත්පැන් ගැනීමෙන් පසු දා ඇතිවන අපහසුතාවලින් පෙළෙමින් සිටියා	[ ]	[ ]
c.	ඔබ මත්පැන් ගනිමින් සිටි නිසා හෝ මත්පැන් ගැනීමෙන් පසු දා ඇති වන අපහසුතාවන් නිසා රැකියාවට යාම, පාසල් යාම හෝ වෙනත් වැඩක් කිරීම අතපසු වීම හෝ පරක්කු වීම	[ ]	[ ]
d.	ඔබේ මත්පැන් ගැනීම නිසා අනෙක් අය සමග එකට කටයුතු කිරීමේ දී ප්‍රශ්න ඇති වීම	[ ]	[ ]
e.	ඔබ මත්පැන් වීදුරු කීපයක් ගත් පසු හෝ මත්පැන් ඕනෑවට වඩා ගත් පසු වාහන පැද වීම	[ ]	[ ]

11. ප්‍රශ්නාවලියේ මෙතෙක් තිබූ එක ප්‍රශ්නයක් හෝ ඔබට ඇති බවට සලකුණු කළේ නම්, එම ප්‍රශ්න නිසා ඔබේ රැකියාව කිරීමට, ගෙදර වැඩ කටයුතු කිරීමට හෝ අනෙක් අය සමග එකට කටයුතු කිරීමට කොයිතරමට අපහසු වුණා ද?

කිසි ම අපහසුතාවක් නැහැ	තරමක් අපහසුයි	බොහෝ ම අපහසුයි	අතිශයින් ම අපහසුයි
[ ]	[ ]	[ ]	[ ]

12. **<u>පසු ගිය සති 4ක</u> කාලය තුළ පහත එක් එක් ප්‍රශ්නය නිසා කොපමණ පීඩා වින්දා ද?**

	කිසිම පීඩාවකට පත් වූයේ නැහැ	තරමක පීඩාවට පත්වුණා	බොහෝ පීඩාවටපත් වුණා
a. ඔබේ සෞඛ්‍යය තත්ත්වය ගැන හිත කරදර කර ගැනීම	[ ]	[ ]	[ ]
b. ඔබේ බර වැඩි වීම / අඩු වීම හෝ ඔබේ පෙනුම ගැන	[ ]	[ ]	[ ]
c. ලිංගික ආශාවන් හෝ ලිංගික එක් වීමේ දී ඇති තෘප්තිය අඩු වීම හෝ නැති වීම	[ ]	[ ]	[ ]
d. ඔබගේ සැමියා/ බිරිඳ හෝ පෙම්වතා/ පෙම්වතිය සමග ගැටලු ඇති වීම	[ ]	[ ]	[ ]
e. දරුවන්, දෙමාපියන් හෝ වෙනත් පවුලේ සාමාජිකයෙකු බලා ගැනීම හෝ සාත්තු කිරීම නිසා හිතට ඇති බර හෝ ආතතිය	[ ]	[ ]	[ ]
f. රැකියාවේ දී, ගෙදරින් පිටත දී හෝ පාසලේ දී ඇති මානසික ආතතිය හෝ පීඩාව	[ ]	[ ]	[ ]
g. මුදල් අතින් ප්‍රශ්න හෝ හිත කරදර වීම්	[ ]	[ ]	[ ]
h. ප්‍රශ්නයක් ඇති විට ඒ සඳහා උදව් ඉල්ලන්න හෝ කථා කරන්න කිසි කෙනෙක් නැති වීම	[ ]	[ ]	[ ]
i. <u>ළඟ</u> දී වුණු නරක දෙයක්	[ ]	[ ]	[ ]
j. <u>ඉස්සර</u> ඔබට සිද්ධ වුණු ඉතා දරුණු දෙයක් මතකයට ඒම හෝ හීනෙන් පෙනීම (තමාගේ ගෙදර විනාශ වීම, බිහිසුණු අනතුරක් සිදු වීම, පහර කෑමට ලක් වීම හෝ බලෙන් ලිංගික ක්‍රියාවක යෙදවීම වැනි)	[ ]	[ ]	[ ]

	නැහැ	ඔව්
13. **පසුගිය අවුරුද්ද තුළ කවුරුන් හෝ ඔබට, අතින්-පයින් පහර දීම හෝ වෙන යම් ශාරීරික පීඩාවකට ලක් කිරීම, හෝ බලෙන් ලිංගික ක්‍රියාවකට යෙදා ගැනීම සිදු කළා ද?**	[ ]	[ ]

14. **ඔබගේ ජීවිතයේ දැනට වඩාත් ම පීඩාකාරී, මනසට ආතතියක් ගෙන දෙන දෙය කුමක් ද?**.....

.....

	නැහැ	ඔව්
15. **කාංසාව– එනම් තැති ගත් ස්වභාවයට, මානසික අවපීඩනය– එනම් මානසික බිඳවැටීමේ/ කලකිරීමේ ස්වභාවයට, හෝ මානසික ආතතියට කිසියම් බෙහෙතක් ඔබ ගන්නවා ද?**	[ ]	[ ]

16. ***<u>කාන්තාවන් සඳහා පමණක් අදාළ වේ :</u>* ඔසප් වීම, ගැබිනි කාලය හා දරු ප්‍රසූතිය පිළිබඳ ප්‍රශ්න**

a. ඔබේ ඔසප් වීම හොඳින් ම විස්තර කරන්නේ පහත කුමකින් ද?

- ඔසප් වීමේ වෙනසක් නැත [ ]
- ගැබ්ගෙන සිටින නිසා හෝ ළඟ දී දරුවකු ප්‍රසූත කළ නිසා ඔසප් වීමක් නැත [ ]
- ඔසප් වීම අක්‍රමවත් වීමක් හෝ එය පවතින කාල සීමාවේ, එය සිදු වන වාර ගණනේ හෝ එහි ප්‍රමාණයේ වෙනසක් සිදු වී ඇත [ ]
- අඩු ම ගණනේ අවුරුද්දකින්වත් ඔසප් වීම සිදු වී නැත [ ]
- හෝමෝන පෙති (ඊස්ට්‍රජන්) හෝ උපත්පාලන පෙති ගන්නා නිසා ඔසප් වීම සිදු වේ [ ]

	නැහැ	ඔව්
b. ඔබේ ඔසප් වීම පටන් ගන්න ඉස්සල්ල සතිය තුළ, බරපතළ විදිහට හිතේ ස්වභාවයේ (හැඟීම්වල) ප්‍රශ්න ඇති වෙනවා ද? - ඒ කියන්නේ හිත කලකිරුණු/ බිඳවැටුණු ආකාරයක්, තැති ගත්/ බය වුණු ස්වභාවයක්, නොරුස්සන/ තරහ යන ස්වභාවයක් වගේ	[ ]	[ ]
<u>"ඔව්" නම්:</u> එම ප්‍රශ්න ඔබේ ඔසප් වීමේ අවසානයත් සමග නැති ව යනවා ද?	[ ]	[ ]
c. පසුගිය මාස 6 ක කාලය ඇතුළත ඔබ දරුවෙකු ප්‍රසූත කළා ද?	[ ]	[ ]
d. පසුගිය මාස 6 ක කාලය ඇතුළත ඔබට ගබ්සා වීමක් සිදු වුණා ද?	[ ]	[ ]
e. ඔබට ගැබ් ගැනීමේ අපහසුතාවක් පවතිනවා ද?	[ ]	[ ]

ANNEXURE 19

Patient Health Questionnaire

பொருத்தமான விடைக்கு ✔ புள்ளடியிடவும்

1. கடந்த நான்கு கிழமையில் பின்வரும் பிரச்சனைகளால் எவ்வளவு பாதிப்படைந்திருந்தீர்கள்?

	ஒருபோதும் இல்லை	சிலவேளைகளில்	அதிகளவில் பாதித்தது
a. வயிற்றுநோ	[ ]	[ ]	[ ]
b. முதுகு நோ	[ ]	[ ]	[ ]
c. கைகால் மூட்டுவலி	[ ]	[ ]	[ ]
d. மாதவிடாய் பிரச்சனை, நோ	[ ]	[ ]	[ ]
e. உடலுறவில் நோ, பிரச்சனை	[ ]	[ ]	[ ]
f. தலைவலி	[ ]	[ ]	[ ]
g. நெஞ்சு வலி	[ ]	[ ]	[ ]
h. தலைச்சுற்று	[ ]	[ ]	[ ]
i. மயக்கமடைதல்	[ ]	[ ]	[ ]
j. இதயம் வேகமாக துடித்தல்	[ ]	[ ]	[ ]
k. மூச்சுவிட கடினநிலை	[ ]	[ ]	[ ]
l. மலச்சிக்கல், வயிற்றுப்போக்கு	[ ]	[ ]	[ ]
m. வாந்தி வருவது போல், காற்றுவெளியேறல், அஜீர்ணம்	[ ]	[ ]	[ ]

2. கடந்த இரண்டு கிழமைகளாக பின்வரும் பிரச்சனைகளால் எவ்வளவு தூரம் பாதிப்படைந்திருந்தீர்கள்?

	ஒருபோதும் இல்லை	சிலநாட்கள்	அரைவாசிக்கு அதிகநாட்கள்	ஒவ்வொரு நாளும்
a. செயல்களை செய்ய குறைந்த ஈடுபாடு அல்லது மகிழ்ச்சி குறைவு	[ ]	[ ]	[ ]	[ ]
b. தாழ்வு மனப்பாங்கு, மனஅழுத்தம், நம்பிக்கை இழத்தல்	[ ]	[ ]	[ ]	[ ]
c. நித்திரை கொள்வதில் சிரமம் அல்லது அதிக நித்திரை கொள்ளல்	[ ]	[ ]	[ ]	[ ]
d. களைப்படைந்த உணர்வு அல்லது சக்தி மிககுறைந்ததாக உணரல்	[ ]	[ ]	[ ]	[ ]
e. சாப்பாட்டில் விருப்பம் இன்மை அல்லது அளவுக்கு அதிகம் உண்ணல்	[ ]	[ ]	[ ]	[ ]
f. உங்களை நீங்களே கீழாக நினைத்தல், நீங்கள் குடும்பத்தில் உதவாக்கரையாக உணரல் அல்லது குடும்பத்தார் உங்களை கீழாக நினைத்தல்	[ ]	[ ]	[ ]	[ ]
g. பத்திரிகை வாசித்தல், தொலைக்காட்சி பார்த்தல் போன்ற செயல்களில் கவனம் செலுத்தமுடியாமை	[ ]	[ ]	[ ]	[ ]
h. கதைத்தல், அசைவுகள் என்பன பிறர் கவனிக்குமளவில் மெதுவாக இருத்தல் அல்லது அமைதியற்று அசாதாரண வேகத்தில் அலைந்து திரிதல்	[ ]	[ ]	[ ]	[ ]
i. இறப்பதே மேலானது என்ற எண்ணம் அல்லது உங்களை நீங்களே ஏதோ ஒருவிதத்தில் காயப்படுத்த முயலல்	[ ]	[ ]	[ ]	[ ]

3. உங்கள் பயப்பிராந்தி பற்றிய கேள்விகள்

	இல்லை	ஆம்
a. கடந்த நான்கு வார காலத்தில் நீங்கள் தேவையற்று பயந்து திடீரென கலவரப்பட்டீர்களா?	[ ]	[ ]

உங்கள் விடை இல்லை என்றால் இப்போது வினா 5 க்கு செல்லவும்

	இல்லை	ஆம்
b. இதுபோன்று முன்பும் நடந்துள்ளதா?	[ ]	[ ]
c. இவற்றில் சிலவற்றில் முற்றிலும் எதிர்பாராமல் ஒரு சாதாரண நிகழ்வுக்குகூட பயம் அல்லது உறுத்தலான உணர்வு ஏற்படுகிறதா?	[ ]	[ ]
d. இந்த கலவரமடைதல் உங்களை மிகவும் பாதிக்கிறதா அல்லது இன்னொரு சம்பவம் இதேபோல நிகழலாம் என கலலைப்படுகிறீர்களா?	[ ]	[ ]

4. கடைசியாக நிகழ்ந்த இப்படியான கலவரமான நிகழ்வை நினைத்துப் பாருங்கள்

	இல்லை	ஆம்
a. மூச்சு விடமுடியாதது போல இருந்ததா?	[ ]	[ ]
b. இதயம் வேகமாக துடித்தல், பாரமாக இருத்தல், விட்டுவிட்டு துடித்தது போல இருந்ததா?	[ ]	[ ]
c. நெஞ்சு நோ, அதிக குருதியமுக்கம் இருந்ததா?	[ ]	[ ]
d. வேர்த்தொழுகியதா?	[ ]	[ ]
e. தொண்டைக்குள் திரளை ஒன்று அடைத்ததுபோல இருந்ததா?	[ ]	[ ]
f. உடல் எரிவு அல்லது நடுக்கம் இருந்ததா?	[ ]	[ ]
g. வாந்தி வரும் உணர்வு, வயிற்றுக்கோளாறு, வயிற்றை கலக்கும் உணர்வு ஏற்பட்டதா?	[ ]	[ ]
h. தலைச்சுற்று, உலாஞ்சல், மயக்கம் வரும் உணர்வுகள் ஏற்பட்டதா?	[ ]	[ ]
i. உங்கள் உடற்பாகங்கள் விறைப்பது போலவும் ஊசியால் குற்றுவதுபோலவும் இருந்ததா?	[ ]	[ ]
j. நடுக்கம் ஏற்பட்டதா?	[ ]	[ ]
k. சாகப்போவதாக நினைத்துப் பயந்தீர்களா?	[ ]	[ ]

5. கடந்த நான்கு கிழமையில் பின்வரும் பிரச்சனைகளால் நீங்கள் எவ்வளவு தூரம் பாதிப்படைந்திருந்தீர்கள்?

	ஒருபோதும் இல்லை	சிலநாட்கள்	அரைவாசிக்கு அதிகநாட்கள்
a. பயப்பிராந்தி, கலக்கம், எல்லாம் முடியப்போவதுபோல அல்லது பல்வேறு விடயங்களை நினைத்துக் கவலை	[ ]	[ ]	[ ]

வினா அக்கு உங்கள் விடை ஒருபோதும் இல்லை என்றால் இப்போது வினா 6 க்கு செல்லவும்

b. அமைதியற்ற தன்மையால் ஓரிடத்தில் சிறிதுநேரம் உட்காரமுடியாத அவதி	[ ]	[ ]	[ ]
c. மிக இலகுவாக களைப்படைதல்	[ ]	[ ]	[ ]
d. தசைப்பிடிப்பு, வலி, எரிவு	[ ]	[ ]	[ ]
e. நித்திரை கொள்வதில் சிரமம், தொடர்வதில் சிரமம்	[ ]	[ ]	[ ]
f. பத்திரிகை வாசித்தல், தொலைக்காட்சி பார்த்தல் போன்ற செயல்களில் கவனஞ்செலுத்தமுடியாமை	[ ]	[ ]	[ ]
g. இலகுவாக எரிச்சலடைதல், கோபப்படல்	[ ]	[ ]	[ ]

6. சாப்பாடு பற்றிய வினாக்கள்

	இல்லை	ஆம்
a. நீங்கள் <u>என்ன உணவு எவ்வளவு</u> உண்ண வேண்டும் என்பதில் உங்கள் கட்டுப்பாடு செயலிழந்திருப்பதாக உணருகிறீர்களா?.....	[ ]	[ ]
b. மற்றவர்கள் <u>அதிகம்</u> என கருதப்படும் அளவுக்கு ஒவ்வொரு <u>இரண்டு மணிநேரத்திற்கு</u> ஒருதடவை அதிக உணவு எடுப்பீர்களா?.....	[ ]	[ ]

வினா 6a க்கு அல்லது 6b க்கு உங்கள் விடை "இல்லை" என்றால் இப்போது வினா 9 க்கு செல்லவும்

	இல்லை	ஆம்
c. இவ்வாறு அடிக்கடி உண்பது கடந்த மூன்று மாதகாலத்தில் சராசரியாக வாரத்திற்கு இருதடவைகள் இருக்குமா?.....	[ ]	[ ]

7. கடந்த <u>மூன்று மாத காலத்தில்</u> கீழ்வரும் உடல்நிறையை குறைக்கும் முயற்சிகளை நீங்கள் <u>அடிக்கடி</u> மேற்கொண்டீர்களா?

	இல்லை	ஆம்
a. வாந்தியை வலிந்து வரவழைத்தீர்களா?.....	[ ]	[ ]
b. மலம் போவதற்கு கொடுக்கப்பட்ட மருந்தின் இருமடங்கை எடுத்தீர்களா?.....	[ ]	[ ]
c. ஒன்றுமே உண்ணாமல் பட்டினியாக குறைந்தது 24 மணிநேரம் இருந்தீர்களா?.....	[ ]	[ ]
d. சாப்பிட்டபின் உடல்நிறையை குறைக்குமுகமாக ஒரு மணிநேரத்திற்கு மேலாக உடற்பயிற்சி செய்தீர்களா?.....	[ ]	[ ]

8. மேலே கொடுக்கப்பட்ட உடல்நிறையை குறைக்கும் முயற்சிகளில் ஏதாவது ஒன்றிற்கு விடை ஆம் என்றால் சராசரியாக வாரத்திற்கு இருதடவைகள் நிகழ்ந்ததா?.....	இல்லை [ ]	ஆம் [ ]
9. நீங்கள் மதுபானம் (பியர் வைன் உட்பட) பாவிப்பீர்களா?.....	[ ]	[ ]

<u>நீங்கள் கொடுத்த விடை "இல்லை" என்பதாயின் இனி வினா இல 11 க்கு செல்லுங்கள்</u>

10. <u>கடந்த ஆறுமாதங்களில்</u> கீழ்காணப்படும் நிகழ்வுகள் ஒரு தடவைக்கு மேல் நிகழ்ந்ததா?

	இல்லை	ஆம்
a. உங்கள் வைத்தியர், மதுபானம் அருந்துவது உங்களை பாதிக்கிறது என்பதால் நிறுத்தவும் என கூறிய பின்னரும் நீங்கள் மதுபானம் பாவித்தீர்களா?.....	[ ]	[ ]
b. அதிகளவு விகிதாசாரமுள்ள மது அருந்திவிட்டு வேலைக்கு அல்லது பள்ளிக்கு செல்கையில் அல்லது வேறு கடமைகளை செய்யும்போது தூங்கி விழுந்தீர்களா?.....	[ ]	[ ]
c. மது பாவித்ததால் அல்லது வெறி முறியாததால் வேலைக்கு அல்லது பள்ளிக்கு செல்ல முடியாத நிலை அல்லது சுணக்கம் ஏற்பட்டதா?.....	[ ]	[ ]
d. மதுபானம் பாவித்திருந்தபோது மற்றவர்களுடன் சச்சரவு ஏற்பட்டதா?.....	[ ]	[ ]
e. அதிகம் குடித்துவிட்டு வண்டியோட்டினீர்களா?.....	[ ]	[ ]

மேலே 1 இல் இருந்து 10 வரையான வினாக்களில் ஒரு பிரச்சினையாவது உண்டு என்று தோன்றி ஆடையாளமிட்டிருந்தால் மாத்திரம் வினா11ஐ கேட்கவும்.

11. மேலே கொடுக்கப்பட்ட பிரச்சனைகளில் ஏதாவது உங்களுக்கு உள்ளது என்பது விடையாயின், அப்பிரச்சனை எந்தளவு உங்கள் வேலையில், வீட்டுப்பராமரிப்பில், அடுத்தவர்களுடனான உறவில் பாதிப்பை ஏற்படுத்தியது?

ஒருபோதும் இல்லை	**சிலவேளைகளில்**	**கடுமையான சிக்கல்**	**மிகக்கடுமையான சிக்கல்**
[ ]	[ ]	[ ]	[ ]

12. கடந்த நான்கு கிழமையில் பின்வரும் பிரச்சனைகளால் நீங்கள் எவ்வளவு தூரம் பாதிப்படைந்திருந்தீர்கள்?

	ஒருபோதும் இல்லை	சிலவேளைகளில்	அதிகளவில் பாதித்தது
a. உங்கள் சுகநலம் பற்றிய கவலை	[ ]	[ ]	[ ]
b. உடல்நிறை, உடலலழகு பற்றி கவலை	[ ]	[ ]	[ ]
c. உடலுறவில் ஈடுபாடின்மை, குறைந்த இன்பம்	[ ]	[ ]	[ ]
d. கணவன் மனைவி, காதலன் காதலியுடன் பிரச்சனை	[ ]	[ ]	[ ]
e. குடும்ப உறுப்பினர்களை, பிள்ளைகளை, பெற்றோரை கவனிக்கும்போது மனவழுத்தம்	[ ]	[ ]	[ ]
f. வீட்டுக்கு வெளியே பள்ளிக்கூடத்தில் அல்லது வேலை செய்யும் இடத்தில் கவலைகள்	[ ]	[ ]	[ ]
g. பொருளாதாரச்சிக்கல்கள் கவலைகள்	[ ]	[ ]	[ ]
h. பிரச்சனைகளில் தோள் கொடுக்க யாரும் இல்லாத தனிமை	[ ]	[ ]	[ ]
i. அண்மையில் ஏதாவது கெட்டநிகழ்வு நிகழல்	[ ]	[ ]	[ ]
j. உங்கள் வாழ்விலே முன்பு நிகழ்ந்த ஒன்றை அடிக்கடி சிந்தித்தல், கனவு காணல். உதாரணம் உங்கள் வீடு உடைக்கப்படல், பாரிய விபத்து, நீங்கள் தாக்கப்படல், பாலியல் பலாத்காரம்	[ ]	[ ]	[ ]

	இல்லை	ஆம்
13. கடந்த வருடம் நீங்கள் யாராலும் அடிக்கப்பட்டு அல்லது கன்னத்தில் அறையப்பட்டு அல்லது உதைக்கப்பட்டு அல்லது உடல் ரீதியாக பாதிக்கப்பட்டு அல்லது பலாத்கார பாலுறவுக்கு உட்பட்டு இருந்தீர்களா?	[ ]	[ ]

14. தற்போதைய நிலைமையில் மிகவும் மனத்தை பாதிக்கும் அல்லது மனதை அழுத்தும் விடயம் எது?

.....

.....

	இல்லை	ஆம்
15. நீங்கள் பதகளிப்பு அல்லது மன அழுத்தத்திற்கான மருந்துகளை பாவித்துக் கொண்டிருக்கிறீர்களா?	[ ]	[ ]

16. மாதவிடாய்., கர்ப்பம், பிரசவம் பற்றிய வினாக்கள் (பெண்களுக்கு மட்டும்)

a. கீழே தரப்பட்ட கூற்றுக்களுள் எது உங்கள் மாதவிடாய் பற்றி மிகப்பொருத்தமானது?

- மாதவிடாய் மாற்றங்களின்றி ஒழுங்காக வருகிறது [ ]
- மாதவிடாய் வருவதில்லை ஏனெனில் தற்போது நான் கர்ப்பம் அல்லது அண்மையில் பிரசவித்தேன் [ ]
- மாதவிடாய் ஒழுங்கீனம் அல்லது வருகிற அளவு. பிரமாணம், தடவைகளில் மாற்றம் [ ]
- கடந்த ஒரு வருடமாக மாதவிடாய் இல்லை [ ]
- ஹோர்மோன் (ஈஸ்டஜன்) மருந்து எடுப்பதால் அல்லது விழுங்கும் மாத்திரைகள் பாவிப்பதால் மாதவிடாய் வருகிறது [ ]

	இல்லை	ஆம்
b. மாதவிடாய் தொடங்க ஒருவாரத்திற்கு முன்னரே நீங்கள் கடுமையான மனநிலைக்கு அதாவது மன அழுத்தம், எரிச்சல், பயம், கோபம் ஆகியவற்றிற்கு ஆளாகிறீர்களா?	[ ]	[ ]
ஆமாயின், மாதவிடாய் முடியும்போது இவை நின்று போகிறதா?	[ ]	[ ]
c. கடந்த ஆறு மாத காலத்தில் உங்களுக்கு பிரசவம் நிகழ்ந்ததா?	[ ]	[ ]
d. கடந்த ஆறு மாத காலத்தில் உங்களுக்கு கருச்சிதைவு நிகழ்ந்ததா?	[ ]	[ ]
e. நீங்கள் கர்ப்பமடைவதில் கடினநிலை காணப்பட்டதா?	[ ]	[ ]

ANNEXURE 20

Psychoses Screening Questionnaire

1. Over the past year, have there been times when you felt very happy indeed without a break for days on end?	YES.…(ASK a)……1 NO.....(SKIP TO 2)……2
a) IF 1. IS YES, ASK; **Was there an obvious reason for this?**	YES….(SKIP TO 2)…….1 NO.....(ASK b)..……2
b) IF 1 a. IS NO, ASK; **Did your relatives or friends think it was strange or complain about it?**	YES…….....…1 NO.....……2
2. Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?	YES.…(ASK a)……1 NO.....(SKIP TO 3)……2
a) IF 2. IS YES, ASK; **Did this come about in a way that many people would find hard to believe, for instance, through telepathy?**	YES…….....…1 NO.....……2
3. Over the past year, have there been times when you felt that people were against you?	YES.…(ASK a)……1 NO.....(SKIP TO 4)……2
a) IF 3. IS YES, ASK; **Have there been times when you felt that people were deliberately acting to harm you or your interests?**	YES.…(ASK b)...……1 NO.....(SKIP TO 4)……2
b) IF 3 a. IS YES, ASK; **Have there been times when you felt that a group of people were plotting to cause you serious harm or injury?**	YES…….....…1 NO.....……2
4. Over the past year, have there been times when you felt that something strange was going on?	YES.…(ASK a)……1 NO.....(SKIP TO 5)……2
a) IF 4. IS YES, ASK; **Did you feel it was so strange that other people would find it very hard to believe?**	YES…….....…1 NO.....……2
5. Over the past year, have there been times when you heard or saw things that other people could not?	YES.…(ASK a)……1 NO…..(GO TO NEXT)....2
a) IF 5. IS YES, ASK; **Did you at any time hear voices saying quite a few words or sentences when there was no one around that might account for it?**	YES…….....…1 NO.....……2

ANNEXURE 21

Psychoses Screening Questionnaire

1. **පසුගිය අවුරුද්ද ඇතුළත, එක දිගට නොනැවතී දින ගණනක් පුරා රැඳුනු, ඔබට ලොකු සතුටක් දැනුනු කාල වකවානු තිබුණා ද?**

   ඔව්.....(a *අසන්න*)..... 1
   නැහැ.....(2 *ට යන්න*)..... 2

   a) 1 *ඔව් නම්, මෙය අසන්න :* **එසේ සතුට දැනීමට පැහැදිලි හේතුවක් තිබුනා ද?**

   ඔව්.....(2 *ට යන්න*)..... 1
   නැහැ.....(b *අසන්න*)..... 2

   b) 1. a *නැහැ. නම්, මෙය අසන්න :* **ඔබ එසේ සිටීම ඔබේ පවුලේ අය, යාලුවෝ අමුතු යි, අසාමාන්‍ය යි කියල හිතුව ද? එහෙම නැත්නම් ඔබ එසේ සිටීම හරි නැහැ කියා ඒ අය කියල තිබුණ ද?**

   ඔව්..... 1
   නැහැ..... 2

2. **පසුගිය අවුරුද්ද ඇතුළත කවදා හෝ, පිටස්තර පුද්ගලයෙක් හෝ පිටස්තර බලයක් කෙලින් ම ඔබගේ සිතුවිලිවලට බාධා කිරීමක් හෝ සිතුවිලි පාලනය කිරීමක් සිදුකරන බව දැනිලා තියෙනවා ද?**

   ඔව්.....(a *අසන්න*)..... 1
   නැහැ.....(3 *ට යන්න*)..... 2

   a) 2 *ඔව් නම්, මෙය අසන්න :* **එසේ සිදු කළේ අනික් හුහක් දෙනෙකුට විශ්වාස කරන්න අමාරු, මානසික බලයක් වගේ ක්‍රමයකින් ද?**

   ඔව්..... 1
   නැහැ..... 2

3. **පසුගිය අවුරුද්ද ඇතුළත, මිනිස්සු ඔබට විරුද්ධයි, තමාට හතුරුකම් කරනවා කියල දැනුනු කාල වකවානු තිබුණා ද?**

   ඔව්.....(a *අසන්න*)..... 1
   නැහැ.....(4 *ට යන්න*)..... 2

   a) 3 *ඔව් නම්, මෙය අසන්න :* **මිනිස්සු හිතා මතා ම ඔබට, ඔබගේ කටයුතු හෝ ඔබගේ දේවල්වලට හානි කිරීමට ක්‍රියාකරනවා කියලා දැනුනු වෙලාවල් තිබුණා ද?**

   ඔව්.....(b *අසන්න*)..... 1
   නැහැ.....(4 *ට යන්න*)..... 2

   b) 3. a *ඔව් නම්, මෙය අසන්න :* **කවුරු හරි කණ්ඩායමක් එකතුවෙලා ඔබට බරපතළ හානියක් හෝ අනතුරක් කරන්න කුමන්ත්‍රණය කරනවා කියලා දැනුනු වෙලාවල් තිබුණා ද?**

   ඔව්..... 1
   නැහැ..... 2

4. **පසුගිය අවුරුද්ද ඇතුළත කිසියම් අමුතු, අසාමාන්‍ය දෙයක් සිද්ධ වෙමින් පවතිනවා කියල ඔබට දැනුනු කාල වකවානු තිබිලා තියෙනවා ද?**

   ඔව්.....(a *අසන්න*)..... 1
   නැහැ.....(5 *ට යන්න*)..... 2

   a) 4 *ඔව් නම්, මෙය අසන්න :* **ඒ සිදුවෙන දෙය කොයිතරම් අමුතුයි ද කිව්වොත් අනිත් අයට ඒක විශ්වාස කරන්නත් හුහක් අමාරු වෙයි කියල හිතුන ද?**

   ඔව්..... 1
   නැහැ..... 2

5. **පසුගිය අවුරුද්ද ඇතුළත, අනික් අයට ඇහෙන්නේ නැති, පේන්නේ නැති දේවල් ඔබට ඇහුනු, එහෙම නැත්නම් පෙනුනු වෙලාවල් තිබිලා තියෙනවා ද?**

   ඔව්.....(a *අසන්න*)..... 1
   නැහැ.....(*මීලඟ ප්‍රශ්නාවලියට යන්න*).... 2

   a) 5 *ඔව් නම්, මෙය අසන්න :* **කවුරුවත් ළඟ පාත නැති වෙලාවක කටහඬකින්, වචන හෝ වාක්‍ය කීපයක් කියනවා කවදා හරි ඔබට ඇහිල තියෙනවා ද?**

   ඔව්..... 1
   නැහැ..... 2

ANNEXURE 22

Psychoses Screening Questionnaire

1. **கடந்த வருடத்தில் நீங்கள் எப்போதாவது அளவிற்கதிகமான சந்தோசத்தை உணர்ந்துள்ளீர்களா?**

ஆம்.....(வினவுக a).....1
இல்லை.....(2 இற்குச் செல்க)...2

a) *1. ஆம் எனில், வினவுக*: **இதற்கு தகுந்த காரணம் இருந்ததா?**

ஆம்.....(2 இற்குச் செல்க).....1
இல்லை.....(வினவுக b).....2

b) *1. a இல்லை எனில், வினவுக*: **உங்களுடைய உறவினர்கள் / நண்பர்கள் அது வித்தியாசமாக உள்ளது என நினைத்தார்களா / முறையிட்டார்களா?**

ஆம்.....1
இல்லை.....2

---

2. கடந்த வருடத்தில் நீங்கள் எப்போதாவது உங்கள் சிந்தனைகள் வேறொருவராலோ/ வெளிச்சக்தியாலோ குழப்பப்பட்டதாய் / கட்டுப்படுத்தப்பட்டதாய் உணர்ந்துள்ளீர்களா?

ஆம்.....(வினவுக a).....1
இல்லை.....(3 இற்குச் செல்க)...2

a) *2. ஆம் எனில், வினவுக*: **அந்தக் கட்டுப்பாடு / குழப்பம் மற்றவர்களால் நம்பமுடியாமல் இருந்ததா (உதாரணம் 'ரெலிப்பதி' முறை)?**

ஆம்.....1
இல்லை.....2

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3. கடந்த வருடத்தில் நீங்கள், மற்றவர்கள் உங்களிற்கெதிராக செயற்படுவதாக உணர்ந்துள்ளீர்களா?

ஆம்.....(வினவுக a).....1
இல்லை.....(4 இற்குச் செல்க)...2

a) *3. ஆம் எனில், வினவுக*: **எப்போதாவது நீங்கள், மற்றவர்கள் உங்களிற்கோ, உங்கள் விருப்பங்களிற்கு தீங்கு செய்யும் நோக்குடன் செயற்பட்டதாக உணர்ந்துள்ளீர்களா?**

ஆம்.....(வினவுக b).....1
இல்லை.....(4 இற்குச் செல்க)...2

b) *3. a ஆம் எனில், வினவுக*: **எப்போதாவது நீங்கள், யாராவது குழுவினர் உங்களிற்கு தீங்கு செய்யும் நோக்குடன் சதி செய்வதாக உணர்ந்துள்ளீர்களா?**

ஆம்.....1
இல்லை.....2

---

4. கடந்த வருடத்தில் எப்போதாவது நீங்கள், ஏதாவது வித்தியாசமன ஒன்று நடைபெறுவதாக உணர்ந்துள்ளீர்களா?

ஆம்.....(வினவுக a).....1
இல்லை.....(5 இற்குச் செல்க)...2

a) *4. ஆம் எனில், வினவுக*: **நீங்கள் அந்த விடயம் மற்றவர்களால் நம்பமுடியாதளவிற்கு மிகவும் அந்நியமாக இருந்ததா?**

ஆம்.....1
இல்லை.....2

---

5. கடந்த வருடத்தில் நீங்கள் எப்போதாவது மற்றவர்களால் பார்க்க முடியாத அல்லது கேட்க முடியாதவற்றை பார்த்தீர்களா அல்லது கேட்டீர்களா?

ஆம்.....(வினவுக a).....1
இல்லை...(அடுத்த வினாவிற்குச் செல்லவும்)...2

a) *5. ஆம் எனில், வினவுக*: **நீங்கள் எப்போதாவது சத்தம் எழுப்ப யாரும் இல்லாத போதிலும் சிலசொற்களோ அல்லது வாக்கியமோ பேசப்பட்டதை கேட்டீர்களா?**

ஆம்.....1
இல்லை.....2

ANNEXURE 23

SECTION K

K22 Now I would like to ask you about extremely stressful or upsetting events that sometimes occur to people. HANDCARD K1 TO RESPONDENT. Some events like that are listed on Card K1.
ASK K22.1-K22.11. CODE IN COL. I.

	COL. I		COL. II WORST EVENT	
	NO	YES	NO	YES
1. Did you ever have direct combat experience in a war?	1	5	1	5
2. Were you ever involved in a lifethreatening accident?	1	5	1	5
3. Were you ever involved in a fire, flood or other natural disaster?	1	5	1	5
4. Did you ever witness someone being badly injured or killed?	1	5	1	5
5. Were you ever seriously physically attacked or assaulted?	1	5	1	5
6. Have you ever been threatened with a weapon, held captive, or kidnapped?	1	5	1	5
7. Have you ever been tortured or the victim of terrorists?	1	5	1	5
8. Have you ever experienced any other extremely stressful or upsetting event?	1	5	1	5

IF YES, ASK: Briefly, what was the most stressful or upsetting experience of this sort that ever happened to you?

DESCRIPTION:_____
_____

IF OTHER EVENTS IN 8 ARE ONLY BEREAVEMENT, CHRONICILLNESS, BUSINESS LOSS, MARITAL OR FAMILY CONFLICT, BOOK, MOVIE, OR TELEVISION, CODE 1. OTHERS CODE 5.

9. Have you ever suffered a great shock because one of the events on the list happened to someone close to you?	1	5	1	5

IF YES, ASK: Briefly, what was the event that you found most stressful or upsetting when it happened to someone close to you?

DESCRIPTION:_____
_____

IF EVENTS IN 9 ARE ONLY BEREAVEMENT, CHRONICILLNESS, BUSINESS LOSS, MARITAL OR FAMILY CONFLICT, BOOK,MOVIE, OR TELEVISION, CODE 1. OTHERS CODE 5.

IF NO 5'S IN COL. I, SKIP TO SKIP TO THE NEXT QUESTIONNAIRE.

IF ONLY ONE 5 IN COL. I CODE 5 FOR THAT EVENT IN COL. II AND ASK K22A.1.
OTHERS SKIP TO K22A.2

K22A 1. You mentioned that you have experienced (EVENT CODED 5 IN COL. I). Did this happen only once in your lifetime or more than once? IF ONCE, SKIP TO K22B, OTHERS ASK: Of these times, was one of them more stressful or upsetting than the others? SKIP TO K22B.

K22A 2. You said that you have experienced (EVENTS CODED 5 IN COL. I). Of those events, which was the most stressful or upsetting? CODE 5 FOR THAT EVENT IN COL. II.

K22B FOR EVENT CODED 5 IN COL. II, ASK: How old were you when (EVENT) happened? AGE: ___/___

K22C FOR EVENT CODED 5 IN COL. II, ASK: When it happened, did you feel terrified?
NO..... 1
YES..... 5

K22D FOR EVENT CODED 5 IN COL. II, ASK: When (EVENT) happened, did you feel helpless?
NO..... 1
YES..... 5

Now I would like to ask you about the time after the stressful or upsetting experience happened to you.

ASK K23 TO K45 FOR EVENT CODED 5 IN COL. II..

K23 Did you keep remembering (EVENT) even when you didn't want to?
NO..... 1
YES..... 5

K24 After it, did you keep having bad dreams or nightmares about it?
NO..... 1
YES..... 5

K25 Did you suddenly act or feel as though (EVENT) was happening again even though it wasn't?
NO..... 1
YES..... 5

K26 Did you get very upset when you were reminded of it?
NO..... 1
YES..... 5

K27 Did you sweat or did your heart beat fast or did you tremble when you were reminded of (EVENT)?
NO..... 1
YES..... 5

IF K23 TO K27 ALL CODED 1, SKIP TO THE NEXT QUESTIONNAIRE.

K28 After (EVENT) did you have trouble sleeping?
NO..... 1
YES..... 5

K29 After it, did you feel unusually irritable or lose your temper a lot more than is usual for you?

NO..... 1
YES..... 5

K30 After it, did you have difficulty concentrating?

NO..... 1
YES..... 5

K31 After (EVENT) did you become very much more concerned about danger or very much more careful?

NO..... 1
YES..... 5

K32 After (EVENT) did you become jumpy or easily startled by ordinary noises or movements?

NO..... 1
YES..... 5

IF K28 TO K32 ALL CODED 1, SKIP TO THE NEXT QUESTIONNAIRE.
.

K33 Did you deliberately try not to think or talk about (EVENT)?

NO..... 1
YES..... 5

K34 Did you avoid places or people or activities that might have reminded you of it?

NO..... 1
YES..... 5

K35 After (EVENT) was your memory blank for all or part of (EVENT)?

NO..... (SKIP TO K36) ... 1
YES..... 5

IF EVENT CODED 5 IN COL II. IS WITNESS OF AN ACCIDENT (K22.4) OR EVENT HAPPENED TO RELATIVES OR FRIENDS (K22.11), SKIP TO K36.
OTHERS ASK:

A. Did you suffer a head injury as a result of (EVENT)?

NO..... 1
YES..... 5

B. Were you unconscious for more than ten minutes?

NO..... 1
YES..... 5

K36 After (EVENT) did you lose interest in doing things that were once important or enjoyable for you?

NO..... 1
YES..... 5

K37 After (EVENT) did you feel more isolated or distant from other people?

NO..... 1
YES..... 5

K38 After (EVENT) did you find you had more difficulty experiencing normal feelings such as love or affection towards other people?

NO..... 1
YES..... 5

K39 After (EVENT) did you begin to feel that there was no point in thinking about the future anymore?

NO..... 1
YES..... 5

IF K33 TO K39 ALL CODED 1, SKIP TO THE NEXT QUESTIONNAIRE.

K40 You said that you had problems after (EVENT) like (SX CODED 5 IN K23 TO K39). How soon after (EVENT) did you start to have any of these problems?
CODE LOWEST NUMBER.

SAME DAY..... 1
THAT WEEK 2
THAT MONTH 3
WITHIN 6 MONTHS 4
WITHIN 1 YEAR 5

IF MORE THAN 1 YEAR, ASK: How old were you?

AGE: ___/___

K41 How long did you continue to have any of these problems because of (EVENT)?
CODE LOWEST NUMBER.

LESS THAN 1 WEEK..... 1
LESS THAN 1 MONTH 2
LESS THAN 6 MONTHS 3
LESS THAN 1 YEAR 4
MORE THAN 1 YEAR..... 5

K42 When was the last time you had any of these problems as a result of (EVENT)?

REC: 1 2 3 4 5 6
AGE REC: ___/___

K43 Did you tell a doctor about the problems that occurred as a result of (EVENT)?

NO..... 1
YES .....(SKIP TO 2) 5

1. Did you tell any other professional?

NO..... 1
YES..... 5

2. Did you take medication, or use drugs or alcohol more than once for the problems which occurred as a result of it?

NO..... 1
YES..... 5

3. Did the problems which occurred as a result of it interfere with your life or activities a lot?

NO..... 1
YES..... 5

K44 Have you ever been very upset with yourself for having the problems which occurred as a result of (EVENT)?

NO..... 1
YES..... 5

K45 Have the problems which occurred as a result of (EVENT) ever kept you from going to a party, social event or meeting?

NO..... 1
YES..... 5

ANNEXURE 24

K කොටස

K22 දැන් මම අහන්න යන්නේ සමහර අයට සිදු වෙන හිතට දැඩි ආතතියක් ඇති කරන, හිත දැඩි කැලඹීමට ලක් කරන සිදුවීම් ගැනයි. (K1 *කාඩ්පත පිළිතුරු සපයන්නාට ලබා දෙන්න.*) ඒ වගේ සමහර සිදුවීම් K1 කාඩ්පතේ දක්වලා තියෙනවා.

K22.1 *සිට* K22.9 *දක්වා අයන්න. 1 නිරයේ ලකුණු කරන්න*

	I නිරාවරණය		II නිරාවරණය නාරක ම සිදුවීම	
	නැහැ	*ඔව්*	*නැහැ*	*ඔව්*
1. කවදා හරි යුද්ධයක දී සටන් වැදීම්වලට ඔබ සෘජු ව ම සහභාගී වෙලා තියෙනවා ද?	1	5	1	5
2. ඔබ කවදා හරි ජීවිතය අවදානමකට පත් කරන තරමේ අනතුරකට මුහුණ දීලා තියෙනව ද?	1	5	1	5
3. ගින්නකට, ගංවතුර ගැලීමකට හෝ වෙන ස්වාභාවික විපතකට ඔබ කවදා හරි මුහුණ දීලා තියෙනවා ද?	1	5	1	5
4. කවදා හරි, ඔබ ඉදිරියේ වෙනත් කෙනෙකු දරුණු අනතුරකට ලක්වෙනවා, එහෙම නැත්නම් වෙනත් කෙනෙකු ව මරා දමනවා දැකලා තියෙනවා ද?	1	5	1	5
5. ඔබට කවදා හරි දරුණු විදිහට පහර දීමක් සිදු වෙලා තියෙනවා ද?	1	5	1	5
6. ඔබට කවදා හරි ආයුධයක් පෙන්වා තර්ජනය කිරීමක්, බලෙන් හිර කර ගෙන සිටීමක් හරි, පැහැර ගෙන යාමක්, සිදු වෙලා තියෙනවා ද?	1	5	1	5
7. ඔබ වද දීමකට ලක්වීමක් හරි, ත්‍රස්තවාදී ක්‍රියාවකට මුහුණ දීමක්, සිද්ධ වෙලා තියෙනවා ද?	1	5	1	5
8. ඔබ වෙන මොකක් හරි හිතට දැඩි ආතතියක් හරි, කැලඹීමක් ඇති කරන සිදුවීමක් කවදා හරි අත්විඳලා තියෙනවා ද?	1	5	1	5

ඔව් නම් අහන්න : ඒවායින් ඔබට වැඩියෙන් ම හිතේ කලබලයක් හරි ආතතියක් ඇති කරපු සිදුවීම මොකක් ද කියල කෙටියෙන් කියන්න පුළුවන් ද?

විස්තර කිරීම- _____

_____

9හි දී කියන එම අනෙකුත් සිද්ධි, මරණයක් නිසා ඇතිවුණු වියෝ දුකක් නම් හෝ, දීර්ඝ කාලයක් පවතින රෝගී තත්වයක් හෝ ව්‍යාපාරික පාඩු සිදුවීමක් හෝ පවුලේ ආර්ථිකය හෝ පොහාක, චිත්‍රපටියක හෝ රූපවාහිනියේ සිදුවුණු සිදුවීමක් පමණක් නම් 1 ලකුණු කරන්න.

අනෙක් ඒවා සඳහා 5 ලකුණු කරන්න.

9. ඔබට සමීප කෙනෙකුට මේ ලයිස්තුවේ සිද්ධිවලින් එකකට මුහුණ දෙන්න වුණ නිසා ඔබට ලොකු කම්පනයක්, මානසික බලපෑමක් කවදා හරි ඇති වෙලා තියෙනවා ද?	1	5	1	5

ඔව් නම් අහන්න : ඒවායින් ඔබට වැඩියෙන් ම හිතේ කලබලයක් හරි ආතතියක් ඇති කරපු, ඔබට සමීප කෙනෙකුට සිදු වුණු සිදුවීම මොකක් ද කියල කෙටියෙන් කියන්න පුළුවන් ද?

විස්තර කිරීම- _____

_____

9හි දී කියන එම අනෙකුත් සිද්ධි, මරණයක් නිසා ඇතිවුණු වියෝ දුකක් නම් හෝ, දීර්ඝ කාලයක් පවතින රෝගී තත්වයක් හෝ ව්‍යාපාරික පාඩු සිදුවීමක් හෝ පවුලේ ආර්ථිකය හෝ පොහාක, චිත්‍රපටියක හෝ රූපවාහිනියේ සිදුවුණු සිදුවීමක් පමණක් නම් 1 ලකුණු කරන්න.

අනෙක් ඒවා සඳහා 5 ලකුණු කරන්න.

1 *නීරයේ 5 ලකුණු කළ ඒවා නැත්නම්* K *කොටස අත්හැර මීලඟ ප්‍රශ්නාවලියට යන්න.*
1 *නීරයේ 5 ලකුණු කළ ඒවා ඇත්තේ එකක් පමණක් නම්* 11 *නීරයේත් එම සිදුවීමට 5 ලකුණු කර*
K22A.1 *අසන්න*
අනෙක් අය සඳහා K22A. 2*ට යන්න*

K22A 1. ඔබ කිව්වා ඔබ (1 ***නීරයේ 5 ලකුණු කළ සිදුවීම***) මුහුණ දීලා තියෙනවා කියලා. මේක සිදුවුණේ ඔබේ ජීවිත කාලෙට ම එක පාරක් විතර ද?, නැත්නම් එක පාරකට වඩා සිදුවෙලා තියෙනව ද?
එක පාරක් පමණක් නම් K22B*ට යන්න.*
අනෙක් අයගෙන් මෙය අසන්න - මේ සිදුවීම වුණු වතාවන්ගෙන් එක් වතාවක් අනික් ඒවාට වඩා වැඩියෙන් හිතේ කලබලයක් හරි ආතතියක් ඇති කළා ද?
K22B*ට යන්න.*

K22A 2. ඔබ කිව්වා ඔබ (1 ***නීරයේ 5 ලකුණු කළ සිදුවීම***) මුහුණ දීලා තියෙනවා කියලා. ඒවායින් වැඩියෙන් ම හිත ආතතියකට පත්කළ, හිතේ කැලඹීමක් ඇති කළ සිදුවීම මොකක් ද? ***එම සිදුවීම සඳහා*** 11 ***නීරයේ 5 ලකුණු කරන්න.***

K22B 11 ***නීරයේ 5 ලකුණු කළ සිදුවීම සඳහා අසන්න :*** ඔබ (***එම සිදුවීම***) මුහුණ දෙන කොට ඔබේ වයස කීය ද? *වයස* ___/___

K22C 11 ***නීරයේ 5 ලකුණු කළ සිදුවීම සඳහා අසන්න :*** ඒක සිදුවෙන කොට ඔබ හිටියේ හොඳට ම බය වෙලා ද?
නැහැ..... 1
ඔව්..... 5

K22D 11 ***නීරයේ 5 ලකුණු කළ සිදුවීම සඳහා අසන්න :*** (***එම සිදුවීම***) වෙන කොට ඔබ හොඳට ම අසරණ වෙලා කියලා දැනුණා ද?
නැහැ..... 1
ඔව්..... 5

දැන් මම අහන්න යන්නේ හිත හොඳට ම කැලඹීමට පත්කරපු, හිතට දැඩි ආතතියක් ඇති කරපු ඒ සිදුවීමෙන් පස්සේ කාල වකවානුව ගැන යි.

11 ***නීරයේ 5 ලකුණු කළ සිදුවීම සඳහා*** K23*සිට* K45 *දක්වා අසන්න*

K23 ඔබට(***ඒ සිදුවීම***) ගැන හිතන්න ඕන නැති වෙලාවල දිත් දිගින් දිගට ම ඒක මතක් වෙනව ද?
නැහැ..... 1
ඔව්..... 5

K24 ඒ සිද්ධියෙන් පස්සේ දිගින් දිගට ම ඒක ගැන නරක හීන පෙනුණා ද?
නැහැ..... 1
ඔව්..... 5

K25 ඔබට හදිස්සියේ ම ඒ සිද්ධිය ආයෙත් සිදුවෙනවා වගේ දැනිලා තියෙනව ද?, එහෙම නැත්නම් ඒ සිද්ධිය ආයෙත් වෙනවා වගේ ඔබ හදිස්සියේ ම හැසිරෙන්න අරගෙන තියෙනවා ද?
නැහැ..... 1
ඔව්..... 5

K26 ඔබට ඒ සිදුවීම මතක් කළා ම, ඔබ දැඩි අපහසුතාවකට, කැලඹීමකට පත් වුණා ද?
නැහැ..... 1
ඔව්..... 5

K27 ඒ සිදුවීම මතක් කළා ම ඔබට දාඩිය දැමීමක් හරි, හෘදය වස්තුව වේගයෙන් ගැහෙන්න පටන් ගැනීමක් හරි ඇහ වෙව්ලන්න පටන් ගැනීමක්, වුණා ද?
නැහැ..... 1
ඔව්..... 5

K23 *සිට* K27 *දක්වා සියල්ල 1 ලෙස ලකුණු කළේ නම්* K *කොටස අත්හැර මීලඟ ප්‍රශ්නාවලියට යන්න.*

K28 ඒ සිද්ධියෙන් පස්සෙ ඔබට නින්ද යන්නේ නැති ගතියක් තිබුණා ද?
නැහැ..... 1
ඔව්..... 5

K29 ඒ සිද්ධියෙන් පස්සෙ ඔබ අසාමාන්‍ය විදිහට නොරුස්සන ගතියෙන් හරි, වෙනදාට වඩා හුහක් වැඩියෙන් තරහ යන ගතියෙන් ඉන්නවා කියලා දැනුණා ද?

නැහැ..... 1
ඔව්..... 5

K30 ඒකෙන් පස්සෙ ඔබට හිත එක දේකට යොමු කර ගෙන ඉන්න අමාරු වුණා ද?

නැහැ..... 1
ඔව්..... 5

K31 ඒ (*සිදුවීමට*) පස්සෙ ඔබ අනතුරු ගැන ඉතා ම වැඩි අවධානයෙන් හරි, හුහක් පරිස්සම් සහිත බවකින් හිටියා ද?

නැහැ..... 1
ඔව්..... 5

K32 ඒකෙන් පස්සෙ ඔබ සාමාන්‍ය සද්දෙක දි හරි, සෙලවීමක දි වුණත් ලේසියෙන් ම කලබලයට, තිගැස්සීමකට පත් වුණා ද?

නැහැ..... 1
ඔව්..... 5

K28 *සිට* K32 *දක්වා සියල්ල 1 ලෙස ලකුණු කළේ නම්* K *කොටස අහන්නේ නැති වීලඟ ප්‍රශ්නාවලියට යන්න.*

K33 ඔබ වුවමනාවෙන් ම (*ඒ සිද්ධිය*) ගැන හිතන්නේ නැතුව, කථා කරන්නෙ නැතුව ඉන්න උත්සාහ කළා ද?

නැහැ..... 1
ඔව්..... 5

K34 ඔබට ඒ සිද්ධිය මතක් කරවන ක්‍රියා, තැන්, එහෙමත් නැත්නම් පුද්ගලයන් මහන්සියා ද?

නැහැ..... 1
ඔව්..... 5

K35 (*ඒ සිදුවීමෙන්*) පස්සෙ ඒ මුළු සිද්ධිය ම හරි, ඒකෙන් කොටසක් ගැන හරි තිබුණු මතකය නැති වෙලා ගිහිල්ලා තිබුණ ද?

නැහැ.....(K36 *ට යන්න*)..... 1
ඔව්..... 5

11 *නිරයේ 5 ලකුණු කළ සිද්ධිය, වෙනත් අයෙකුට විශාල අනතුරක් සිදුවෙනවා දකින්න ලැබීමක්* (K22. 4) *හෝ නමාට සමීප පුද්ගලයෙකුට වුණු සිදුවීමක්* (K22. 9) *නම්* K36*ට යන්න.*

අනෙක් අයගෙන් මෙය අහන්න :

A. (*ඒ සිදුවීම*) නිසා ඔබේ ඔළුවට තුවාල වීමක් සිදු වුණා ද?

නැහැ..... 1
ඔව්..... 5

B. ඒකෙ දි ඔබ විනාඩි දහයකට වඩා සිහි නැතුව හිටියා ද?

නැහැ..... 1
ඔව්..... 5

K36 (*මේ සිද්ධියට*) පස්සෙ ඔබට සාමාන්‍යයෙන් වැදගත් වුණ, ඔබ ආසාවෙන් කරන වැඩ කටයුතු කරන්න තියෙන උනන්දුව නැති වුණා ද?

නැහැ..... 1
ඔව්..... 5

K37 (*මේ සිද්ධියෙන්*) පස්සෙ ඔබ අනික් අයගෙන් ඈත්වෙලා, ඔබ තනිවෙලා කියල දැනුණා ද?

නැහැ..... 1
ඔව්..... 5

K38 ඒකට පස්සෙ ඔබට වෙන අය කෙරේ ඇතිවෙන ආදරය, සෙනෙහස වගේ සාමාන්‍ය හැඟීම් දැනීම වෙන දාට වඩා අඩුයි කියලා තේරුණා ද?

නැහැ..... 1
ඔව්..... 5

K39 (*මේ සිද්ධියට*) පස්සේ තවදුරටත් අනාගතය ගැන හිතන එකේ තේරුමක් නැහැ වගේ හැඟීමක් ඔබට ඇති වෙන්න පටන් ගත්තා ද?

නැහැ..... 1
ඔව්..... 5

K33 *සිට* K39 *දක්වා සියල්ල 1 ලෙස ලකුණු කළේ නම්* K *කොටස අහන්නේ නැති වීලඟ ප්‍රශ්නාවලියට යන්න.*

K40 ඔබ කිව්වා (*සිද්ධියට*) පස්සේ (K23 *සිට* K39 *දක්වා 5 ලකුණු කරන ලද ගැටලුවල යටින් ඉරි ඇදි කොටස් එකින් එක කියවන්න*) වගේ ප්‍රශ්න ඇති වුණා කියලා. මේ ප්‍රශ්න පටන්ගත්තේ ඒ සිද්ධිය වෙලා කොච්චර කාලෙකට පස්සෙ ද?
අඩුම අංකය ලකුණු කරන්න

එදාම 1
ඒ සතියේ ම..... 2
ඒ මාසයේ ම..... 3
හය මාසයක් ඇතුළත 4
අවුරුද්දක් ඇතුළත 5
අවුරුද්දකට පස්සෙ 6

අවුරුද්දකට පස්සෙ නම් මෙය අසන්න : ඔබට එතකොට වයස කීය ද? *වයස* ___/___

K41 මේ (*සිද්ධියට*) පස්සේ ඇති වුණු ඒ ප්‍රශ්න කොච්චර කාලයක් තිබුණා ද?
අඩුම අංකය ලකුණු කරන්න

සතියකට අඩුවෙන් 1
මාසයකට අඩුවෙන් 2
මාස හයකට අඩුවෙන් 3
අවුරුද්දකට අඩුවෙන් 4
අවුරුද්දකට වැඩියෙන් 5

K42 මේ සිද්ධිය නිසා ඇති වුණ ප්‍රශ්නවලින් එකක් හරි, අන්තිමට තිබුණේ කොච්චර කාලෙකට කලින් ද?

පසුගිය සති 2 ඇතුලත..... 1
සති 2ත් මාසයත් අතර..... 2
මාසයත් මාස 6ත් අතර..... 3
මාස 6ත් අවුරුද්දත් අතර..... 4
අවසන් මාස 12දී නමුත් හරියටම කාලය දන්නේ නැහැ..... 5
අවුරුද්දකට වඩා කලින්..... 6

අවුරුද්දකට වඩා කලින් නම්, මෙය අසන්න : මේ සිද්ධිය නිසා ඇති වුණ ප්‍රශ්නවලින් එකක් හරි අන්තිමට ඇතිවෙකොට ඔබට වයස කීයද? *අන්තිමට වයස* ___/___

K43 මේ (සිද්ධිය) නිසා ඇති වුණු ප්‍රශ්න ගැන ඔබ වෛද්‍යවරයකුට කිව්වා ද?

නැහැ..... 1
ඔව්.....(*2ට යන්න*)..... 5

1. විශේෂ උපදෙසක් හෝ ප්‍රතිකාරයක් දෙන්න පුළුවන් ආයුර්වේද වෛද්‍යවරුන්, හෝමියෝපති වෛද්‍යවරුන්, දන්ත වෛද්‍යවරුන්, ආගමික පූජකවරුන්, මානසික උපදේශකයින් (කවුන්සලර්) මනෝ විද්‍යාඥයින් (සයිකොලොජිස්ට්) (*මොවුන් මානසික රෝග විශේෂඥයින් නොවේ*) හෙදියන්, සමාජ සේවා නිලධාරීන්, කට්ටඩියන් වගේ වෙන ආකාරවලින් රෝග සුව කරන අය, වගේ කෙනෙකුට ඔබ මේ ගැන කිව්වා ද?

නැහැ..... 1
ඔව්..... 5

2. මේක හින්දා ඇති වුණු ප්‍රශ්න නිසා ඔබ එක පාරකට වැඩියෙන් ඖෂධ, මත්පැන් එහෙම නැත්නම් මත්ද්‍රව්‍ය අරගත්තා ද?

නැහැ..... 1
ඔව්..... 5

3. මේ සිද්ධිය නිසා ඇතිවුන ප්‍රශ්න හින්දා ඔබේ ජීවිතයට, වැඩකටයුතුවලට හුහක් බාධා ඇති වුණා ද?

නැහැ..... 1
ඔව්..... 5

K44 සිද්ධිය නිසා ඇතිවුණු ප්‍රශ්න තියෙන එක ගැන ඔබට ඔබ ගැන ම හිතේ කලකිරීමක්, තරහක් ඇති වුණා ද?

නැහැ..... 1
ඔව්..... 5

K45 මේ සිද්ධිය නිසා ඇතිවුණු ප්‍රශ්න හින්දා කවදා හරි උත්සව, රැස්වීම්, සාද වගේ දේවල්වලට යන්නෙ නැතුව ඉඳල තියෙනව ද?

නැහැ..... 1
ඔව්..... 5

K பகுதி

K22 நான் இப்போது உங்களிடம் மிகவும் மனக்கிடத்தை தரும் சாதாரண மக்களிடையே சிலவேளைகளில் நடக்கக்கூடிய நிகழ்வுகளை பற்றிக் கேட்கப்போகிறேன். (*K1 கையேட்டை மற்றவரிடம் கொடுக்கவும்*). மனக்கிடத்தை அல்லது குழப்பத்தை தரும் சில சந்தர்ப்பங்கள் இந்த K1 அட்டையில் எழுதப்பட்டுள்ளது.

K22.1 தொடக்கம் K22.9 வரையான கேள்விகளை கேட்கவும். நிரல் 1 இல் குறியிடவும்.

	நிரல் 1		***நிரல் 2***	
	இல்லை	*ஆம்*	*இல்லை*	*ஆம்*
1. நீங்கள் எப்போதாவது போரின் நேரடித் தாக்கத்தை அனுபவித்ததுண்டா?	1	5	1	5
2. உயிராபத்தை தரும் நிகழ்வுகளை எப்போதாவது சந்தித்திருக்கிறீர்களா?	1	5	1	5
3. தீ, வெள்ளம் அல்லது வேறு இயற்கை அனர்த்தங்களுக்கு முகங்கோடுத்துள்ளீர்களா?	1	5	1	5
4. யாராவது மோசமாக காயப்படுத்தப்படுவதை அல்லது கொல்லப்படுவதை எப்போவதாவது நேரில் பார்த்திருக்கிறீர்களா?	1	5	1	5
5. நீங்கள் எப்போதாவது கடுமையாக தாக்கப்பட்டுள்ளீர்களா?	1	5	1	5
6. நீங்கள் எப்போதாவது ஆயுதமுனையில் பயமுறுத்தப்பட்டு கடத்தப்பட்டுள்ளீர்களா?	1	5	1	5
7. நீங்கள் எப்போதாவது துன்புறுத்தப்பட்டுள்ளீர்களா அல்லது தீவிரவாதிகளின் நடவடிக்கைகளுக்கு உள்ளாகியுள்ளீர்களா?	1	5	1	5
8. நீங்கள் எப்போதாவது மிகக்கடுமையாக மனத்தைப் பாதிக்கும் நிகழ்வுகளை சந்தித்துள்ளீர்களா?	1	5	1	5

*ஆமாயின் **வினவுக**,* அவ்வாறு கடுமையாக மனத்தை பாதித்த அந்த நிகழ்வு **எது என்று சுருக்கமாக** விபரிக்கவும்.....
.....

வினா 8 இல் கூறப்பட்ட மற்றைய சம்பவங்கள், இறப்பினால் ஏற்பட்ட துக்கம், நீண்டகால நோய், வியாபார இழப்பு, குடும்ப சச்சரவு, புத்தகம்,திரைப்படம், தொலைக்காட்சி நிகழ்வுகளால் ஏற்பட்ட கவலைகளாயின் 1க் குறியீடுக

மற்றயவை 5க் குறியீடுக

9. உங்களுக்கு நெருங்கியவர்களுக்கு மேலே குறிப்பிட்டது போன்ற நிகழ்வுகள் நிகழ்ந்து நீங்கள் கடுமையாக அதிர்ச்சியடைந்தீர்களா?	1	5	1	5

*ஆமாயின் **வினவுக**,* அவ்வாறு கடுமையாக மனத்தை பாதித்த அந்த நிகழ்வு **எது என்று சுருக்கமாக** விபரிக்கவும்.....
.....

வினா 9 இல் கூறப்பட்ட மற்றைய சம்பவங்கள், இறப்பினால் ஏற்பட்ட துக்கம், நீண்டகால நோய், வியாபார இழப்பு, குடும்ப சச்சரவு, புத்தகம்,திரைப்படம், தொலைக்காட்சி நிகழ்வுகளால் ஏற்பட்ட கவலைகளாயின் 1க் குறியீடுக

மற்றயவை 5க் குறியீடுக

நிரல் 1 இல் குறியீடு 5 எதுவுமில்லையாயின் K பகுதியை விட்டு அடுத்த வினாக்களிற்குச் செல்லவும். நிரல் 1 இல் ஏதாவது ஒன்றிற்கு குறியீடு 5 ல் அடையளமிட்டிருந்தால் மாத்திரம் அதே நிகழ்வின் நேராக நிரல் 2 இல் குறியீடு 5 ஐ அடையளமிட்டு வினா K22.A 1 ஐ கேட்கவும்.

மற்றவர்களுக்கு வினா K22.A 2 இற்கு செல்லவும்.

K22A 1. நீங்கள் முன்பு குறிப்பிட்ட (*கசப்பான நிகழ்வு*) **உங்கள்** வாழ்க்கையில் ஒருதரம் நடைபெற்றதா, அல்லது பலதடவைகள் நடைபெற்றனவா?

ஒருமுறை மட்டுமாயின் வினா K22.Bக்கு செல்லவும்.

மற்றவர்களிடம் கேட்கவும் - இவ்வாறு பலதடவைகள் நிகழ்ந்துள்ளதாயின் அதில் ஏதாவது ஒன்று மற்றவற்றைவிட மிகமோசமாக உங்கள் மனநிலையைப் பாதித்திருந்ததா?

வினா *K22.Bக்கு செல்லவும்.*

2. நீங்கள் மேலே (*நிரல் ஒன்றில் 5 எனக் குறியிட்ட நிகழ்வுகளில்)* எது மிகவும் மனத்தை பாதித்ததோ *அந்த நிகழ்வுக்கு நிரல் 2 இல் குறியீடு 5 இடவும்.*

K22B *நிரல் 2 இல் குறியீடு 5 இடப்பட்ட நிகழ்வு சம்பந்தமான வினா.* (*அந்த கசப்பான நிகழ்வு*) இடம்பெறும்போது உங்களின் வயது எத்தனை?

வயது__/__

K22C *நிரல் 2 இல் குறியீடு 5 இடப்பட்ட நிகழ்வு சம்பந்தமான வினா.* அந்த கசப்பான நிகழ்வு இடம்பெறும்போது நீங்கள் மிகவும் பயந்து கலவரமடைந்து இருந்தீர்களா?

இல்லை.....1
ஆம்.....5

K22D *நிரல் 2 இல் குறியீடு 5 இடப்பட்ட நிகழ்வு சம்பந்தமான வினா.* (*அந்த கசப்பான நிகழ்வு*) இடம்பெறும்போது உங்களுக்கு உதவிசெய்ய யாருமே இல்லாதது போல உணர்ந்தீர்களா?

இல்லை.....1
ஆம்.....5

நான் தற்போது முன்பு அந்த கசப்பான நிகழ்வுக்கு பின்னான நிகழ்சிசிகளைப்பற்றிக் கேட்கப்போகிறேன்.

நிரல் 2 இல் குறியீடு 5 இடப்பட்ட நிகழ்வு சம்பந்தமாக வினா K23 இலிருந்து K45 வரையான கேள்விகளைக் கேட்கவும்.

K23. நீங்கள் மறக்கவேண்டும் என நினைக்கும் (*அந்த கசப்பான அனுபவங்களை)* மனதில் இப்போதும் நினைத்து வைத்துள்ளீர்களா?

இல்லை.....1
ஆம்.....5

K24. அந்த சம்பவம் மீண்டும் மீண்டும் கனவுகளாக உருவெளித்தோற்றங்களாக வந்து கொண்டிருக்கிறதா?

இல்லை.....1
ஆம்.....5

K25. திடீரென அந்த கசப்பான சம்பவம் மீண்டும் நடைபெறுவதுபோல (அது அவ்வாறு நடைபெறாதபோதும்) உணர்ந்துள்ளீர்களா?

இல்லை.....1
ஆம்.....5

K26. அந்த கசப்பான சம்பவம் மீண்டும் ஞாபகம் வரும்போது குழப்பமடைந்து மனம் பாதிக்கப்பட்டீர்களா?

இல்லை.....1
ஆம்.....5

K27. அந்த கசப்பான சம்பவம் மீண்டும் ஞாபகம் வரும்போது வியர்த்தொழுகி அல்லது இதயம் வேகமாகத் துடித்து அல்லது உடம்பு நடுங்க ஆரம்பித்ததா?

இல்லை.....1
ஆம்.....5

வினா 23 இல் இருந்து 27 வரையானவற்றுக்கு எல்லா விடையும் குறியீடு 1 ஆயின் வினா K பகுதியை விட்டு அடுத்த வினாவிற்கு செல்லவும்.

K28. அந்த கசப்பான சம்பவத்திற்கு பிறகு நித்திரை செய்ய முடியாமல் குழப்பங்கள் இருக்கிறதா?

இல்லை.....1
ஆம்.....5

K29. அந்த கசப்பான சம்பவத்திற்கு பிறகு முன்பிருந்ததைவிட அதிகமாக எரிச்சல் அடைபவராக அல்லது இலகுவில் மனவுறுதியை இழப்பவராக இருக்கிறீர்களா?

இல்லை.....1
ஆம்.....5

K30. அந்த கசப்பான சம்பவத்திற்கு பிறகு மனம் ஒன்றி வேலைகளைச் செய்ய முடியாதுள்ளதா?

இல்லை.....1
ஆம்.....5

K31. அந்த (*கசப்பான சம்பவத்திற்கு*) பிறகு நீங்கள் அதீத எச்சரிக்கையுடன் அல்லது அளவுக்கு அதிகமான கவனத்துடன் இருக்கிறீர்களா?

இல்லை.....1
ஆம்.....5

K32. அந்த கசப்பான சம்பவத்திற்கு பிறகு ஒரு சிறிய சத்தத்திற்கும் அசைவிற்கும் அதிகமாக பயந்து நடுங்குகின்றீர்களா?

இல்லை.....1
ஆம்.....5

வினா K28 இருந்து K32 வரையானவற்றுக்கு எல்லா விடையும் குறியீடு 1 ஆயின் வினா K பகுதியை விட்டு அடுத்த வினாவிற்கு செல்லவும்.

K33. *அந்த சம்பவம்* பற்றி நினைக்கவே கூடாது அல்லது கதைக்கவே கூடாது என பலத்த முயற்சிகள் எடுத்துக் கொண்டிருக்கிறீர்களா?

இல்லை.....1
ஆம்.....5

K34. அந்த சம்பவத்தை நினைவுபடுத்தக்கூடிய இடங்களை அல்லது செயல்களை அல்லது நபர்களை தவிர்த்து வருகிறீர்களா?

இல்லை.....1
ஆம்.....5

K35. (*அந்த கசப்பான சம்பவத்திற்கு*) பிறகு அந்த முழுமையான சம்பவம் அல்லது அதில் பாதியாவது ஞாபகம் இல்லாமல் போனதா?

இல்லை...(K36 ற்கு செல்லவும்)...1
ஆம்.....5

நிரல் 2 இல் குறியீடு 5 இடப்பட்ட நிகழ்வு விபத்தை நேரில் பார்த்தல், (K22.4) அல்லது நண்பர்களுக்கு, உறவினர்களுக்கு நிகழ்ந்த விடயங்களாயின் (K22.9),வினா K36 ற்குச் செல்லவும்.

மற்றவர்களிடம் கேட்கவும்-

A (*அந்தச் சம்பவத்தில்*) உங்களுக்கு தலையில் அடிபட்டு காயம் ஏற்பட்டதா?

இல்லை.....1
ஆம்.....5

B அந்தச் சம்பவத்திற்கு பின்னர் 10 நிமிடங்களுக்கு மேலாக நினைவிழந்திருந்தீர்களா?

இல்லை.....1
ஆம்.....5

K36. (அந்த *சம்பவத்திற்கு*) பிறகு முன்பு முக்கியமாக கருதி சந்தோசமாக செய்த வேலைகளில் தற்போது ஆர்வம் குறைந்துள்ளதாக கருதுகிறீர்களா?

இல்லை.....1
ஆம்.....5

K37. (அந்த *சம்பவத்திற்கு*) பிறகு தனிமையாக மற்றவர்களிடமிருந்து அந்நியப்பட்டதாக (தூரவிலகியதாக) உணர்கிறீர்களா?

இல்லை.....1
ஆம்.....5

K38. அந்த சம்பவத்திற்கு பிறகு அன்பு காதல் போன்ற சாதாரண உணர்ச்சிகளை மற்றவர்களுக்கு வெளிக்காட்ட முடியாததுபோல உணர்கிறீர்களா?

இல்லை.....1
ஆம்.....5

K39. (அந்த *சம்பவத்திற்கு*) பிறகு எதிர்காலத்தை பற்றிச் சிந்திப்பது அர்த்தமில்லை என நினைக்க ஆரம்பித்தீர்களா?

இல்லை.....1
ஆம்.....5

வினா K33 இருந்து K39 வரையானவற்றுக்கு எல்லா விடையும் குறியீடு 1 ஆயின் வினா K பகுதியை விட்டு அடுத்த வினாவிற்கு செல்லவும்.

K40. (*K23 தொடக்கம் K39 வரையான வினாக்களில் குறியீடு 5 இடப்பட்ட சம்பவங்கள் கீழ் கோடிட்டு ஒவ்வொன்றாக வாசிக்கவும்*) அந்த கசப்பான சம்பவத்திற்கு பிறகு எவ்வளவு காலத்திற்கு பிறகு இந்தப்பிரச்சனைகள் தொடங்கியது?

ஆகக் குறைந்த இலக்கத்திற்கு குறியிடவும்

அதே நாள்.....1
அந்த கிழமையுள்.....2
அந்த மாதத்தினுள்.....3
ஆறுமாத காலத்தினுள்.....4
ஒரு வருடத்திற்குள்.....5
ஒரு வருடத்திற்கு பின்னர்.....6

ஒருவருடத்திற்கு பின்னராயின், இதைக் கேட்கவும்: சம்பவம் நடக்கும்போது உங்கள் வயதென்ன?

*வயது*__/__

K41. (*கசப்பான சம்பவத்திற்கு)* பிறகு எவ்வளவு காலமாக தொடர்ச்சியாக இந்தப்பிரச்சனைகள் இருந்தன.

(*ஆகக் குறைந்த இலக்கத்திற்கு குறியிடவும்*)

ஒரு கிழமைக்கு குறைவாக.....1
ஒரு மாதத்திற்கு குறைவாக.....2
ஆறு மாதங்களுக்கு குறைவாக.....3
ஒரு வருடத்திற்கு குறைவாக.....4
ஒரு வருடத்திற்கு மேலாக.....5

K42. கடைசியாக எப்போது அந்த சம்பவத்திற்கு பின்னான பிரச்சனையை சந்தித்தீர்கள்?

இரு கிழமைக்கு முதல்.....1
இரு கிழமை முதல் ஒரு மாதம் வரை.....2
ஒரு மாதம் முதல் ஆறு மாதம் வரை.....3
ஆறு மாதம் முதல் ஒரு வருடம் வரை.....4
இறுதி ஆண்டில் ஆனால் சரியாக தெரியாது.....5
ஒரு வருடத்திற்கு முதல்.....6

ஒருவருடத்திற்குமுதலாயின் இதைக் கேட்கவும்: சம்பவத்தால் ஏற்பட்ட பிரச்சினைகளில் ஏதாவது ஒன்று நடக்கும்போது உங்கள் வயதென்ன?

வயது __/__

K43. இந்தச் (*சம்பவத்தால்*) ஏற்பட்டப் பிரச்சினைகளைப் பற்றி நீங்கள் வைத்தியரிடம் கூறினீர்களா?

இல்லை.....1
ஆம்...(2 ற்கு செல்லவும்)....5

1. விசேட அறிவுரை அல்லது வைத்தியம் கொடுக்க முடிந்த ஆயூர்வேத மருத்துவர், ஹோமியோபதி மருத்துவர், பல் வைத்தியர், சமயப் பெரியோர்கள், மனநல அறிவுரையாளர்கள்(கவுன்சிலர்),மனநல விஞ்ஞானி (சைகொலஜிஸ்ட்),(*இவர்கள் மனநல நோய் வைத்தியர்கள் இல்லை*) தாதிமார்கள், மாந்ரீகர்கள், போன்று வேறு மார்க்கங்களில் நோய் குணமாக்குகிண்றவர்கள் போன்ற ஒருவருக்கு நீங்கள் இதைப்பற்றிக் கூறினீர்களா?

இல்லை.....1
ஆம்.....5

2. நீங்கள் இந்தப் பிரச்சனைக்கு மருந்து அல்லது போதைவஸ்து அல்லது மதுபானம் போன்றவற்றை ஒன்றுக்கு மேற்பட்ட தடவைகள் பாவித்தீர்களா?

இல்லை.....1
ஆம்.....5

3. இந்தப் பிரச்சனைகளால் புதிய பிரச்சனைகள் ஏற்பட்டு உங்கள் வாழ்வை, செயல்களை வெகுவாக பாதித்ததா?

இல்லை.....1
ஆம்.....5

K44. உங்களைப் பற்றி நீங்கள் இந்த சம்பவத்திற்கு பிறகு ஏற்பட்ட பிரச்சனைகளால் மிகவும் குழப்பமாக, தாழ்வாக நினைத்தீர்களா?

இல்லை.....1
ஆம்.....5

K45. இந்த சம்பவத்திற்கு பிறகு ஏற்பட்ட பிரச்சனைகளால் சமூக நிகழ்வுகளில், விருந்துகளில், ஒன்றுகூடல்களில் கலந்து கொள்ளமுடியாதுள்ளதா?

இல்லை.....1
ஆம்.....5

ANNEXURE 26

Brief Questionnaire on War and Tsunami

Community based survey of the National Mental Health survey

These questions are regarding the armed conflict, ethnic and political violence in the country for the last 20 years in North and South: For each question answer by circling either yes or no and if yes, please specify by briefly giving details.

1. **Did you sustain injuries as a result of the conflict?** Yes / No

   If yes, specify:…….

   ……

2. **Did you lose a close family member (parent, sibling or child) as a result of the conflict?** Yes / No

   If yes, specify:…….

   ……

3. **Was a close family member (parent, sibling or child) injured as a result of the conflict?** Yes / No

   If yes, specify:…….

   ……

4. **Did you lose a friend or other family member as the result of the conflict?** Yes / No

   If yes, specify:…….

   ……

5. **Was a friend or other family member injured as a result of conflict?** Yes / No

   If yes, specify:…….

   ……

6. **Were you displaced as a result of conflict?** Yes / No

   If yes, specify:…….

   ……

7. **Did you lose property as a result of conflict?** Yes / No

   If yes, specify:…….

   ……

8. **Did you participate directly in the conflict as a combatant?** Yes / No

   If yes, specify:…….

   ……

These questions are regarding the Tsunami of December 2004: For each question answer by circling either yes or no and if yes, please specify by briefly giving details.

1. **Were you in an affected area at the time of the disaster?** Yes / No

   If yes: **Did you suffer injuries as a result of the tsunami?** Yes / No

   If yes, specify:…….

   ……

2. **Did you lose a close family member (parent, sibling or child) as a result of the tsunami?** Yes / No

   If yes, specify:…….

   ……

3. **Was a close family member (parent, sibling or child) injured as a result of the tsunami?** Yes / No

   If yes, specify:…….

   ……

4. **Did you lose a friend or other family member as a result of the tsunami?** Yes / No

   If yes, specify:…….

   ……

5. **Was a friend or other family member injured as a result of the tsunami?** Yes / No

   If yes, specify:…….

   ……

6. **Were you displaced as a result of tsunami?** Yes / No

   If yes, specify:…….

   ……

7. **Did you lose property as a result of the tsunami?** Yes / No

   If yes, specify:…….

   ……

8. **Were you involved in relief efforts in affected areas?** Yes / No

   If yes**: Were there any particular experiences you found difficult?** Yes / No

   If yes, specify:…….

   ……

ANNEXURE 27

යුද්ධය හා සුනාමි ව්‍යසනය පිළිබඳ කෙටි ප්‍රශ්නාවලිය

Brief Questionnaire on War and Tsunami

ජාතික මානසික සෞඛ්‍යය සමීක්ෂණයේ ප්‍රජා පාදක සමීක්ෂණය

මෙම ප්‍රශ්න අප රට තුළ කාලයක් තිස්සේ පවතින යුද්ධය, වාර්ගික සහ දේශපාලන ගැටුම් (උතුරු–නැගෙනහිර යුධ ගැටුම් සහ දකුණේ බෝම්බ පිපිරීම්) ආදිය පිළිබඳ වයි.

සෑම ප්‍රශ්නයකටම ලබාදෙන විළිතුර අනුව ඊට ඉදිරියේ ඇති 'ඔව්' හෝ 'නැහැ' වචනය වටා රවුමක් යොදා, විළිතුර ලකුණු කරන්න. විළිතුර 'ඔව්' නම් ඒ විළිබඳ ව කෙටියෙන් විස්තර කරන්න.

1. යුද්ධය, වාර්ගික හෝ දේශපාලන ගැටුමක් නිසා ඔබ තුවාල ලැබුවා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

2. එවැන්නක් නිසා ඔබගේ පවුලේ සමීපතම සාමාජිකයකු (දෙමාපියන්ගෙන් කෙනකු, සහෝදරයකු / සහෝදරියක හෝ දරුවකු) අහිමි වුණා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

3. එවැන්නක් නිසා ඔබගේ පවුලේ සමීපතම සාමාජිකයකු (දෙමාපියන්ගෙන් කෙනකු සහෝදරයකු / සහෝදරියක හෝ දරුවකු) තුවාල ලැබුවා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

4. එවැන්නක් නිසා ඔබගේ යහළුවකු හෝ ඥාතියකු අහිමි වුණා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

5. එවැන්නක් නිසා ඔබගේ යහළුවකු හෝ ඥාතියකු තුවාල ලැබුවා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

6. එවැන්නක් නිසා ඔබ අවතැන් වුණාද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

7. එවැන්නක් නිසා ඔබගේ දේපළ අහිමි වුණා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

8. ඔබ සටන්කාමියකු වශයෙන් යුද්ධය, වාර්ගික සහ දේශපාලන ගැටුමකට සෘජු ව ම සහභාගී වුණා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

මෙම ප්‍රශ්න 2004 දෙසැම්බර් මාසයේ ඇති වූ සුනාමි ව්‍යසනය පිළිබඳ ව යි.

සෑම ප්‍රශ්නයකටම ලබාදෙන විළිතුර අනුව ඊට ඉදිරියේ ඇති 'ඔව්' හෝ 'නැහැ' වචනය වටා රවුමක් යොදා, විළිතුර ලකුණු කරන්න. විළිතුර 'ඔව්' නම් ඒ විළිබඳ ව කෙටියෙන් විස්තර කරන්න.

1. සුනාමිය සිදු වන අවස්ථාවේ ඔබ සිටියේ අනතුරට පත් ප්‍රදේශයක ද? *ඔව් / නැහැ*
   ඔව් නම්, සුනාමිය නිසා ඔබ තුවාල ලැබුවා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

2. සුනාමිය නිසා ඔබගේ පවුලේ සමීපතම සාමාජිකයකු (දෙමාපියන්ගෙන් කෙනකු, සහෝදරයකු/ සහෝදරියක හෝ දරුවකු) අහිමි වුණා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

3. සුනාමිය නිසා ඔබගේ පවුලේ සමීපතම සාමාජිකයකු (දෙමාපියන්ගෙන් කෙනකු සහෝදරයකු / සහෝදරියක හෝ දරුවකු) තුවාල ලැබුවා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

4. සුනාමිය නිසා ඔබගේ යහළුවකු හෝ ඥාතියකු අහිමි වුණා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

5. සුනාමිය නිසා ඔබගේ යහළුවකු හෝ ඥාතියකු තුවාල ලැබුවා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

6. සුනාමිය නිසා ඔබ අවතැන් වුණාද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

7. සුනාමිය නිසා ඔබගේ දේපළ අහිමි වුණා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

8. සුනාමියෙන් අනතුරට පත් ප්‍රදේශවල සහන කටයුතුවලට ඔබ සහභාගී වුණා ද? *ඔව් / නැහැ*
   ඔව් නම්, එහි දී ඔබ අපහසුතාවට පත් වන අන්දමේ අත්දැකීම් ලැබුවා ද? *ඔව් / නැහැ*
   ඔව් නම්, කෙටියෙන් විස්තර කරන්න.....
   .....

ANNEXURE 28

சுனாமி மற்றும் யுத்தம் பற்றிய சுருக்கமான வினாக்கொத்து

Brief Questionnaire on War and Tsunami

இவ்வினாக்கள் நமது நாட்டினுள் இடம்பெறும் யுத்தம், இன மற்றும் அரசியல் வன்முறைகள் (வடக்கிலும்-கிழக்கிலும் நடைபெறும் யுத்தமும், தெற்கில் வெடிகுண்டுகள் வெடித்தலும்) ஆகியன தொடர்பானவை.

ஒவ்வொரு வினாவுக்கும் "ஆம்" அல்லது "இல்லை" எனும் விடைகளில் உங்களது விடையைச் சுற்றி வட்டம் வரையுங்கள். உங்களது விடை "ஆம்" எனின் உரிய விபரங்களைச் சுருக்கமாக எழுதிக்காட்டுங்கள்.

1. யுத்தம், இன மற்றும் அரசியல் வன்முறைகள காரணமாக உங்களுக்கு காயங்கள் ஏற்பட்டதுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

2. இதன் காரணமாக உங்களது நெருங்கிய உறவினர் (பெற்றோர், உடன்பிறப்பு, பிள்ளை) எவரையேனும் இழந்துள்ளீர்களா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

3. இதன் காரணமாக நீங்கள், உங்களது நெருங்கிய உறவினர் (பெற்றோர், உடன்பிறப்பு, பிள்ளை) எவரேனும் காயமடைந்ததுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

4. இதன் காரணமாக நீங்கள், உங்களது நண்பர் அல்லது ஏனைய குடும்ப அங்கத்தவர் எவரையேனும் இழந்ததுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

5. இதன் காரணமாக உங்கள் நண்பர் அல்லது ஏனைய குடும்ப அங்கத்தவர் எவரேனும் காயமடைந்ததுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

6. இதன் காரணமாக நீங்கள் இடம்பெயர்ந்துள்ளீர்களா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

7. இதன் காரணமாக நீங்கள் ஏதேனும் சொத்துக்களை இழந்ததுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

8. யுத்தம், இன மற்றும் அரசியல் வன்முறைகளில் நேரடியாக ஒரு போராளியாக நீங்கள் பங்குகொண்டதுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

இவ்வினாக்கள் 2004 இல் ஏற்பட்ட "சுனாமி" பற்றியவை.

ஒவ்வொரு வினாவிலும் "ஆம்" அல்லது "இல்லை" எனும் விடைகளுள் உங்களது விடையைச் சுற்றி வட்டம் வரையுங்கள். உங்களது விடை "ஆம்" எனின் உரிய விபரங்களைச் <u>சுருக்கமாக</u> எழுதிக் காட்டுங்கள்.

1. இந்த அனர்த்தத்தின்போது பாதிக்கப்பட்ட ஏதேனும் பிரதேசத்தில்
   நீங்கள் இருந்தீர்களா? *ஆம் /இல்லை*
   ஆம் எனின்: சுனாமி காரணமாக உங்களுக்குக் காயங்கள் ஏதும் ஏற்பட்டனவா? *ஆம் /இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

2. சுனாமி காரணமாக உங்களது நெருங்கிய குடும்ப அங்கத்தவர்
   (பெற்றோர், உடன்பிறப்பு, பிள்ளை) எவரையேனும் இழந்தீர்களா? *ஆம் /இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

3. சுனாமி காரணமாக உங்களது நெருங்கிய குடும்ப அங்கத்தவர்
   (பெற்றோர், உடன்பிறப்பு, பிள்ளை) எவரேனும் காயமடைந்ததுண்டா? *ஆம் /இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

4. சுனாமி காரணமாக உங்களது நண்பர் அல்லது ஏனைய
   குடும்ப அங்கத்தவர் எவரையேனும் இழந்தீர்களா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

5. சுனாமி காரணமாக உங்கள் நண்பர் அல்லது ஏனைய
   குடும்ப அங்கத்தவர் எவரேனும் காயமடைந்ததுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

6. சுனாமி காரணமாக நீங்கள் இடம்பெயர்ந்துள்ளீர்களா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

7. சுனாமி காரணமாக நீங்கள் சொத்துக்களை இழந்ததுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

8. சுனாமியில் பாதிக்கப்பட்ட பிரதேசங்களில் நீங்கள் ஏதேனும்
   நிவாரண நடவடிக்கைகளில் ஈடுபட்டதுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் நீங்கள் அங்கே கஷ்டங்களுக்கு உட்படக்கூடிய அனுபவங்கள்
   நேர்ந்ததுண்டா? *ஆம் / இல்லை*
   ஆம் எனின் விபரங்களைத் தருக.....
   .....

ANNEXURE 29

SCREENING QUESTIONNAIRE FOR SUICIDAL IDEATIONS

Please answer by circling either 'Yes' or 'No' for the following questions. Ask section a. of each question only if the first part of the question was answered as 'Yes'.

1. Have you ever felt that there is nobody to care about you? **Yes / No**

   a. **If Yes**; During the past week have you felt that there is nobody to care about you? Yes / No

2. Have you ever felt that there is no point in living anymore? **Yes / No**

   a. **If Yes**; During the past week have you felt that there is no point in living anymore? Yes / No

3. Have you ever felt that dying is better than living anymore? **Yes / No**

   a. **If Yes**; During the past week have you felt that dying is better than living anymore? Yes / No

4. Have you ever thought of committing suicide? **Yes / No**

   a. **If Yes**; During the past week have you thought of committing suicide? Yes / No

If at least one of the above questions were marked as 'Yes' go to the next questionnaire.

If none of the above questions were marked as 'Yes' end the interview.

Time the interview was completed:……

ANNEXURE 30

සියදිවි නසා ගැනීමේ සිතිවිලි පිළිබඳ කෙටි ප්‍රශ්නාවලිය

පහත ප්‍රශ්න වලින් අසන්නේ ජීවත්වීම පිළිබඳව තමුන් හිතන දේ ගැනයි. ඒ එක් එක් ප්‍රශ්නයේ කියවෙන සිතිවිල්ල ඔබට තිබුනා ද?, නැත් ද? කියා, "ඔව්" හෝ "නැහැ"ලෙස පිළිතුරු දෙන්න.

සෑම ප්‍රශ්නයකටම ලබාදෙන පිළිතුර අනුව ඊට ඉදිරියේ ඇති 'ඔව්' හෝ 'නැහැ' වචනය වටා රවුමක් යොදා, පිළිතුර ලකුණු කරන්න. එක් එක් ප්‍රශ්නයේ මුල් කොටස සඳහා 'ඔව්' ලෙස පිළිතුරු දුන්නේ නම් පමණක් a. *කොටස ඇසන්න.*

1. ඔබ ගැන බලන්න කිසිම කෙනෙක් නැහැ කියලා ඔබට කවදා හරි හිතිලා තියෙනවා ද? ***ඔව් / නැහැ***

   a. ***ඔව් නම්,*** ඔබ ගැන බලන්න කිසිම කෙනෙකු නැහැ කියලා පසුගිය සතිය ඇතුළත ඔබට හිතිලා තියෙනවා ද? *ඔව් / නැහැ*

2. තවදුරටත් ජීවත් වෙලා වැඩක් නැහැ කියලා ඔබට කවදා හරි හිතිලා තියෙනවා ද? ***ඔව් / නැහැ***

   a. ***ඔව් නම්,*** තවදුරටත් ජීවත් වෙලා වැඩක් නැහැ කියලා පසුගිය සතිය ඇතුළත ඔබට හිතිලා තියෙනවා ද? *ඔව් / නැහැ*

3. තවදුරටත් ජීවත් වෙනවාට වඩා මැරෙන එක හොඳයි කියලා ඔබට කවදා හරි හිතිලා තියෙනවා ද? ***ඔව් / නැහැ***

   a. ***ඔව් නම්,*** තවදුරටත් ජීවත් වෙනවාට වඩා මැරෙන එක හොඳයි කියලා පසුගිය සතිය ඇතුළත ඔබට හිතිලා තියෙනවා ද? *ඔව් / නැහැ*

4. කවදා හරි ඔබට ජීවිතය නැති කර ගන්න හිතිලා තියෙනවා ද? ***ඔව් / නැහැ***

   a. ***ඔව් නම්,*** පසුගිය සතිය ඇතුළත ඔබට ජීවිතය නැති කර ගන්න හිතිලා තියෙනවා ද? *ඔව් / නැහැ*

ඉහත ප්‍රශ්න එකකට හෝ "ඔව්" ලෙස ලකුණු කළේ නම්, මීලඟ ප්‍රශ්නාවලියට යන්න.

ඉහත ප්‍රශ්න කිසිවකට "ඔව්" ලෙස ලකුණු කර නැත්නම් සාකච්ඡාව අවසන් කරන්න.

පිළිතුරු සටහන් කිරීම අවසන් කළ වේලාව : .....

ANNEXURE 31

தற்கொலை எண்ணவுருவாக்கத்தைக் கண்டறியும் வினாத்தாள்

SCREENING QUESTIONNAIRE FOR SUICIDAL IDEATIONS

கீழ்வரும் வினாக்களில் கேட்பது என்னவெனில் வாழ்க்கையைப் பற்றி தான் நினைப்பவை. ஒவ்வொரு வினாக்களிலும் சொல்லப்படும் என்னங்கள் உங்களுக்கு இருந்ததா?, இல்லையா?, என்பது 'ஆம்' அல்லது 'இல்லை' 'என்று' பதில் கூறவும்.

எல்லா வினாக்களுக்கும் தருகின்ற பதில்களைப் பொருத்து முன்னால் உள்ள ''ஆம்'' அல்லது ''இல்லை'' என்பதற்கு வட்டம் இட்டு பதில்களை இலக்கமிடவும். ஒவ்வொரு வினாவின் முன் பகுதியில் ஆம் என்று பதில் வந்தால் மாத்திரம் a. பகுதியை கேட்கவும்.

1. நீங்கள் எப்போதாவது உங்களைக் கவனிக்க எவரும் இல்லையென உணர்ந்துள்ளீர்களா? *ஆம் / இல்லை*

   a. *ஆம் எனின்;* கடந்த வாரத்தில் நீங்கள் உங்களைக் கவனிக்க எவரும் இல்லையென உணர்ந்துள்ளீர்களா? *ஆம் / இல்லை*

2. நீங்கள் எப்போதாவது இனிமேல் வாழ்வதில் பயனில்லை என்று உணர்ந்துள்ளீர்களா? *ஆம் / இல்லை*

   a. *ஆம் எனின்;* கடந்த வாரத்தில் நீங்கள் இனிமேல் வாழ்வதில் பயனில்லை என்று உணர்ந்துள்ளீர்களா? *ஆம் / இல்லை*

3. நீங்கள் எப்போதாவது இனிமேல் வாழ்வதை விட இறப்பது மேல் என்று உணர்ந்துள்ளீர்களா? *ஆம் / இல்லை*

   a. *ஆம் எனின்;* கடந்த வாரத்தில் நீங்கள் இனிமேல் வாழ்வதை விட இறப்பது மேல் என்று உணர்ந்துள்ளீர்களா? *ஆம் / இல்லை*

4. நீங்கள் எப்போதாவது தற்கொலை செய்வது பற்றி நினைத்துள்ளீர்களா? *ஆம் / இல்லை*

   a. *ஆம் எனின்;* கடந்த வாரத்தில் நீங்கள் தற்கொலை செய்வது பற்றி நினைத்துள்ளீர்களா? *ஆம் / இல்லை*

மேலேயுள்ள வினாக்களில் ஒன்றிற்காவது ''ஆம்'' என்று அடையாளமிட்டிருந்தால் அடுத்த வினாவிற்குச் செல்லவும்.

மேலேயுள்ள வினாக்களில் ஒன்றிற்காவது ''ஆம்'' என்று அடையாளமிடப்படாமலிருந்தால் உரையாடலை முடித்துக்கொள்ளவும்.

பதில்களை பதிவு செய்த கடைசிநேரம்.....

ANNEXURE 32

BECK'S SCALE FOR SUICIDE IDEATION

Directions: Please carefully read each group of statements below. Circle the one statement in each group that **best** describes how you have been feeling for the **past week, including today.** Be sure to read all of the statements in each group before making a choice.

Part 1

1	1	I have a strong wish to live
	2	I have a moderate wish to live
	3	I have a weak wish to live
	4	I have no wish to live
2	1	I have no wish to die
	2	I have a weak wish to die
	3	I have a moderate wish to die
	4	I have a strong wish to die
3	1	My reasons for living outweigh my reasons for dying
	2	My reasons for living or dying are about equal
	3	My reasons for dying outweigh my reasons for living
4	1	I have no desire to kill myself
	2	I have a weak desire to kill myself
	3	I have a moderate desire to kill myself
	4	I have a strong desire to kill myself
5	1	I would try to save my life if I found myself in a life-threatening situation
	2	I would take a chance on life or death if I found myself in a life-threatening situation
	3	I would not take the steps necessary to avoid death if I found myself in a life-threatening situation

..... **Subtotal Part 1**

If you have circled the zero statements in both Groups 4 and 5 above, then skip down to Group 20. If you have marked a 1 or 2 in either Group 4 or 5, then open here and go to Group 6.

Part 2

6	1	I have brief periods of thinking about killing myself which pass quickly.
	2	I have periods of thinking about killing myself which last for moderate amounts of time.
	3	I have long periods of thinking about killing myself.
7	1	I rarely or only occasionally think about killing myself.
	2	I have frequent thoughts about killing myself
	3	I continuously think about killing myself
8	1	I do not accept the idea of killing myself
	2	I neither accept nor reject the idea of killing myself
	3	I accept the idea of killing myself
9	1	I can keep myself from committing suicide
	2	I am unsure that I can keep myself from committing suicide
	3	I cannot keep myself from committing suicide
10	1	I would not kill myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc.
	2	I am somewhat concerned about killing myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc.
	3	I am only a little concerned about killing myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc,
	4	I am not concerned about killing myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc.
11	1	My reasons for wanting to commit suicide are primarily aimed at influencing other people, such as getting even with people, making people happier, making people pay attention to me. etc.
	2	My reasons for wanting to commit suicide are not only aimed at influencing other people, but also represent a way of solving my problems
	3	My reasons for wanting to commit suicide are primarily based upon escaping from my problems
12	1	I have no specific plan about how to kill myself
	2	I have considered ways of killing myself, but have not worked out the details
	3	I have a specific plan for killing myself
13	1	I do not have access to a method or an opportunity to kill myself
	2	The method that I would use for committing suicide takes time, and I really do not have a good opportunity to use this method
	3	I have access or anticipate having access to the method that I would choose for killing myself and also have or shall have the opportunity to use it

14	1	I do not have the courage or the ability to commit suicide
	2	I am unsure that I have the courage or the ability to commit suicide
	3	I have the courage and the ability to commit suicide
15	1	I do not expect to make a suicide attempt
	2	I am unsure that I shall make a suicide attempt
	3	I am sure that I shall make a suicide attempt
16	1	I have made no preparations for committing suicide
	2	I have made some preparations for committing suicide
	3	I have almost finished or completed my preparations for committing suicide
17	1	I have not written a suicide note
	2	I have thought about writing a suicide note, but have not written one
	3	I have started to write a suicide note, but have not completed it
	4	I have completed a suicide note
18	1	I have made no arrangements for what will happen after I have committed suicide
	2	I have thought about making some arrangements for what will happen after I have committed suicide
	3	I have made definite arrangements for what will happen after I have committed suicide
19	1	I have not hidden my desire to kill myself from people
	2	I have held back telling people about wanting to kill myself
	3	I have attempted to hide, conceal, or lie about wanting to commit suicide
20	1	I have never attempted suicide
	2	I have attempted suicide once
	3	I have attempted suicide two or more times

If you have previously attempted suicide (marked question 20 as 2 or 3), please continue with the next statement group (question 21)

21	1	My wish to die during the last suicide attempt was low
	2	My wish to die during the last suicide attempt was moderate
	3	My wish to die during the last suicide attempt was high

..... **Subtotal Part 2**

..... **Total Score**

ANNEXURE 33

සියදිවි හානි කර ගැනීමේ අදහස් පිළිබඳ බෙක් ගේ පරිමාණය

අදත් ඇතුළුව පසුගිය සතිය තුළ ජීවත්වීම පිළිබඳව ඔබට ඇති වූ සිතිවිලි හා ඔබ කළ දේ ගැන ප්‍රකාශ පහත දක්වා ඇත. එක් වරකට දක්වන ප්‍රකාශ කිහිපය අතරින්, **අදත් ඇතුළුව පසුගිය සතිය තුළ** ඔබට ඇතිවූ සිතිවිලි සම්බන්ධයෙන් **වඩාත් ම ගැලපෙන** ප්‍රකාශය කුමන එක දැයි කියන්න.

පිළිතුරු සපයන්නා තොරාගන්නා ප්‍රකාශයට අදාළ ඉලක්කම වටා රවුමක් ඇඳින්න. එක් කොටුවකින් එක් ප්‍රකාශයක් පමණක් සලකුණු කරන්න. පිළිතුරු සලකුණු කිරීමට පෙර, එක කොටුවක ඇති සියලුම ප්‍රකාශ පිළිතුරු සපයන්නාට ඇසෙන පරිදි කියවිය යුතුය.

පළමුවන කොටස

1	1	මට ජීවත්වීමට ප්‍රබල ආශාවක් ඇත
	2	මට ජීවත්වීමට තරමක ආශාවක් ඇත
	3	මට ජීවත්වීමට ඇත්තේ සුළු ආශාවකි
	4	මට ජීවත්වීමට ආශාවක් නැත

2	1	මට මිය යාමට කිසිදු උවමනාවක් නැත
	2	මට මිය යාමට සුළු උවමනාවක් ඇත
	3	මට මිය යාමට තරමක උවමනාවක් ඇත
	4	මට මිය යාමට ප්‍රබල උවමනාවක් ඇත

3	1	මට මැරෙන්නට ඇති හේතුවලට වඩා ජීවත් වීමට හේතු ඇත
	2	මට ජීවත් වීමට හේතු ඇති තරමටම මැරෙන්නට ද හේතු ඇත
	3	ඔට ජීවත් වීමට ඇති හේතුවලට වඩා මැරෙන්නට හේතු ඇත

4	1	මට සියදිවි නසා ගැනීමට උවමනාවක් නැත
	2	මට සියදිවි නසා ගැනීමට සුළු උවමනාවක් ඇත
	3	මට සියදිවි නසා ගැනීමට තරමක උවමනාවක් ඇත
	4	මට සියදිවි නසා ගැනීමට ප්‍රබල උවමනාවක් ඇත

5	1	මගේ ජීවිතය අවදානමකට ලක්වන අවස්ථාවකට මුහුණ දුනහොත් ජීවිතය බේරා ගැනීමට මම උත්සාහ කරමි
	2	මගේ ජීවිතය අවදානමකට ලක්වන අවස්ථාවකට මුහුණ දුනහොත් සිදුවන කුමක් හෝ වීමට මම ඉඩ හැර සිටිමි
	3	මගේ ජීවිතය අවදානමකට ලක්වන අවස්ථාවකට මුහුණ දුනහොත් ජීවිතය බේරා ගැනීමට අවශ්‍ය පියවර මම නොගන්නෙමි

Subtotal Part 1 _____

*අංක 4 සහ 5 යන <u>කොටු **දෙකටම**</u> සලකුණු කළේ 1 නම්, අංක 6 සිට 19 දක්වා කොටුවල ප්‍රකාශවලට පිළිතුරු සවහන් නොකර කෙළින්ම අංක 20 සහ 21 කොටුවල ප්‍රකාශවලට යන්න.*

දෙවන කොටස

6	1	මගේ ජීවිතය නැතිකර ගැනීමේ සිතිවිලි සුළු වේලාවක් මගේ සිතේ ඇතිවී ඉක්මනින් නැතිවී යයි
	2	මට සිය දිවි නසා ගැනීම පිළිබඳ සිතිවිලි ඇති වූ විට එය තරමක වේලාවක් මගේ සිතේ පවතී
	3	මට සිය දිවි නසා ගැනීම පිළිබඳ සිතිවිලි ඇති වූ විට එය බොහෝ වේලාවක් මගේ සිතේ පවතී

7	1	මම කලාතුරකින් හෝ ඇතැම් විට පමණක් සිය දිවි නසා ගැනීම පිළිබඳව සිතමි
	2	සිය දිවි නසා ගැනීම පිළිබඳ සිතිවිලි මා තුළ නිතර ඇති වේ
	3	මම සෑම විටම පාහේ සිය දිවි නසා ගැනීම ගැන සිතමි

8	1	මා මගේ ජීවිතය නැති කර ගත යුතුය යන අදහස පිළිගන්නේ නැත
	2	මා මගේ ජීවිතය නැති කර ගත යුතුය යන අදහස පිළිගන්නේ ද ප්‍රතික්ෂේප කරන්නේ ද නැත
	3	මා මගේ ජීවිතය නැති කර ගත යුතුය යන අදහස පිළිගනිමි

9	1	මට සියදිවි හානිකර ගැනීමෙන් වැලකී සිටිය හැකිය
	2	සියදිවි හානිකර ගැනීමෙන් වැලකී සිටිය හැකි දැයි මට විශ්වාසයක් නැත
	3	මට සියදිවි හානිකර ගැනීමෙන් වැලකී සිටිය නොහැකිය

10	1	මා සියදිවි නසාගැනීමෙන් වැලකී සිටිනුයේ මාගේ පවුල, මිතුරන්, ආගම, අසාර්ථක දිවි නසාගැනීමේ උත්සාහයක් නිසා ඇතිවිය හැකි හානි / තුවාල ආදිය නිසාය
	2	මාගේ පවුල, මිතුරන්, ආගම, අසාර්ථක දිවි නසාගැනීමේ උත්සාහයක් නිසා ඇතිවිය හැකි හානි / තුවාල ආදිය නිසා මම මගේ ජීවිතය නැතිකර ගැනීමට තරමක් පසුබට වෙමි
	3	මා සියදිවි නසාගැනීම පිළිබඳව සැලකිමේදී මාගේ පවුල, මිතුරන්, ආගම, අසාර්ථක දිවි නසාගැනීමේ උත්සාහයක් නිසා ඇතිවිය හැකි හානි / තුවාල ආදිය ගැන ඇත්තේ සුලු තැකීමකි
	4	මා සියදිවි නසාගැනීම පිළිබඳව සැලකිමේදී මාගේ පවුල, මිතුරන්, ආගම, අසාර්ථක දිවි නසාගැනීමේ උත්සාහයක් නිසා ඇතිවිය හැකි හානි /තුවාල ආදිය ගැන කිසිදු තැකීමක් නැත

11	1	මට සියදිවි හානිකර ගැනීමට උවමනා මූලිකම කාරණය වන්නේ අන් අය කෙරේ බල පෑමක් ඇතිකිරීමය (උදා: අනෙක් පුද්ගලයින්ගෙන් පලි ගැනීම, අන් අය සතුටු කිරීම, ඔවුන්ගේ අවධානය දිනා ගැනීම)
	2	මට සියදිවි හානිකර ගැනීමට උවමනා වන්නේ අන් අය කෙරේ බල පෑමක් ඇතිකිරීමට මෙන්ම මගේ ප්‍රශ්නවලට විසඳුමක්ද වශයෙනි
	3	මට සියදිවි හානිකර ගැනීමට උවමනා මූලිකම කාරණය වන්නේ මගේ ප්‍රශ්නවලින් ගැලවීමටය

12	1	මගේ ජීවිතය නැතිකර ගන්නේ කෙසේදැයි නියත සැලසුමක් මා තුළ නැත
	2	මා මගේ ජීවිතය නැතිකර ගැනීමේ මාර්ග ගැන සලකා බලා ඇතත් ඒ ගැන විස්තර සලකා බලා නැත
	3	මට මගේ ජීවිතය නැතිකර ගැනීමේ මාර්ගය ගැන පැහැදිලි සැලැස්මක් ඇත

13	1	මට මගේ ජීවිතය නැතිකර ගැනීමට ක්‍රමයක් හෝ ඒ සඳහා අවස්ථාවක් හෝ නැත
	2	ජීවිතය නැතිකර ගැනීමේ මගේ ක්‍රමයට සෑහෙන වේලාවක් ගතවන අතර ඒ සඳහා හොඳ අවස්ථාවක්ද නැත
	3	මා මගේ ජීවිතය නැතිකර ගැනීමේදී යොදා ගැනීමට බලාපොරොත්තුවන ක්‍රමය ක්‍රියාත්මක කිරීමට අවශ්‍ය අවස්ථාව හා ඊට අවශ්‍ය දේ ලබා ගැනීමේ හැකියාව දැනටම ඇත, හෝ ඉදිරියේදී ලැබීමට ඇත

14	1	මට මගේ ජීවිතය නැතිකර ගැනීමට ධෛර්යයක් හෝ හැකියාවක් නැත
	2	මගේ ජීවිතය නැතිකර ගැනීම සඳහා මට හැකියාව හෝ ධෛර්යය ඇත්දැයි සැක සහිතය
	3	මට සියදිවි නසා ගැනීමට අවශ්‍ය ධෛර්යය සහ හැකියාව ඇත

15	1	මම සියදිවි නසා ගැනීමේ උත්සාහයක් කිරීමට අපේක්ෂා නොකරමි
	2	මා සියදිවි නසා ගැනීමේ උත්සාහයක් කරාවිදැයි නිශ්චිතව කිවනොහැකිය
	3	මා සියදිවි නසා ගැනීමේ උත්සාහයක් කරන බවට මට විශ්වාසය

16	1	මා සියදිවි නසා ගැනීමට කිසිදු සූදානමක් වී නැත
	2	මා සියදිවි නසා ගැනීමට යම් තරමකට සූදානම් වී ඇත
	3	මා සියදිවි නසා ගැනීමට අවශ්‍ය සියලු දේම පාහේ සූදානම් කර ඇත

17	1	මා සියදිවි නසා ගැනීමට පෙර ලියන අවසන් ලිපියක් ලියා නැත
	2	මා අවසන් ලිපියක් ලිවීමට සිතා ඇති නමුත් ලියා නොමැත
	3	මා අවසන් ලිපියක් ලිවීමට පටන් ගත් නමුත් අවසන් කර නොමැත
	4	මා අවසන් ලිපියක් ලියා අවසන් කර ඇත

18	1	ජීවිතය නැති කරගත් පසු සිදුවන දේ ගැන මා කිසි පිළිවෙලක් කොට නැත
	2	මව්සින් සියදිවි නසා ගැනීමෙන් පසු සිදුවන දේ සඳහා පිළිවෙලක් සැකසීම ගැන මා සිතා ඇත
	3	සියදිවි හානි කර ගැනීමෙන් පසුව සිදුවන දේ ගැන අවශ්‍ය සියලු දේ මම පිළිවෙලක් කර ඇත්තෙමි

19	1	සියදිවි නසා ගැනීමට ඇති මගේ උවමනාව අන් අයගෙන් සැඟවූයේ නැත
	2	සියදිවි නසා ගැනීමට ඇති උවමනාව මම අන් අයට කීමෙන් වැළකී සිටියෙමි
	3	මගේ සියදිවි හානිකර ගැනීමේ උවමනාව අන් අයගෙන් වසන් කර ඇති අතර ඒ සඳහා විවිධ බොරු ප්‍රකාශ කර ඇත

20	1	මා කවදාවත් සියදිවි නසා ගැනීමට උත්සාහ කර නැත
	2	මා එක් වරක් සියදිවි නසා ගැනීමට උත්සාහ කර ඇත
	3	මා දෙවරක් හෝ ඊට වැඩි වාර ගණනක් සියදිවි නසා ගැනීමට උත්සාහ කර ඇත

ඉහත අංක 20 සඳහා 1 ලකුණු කළේ නම් සාකච්ඡාව අවසන් කරන්න. අංක 20 සඳහා 2 හෝ 3 ලකුණු කළේ නම්, අංක 21 කොටුවට යන්න.

21	1	මා අවසාන වරට කළ සියදිවි නසා ගැනීමේ උත්සාහයේ දී මට මරණයට පත් වීමට සුලු උවමනාවක් පමණක් තිබිණි
	2	මා අවසාන වරට කළ සියදිවි නසා ගැනීමේ උත්සාහයේ දී මට මරණයට පත් වීමට තරමක උවමනාවක් තිබිණි
	3	මා අවසාන වරට ජීවිතය නැතිකර ගැනීමට උත්සාහ කළ අවස්ථාවේ දී මට මිය යාමට දැඩි උවමනාවක් තිබිණි

Subtotal Part 1 _____

Total Score _____

විමසුම්කරු සටහන් කිරීම අවසන් කළ වේලාව:

_____

ANNEXURE 34

தற்கொலை எண்ணவுருவாக்கம் பற்றிய "பெக்" அளவுத்திட்டம்

BECK'S SCALE FOR SUICIDAL IDEATIONS

இன்றைய தினம் உட்பட கடந்த வாரத்தினுள் வாழ்வதைப்பற்றி உங்களுக்குத்தோன்றும் எண்ணங்களும் நீங்கள் செய்த செயலின் கூற்றுக்களும் பின்வருவனவற்றில் உள்ளன. ஒரேமுறையில் காணப்படும் கூற்றுக்களினிடையே, இன்றைய தினம் உட்பட கடந்த வாரத்தினுள் உங்களுக்குத் தோன்றும் எண்ணங்கள் சம்பந்தமாக மிகவும் பொருத்தமான கூற்று எது என்று கூறுங்கள்.

பதில் கூறுபவர் தேர்ந்தெடுக்கும் கூற்றின் இலக்கத்தைச் சுற்றி வட்டமிடவும். ஒரு பெட்டியில் ஒரு வாக்கியத்திற்கு மட்டும் அடையாளமிடவும். பதிலை அடையாளமிடுவதற்கு முன் ஒரு பெட்டியிலுள்ள சகல வாக்கியங்களையும் பதில் கூறுபவருக்கு விளங்கும் வகையில் வாசித்துக்காட்டவும்.

முதல் பகுதி

1	1	எனக்கு வாழ்வதற்கு வலுவான விருப்பு உள்ளது.
	2	எனக்கு வாழ்வதற்கு மிதமான விருப்பு உள்ளது.
	3	எனக்கு வாழ்வதற்கு நலிவான விருப்பு உள்ளது.
	4	எனக்கு வாழ்வதற்கு எவ்வித விருப்பமும் கிடையாது.

2	1	எனக்கு இறப்பதற்கு எவ்வித தேவையும் விருப்பமும் கிடையாது.
	2	எனக்கு இறப்பதற்கு நலிவான விருப்பு உள்ளது.
	3	எனக்கு இறப்பதற்கு மிதமான விருப்பு உள்ளது.
	4	எனக்கு இறப்பதற்கு வலுவானது வரையிலான விருப்பு உள்ளது.

3	1	வாழ்வதற்கான எனது காரணங்கள் இறப்பதற்கான எனது காரணங்களை விஞ்சி நிற்கின்றன.
	2	வாழ்வதற்கான எனது காரணங்களும் இறப்பதற்கான எனது காரணங்களும் ஏறத்தாழ சமமானவை.
	3	இறப்பதற்கான எனது காரணங்கள் வாழ்வதற்கான எனது காரணங்களை விஞ்சி நிற்கின்றன.

4	1	எனது உயிரை மாய்த்துக்கொள்வதில் எனக்கு எவ்வித (Desire) விருப்பமும் கிடையாது.
	2	எனது உயிரை மாய்த்துக்கொள்வதில் எனக்கு நலிவான விருப்பு உள்ளது.
	3	எனது உயிரை மாய்த்துக்கொள்வதில் எனக்கு மிதமான விருப்பு உள்ளது.
	4	எனது உயிரை மாய்த்துக்கொள்வதில் எனக்கு வலிவானது வரையிலான விருப்பு உள்ளது.

5	1	உயிராபத்து ஏற்படக்கூடிய ஒரு நிலைமைக்கு நான் உள்ளானால் எனது உயிரைக் காப்பாற்றிக்கொள்ள நான் முயற்சிப்பேன்.
	2	உயிராபத்து ஏற்படக்கூடிய ஒரு நிலைமைக்கு நான் உள்ளானால் உயிரைக் காப்பதோ, துறப்பதோ எதனையும் ஏற்றுக்கொள்வேன்.
	3	உயிராபத்து ஏற்படக்கூடிய ஒரு நிலைமைக்கு நான் உள்ளானால் இறப்பைத் தவிர்ப்பதற்குத் தேவையான எந்தவொரு நடவடிக்கையையும் மேற்கொள்ளமாட்டேன்.

Subtotal Part 1.....

இலக்கம் 4 ம் 5 ம் ஆகிய இரு பெட்டிகளிலும் அடையளமிடப்பட்டது 1 என்றால் இலக்கம் 6 ல் இருந்து 19 வரை பெட்டிகளிலுள்ள வாக்கியங்களுக்குப் பதில்களைப் பெறாமல் நேரடியாக இலக்கம் 20 லும் 21 லும் பெட்டிகளில் இருக்கும் வாக்கியங்களுக்குச் செல்லவும்..

இரண்டாம் பகுதி

6	1	எனது உயிரை மாய்த்துக்கொள்ளும் எண்ணம் எனது மனதில் தோன்றி துரிதமாக மறைவதுண்டு.
	2	எனது உயிரை மாய்த்துக்கொள்ளும் எண்ணம் எனது மனதில் தோன்றி மிதமான அளவு நேரம் அது இருப்பதுண்டு.
	3	எனது உயிரை மாய்த்துக்கொள்ளும் எண்ணம் எனது மனதில் தோன்றி நீண்ட நேரம் அது இருப்பதுண்டு.

7	1	எனது உயிரை மாய்த்துக்கொள்ளும் எண்ணம் எனது மனதில் அரிதாக அல்லது சிலவேளைகளில் ஏற்படுவதுண்டு.
	2	எனது உயிரை மாய்த்துக்கொள்ளும் எண்ணம் எனது மனதில் அடிக்கடி ஏற்படுவதுண்டு.
	3	எனது உயிரை மாய்த்துக்கொள்ளும் எண்ணம் எனது மனதில் எப்போதும் ஏற்படுவதுண்டு.

8	1	எனது உயிரை மாய்த்துக்கொள்ளும் கருத்தை நான் ஏற்றுக்கொள்ளமாட்டேன்.
	2	எனது உயிரை மாய்த்துக்கொள்ளும் கருத்தை நான் ஏற்றுக்கொள்ளவோ, மறுதலிக்கவோ மாட்டேன்.
	3	எனது உயிரை மாய்த்துக்கொள்ளும் கருத்தை நான் ஏற்றுக்கொள்கிறேன்.

9	1	தற்கொலை செய்துகொள்வதிலிருந்து என்னை என்னால் காத்துக்கொள்ள முடியும்.
	2	தற்கொலை செய்துகொள்வதிலிருந்து என்னை என்னால் காத்துக்கொள்ள முடியுமா என்பது எனக்கு நிச்சயமில்லை.
	3	தற்கொலை செய்துகொள்வதிலிருந்து என்னை என்னால் காத்துக்கொள்ள முடியாது.

10	1	நான் தற்கொலை செய்யும் எண்ணங்களில் இருந்து விலகி நின்றதற்கான காரணம், நான் எனது குடும்பம், நண்பர்கள், சமயம், தோல்வியடைந்த ஒரு தற்கொலை முயற்சியினால் ஏற்பட்ட நட்டம், /காயம் ஆகியவற்றால்.
	2	எனது குடும்பம், நண்பர்கள், சமயம், தோல்வியடைந்த ஒரு தற்கொலை முயற்சியினால் ஏற்பட்ட நட்டம்/ காயம் போன்றதொன்று காரணமாக நான் எனது உயிரை மாய்த்துக்கொள்ளவதில் சிறிது பின்னடைந்தேன்.
	3	நான் தற்கொலை செய்து கொள்ள நினைக்கும் போது எனது குடும்பம், நண்பர்கள், சமயம், தோல்வியடைந்த ஒரு தற்கொலை முயற்சியினால் ஏற்பட்ட நட்டம், /காயம் போன்றதொன்று காரணமாக சிறிது கலக்கமடைந்தேன்.
	4	நான் தற்கொலை செய்து கொள்ள நினைக்கும் போது எனது குடும்பம், நண்பர்கள், சமயம், தோல்வியடைந்த ஒரு தற்கொலை முயற்சியினால் ஏற்பட்ட நட்டம், /காயம் போன்றதொன்று காரணமாக ஒருபோதும் கலக்கமடையவில்லை.

11	1	தற்கொலை செய்துகொள்வதற்குரிய எனது காரணங்கள் பிறருடன் சேர்ந்திருத்தல், (உ+ம் பிறரை மகிழ்வித்தல், பிறரின் கவனத்தை என்மீது ஈர்த்தல் போன்ற பிறரின் மீது தாக்கம் விளைவித்தலையே அடிப்படை நோக்காகக் கொண்டவை).
	2	தற்கொலை செய்துகொள்வதற்குரிய எனது காரணங்கள் பிறரின் மீது தாக்கம் விளைவித்தல் எனும் நோக்கத்தை மட்டுமன்றி, எனது பிரச்சினைகளை தீர்த்துக்கொள்வதற்கான ஒரு வழியாகவும் உள்ளன.
	3	தற்கொலை செய்துகொள்ளவதற்குரிய எனது காரணங்கள், பிரச்சினைகளிலிருந்து தப்பித்துக்கொள்வதையே அடிப்படை நோக்காகக் கொண்டுள்ளது.

12	1	எனது உயிரை எவ்வாறு மாய்த்துக்கொள்வது எனும் தெளிவான திட்டமேதும் என்னிடம் கிடையாது.
	2	எனது உயிரை மாய்த்துக் கொள்வதற்கான முறைகளை நான் கவனத்திற்கொண்டுள்ளபோதிலும் அது குறித்த விபரங்களை நான் இதுவரையில் திட்டமிடவில்லை.
	3	எனது உயிரை மாய்த்துக்கொள்வதற்கான குறிப்பான ஒரு திட்டம் என்னிடம் உள்ளது.

13	1	எனது உயிரை மாய்த்துக்கொள்வதற்கான ஒரு முறையையோ ஒரு சந்தர்ப்பத்தையோ அடைய எனக்கு வாய்ப்பேதும் கிடையாது.
	2	எனது உயிரை மாய்த்துக்கொள்வதற்காக நான் பயன்படுத்தும் முறைக்கு நேர அவகாசம் தேவையாக உள்ள அதேவேளை அந்த முறையைப் பயன்படுத்துவதற்காக ஒரு நல்ல வாய்ப்பு எனக்குக் கிடைக்கவில்லை.
	3	எனது உயிரை மாய்த்துக்கொள்வதற்கான முறையை அடைய எனக்கு வாய்ப்பு உள்ளது அல்லது அவ்வாறு வாய்ப்பு உள்ளதாக எதிர்ப்பார்ப்பதோடு, அதனைப் பயன்படுத்துவதற்கான வாய்ப்பு உள்ளது அல்லது வாய்ப்பு உள்ளதாகவும் எதிர்ப்பார்க்கிறேன்.

14	1	தற்கொலை செய்துகொள்வதற்கான துணிவோ ஆற்றலோ என்னிடம் கிடையாது.
	2	தற்கொலை செய்துகொள்வதற்கான துணிவோ ஆற்றலோ என்னிடம் உள்ளதா என எனக்கு சந்தேகமாக இருக்கின்றது.
	3	தற்கொலை செய்துகொள்வதற்கான துணிவும் ஆற்றலும் என்னிடம் உள்ளது.

15	1	தற்கொலை முயற்சியை மேற்கொள்ள நான் எதிர்பார்க்கவில்லை.
	2	நான் தற்கொலை முயற்சியை மேற்கொள்வேன் என்பதை என்னால் நிச்சயமாகக் கூறமுயாது.
	3	நான் தற்கொலை முயற்சியை மேற்கொள்வேன் என்பது எனக்கு நிச்சயமானது.

16	1	நான் தற்கொலை செய்துகொள்வதற்கான எவ்வித ஆயத்தங்களையும் செய்யவில்லை.
	2	தற்கொலை செய்துகொள்வதற்கான சில ஆயத்தங்க்ளை நான் செய்துள்ளேன்.
	3	தற்கொலை செய்துகொள்வதற்கான சகல ஆயத்தங்களையும் நான் செய்துமுடித்துள்ளேன் அல்லது நிறைவுசெய்துள்ளேன்.

17	1	நான் தற்கொலை செய்து கொள்வதற்கு முன் எழுதும் கடைசிக் கடிதம் எழுதியதில்லை.
	2	நான் கடைசிக் கடிதம் எழுத நினைத்தேன் ஆனால் எழுதவில்லை.
	3	நான் கடைசிக் கடிதத்தை எழுத ஆரம்பித்தேன். ஆனால் அதை முடிக்கவில்லை.
	4	நான் கடைசிக் கடிதத்தை எழுதி முடித்துள்ளேன்.

18	1	தற்கொலை செய்துகொண்டபின் நிகழத்தக்கவை குறித்த எவ்வித ஆயத்தங்களையும் நான் செய்யவில்லை.
	2	நான் தற்கொலை செய்துகொண்டபின் நிகழத்தக்கவை குறித்த சில ஆயத்தங்களைச் செய்வது குறித்து எண்ணியுள்ளேன்.
	3	தற்கொலை செய்துகொண்டபின் நிகழத்தக்கவை எனக் குறித்து தேவையான சகல ஆயத்தங்களையும் நான் செய்துள்ளேன்.

19	1	உயிரை மாய்த்துக்கொள்வதற்கான எனது விருப்பை நான் மற்றவர்களிடமிருந்து மறைத்து வைக்கவில்லை.
	2	உயிரை மாய்த்துக்கொள்வதற்கான எனது விருப்பை மற்றவர்களிடம் கூறுவதைத் தவிர்த்துள்ளேன்.
	3	நான் தற்கொலை செய்துகொள்ள வேண்டுமென்பதை மற்றவர்களிடம் மறைத்து அல்லது அடக்கி வைத்து அல்லது அதுகுறித்துப் பலவிதமான பொய்களைச் சொல்லியுமுள்ளேன்.

20	1	நான் ஒருபோதும் தற்கொலை செய்துகொள்ள முயற்சிக்கவில்லை.
	2	நான் ஒருதடவை தற்கொலை செய்துகொள்ள முயற்சித்துள்ளேன்.
	3	நான் இரு தடவைகள் அல்லது பல தடவைகள் தற்கொலை செய்துகொள்ள முயற்சித்துள்ளேன்.

மேலேயுள்ள இலக்கம் 20 ல் 1 என்று அடையாளமிடப்பட்டிருந்தால் உரையாடலை முடித்துக்கொள்ளவும். இலக்கம் 20 ல் 2 அல்லது 3 என்று அடையாளமிடப்பட்டிருந்தால் இலக்கம் 21 ன் பெட்டிக்குச் செல்லவும்.

21	1	1கடந்த தற்கொலை முயற்சியின்போது இறப்பதற்கான எனது விருப்பு தாழ்வாக இருந்தது.
	2	2கடந்த தற்கொலை முயற்சியின்போது இறப்பதற்கான எனது விருப்பு மிதமாக இருந்தது.
	3	3கடந்த தற்கொலை முயற்சியின்போது இறப்பதற்கான எனது விருப்பு உயர்வாக இருந்தது.

Subtotal Part 2 ---------
Total Score ---------

பதில்களைப் பதிவு செய்த இறுதி நேரம்.....

ANNEXURE 35

SCHOOL BASED BASELINE NATIONAL SURVEY ON MENTAL HEALTH IN SRI LANKA

Questionnaire on School Information

1. Name of the School in full_____
   _____
2. Address of the School _____
   _____
3. School Telephone no. _____
4. District that School belongs to _____
5. Electorate _____No_____
6. Divisional secretariat _____
7. Grama Niladari Division_____No_____
8. Administrative division

   Municipal council……1
   Urban council...……2
   Pradeshiya Saba……...3
9. Educational Zone _____
10. Educational division _____
11. Type of school based on ethnicity

    Sinhala…….1
    Tamil……2
    Muslim…..……3

12. Teaching medium of the school

    Sinhala only……1
    Tamil only…….……..2
    Sinhala, Tamil…….3
    Sinhala, English…….....4
    Tamil, English…….5
    Sinhala, Tamil, English…...6

13. Type of school based on Gender

Boys' school…..1

Girls' school…..2

Mixed school….3

14. This school is a…

National school……...1

D.S.D school (Navodya)…….2

National and D.S.D school….3

Other……..….4

15. Type of school according to grades

1 AB – Grades up to 13 with science stream……..1

1 C – Grades up to 13 with arts and/or commerce stream/s only…...2

2 - Grades up to 11…….3

3 – Grades up to 5……..4

16. According to circular 1998/47 of Ministry of Education, the school is a …

Very congenial school……...….1

Congenial school……2

Non-congenial school.…..…….3

School with difficulties……..….4

School with greater difficulties….5

17. Physical facilities of the school

a. Electricity – available / not available
b. Telephone facilities - available / not available
c. Student counseling unit - available / not available
d. Access to drinking water - available / not available

   Describe the principal source_____

e. Toilet facilities - available / not available

   Describe_____

f. Library facilities - available / not available

   Describe._____

g. Laboratory facilities - available / not available

   Describe._____

18. Distribution of students in each grade due to be involved in the survey

Grade	Grade 1									
Class										
No. of student										
Cumulative total										
Grade	Grade 2									
Class										
No. of student										
Cumulative total										
Grade	Grade 3									
Class										
No. of student										
Cumulative total										
Grade	Grade 4									
Class										
No. of student										
Cumulative total										
Grade	Grade 5									
Class										
No. of student										
Cumulative total										
Grade	Grade 6									
Class										
No. of student										
Cumulative total										
Grade	Grade 7									
Class										
No. of student										
Cumulative total										
Grade	Grade 8									
Class										
No. of student										
Cumulative total										
Grade	Grade 9									
Class										
No. of student										
Cumulative total										
Grade	Grade 10									
Class										
No. of student										
Cumulative total										
Grade	Grade 11									
Class										
No. of student										
Cumulative total										
Grade	Grade 12									
Class										
No. of student										
Cumulative total										
Grade	Grade 13									
Class										
No. of student										
Cumulative total										
Total no. of students of the school										

19. For selection of students for the survey;

Random numbers used for the school

Total number of students from whom information was collected _____

ANNEXURE 36

ශ්‍රී ලංකාවේ පාසල් දරුවන්ගේ මානසික සෞඛ්‍ය පිළිබඳ ජාතික සමීක්ෂණය

පාසල් තොරතුරු පිළිබඳ ප්‍රශ්නාවලිය

1. පාසලේ සම්පූර්ණ නම_____

2. පාසලේ ලිපිනය_____

3. පාසලේ දුරකතන අංකය_____

4. දිස්ත්‍රික්කය_____

5. මැතිවරණ කොට්ඨාසය_____ අංකය_____

6. ප්‍රාදේශීය ලේකම් කොට්ඨාසය_____

7. ග්‍රාමනිලධාරී කොට්ඨාසය_____ අංකය_____

8. පළාත් පාලන බල ප්‍රදේශය

මහ නගර සභා..... 1

නගර සභා..... 2

ප්‍රාදේශීය සභා..... 3

9. අධ්‍යාපන කලාපය_____

10. අධ්‍යාපන කොට්ඨාසය_____

11. ජනවර්ගය අනුව පාසල් වර්ගය

සිංහල..... 1

දෙමළ..... 2

මුස්ලිම්..... 3

12. පාසලේ උගන්වන භාෂා මාධ්‍යය

සිංහල පමණක්..... 1

දෙමළ පමණක්..... 2

සිංහල, දෙමළ..... 3

සිංහල, ඉංග්‍රීසි..... 4

දෙමළ, ඉංග්‍රීසි..... 5

සිංහල, දෙමළ, ඉංග්‍රීසි..... 6

13. පාසලේ සිටින සිසුන්ගේ ගැහැනු පිරිමි බව අනුව මෙම පාසල

පිරිමි පමණක් සිටින පාසලකි..... 1

ගැහැනු පමණක් සිටින පාසලකි..... 2

මිශ්‍ර පාසලකි..... 3

14. මෙම පාසල

ජාතික පාසලකි..... 1

නවෝදය (ඩී.එස්.ඩී) පාසලකි..... 2

ජාතික හා නවෝදය පාසලකි..... 3

ජාතික හෝ නවෝදය නොවන පාසලකි..... 4

15. පාසලේ පවත්වන පන්ති අනුව පාසල් ශ්‍රේණිය

1AB- 13 වසර දක්වා විද්‍යා විෂය ධාරා (ගණිත හෝ පිටි විද්‍යා) පන්ති සහිත..... 1

1C- 13 වසර දක්වා කලා හෝ වාණිජ විෂය ධාරා පන්ති පමණක් සහිත..... 2

2- 11 වසර දක්වා පමණක් පන්ති සහිත..... 3

3- 5 වසර දක්වා පමණක් පන්ති සහිත..... 4

16. මෙම පාසල අමාත්‍යාංශයේ 1998/47 වකුලේඛ වර්ගීකරණය අනුව

වඩා ප්‍රියමනාප පාසලකි..... 1

ප්‍රියමනාප පාසලකි..... 2

ප්‍රියමනාප නොවන පාසලකි..... 3

දුෂ්කර පාසලකි..... 4

අති දුෂ්කර පාසලකි..... 5

17. පාසලේ ඇති භෞතික සම්පත්

a) විදුලිබලය - ඇත / නැත

b) දුරකථන පහසුකම් - ඇත / නැත

c) ශිෂ්‍ය උපදේශන ඒකකයක් - ඇත / නැත

d) පාසලට පානීය ජලය සපයන ප්‍රධාන මාර්ගයක් - ඇත / නැත

ප්‍රධාන මාර්ගය විස්තර කරන්න_____

e) වැසිකිළි පහසුකම් - ඇත / නැත

විස්තර කරන්න_____

f) පුස්තකාල පහසුකම් - ඇත / නැත

විස්තර කරන්න_____

g) විද්‍යාගාර පහසුකම් - ඇත / නැත

විස්තර කරන්න_____

18. *සමීක්ෂණය සඳහා යොදා ගන්නා ශ්‍රේණිවල එක් එක් පන්තියේ ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන හා පාසලේ මුළු ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන*

ශ්‍රේණිය	1 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	2 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	3 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	4 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	5 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	6 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	7ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	8 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	9 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	10 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	11 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	12 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
ශ්‍රේණිය	13 ශ්‍රේණිය									
පන්තිය										
සිටින ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										
සමුච්චිත එකතුව										
පාසලේ මුළු ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන										

19. *සමීක්ෂණය සඳහා තොරතුරු ලබාගැනීමට ශිෂ්‍ය- ශිෂ්‍යාවන් තෝරාගැනීම*

- *නියැදි අන්තරය* = $\frac{\text{අවසන් සමුච්චිත එකතුව}}{\text{අවශ්‍ය ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන (30)}} = \frac{\qquad}{30} =$ ☐

- *නියැදි අන්තරයට අනුරූපව ලබා දෙන අහඹු අංකය = තෝරා ගන්නා පළමු ළමයාට අදාල අංකය* = ☐

- *අහඹු අංකය + නියැදි අන්තරය = තෝරා ගන්නා දෙවැනි ළමයාට අදාල අංකය*

- *තෝරා ගන්නා දෙවැනි ළමයාට අදාල අංකය + නියැදි අන්තරය = තෝරා ගන්නා තුන්වැනි ළමයාට අදාල අංකය*

- *තෝරා ගන්නා තුන්වැනි ළමයාට අදාල අංකය + නියැදි අන්තරය = තෝරා ගන්නා හතරවැනි ළමයාට අදාල අංකය .....*

තෝරාගන්නා ශිෂ්‍ය- ශිෂ්‍යාවන්ට අදාල අංක

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*සමීක්ෂණය සඳහා තොරතුරු ලබාගත් මුළු ශිෂ්‍ය- ශිෂ්‍යාවන් ගණන*_____

ANNEXURE 37

பாடசாலை ரீதியிலான தேசிய உளநல மதிப்பீடு

பாடசாலை தகவல்கள் சம்பந்தமான வினாக்கொத்து

1. ***பாடசாலையின் முழுப்பெயர்*** _____
2. ***பாடசாலையின் முகவரி***_____
3. ***பாடசாலையின் தொலைபேசி இலக்கம்*** _____
4. ***மாவட்டம்*** _____
5. ***தேர்தல் தொகுதியும்***_____ ***இலக்கமும்*** _____
6. ***பிரதேச செயலாளர் பிரிவு*** _____
7. ***கிராமசேவகர் பிரிவும்*** _____ ***இலக்கமும்*** _____
8. ***உள்ளூராட்சி அதிகாரப் பிரதேசம்***

மாநகரசபை.....1
நகரசபை.....2
பிரதேச சபை.....3

9. ***கல்வி வலயம்*** _____
10. ***கல்விக்கோட்டம்*** _____
11. ***இன அடிப்படைக்கேற்ப பாடசாலைவகை***

சிங்களம்.....1
தமிழ்.....2
முஸ்லிம்.....3

12. ***பாடசாலையில் கற்பிக்கும் மொழிமூலம்***

சிங்களம் மட்டும்.....1
தமிழ் மட்டும்.....2
சிங்களம், தமிழ்.....3
சிங்களம், ஆங்கிலம்.....4
தமிழ், ஆங்கிலம்.....5
தமிழ், சிங்களம், ஆங்கிலம்.....6

13. ***பாடசாலையில் உள்ள மாணவர்களில் ஆண்பெண் உள்ளிட்ட இப்பாடசாலை***

ஆண்கள் மட்டும் உள்ள பாடசாலை.....1
பெண்கள மட்டும் உள்ள பாடசாலை.....2
கலவன் பாடசாலை.....3

14. *இப்பாடசாலை*

தேசிய பாடசாலை.....1

நவோதயா.....2

தேசிய நவோதய.....3

தேசிய அல்லது நவோதய அல்லாத பாடசாலை.....4

15. *பாடசாலையில் நடைபெறும் வகுப்பறைகள் உள்ளிட்ட பாடசாலையின் தரம்*

1AB- *தரம் 13 வரை விஞ்ஞான பாடநெறி (கணிதம் அல்லது விஞ்ஞானம்) வகுப்புகளுடன்*.....1

1C- *தரம் 13 கலை அல்லது வர்த்தக பாடநெறி வகுப்புகளுடன் மட்டும்*.....2

2- *தரம் 11 வரை மட்டும் வகுப்புகளுடன்*.....3

3- *தரம் 5 வரை மட்டும் வகுப்புகளுடன்*.....4

16. *இப்பாடசாலை அமைச்சில் 1998 / 47 வகைப்படுத்தலுக்கு ஏற்ப*

மிக விருப்பத்திற்குறிய பாடசாலை.....1

விருப்பத்திற்குறிய பாடசாலை.....2

விருப்பமில்லாத பாடசாலை.....3

கஸ்டப்பிரதேச பாடசாலை.....4

அதி கஸ்டப்பிரதேச பாடசாலை.....5

17. *பாசாலையிலுள்ள பௌதிக வளங்கள்*

a) *மின்சாரம் - உண்டு / இல்லை*

b) *தொலைபேசி வசதி - உண்டு / இல்லை*

c) *மாணவ வழிகாட்டல் ஆலோசனைபிரிவு - உண்டு / இல்லை*

d) *பாடசாலைக்கு குடிநீர் வழங்களுக்கு பிரதான பாதை - உண்டு / இல்லை*

பிரதான பாதையை விபரிக்கவும் _____

e) *மலசலகூட வசதி - உண்டு / இல்லை*

விபரிக்கவும் _____

f) *நூல்நிலைய வசதி - உண்டு / இல்லை*

விபரிக்கவும் _____

g) *விஞ்:ஞான ஆய்வுக்கூடவசதி - உண்டு / இல்லை*

விபரிக்கவும் _____

18. ஆய்வுக்காக பயன்படுத்தக்கூடிய தரங்களில் ஒவ்வொரு வகுப்பு மாணவ மாணவிகளின் தொகையும் பாடசாலையையின் முழு மாணவ மாணவிகளின் தொகையும்

தரம்	தரம் 1									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 2									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 3									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 4									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 5									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 6									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 7									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 8									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 9									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 10									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 11									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 12									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
தரம்	தரம் 13									
வகுப்பு										
இருக்கும் மாணவ மாணவியின் தொகை										
முழுத்தொகை										
பாடசாலையிலுள்ள முழு மாணவ மாணவிகளின் தொகை										

19. *ஆய்வுக்காக தகவல்களைப்பெறுவதற்கு மாணவ மாணவிகளை தெரிவு செய்தல்*

- *மாதிரி ஆயிடை* = $\frac{\text{இறுதி முழுத் தொகை}}{\text{தேவையான மாணவ மாணவிகளின் தொகை(30)}} = \frac{\quad}{30} =$ ☐

- *மாதிரி ஆயிடை ஏற்ப வழங்கும் எழுமாற்றிலக்கம்* = *தெரிவு செய்யப்படும் மாணவரின் உரிய இலக்கம்* = ☐

- *எழுமாற்றிலக்கமும்* + *மாதிரி ஆயிடை* = *தெரிவு செய்யும் இரண்டாம் மாணவனின் உரிய இலக்கம்*

- *தெரிவு செய்யும் இரண்டாம் மாணவனின் உரிய இலக்கம்* + *மாதிரி ஆயிடை* = *தெரிவு செய்யும் மூன்றாம் மாணவனின் உரிய இலக்கம்*

- *தெரிவு செய்யும் மூன்றாம் மாணவனின் உரிய இலக்கம்* + *மாதிரி ஆயிடை* = *தெரிவு செய்யும் நான்காம் மாணவனின் உரிய இலக்கம்* .....

தெரிவு செய்யப்படும் மாணவ மாணவிகளின் உரிய இலக்கம்

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*ஆய்வுக்காக தெரிவுசெய்த முழு மாணவ மாணவிகளின் தொகை*_____

ANNEXURE 38

SCHOOL BASED NATIONAL SURVEY ON MENTAL HEALTH
Questionnaire on General Information

RESPONDENT NUMBER - _____

DISTRICT _____

SCHOOL_____

CLASSIFICATION OF SCHOOL_____

INTERVIEWER'S NAME _____

DATE- DAY___/___MO___/___YR___/___

---

1. How old are you?

AGE ___/___

What is your birth date?

DAY___/___ MO___/___ YR___/___

What grade / year are you in?

YEAR ___/___

---

2. RECORD SEX AS OBSERVED.

MALE.....1

FEMALE.....2

---

3. What is your ethnicity?

Sinhala.....1

Tamil.....2

Muslim.....3

Burgher.....4

Malay.....5

Other (specify).....6

.....

---

4. What is your religion?

Buddhist.....1

Hindu.....2

Islam.....3

Roman Catholic.....4

Other Christian.....5

Other (specify).....6

.....

5. Who is your main caregiver?

Mother / Father……1

Older Brother / Sister……2

Uncle, Aunt, Grandparent or other relative……3

Other non-related person (specify)……4

.....

6. Is your mother available at home?

YES……(ask B)……1
NO…….(ask A)……2

A. IF NOT AVALABLE:

What is the reason for your mother not being available?

Mother died……1

Mother working abroad……2

Parents' divorce/separation……3

Abandoned by Mother or never knew Mother……4

Mother's illness……5

Other reason (Specify)……6

.....

B. What is the educational standard of your mother or your mother figure?

Not received school education……1

From grade 1 to 5……2

From grade 6 up to O/L……3

Passed O/L……4

From grade 12 to 13……5

Passed A/L……6

University education or beyond……7

Don't know / not relevant……8

C. If your mother or your mother figure is employed, what is her job?

.....

D. How is your relationship with your mother or your mother figure?

Very good / close……1

Good / close……2

Average……3

Not good /close……4

Bad……5

Difficult to say / not relevant……6

7. Is your father available at home?

YES……(ask B)……1
NO…….(ask A)……2

A. IF NOT AVALABLE:

What is the reason for your father not being available?

Father died……1

Father working abroad……2

Parents' divorce/separation……3

Abandoned by Father or never knew Father……4

Father's illness……5

Other reason (Specify)……6

.....

B. What is the educational standard of your father or your father figure?

Not received school education……1

From grade 1 to 5……2

From grade 6 up to O/L……3

Passed O/L……4

From grade 12 to 13……5

Passed A/L……6

University education or beyond……7

Don't know / not relevant……8

C. If your father or your father figure is employed, what is her job?

.....

D. How is your relationship with your father or your father figure?

Very good / close……1

Good / close……2

Average……3

Not good /close……4

Bad……5

Difficult to say / not relevant……6

8. How many brothers and sisters do you have?

Siblings	Number
Older brothers	
Older sisters	
Younger brothers	
Younger sisters	
Twin (or multiple) brothers	
Twin (or multiple) sisters	
Total	

How is your relationship with your brothers and sisters?

Very good / close……1

Good / close……2

Average……3

Not good /close……4

Bad……5

Difficult to say / not relevant……6

9. How many people live in the same house with you?

Sr No	Relationship with the Person	Age (years)
1.	SELF	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

10. What type of surrounding is your home situated?

Village / rural area……1

City / town / urban area……2

Suburban area……3

Plantation……4

Costal fishing community……5

Other(Specify)……6

……

11. What are the <u>principal materials</u> of construction of your house?

A. WALL

Plastered Brick / Cement block……..1

Non plastered Brick / Cement block……2

Mud……3

Plank/ Metal sheet……4

Cadjan/ Palmyrah……5

Other (specify)……6

……

B. FLOOR

Carpet ……1

Terrazzo/ Tile/ Granite……2

Cement……3

Mud / Dung……4

Sand / unprepared floor……5

Other (specify)……6

……

C. ROOF

Tile……1

Asbestos……2

Concrete……..3

Metal sheet……4

Cadjan/ Palmyrah/ Straw……..5

Other (specify)……..6

……

12. What is your <u>principle source</u> of drinking water at home?

Water line -Tap within premises……1

Well within premises with a motorised water pump……2

Water line -Tap in the yard……...3

Well within premises without a motorised water pump……4

Water line -Public tap / street tap……5

Public well / public Tube well……..6

River, tank, streams spring etc……7

Other (specify)……8

……..

13. What is the <u>principle type</u> of cooking fuel at your home?

Electricity……1

Gas……..2

Kerosene…….3

Fire wood…….4

Coconut shells / Saw dust/ Paddy husk…….5

Other (specify)…….6

…….……..……..

14. What is the <u>main type</u> of toilet used at your house?

Water sealed with cistern flush system..…1

Water sealed with pour flush system.….2

Pit latrine..…3

Bucket latrine…..4

No latrine facility.....5

Other (specify).…6

…….……..……..

15. Does your house have a……?

Radio..……1☐

TV……..2☐

Refrigerator…….3☐

Phone (mobile / fixed)……4☐

16. Does any member of your household have……..?

Bicycle.……1☐

Motorcycle or scooter……..……2☐

Car / van……..3☐

Tractor / Lorry / Bus……..4☐

17. School participatory patterns

A. ABSENTEEISM- PERCENTAGE OF DAYS ABSENT IN THE CALENDAR YEAR AS NOTED FROM THE ATTENDANCE REGISTER)_____% of _____days

B. LATE ATTENDANCE (AS NOTED BY THE CLASS TEACHER)

Late on most days..……1

Frequently late……2

Late on some of the days……3

Late on few days……4

Never late…….5

18. School performance

Year 5 scholarship marks_____

Year 4 / 5 standardised test marks_____

The average of marks of all subjects in the last term test_____

GCE O level examination Results- A-____/ B-_____ / C-____/ S-____/ W-_____

19. HEIGHT (cm)

___/___

20. WEIGHT (kg)

___/___

ANNEXURE 39

ශ්‍රී ලංකාවේ පාසල් දරුවන්ගේ මානසික සෞඛ්‍ය පිළිබඳ ජාතික සමීක්ෂණය

පොදු තොරතුරු පිළිබඳ ප්‍රශ්නාවලිය

ළමයාගේ අංකය _____

*දිස්ත්‍රික්කය*_____

*පාසල*_____

*වර්ගීකරණය අනුව පාසල් වර්ගය*_____

සාකච්ඡාව මෙහෙයවන්නාගේ නම _____

ආරම්භ කළ වේලාව පැය___/___විනාඩි___/__

දිනය දවස___/___ මාසය___/___ වර්ෂය___/___/___/___

---

1. ඔබේ වයස කීය ද? **ළමයාගෙන් හෝ දෙමාපියන්ගෙන් හෝ ගුරුවරයාගෙන් අසන්න* *වයස___/___*

A. ඔබගේ උපන් දිනය කවදා ද? *දවස___/___ මාසය___/___ වර්ෂය___/___/___/___*
**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් හෝ ගුරුවරයාගෙන් අසන්න*

B. ඔබ ඉගෙන ගන්නා ශ්‍රේණිය කුමක් ද? **ළමයාගෙන් හෝ දෙමාපියන්ගෙන් හෝ ගුරුවරයාගෙන් අසන්න* *ශ්‍රේණිය ___/___*

---

2. *පෙනෙන ආකාරයට ස්ත්‍රී / පුරුෂ භාවය ලකුණු කරන්න*

පුරුෂ 1

ස්ත්‍රී 2

---

3. ඔබගේ ජාතිය කුමක් ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් හෝ ගුරුවරයාගෙන් අසන්න*

සිංහල..... 1

දෙමළ..... 2

මුස්ලිම්..... 3

බර්ගර්..... 4

මැලේ..... 5

වෙනත් (සඳහන් කරන්න)..... 6

.....

---

4. ඔබගේ ආගම කුමක් ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් හෝ ගුරුවරයාගෙන් අසන්න*

බෞද්ධ..... 1

හින්දු..... 2

ඉස්ලාම්..... 3

රෝමානු කතෝලික..... 4

වෙනත් ක්‍රිස්තියානි..... 5

ආගමක් අදහන්නේ නැත..... 6

වෙනත් (සඳහන් කරන්න)..... 7

.....

5. ඔබේ ප්‍රධාන භාරකරුවන් කවිරුන් ද? | ඔබව රැකබලාගන්නේ කවිරුන් ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් හෝ ගුරුවරයාගෙන් අසන්න*

මව / පියා..... 1

සහෝදරයෙක් /සහෝදරියක්..... 2

මාමා, නැන්දා, ආච්චී, සීයා වැනි නෑදෑ කෙනෙක්..... 3

නෑදෑ නොවන වෙනත් කෙනෙක් (සඳහන් කරන්න)..... 4

.....

6. ඔබේ මව ඔබ සමග ගෙදර ඉන්නවා ද?

ඔව් .....(B.ට යන්න)..... 1

නැහැ ....(A.ට යන්න)..... 2

**ගුරුවරයාගෙන් හෝ ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

A. *ඔබ සමග නැති නම් :*

ඔබේ මව ඔබ සමග ගෙදර නොසිටීමට හේතුව කුමක් ද?

**ගුරුවරයාගෙන් හෝ ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

මව මිය යාම 1

මව විටරට රැකියාවක් කිරීම..... 2

දෙමාපියන් දික්කසාදවීම / වෙන්වීම..... 3

මව විසින් අත්හැර දමනු ලැබීම හෝ කිසිදාක මව දැන නොසිටීම..... 4

මවගේ රෝගී තත්ත්වයක්..... 5

වෙනත් හේතුවක් (සඳහන් කරන්න)..... 6

.....

B. ඔබගේ මව හෝ ඔබ මව ලෙස සලකන තැනැත්තිය කොයි තරම් දුරට අධ්‍යාපනය ලබා තිබේ ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

පාසැල් අධ්‍යාපනය ලබා නැත..... 1

1 සිට 5 ශ්‍රේණිය දක්වා..... 2

6 ශ්‍රේණිය සිට සාමාන්‍ය පෙළ දක්වා..... 3

සාමාන්‍ය පෙළ සමත්..... 4

12 සිට 13 ශ්‍රේණිය දක්වා..... 5

උසස් පෙළ සමත්..... 6

විශ්ව විද්‍යාල හෝ ඉහළ උසස් අධ්‍යාපනය ලැබූ..... 7

නොදනිමි / අදාළ නැත..... 8

C. ඔබගේ මව හෝ ඔබ මව ලෙස සලකන තැනැත්තිය රැකියාවක් කරන්නේ නම් එය කුමක් ද? *(රැකියාව කරන ක්ෂේත්‍රය සහ රැකියාවේ තරාතිරම /තනතුර ද සඳහන් කරන්න)* **ගුරුවරයාගෙන් හෝ ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

.....

D. ඔබගේ මව හෝ ඔබ මව ලෙස සලකන තැනැත්තිය සමග ඔබේ සම්බන්ධතාව කොයි වගේ ද?

** ළමයාගෙන් පමණක් අසන්න*

ඉතා හොඳයි /සමීපයි..... 1

හොඳයි /සමීපයි..... 2

සාමාන්‍යයි..... 3

හොඳ නැහැ / සමීප නැහැ..... 4

නරකයි..... 5

කියන්න අමාරුයි /අදාළ නැත..... 6

7. ඔබේ පියා ඔබ සමග ගෙදර ඉන්නවා ද?

ඔව් .....(B.ට යන්න)..... 1

නැහැ ....(A.ට යන්න)..... 2

**ගුරුවරයාගෙන් හෝ ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

A. *ඔබ සමග නැති නම් :*

ඔබේ පියා ඔබ සමග ගෙදර නොසිටීමට හේතුව කුමක් ද?

**ගුරුවරයාගෙන් හෝ ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

පියා මිය යාම 1

පියා පිටරට රැකියාවක් කිරීම..... 2

දෙමාපියන් දික්කසාදවීම / වෙන්වීම..... 3

පියා විසින් අත්හැර දමනු ලැබීම හෝ කිසිදාක පියා දැන නොසිටීම..... 4

පියාගේ රෝගී තත්ත්වයක්..... 5

වෙනත් හේතුවක් (සඳහන් කරන්න)..... 6

.....

B. ඔබගේ පියා හෝ ඔබ පියා ලෙස සලකන තැනැත්තා කොයි තරම් දුරට අධ්‍යාපනය ලබා තිබේ ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

පාසල් අධ්‍යාපනය ලබා නැත..... 1

1 සිට 5 ශ්‍රේණිය දක්වා..... 2

6 ශ්‍රේණිය සිට සාමාන්‍ය පෙළ දක්වා..... 3

සාමාන්‍ය පෙළ සමත්..... 4

12 සිට 13 ශ්‍රේණිය දක්වා..... 5

උසස් පෙළ සමත්..... 6

විශ්ව විද්‍යාල හෝ ඉන් ඉහළ උසස් අධ්‍යාපනය ලැබූ..... 7

නොදනිමි / අදාළ නැත..... 8

C. ඔබගේ පියා හෝ ඔබ පියා ලෙස සලකන තැනැත්තා රැකියාවක් කරන්නේ නම් එය කුමක් ද? *(රැකියාව කරන ක්ෂේත්‍රය සහ රැකියාවේ තත්ත්වය / තනතුර ද සඳහන් කරන්න)* **ගුරුවරයාගෙන් හෝ ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

.....

D. ඔබගේ පියා හෝ ඔබ පියා ලෙස සලකන තැනැත්තා සමග ඔබේ සම්බන්ධතාව කොයි වගේ ද?

**ළමයාගෙන් පමණක් අසන්න*

ඉතා හොඳයි / සමීපයි..... 1

හොඳයි / සමීපයි..... 2

සාමාන්‍යයි..... 3

හොඳ නැහැ / සමීප නැහැ..... 4

නරකයි..... 5

කියන්න අමාරුයි / අදාළ නැත..... 6

8. ඔබට සහෝදර සහෝදරියන් කී දෙනකු ඉන්නවා ද? **ගුරුවරයාගෙන් හෝ ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

සහෝදර සහෝදරියන්	*ගණන*
වැඩිමහල් සහෝදරයන්	
වැඩිමහල් සහෝදරියන්	
බාල සහෝදරයන්	
බාල සහෝදරියන්	
නිවුන් සහෝදරයන්	
නිවුන් සහෝදරියන්	
එකතුව	

A. ඔබගේ සහෝදර සහෝදරියන් සමග ඔබේ සම්බන්ධතාව කොයි වගේ ද?

**ළමයාගෙන් පමණක් අසන්න*

ඉතා හොඳයි /සමීපයි..... 1

හොඳයි /සමීපයි..... 2

සාමාන්‍යයි..... 3

හොඳ නැහැ / සමීප නැහැ..... 4

නරකයි..... 5

කියන්න අමාරුයි /අදාළ නැත..... 6

9. ඔබගේ නිවසේ කී දෙනෙකු ජීවත් වෙනවා ද? **ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

(පවුලේ සාමාජිකයින් නොවන මෙහෙකරුවන්, රියැදුරන්, නේවාසිකයින් ආදීන් ද ඇතුළත් කරන්න)

මුළු පුද්ගලයින් ගණන ___/___

10. ඔබ වගේ ම එක ම නිවසේ ජීවත් ව සිටින ඔබත් සමඟ එකට ආහාර ගන්නා කී දෙනකු ඔබේ නිවසේ ඉන්නවා ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

අනු අංකය	*එම පුද්ගලයාට ඔබේ ඇති සම්බන්ධය*	*වයස (අවුරුදු)*
1.	*නමා*	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

11. ඔබගේ නිවස පිහිටා ඇත්තේ මොන ආකාරයේ පරිසරයක ද?

**ගුරුවරයාගෙන් හෝ ළමයාගෙන් හෝ දෙමාපියන්ගෙන් අසන්න*

ගමක / ග්‍රාමීය පරිසරයක..... 1

නගරයක / නාගරික පරිසරයක..... 2

අර්ධ නාගරික පරිසරයක..... 3

වතුකරයේ..... 4

වෙරළ ප්‍රදේශයක..... 5

වෙනත් (සඳහන් කරන්න)..... 6

.....

12. ඔබගේ නිවසේ වර්ගය කුමක් ද?
**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

නති නට්ටුවේ සාමාන්‍ය නිවසක්..... 1
දෙමහල් නිවසක්..... 2
තෙමහල් හෝ ඊට වැඩි නිවසක්..... 3
නට්ටු නිවාස සංකීර්ණයක නිවසක්..... 4
ඇනෙක්ස් / අනුබද්ධ නිවසක්..... 5
වතු අංශයේ නිවසක්..... 6
වෙනත් (සඳහන් කරන්න)..... 7

.....

13. ඔබගේ ගෙදර කාමර කීයක් තිබේ ද?
**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

නති කාමරයක් සහිත ගෙයක්..... 1
එක් කාමරයකට වඩා වැඩි..... 2

14. ඔබගේ නිවස සැදීමට භාවිතා කර ඇති ප්‍රධානතම අමුද්‍රව්‍ය මොනවා ද? **ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

A. *බිත්ති :*
ගඩොල් /කඹොක් /සිමෙන්ති ගල් /කලු ගල් /වෙනත් උසස් තත්වයේ අමු ද්‍රව්‍ය..... 1
මැටි / මැටි ගඩොල් /ලෑලි / වෙනත් මධ්‍යම තත්වයේ අමු ද්‍රව්‍ය..... 2
පොල් අතු / තල් අතු /තහඩු ෂීට් / වෙනත් තාවකාලික අමු ද්‍රව්‍ය..... 3
වෙනත් (සඳහන් කරන්න)..... 4

.....

B. *පොළොව :*
ටෙරාසෝ /කාර්පට් / ටයිල් / ග්‍රැනයිට් / ඔප දම ලද ලෑලි..... 1
සිමෙන්ති..... 2
මැටි / ගොම / වැලි / නිම නොකළ බිම..... 3
වෙනත් (සඳහන් කරන්න)..... 4

.....

C. *වහලය :*

උළු /ඇස්බැස්ටස් / කොන්ක්‍රීට්..... 1
ටකරන් තහඩු /තාර ෂීට්..... 2
පොල් අතු / තල් අතු /ඉළුක් / පිදුරු..... 3
වෙනත් (සඳහන් කරන්න)..... 4

.....

15. ඔබ බීමට ජලය ලබාගන්නා ප්‍රධානතම මාර්ගය කුමක් ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

නළ ජලය.....(A *අසන්න*)..... 1

මෝටරයක් සහිත ළිඳක්.....(A *අසන්න*)..... 2

මෝටරයක් රහිත ළිඳක්.....(A *අසන්න*)..... 3

නළ ළිඳක්.....(A *අසන්න*)..... 4

ගඟක් /වැවක් /ජලාශයක් /දිය පාරක් .....(16 *ට යන්න*)..... 5

වෙනත් (කැඳහන් කරන්න)..... 6

.....

A. ඔබ බීමට ජලය ලබාගන්නා ප්‍රධානතම මාර්ගය අයිති කාට ද ?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

පවුලේ අයට අයිතියි (පෞද්ගලික).....1

පොදු.....2

වෙනත් නිවැසකට /අයෙකුට අයත්.....3

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16. ඔබගේ නිවසේ ආහාර පිසීමට ගන්නා ප්‍රධානතම ක්‍රමය කුමක් ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

විදුලිය..... 1

ගෑස්..... 2

භූමිතෙල්..... 3

දර..... 4

පොල් කටු / ලී කුඩු / දහයියා..... 5

වෙනත් (කැඳහන් කරන්න)..... 6

.....

---

17. ඔබගේ නිවසේ භාවිත වන ප්‍රධානතම වැසිකිළිය කුමන වර්ගයේ එකක් ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

සිස්ටනයක් සහිත ජල මුද්දිත වැසිකිළියක්.....(A *අසන්න*)..... 1

වතුර ගසා විරිසිදු කරන ජල මුද්දිත වැසිකිළියක්.....(A *අසන්න*)..... 2

වල වැසිකිළියක්.....(A *අසන්න*)..... 3

බාල්දි වැසිකිළියක්.....(A *අසන්න*)..... 4

වැසිකිළියක් නැත.....(18 *ට යන්න*)..... 5

වෙනත් (කැඳහන් කරන්න).....(A *අසන්න*)..... 6

.....

A. ඔබ භාවිත කරන ප්‍රධානතම වැසිකිළිය අයිති කාට ද ?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අසන්න*

පෞද්ගලික වැසිකිළියක් (පදිංචි වී සිටින අයට අයිතියි).....1

පොදු වැසිකිළියක්.....2

වෙනත් නිවැසකට /අයෙකුට අයත් වැසිකිළියක් 3

18. ඔබගේ නිවසේ..... තියෙනවා ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අහන්න*

ගුවන් විදුලි යන්ත්‍රයක්..... 1☐

රූපවාහිනී යන්ත්‍රයක්..... 2☐

ශීතකරණයක්..... 3☐

දුරකථනයක් (ජංගම/ ගෘහස්ථ)..... 4☐

19. ඔබගේ පවුලේ කෙනෙකුට ..... තියෙනවා ද?

**ළමයාගෙන් හෝ දෙමාපියන්ගෙන් පමණක් අහන්න*

බයිසිකලයක්..... 1☐

මෝටර් බයිසිකලයක් හෝ ස්කූටරයක්..... 2☐

කාර් එකක් / වෑන් එකක්..... 3☐

ට්‍රැක්ටරයක් / ලොරියක් /බස් එකක් / වෙනත් මොටර් වාහනයක්..... 4☐

20. *පාසල් පැමිණීම*

A. *නොපැමිණීම -*

මෙම අවුරුද්ද ඇතුළත පාසල් නොපැමිණි දින ගණනේ ප්‍රතිශතය

(පැමිණීමේ ලේඛනයේ සටහන් වී ඇති පරිදි) - දින _____කින්_____ (____ %)

B. *ප්‍රමාද වී පැමිණීම (පන්ති භාර ගුරුවරයා ප්‍රකාශ කරන පරිදි)*

වැඩි හරියක් දිනවල ප්‍රමාදයි..... 1

නිතරම ප්‍රමාදයි..... 2

සමහර දිනවල ප්‍රමාදයි..... 3

ඉඳහිට ප්‍රමාදයි..... 4

කිසි දිනක ප්‍රමාද වී නැත..... 5

21. *ඉගෙනීමේ කටයුතු*

**පාසල් වාර්තාවලින්, ගුරුවරයාගෙන්, දෙමාපියන්ගෙන් හෝ ළමයාගෙන් ලබාගන්න*

*පහ වසර ශිෂ්‍යත්වය ලකුණු*_____

*හතර / පහ වසර සම්මාන පරීක්ෂණ ලකුණු*_____

*ප්‍රයුගිය වාර විභාගයේ විෂයයන්ගේ ලකුණුවල සාමාන්‍යය*_____

අ.පොස.සා. සාමාන්‍ය පෙළ ප්‍රතිඵල **- A-_____/ B-_____ / C-_____/ S-_____/ W-_____**

22. *උස (සෙන්ටි මීටර්) * මැනීමෙන් හෝ විශ්වාසවන්න ලෙස දෙමාපියන්ගෙන් ලබාගන්න*

____/____

23. *බර (කිලෝග්‍රෑම්) * මැනීමෙන් හෝ විශ්වාසවන්න ලෙස දෙමාපියන්ගෙන් ලබාගන්න*

____/____

ANNEXURE 40

பாடசாலை ரீதியிலான தேசிய உளநல மதிப்பீடு

பொதுத்தகவல்கள் சம்பந்தமான வினாக்கொத்து

மாணவர் இல _____

*மாவட்டம்*_____

*பாடசாலை*_____

*பாடசாலை வகை*_____

*செவ்வி காண்பவர் பெயர்*_____

ஆரம்பித்த நேரம் : மணி __/__ *நிமிடம்*__/__

திகதி : __/__*ஆந் திகதி* __/__*மாதம்* __/__/__/__*வருடம்*

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1. உங்களது வயது என்ன?

**மாணவரிடமோ அலலது பெற்றோரிடமோ அல்லது ஆசிரியரிடமோ வினவுங்கள்* *வயது*__/__

A. உங்கள் பிறந்த திகதி என்ன? __/__*ஆந் திகதி* __/__*மாதம்* __/__/__/__*வருடம்*

**மாணவரிடமோ அலலது பெற்றோரிடமோ அல்லது ஆசிரியரிடமோ வினவுங்கள்*

B. நீங்கள் படிக்கும் தரம் எது?

**மாணவரிடமோ அலலது பெற்றோரிடமோ அல்லது ஆசிரியரிடமோ வினவுங்கள்* *தரம்* __/__

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2. *அவதானிப்பின்படி பால்*

ஆண் 1

பெண் 2

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3. உங்களது இனம் எது?

**மாணவரிடமோ அலலது பெற்றோரிடமோ அல்லது ஆசிரியரிடமோ வினவுங்கள்*

சிங்களவர்.....1

தமிழர்.....2

முஸ்லிம்.....3

பறங்கியர்.....4

மலாயர்.....5

வேறு (குறிப்பிடுக).....6

.....

---

4. உங்களது சமயம் எது?

**மாணவரிடமோ அலலது பெற்றோரிடமோ அல்லது ஆசிரியரிடமோ வினவுங்கள்*

பௌத்தம்.....1

இந்து / சைவம்.....2

இஸ்லாம்.....3

கத்தோலிக்கம்.....4

கத்தோலிக்கமல்லாதகிறிஸ்தவம்.....5

சமயம் பின்பற்றாதவர்.....6

வேறு (குறிப்பிடுக).....7

.....

5. உங்களது பிரதான பாதுகாவலர் யார்?

*மாணவரிடமோ அலலது பெற்றோரிடமோ அல்லது ஆசிரியரிடமோ வினவுங்கள்

தாய் / தந்தை.....1

சகோதரன் / சகோதரி.....2

மாமா, மாமி, ஆச்சி, தாத்தா, வேறு உறவினர்.....3

உறவினர் அல்லாத வேறொருவர் (குறிப்பிடுக).....4

.....

6. உங்கள் தாயார் உங்களுடன் வீட்டில் உள்ளார்களா?

*ஆசிரியரிடமோ அல்லது மாணவரிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்

ஆம்.....(B. இற்கு செல்க)....1

இல்லை.....(A. இற்கு செல்க)....2

A. *இல்லை எனில் :*

தாயார் உங்களுடன் இல்லாமைக்கான காரணம் யாது?

*ஆசிரியரிடமோ அல்லது மாணவரிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்

இறப்பு.....1

வெளிநாட்டில் தொழில் புரிதல்.....2

பெற்றோரின் விவாகரத்து / பிரிவு.....3

தாயால் கைவிடப்பட்டவர் / தாயை அறியாதவர்.....4

தாயின் நோய்.....5

வேறு (குறிப்பிடுக).....6

.....

B. உங்களுடைய தாய் / தாயின் ஸ்தானத்திலுள்ளவரின் கல்வித் தகைமை என்ன?

* பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்

பாடசாலை செல்லவில்லை.....1

தரம் 1 இலிருந்து தரம் 5 வரை.....2

தரம் 6 இலிருந்து O/L வரை.....3

O/L சித்தியெய்தியுள்ளார்.....4

தரம் 12 இலிருந்து தரம் 13 வரை.....5

A/L சித்தியெய்தியுள்ளார்.....6

பல்கலைகழகக்கல்வியும் அதற்கு மேலும்.....7

தெரியாது / பொருத்தமற்றது.....8

C. உங்களுடைய தாயார் / தாயின் ஸ்தானத்தில் உள்ளவர் வேலை செய்பவராயின் வேலையை குறிப்பிடுக? *(தொழில் செய்யும் துறையும் தொழிலின் தண்மையும் / பதவியா என குறிப்பிடுங்கள்)* *ஆசிரியரிடமோ அல்லது மாணவரிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்

.....

D. உங்கள் தாயாருடனான உங்கள் உறவுமுறை / நெருக்கம் எத்தகையது?

* பிள்ளையிடம் மட்டும் வினவுங்கள்

மிகநன்று /அண்மை.....1

நன்று/ அண்மை.....2

சாதாரணம்.....3

நல்லதல்ல /அண்மையும் அல்ல.....4

மிகக் குறைவு.....5

சொல்லமுடியாது / பொருத்தமற்றது.....6

7. உங்கள் கங்கையார் உங்களுடன் வீட்டில் உள்ளாரா?
**ஆசிரியரிடமோ அல்லது மாணவரிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

ஆம்.....(B. இற்கு செல்க).....1
இல்லை.....(A. இற்கு செல்க).....2

A. *இல்லை எனில்*

உங்கள் தந்தை இல்லாமைக்குரிய காரணம் என்ன?

**ஆசிரியரிடமோ அல்லது மாணவரிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

இறப்பு.....1
வெளிநாட்டில் தொழில்புரிதல்.....2
பெற்றோரின் பிரிவு / மண முறிவு.....3
தந்தையால் கைவிடப்பட்டவர் /தந்தையை அறியாதவர்.....4
தந்தையின் நோய்.....5
வேறு (குறிப்பிடுக).....6

.....

B. உங்களுடைய தந்தையின் அல்லது தந்தைக்குரிய ஸ்தானத்தில் உள்ளவரின் எந்தளவு கல்வி பெற்றுள்ளார்?

** பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

பாடசாலை செல்லவில்லை.....1
தரம் 1 இலிருந்து தரம் 5 வரை.....2
தரம் 6 இலிருந்து O/L வரை.....3
O/L சித்தியெய்தியுள்ளார்.....4
தரம் 12 இலிருந்து தரம் 13 வரை.....5
A/L சித்தியெய்தியுள்ளார்.....6
பல்கலைகழகக்கல்வியும் அதற்கு மேலும்.....7
தெரியாது / பொருத்தமற்றது.....8

C. உங்களுடைய தந்தை / தந்தையின் ஸ்தானத்தில் உள்ளவர் வேலை செய்பவராயின் வேலையை குறிப்பிடுக?*(தொழில் செய்யும் துறையும் தொழிலின் தண்மையும் / பதவியா என குறிப்பிடுங்கள்)* **ஆசிரியரிடமோ அல்லது மாணவரிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

.....

D. உங்கள் தந்தையுடனான உங்கள் உறவுமுறை / நெருக்கம் எத்தகையது?

** பிள்ளையிடம் மட்டும் வினவுங்கள்*

மிகநன்று /அண்மை.....1
நன்று/ அண்மை.....2
சாதாரணம்.....3
நல்லதல்ல /அண்மையும் அல்ல.....4
மிகக் குறைவு.....5
சொல்லமுடியாது / பொருத்தமற்றது.....6

8. உங்களுக்கு எத்தனை சகோதர சகோதரிகள் உண்டு?

**ஆசிரியரிடமோ அல்லது மாணவரிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

உறவு முறை	*எண்ணிக்கை*
மூத்த சகோதரர்கள்	
மூத்த சகோதரிகள்	
இளைய சகோதர்கள்	
இளைய சகோதரிகள்	
இரட்டை சகோதரர்கள்	
இரட்டை சகோதரிகள்	
மொத்தம்	

A. உங்கள் சகோதர, சகோதரிகளுடன் உங்கள் உறவு முறை / நெருக்கம் எத்தகையது?

** பிள்ளையிடம் மட்டும் வினவுங்கள்*

மிகநன்று /அண்மை.....1

நன்று /அண்மை.....2

சாதாரணம்.....3

நல்லதல்ல /அண்மையும் அல்ல.....4

மிகக் குறைவு.....5

சொல்லமுடியாது / பொருத்தமற்றது.....6

9. உங்களுடன் எல்லாமாக எத்தனைபேர் உங்கள் வீட்டில் வசிக்கிறார்கள்?

(குடும்ப அங்கத்தவர் அல்லாத வேலையாட்கள் சாரதிகள், விடுதியில் தங்கியுள்ளவர போன்றோரை உள்ளடக்கவும்)

** பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

முழுத் தொகை__/__

10. உங்களைப் போன்று வீட்டில் உங்களுடன் உணவருந்தக்கூடியவர்கள் எத்தனை பேர் இருக்கின்றனர்?

** பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

இல	*உங்களுடனான உறவுமுறை*	*வயது (வருடம்)*
1.	*சுயம்*	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

11. உங்களது வீடு எவ்வாறான சுற்றாடலில் அமைந்து காணப்படுகின்றது?

**ஆசிரியரிடமோ அல்லது மாணவரிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

கிராமம் /கிராமப் புறம்.....1

நகரம் /நகர்ப்புறம்.....2

இடைப்பட்டநகரபிரதேசம்.....3

தோட்டப்பகுதி.....4

கடற்கரை மீன்பிடி பகுதி.....5

வேறு (குறிப்பிடுக).....6

.....

12. உங்களது வீட்டின் வகை யாது?

✱ *பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

சாதாரண வீடு.....1

இருமாடி வீடு.....2

மூன்றுமாடி அல்லது அதற்து மேல்.....3

மாடித்தொகுதி வீடு.....4

இணைப்பு வீடு.....5

தோட்டப்பகுதி வீடு.....6

ஏனைய (குறிப்பிடுக).....7

.....

13. உங்களது வீட்டில் எத்தனை அறைகள் உண்டு?

✱ *பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

ஓர் அறையுள்ள வீடு.....1

ஓர் அறைக்கு மேல்.....2

14. உங்கள் வீடு கட்டுவதற்கு பயன்படுத்தப்பட்டுள்ள பிரதான மூலப்பொருள் யாது?

✱ *பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

A. *சுவர் :*

செங்கல் / "கபூக்" கல் / சீமெந்து / கருங்கல் / ஏனைய உயர்தர மூலப்பொருள்.....1

களிமண் / செங்கல் களி / பலகை / ஏனைய நடுத்தர மூலப்பொருள்.....2

தென்னோலை. / பனையோலை. / உலோகத் தகடு / ஏனைய தற்காலிக மூலப்பொருள்.....3

வேறு (குறிப்பிடுக).....4

.....

B. *தரை :*

ரெறாசோ /கம்பளம் /தரையோடு மெருகூட்டப்பட்ட பலகை.....1

சீமெந்து.....2

களிமண் /சாணம் / மண் /பதனிடாத தரை.....3

வேறு (குறிப்பிடுக).....4

.....

C. *கூரை :*

ஓடு /எஸ்பெஸடர்ஸ் சீட / கொங்கிரீட்.....1

உலோகத்தகடு / தார் சீட்.....2

பன் / தொன்னோலை / பனையோலை / வைக்கோல்.....3

வேறு (குறிப்பிடுக).....4

.....

15. உங்களின் பிரதான குடிநீர் கிடைக்கும் வழி என்ன?

* *பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

குழாய் நீர்.....(A. வினவுங்கள்)....1

மோட்டார் பூட்டிய கிணறு (வினவுங்கள்).....(A. வினவுங்கள்)....2

மோட்டார் பூட்டாத கிணறு.....(A. வினவுங்கள்)....3

குழாய் கிணறு.....(A. வினவுங்கள்)....4

ஆறு, குளம், அருவி.....(16க்குச் செல்லுங்கள்)....5

வேறு (குறிப்பிடுக).....6

.....

A. நீங்கள் குடிப்பதற்கு நீர் பெரும் பிரதான வழி யாருக்கு சொந்தமானது ?

* *பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

குடும்ப உறுப்பினருக்கு சொந்தமானது (தனிப்பட்ட).....1

பொது.....2

வேறு வீட்டுக்கு / நபருக்கு சொந்தமானது.....3

16. உங்கள் வீட்டில் சமையலுக்காகப் பயன்படுத்தும் பிரதானமான முறை எது?

* *பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

மின்சாரம்.....1

வாயு (Gas).....2

மண்ணெண்ணெய்.....3

விறகு.....4

மரத்தூள் / உமி / தேங்காய் சிரட்டை.....5

வேறு (குறிப்பிடுக).....6

.....

17. உங்களது வீட்டில் உள்ள மலசலகூட வகை (வினவுக)?

* *பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

தொட்டி அலசும் முறை - நீர்த்தடை வகை.....(A. வினவுங்கள்)....1

ஊற்றி அலசும் முறை - நீர்த்தடை வகை.....(A. வினவுங்கள்)....2

குழி மலசலகூடம்.....(A. வினவுங்கள்)....3

வாளி மலசலகூடம்.....(A. வினவுங்கள்)....4

மலசலகூட வசதி கிடையாது.....(18க்குச் செல்லுங்கள்)...5

வேறு (குறிப்பிடுக).....(A. வினவுங்கள்)....6

.....

A. நீங்கள் பாவிக்கும் பிரதான மலகூடம் யாருக்குரியது?

* *பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

தனிமலகூடம் (வசிப்போருக்குரியது).....1

பொது மலகூடம்.....2

வேறு வீட்டுக்கு / நபருக்குரிய மலகூடம்.....3

18. உங்களது வீட்டில் பின்வருவன உள்ளனவா?

** பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

வானொலி.....1☐

தொலைக்காட்சி.....2☐

குளிரேற்றி.....3☐

தொலைபேசி (கைத்தொலைபேசி / நிலையான தொலைபேசி).....4☐

19. உங்களது குடியிருப்பாளருள் எவரிடமேனும் பின்வருவன உள்ளனவா?

** பிள்ளையிடமோ அல்லது பெற்றோரிடமோ வினவுங்கள்*

சைக்கிள்.....1☐

மோட்டர் சைக்கிள் / ஸ்கூட்டர்.....2☐

கார் / வேன்.....3☐

டிரொக்டர் / லொறி / பஸ் / வேறு.....4☐

20. *பாடசாலை வருகை :*

A. *வருகை தராமை -*

குறித்த நாட்காட்டி வருடத்துள் வருகை தராமை சதவீதம்

(வரவுப் பதிவேட்டில் காட்டப்பட்டுள்ளவாறு) _____*நாள்களுள்* _____ (_____*%)*

B. *தாமதமாகி வருதல் (வகுப்பாசிரியை குறிப்பிடும் வகையில்)*

பெரும்பாலான நாள்களில் தாமதமாகி வருதல்.....1

வழமையாக தாமதமாகி வருதல்.....2

சிலநாள்களில் தாமதமாகி வருதல்.....3

அரிதாக ஓரிரு நாள்கள் தாமதமாகி வருதல்.....4

ஒருபோதும் தாமதமாகி வருவதில்லை.....5

21. *கற்றல் நடவடிக்கை*

** பாடசாலை அறிக்கை, ஆசிரியர், பெற்றோர் அல்லது பிள்ளையிடம் பெற்றுக்கொள்ளுங்கள்*

*5ம் ஆண்டு புலமைப் பரிசில் புள்ளி*_____

*ஆண்டு 4/5 தரப்படுத்திய பரீட்சை புள்ளி*_____

*இறுதித் தவணைக்குரிய பாடச் சராசரி*_____

O/L பரீட்சை முடிவுகள் A-_____ B-_____ C-_____ S-_____ W-_____

22. *உயரம் (cm)*

**அளத்தலிலோ அல்லது நம்பகத்துடன் பெற்றோரிடம் பெற்றுக்கொள்ளுங்கள்*

___/___

23. *நிறை (kg)*

**அளத்தலிலோ அல்லது நம்பகத்துடன் பெற்றோரிடம் பெற்றுக்கொள்ளுங்கள்*

___/___

ANNEXURE 41

Revised Child Impact of Events Scale (IES-8)

Below is a list of comments made by people after stressful life events. Please tick each item showing how frequently these comments were true for you *during the past seven days*. If they did not occur during that time please tick the 'not at all' box.

Name: …… Date: ……

		Not at all	Rarely	Some-times	Often
1.	Do you think about it even when you don't mean to?	[ ]	[ ]	[ ]	[ ]
2.	Do you try to remove it from your memory	[ ]	[ ]	[ ]	[ ]
3.	Do you have waves of strong feelings about it	[ ]	[ ]	[ ]	[ ]
4.	Do you stay away from reminders of it (e.g. places or situations)	[ ]	[ ]	[ ]	[ ]
5.	Do you try not talk about it	[ ]	[ ]	[ ]	[ ]
6.	Do pictures about it pop into your mind?	[ ]	[ ]	[ ]	[ ]
7.	Do other things keep making you think about it?	[ ]	[ ]	[ ]	[ ]
8.	Do you try not to think about it?	[ ]	[ ]	[ ]	[ ]

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ANNEXURE 42

සිද්ධි ළමයින්ට බලපෑ ආකාරය පිළිබඳ සංශෝධිත පරිමාණය

Revised Child Impact of Events Scale (IES-13)

(අවුරුදු 12ට වැඩි ළමයින් සඳහා පමණි)

ළමයාගේ අංකය _____

පහත දැක්වෙන්නේ සිතට බයක්, තැතිගැනීමක්, ආතතියක් ඇතිවෙන ජීවිතයේ ලොකු සිදුවීම්වලට මුහුණ දීමෙන් පසු සමහරුන් දක්වූ අදහස් ය. සෑම ප්‍රශ්නයක් ම හොඳින් කියවා ***<u>පසුගිය දින 7 ඇතුළත</u>*** ඔබට එම අදහස් ඇති වූයේ "කලාතුරකින්" ද, "සමහර අවස්ථාවල දී" ද, "නිතර ම" ද කියා ගැළපෙන කොටුවේ හරියක් (✓) සටහන් කරන්න. එම කාල සීමාව ඇතුළත එවැනි අදහස් ඇති නොවූයේ නම් "කිසිවිටෙක නැත" තීරුවේ (✓) ලකුණු කරන්න.

	කිසිවිටෙක නැත	කලාතුරකින්	සමහර අවස්ථාවල දී	නිතර ම
1. ඔබට ඒ ගැන සිතන්නට ඕනෑ නැති වේලා වලදීත් ඒ ගැන සිතුණා ද?	[ ]	[ ]	[ ]	[ ]
2. ඔබ එම සිදුවීම ඔබගේ සිතින් අයින් කිරීමට උත්සාහ ගත්තා ද?	[ ]	[ ]	[ ]	[ ]
3. ඔබට හිත එක දෙයකට යොමු කර ගෙන ඉන්න අපහසු වුණා ද?	[ ]	[ ]	[ ]	[ ]
4. ඔබට වරින්වර ඒ සිදුධිය ගැන තදින් හිතට දැනුණා ද?	[ ]	[ ]	[ ]	[ ]
5. ඔබ ඒ සිද්ධිය වෙන්න ඉස්සෙල්ලා හිටියට වඩා කලබල ගතියක් හරි ලේසියෙන් තිගැස්සෙන ගතියක් තිබුනා ද?	[ ]	[ ]	[ ]	[ ]
6. ඔබ එම සිද්ධිය යළි මතකයට නංවන දේවල් (උදා- තැන්, අවස්ථා) මග හැර ඉන්න උත්සාහ ගත්තා ද?	[ ]	[ ]	[ ]	[ ]
7. ඔබ එම සිද්ධිය ගැන කථා නොකර සිටීමට උත්සාහ ගත්තා ද?	[ ]	[ ]	[ ]	[ ]
8. ඒ සිද්ධිය ගැන රූප ඔබගේ හිත ඇතුළෙහි පැන නැගුණා ද?	[ ]	[ ]	[ ]	[ ]
9. වෙන වෙන දේවල් නිසා නිතර ඒ සිද්ධිය ගැන ඔබ සිතුවා ද?	[ ]	[ ]	[ ]	[ ]
10. ඔබ එම අවස්ථාව ගැන නොසිතා ඉන්න උත්සාහ කරා ද?	[ ]	[ ]	[ ]	[ ]
11. ඔබට ලේසියෙන් නුරුස්සන ගතියක් තිබුණා ද?	[ ]	[ ]	[ ]	[ ]
12. හේතුවක් නැතුව නිතර ම සොදිසියෙන්, පරීක්ෂාවෙන් සිටියා ද?	[ ]	[ ]	[ ]	[ ]
13. ඔබට නින්ද ගැන ප්‍රශ්න තිබුනා ද?	[ ]	[ ]	[ ]	[ ]

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ANNEXURE 43

வாழ்க்கையில் நெருக்கிடைமிக்க நிகழ்வுகளை எதிர்நோக்கியவர்கள் பின்னர் வெளியிட்ட கருத்துக்கள் கீழே தரப்பட்டுள்ளன

Revised Child Impact of Events Scale (IES-13)

(12 வயதிற்கு மேற்பட்ட பிள்ளைகளுக்கு மட்டும்)

மாணவர் இல _____

இக்கருத்துக்கள் எல்லாவற்றையும் பரிசிலித்துப்பார்த்து **கடந்த எழு நாட்களுள்** இவை எந்த அளவுக்கு உண்மையானவை என அடையாளமிடுங்கள். குறித்த காலப்பகுதியுள் அவ்வாறான நிகழ்ச்சிகள் இடம் பெறவில்லையானால் ஒரு போதும் இல்லை, எனும் நிரலில் (✓) அடையாளமிடுங்கள்.

கடந்த ஏழு நாட்களில்	**ஒரு போதும் இல்லை**	**அரிதாக**	**சில வேளைகளில்**	**அடிக்கடி**	*Office use only* In	Av	Ar
1. நீங்கள் அதைபற்றி சிந்திக்கத்தேவையில்லாத வேளைகளிலும் கூட ஆதைபற்றிச் சிந்தித்தீர்களா?	[ ]	[ ]	[ ]	[ ]			
2. நீங்கள் அதனை உங்களது ஞாபகத்தில் இருந்து நீக்க முயற்சித்ததுண்டா?	[ ]	[ ]	[ ]	[ ]			
3. கவனஞ் செலுத்துவதில் அல்லது மனதை ஒழுங்குப்படுத்துவதில் நீங்கள் இடர்ப்பாடுகளை எதிர்க்கொண்டீர்களா?	[ ]	[ ]	[ ]	[ ]			
4. உங்களது மனது, அது தொடர்பாக வலிமையாக அலைமோதியதுண்டா?	[ ]	[ ]	[ ]	[ ]			
5. அந்நிகழ்வுக்கு முந்திய நிலையை விட நீங்கள் பின்னர் பதட்டப்பட்டதுண்டா? அல்லது துரிதமாக அச்சமடைந்ததுண்டா?	[ ]	[ ]	[ ]	[ ]			
6. நீங்கள் அந்நிகழ்வுகளை நினைவு படுத்துபவற்றிலிருந்து விலகி இருந்தது உண்டா? உ+ம் இடங்கள்,சூழ்நிலைகள்.	[ ]	[ ]	[ ]	[ ]			
7. நீங்கள் அது குறித்துப் பேசாதிருக்க முனைந்ததுண்டா?	[ ]	[ ]	[ ]	[ ]			
8. அது தொடர்பான படங்கள் உங்களது மனதில் தோன்றியதுண்டா?	[ ]	[ ]	[ ]	[ ]			
9. ஏனைய விடயங்கள் அதைபற்றி உங்களைச் சிந்திக்க வைத்ததுண்டா?	[ ]	[ ]	[ ]	[ ]			
10. நீங்கள் அதைக் குறித்துச் சிந்திக்காதிருக்க முயற்சித்தீர்களா?	[ ]	[ ]	[ ]	[ ]			
11. நீங்கள் இலகுவில் சினமடைகிறீர்களா?	[ ]	[ ]	[ ]	[ ]			
12. நீங்கள் தேவையற்ற விடயங்களில் அவதானமாயும் கவனமாயும் இருக்கிறீர்களா?	[ ]	[ ]	[ ]	[ ]			
13. உங்களிற்கு நித்திரை சம்பந்தமான பிரச்சனைகளுண்டா?	[ ]	[ ]	[ ]	[ ]			

ANNEXURE 44

Modified Short Mood and Feelings Questionnaire for children (MFQ)

This form is about how you might have been feeling or acting recently. For each question, please tick how much you have felt or acted this way in the past two weeks. If a sentence was *not true*, tick *not true*. If it was *sometimes true*, tick *sometimes*. If a sentence was *true most of the time*, tick *true*.

	True **0**	**Sometimes** **1**	**Not true** **2**
1. I felt miserable or unhappy			
2. I didn't enjoy anything at all			
3. I felt so tired I just sat around and did nothing			
4. I was very restless			
5. I thought about death and dying			
6. I felt I was no good any more			
7. I cried a lot			
8. I found it hard to think properly or concentrate			
9. I hated myself			
10. I thought about killing myself			
11. I was a bad person			
12. I felt lonely			
13. I thought nobody loved me			
14. I thought I could never be as good as other kids			
15. I did everything wrong			

ANNEXURE 45

Modified Short Mood and Feelings Questionnaire for children (MFQ)

මනෝභාවයන් හා හැඟීම් පිළිබඳ ප්‍රශ්නාවලිය

(අවුරුදු 12ට වැඩි ළමයින් සඳහා පමණි)

ළමයාගේ අංකය _____

මෑත කාලයේ දී ඔබට හැඟුණේ කොහොමද? ඔබ හැසිරුනේ කොහොමද? කියල තමයි මේ ප්‍රශ්නවලින් අහන්නේ. **පසුගිය සති දෙක ඇතුළත** කොයි තරම් ඒ විදිහට දැනුණා ද? ඒ විදිහට හැසිරුණා ද? කියලා එක් එක් ප්‍රශ්නය ඉදිරිපිට ඇති කොටුවේ හරියක් (✓) යොදල උත්තර දෙන්න.

පහත සඳහන් වාක්‍යවල කියන දේ පසුගිය සති දෙක ඇතුළත වැඩි කාලයක් ඔබට තිබුණා නම් "0" තීරුවේ හරිය දමන්න. ඒ වාක්‍යවල කියන දේ පසුගිය සති දෙක ඇතුළත සමහර වෙලාවල්වල දී පමණක් තිබුණා නම් "1" තීරුවේ හරිය දමන්න. ඒ වාක්‍යවල කියන දේ තිබුණේම නැත්නම් "2" තීරුවේ හරිය දමන්න.

		පසුගිය සති දෙක ඇතුළත වැඩි කාලයක් 0	**පසුගිය සති දෙක ඇතුළත සමහර වේලා වල 1**	**පසුගිය සති දෙක ඇතුළත තිබුණේම නැහැ 2**
1.	මට අසතුටක්, දුකක්, දැඩි කළකිරුණු බවක් දැනුණා			
2.	මට කිසිම දෙයකින් රස වින්දනයක්, සතුටක් ලැබුණේ නැහැ			
3.	මට කොච්චර මහන්සියක් දැනුණා ද කිව්වොත් මම කිසි දෙයක් නොකර ඔහේ වාඩිවෙලා හිටියා			
4.	මම හුහක් නොසන්සුන් ගතියෙන්, නලියන ගතියෙන් හිටියා			
5.	මම මැරෙන එක ගැනත් මැරෙණ හැටි ගැනත් හිතුවා			
6.	මට හිතුනා මගෙන් දැන් කිසි වැඩක් නෑ කියලා			
7.	මම හුහක් ඇඬුවා			
8.	මට හරියට හිතන්නවත්, හිත එක දේකට යොමු කර ගෙන ඉන්නවත් අමාරු වුණා			
9.	මට මං ගැන ම වෛරයක් ඇති වුණා			
10.	මගේ ජීවිතය නැති කරගන්න එක ගැන මම හිතුවා			
11.	මම නරක කෙනෙක් කියලා මම හිතුවා			
12.	මට පාලුවක්, තනිකමක් දැනුණා			
13.	මට කවුරුවත් ආදරේ නෑ කියල හිතුණා			
14.	අනික් ළමයි තරම් හොඳ වෙන්න මට කවදාවත් බැරිවෙයි කියල හිතුණා			
15.	මම හැම දේ ම කළේ වැරදියට			

ANNEXURE 46

Modified Short Mood and Feelings Questionnaire for children (MFQ)

திருத்தியமைக்கப்பட்ட சுருக்கமான மனநிலை, உணர்வுகள் தொடர்பான சிறுவர்களிற்கான விவரக்கொத்து

(12 வயதிற்கு மேற்பட்ட பிள்ளைகளுக்கு மட்டும்)

மாணவர் இல _____

ஒவ்வொரு வினாவிற்கும் **கடந்த இரண்டு கிழமைகளுல்** நீங்கள் எந்தளவு இவ்வாறு நடந்து கொண்டீர்கள் அல்லது உணர்ந்தீர்கள் என்று சரி (✓)போடவும்.

	கடந்த இரண்டு கிழமைகளுல் நீண்ட நேரம் **0**	*கடந்த இரண்டு கிழமைகளுல் சிலநேரம்* **1**	*கடந்த இரண்டு கிழமைகளுல் இருந்ததே இல்லை* **2**
1. நான் ஒன்றுமில்லாமையையும், சந்தோசமில்லாமலும் உணர்ந்தேன்			
2. நான் எதையும் விருப்பத்துடன் செய்ய முடியவில்லை			
3. நான் களைப்படைந்திருந்தேன். நான் எதையும் செய்ய முடியாது சும்மாயிருந்தேன்			
4. நான் மனம் அலைபலனாக இருந்தேன்			
5. நான் சாவையும், சாவதைப்பற்றியும் சிந்தித்தேன்			
6. நான் இனியும் நல்லவனாய் இருக்கமுடியாது என்று உணர்ந்தேன்			
7. நான் நிரம்பவும் அழுதேன்			
8. நான் சிந்திப்பதிலோ, கவனம் செலுத்துவதிலோ கடினப்பட்டேன்			
9. நான் என்னையே வெறுத்தேன்			
10. நான் என்னையே கொல்வது பற்றி சிந்தித்தேன்			
11. நான் ஒரு கெட்டவனாய் இருந்தேன்			
12. நான் தனிமையை உணர்ந்தேன்			
13. நான் என்னை யாரும் அன்பு செய்யவில்லை என்றுணர்ந்தேன்			
14. நான் ஒருபோதும் மற்ற சிறுவர் போல் நல்லவனாக முடியாது என்று சிந்தித்தேன்			
15. நான் எல்லாவற்றிலும் பிழை விட்டேன்			

ANNEXURE 47

Strengths and Difficulties Questionnaire

S[11-16]

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name ..... Male/Female

Date of Birth .....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
☐	☐	☐	☐

- Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Your Signature .....

Today's Date .....

Thank you very much for your help

ANNEXURE 48

Strengths and Difficulties Questionnaire $P_{4\text{-}16}$

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name …… Male/Female

Date of birth …….....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Do you have any other comments concerns?

Please turn over – there are a few more questions on the other side

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If your have answered "yes" please answer the flowing questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
☐	☐	☐	☐

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Signature ……..… Date …….....

Mother / Father /Other (Please specify)

Thank you very much for your help

ANNEXURE 49 **Strengths and Difficulties Questionnaire** **T$^{4-16}$**

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name ..... Male/Female

Date of Birth .....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
☐	☐	☐	☐

- Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Signature ..... Date .....

Class Teacher/Form Tutor/Head of Year/Other (please specify:)

Thank you very much for your help

ANNEXURE 50

Strengths and Difficulties Questionnaire

S$^{11-16}$

(ළමයාගෙන් පමණක් අසන්න -අවුරුදු 120 වැඩි ළමයින් සඳහා පමණි)

ළමයාගේ අංකය _____

පහත දැක්වෙන එක් එක් කරුණට ගැළපෙන උත්තරය අදාල කොටුවේ හරියක් (✓) යොදා ලකුණු කරන්න.
පසුගිය මාස 6 පමණ ඇතුළත ඔබ ගැන දන්නා කරුණු අනුව උත්තර දෙන්න. අදාළ නැති ප්‍රකාශ තිබිය හැකිය. එහෙත් හැම ප්‍රකාශයකට ම උත්තර සපයන්න.

		වැරදි ය	*නරමක් නැරි*	*හරියටම නැරි*
මම අන් අයගේ හැඟීම් සැලකිල්ලට ගනිමි. මම ඔවුන් ගේ හැඟම් ගැන සංවේදි වෙමි.	1	☐	☐	☐
මා නොසන්සුන් ය. පමණ ට වඩා ක්‍රියාකාරී ය. මට එක ඉරියව්වකින් වැඩි වේලා සිටිය නොහැකි ය.	2	☐	☐	☐
මට නිතර හිසරදය, බඩේ අමාරු හෝ වෙනත් අසනීප සෑදේ.	3	☐	☐	☐
මම අනිකුත් ළමුන් සමඟ කැමැත්තෙන් (කෑම, සෙල්ලම් බඩු, පැන්සල් ආදිය) බෙදා ගනිමි.	4	☐	☐	☐
මට නිතර තදින් කේන්ත යයි. කෝප වෙයි.	5	☐	☐	☐
මා අන් අය සමඟ ආශ්‍රය අඩු ය. තනිව සෙල්ලම් කරන ගතියක් ඇත.	6	☐	☐	☐
මා සාමාන්‍යයෙන් කීකරු ය. මම වැඩිහිටියන් කියන දේ පිළිපදිමි.	7	☐	☐	☐
මගේ සිතේ බොහෝ කරදර ඇත.	8	☐	☐	☐
මම කෙනෙකු වේදනාවට අසහනයට හෝ අසනීපයට පත් වූ විට උදව් උපකාර කරමි.	9	☐	☐	☐
මම නිතර දහලන නොසන්සුන් ගතියක් දක්වමි.	10	☐	☐	☐
මට අඩු ගණනේ එක හොඳ මිතුරෙක් / මිතුරියක්වත් සිටියි.	11	☐	☐	☐
මම නිතර අන් ළමුන් හා රණ්ඩු කරමි. නැතිනම් අන් අයට හිරිහැර කරමි.	12	☐	☐	☐
මම නිතර දුකෙන්, කනගාටුවෙන් හෝ කඳුළු පිරි ඇසින් සිටිමි.	13	☐	☐	☐
මගේ වයසේ අනිත් ළමුන් සාමාන්‍යයෙන් මට කැමති ය.	14	☐	☐	☐
මගේ අවධානය පහසුවෙන් කැඩෙන සුළු ය. මගේ සිත ඒ මේ අත දුවන සුළු ය.	15	☐	☐	☐
මා අලුත් අවස්ථාවන්ට මුහුණ දෙන විට බය ගතියක් දක්වයි. මගේ ආත්ම විශ්වාසය ඉක්මනින් හීන වේ.	16	☐	☐	☐
මම මට වඩා බාල ළමුන්ට කරුණාව දක්වමි.	17	☐	☐	☐
බොරු කියන ගතියක් නැත්නම් වංචා කරන ගතියක් ඇතැයි මට නිතර චෝදනා ලැබෙයි.	18	☐	☐	☐
මම අනිත් ළමුනගේ හා යෞවන වයසේ අයගේ විහිළු තහළු හා හිරිහැරවලට ලක් වෙමි.	19	☐	☐	☐
මම නිතර අන් අයට (මව්පියන්, ගුරුවරුන්, අනිත් ළමුන්ට) උදව් කිරීමට ඉදිරිපත් වෙමි.	20	☐	☐	☐
මම යමක් කිරීමට පෙර සිතා බලමි.	21	☐	☐	☐
මම ගෙදරින් පාසැලින් හෝ වෙන තැන්වලින් සොරකම් කරමි.	22	☐	☐	☐
මගේ වයසේ ළමුන් ඇසුරු කරනවාට වඩා පහසුවෙන් වැඩිහිටියන් ඇසුරු කිරීමට මට හැකිය.	23	☐	☐	☐
මට නොයෙකුත් බයවල් ඇත. පහසුවෙන් බියට පත්වන සුළු ය.	24	☐	☐	☐
මම පටන් ගත් වැඩක් අවසානය දක්වා කරමි. මට හොඳ අවධානයක් ඇත.	25	☐	☐	☐

කිව යුතු වෙනත් කරුණු ඇත්නම් මෙහි සඳහන් කරන්න. 26

අනෙක් පිටේ තව ප්‍රශ්න කීපයක් ඇත

චිත්තවේග, අවධානය ගොනු කර ගැනීම, නැසිරීම, අන් අය සමඟ සුහදත්වයෙන් සිටීම, යන අංග පිළිබඳ ව ඔබට ගැටලු තිබේ යැ යි ඔබ සිතන්නේ ද?

	නැත	*ඔව් සුළු වශයෙන්*	*ඔව් ඇතැත්ම වශයෙන් ම*	*ඔව් නිදින් ම*
27	☐	☐	☐	☐

ඔබේ පිළිතුර ඔව් නම් එම ගැටලු පිළිබඳ පහත දැක්වෙන ප්‍රශ්නවලට පිළිතුරු සපයන්න.

- මෙම ගැටලු කොපමණ කාලයක සිට පවතී ද?

	මෑතකට ඇතු	*මාස 1 - 5*	*මාස 6- 12*	*ඊට වැඩි*
28	☐	☐	☐	☐

- එම ගැටලු ඔබ අසහනයට පත් කරයි ද?

	කොහෙත් ම නැත	*මද වශයෙන්*	*සැහෙන තරම්*	*ඉතා නිදින්*
28	☐	☐	☐	☐

- එම ගැටලු ඔබේ එදිනෙදා ජීවිතයට පහත සඳහන් අවස්ථාවල දී බාධා පමුණුවයි ද ?

	කොහෙත් ම නැත	*මද වශයෙන්*	*සැහෙන තරම්*	*ඉතා නිදින්*
ගෙදර ජීවිතයට	30 ☐	☐	☐	☐
මිතුදම්වලට	31 ☐	☐	☐	☐
පාසැල් ඉගෙනීමට	32 ☐	☐	☐	☐
විවේක කාලයේ දී කරන ක්‍රියාවලට	33 ☐	☐	☐	☐

- මේ ගැටලු ඔබ ආශ්‍රය කරන අයට බරක් ද? (පවුලේ අය, යහළුවන්, ගුරුවරුන්, ආදී පුද්ගලයන්ට)

	කොහෙත් ම නැත	*මද වශයෙන්*	*සැහෙන තරම්*	*ඉතා නිදින්*
34	☐	☐	☐	☐

ඔබේ සහයෝගයට ස්තූතියි

ANNEXURE 51

Strengths and Difficulties Questionnaire

P4-16

(දෙමාපියන්ගෙන් පමණක් අසන්න)

ළමයාගේ අංකය _____

පහත දැක්වෙන එක් එක් කරුණට ගැළපෙන උත්තරය අදාල කොටුවේ හරියක් (✓) යොදා ලකුණු කරන්න.
පසුගිය මාස 6 පමණ ඇතුළත දී දරුවා පිළිබඳ ව ඔබ දන්නා කරුණු අනුව උත්තර දෙන්න. අදාළ නැති ප්‍රකාශ තිබිය හැකිය. එහෙත් හැම ප්‍රකාශයකට ම උත්තර සපයන්න.

		වැරදි ය	*නරමක් නැති*	*හරියටම හරි*
අන් අයගේ හැඟීම් සැලකිල්ලට ගනියි. ඔවුන් ගේ හැඟම් ගැන සංවේදීයි.	1	☐	☐	☐
නොසන්සුන් ය. පමණ ට වඩා ක්‍රියාකාරී ය. එක ඉරියව්වකින් වැඩිවේලා සිටිය නොහැකි ය.	2	☐	☐	☐
නිතර බඩේ අමාරු, වෙනත් අසනීප සෑදේ.	3	☐	☐	☐
අනිකුත් ළමුන් සමඟ කැමැත්තෙන් (කෑම, සෙල්ලම් බඩු, පැන්සල් ආදිය) බෙදා ගනියි.	4	☐	☐	☐
නිතර තදින් කේන්ත යයි. කෝප වෙයි.	5	☐	☐	☐
අන් අය සමඟ ආශ්‍රය අඩු ය. තනිව සෙල්ලම් කරන ගතියක් ඇත.	6	☐	☐	☐
සාමාන්‍යයෙන් කීකරු ය. වැඩිහිටියන් කියන දේ පිළිපදීයි.	7	☐	☐	☐
සිතේ බොහෝ කරදර ඇත. නිතර සිතේ කරදර ඇති බව පෙනේ.	8	☐	☐	☐
කෙනෙකු වේදනාවට අසහනයට හෝ අසනීපයට පත් වූ විට උදව් උපකාර කරයි.	9	☐	☐	☐
නිතර දහලන නොසන්සුන් ගතියක් දක්වයි.	10	☐	☐	☐
අඩු ගණනේ එක හොඳ මිතුරෙක් / මිතුරියක් සිටියි.	11	☐	☐	☐
නිතර අන් ළමුන් හා රණ්ඩු කරයි. නැතිනම් අන් අයට හිරිහැර කරයි.	12	☐	☐	☐
නිතර දුකෙන්, කනගාටුවෙන් හෝ කඳුළු පිරි ඇසින් සිටියි.	13	☐	☐	☐
අනිත් ළමුන් සාමාන්‍යයෙන් ඔහුට / ඇයට කැමති ය.	14	☐	☐	☐
පහසුවෙන් අවධානය කැඩෙන සුළු ය. සිත ඒ මේ අත දුවන සුළු ය.	15	☐	☐	☐
අලුත් අවස්ථාවන්ට මුහුණ දෙන විට බය ගතියක් දක්වයි. ආත්ම විශ්වාසය ඉක්මනින් හීන වේ.	16	☐	☐	☐
තමාට වඩා බාල ළමුන්ට කරුණාව දක්වයි.	17	☐	☐	☐
නිතර බොරු කියන ගතියක් නැත්නම් වංචා කරන ගතියක් ඇත.	18	☐	☐	☐
අනිත් ළමුනගේ හා යෞවන වයසේ අයගේ විහිළු හිරිහැරවලට ලක් වේ.	19	☐	☐	☐
නිතර අන් අයට (මවුපියන්, ගුරුවරුන්, අනිත් ළමුන්ට) උදව් කිරීමට ඉදිරිපත් වේ.	20	☐	☐	☐
යමක් කිරීමට පෙර සිතා බලයි.	21	☐	☐	☐
ගෙදරින් පාසැලින් හෝ වෙන තැන්වලින් සොරකම් කරයි.	22	☐	☐	☐
අන් ළමුන් ඇසුරු කරනවාට වඩා පහසුවෙන් වැඩිහිටියන් ඇසුරු කරයි.	23	☐	☐	☐
නොයෙකුත් බයවල් ඇත. පහසුවෙන් බියට පත්වන සුළු ය.	24	☐	☐	☐
පටන් ගත් වැඩක් අවසානය දක්වා කරයි. හොඳ අවධානයක් ඇත.	25	☐	☐	☐

කිව් යුතු වෙනත් කරුණු ඇත්නම් මෙහි සඳහන් කරන්න. 26

අනෙක් පිටේ තව ප්‍රශ්න කීපයක් ඇත

චිත්තවේග, අවධානය ගොනු කර ගැනීම, නැසිරීම, අන් අය සමඟ සුහදත්වයෙන් සිටීම, යන අංග පිළිබඳ ව දරුවාට ගැටලු තිබේ යැ යි ඔබ සිතන්නේ ද?

		නැත	*ඔව් සුළු වශයෙන්*	*ඔව් ඇත්ත වශයෙන් ම*	*ඔව් නදින් ම*
27	☐	☐	☐	☐

ඔබේ පිළිතුර ඔව් නම් එම ගැටලු පිළිබඳ පහත දක්වෙන ප්‍රශ්නවලට පිළිතුරු සපයන්න.

- මෙම ගැටලු කොපමණ කාලයක සිට පවතී ද?

	මසකට අඩු	*මාස 1 - 5*	*මාස 6- 12*	*ඊට වැඩි*
28 ☐	☐	☐	☐

- එම ගැටලු දරුවා අසහනයට පත් කරයි ද?

	කොහෙත් ම නැත	*මද වශයෙන්*	*සැහෙන තරම්*	*ඉතා නදින්*
29 ☐	☐	☐	☐

- එම ගැටලු දරුවාගේ ඒදිනෙදා ජීවිතයට පහත සඳහන් අවස්ථාවල දී බාධා පමුණුවයි ද?

		කොහෙත් ම නැත	*මද වශයෙන්*	*සැහෙන තරම්*	*ඉතා නදින්*
ගෙදර ජීවිතයට	30 ☐	☐	☐	☐
මිතුදම්වලට	31 ☐	☐	☐	☐
පාසැල් ඉගෙනීමට	32 ☐	☐	☐	☐
විවේක කාලයේ දී කරන ක්‍රියාවලට	33 ☐	☐	☐	☐

- මේ ගැටලු ඔබට හා පවුලේ අයට බරක් ද ?

	කොහෙත් ම නැත	*මද වශයෙන්*	*සැහෙන තරම්*	*ඉතා නදින්*
34 ☐	☐	☐	☐

ඔබේ සහයෝගයට ස්තුතියි

ANNEXURE 52

Strengths and Difficulties Questionnaire

T4-16

(ගුරුවරයාගෙන් පමණක් අයත්න)

ළමයාගේ අංකය _____

පහත දැක්වෙන එක් එක් කරුණට ගැළපෙන උත්තරය අදාල කොටුවේ හරියක් (✓) යොදා ලකුණු කරන්න.
පසුගිය මාස 6 පමණ ඇතුළත දී දරුවා පිළිබඳ ව ඔබ දන්නා කරුණු අනුව උත්තර දෙන්න. අදාළ නැති ප්‍රකාශ තිබිය හැකිය. එහෙත් හැම ප්‍රකාශයකට ම උත්තර සපයන්න.

		වැරදි ය	*නරමක් නැති*	*හරියටම හරි*
අන් අයගේ හැඟීම් සැලකිල්ලට ගනියි. ඔවුන් ගේ හැඟම් ගැන සංවේදීයි.	1	☐	☐	☐
නොසන්සුන් ය. පමණ ට වඩා ක්‍රියාකාරී ය. එක ඉරියව්වකින් වැඩිවේලා සිටිය නොහැකි ය.	2	☐	☐	☐
නිතර බඩේ අමාරු, වෙනත් අසනීප සෑදේ.	3	☐	☐	☐
අනිකුත් ළමුන් සමඟ කැමැත්තෙන් (කෑම, සෙල්ලම් බඩු, පැන්සල් ආදිය) බෙදා ගනියි.	4	☐	☐	☐
නිතර තදින් කේන්ත යයි. කෝප වෙයි.	5	☐	☐	☐
අන් අය සමඟ ආශ්‍රය අඩු ය. තනිව සෙල්ලම් කරන ගතියක් ඇත.	6	☐	☐	☐
සාමාන්‍යයෙන් කීකරු ය. වැඩිහිටියන් කියන දේ පිළිපදියි.	7	☐	☐	☐
සිතේ බොහෝ කරදර ඇත. නිතර සිතේ කරදර ඇති බව පෙනේ.	8	☐	☐	☐
කෙනෙකු වේදනාවට අසහනයට හෝ අසනීපයට පත් වූ විට උදව් උපකාර කරයි.	9	☐	☐	☐
නිතර දහලන නොසන්සුන් ගතියක් දක්වයි.	10	☐	☐	☐
අඩු ගණනේ එක හොඳ මිතුරෙක් / මිතුරියක් සිටියි.	11	☐	☐	☐
නිතර අන් ළමුන් හා රණ්ඩු කරයි. නැතිනම් අන් අයට හිරිහැර කරයි.	12	☐	☐	☐
නිතර දුකෙන්, කනගාටුවෙන් හෝ කඳුළු පිරි ඇසින් සිටියි.	13	☐	☐	☐
අනිත් ළමුන් සාමාන්‍යයෙන් ඔහුට / ඇයට කැමති ය.	14	☐	☐	☐
පහසුවෙන් අවධානය කැඩෙන සුළු ය. සිත ඒ මේ අත දුවන සුළු ය.	15	☐	☐	☐
අලුත් අවස්ථාවන්ට මුහුණ දෙන විට බය ගතියක් දක්වයි. ආත්ම විශ්වාසය ඉක්මනින් හීන වේ.	16	☐	☐	☐
තමාට වඩා බාල ළමුන්ට කරුණාව දක්වයි.	17	☐	☐	☐
නිතර බොරු කියන ගතියක් නැත්නම් වංචා කරන ගතියක් ඇත.	18	☐	☐	☐
අනිත් ළමුනගේ හා යෞවන වයසේ අයගේ විහිළු හිරිහැරවලට ලක් වේ.	19	☐	☐	☐
නිතර අන් අයට (මවුපියන්, ගුරුවරුන්, අනිත් ළමුන්ට) උදව් කිරීමට ඉදිරිපත් වේ.	20	☐	☐	☐
යමක් කිරීමට පෙර සිතා බලයි.	21	☐	☐	☐
ගෙදරින් පාසැලින් හෝ වෙන තැන්වලින් සොරකම් කරයි.	22	☐	☐	☐
අන් ළමුන් ඇසුරු කරනවාට වඩා පහසුවෙන් වැඩිහිටියන් ඇසුරු කරයි.	23	☐	☐	☐
නොයෙකුත් බයවල් ඇත. පහසුවෙන් බියට පත්වන සුළු ය.	24	☐	☐	☐
පටන් ගත් වැඩක් අවසානය දක්වා කරයි. හොඳ අවධානයක් ඇත.	25	☐	☐	☐

කිව් යුතු වෙනත් කරුණු ඇත්නම් මෙහි සඳහන් කරන්න. 26

අනෙක් පිටේ තව ප්‍රශ්න කීපයක් ඇත

චිත්තවේග, අවධානය ගොනු කර ගැනීම, නැසිරීම, අන් අය සමඟ සුහදත්වයෙන් සිටීම, යන අංග පිළිබඳ ව දරුවාට ගැටලු තිබේ යැයි ඔබ සිතන්නේ ද?

	නැත	*ඔව් සුළු වශයෙන්*	*ඔව් ඇත්ත වශයෙන් ම*	*ඔව් තදින් ම*
27	☐	☐	☐	☐

ඔබේ පිළිතුර ඔව් නම් එම ගැටලු පිළිබඳ පහත දැක්වෙන ප්‍රශ්නවලට පිළිතුරු සපයන්න.

- මෙම ගැටලු කොපමණ කාලයක සිට පවතී ද?

	මාසයකට අඩු	*මාස 1 - 5*	*මාස 6- 12*	*ඊට වැඩි*
28	☐	☐	☐	☐

- එම ගැටලු දරුවා අසහනයට පත් කරයි ද?

	කොහෙත් ම නැත	*මද වශයෙන්*	*සැහෙන තරම්*	*ඉතා තදින්*
29	☐	☐	☐	☐

- එම ගැටලු දරුවාගේ එදිනෙදා ජීවිතයට පහත සඳහන් අවස්ථාවල දී බාධා පමුණුවයි ද?

		කොහෙත් ම නැත	*මද වශයෙන්*	*සැහෙන තරම්*	*ඉතා තදින්*
මිතුදම්වලට	30	☐	☐	☐	☐
පාසැල් ඉගෙනීමට	31	☐	☐	☐	☐

- මේ ගැටලු ඔබට හා පන්තියේ අයට බරක් ද?

	කොහෙත් ම නැත	*මද වශයෙන්*	*සැහෙන තරම්*	*ඉතා තදින්*
32	☐	☐	☐	☐

ඔබේ සහයෝගයට ස්තූතියි

ANNEXURE 53

Strengths and Difficulties Questionnaire

S$^{11-16}$

செயல்திறனுக்கும் செயலின்மைக்குமான கேள்விக்கொத்து

(பிள்ளையிடம் மட்டும் வினவுங்கள் - 12 வயதிற்கு மேற்பட்ட பிள்ளைகளுக்கு மட்டும்)

மாணவர் இல _____

ஒவ்வொரு விடயம் தொடர்பாகவும் உண்மையற்றது ஓரளவு உண்மையானது அல்லது நிச்சயமாக உண்மையானது எனும் தெரிவுகளில் ஒன்றிற்குரிய பெட்டியில் (✓)அடையாளமிடவும். உங்களுக்கு விடை நிச்சயமின்றி இருந்தாலும் அல்லது சில வினாக்கள் முட்டாள்தனமாக தோன்றினாலும் கூட நீங்கள் முடிந்தவரை எல்லா வினாக்களுக்கும் விடை தந்தால் எமக்கு அது உதவியாக இருக்கும். தயவுசெய்து கடந்த ஆறு மாதங்களில் உங்களுக்கு கீழ்குறித்த விடயங்கள் எவ்வாறாக அமைந்தன என்பதைக் கருத்திற் கொண்டு விடையளிக்கவும்.

		உண்மை அற்றது	*ஓரளவு உண்மையானது*	*நிச்சயமாக உண்மையானது*
நான் ஏனையோருக்கு இதமானவனாக இருக்க முயல்கிறேன் அவர்களின் உணர்வுகள் பற்றி அக்கரை செலுத்துகிறேன்	1	☐	☐	☐
என்னால் ஓரிடத்தில் ஆறுதலாக இருக்க முடிவதில்லை	2	☐	☐	☐
எனக்கு தலைவலி, வயிற்றுவலி அல்லது சத்தி அடிக்கடி ஏற்படுவதுண்டு	3	☐	☐	☐
உணவு மற்றும் ஏனைய பொருட்களை மற்றவர்களுடன் பகிர்ந்து கொள்ளும் வழக்கம் எனக்குண்டு	4	☐	☐	☐
எனக்கு கடுஞ்கோபம் வரும் - பொறுமை இழந்து விடுவேன்	5	☐	☐	☐
நான் வழக்கமாக என்பாட்டில் இருப்பேன் தனியாகவே விளையாடுவேன்	6	☐	☐	☐
நான் பொதுவாக சொன்னபடி செய்வேன்	7	☐	☐	☐
நான் அதிகம் கவலைப்படுவதுண்டு	8	☐	☐	☐
அடுத்தவர் துன்புற்று மனமுடைந்து நோயுற்று இருக்கும்போது அவர்களுக்கு உதவியாக இருப்பேன்	9	☐	☐	☐
நான் அடிக்கடி நிம்மதியை இழப்பதுண்டு இதன்போது அசைந்து நெளிந்து கையை பிசைந்து கொண்டு இருப்பேன்	10	☐	☐	☐
நல்ல நண்பர் ஒருவரோ பலரோ எனக்கு உள்ளனர்	11	☐	☐	☐
நான் நிறைய சண்டை பிடிப்பேன். எனக்கு வேண்டியதை மற்றவர்களைக் கொண்டு செய்விக்க என்னால் முடியும்	12	☐	☐	☐
நான் அடிக்கடி மகிழ்ச்சியற்று, மனம் சோர்ந்து அல்லது அழுகையுடன் கூடிய மனநிலையில் இருப்பேன்	13	☐	☐	☐
பொதுவாக எனது வயதொத்தவர்கள் என்னை விரும்புகின்றனர்	14	☐	☐	☐
எனது கவனம் சுலபமாக திசைதிரும்பும் எனக்கு மனதை ஒரு நிலைப்படுத்த சிரமமாயுள்ளது	15	☐	☐	☐
புதிய சூழ்நிலைகளில் பதற்றமடைவேன். எளிதில் நம்பிக்கை இழந்து விடுவேன்	16	☐	☐	☐
சிறிய பிள்ளைகளோடு நான் அன்பாக இருப்பேன்	17	☐	☐	☐
பொய் சொல்லுதல், ஏமாற்றுதல் போன்ற குற்றச்சாட்டுக்களுக்கு அடிக்கடி ஆளாவேன்	18	☐	☐	☐
ஏனைய பிள்ளைகள் அல்லது இளைஞர்கள் என்னை தொந்தரவு செய்வர் அல்லது மட்டம் தட்டி ஏளனம் செய்வர்	19	☐	☐	☐
நான் முன்வந்து அடிக்கடி மற்றவர்களுக்கு உதவுவேன் (பெற்றார், ஆசிரியர் ஏனைய பிள்ளைகள்)	20	☐	☐	☐
நான் செயல்பாடுகளில் ஈடுபடுவதற்கு முன்பு அது பற்றிச் சிந்திப்பேன்	21	☐	☐	☐
வீட்டிலோ, பாடசாலையிலோ, வேறு இடங்களிலோ எனக்கு சொந்தமில்லாத பொருட்களை எடுத்துக் கொள்வேன	22	☐	☐	☐
எனது வயதொத்தவர்களை விட பெரியவர்களுடன் பழகுவது இலகுவாய் உள்ளது	23	☐	☐	☐
நான் இலகுவில் அச்சங்கொள்வதுண்டு. எனக்கு பலவற்றைக் குறித்துப் பயம் உள்ளது	24	☐	☐	☐
நான் செய்யும் வேலைகளை நிறைவு செய்கிறேன். எனது கவனம் நன்றாக உள்ளது	25	☐	☐	☐

நீங்கள் வேறு ஏதாவது குறிப்பிட விரும்புகின்றீர்களா? 26

தயவு செய்து மறு பக்கம் பார்க்கவும். - மறு பக்கத்திலும் சில மேலதிக வினாக்கள் உள்ளன.

மொத்தத்தில் மனவெழுச்சி, மனஒருமைப்பாடு, நடத்தை அல்லது மற்றவர்களுடன் சேர்ந்திருக்கும் செயற்படும் தன்மை போன்ற ஏதாவது ஒரு விடயத்திலோ அல்லது ஒன்றுக்கு மேற்பட்ட விடயங்களிலோ, உங்களுக்கு பிரச்சினைகள் (சிரமங்கள்) இருப்பதாக கருதுகிறீர்களா?

	இல்லை	*ஆம் சிறிய பிரச்சினைகள்*	*ஆம் நிச்சயமான பிரச்சினைகள்*	*ஆம் பாரதுரமான பிரச்சினைகள்*
27	☐	☐	☐	☐

நீங்கள் ஆம் என விடையளித்திருப்பின் தயவு செய்து இப்பிரச்சினைகள் பற்றிய பின்வரும் வினாக்களுக்கு விடையளிக்க.

- இத்தகைய பிரச்சினைகள் எவ்வளவு காலமாக உள்ளன?

	ஒரு மாதத்திலும்	*1-5 மாதங்கள்*	*6-12 மாதங்கள்*	*1 வருடத்திற்கு மேல்*
28	☐	☐	☐	☐

- இந்தப்பிரச்சினைகள் உங்களைக் குழப்புகின்றனவா? அல்லது மன வேதனையைத் தருகின்றனவா?

	அறவே இல்லை	*சிறிதளவு மட்டும்*	*ஓரளவு அதிகமாக*	*பெருமளவில்*
29	☐	☐	☐	☐

- இப்பிரச்சினைகள் உங்கள் நாளாந்த வாழ்க்கையின் பின்வரும் அம்சங்களைப் பாதிக்கின்றனவா?

		அறவே இல்லை	*சிறிதளவு மட்டும்*	*ஓரளவு அதிகமாக*	*பெருமளவில்*
குடும்ப வாழ்க்கை	30	☐	☐	☐	☐
நட்புறவுகள்	31	☐	☐	☐	☐
வகுப்பறைக் கற்றல்	32	☐	☐	☐	☐
ஓய்வு நேர செயற்பாடுகள்	33	☐	☐	☐	☐

- இந்தப்பிரச்சினைகள் உங்களை சூழ உள்ளோருக்கு கஷ்டத்தை ஏற்படுத்துகின்றனவா (குடும்பம், நண்பர்கள், ஆசிரியர்கள் போன்றோருக்கு)?

	அறவே இல்லை	*சிறிதளவு மட்டும்*	*ஓரளவு அதிகமாக*	*பெருமளவில்*
34	☐	☐	☐	☐

உங்கள் உதவிக்கு மிகவும் நன்றி

ANNEXURE 54

Strengths and Difficulties Questionnaire

P4-16

செயல்திறனுக்கும் செயலின்மைக்குமான கேள்விக்கொத்து

(பெற்றோரிடம் மட்டும் வினவுங்கள்)

கீழ் குறிப்பிட்டுள்ள ஒவ்வொரு வினாவிற்குமுரிய விடைகளை அவை உண்மையற்றது, ஓரளவு உண்மை, நிச்சயமாக உண்மை, என்பதற்குரிய உங்கள் அறிவுபூர்வமான விடைகளை பொருத்தமான சதுரப்பெட்டிகளில் (✓) புள்ளடியிடவும். நிட்சயமற்ற பதில்கள் எனக்கருதும் கேள்விக்கான பதில்களை முடிந்தளவு உங்கள் அறிவுக்கெட்டிய பொருத்தமானதும், பிள்ளையின் கடந்த ஆறு மாத கால நடத்தையைக் கருத்தில் கொண்டதுமான பதில்களைப் பொருத்தமான பிரிவில் புள்ளடியிட்டு இவ்நலஆய்வுக்கு தயவுசெய்து உதவி செய்யவும்.

		உண்மை அற்றது	*ஓரளவு உண்மையானது*	*நிச்சயமாக உண்மையானது*
பிறர் நலத்தைக் கருத்தில் கொள்ளும் தன்மை	1	☐	☐	☐
ஓய்வின்மை. மிகையான சுறுசுறுப்பு. நீண்டநேரம் ஓரிடத்தில் நிற்கமுடியாமை	2	☐	☐	☐
அடிக்கடி தலையிடி. வயிற்றுக்குத்து. வாந்தியென முறையிடுதல்	3	☐	☐	☐
பிறபிள்ளைகளுடன் பகிர்ந்துகொள்ளும் தன்மை (உபசரிப்பு, விளையாட்டுப் பொருட்கள், பென்சில் போன்றவற்றை)	4	☐	☐	☐
அடிக்கடி கோபமடைதல் அல்லது அதிதீவிர கோபமடைதல	5	☐	☐	☐
தனித்திருத்தல், தனித்து விளையாடுதல	6	☐	☐	☐
பொதுவாக கீழ்படியும் தன்மை, பெரியோர் சொற்படி கீழ்படிந்து நடத்தல	7	☐	☐	☐
அதிக கவலை, அடிக்கடி கவலைப்படல	8	☐	☐	☐
பிறர் புண்படும்போது, குழப்பம் அடையும்போது, துன்பமடையும்போது உதவிசெய்தல்	9	☐	☐	☐
தொடர்ச்சியாக அமைதியற்ற நிலை அல்லது தன்னடக்கமற்ற நிலை	10	☐	☐	☐
குறைந்தது ஒருவருடனாவது நல்ல சிநேகிதமாக இருத்தலி	11	☐	☐	☐
அடிகடி சக பிள்ளைகளுடன் சண்டையிடுதல் அல்லது கேலி செய்தல	12	☐	☐	☐
அடிக்கடி சந்தோசமின்மை, மனச்சோர்வு, கண்ணீர்விடுதலஹ	13	☐	☐	☐
பொதுவாக சக பிள்ளைகளால் விரும்பப்படுதல்	14	☐	☐	☐
சுலபமாக கவனம், புலன் திசைத்திரும்பும் தன்மையிருத்தல்	15	☐	☐	☐
புதிய இடமாற்றத்தின்போது பதட்டமடைதல் அல்லது பிறரைப் பற்றிக்கொள்ளும் தன்மை, சுலபமாக மனஉறுதியை இழத்தல்	16	☐	☐	☐
சிறு வயதினருக்கு அன்பு காட்டுதல்	17	☐	☐	☐
அடிக்கடி பொய் சொல்லுதல் அல்லது ஏமாற்றுதல்	18	☐	☐	☐
மற்றப்பிள்ளைகளினால் கேலிசெய்யப்படுதல், சண்டைக்குத் தேர்ந்தெடுக்கப்படுதல்	19	☐	☐	☐
அடிக்கடி தன்னலம் கருதாது உதவிசெய்தல் (பெற்றோர், ஆசிரியர், பிற பிள்ளைகள்)	20	☐	☐	☐
செயற்படுமுன் ஆய்வு செய்யும் திறன்	21	☐	☐	☐
வீட்டிலோ அல்லது பாடசாலையிலோ அல்லது வேறு இடத்திலோ களவு எடுக்கும் இயல்பு	22	☐	☐	☐
அனுசரித்துப் பழகும் தன்மையை சகபிள்ளைகளைவிட பெரியவர்களிடம் காட்டுதல்	23	☐	☐	☐
அதிக அச்சம் கொள்ளுதல், விரைவில் பயப்படுதல்	24	☐	☐	☐
கொடுக்கப்பட்ட வேளையில் இறுதிவரை சிறப்பாகக் கவனம் செலுத்தும் தன்மை	25	☐	☐	☐

நீங்கள் வேறு ஏதாவது குறிப்பிட விரும்புகின்றீர்களா? 26

தயவு செய்து மறு பக்கம் பார்க்கவும். - மறு பக்கத்திலும் சில மேலதிக வினாக்கள் உள்ளன.

மொத்தத்தில் மனவெழுச்சி, மனஒருமைப்பாடு, நடத்தை அல்லது மற்றவர்களுடன் சேர்ந்திருக்கும் செயற்படும் தன்மை போன்ற ஏதாவது ஒரு விடயத்திலோ அல்லது ஒன்றுக்கு மேற்பட்ட விடயங்களிலோ, உங்கள் பிள்ளைகளுக்கு பிரச்சினைகள் (சிரமங்கள்) இருப்பதாக கருதுகிறீர்களா?

	இல்லை	*ஆம் சிறிய பிரச்சினைகள*	*ஆம் நிச்சயமான பிரச்சினைகள்*	*ஆம் பாரதுரமான பிரச்சினைகள்*
27	☐	☐	☐	☐

நீங்கள் ஆம் என விடையளித்திருப்பின் தயவு செய்து இப்பிரச்சினைகள் பற்றிய பின்வரும் வினாக்களுக்கு விடையளிக்க.

- இத்தகைய பிரச்சினைகள் எவ்வளவு காலமாக உள்ளன?

	ஒரு மாதத்திலும்	*1-5 மாதங்கள்*	*6-12 மாதங்கள்*	*1 வருடத்திற்கு மேல்*
28	☐	☐	☐	☐

- இந்தப்பிரச்சினைகள் உங்கள் பிள்ளையைக் குழப்புகின்றனவா? அல்லது மன வேதனையைத் தருகின்றனவா?

	அறவே இல்லை	*சிறிதளவு மட்டும்*	*ஓரளவு அதிகமாக*	*பெருமளவில்*
29	☐	☐	☐	☐

- இப்பிரச்சினைகள் உங்கள் பிள்ளையின் நாளாந்த வாழ்க்கையின் பின்வரும் அம்சங்களைப் பாதிக்கின்றனவா?

		அறவே இல்லை	*சிறிதளவு மட்டும்*	*ஓரளவு அதிகமாக*	*பெருமளவில்*
குடும்ப வாழ்க்கை	30	☐	☐	☐	☐
நட்புறவுகள்	31	☐	☐	☐	☐
வகுப்பறைக் கற்றல்	32	☐	☐	☐	☐
ஓய்வு நேர செயற்பாடுகள்	33	☐	☐	☐	☐

- இந்தப்பிரச்சினைகள் உங்களிற்கோ குடும்பத்தினருக்கோ கஷ்டத்தை ஏற்படுத்துகின்றனவா ?

	அறவே இல்லை	*சிறிதளவு மட்டும்*	*ஓரளவு அகிகமாக*	*பெருமளவில்*
34	☐	☐	☐	☐

உங்கள் உதவிக்கு மிகவும் நன்றி

ANNEXURE 55

Strengths and Difficulties Questionnaire

T4-16

செயல்திறனுக்கும் செயலின்மைக்குமான கேள்விக்கொத்து

(*ஆசிரியரிடம் மட்டும் வினவுங்கள்*)

கீழ் குறிப்பிட்டுள்ள ஒவ்வொரு வினாவிற்குமுரிய விடைகளை அவை உண்மையற்றது, ஓரளவு உண்மை, நிச்சயமாக உண்மை, என்பதற்குரிய உங்கள் அறிவுபூர்வமான விடைகளை பொருத்தமான சதுரப்பெட்டிகளில் (✓) புள்ளடியிடவும். நிட்சயமற்ற பதில்கள் எனக்கருதும் கேள்விக்கான பதில்களை முடிந்தளவு உங்கள் அறிவுக்கெட்டிய பொருத்தமானதும், பிள்ளையின் கடந்த ஆறு மாதம் அல்லது ஒரு வருட கால நடத்தையைக் கருத்தில் கொண்டதுமான பதில்களைப் பொருத்தமான பிரிவில் புள்ளடியிட்டு இவ்நலஆய்வுக்கு தயவுசெய்து உதவி செய்யவும்.

		உண்மை அற்றது	*ஓரளவு உண்மையானது*	*நிச்சயமாக உண்மையானது*
பிறர் நலத்தைக் கருத்தில் கொள்ளும் தன்மை	1	☐	☐	☐
ஓய்வின்மை. மிகையான சுறுசுறுப்பு. நீண்டநேரம் ஓரிடத்தில் நிற்கமுடியாமை	2	☐	☐	☐
அடிக்கடி தலையிடி. வயிற்றுக்குத்து. வாந்தியென முறையிடுதல்	3	☐	☐	☐
பிறபிள்ளைகளுடன் பகிர்ந்துகொள்ளும் தன்மை (உபசரிப்பு, விளையாட்டுப் பொருட்கள், பென்சில் போன்றவற்றை)	4	☐	☐	☐
அடிக்கடி கோபமடைதல் அல்லது அதிதீவிர கோபமடைதல	5	☐	☐	☐
தனித்திருத்தல், தனித்து விளையாடுதல	6	☐	☐	☐
பொதுவாக கீழ்படியும் தன்மை, பெரியோர் சொற்படி கீழ்படிந்து நடத்தல	7	☐	☐	☐
அதிக கவலை, அடிக்கடி கவலைப்படல	8	☐	☐	☐
பிறர் புண்படும்போது, குழப்பம் அடையும்போது, துன்பமடையும்போது உதவிசெய்தல்	9	☐	☐	☐
தொடர்ச்சியாக அமைதியற்ற நிலை அல்லது தன்னடக்கமற்ற நிலை	10	☐	☐	☐
குறைந்தது ஒருவருடனாவது நல்ல சிநேகிதமாக இருத்தலி	11	☐	☐	☐
அடிகடி சக பிள்ளைகளுடன் சண்டையிடுதல் அல்லது கேலி செய்தல	12	☐	☐	☐
அடிக்கடி சந்தோசமின்மை, மனச்சோர்வு, கண்ணீர்விடுதலஹ	13	☐	☐	☐
பொதுவாக சக பிள்ளைகளால் விரும்பப்படுதல்	14	☐	☐	☐
சுலபமாக கவனம், புலன் திசைத்திரும்பும் தன்மையிருத்தல்	15	☐	☐	☐
புதிய இடமாற்றத்தின்போது பதட்டமடைதல் அல்லது பிறரைப் பற்றிக்கொள்ளும் தன்மை, சுலபமாக மனஉறுதியை இழத்தல்	16	☐	☐	☐
சிறு வயதினருக்கு அன்பு காட்டுதல்	17	☐	☐	☐
அடிக்கடி பொய் சொல்லுதல் அல்லது ஏமாற்றுதல்	18	☐	☐	☐
மற்றப்பிள்ளைகளினால் கேலிசெய்யப்படுதல், சண்டைக்குத் தேர்ந்தெடுக்கப்படுதல்	19	☐	☐	☐
அடிக்கடி தன்னலம் கருதாது உதவிசெய்தல் (பெற்றோர், ஆசிரியர், பிற பிள்ளைகள்)	20	☐	☐	☐
செயற்படுமுன் ஆய்வு செய்யும் திறன்	21	☐	☐	☐
வீட்டிலோ அல்லது பாடசாலையிலோ அல்லது வேறு இடத்திலோ களவு எடுக்கும் இயல்பு	22	☐	☐	☐
அனுசரித்துப் பழகும் தன்மையை சகபிள்ளைகளைவிட பெரியவர்களிடம் காட்டுதல்	23	☐	☐	☐
அதிக அச்சம் கொள்ளுதல், விரைவில் பயப்படுதல்	24	☐	☐	☐
கொடுக்கப்பட்ட வேளையில் இறுதிவரை சிறப்பாகக் கவனம் செலுத்தும் தன்மை	25	☐	☐	☐

நீங்கள் வேறு ஏதாவது குறிப்பிட விரும்புகின்றீர்களா? 26

தயவு செய்து மறு பக்கம் பார்க்கவும். - மறு பக்கத்திலும் சில மேலதிக வினாக்கள் உள்ளன.

மொத்தத்தில் மனவெழுச்சி, மனஒருமைப்பாடு, நடத்தை அல்லது மற்றவர்களுடன் சேர்ந்திருக்கும் செயற்படும் தன்மை போன்ற ஏதாவது ஒரு விடயத்திலோ அல்லது ஒன்றுக்கு மேற்பட்ட விடயங்களிலோ, உங்கள் பிள்ளைகளுக்கு பிரச்சினைகள் (சிரமங்கள்) இருப்பதாக கருதுகிறீர்களா?

	இல்லை	*ஆம் சிறிய பிரச்சினைகள*	*ஆம் நிச்சயமான பிரச்சினைகள்*	*ஆம் பாரதுரமான பிரச்சினைகள்*
27	☐	☐	☐	☐

நீங்கள் ஆம் என விடையளித்திருப்பின் தயவு செய்து இப்பிரச்சினைகள் பற்றிய பின்வரும் வினாக்களுக்கு விடையளிக்க.

- இத்தகைய பிரச்சினைகள் எவ்வளவு காலமாக உள்ளன?

	ஒரு மாதத்திலும்	*1-5 மாதங்கள்*	*6-12 மாதங்கள்*	*1 வருடத்திற்கு மேல்*
28	☐	☐	☐	☐

- இந்தப்பிரச்சினைகள் உங்கள் பிள்ளையைக் குழப்புகின்றனவா? அல்லது மன வேதனையைத் தருகின்றனவா?

	அறவே இல்லை	*சிறிதளவு மட்டும்*	*ஓரளவு அதிகமாக*	*பெருமளவில்*
29	☐	☐	☐	☐

- இப்பிரச்சினைகள் உங்கள் பிள்ளையின் நாளாந்த வாழ்க்கையின் பின்வரும் அம்சங்களைப் பாதிக்கின்றனவா?

		அறவே இல்லை	*சிறிதளவு மட்டும்*	*ஓரளவு அதிகமாக*	*பெருமளவில்*
நட்புறவுகள்	30	☐	☐	☐	☐
வகுப்பறைக் கற்றல்	31	☐	☐	☐	☐

- இந்தப்பிரச்சினைகள் உங்களிற்கோ வகுப்பறை நடவடிக்கைகளுக்கோ கஷ்டத்தை ஏற்படுத்துகின்றனவா ?

	அறவே இல்லை	சிறிதளவு மட்டும்	*ஓரளவு அதிகமாக*	*பெருமளவில்*
32	☐	☐	☐	☐

உங்கள் உதவிக்கு மிகவும் நன்றி

ANNEXURE 56

GUIDE TO IN-DEPTH INTERVIEW

අපි සෞඛ්‍යය, ඒ වගේම මානසික සෞඛ්‍යය පිළිබඳ තොරතුරු ටිකක් සාකච්ඡා කරමු. මෙහිදී සාකච්ඡා කෙරෙන ප්‍රශ්න වලට ඔබගේ අදහස් ආකල්ප හා අත්දැකීම් අනුව පිළිතුරු දෙන්න.

Write down - Time and date of interview
- Age
- Gender
- Region that participant lives
- Occupation
- Educational level

1. *"රෝගයක්"* යන්නෙන් ඔබට හැඟෙන්නේ කුමක් ද?

2. a). *"මානසික රෝගයක්"* යන්නෙන් ඔබ අදහස් කරන්නේ කුමක් ද?
   b). මානසික හා මානසික නොවන රෝග අතර වෙනසක් තිබේ ද? විස්තර කරන්න

3. ඔබ දන්නා මානසික රෝග කිහිපයක නම් සඳහන් කරන්න.

4. මානසික රෝග සහිත පුද්ගලයින් **වැඩිපුරම** දක්නට ලැබෙන්නේ කුමන පරිසරයක ද?

   If necessary, probe -
   මම මේ දැන් කියන තැන් වලින් ඔවුන් වැඩිපුරම දක්නට ලැබෙන්නේ කුමන ස්ථානයේ ද?
   - මානසික රෝහල් වල
   - සාමාන්‍ය රෝහල් වල
   - පාරේ
   - නිවෙස් වල
   - අනෙකුත් සාමාන්‍ය මිනිසුන් ජීවත් වන ස්ථාන වලින් බොහෝ තැන් වල දැකගත හැක.
   - වෙනත් - නම් කරන්න

5. පුද්ගලයකු තුල මානසික රෝගයක් ඇතිවීමට/හට ගැනීමට බලපාන හේතු මොනවාද?

   Probe - පරම්පරාවෙන් එන (Genetics)
   - ජීවත්වන පරිසරය තුල දී මුහුනපාන ගැටලු, ප්‍රශ්න හෝ සිදුවීම්
   - මත්ද්‍රව්‍ය / බෙහෙත්

6. මානසික රෝග නිට්ටාවට සුව කළ හැකි ද?

7. මානසික රෝගී පුද්ගලයෙකුගේ අවශ්‍යතා සහ කායික රෝගයක් සහිත පුද්ගලයෙකුගේ අවශ්‍යතා අතර වෙනසක් තිබේ ද?
(*පැහැදිලි කිරීම* :- අවශ්‍යතා = ඕනෑඑපාකම්)
   ඔව් නම් ⟶ ඒ කුමක් ද? - විස්තර කරන්න.

8. මානසික රෝගයක් සහිත පුද්ගලයෙකු හට සාමාන්‍ය දිවිපෙවෙතක් ගත කළ හැකි ද?
   නොහැකියි. ⟶ ඇයි ඒ - විස්තර කරන්න.

9. ඔබ මානසික රෝගී පුද්ගලයකු සමඟ විවාහ වීමට කැමැති ද?

→ *නැහැ* → ඇයි අකමැති – විස්තර කරන්න

↓

එසේ නම් ඔබ, යම්කිසි කායික රෝගයක් සහිත පුද්ගලයකු සමඟ විවාහ වීමට කැමති ද?

→ *ඔව්* → එහිදී ඔබ සළකා බලන කරුණු මොනවා ද?

Services

10a). (Ask from people in Angoda/Mulleriyawa and if not so, the participant needs to be asked as if living in Angoda/Mulleriyawa area) අංගොඩ මානසික රෝහලේ බාහිර රෝගී අංශයක් පිහිටුවීම පිළිබඳ ඔබේ අදහස කුමක් ද? එය සුදුසු ද? / නුසුදුසු ද? [*පැහැදිලි කිරීම* :– බාහිර රෝගී අංශය = සියලුම රෝග සඳහා ප්‍රතිකාර කරන මූලික ස්ථානය/OPD]

↓

b) **<u>එසේ</u>** පිහිටවුවහොත් ඔබට අවශ්‍ය අවස්ථාවක එයින් ප්‍රතිකාර ගැනීමට යනවා ද?

→ *නැහැ* → ඒ ඇයි? - විස්තර කරන්න.

→ *ඔව්* → ඒ ඇයි? - විස්තර කරන්න.

11. මානසික රෝගයක්/ප්‍රශ්නයක් සම්බන්ධයෙන් උදව්/ප්‍රතිකාර ලබාගැනීමට අවශ්‍ය වුව හොත් ඔබ යාමට කැමති මානසික රෝහලකට ද? එසේ නැත්නම් සාමාන්‍ය රෝහලක මානසික රෝග පිළිබඳ සායනයකට ද? එහෙමත් නැත්නම් සියලුම රෝගීන් සඳහා වූ පොදු සායනයකට ද? (Convey the concept of three types of settings).

→ ඒ ඇයි? - විස්තර කරන්න.

12. සාමාන්‍ය රෝහලක මානසික රෝගීන් සඳහා ඒකකයක් (වාට්ටු) පිහිටුවීම හා ප්‍රතිකාර කිරීම පිළිබඳව ඔබේ අදහස කුමක් ද?

→ *ඊට එකඟයි.* → ඒ ඇයි? - විස්තර කරන්න.

→ *අකමැතියි.* → ඒ ඇයි? - විස්තර කරන්න.

13. **<u>එකම වාට්ටුවක</u>** කායික රෝගයක් සහිත මානසික රෝගීන් සහ කායික රෝග සහිත අනෙකුත් රෝගීන් හට ප්‍රතිකාර කිරීම පිළිබඳව ඔබට හැඟෙන්නේ කුමක් ද?

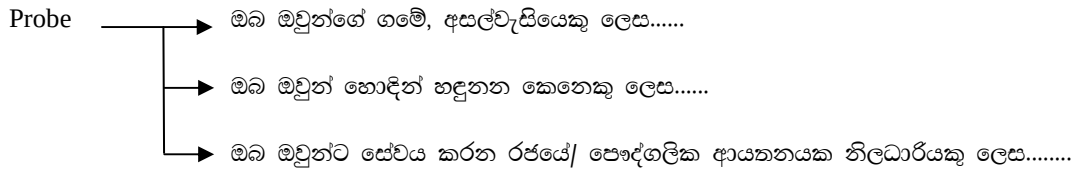
(*පැහැදිලි කිරීම* :– මානසික රෝගියෙකු ඔහුගේ දැනට පවතින ප්‍රධාන ගැටලුව කායික රෝගයක් වනවිට ඔහු අනෙකුත් කායික රෝගීන් සමඟ එකම වාට්ටුවේ ප්‍රතිකාර ලැබීම, Give an example if necessary depending on patient's understanding)

→ *ඊට එකඟයි.* → ඒ ඇයි? - විස්තර කරන්න.

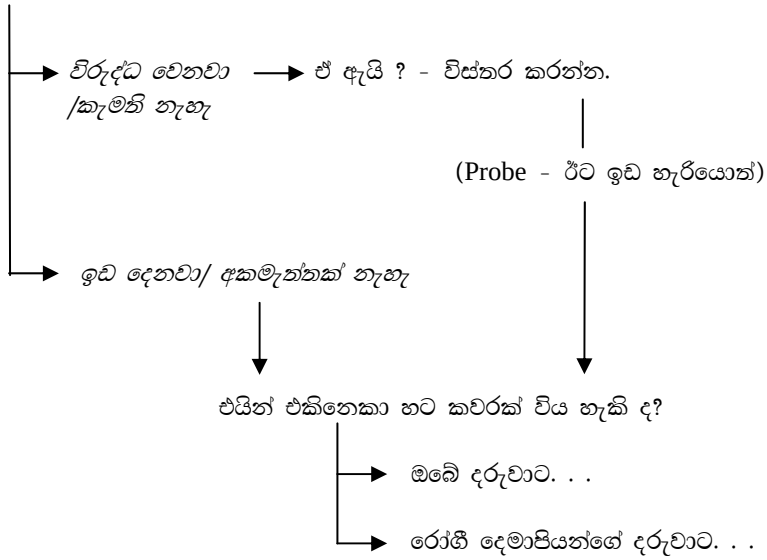
→ *එයට අකමැතියි.* → ඒ ඇයි? - විස්තර කරන්න.

Children

14. a) මානසික රෝගයක් සහිත දෙමාපියන්ගේ දරුවෙකු සමඟ කෙතරම් සමීප සම්බන්ධතාවක් පැවැත්වීමට ඔබ සූදානම් ද?

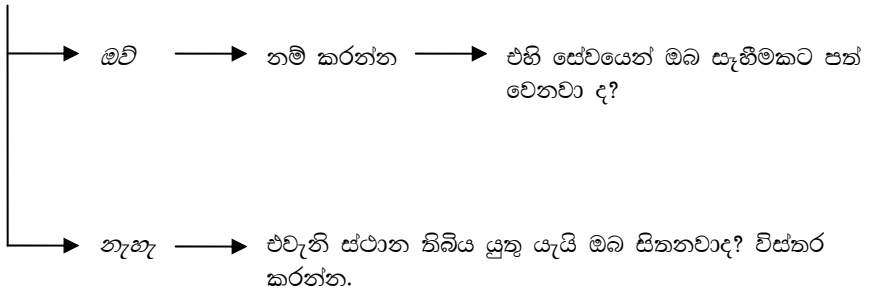


b) ***<u>එවැනි</u>*** දරුවෙකු ඔබගේ දරුවෙකු/ ඔබගේ ඥාති දරුවෙකු සමඟ එකට කටයුතු කිරීම (උදා: ඉගෙනීම, සෙල්ලම් කිරීම) පිළිබඳ ව ඔබගේ අදහස කුමක් ද? ඒ කියන්නේ, ඔබ ඊට ඉඩ දෙනවා ද? එහෙම නැතිනම් විරුද්ධ වෙනවා ද?



Knowledge

15. මානසික රෝගයකින් සුව වූ/රෝගී තත්ත්වය පාලනය කළ පුද්ගලයෙකුට උදව් උපකාර කරන/කළ හැකි ආයතන ලංකාවේ තියෙනවාද? (*පැහැදිලි කිරීම* :– උදව් උපකාර = වෘත්තීය පුහුණුව, මූල්‍යමය ආධාර යනාදිය.)



SHORT EXPLANATORY MODEL INTERVIEW
(S.E.M.I) - Version 3.1
Sinhalese Version 1997
© Keith Lloyd[1]
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1.Introduction

Thank you for agreeing to talk about your health. I would like to ask you some questions about your health and how it affects you. The questions have already been written out so it will not sound like a normal interview and some things may not have much to do with your situation. I would like to stress that all answers will be strictly confidential.

Record number ☐☐
☐ rec 1-1.3

Date of interview ☐☐☐
☐☐☐ seen 1.4-9

Starting time ☐☐
☐☐ time 1.10-13

Gender ☐
sex 1.14

Age < how old are you on your last birthday ☐☐ age 1.15-6

2. HEALTH & ILLNESS

CURRENT HEALTH STEM:

(a **). I would like to ask you about your last visit to the doctor.**

What were your symptoms/problems < why were you there >

i problem1

☐ ☐ 2.1- 2.2

……..

ii problem2

☐ ☐ 2.3-2.4

……..

iii problem3

☐ ☐ 2.5-2.6

……..

iv problem4

☐ ☐ 2.7-2.8

……..

v problem5

☐ ☐ 2.9-2.10

……..

vi problem6

☐ ☐ 2.11- 2.1.2

……..

vii problem7

☐ ☐ 2..13-2.14

……..

viii problem8

☐ ☐ 2.15-2.16

……..

ix problem9

☐☐2.17-2.18

……..

x

problem10

☐☐2.19-2.20

……..

Were there any other symptoms/ problems?

i

problem11

☐☐2.21-2.22

……..

ii

problem12

☐☐2.23-2.24

……..

iii

problem14

☐☐2.25-2.26

……..

iv

problem15

☐☐2.27-2.28

……..

v

problem10

☐☐2.29-2.30

……..

HEALTH OVER LAST 6 MONTHS STEM.

(b) **During last 3 months how many times did you visit doctor/s.**

☐☐

How many times did you visit doctor/s 3 months prior to last 3 months

☐☐

How many times were you hospitalised during last 3 months

☐☐

(c) What do you call these problem?. Probe: If you had to give them names what would they be?

I name1

☐☐2.21-2.22

……..

ii name2

☐☐2.23-2.24

……..

iii name3

☐☐2.25-2.26

……..

(d) When did you first notice < specify identified problem>?. Probe: how long ago was it, when did it start?

i onset1

☐☐2.27-2.28

……..

i i onset2

☐☐2.29-2.30

……

iii onset1

☐☐2..31-2.32

……

iv onset1

☐☐2.33-2.34

……

v onset1

☐☐2.35-2..36

……

(e) Why do you think these problems started when they did?

i why1

☐ ☐2.37-2.38

……..

ii why2

☐ ☐2.39-2.40

……..

iii why3

☐ ☐2.41-2.42

……..

(f) Is there anything you have or haven't done that has caused this?. Probe for example.

internal1

Yes/ No / Unable to say ☐☐ 2.43-2.44

If 'yes', probe for examples and note down verbatim.

i internal2

☐☐ 2.45-2.46

……..

ii internal 2

☐☐ 2.47-2.48

……..

iii internal 3

☐☐ 2.49-2.50

……..

(g) Is there anything anyone else has done or not done that has . caused this? Probe for example.

external 1

Yes / No / Unable to say

☐☐ 2.51-2.52

If 'yes', probe for example and note down verbatim.

i external 2

☐☐ 2.53-2.54

……..

ii external 3

☐☐ 2.54-2.55

……..

iii external 3

☐☐ 2.56-2.57

……..

(h) So who or what is the cause of you getting this?

int/ext2

Mainly me /some one else /some thing happened/unable to say ☐☐ 2.58-2.59 int/ext1

(i) Do you believe that some one has done some thing < Magic by human agency/ given charmed food /obiah /spell/) Punishment by deity> or some other influence <Chance/fate, /Effects of stars/ planarity effects>?

spells1

Yes/ No/ unable to say

☐ ☐ 2.62-2.63

If 'yes', probe for example and note down verbatim.

……..

spells2

…….. ☐ ☐

2.64-2.65

(3) PERCEIVED SEVERITY

(a) How serious are your problems?
< as there are several complaints probe separately for each of them>

I serious1

☐ ☐ 3.1-3.2

……..

ii serious1

☐ ☐ 3.3-3.4

……..

iii serious1

☐ ☐ 3.5-3.6

……..

(b) Out of the above which one do you think is most serious?

i mostserious

☐ ☐ 3.7-3.8

……

(c) What do you most fear about these problems?

< are you frightened and if so>

i fearmost

☐☐ 3.9-3.10

……..

(d) **Do you have any other fear?**

i otherfear1

☐☐ 3.11-3.12

……

ii otherfear2

☐☐ 3.13-3.14

……

iii otherfear3

☐☐ 3.15-3.16

……

(e) Why did you go to the doctor <during this episode> Probe: Had it got worse? Were you afraid? Did others advise you?

whycome

☐☐ 3.17-3.18

……

(f) How and when do these problems get worse?
<what would make them worse? probe for example and note down verbatim. >

i worse1

☐☐ 3.19-3.20

……..

ii worse2

☐☐ 3.21-3.22

……..

iii worse3

☐☐ 3.23-3.24

……..

(g) How and when do these problems get better?
<what would make them better? probe for example and note down verbatim. >

i better1


2.25-2.26

……

ii better2


2.27-2.28

……

iii better3


2.29-2.30

……

4. EXPECTATIONS OF/SATISFACTION WITH MEDICAL CARE

(a) What did you hope to gain from seeing doctors? What did you expected the doctors to do?

i expect1

☐☐ 4.1-4.2

……..

ii expect2

☐☐ 4.3-4.4

……..

iii expect3

☐☐ 4.5-4.6

……..

iv expect4

☐☐ 4.7-4.8

……..

v expect5

☐☐ 4.9-4.10

……..

(b) Have you asked these doctors about these problems?

All of them /some of them / no body / unable to say

askdoc1

☐☐ 4.11-4.12

What did the doctors tell you?

askdoc2
☐☐ 4.13-4.14

i ……

askdoc3
☐☐ 4.15-4.16

ii ……

askdoc3
☐☐ 4.17-4.18

iii ……

askdoc4
☐☐ 4.19-4.20

iv ……

askdoc5
☐ ☐ 4.21-4.22

v ……

(c) What did the doctors do about your problems?

i doctsact1

☐☐ 4.23-4.24

……..

ii doctsact2

☐☐ 4.25-4.26

……..

iii doctsact3

☐☐ 4.27-4.28

……..

iv doctsact4

☐☐ 4.29- 4.30

……..

v doctsact5

☐☐ 4.31- 4.32

……..

(d) Was it useful talking to the doctors about your problems?

satisfy1

☐☐ 4.35-4.36

……..

(e) Up to now, was there anything about your treatment you were unhappy about?

Yes / No / unable to say

If 'yes' clarify.

Unhappy1

i …….. ☐☐ 4.39-4.40

Unhappy2

ii…….. ☐☐ 4.41-4.42

Unhappy3

i …….. ☐☐ 4.43-4.45

5. ACTIVITIES AND FUNCTIONING

(a) What are the main difficulties your problems have caused you ?.

i difficuty1

☐☐ 5.1-5.2

……..

ii difficulty2

☐☐ 5.3-5.4

……..

iii difficulty3

☐☐ 5.5-5.6

(b) What parts of your body are most affected by your problems?

i body1

☐☐ 5.7-5.8

……

ii body3

☐☐ 5.8-5.9

……

iii body4

☐☐ 5.9-5.10

……

(c) How and to what extent have you been affected emotionally by your problems?
< For an example were you more upset, worried or unhappy etc. and to what extent>

…… emotion

…… ☐☐ 5.11-5.12

(d) Have these problems stopped you getting about as well as you used to?
< probe: how and to what extent >

……

mobile

…… ☐☐ 5.13-5.14

(e) Have these problems affected your social life?

< probe: how and to what extent >

…… social
…… ☐☐ 5.15-5.16

(f) Have these problems affected your family life?
< probe: how and to what extent >

…… family
…… ☐☐ 5.17-5.18

(g) Have these problems affected how you get on with people in general?
< probe: for example getting more irritable/angry/ less friendly etc. and to what extent.>

…… relate
…… ☐☐ 5.19-5.20

(h) Has your work(including house work)/ job been affected?
< probe: how and to what extent >

work
…… ☐☐ 5.21-5.22

6. OTHER HEALTH BEHAVIOUR

(a) Have you asked for advice from anyone else about your problems?
<Probe: friends, family, alternative forms of therapists including traditional healers, clergy>

advice 1-4

advice 5-8

☐☐ 5.23-5.24
☐☐ 5.25-5.26
☐☐ 5.27-5.28
☐☐ 5.29-5.30

☐☐ 5..31-5.32
☐☐ 5.33-5.34
☐☐ 5.35-5.36
☐☐ 5.37-5.38

(b) Who else apart from your usual doctor have you obtained treatment or advice about these problems?
< Probe for the different specialties and types of doctors seen>

docdetail 1-4

docdetails 5-9

☐☐ 5.39-5.40

☐☐ 5.41-5.42

☐☐ 5.43-5.44

☐☐ 5.45-5.46

☐☐ 5.47-5.48

☐☐ 5.49-5.50

☐☐ 5.51-5.52

☐☐ 5.53-5.54

numberdoc

(c) How many doctors have treated you for your problems? ☐☐ 5.55-5.56
< during the total duration of illness>

(d) How much approximately have you spent for treatment ?
<Probe: estimated direct cost for the illness >
…….

expenses
☐☐ 5.57-5.58

(e) Do you treat yourself for the problems?

selftreat

Yes/ No / Unable to say
☐☐ 5.59-5.60

(f) If so how?

how

☐☐ 5.61-5.62

(g) Are you taking any medication now?

med 1

☐☐ 5.63-5.64

med 2

☐☐

(h) Are you taking any other cures or remedies?
<Probe: decoctions/herbal medicine/homeopathy etc>

nonwestern

☐ ☐ 5.65-5.66

(g) How many cigarettes do you smoke a day?

cig

☐ ☐ 5.67-5.68

(h) Do you drink alcohol?

alcohol1

Yes/ No / Unable to answer

☐ ☐ 5.69-5.70

If so how frequently?
<Probe: daily, weekly, monthly etc.>

alcohol2

☐ ☐ 5.71-5.72

units/volume of alcohol consumption for a week?

alcohol3

☐ ☐ 5.71-5.72

(k) Do you use any other <street/recreational> drugs?

drugs

☐ ☐ 5.75-5.76

Thank you for telling me details of your illness/problems.

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3. **Department of Psychological Medicine, Faculty of Medicine, University of Colombo, Sri Lanka**

1. හැඳින්වීම

ඔබගේ සෞඛ්‍ය තත්ත්වය පිළිබඳ ව කථා කිරීමට හා මෙම ප්‍රශ්නාවලියට පිළිතුරු දීමට කැමැත්ත පළ කිරීම ගැන ස්තූතියි. මම ඔබෙන් අසන ප්‍රශ්න කල් තබා ලියා ඇති හෙයින්, සාමාන්‍ය අවස්ථාවේ දී වෛද්‍යවරයකු ඔබෙන් ප්‍රශ්න අසන ආකාරය ට වඩා මෙම අවස්ථාව වෙනස් බව ඔබ සිතීමට පුළුවන. සෑම දෙනාගෙන් ම එක ම ආකාරය ට ප්‍රශ්න ඇසිය යුතු නිසා, මෙසේ ප්‍රශ්න ලියා ඇසීම ට සිදු වී ඇත. මා අසන ප්‍රශ්න සමහරක් ඔබට කිසිසේත් ම අදාල නොවීමට ද ඉඩ ඇති බව කරුණාවෙන් සලකන්න.
මා අසන ප්‍රශ්නයක ට හෝ ප්‍රශ්න වලට පිළිතුරු දීමට අකමැත්තක් ඇත්නම් ඒ බව පැවසීම ට ඔබට අයිතියක් ඇති බව ද යළිත් මතක් කර දෙමි.

යමක් පැහැදිලි නොමැති නම් කරුණාකර අසා දැන ගන්න.

ලියාපදිංචි අංකය	☐☐☐ rec 1-1.3
ප්‍රශ්න අසන දිනය	☐☐ ☐☐ ☐☐ seen 1.4-9
පටන් ගන්නා වේලාව	☐☐ ☐☐ time 1.10-13
ස්ත්‍රී පුරුෂ භාවය	☐ sex 1.14
පසු ගිය උපන් දිනට ඔබේ වයස	☐☐ age 1.15-6

2. සෞඛ්‍ය හා ලෙඩ රෝග පිළිබඳ ව

ඔබගේ දැන් (වර්තමාන) සෞඛ්‍ය තත්ත්වය ගැන - (මෙය අවධාරනය කල යුතුය)

(a) මෙම ප්‍රශ්නය ඔබ අවසාන වරට වෛද්‍යවරයකු හමු වීමට ආ අවස්ථාව ගැනයි.
එසේ ඔබ වෛද්‍යවරයා හමු වීමට පැමිණි හේතු/කරුණු මොනවාද?
(ඇයි ගියේ, මොනවද තිබුනු අමාරු, මොනවද තිබුනු ප්‍රශ්න)

i Problem 1

☐ ☐

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ii Problem 2

☐ ☐

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iii Problem 3

☐ ☐

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iv Problem 4

☐ ☐

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v Problem 5

☐ ☐

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වෙන මොනවත් ප්‍රශ්න/ අමාරු තිබුනද?

i Problem 6

☐ ☐

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ii Problem 7

☐ ☐

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iii Problem 8

☐ ☐

……

iv Problem 9

☐ ☐

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v Problem10

☐ ☐

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ඔබේ සෞඛ්‍ය තත්ත්වය ගැන

(b) පසුගිය මාස 3 ඇතුලත ඔබ කොපමණ වාර ගණනක් වෛද්‍යවරයෙකු හමුවීමට ගියා ද?

☐ ☐

පසුගිය මාස 3 ට පෙර මාස 3 ඇතුලත ඔබ කොපමණ වාර ගණනක් වෛද්‍යවරයෙකු හමුවීමට ගියා ද?

☐ ☐

පසුගිය මාස 3 ඇතුලත ඔබ කොපමණ වාර ගණනක් රෝහල් ගතවී තිබේ ද?

☐ ☐

(c) ඉහත සඳහන් කළ ඔබට තිබුනු ආබාධ, ලෙඩ රෝග, ගැටලු, ප්‍රශ්න ඔබ හඳුන් වන්නේ කෙලෙස ද?
උපකාරය- ඒවාට නමක් හෝ නම් දිය හැකිද? - (පිළිතුරු දෙන්නාගේ වචන වලින් සටහන් කරන්න)

i Name 1

☐ ☐

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ii Name 2

☐ ☐

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iii Name 3

☐ ☐

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(d) ඉහත සඳහන් කල ආබාධ (කලින් සඳහන් කල ප්‍රශ්න එකින් එක ගැන වෙන වෙන ම අසන්න) මුලින් පටන් ගත්තේ කොපමණ කාලයක ට පෙරද?

i Onset 1

☐ ☐

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ii Onset 2

☐ ☐

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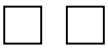

……..……..……..……

(e) එම ආබාධ රෝග ඇති වුණේ කුමන හේතුවක් නිසා දැයි ඔබ සිතනවා ද? - ඇයි ඒ අමාරු ඇති වුණේ?
(පිළිතුර දෙන්නාගේ වචන වලින් හේතු 3ක් දක්වා සටහන් කරන්න)

i Why 1

□ □

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ii Why 2

□ □

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iii Why 3

□ □

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(f) ඔබ කළ කවර හෝ කටයුත්තක් මෙම රෝග ආබාධ ඇති වීම ට බලපෑවා යැයි ඔබ විශ්වාස කරනවාද? එසේ නොමැති නම් විශේෂ යමක් කිරීම ට නොහැකි වූ නිසා මෙම ලෙඩ රෝග අත් වූවායයි ඔබ සිතනවාද?

Internal 1

ඔව්/නැහැ/කිව නොහැක □□

(පිළිතුර ඔව් නම්, උදාහරණ පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

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Internal 2

□□

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(g) මීට අමතර ව, වෙනත් අයකු කල දෙයක් හෝ යම් දෙයක් කිරීම පැහැර හැරීය නිසා ඔබ මේ තත්ත්වය ට පත් වුණා යයි සිතනවාද?

External 1

ඔව්/නැහැ/කිව නොහැක □□

(පිළිතුර ඔව් නම්, උදාහරණ පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

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External 2

□□

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(h) කවුරු හරි හිතාමතා මොනවහරි දෙයක් කවලා හෝ ශාප කරලා, තෙල් මතුරලා, කොඩිවින කරලා, වගේ දෙයක් නිසා මේ රෝග ඇති වුණා කියලා ඔබ සිතනවාද?

Spell 1

ඔව්/නැහැ/කිව නොහැක ☐☐

(පිළිතුර ඔව් නම්, උදාහරණ පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

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Spell 2

☐☐

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3. අසීරුතාවයේ මට්ටම ගැන තමන ට දැනෙන ආකාරය (වර්තමාන තත්ත්වය)

(a) පොදුවේ ගත් කල ඔබගේ ගැටළු හෝ ඔබට තිබුනු ගැටළු කොයි තරම් බරපතල යයි ඔබ සිතනවාද? (මුලින් ම සඳහන් කල ගැටළු/ රෝග ලක්ෂණ කිහිපයක් ම ඇති නිසා ඔවුන් ඒවා ගැන පොදුවේ හෝ වෙන වෙන ම සඳහන් කිරීම ට ඉඩ ඇති බව සලකන්න. පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න.

i Serion 1

☐ ☐

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ii Serion 2

☐ ☐

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iii Serion 3

☐ ☐

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(b) මුලින් ම සඳහන් කල ගැටළු වලින් (රෝග ලක්ෂණ වලින්) ඔබේ සිතට වඩාත් ම බරපතලයයි සිතන්නේ කුමක්ද? (පිළිතුර දෙන්නාගේ වචන වලින් සඳහන් කරන්න)

i Most Serion

☐ ☐

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(c) ඔබට තිබුනු ආබාධ සම්බන්ධයෙන් ඔබේ සිතට වඩාත් ම දැනෙන බිය කුමක්ද? මෙම ආබාධ සම්බන්ධයෙන් ඔබේ සිතේ බය ගතියක් තිබෙනවාද? එසේ නම් ඉන් හිතට වඩාත් ම දැනෙන බිය කුමක්ද? (පිළිතුර දෙන්නාගේ වචන වලින් සඳහන් කරන්න)

i Fear Most

☐ ☐

……

(d) ඔබට තිබුනු ආබාධ සම්බන්ධයෙන් ඔබේ සිත ට දැනෙන වෙනත් බය තිබේ නම් ඒ මොනවාද? (පිළිතුර දෙන්නාගේ වචන වලින් සඳහන් කරන්න)

i Other fear 1

☐ ☐

……

ii Other fear 2

☐ ☐

……

iii Other fear 3

☐ ☐

……

(e) ඔබ අවසාන වරට වෛද්‍යවරයකු සොයා ගියේ ඇයි? (අමාරු වැඩි වුණා නිසාද? එසේ නම් අමාරු වැඩි වුණේ කෙසේද? අමාරුව ගැන බියක් ඇති වුණාද? වෙනත් අයකු විසින් ඔබ වෛද්‍යවරයකු වෙත ගෙන ගියදා? නැතිනම් යන්නට උනන්දු කළාද?

i Why Come

☐ ☐

……

(f) සාමාන්‍යයෙන් ඔබට තිබුනු අමාරු වැඩි වන්නේ මොන වගේ අවස්ථා වල හෝ මොන වගේ හේතු නිසාද? (පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

i Worse 1

☐ ☐

……

ii Worse 2

☐ ☐

……

iii Worse 3

☐ ☐

……

(g) සාමාන්‍යයෙන් ඔබට තිබුනු අමාරු අඩු වෙන්නෙ මොන වගේ අවස්ථා වල හෝ මොන වගේ හේතු නිසාද?

i Better 1

☐ ☐

……

ii Better 2

☐ ☐

……

iii Better 3

☐ ☐

……

4. මේ දක්වා වෛද්‍ය ප්‍රතිකාර සම්බන්ධ බලාපොරොත්තු හා සෑහීමකට පත් වීම

(a) මීට පෙර වතාවල් වලදී වෛද්‍යවරයකු/වරු හමුවීමෙන් ඔබ බලාපොරොත්තු වුනේ කුමක්ද?
වෛද්‍යවරයා/වරු කුමක් කළ යුතු යයි ඔබ සිතුවාද? (හේතු/ කරුණු 5ක් දක්වා)

i Expect 1

☐ ☐

……

ii Expect 2

☐ ☐

……

iii Expect 3

☐ ☐

……

iv Expect 4

☐ ☐

……

v Expect 5

☐ ☐

……

(b) ඔබට තිබුනු ආබාධය කුමක්දැයි මීට පෙර හමු වූ වෛද්‍යවරයාගෙන්/වරුන්ගෙන් ඇසුවාද?
සියලුදෙනාගෙන්/සමහරුන්ගෙන්/කාගෙන්වත් නැත/කිව නොහැක

එසේ නම් වෛද්‍යවරයා/වරුන් පැවසුවේ මොනවාද? (පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න. කරුනු 5ක් දක්වා සටහන් කරන්න)

i Ask doc 1

☐ ☐

……

ii Ask doc 2

☐ ☐

……

iii Ask doc 3

☐ ☐

……

iv Ask doc 4

☐ ☐

……

v Ask doc 5

☐ ☐

……

(c) ඔබට තිබුනු ආබාධය සම්බන්ධයෙන් එම වෛද්‍යවරයා/වරු මොනව ද කළේ?

(හේතු/ කරුණු 5ක් දක්වා සටහන් කරන්න)

i Doc act 1

☐ ☐

……

ii Doc act 2

☐ ☐

……

iii Doc act 3

☐ ☐

……

iv Doc act 4

☐ ☐

……

v Doc act 5

☐ ☐

……

(d) මීට පෙර හමු වූ වෛද්‍යවරයා ට/වරුන් ට ඔබට තිබුනු ආබාධ සම්බන්ධ ව කථා කිරීමෙන් වැඩක් වුනාද?

ඔව්/නැහැ/කිව නොහැක Satisfy 1

☐ ☐

පිළිතුර ඔව් නම් ඒ මොන ආකාරයට ද?

Satisfy 2

☐ ☐

……

Satisfy 3

☐ ☐

……

(e) මෙතෙක් ඔබ ට ලැබුණ ප්‍රතිකාර ගැන ඔබගේ හිතේ නොසතුටක්, සෑහීමක ට පත් නොවීමක් තිබෙනවා නම් ඒ කෙලෙසට දැයි පැහැදිලි කරන්න.

i Unhappy 1

☐ ☐

……

ii Unhappy 2

☐ ☐

……

iii Unhappy 3

☐ ☐

……

5. ඒදිනෙදා කටයුතු හා ක්‍රියාකාරිත්වය

(a) ඔබ සඳහන් කරන රෝග ලක්ෂණ/ ඔබට තිබුනු ආබාධය නිසා ඔබට (ජීවිතයට) සිදු වී තිබෙන ප්‍රධාන අපහසුතාවයන් / අසීරුතා මොනවාද? (3ක්)

i Difficult 1

☐ ☐

……

ii Difficult 2

☐ ☐

……

iii Difficult 3

☐ ☐

……

(b) ඔබට තිබුනු ආබාධය වැඩිපුර ම බලපාන්නේ ශරීරයේ මොන අංශ වලට ද? (හිස, කඳ, බඩ, අත්, පා ආදී වශයෙන් 3ක් සඳහන් කරන්න)

i Body 1

☐ ☐

……

ii Body 2

☐ ☐

.....

iii Body 3

☐ ☐

.....

(c) ඔබට තිබුනු අසනීපය නිසා ඔබගේ සිත කැළඹීමක ට හෝ කනස්සල්ලක ට පත් වී තිබෙනවා නම් ඒ කෙලෙසට දැයි පැහැදිලි කරන්න.
(පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

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Emotion

☐ ☐

.....

(d) ඔබට තිබුනු ආබාධය නිසා පෙර පුරුදු ආකාරය ට ඔබේ ගමන් බිමන් කර ගෙන යාමට නොහැකි වී තිබෙනවා නම් ඒ කෙලෙසට දැයි පැහැදිලි කරන්න.
(පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

.....

Mobile

☐ ☐

.....

(e) ඔබට තිබුනු ආබාධ නිසා සමාජ ආශ්‍රය ට, හිත මිතුරන් ආශ්‍රය ට, බලපෑම් ඇති වෙලා තිබෙනවා නම් ඒ කෙලෙසට දැයි පැහැදිලි කරන්න.
(පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

.....

Social

☐ ☐

.....

(f) ඔබට තිබුනු ආබාධ නිසා ගෙදර දොරේ කටයුතු වලට/ ජීවිතය ට බලපෑමක් ඇති වුණා නම් ඒ කෙලෙසට දැයි පැහැදිලි කරන්න.
(පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

.....

Family

☐ ☐

.....

(g) ඔබට තිබුනු ආබාධ නිසා අන් අය සමඟ තිබෙන සම්බන්ධකම් වලට බලපෑමක් ඇති වුණා නම් ඒ කෙලෙසකට දැයි පැහැදිලි කරන්න. උදාහරණයක් ලෙස අන් අය නුරුස්සන ගතියක් ඇති වුණාද?
(පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

.....

Relate

☐☐

.....

(h) ඔබගේ රැකියාව ට බලපෑමක් ඇති වුණා නම් ඒ කෙලෙසකට දැයි පැහැදිලි කරන්න. (පිළිතුර දෙන්නාගේ වචන වලින් සටහන් කරන්න)

.....

Work

☐☐

.....

6. සෞඛ්‍ය ගැටලු සම්බන්ධ වෙනත් හැසිරීම්

(a) මෙම ආබාධ ගැන මීට පෙර වෙනත් අයගෙන් උපදෙස් ලබා ගෙන තිබෙනවා ද? (පවුලේ අය හිත මිතුරන් යකැදුරන් වෙද මහත්වරුන් වෛද්‍යවරුන් වැනි අය ද ඇතුළු ව විස්තර කරන්න)

Advise 1-4 Advise 5-8

☐☐ ☐☐

☐☐ ☐☐

☐☐ ☐☐

☐☐ ☐☐

(b) ඔබ සාමාන්‍යයෙන් යන වෛද්‍යවරයා හැරුන විට වෙනත් වෛද්‍යවරුන්ගෙන්/ වෙද මහත්වරුන්ගෙන් ප්‍රතිකාර ලබා ගෙන තිබෙනවාද? එසේ නම් විස්තර සඳහන් කරන්න.

Doct Details 1-4 Doct Details 5-8

☐☐ ☐☐

☐☐ ☐☐

☐☐ ☐☐

☐☐ ☐☐

(c) මෙම අමාරු වලට මෙතෙක් ප්‍රතිකාර කල වෛද්‍යවරුන් ගණන Number doc

☐☐

(d) මෙම අමාරු වලට ප්‍රතිකාර සඳහා මෙතෙක් වියදම Expense

දළ වශයෙන් රුපියල් වලින්..... ☐☐

(e) සමහර වෙලාව ට ඔබගේ ලෙඩ රෝග වලට ඔබ ම බෙහෙත්/ප්‍රතිකාර ගන්නවාද? Self treat 1

ඔව්/ නැහැ/ කිව නොහැක ☐☐

(f) එසේ නම් ඒ මොනවාද? Self treat 2

☐ ☐

(g) ඔබ දැනට පාවිච්චි කරන පෙති, කරල්, වතුර ආදිය මොනවාද? Medicine

☐ ☐

(h) ඔබ ඉංග්‍රීසි බෙහෙත් හැර වෙනත් බෙහෙත් වර්ග (කසාය ආදිය) ගන්නවා නම් ඒ මොනවා ද? Other medicine

☐ ☐

(i) ඔබ දවසක ට කොපමණ සිගරට් බොනවාද? Smoke

☐ ☐

(j) ඔබ මත් පැන් බොනවාද? Drinks 1

ඔව්/ නැහැ/ කිව නොහැක

☐ ☐

Drinks 2

එසේ නම් කොපමණ ද?

☐ ☐

(දිනපතා සතියක ට දෙතුන් වරක් සති කිහිපයක ට වරක් උත්සවයක දී පමණක් ඉතාම කලාතුරකින් ද යන වග) Drinks 3

☐ ☐

(k) ඔබ වෙනත් මත් ද්‍රව්‍ය ගන්නවාද? එසේ නම් ඒ මොනවාද? කොපමණාද? Drugs

☐ ☐

ඔබගේ ආබාධ හා ලබා ගත් ප්‍රතිකාර ගැන කරුණු පැවසීම පිළිබඳ ව ස්තූතියි.

ANNEXURE 59

Case vignettes

I would like to ask your opinion about some other peoples' problems and their visits to doctors. I would like you to listen/read a short account of their problems and then ask you a few questions about them.

VIGNETT I

A 34 year old bus conductor goes to the GP. He has been unable to get on a bus since a friend of him was assaulted at work. He has been off work for four months now. As a result, the family now have financial problems and they are in arrears on the rent. He used to go shopping with his wife but now feels very uncomfortable in supermarkets. Crowds make him out in sweat and feel tense and panicky. When this happens he feels like some thing terrible is about to happen. Consequently he is spending more and more time indoors.

a. What if any thing is his problem ? what
< what is his problem?> ☐☐ 7.1-7.2

b. Does he have< suffering from> an illness. If yes, what is it? illness
☐☐ 7.3-7.4

c. What are the causes of his problems? cause
☐☐ 7.5-7.6

d. What should he do about it? action
☐☐ 5.7-5.8

e. What should the doctor do about it docdo
☐☐ 5.9-5.10

VIGNETT II

A 45 years old machine operator married with two children has been feeling tired, irritable, lacking in energy for about three months. There has been a lot of uncertainty about the future of the company she works for. She has trouble getting to sleep and has chronic backache, stomach pain and aching legs. This has affected her ability to care foe her children and enjoy their company. She prefers to sit around the house watching television.

a. What if any thing is her problem ? what
< what is her problem?> ☐☐ 8.1-8.2

b. Does she have< suffering from> an illness. If yes, what is it? illness
☐☐ 8.3-8.4

c. What are the causes of her problems? cause

☐☐8.5-8.6

d. What should she do about it? action

☐☐8.7-8.8

e. What should the doctor do about it? docdo

☐☐8.9-8.10

VIGNETT III

She is a 29 year old mother of two children. They live a difficult life on a fairly run down estate. She feels low in energy, has lost weight, is not sleeping properly, and feels terrible in the mornings. She feels she has no self confidence and that the future holds nothing for her. At times, if it wasn't for children she wonders if it would be worth living. Her husband pop in from time to time but does not contribute for child care or their expenses.

a. What if any thing is her problem ? what

< what is her problem?> ☐☐9.1-9.2

b. Does she have< suffering from> an illness. If yes, what is it? illness

☐☐9.3-9.4

c. What are the causes of her problems? cause

☐☐9..5-9.6

d. What should she do about it? action

☐☐9.7-9.8

e. What should the doctor do about it? docdo

☐☐9.9-9.10

VIGNETTE IV

He is a 25 years old man. He goes to a doctor and complains that he had been suffering from chest pain from time to time during last 8 months. He has been to more than 3 doctors already. They have done blood tests, X ray, ECG and told that there is nothing wrong with him. He had been admitted twice and ruled out any possibility of heart attacks/disease.

His wife reports him having difficulty in sleeping, loss of appetite, lack of interest, and not being happy.

His 55 year old father has died one year ago after a heart attack. His wife feels that all his problems and change started a few months after the death of the father. A man who equally loved his parents now blames his mother for not looking after/neglecting the father properly.

a. What if any thing is his problem? what

< What is his problem?> ☐☐10.1-10.2

b. Does he have< suffering from> an illness. If yes, what is it? illness

☐☐10.3-10.4

c. Do you suspect him suffering from a heart disease? heart

☐☐10.5-10.6

d. Do you think he is frightened that he too will die at a younger age, fear

from a heart attack, because of what happened to his father? ☐☐10.7-10.8

e. What should he do about it? action

☐☐10.9-10.10

f. What should the doctor do about it? docdo

☐☐10.11-10.12

VIGNETTE V

The depression vignette

Sarath is 30 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. Sarath doesn't feel like eating and has lost weight. He can't keep his mind on his work and puts off making decisions. Even day-to-day tasks seem too much for him. This has come to the attention of his boss, who is concerned about Sarath's lowered productivity.

a. What would you say, if anything, is wrong with Sarath?

☐☐

b. How do you think Sarath could best be helped?

(Tic the answer/s rated as likely to be helpful, harmful or neither for the person)

The interventions	Helpful	Harmful	Neither
A typical GP or family doctor			
A typical chemist (pharmacist)			
A counselor; a social worker			
A telephone counseling service, such as Lifeline			
A psychiatrist;			
A psychologist			
Help from close family			
Help from close friends			
A naturopath or a herbalist			
The clergy, a minister or priest			
Try to deal with his/her problems on his/her own			
Vitamins and mineral, tonics or herbal medicines			
Pain relievers, such as Aspirin, Codeine or Paracetamol			
Antidepressants			
Antibiotics			
Sleeping pills			
Anti-psychotics			
Tranquillizers such as Diazepam			

Becoming physically more active			
Such as playing more sport, or doing a lot more walking or gardening			
Reading about people with similar problems and how they have dealt with them			
Getting out and about more			
Attending courses or relaxation, stress management, meditation or yoga			
Cutting out alcohol altogether			
Psychotherapy			
Hypnosis			
Being admitted to a psychiatric ward of a hospital			
Undergoing electro-convulsive therapy (ECT)			
Having an occasional alcoholic drink to relax			
Going on a special diet or avoiding certain foods			
Other (specify)……			

c. With help what will be the possible outcomes that could be expected?

<Tic the answer/s>

Full recovery with no further problems ☐

Full recovery, but problems would probably re-occur ☐

Partial recovery ☐

Partial recovery, but problems would probably re-occur ☐

No improvement ☐

Get worse ☐

d. What do you think could be the causes for this problem?

☐ ☐

e. What sort of attitude do people have about a person like this?

☐ ☐

f. How close a relationship are you willing to have with a person like this?

☐ ☐

VIGNETTE VI

The depression with suicidal thoughts vignette

Aruna is 30 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. Aruna doesn't feel like eating and has lost weight. He can't keep his mind on his work and puts off making any decisions. Even day-to-day tasks seem too much for him. This has come to the attention of Aruna's boss who is concerned about his lowered productivity. Aruna feels he will never be happy again and believes his family would be better off without him. Aruna has been so desperate, he has been thinking of ways to end his life.

a. What would you say, if anything, is wrong with Aruna?

☐☐

b. How do you think Aruna could best be helped?

(Tic the answer/s rated as likely to be helpful, harmful or neither for the person)

The interventions	Helpful	Harmful	Neither
A typical GP or family doctor			
A typical chemist (pharmacist)			
A counselor; a social worker			
A telephone counseling service, such as Lifeline			
A psychiatrist;			
A psychologist			
Help from close family			
Help from close friends			
A naturopath or a herbalist			
The clergy, a minister or priest			
Try to deal with his/her problems on his/her own			
Vitamins and mineral, tonics or herbal medicines			
Pain relievers, such as Aspirin, Codeine or Paracetamol			
Antidepressants			
Antibiotics			
Sleeping pills			
Anti-psychotics			
Tranquillizers such as Diazepam			
Becoming physically more active			
Such as playing more sport, or doing a lot more walking or gardening			
Reading about people with similar problems and how they have dealt with them			
Getting out and about more			
Attending courses or relaxation, stress management, meditation or yoga			
Cutting out alcohol altogether			
Psychotherapy			
Hypnosis			
Being admitted to a psychiatric ward of a hospital			
Undergoing electro-convulsive therapy (ECT)			
Having an occasional alcoholic drink to relax			
Going on a special diet or avoiding certain foods			
Other (specify)……			

c. With help what will be the possible outcomes that could be expected?

<Tic the answer/s>

Full recovery with no further problems☐

Full recovery, but problems would probably re-occur☐

Partial recovery☐

Partial recovery, but problems would probably re-occur☐

No improvement ☐

Get worse ☐

d. What do you think could be the causes for this problem?

☐☐

e. What sort of attitude do people have about a person like this?

☐☐

f. How close a relationship are you willing to have with a person like this?

☐☐

VIGNETTE VII

The early schizophrenia vignette

Nalin is 24 and lives at home with his parents. He has had a few temporary jobs since finishing school but is now unemployed. Over the last six months he has stopped seeing his friends and has begun locking himself in his bedroom and refusing to eat with the family or to have a bath. His parents also hear him walking about his bedroom at night while they are in bed. Even though they know he is alone, they have heard him shouting and arguing as if someone else is there. When they try to encourage him to do more things, he whispers that he won't leave home because he is being spied upon by the neighbor. They realize he is not taking drugs because he never sees anyone or goes anywhere.

a. What would you say, if anything, is wrong with Nalin?

☐☐

b. How do you think Nalin could best be helped?

(Tic the answer/s rated as likely to be helpful, harmful or neither for the person)

The interventions	Helpful	Harmful	Neither
A typical GP or family doctor			
A typical chemist (pharmacist)			
A counselor; a social worker			
A telephone counseling service, such as Lifeline			
A psychiatrist;			
A psychologist			
Help from close family			
Help from close friends			
A naturopath or a herbalist			
The clergy, a minister or priest			
Try to deal with his/her problems on his/her own			
Vitamins and mineral, tonics or herbal medicines			
Pain relievers, such as Aspirin, Codeine or Paracetamol			
Antidepressants			
Antibiotics			
Sleeping pills			
Anti-psychotics			

Tranquillizers such as Diazepam			
Becoming physically more active			
Such as playing more sport, or doing a lot more walking or gardening			
Reading about people with similar problems and how they have dealt with them			
Getting out and about more			
Attending courses or relaxation, stress management, meditation or yoga			
Cutting out alcohol altogether			
Psychotherapy			
Hypnosis			
Being admitted to a psychiatric ward of a hospital			
Undergoing electro-convulsive therapy (ECT)			
Having an occasional alcoholic drink to relax			
Going on a special diet or avoiding certain foods			
Other (specify)……			

c. With help what will be the possible outcomes that could be expected?

<Tic the answer/s>

Full recovery with no further problems ☐

Full recovery, but problems would probably re-occur ☐

Partial recovery ☐

Partial recovery, but problems would probably re-occur ☐

No improvement ☐

Get worse ☐

d. What do you think could be the causes for this problem?

☐ ☐

e. What sort of attitude do people have about a person like this?

☐ ☐

f. How close a relationship are you willing to have with a person like this?

☐ ☐

VIGNETTE VIII

<u>The chronic schizophrenia vignette</u>

Sunil is 44 years old. He is living in a boarding house in an industrial area. He has not worked for years. He wears the same clothes in all weathers and has left his hair to grow long and untidy. He is always on his own and is often seen sitting in the park talking to himself. At times he stands and moves his hands as if to communicate to someone in nearby trees. He rarely drinks alcohol. He speaks carefully using uncommon and sometimes made-up words. He is polite but avoids talking with other people. At times he accuses shopkeepers of giving information about him to other people. He has asked his landlord to put

extra locks on his door and to remove the television set from his room. He says spies are trying to keep him under observation because he has secret information about international computer systems which control people through television transmitters. His landlord complains that he will not let him clean the room which is increasingly dirty and filled with glass objects. Sunil says he is using these "to receive messages from space".

a. What would you say, if anything, is wrong with Sunil?

□□

b. How do you think Sunil could best be helped?

(Tic the answer/s rated as likely to be helpful, harmful or neither for the person)

The interventions	Helpful	Harmful	Neither
A typical GP or family doctor			
A typical chemist (pharmacist)			
A counselor; a social worker			
A telephone counseling service, such as Lifeline			
A psychiatrist;			
A psychologist			
Help from close family			
Help from close friends			
A naturopath or a herbalist			
The clergy, a minister or priest			
Try to deal with his/her problems on his/her own			
Vitamins and mineral, tonics or herbal medicines			
Pain relievers, such as Aspirin, Codeine or Paracetamol			
Antidepressants			
Antibiotics			
Sleeping pills			
Anti-psychotics			
Tranquillizers such as Diazepam			
Becoming physically more active			
Such as playing more sport, or doing a lot more walking or gardening			
Reading about people with similar problems and how they have dealt with them			
Getting out and about more			
Attending courses or relaxation, stress management, meditation or yoga			
Cutting out alcohol altogether			
Psychotherapy			
Hypnosis			
Being admitted to a psychiatric ward of a hospital			
Undergoing electro-convulsive therapy (ECT)			
Having an occasional alcoholic drink to relax			
Going on a special diet or avoiding certain foods			
Other (specify)……			

c. With help what will be the possible outcomes that could be expected?

<Tic the answer/s>

Full recovery with no further problems ☐

Full recovery, but problems would probably re-occur ☐

Partial recovery ☐

Partial recovery, but problems would probably re-occur ☐

No improvement ☐

Get worse ☐

d. What do you think could be the causes for this problem?

☐ ☐

e. What sort of attitude do people have about a person like this?

☐ ☐

f. How close a relationship are you willing to have with a person like this?

☐ ☐

ANNEXURE 60

දිනය .....
වෘත්තීය පසුබිම/තනතුර .....
ස්ත්‍රී /පුරුෂ භාවය .....

මානසික සෞඛ්‍යය පිළිබඳ ජාතික සමීක්ෂණය

විවිධ පුද්ගලයන් හා ඔවුන්ගේ ගැටලු සම්බන්ධයෙන් ඔබ දරණ මතය පිළිබඳ ව දැන ගැනීම සඳහා, විවිධ අවස්ථා කිහිපයක් පිළිබඳ ව විස්තර ඔබට ඉදිරිපත් කරන්නෙමු.. එම විස්තර හොඳින් කියවා ඒ සමග ඇති ප්‍රශ්නවලට පිළිතුරු දෙන ලෙස ඉල්ලමු.

මේ සඳහා ලබා දෙන සහයෝගයට අපි ඔබට කෘතඥ වන්නෙමු.

පර්යේෂණ හා සංවර්ධන පර්ෂදය

සහ

සෞඛ්‍යය හා පෝෂණ අමාත්‍යංශය

20/4/07

අවස්ථාව

වසර 34ක් වූ බස් කොන්දොස්තරමහතකු වන සුනිල්, තමන්ගේ සුපුරුදු වෛද්‍යවරයා හමු වීමට යයි. ඔහු සමඟ එකට වැඩ කරන රියැදුරු මහතා ට මගියෙක් පහර දුන් දා සිට සුනිල් ට බස් රථයක ට ඇතුලු වීමට බියක් ඇති වේ. පසු ගිය මාස 04 තුළ ඔහු වැඩට ගොස් නැත.

ඒ නිසා ඔහුගේ දරු පවුල මුදල් අමාරුකම් වලට මුහුණ පා ඇති අතර, ගෙවල් කුලියවත් ගෙවා ගැනීම ට නොහැකි වී ඇත. වෙනදා ඔහුගේ බිරිඳ සමඟ ඉරිදා පොළ ට හෝ කඩ මණ්ඩිය ට යන නමුදු දැන් ඒ සඳහා දැඩි අකමැත්තක් දක්වයි. එයට හේතුව සෙනඟ ගැවසෙන ස්ථාන වලදී සුනිල් මහත් අසීරුතාවයක ට පත් වීමයි. සෙනඟ දුටු විට අතිශයින් කලබලය ට පත් වන සුනිල්ගේ ශරීරය පුරාම දහඩිය දමන අතර ඇඟ ද ගැහෙන්නාක් මෙන් දැනේ. මෙවැනි අවස්ථාවන්හි දී, මහා විපත්තියක් සිදු වන්නට යන්නේ යැයි ඔහුට හැඟෙයි. එහෙයින් ඔහු දැන් නිවසින් පිට තට යාම අත හැර, දවසේ වැඩි කාලයක් නිවස තුළ ම රැඳී සිටියි.

1. ඔහු කිසියම් ගැටලුවක ට මුහුණ පා සිටී ද? එසේ නම් ඒ කුමක් ද?

2. ඔහු යම් රෝගයකින් පසු වනවා ය යි ඔබ සිතනවා ද? එසේ නම් ඒ කුමක් ද?

3. ඔහුගේ ගැටලුව ට/ගැටලු වලට හේතුව/හේතු මොනවාද ?

4. ඒ සම්බන්ධයෙන් ඔහු කුමක් කළ යුතුද?

5. ඔහුගේ වෛද්‍යවරයා කුමක් කළ යුතු ය යි ඔබ සිතනවා ද?

අවස්ථාව

වසර 45ක් වූ රැකියාවක් කරන විවාහක කාන්තාවකට දරුවන් දෙදෙනකු සිටියි. පසු ගිය මාස තුනක කාලයක් තිස්සේ ඇඟට මහන්සි ගතියක් ද සුළු දෙයටත් තරහ යන ගතියක් හා ඇඟට පණ නැති ගතියක් ද (ශක්තියක් නැති බවක් ද) ඇයට දැනේ. ඇය රැකියාව කරන කොම්පැනියේ හා රැකියාවේ අනාගතය ගැන ඇත්තේ අවිනිශ්චිත බවකි.

ඇයට නින්ද යාමේ අසීරුතාවක් ද, පිට කොන්දේ රුදාවක් ද, බඩේ හා දෙපාවල වේදනාවක් ද ඇත. මේ නිසා පවුලේ අය සමඟ කාලය ගත කිරීමට හා සතුටු වීමට ඇය මැලිකමක් දක්වන අතර, දරුවන්ගේ කටයුතු ද කර ගෙන යාමට අපහසු වී ඇත. ඇය දවසින් වැඩි කාලයක් රූපවාහිනිය ඉදිරිපිට ගත කරයි.

1. ඇය කිසියම් ගැටලුවකට මුහුණ පා සිටී ද? එසේ නම් ඒ කුමක් ද?

2. ඇය යම් රෝගයකින් පෙළෙනවා ය යි ඔබ සිතනවා ද? එසේ නම් ඒ කුමක් ද?

3. ඇයගේ ගැටලුවට/රෝගයට හේතුව/හේතු මොනවා විය හැකිද?

4. ඇය කළ යුත්තේ කුමක් ද?

5. ඇයගේ වෛද්‍යවරයා කුමක් කළ යුතු ය යි ඔබ සිතනවා ද?

අවස්ථාව

ඇය 29 හැවිරිදි දෙදරු මවකි. ඇය පහසුකම් අඩු වතු ලයිමක සෑහෙන අමාරුකම් මැද දිවි ගෙවයි. ඇඟට පණ නැති කම, බර අඩු වීම, හරියාකාර ලෙස නින්ද නොයාම හා උදේ වරුවේ දී ඇඟට අපහසු ගතිය ඇයට දැනේ. ආත්ම ශක්තිය අඩු බව හා අනාගතය පිළිබඳ ව අවිනිශ්චිතභවෙන් ඇය පෙළෙයි. ළමයින් නොවන්නට තවත් ජීවත් වී පළක් ඇත්දැයි විටක දී ඇයට සිතේ. දරුවන්ගේ පියා ඉඳ හිට ගෙදර ආවත් දරුවන්ගේ නඩත්තුවට හෝ දරුවන් රැක බලා ගැනීමට ඔහුගෙන් උපකාරයක් නො ලැබේ.

1. ඇය කිසියම් ගැටලුවක ට මුහුණ පා සිටී ද? එසේ නම් ඒ කුමක් ද?

2. ඇය යම් කිසි රෝග තත්ත්වයකින් පෙළෙනවා ය යි ඔබ සිතනවා ද? එසේ නම් ඒ රෝග තත්ත්වය කුමක් ද?

3. ඇයගේ රෝග ලක්ෂණවලට /ගැටලුවට හේතු කාරකය කුමක් ද?

4. ඒ සම්බන්ධයෙන් ඇය කුමක් කළ යුතු ද?

5. ඒ සම්බන්ධයෙන් වෛද්‍යවරයා කුමක් කළ යුතු ද?

අවස්ථාව

වයස 25ක් වූ තරුණයෙක් වෛද්‍යවරයකු වෙත යයි. පසු ගිය මාස 8 තිස්සේ ඔහුගේ පපුව වරින් වර රිදෙන බවත්, ඒ සඳහා දැනටමත් වෛද්‍යවරුන් 3 දෙනකුට වඩා හමු වී ඇති බවත් ඔහු පවසයි. ලේ පරීක්ෂා කර, එක්ස් රේ පින්තූර (X ray) හා ඊසීජී පටි (ECG) ආදිය පරීක්ෂා කර ඇති අතර දෙවතාවක් රෝහලට ඇතුළත් කර පරීක්ෂා කර අවසානයේ දී හෘදයේ ආබාධයක් නොමැති බව ඔහුට පවසා ඇත.

ඔහුට හරියට නින්ද නොයන බවත්, කෑම ගැනීම අපහසු බවත්, කිසිම දෙයක් කිරීමට උනන්දු නොමැති බවත්, වෙන දා මෙන් හිතේ සතුටක් නොමැති බවත්, ඔහුගේ බිරිඳ පවසයි.

මීට වසරකට පෙර ඔහුගේ 55 හැවිරිදි පියා හෘදයාබාධයකින් මිය ගියේය. ඉන් ටික කලකට පසු ව ඔහු මේ ලෙසට වෙනස් වී ඇති බව ඇය පවසයි. මවටත් පියාටත් එක සේ ලැදි ව සිටි ඔහු මෑතක සිට පියා මිය ගියේ, ඔහුගේ ලෙඩ රෝග පිළිබඳ ව මව නොසැලකිලිමත් වූ නිසා ය යි මවට ද දොස් පවරයි.

1. ඔහු යම් ගැටලුවකට මුහුණ පා සිටී යයි ඔ බ සිතන්නේ ද? එසේ නම් ඒ ගැටලුව කුමක් ද?

2. ඔහු යම් රෝගයකින් පෙළෙනවා යයි ඔබට සිතෙනවාද? එසේ නම් ඒ රෝගය කුමක් ද?

3. ඔහු හෘදයාබාධයකින් පෙළෙනවා යයි ඔබ සැක කරනවා ද?

4. ඔහුත් ඔහුගේ පියා මෙන් අඩු වයසින් මිය යාවි යැයි සිතා ඔහුගේ හිත කැළඹී තිබෙනවා යයි ඔබ සිතනවාද?

5. ඔහු කළ යුත්තේ කුමක් ද?

6. ඔහුගේ වෛද්‍යවරයා කුමක් කළ යුතු ය යි ඔබ සිතනවාද?

අවස්ථාව

සරත්ට වයස අවුරුදු තිහයි. පසුගිය සති කිහිපයේම ඔහු අසාමාන්‍ය ලෙස දුකින් හා මන්දෝත්සාහී බවකින් පෙලෙයි. ඔහුට සෑම විටම වෙහෙසක් දැනෙන නමුත් හැමදාම රෑට නින්ද යාමේ අපහසුවක් තිබේ. සරත්ට කෑම ගැනීමට හිතෙන්නේ නැති අතර ඔහුගේ බරත් අඩුවී ඇත. ඔහුගේ වැඩ කටයුතු වලට හිත යොමු කිරීමේ අපහසුවක් තිබෙනවා වගේම ඔහු තීරණ ගැනීම පස්සට දමමින් සිටියි. එදිනෙදා කටයුතු පවා ඔහුට කරගත නොහැකි තරම් බරක් යැයි ඔහුට හැඟේ. මේ තත්වය සරත්ගේ රැකියාවේ ප්‍රධානියාගේ අවධානයට ලක්වී ඇති අතර, ඔහු සරත්ගේ ඵලදායිතාව අඩුවීම ගැන සැලකිලිමත් වී ඇත.

1. මොහුට යම් ප්‍රශ්නයක් තිබෙනවා යැයි ඔබ සිතනවා ද? එසේනම් එය කුමක් ද?

2. a) ඔහු යම් රෝගයකින් පෙළෙනවා යයි ඔබට සිතෙනවාද? එසේ නම් ඒ කුමක්ද?

   b) මොහුට ප්‍රතිකාර කිරීම අවශ්‍ය ද? ඔව්නම් ඔහුට කළ හැකි වඩාත් සුදුසු ප්‍රතිකර්මය කුමක් ද ?

   c) ඔබ සඳහන් කළ ප්‍රතිකාර ක්‍රමයට අමතරව, පහත ක්‍රම වලින්, මොහුට සුදුසු යැයි ඔබ සිතන ඒවා ඉදිරියෙන් හරියක් (✓) යොදන්න.

සාමාන්‍ය වෛද්‍යවරයෙකු හමුවීම	
මානසික රෝග පිළිබඳ විශේෂඥ වෛද්‍යවරයෙකු හමුවීම	
ආයුර්වේද ප්‍රතිකාර කිරීම	
ඔහු තනිවම ප්‍රශ්නය විසඳීම ට උත්සාහ ගැනීම	
සමීපතම ඥාතීන් උදව් කිරීම	
සමීපතම යහළුවන් උදව් කිරීම	
උපදේශණය සඳහා යොමු කිරීම	
ස්වාමීන් වහන්සේ නමක්/ පූජක වරයෙකු/ පියතුමකු හමුවීම	
පිරිත් සජ්ක්ධායනයක් පැවැත්වීම	
“අතගහ” මැතිරීම (ඇස්වහ කටවහ ආදිය සඳහා)	
බලි තොවිල් කිරීම	
බෝධි පූජාවක් කිරීම / භාර-භාර වීම/ යාඥාවක් කිරීම	
වේදනා නාශක පෙති භාවිතය - උදා පැරසිටමෝල් ඇස්ප්‍රින්	
මානසික රෝග සඳහා විශේෂිත වූ බෙහෙත් පාවිච්චි කිරීම	
ප්‍රතිජීවක බෙහෙත් පාවිච්චි කිරීම	
නිදිපෙති පාවිච්චි කිරීම	
කායික ව්‍යායාම කිරීම. උදා - ක්‍රීඩා කිරීම, ඇවිදීම	
ගේ දොර වැඩ කටයුතු වල පෙරට වඩා ඕනෑ කමකින් නියැලීම	

තම ප්‍රශ්නයට සමාන ප්‍රශ්නවලට මුහුණ දුන් පුද්ගලයින්ගේ අත් දැකීම් හා ඔවුන් එයට මුහුණ දුන් ආකාරය අසා/ කියවා දැන ගැනීම	
භාවනා/ යෝගී ව්‍යායාම හෝ වෙනත් සිත සැහැල්ලු කරන වැඩ සටහන් සඳහා සහභාගි වීම	
මත්පැන් භාවිතය නතර කිරීම	
මෝහනය කිරීම	
මානසික රෝහලක නේවාසිකව ප්‍රතිකාර කිරීම	
විද්‍යුත් කම්පන ප්‍රතිකාරය ලබා දීම (කරන්ට් ඇල්ලීම)	
මත්පැන් භාවිතය	
විශේෂිත ව සකස් කළ ආහාරයක් හෝ තෝරාගත් ආහාර පමණක් අනුභව කිරීම	
විනෝද චාරිකා වැනි විනෝදාංශවලට යොමු වීම	
වෙනත් (සඳහන් කරන්න)	

d) මෙම තත්වය ඔබට ඇතිවූහොත් ඔබ කරන්නේ කුමක් ද?

e) මොහුට ප්‍රතිකාර ලබාදීමකින් බලාපොරොත්තු විය හැකි ප්‍රතිඵලය/ප්‍රතිඵල මොනවා ද?
(පිළිතුර/පිළිතුරු ඉදිරියෙන් හරියක් (✓) යොදන්න)

සම්පූර්ණ, නිට්ටාවට සුවයක් ලැබීම	
සම්පූර්ණ සුවයක්, නමුත් ප්‍රශ්න නැවත ඇතිවිය හැක	
අර්ධ වශයෙන් සුවයක් ලැබීම	
අර්ධ සුවයක් නමුත් ප්‍රශ්න නැවත ඇතිවිය හැක.	
කිසිම සුවයක් නොලැබීම.	
ප්‍රශ්න/ රෝගය උග්‍ර විය හැක.	

3. ඔබ සිතන පරිදි මෙම තත්වය ඇති වීමට බලපෑ හේතු මොනවා විය හැකි ද?

4. සාමාන්‍යයෙන් මෙවැනි කෙනෙක් ගැන ඔබ දරන්නේ කුමන ආකාරයේ ආකල්පයක් ද?

5. මේ ආකාරයේ පුද්ගලයෙක් සමග කෙතරම් සමීප සම්බන්ධතාවයක් ඇතිකර ගැනීමට ඔබ සුදානම් ද?

අවස්ථාව

අනුරට වයස අවුරුදු තිහයි. පසුගිය සති කිහිපයේම ඔහු අසාමාන්‍ය ලෙස දුකින් හා මන්දෝත්සාහී බවකින් පෙළෙයි. ඔහුට සෑම විටම වෙහෙසක් දැනෙන නමුත් හැමදාම රෑට නින්ද යාමේ අපහසුවක් තිබේ. අනුරට කෑම ගැනීමට හිතෙන්නේ නැති අතර ඔහුගේ බරත් අඩුවී ඇත. ඔහුගේ වැඩ කටයුතු වලට හිත යොමු කිරීමේ අපහසුවක් තිබෙනවා වගේම ඔහු තීරණ ගැනීම පස්සට දමමින් සිටියි. එදිනෙදා කටයුතු පවා ඔහුට කරගත නොහැකි තරම් බරක් යැයි ඔහුට හැඟේ. මේ තත්වය අනුරගේ රැකියාවේ ප්‍රධානියාගේ අවධානයට ලක්වී ඇති අතර, ඔහු අනුරගේ ඵලදායිතාව අඩුවීම ගැන සැලකිලිමත් වී ඇත. තමුන්ට නැවත කවදාවත් සතුටින් සිටිය නොහැකි යැයි අනුරට හැඟෙන අතර තම පවුලට ඔහු නොසිටියේ නම් වඩා හොඳ යැයි සිතයි. අනුර කෙතරම් බලාපොරොත්තු සුන්වීමෙන් සිටී දැයි කියතොත් තම ජීවිතය අවසන් කිරීමේ ක්‍රම ගැන ඔහු සිතමින් සිටියි.

1. මොහුට යම් ප්‍රශ්නයක් තිබෙනවා යැයි ඔබ සිතනවා ද? එසේනම් එය කුමක් ද?

2. a) ඔහු යම් රෝගයකින් පෙළෙනවා යයි ඔබට සිතෙනවාද? එසේ නම් ඒ කුමක්ද?

b) මොහුට ප්‍රතිකාර කිරීම අවශ්‍ය ද? ඔව්නම් ඔහුට කළ හැකි වඩාත් සුදුසු ප්‍රතිකර්මය කුමක් ද ?

c) ඔබ සඳහන් කළ ප්‍රතිකාර ක්‍රමයට අමතරව, පහත ක්‍රම වලින්, මොහුට සුදුසු යැයි ඔබ සිතන ඒවා ඉදිරියෙන් හරියක් (✓) යොදන්න

සාමාන්‍ය වෛද්‍යවරයෙකු හමුවීම	
මානසික රෝග පිළිබඳ විශේෂඥ වෛද්‍යවරයෙකු හමුවීම	
ආයුර්වේද ප්‍රතිකාර කිරීම	
ඔහු තනිවම ප්‍රශ්නය විසඳීම ට උත්සාහ ගැනීම	
සමීපතම ඥාතීන් උදව් කිරීම	
සමීපතම යහළුවන් උදව් කිරීම	
උපදේශණය සඳහා යොමු කිරීම	
ස්වාමීන් වහන්සේ නමක්/ පූජක වරයෙකු/ පියතුමකු හමුවීම	
පිරිත් සජ්ක්ධායනයක් පැවැත්වීම	
“අතගහ” මැතිරීම (ඇස්වහ කටවහ ආදිය සඳහා)	
බලි තොවිල් කිරීම	
බෝධි පූජාවක් කිරීම / භාර-භාර වීම/ යාඥාවක් කිරීම	
වේදනා නාශක පෙති භාවිතය - උදා පැරසිටමෝල් ඇස්ප්‍රින්	
මානසික රෝග සඳහා විශේෂිත වූ බෙහෙත් පාවිච්චි කිරීම	

ප්‍රතිජීවක බෙහෙත් පාවිච්චි කිරීම	
නිදිපෙති පාවිච්චි කිරීම	
කායික ව්‍යායාම කිරීම. උදා - ක්‍රීඩා කිරීම, ඇවිදීම	
ගේ දොර වැඩ කටයුතු වල පෙරට වඩා ඕනෑ කමකින් නියැලීම	
තම ප්‍රශ්නයට සමාන ප්‍රශ්නවලට මුහුණ දුන් පුද්ගලයින්ගේ අත් දැකීම් හා ඔවුන් එයට මුහුණ දුන් ආකාරය අසා/ කියවා දැන ගැනීම	
භාවනා/ යෝගී ව්‍යයාම හෝ වෙනත් සිත සැහැල්ලු කරන වැඩ සටහන් සඳහා සහභාගි වීම	
මත්පැන් භාවිතය නතර කිරීම	
මෝහනය කිරීම	
මානසික රෝහලක නේවාසිකව ප්‍රතිකාර කිරීම	
විද්‍යුත් කම්පන ප්‍රතිකාරය ලබා දීම (කරන්ට් ඇල්ලීම)	
මත්පැන් භාවිතය	
විශේෂිත ව සකස් කළ ආහාරයක් හෝ තෝරාගත් ආහාර පමණක් අනුභව කිරීම	
විනෝද චාරිකා වැනි විනෝදාංශවලට යොමු වීම	
වෙනත්(සඳහන් කරන්න)	

d) මෙම තත්වය ඔබට ඇතිවූහොත් ඔබ කරන්නේ කුමක් ද?

e) මොහුට ප්‍රතිකර්ම ලබා දීමකින් බලා පොරොත්තු විය හැකි ප්‍රතිඵලය/ප්‍රතිඵල මොනවා ද?
(පිළිතුර/පිළිතුරු ඉදිරියෙන් හරියක් (✓) යොදන්න)

සම්පූර්ණ, නිට්ටාවට සුවයක් ලැබීම	
සම්පූර්ණ සුවයක්, නමුත් ප්‍රශ්න නැවත ඇතිවිය හැක	
අර්ධ වශයෙන් සුවයක් ලැබීම	
අර්ධ සුවයක් නමුත් ප්‍රශ්න නැවත ඇතිවිය හැක.	
කිසිම සුවයක් නොලැබීම.	
ප්‍රශ්න/ රෝගය උග්‍ර විය හැක.	

3) ඔබ සිතන පරිදි මෙම තත්වය ඇති වීමට බලපෑ හේතු මොනවා විය හැකි ද?

4) සාමාන්‍යයෙන් මෙවැනි කෙනෙක් ගැන ඔබ දරන්නේ කුමන ආකාරයේ ආකල්පයක් ද?

5) මේ ආකාරයේ පුද්ගලයෙක් සමග කෙතරම් සමීප සම්බන්ධතාවයක් ඇතිකර ගැනීමට ඔබ සුදානම් ද?

අවස්ථාව

නලීන්ට අවුරුදු 24 ක් වන අතර ඔහු තම දෙමාපියන් සමඟ ජීවත් වෙයි. ඔහු පාසල් යාම අවසන් කිරීමෙන් පසු තාවකාලික රැකියා කිහිපයක් කල නමුත් දැනට ඔහු රැකියාවක් නොකරයි. පසුගිය මාස හයක කාලය තිස්සේ ඔහු තම යහළුවන් මුනගැසීම නවතා දමා ඇති අතර තම කාමරය තුල අඟුලු දමාගෙන සිටීමටත්, පවුලේ අනෙක් අය සමඟ ආහාර ගැනීම ප්‍රතික්ෂේප කිරීමත්, නාන්නේ නැතුව සිටීමටත් පටන්ගෙන ඇත. ඔහු කාමරයේ තනිව සිටින නමුත් ඔහු කාමරය තුල සිට වෙනත් කෙනෙක් සිටින ලෙස කථාකිරීමත්, වාද කිරීමත් නලීන්ගේ පවුලේ අයට අසන්නට ලැබී තිබේ. ඔහුට වෙනත් කටයුතුවල නියැලීමට ගෙදර අය දිරිමත් කරන විට, තම අසල්වැසියන් ඔහු ගැන ඔත්තු බලන නිසා නිවසෙන් පිටතට යාමට අකමැති බව ඔහු කියයි. නලීන් වෙනත් අය හමුනොවන නිසාත්, කොහේවත් නොයන නිසාත් ඔහු මත්ද්‍රව්‍ය නොගන්නා බව පවුලේ අය විශ්වාස කරයි.

1) මොහුට යම් ප්‍රශ්නයක් තිබෙනවා යැයි ඔබ සිතනවා ද? එසේනම් එය කුමක් ද?

2) a) ඔහු යම් රෝගයකින් පෙළෙනවා යයි ඔබට සිතෙනවාද? එසේ නම් ඒ කුමක්ද?

b) මොහුට ප්‍රතිකාර කිරීම අවශ්‍ය ද? ඔව්නම් ඔහුට කළ හැකි වඩාත් සුදුසු ප්‍රතිකර්මය කුමක් ද ?

c) ඔබ සඳහන් කළ ප්‍රතිකාර ක්‍රමයට අමතරව, පහත ක්‍රම වලින්, මොහුට සුදුසු යැයි ඔබ සිතන ඒවා ඉදිරියෙන් හරියක් (✓) යොදන්න

සාමාන්‍ය වෛද්‍යවරයෙකු හමුවීම	
මානසික රෝග පිළිබඳ විශේෂඥ වෛද්‍යවරයෙකු හමුවීම	
ආයුර්වේද ප්‍රතිකාර කිරීම	
ඔහු තනිවම ප්‍රශ්නය විසඳීම ට උත්සාහ ගැනීම	
සමීපතම ඥාතීන් උදව් කිරීම	
සමීපතම යහළුවන් උදව් කිරීම	
උපදේශණය සඳහා යොමු කිරීම	
ස්වාමීන් වහන්සේ නමක්/ පූජක වරයෙකු/ පියතුමකු හමුවීම	
පිරිත් සජ්ක්ධායනයක් පැවැත්වීම	
“අතගහ” මැතිරීම (ඇස්වහ කටවහ ආදිය සඳහා)	
බලි තොවිල් කිරීම	
බෝධි පූජාවක් කිරීම / හාර-හාර වීම/ යාඥාවක් කිරීම	
වේදනා නාශක පෙති භාවිතය - උදා පැරසිටමෝල් ඇස්ප්‍රින්	
මානසික රෝග සඳහා විශේෂිත වූ බෙහෙත් පාවිච්චි කිරීම	
ප්‍රතිජීවක බෙහෙත් පාවිච්චි කිරීම	

නිදිපෙති පාවිච්චි කිරීම	
කායික ව්‍යායාම කිරීම. උදා - ක්‍රීඩා කිරීම, ඇවිදීම	
ගේ දොර වැඩ කටයුතු වල පෙරට වඩා ඕනෑ කමකින් නියැලීම	
තම ප්‍රශ්නයට සමාන ප්‍රශ්නවලට මුහුණ දුන් පුද්ගලයින්ගේ අත් දැකීම් හා ඔවුන් එයට මුහුණ දුන් ආකාරය අසා/ කියවා දැන ගැනීම	
භාවනා/යෝගී ව්‍යයාම හෝ වෙනත් සිත සැහැල්ලු කරන වැඩ සටහන් සඳහා සහභාගි වීම	
මත්පැන් භාවිතය නතර කිරීම	
මෝහනය කිරීම	
මානසික රෝහලක නේවාසිකව ප්‍රතිකාර කිරීම	
විද්‍යුත් කම්පන ප්‍රතිකාරය ලබා දීම (කරන්ට් ඇල්ලීම)	
මත්පැන් භාවිතය	
විශේෂිත ව සකස් කළ ආහාරයක් හෝ තෝරාගත් ආහාර පමණක් අනුභව කිරීම	
විනෝද චාරිකා වැනි විනෝදාංශවලට යොමු වීම	
වෙනත්(සඳහන් කරන්න)	

d) මෙම තත්වය ඔබට ඇතිවූහොත් ඔබ කරන්නේ කුමක් ද?

e) මොහුට ප්‍රතිකර්ම ලබා දීමකින් බලා පොරොත්තු විය හැකි ප්‍රතිඵලය/ප්‍රතිඵල මොනවා ද?
(පිළිතුර/පිළිතුරු ඉදිරියෙන් හරියක් (✓) යොදන්න)

සම්පූර්ණ, නිට්ටාවට සුවයක් ලැබීම	
සම්පූර්ණ සුවයක්, නමුත් ප්‍රශ්න නැවත ඇතිවිය හැක	
අර්ධ වශයෙන් සුවයක් ලැබීම	
අර්ධ සුවයක් නමුත් ප්‍රශ්න නැවත ඇතිවිය හැක.	
කිසිම සුවයක් නොලැබීම.	
ප්‍රශ්න/ රෝගය උග්‍ර විය හැක.	

3) ඔබ සිතන පරිදි මෙම තත්වය ඇති වීමට බලපෑ හේතු මොනවා විය හැකි ද?

4) සාමාන්‍යයෙන් මෙවැනි කෙනෙක් ගැන ඔබ දරන්නේ කුමන ආකාරයේ ආකල්පයක් ද?

5) මේ ආකාරයේ පුද්ගලයෙක් සමග කෙතරම් සමීප සම්බන්ධතාවයක් ඇතිකර ගැනීමට ඔබ සුදානම් ද?

6) මත්ද්‍රව්‍ය ගැනීම/නොගැනීම හා මොහුගේ මෙම තත්වය අතර සම්බන්ධතාවක් තිබෙනවායැයි ඔබ සිතනවාද? එසේ නම් ඒ කුමක්ද?

අවස්ථාව

සුනිල්ට වයස අවුරුදු හතලිස් හතරයි. ඔහු නාගරික ප්‍රදේශයක කුලි කාමරයක ජීවත් වෙයි. අවුරුදු ගණනාවකින් ඔහු රැකියාවක් කර නැත. ඔහු සෑම විටම ඇඳ සිටින්නේ එකම ඇඳුමකි. තවද ඔහුගේ කොණ්ඩය අපිරිසිදු ලෙස දිගට වැඩීමට හැර ඇත. ඔහු සෑමවිටම තනියෙන් සිටින අතර බොහෝවිට පාර අයිනකට වී තමුන්ටම මුමුණාමින් සිටිනවා දැක ගත හැක. සමහර විට ඔහු නැගිට සිට අවට ගස්වල සිටින කවරකුට හෝ සංඥා කරන ආකාරයට අත් සොලවයි. ඔහු මත්පැන් ගන්නේ කලාතුරකින් පමණි. ඔහු කතා කරන්නේ ප්‍රවේශමෙන් වන අතර, නිතර භාවිතා නොවන වචන හෝ ඇතැම් විට ඔහුම හදා ගත්, වචන පාවිච්චි කරයි. ඔහු ආචාරශීලි වන නමුත් කථාවට යාමෙන් වලකියි. ඇතැම් විට තමා ගැන තොරතුරු අතැම් අයට දෙන්නේ යැයි අවට කඩවල සිටින වෙළඳුන්ට ඔහු දොස් නගයි. ඔහුගේ කාමරයට අමතර අගුල් සවි කරන ලෙස ඔහු කාමරයේ අයිතිකරුගෙන් ඉල්ලයි. ජාත්‍යන්තර පරිගණක ජාලයක් මගින් රූපවාහිනී විකාශන හරහා ජනතාව පාලනය කිරීමේ කුමන්ත්‍රණයක් පිළිබඳ රහස් තමා දන්නා බැවින් ඔත්තුකරුවන් තමා ගැන ඇහැ ගහගෙන සිටින බව සුනිල් කියයි. ඔහුගේ කාමරය ඔහු සුද්ධ පවිත්‍ර නොකරන බවත්, එය දිගින් දිගටම අපිරිසිදුවන බවත්, වීදුරු භාණ්ඩවලින් පුරවා ඇති බවත් කුලි කාමරයේ අයිතිකරු පවසයි. සුනිල් කියනුයේ ඒවා මගින් ඔහු අභ්‍යවකාශයේ සිට එන පණිවිඩ ලබා ගන්නා බවයි.

1. මොහුට යම් ප්‍රශ්නයක් තිබෙනවා යැයි ඔබ සිතනවා ද? එසේනම් එය කුමක් ද?

2. a) ඔහු යම් රෝගයකින් පෙළෙනවා යයි ඔබට සිතෙනවාද? එසේ නම් ඒ කුමක්ද?

b) මොහුට ප්‍රතිකාර කිරීම අවශ්‍ය ද? ඔව්නම් ඔහුට කළ හැකි වඩාත් සුදුසු ප්‍රතිකර්මය කුමක් ද ?

c) ඔබ සඳහන් කළ ප්‍රතිකාර ක්‍රමයට අමතරව, පහත ක්‍රම වලින්, මොහුට සුදුසු යැයි ඔබ සිතන ඒවා ඉදිරියෙන් හරියක් (✓) යොදන්න

සාමාන්‍ය වෛද්‍යවරයෙකු හමුවීම	
මානසික රෝග පිළිබඳ විශේෂඥ වෛද්‍යවරයෙකු හමුවීම	
ආයුර්වේද ප්‍රතිකාර කිරීම	
ඔහු තනිවම ප්‍රශ්නය විසඳීම ට උත්සාහ ගැනීම	
සමීපතම ඥාතීන් උදව් කිරීම	
සමීපතම යහළුවන් උදව් කිරීම	

උපදේශණය සඳහා යොමු කිරීම	
ස්වාමීන් වහන්සේ නමක්/ පූජක වරයෙකු/ පියතුමකු හමුවීම	
පිරිත් සජ්ඣායනයක් පැවැත්වීම	
“අතගහ” මැතිරීම (ඇස්වහ කටවහ ආදිය සඳහා)	
බලි තොවිල් කිරීම	
බෝධි පූජාවක් කිරීම / භාර-භාර වීම/ යාඥාවක් කිරීම	
වේදනා නාශක පෙති භාවිතය - උදා පැරසිටමෝල් ඇස්ප්‍රින්	
මානසික රෝග සඳහා විශේෂිත වූ බෙහෙත් පාවිච්චි කිරීම	
ප්‍රතිජීවක බෙහෙත් පාවිච්චි කිරීම	
නිදිපෙති පාවිච්චි කිරීම	
කායික ව්‍යායාම කිරීම. උදා - ක්‍රීඩා කිරීම, ඇවිදීම	
ගේ දොර වැඩ කටයුතු වල පෙරට වඩා ඕනෑ කමකින් නියැලීම	
තම ප්‍රශ්නයට සමාන ප්‍රශ්නවලට මුහුණ දුන් පුද්ගලයින්ගේ අත් දැකීම් හා ඔවුන් එයට මුහුණ දුන් ආකාරය අසා/ කියවා දැන ගැනීම	
භාවනා/ යෝගී ව්‍යායාම හෝ වෙනත් සිත සැහැල්ලු කරන වැඩ සටහන් සඳහා සහභාගි වීම	
මත්පැන් භාවිතය නතර කිරීම	
මෝහනය කිරීම	
මානසික රෝහලක නේවාසිකව ප්‍රතිකාර කිරීම	
විද්‍යුත් කම්පන ප්‍රතිකාරය ලබා දීම (කරන්ට් ඇල්ලීම)	
මත්පැන් භාවිතය	
විශේෂිත ව සකස් කළ ආහාරයක් හෝ තෝරාගත් ආහාර පමණක් අනුභව කිරීම	
විනෝද චාරිකා වැනි විනෝදාංශවලට යොමු වීම	
වෙනත් (සඳහන් කරන්න)	

d) මෙම තත්වය ඔබට ඇතිවූහොත් ඔබ කරන්නේ කුමක් ද?

e) මොහුට ප්‍රතිකර්ම ලබා දීමකින් බලා පොරොත්තු විය හැකි ප්‍රතිඵලය/ප්‍රතිඵල මොනවා ද?
(පිළිතුර/පිළිතුරු ඉදිරියෙන් හරියක් (✓) යොදන්න)

සම්පූර්ණ, නිට්ටාවට සුවයක් ලැබීම	
සම්පූර්ණ සුවයක්, නමුත් ප්‍රශ්න නැවත ඇතිවිය හැක	
අර්ධ වශයෙන් සුවයක් ලැබීම	
අර්ධ සුවයක් නමුත් ප්‍රශ්න නැවත ඇතිවිය හැක.	
කිසිම සුවයක් නොලැබීම.	
ප්‍රශ්න/ රෝගය උග්‍ර විය හැක.	

3. ඔබ සිතන පරිදි මෙම තත්වය ඇති වීමට බලපෑ හේතු මොනවා විය හැකි ද?

4. සාමාන්‍යයෙන් මෙවැනි කෙනෙක් ගැන ඔබ දරන්නේ කුමන ආකාරයේ ආකල්පයක් ද?

5. මේ ආකාරයේ පුද්ගලයෙක් සමග කෙතරම් සමීප සම්බන්ධතාවයක් ඇතිකර ගැනීමට ඔබ සුදානම් ද?