

Questionnaire

PART-1 General Characteristics

Code: Address: Date:	
Part- I General Characteristics	
1. Age in years	2. Gender 1. Male 2. Female
3. Marital status 1. Married 2. Separated 3. Divorced 4. Widowed 5 Never married	4. Education Level 1. No Formal Education 2. Primary school 3. Secondary school 4. Higher Secondary school 5. University Degree
5. What is your main source of your income? 1. Agriculture 2. Business 3. Employment 4. Pension	6. Is your family income adequate for your family? 1. Yes 2. No
7. Who do you live with at present? 1. Family 2. Relatives... 3. Friends 4. Alone	8. Please check if you loss during the 2015 earthquake? 1 Family member's 2 House 3 Belongings 4. Nothing
9. What is level of you injuries during earthquake? 1. None 2. A little 3. Moderate 4. Hospitalization	10. Have you been diagnosed with any chronic disease after earthquake? 1. Yes 2. No
11. Did you receive any financial support after earthquake? 1. Yes 2. No Specify how much.....From whom.....	12. Did you receive any materials support? 1. Yes 2. No If yes, Specify: From whom
13. What kind of services did you use during or after the 2015 earthquake? 1. Hospital 2. PHC 3. Private clinic 4. Traditional healers	14. Did you have any difficulties access to those healthcare services during earthquake? 1. Every time 2. Often 3. Some time 4. Not at all

5. Outreach 6. Mobile health 7. Others, Please specify	
15. Did you receive safety alert information during earthquake? 1. Yes 2. No If yes, from whom	16. How far is your nearest healthcare institution? 1. 1 Kilometers 2. 2 Kilometers 3. 3 Kilometers 4. 4 kilometers 5. More than 4 kilometers
17. Do you receive old age allowance? 1. Yes 2. No If Yes, how much	18. Is your old age allowance adequate for your basic needs? 1. Yes 2. No
19. Currently, do you receive any aid from local/ international organization? 1. No 2. Yes/ please specify	20. During the 2015 Earthquake did you receive any aid from local/ international organization? 1. No 2. Yes, please specify
21. Where were you when the 2015 earthquake Strike 1. Inside Home 2. Outside Home	22. What were you doing when the 2015 earthquake hit? Please specify 1. Household Work 2. Outside Work

Part II: SF-12®: Please answer the following question that fits with you're the most during past 4 weeks

1. In general, how would you say your health?
1. Excellent 2. Very good 3. Good 4 Fair 5. Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

1. Yes, Limited A Lot 2. Yes, Limited A Little
3. No, Not Limited At All

3. Climbing several flights of stairs

1. Yes, Limited A Lot/ 2. Yes, Limited A Little
3. No, Not Limited At All

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

4. Accomplished less than you would like

1. All of the time 2. Most of the time 3. Some of the time 4. A little time 5. None of the time

5. Were limited in the kind of work or other activities

1. All of the time 2. Most of the time 3. Some of the time 4. A little time 5. None of the time

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

6. Accomplished less than you would like

1. All of the time 2. Most of the time 3. Some of the time 4. A little time 5. None of the time

7. Were limited in the kind of work or other activities 1. All of the time 2. Most of the time 3. Some of the time 4. A little time 5. None of the time
8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? 1. Not at all 2. A little bit 3 Moderately 4. Quite a bit 5. Extremely
The next three questions are about how you feel and how things have been during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks. 9. Have you felt calm and peaceful? 1. All of the time 2. Most of the time 3. Some of the time 4. A little time 5. None of the time 10. Did you have a lot of energy? 1. All of the time 2. Most of the time 3. Some of the time 4. A little time 5. None of the time 11. Have you felt downhearted and blue? 1. All of the time 2. Most of the time 3. Some of the time 4. A little time 5. None of the time
12. During the past 4 weeks, how much of the time has your Physical Health or Emotional Problems interfered with your social activities (like visiting with friends, relatives, etc.)? 1. All of the time 2. Most of the time 3. Some of the time 4. A little time 5. None of the time

Part-III Instrumental Activity of Daily Living Questionnaire for measuring functional status/
A. Ability to use telephone 1. Operates telephone on own initiative; looks up and dials numbers, etc (1) 2. Dials a few well-known numbers (1) 3. Answers telephone but does not dial (1) 4. Does not use telephone at all (0)
B. Shopping 1. Takes care of all shopping needs independently (1) 2. Shops independently for small purchases (0) 3. Needs to be accompanied on any shopping trip (0) 4. Completely unable to shop (0)
C. Food preparation 1. Plans, prepares, and serves adequate meals independently (1) 2. Prepares adequate meals if supplied with ingredients (0) 3. Heats and serves prepared meals, or prepares meals but does not maintain adequate diet(0) 4. Needs to have meals prepared and served (0)
D Housekeeping 1. Maintains house alone or with occasional assistance (e.g., "heavy work domestic help (1) 2. Performs light daily tasks such as dishwashing, bed making (1) 3. Performs light daily tasks but cannot maintain acceptable level of cleanliness (1) 4. Needs help with all home maintenance tasks (1) 5. Does not participate in any housekeeping tasks (0)
E. Laundry 1. Does personal laundry completely (1) 2. Launders small items; rinses stockings, etc. (1) 3. All laundry must be done by others (0)
F. Mode of transportation

1. Travels independently on public transportation or drives own (1)
2. Arranges own travel via taxi, but does not otherwise use public transportation (1)
3. Travels on public transportation when assisted or accompanied by another (1)
4. Travel limited to taxi or automobile with assistance of another (0)
5. Does not travel at all (0)

G. Responsibility for own medications

1. Is responsible for taking medication in correct dosages at correct time (1)
2. Takes responsibility if medication is prepared in advance in separate dosages (0)
3. Is not capable of dispensing own medication (0)

H. Ability to handle finances

1. Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to bank), collects and keeps track of income (1)
2. Manages day-to-day purchases, but needs help with banking, major purchases, etc (1)
3. Incapable of handling money(0)

Part-IV Perceived Social Support Questionnaire
(Tick the most appropriate choice for you)

SN	Items	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree
1.	There is a special person who is around when I am in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	There is a special person with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	My family really tries to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I get the emotional help and support I need from my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I have a special person who is a real source of comfort to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	My friends really try to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I can count on my friends when things go wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I can talk about my problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I have friends with whom I can share my joys and sorrows.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	There is a special person in my life who cares about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	My family is willing to help me make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I can talk about my problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART-V Brief Coping Scale for measuring coping strategies.

SN	Items	I haven't been doing this at all	I've been doing this a little bit	I've been doing this a medium amount	I've been doing this a lot
1.	I've been turning to work or other activities to take my mind off things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I've been concentrating my efforts on doing something about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I've been saying to myself "this isn't real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I've been using alcohol or other drugs to make myself feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I've been giving up trying to deal with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I've been taking action to try to make the situation better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I've been refusing to believe that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I've been saying things to let my unpleasant feelings escape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I've been getting help and advice from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I've been using alcohol or other drugs to help me get through it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I've been trying to see it in a different light, to make it seem more positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I've been criticizing myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I've been trying to come up with a strategy about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I've been getting comfort and understanding from someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I've been giving up the attempt to cope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I've been looking for something good in what is happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I've been making jokes about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I've been doing something to think about it less, such as going to movies watching TV, reading, daydreaming, sleeping, or shopping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	I've been accepting the reality of the fact that it has happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21.	I've been expressing my negative feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	I've been trying to find comfort in my religion or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	I've been trying to get advice or help from other people about what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	I've been learning to live with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	I've been thinking hard about what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	I've been praying or meditating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	I've been making fun of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART-VI Individual Resilience

SN	Items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1.	I tend to bounce back quickly after hard time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have a hard time making it through the stressful event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	It does not take me long to recover from stressful event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	It is hard for me to snap back when something bad has happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I usually come through difficult time whole little trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I tend to take a long time to get over set backs in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part- VII Screening Questionnaire for Disaster mental health (SQD). Have you experienced any of the symptoms listed below in past month?

SN	Items	Yes	No
1.	Have you notice any changes in your appetite?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you feel that you are easily tired and/ or tired all the time?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have trouble falling asleep or sleeping through the night?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have nightmares about the event?	<input type="checkbox"/>	<input type="checkbox"/>

5.	Do you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you feel irritable?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you feel that you are hypertensive in small noises or tremors?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you avoid places, people and topics related to the event	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you think about the event when you do not want to?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have trouble enjoying things you used to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you feel upset when somebody reminds you the event?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you notice that you are making effort to try not to think about the event or you are trying to forget it	<input type="checkbox"/>	<input type="checkbox"/>