

## REFEERENCES

1. Central bureau of statistics, Government of Nepal. Population monograph of Nepal, Volume II (Social demography). Kathmandu, Nepal; 2014. Page 73-78. ISBN: 978-9937-2-8972-6
2. Rudnicka E, Napierała P, Podfigurna A, Męczekalski B, Smolarczyk R, Grymowicz M. The World Health Organization (WHO) approach to healthy ageing. *Maturitas*. 2020 Sep; 139: 6-11. doi: 10.1016/j.maturitas.2020.05.018.
3. Goel Ashish, Kaur Amanjot. The state of elderly in India: Life and challenges in the decade of healthy aging. *Indian Journal of Public Health*. 2022. 66 (1); 1-2. doi: 10.4103/ijph.ijph\_190\_22
4. Singh TB, Kumar P, Kumar N. Projection of elderly in India during the census year 2021 to 2051. *International Journal of Current Advanced Research*. 2017: 6 (11): 7463-66. doi:[10.24327/ijcar.2017.7466.1156](https://doi.org/10.24327/ijcar.2017.7466.1156)
5. Rajan SI, Mishra US. Senior citizens of India: Emerging challenges and concerns. *Springer Nature*; 2020 Sep 8. doi:[10.1007/978-981-15-7740-6](https://doi.org/10.1007/978-981-15-7740-6)
6. Government of Nepal. National population and housing census 2021. National statistics office. Kathmandu. Available in <https://censusnepal.cbs.gov.np/results>.
7. Alur RP. Challenges Faced By Elderly in India. *Elderly in India-Problems & Prospects*. Today publication. Chennai. 2018:49-57.
8. Praveen V, Rani AM. Quality of life among elderly in a rural area. *Int J CommunityMed Public Health*. 2016 Mar; 3 (3):754-7.
9. Yadav UN, Thapa TB, Mistry SK, Ghimire S, Yadav KK, Boateng GO, Callaghan GO. Biosocial and disease conditions are associated with quality of life among older adults in rural eastern Nepal: Findings from a cross-

- sectional study. PLoSOne. 2020: 15 (11). doi: [10.1371/journal.pone.0242942](https://doi.org/10.1371/journal.pone.0242942)
10. Yadav UN, Ghimire S, Mistry SK, Shanmuganathan S, Rawal LB, Harris M. Prevalence of non-communicable chronic conditions, multimorbidity and its correlates among older adults in rural Nepal: a cross-sectional study. *BMJ open*. 2021 Feb 1;11(2):e041728.doi:<http://orcid.org/0000-0002-6626-1604>
  11. Shah VR, Christian DS, Prajapati AC, Patel MM, Sonaliya KN. Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmedabad city, Gujarat. *Journal of family medicine and primary care*. 2017 Jan;6(1):101.doi: [10.4103/2249-4863.214965](https://doi.org/10.4103/2249-4863.214965)
  12. Hornby-Turner YC, Peel NM, Hubbard RE. Health assets in older age: a systematic review. *BMJ open*. 2017 May 1;7(5):e013226. doi:10.1136/bmjopen-2016-013226
  13. Shrestha DR. Elderly Women. *Reproductive Health, National and International Perspective*. Second edition. Dhulikhel, Kavre, Nepal: 2012. P 306-319.
  14. Fragala MS, Cadore EL, Dorgo S, Izquierdo M, Kraemer WJ, Peterson MD, Ryan ED. Resistance training for older adults: position statement from the national strength and conditioning association. *The Journal of Strength & Conditioning Research*. 2019 Aug 1; 33(8). doi: 10.1519/JSC.0000000000003230
  15. Poudel M, Ojha A, Thapa J, Yadav DK, Sah RB, Chakravartty A, Ghimire A, Budhathoki S. Morbidities, health problems, health care seeking and utilization behaviour among elderly residing on urban areas of eastern Nepal: A cross-sectional study. *Plos one*. 2022 Sep 7;17(9):e0273101 <https://doi.org/10.1371/journal.pone.0273101>
  16. Chock MM, Lapid MI, Atherton PJ, Kung S, Sloan JA, Richardson JW, Clark

- MM, Rummans TA. Impact of a structured multidisciplinary intervention on quality of life of older adults with advanced cancer. *International psychogeriatrics*. 2013 Dec; 25(12):2077-86. doi: [10.1017/S1041610213001452](https://doi.org/10.1017/S1041610213001452)
17. Friedman EM, Ruini C, Foy R, Jaros L, Sampson H, Ryff CD. Lighten UP! A community-based group intervention to promote psychological well-being in older adults. *Aging & mental health*. 2017 Feb 1;21(2):199-205.<https://doi.org/10.1080/13607863.2015.1093605>
  18. Mehanna A. Healthy Ageing: Reviewing the Challenges, Opportunities, and Effortsto Promote Health Among Old People. *Journal of High Institute of Public Health*. 2022 May 19;1-8.doi: [10.21608/jhiph.2022.238180](https://doi.org/10.21608/jhiph.2022.238180)
  19. Hosseini A, Shorofi SA, Jackson AC, Dehghan MF, Salmanpour A, Sadeghi Z, Haghani S, Bahramnezhad F. The effects of diaphragmatic breathing training on the quality of life and clinical symptoms of patients with gastro-esophageal refluxdisease: A randomized controlled trial. *Advances in Integrative Medicine*. 2022 May 1; 9(2):103-9. <https://doi.org/10.1016/j.aimed.2022.03.002>
  20. Rogers C, Keller C. Roy's adaptation model to promote physical activity among sedentary older adults. *Geriatric nursing (New York, NY)*. 2009 Mar;30(2 Suppl):21.doi: [10.1016/j.gerinurse.2009.02.002](https://doi.org/10.1016/j.gerinurse.2009.02.002)
  21. Ursavaş FE, Karayurt Ö, İşeri Ö. Nursing approach based on Roy adaptation model in a patient undergoing breast conserving surgery for breast cancer. *The journal of breast health*. 2014 Jul; 10(3):134. doi: [10.5152/tjbh.2014.1910](https://doi.org/10.5152/tjbh.2014.1910)
  22. Nepal Health Research Council (NHRC), Ministry of Health and Population (MoHP) and Monitoring Evaluation and Operational Research (MEOR). *Nepal Burden of Disease 2017: A Country Report based on the Global Burden of Disease 2017 Study*. Kathmandu, Nepal: NHRC, MoHP, and MEOR; April

2019. Page 9-11. Available in <http://www.nhrc.gov.np>; email: [nhrc@nhrc.gov.np](mailto:nhrc@nhrc.gov.np).
23. Bolton CE, Binaya KC, Koju R, Hall IP. Challenges of chronic obstructive pulmonary disease in rural Nepal. *The Lancet Respiratory Medicine*. 2019 Jun 1; 7 (6):476-8.doi: <https://doi.org/10.1016/S2213-2600%2819%2930079-7>
24. World Health Organization. World report on ageing and health. World Health Organization; Geneva, Switzerland. 2015 Oct 22. Page 5-7. Available from: <https://apps.who.int/iris/handle/10665/186463>
25. Nepal Health Research Council. Assessment of Burden of Disease in Nepal, 2009. Kathmandu, Nepal: February 2018. Page 15-17. Available from: [https://nhrc.gov.np/wpcontent/uploads/2018/02/Assessment\\_of\\_Burden\\_of\\_Disease\\_in\\_Nepal\\_2009\\_opt.pdf](https://nhrc.gov.np/wpcontent/uploads/2018/02/Assessment_of_Burden_of_Disease_in_Nepal_2009_opt.pdf)
26. HelpAge Global network. Ageing population in Nepal. 2020. Available in <https://ageingasia.org/ageing-population-nepal/>
27. Khanal P, Rai S, Chalise H. Children's migration and its effect on elderly people: A study at old age homes in Kathmandu. *American journal of Gerontology and Geriatrics*. 2018; 1(1): 1001.
28. Meenai G. Senior citizens: issues and perspectives. *Ageing Issues in India: Practices, Perspectives and Policies*. 2021:211-30.doi: [https://doi.org/10.1007/978-981-16-5827-3\\_12](https://doi.org/10.1007/978-981-16-5827-3_12)
29. Gangadharan KR. Ageing policies and programmes in India. *Ageing issues and responses in India*. 2020:77-96.
30. Government of Nepal. The Fifteenth Plan (Fiscal Year 2019/20 to 2023/24). Kathmandu, Nepal: National Planning Commission; March 2020.274-278.

31. Chalise HN, Rosenberg E. Social and health status of community-dwelling older adults in Nepal. *Advances in Aging Research*. 2019 Jul 31; 8(4):63-74. doi:[10.4236/aar.2019.84005](https://doi.org/10.4236/aar.2019.84005)
32. Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM /AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension*. 2018; 71:1269–1324. doi: 10.1161/HYP.000000000000066
33. Williams B, Mancia G, Spiering W, et al; ESC Scientific Document Group. 2018 ESC/ESH Guidelines for the management of arterial hypertension. *Eur Heart J*. 2018; 39:3021–3104. doi: 10.1093/eurheartj/ehy339
34. Thapa DK, Visentin DC, Kornhaber R, Cleary M. Prevalence and factors associated with depression, anxiety, and stress symptoms among older adults: A cross-sectional population-based study. *Nursing & Health Sciences*. 2020 Dec;22(4):1139-52. <https://doi.org/10.1111/nhs.12783>
35. Khatri P. Psycho-social well-being among old adult patients admitted with Non communicable diseases in selected hospitals Kathmandu, Nepal (M.Sc. Thesis). Tribhuvan University. 2021.
36. Shrestha U. Depression and Psychological Well-being among Senior citizens (A comparative study in families and old age homes of KMC) (M.A. Clinical Psychology Thesis). Kathmandu: Tribhuvan University; 2018.
37. Singh AP, Kumar KL, Reddy CP. Psychiatric morbidity in geriatric population in old age homes and community: A comparative study. *Indian journal of*

- psychological medicine. 2012 Jan; 34 (1):39-43. doi: 10.4103/0253-7176.96157
38. Nagaraj AK, Mathew J, Nanjegowda RB, Majgi SM, Purushothama SM. Psychiatric morbidity among elderly people living in old age homes and in the community: A comparative study. Online Journal of health and allied sciences. 2012 Jan 15; 10 (4 (5)). URL: <http://www.ojhas.org/issue40/2011-4-5.htm>
  39. Tamang MK, Yadav UN, Hosseinzadeh H, Kafle B, Paudel G, Khatiwada S, Sekaran VC. Nutritional assessment and factors associated with malnutrition among the elderly population of Nepal: a cross-sectional study. BMC research notes. 2019 Dec; 12:1-5. doi:<https://doi.org/10.1186/s13104-019-4282-4>
  40. Lahiri S, Biswas A, Santra S, Lahiri SK. Assessment of nutritional status among elderly population in a rural area of West Bengal, India. Int J Med Sci Public Health. 2015 Apr 1; 4(4):569-72. doi: 10.5455/ijmsph.2015.20122014117
  41. Ghimire S, Baral BK, Callahan K. Nutritional assessment of community-dwelling older adults in rural Nepal. PLoS One. 2017 Feb 14; 12 (2):e0172052. <https://doi.org/10.1371/journal.pone.0172052>
  42. Smoliner C, Norman K, Wagner KH, Hartig W, Lochs H, Pirlich M. Malnutrition and depression in the institutionalized elderly. Br J Nutr. 2009 Dec; 102(11):1663- 7. doi: 10.1017/S0007114509990900. Epub 2009 Jul 22. PMID: 19622192.
  43. Ghimire H, Pokharel PK, Shyangwa PM, Baral DD, Aryal A, Mishra AK. Are elderly people living in old-age home, less depressed than those of community? Findings from a comparative study. Journal of Chitwan Medical College. 2013;1 (2):5-8. [https://www.researchgate.net/profile/Harishchandra-Ghimire/publication/317357816\\_Are\\_elderly\\_people\\_living\\_in](https://www.researchgate.net/profile/Harishchandra-Ghimire/publication/317357816_Are_elderly_people_living_in)

44. Dangol M, RaiKoirala SK, Shrestha S. Insomnia and its associated factors among older people of selected ward of Banepa municipality, Nepal. *Nursing Open*. 2020; 7: 355–363. <https://doi.org/10.1002/nop2.396>
45. Ma Y, Hu Z, Qin X, Chen R, Zhou Y. Prevalence and socio-economic correlates of insomnia among older people in Anhui, China. *Australasian journal on ageing*. 2018 Sep; 37(3):E91-6. <https://doi.org/10.1111/ajag.12531>
46. Momtaz YA, Hamid TA, Yahaya N, Ibrahim R. Effects of chronic comorbidity on psychological well-being among older persons in Northern Peninsular Malaysia. *Applied Research in Quality of Life*. 2010 Jun; 5 (2):133-46.doi: 10.1007/s11482-010-9098-2
47. WHO. Advocacy brief: social isolation and loneliness among older people, Decade of healthy ageing. 2021. Available <https://www.who.int/publications/i/item/9789240030749>
48. Sonnenberg CM, Deeg DJ, van Tilburg TG, Vink D, Stek ML, Beekman AT. Gender differences in the relation between depression and social support in later life. *Int J Psychogeriatr*. 2013 Jan; 25(1):61-70. doi:10.1017/S1041610212001202. Epub 2012 Jul 27. PMID: 22835874.
49. Boralingaiah P, Bettappa P, Kashyap S. Prevalence of psycho-social problems among elderly in urban population of Mysore city, Karnataka, India. *Indian journal of psychological medicine*. 2012 Oct; 34 (4):360-4. doi: 10.4103/0253-7176.108221
50. Bishwajit G, Tang S, Yaya S, Feng Z. Participation in physical activity and back pain among an elderly population in South Asia. *Journal of pain research*. 2017 Apr15:905-13. doi: 10.2147/JPR.S133013
51. Zhang H, Wang ZH, Wang LM, Qi SG, Li ZX. Study on activities of daily

- living disability in community-dwelling older adults in China. *Zhonghualiu Xing Bing xuezhazhi= ZhonghuaLiuxingbingxueZazhi*. 2019 Mar 1; 40 (3):266-71. doi: 10.3760/cma.j.issn.0254-6450.2019.03.003 PMID: 30884602
52. Feyisa ZT, Woldeamanuel BT. Prevalence and associated risk factors of gastritis among patients visiting saint paul hospital millennium medical college, addisababa, Ethiopia. *Plos one*. 2021 Feb 9; 16 (2):e0246619. <https://doi.org/10.1371/journal.pone.0246619>
  53. Sadrollahi A, Khalili Z. Spiritual well-being and associated factors among the elderly population in Kashan. *Journal of Geriatric Nursing*. 2015 Feb 10;1(2):94- 104.URL: <http://jgn.medilam.ac.ir/article-1-80-en.html>
  54. Chabok M, Kashaninia Z, Haghani H. The relationship between spiritual health and general self-efficacy in the Iranian elderly. *Journal of Client-Centered Nursing Care*. 2017 May 10; 3 (2):125-32.URL: <http://jccnc.iums.ac.ir/article-1-135-en.html>
  55. Muhammad T, Govindu M, Srivastava S. Relationship between chewing tobacco, smoking, consuming alcohol and cognitive impairment among older adults in India: a cross sectional study. *BMC geriatrics*. 2021 Dec; 21 (1):1-4.doi<https://doi.org/10.1186/s12877-021-02027-x>
  56. Carmona- Torres JM, Cobo- Cuenca AI, Recio- Andrade B, Laredo- Aguilera JA, Martins MM, Rodríguez- Borrego MA. Prevalence and factors associated withpolypharmacy in the older people: 2006–2014. *Journal of clinical nursing*. 2018 Aug; 27 (15-16):2942-52. doi: 10.1111/jocn.14371
  57. Ohta R, Ryu Y, Sano C. Association between Self-Medication for Mild Symptoms and Quality of Life among Older Adults in Rural Japan: A Cross-Sectional Study. *Medicina*. 2022 May 25; 58 (6):701.



<https://doi.org/10.3390/medicina58060701>

58. Shrestha R. Health related quality of life and impact of educational intervention on knowledge regarding living well among patients with coronary heart disease (PhD Thesis). Nepal: Tribhuvan University; 2017.
59. Koller M, Lorenz W. Quality of life: a deconstruction for clinicians. *Journal of the Royal Society of Medicine*. 2002 Oct; 95 (10):481-8.
60. Levasseur M, Tribble DS, Desrosiers J. Meaning of quality of life for older adults: importance of human functioning components. *Archives of gerontology and geriatrics*. 2009 Sep 1; 49 (2):e91-100. doi:10.1016/j.archger.2008.08.013
61. Joshi MR, Chalise HN, Khatiwada PP. Quality of life of Nepalese elderly living in rural Nepal. *J GerontolGeriatr Res*. 2018; 7(484):2. doi: 10.4172/2167-7182.1000484
62. Al-Butmeh S, Al-Khataib N. Mental health and quality of life of elderly people in the Bethlehem district: a cross-sectional study. *The Lancet*. 2018 Feb 21; 391:S46.Feb/March. [https://doi.org/10.1016/S0140-6736\(18\)30412-4](https://doi.org/10.1016/S0140-6736(18)30412-4)
63. Frazer MS, Mobley P. A mixed methods analysis of quality of life among late-life patients diagnosed with chronic illnesses. *Health and Quality of Life Outcomes*. 2017 Dec; 15:1-9. doi: <https://doi.org/10.1186/s12955-017-0797-3>
64. Panday R, Kiran M, Srivastava P, Kumar S. A study on quality of life between elderly people living in old age home and within family setup. *Open journal of psychiatry & allied sciences*. 2015; 6 (2):127-31.doi: 10.5958/2394-2061.2015.00010.5
65. Jafari N, Farajzadegan Z, Zamani A, Bahrami F, Emami H, Loghmani A. Spiritual well-being and quality of life in Iranian women with breast cancer undergoing radiation therapy. *Supportive Care in Cancer*. 2013 May;

21(5):1219-25. doi:10.1007/s00520-012-1650-1

66. Baernholdt M, Yan G, Hinton I, Rose K, Mattos M. Quality of life in rural and urban adults 65 years and older: Findings from the national health and nutrition examination survey. *Journal of rural health*. 2012; 28 (4), 339-347. doi: 10.1111/J.1748-0361.2011.00403.
67. Tajvar M, Arab M, Montazeri A. Determinants of health-related quality of life in elderly in Tehran, Iran. *BMC public health*. 2008 Dec;8(1):1-8. <https://doi.org/10.1186/1471-2458-8-323>
68. Rathnayake S, Siop S. Quality of Life and Its Determinants among Older People Living in the Rural Community in Sri Lanka. *Indian Journal of Gerontology*. 2015 Apr 1; 29 (2).
69. Li J, Yu J, Chen X, Quan X, Zhou L. Correlations between health-promoting lifestyle and health-related quality of life among elderly people with hypertension in Hengyang, Hunan, China. *Medicine*. 2018 Jun; 97 (25).doi: [10.1097/MD.00000000000010937](https://doi.org/10.1097/MD.00000000000010937)
70. Coulson E, Carpenter LM, Georgia TE, Baptist AP. Breathing exercises in older adults with asthma: a blinded, randomized, placebo-controlled trial. *Journal of Asthma*. 2022 Jun 13;59 (7):1438-44.doi:10.1080/02770903.2021.1936015
71. Shahriari M, Dehghan M, Pahlavanzadeh S, Hazini A. Effects of progressive muscle relaxation, guided imagery and deep diaphragmatic breathing on quality of life in elderly with breast or prostate cancer. *Journal of education and health promotion*. 2017; 6.doi: [10.4103/jehp.jehp\\_147\\_14](https://doi.org/10.4103/jehp.jehp_147_14)
72. Franco-Martin M, Parra-Vidales E, Gonzalez-Palau F, Bernate-Navarro M, Solis A. The influence of physical exercise in the prevention of cognitive deterioration in the elderly: a systematic review. *Revista de neurologia*. 2013 Jun 1; 56

(11):545-54.

73. Janyacharoen T, Sirijariyawat K, Nithiatthawanon T, Pamorn P, Sawanyawisuth K. Modified stepping exercise improves physical performances and quality of life in healthy elderly subjects. *J Sports Med Phys Fitness*. 2017 Oct 1; 57 (10):1344-48. Available at <http://www.minervamedica.it>
74. Rugbeer N, Ramklass S, Mckune A, van Heerden J. The effect of group exercise frequency on health related quality of life in institutionalized elderly. *The Pan African Medical Journal*. 2017; 26.doi: [10.11604/pamj.2017.26.35.10518](https://doi.org/10.11604/pamj.2017.26.35.10518)
75. Park SY, Kim JK, Lee SA. The effects of a community-centered muscle strengthening exercise program using an elastic band on the physical abilities and quality of life of the rural elderly. *Journal of physical therapy science*. 2015; 27 (7):2061-3.
76. de Lira CA, Taveira HV, Rufo-Tavares W, dos Santos Amorim A, Ferreira LM, Andrade MS, Vancini RL. Engagement in a community physical activity program and its effects upon the health-related quality of life of elderly people: a cross-sectional study. *Value in health regional issues*. 2018 Dec 1; 17: 183-8.<https://doi.org/10.1016/j.vhri.2018.10.002>
77. de Oliveira LD, Souza EC, Rodrigues RA, Fett CA, Piva AB. The effects of physical activity on anxiety, depression, and quality of life in elderly people living in the community. *Trends in psychiatry and psychotherapy*. 2019 Feb 4; 41: 36- 42.doi: [10.1590/2237-6089-2017-0129](https://doi.org/10.1590/2237-6089-2017-0129).
78. Næss G, Kirkevold M, Hammer W, Straand J, Wyller TB. Nursing care needs and services utilised by home-dwelling elderly with complex health problems: observational study. *BMC health services research*. 2017 Dec;17: 1-0.<https://doi.org/10.1186/s12913-017-2600-x>

79. Ellingson T, Conn VS. Exercise and quality of life in elderly individuals. *Journal of Gerontological Nursing*. 2013 Mar 1; 26 (3):17-25.<https://doi.org/10.3928/0098-9134-20000301-06>
80. Chaturvedi SK, Muliya KP. The meaning in quality of life. *Journal of Psychosocial Rehabilitation and Mental Health*. 2016 Dec; 3: 47-<https://doi.org/10.1007/s40737-016-0069-2>
81. Mimi MY, Tang SK, Wan VT, Vong SK. The effectiveness of physical exercise training in pain, mobility, and psychological well-being of older persons living in nursing homes. *Pain Management Nursing*. 2014 Dec 1; 15 (4):778-88. <https://doi.org/10.1016/j.pmn.2013.08.003>
82. Goes M, Lopes MJ, Oliveira H, Fonseca C, Marôco J. A nursing care intervention model for elderly people to ascertain general profiles of functionality and self-care needs. *Scientific Reports*. 2020 Feb 4; 10 (1):1770.<https://doi.org/10.1038/s41598-020-58596-1>
83. Gautam R, Saito T, Kai I. Leisure and religious activity participation and mental health: gender analysis of older adults in Nepal. *BMC public health*. 2007 Dec;7: 1-1.<https://doi.org/10.1186/1471-2458-7-299>
84. Lee YH, Salman A. The mediating effect of spiritual well-being on depressive symptoms and health-related quality of life among elders. *Archives of psychiatric nursing*. 2018 Jun 1; 32 (3):418-24.<https://doi.org/10.1016/j.apnu.2017.12.008>
85. Razavi S, Razavi M, Pirhosseinlou M. A preventive approach to elderly people health problems. *J GerontolGeriatr Res*. 2017; 6 (450):2.doi: 10.4172/2167-7182.1000450
86. Rayaroth P. Effect of structured nursing intervention on anxiety, depression

- and quality of life among senior citizens. (PhD Thesis)]. Vinayaka Missions University, Salem, Tamilnadu, India. 2015 (Cited 2019 October 10). Available from: <https://dokumen.tips/documents/effect-of-structured-nursing-intervention-2-vinayaka-missions-university-declaration.html?page=1>
87. Kulmala J, Ngandu T, Havulinna S, Levälähti E, Lehtisalo J, Solomon A, Antikainen R, Laatikainen T, Pippola P, Peltonen M, Rauramaa R. The effect of multidomain lifestyle intervention on daily functioning in older people. *Journal of the American Geriatrics Society*. 2019 Jun; 67 (6):1138-44. <https://doi.org/10.1111/jgs.15837>
  88. Ha MS, Son WM. Combined exercise is a modality for improving insulin resistance and aging-related hormone biomarkers in elderly Korean women. *Experimental gerontology*. 2018 Dec 1; 114: 13-8. <https://doi.org/10.1016/j.exger.2018.10.012>
  89. Mo PK, Winnie WS. The influence of health promoting practices on the quality of life of community adults in Hong Kong. *Social indicators research*. 2010 Feb; 95(3):503-17. <https://doi.org/10.1007/s11205-009-9523-9>
  90. Chan MF, Chan EA, Mok E. Effects of music on depression and sleep quality in elderly people: A randomised controlled trial. *Complementary therapies in medicine*. 2010 Jun 1; 18 (3-4):150-9. <https://doi.org/10.1016/j.ctim.2010.02.004>
  91. Erkkilä J, Punkanen M, Fachner J, Ala-Ruona E, Pöntiö I, Tervaniemi M, Vanhala M, Gold C. Individual music therapy for depression: randomized controlled trial. *The British journal of psychiatry*. 2011 Aug; 199 (2):132- doi: <https://doi.org/10.1192/bjp.bp.110.085431>
  92. Lee YY, Chan MF, Mok E. Effectiveness of music intervention on the quality of life of older people. *Journal of advanced nursing*. 2010 Dec; 66 (12):2677-

87. <https://doi.org/10.1111/j.1365-2648.2010.05445.x>
93. Wang Q, Chair SY, Wong EM, Li X. The effects of music intervention on sleep quality in community-dwelling elderly. *The Journal of Alternative and Complementary Medicine*. 2016 Jul 1; 22 (7):576-84. <http://doi.org/10.1089/acm.2015.0304>
94. Geetha N. Effectiveness of Music Therapy on Level of Depression among Elderly Women in a Selected Old Age Home at Coimbatore. (Master Thesis). The Tamil Nadu Dr. M.G. R. University.2011 (Cited 2021 May 27). Available from: <http://repository-tnmgrmu.ac.in/13079/>
95. Clark IN, Baker FA, Taylor NF. Older adults' music listening preferences to support physical activity following cardiac rehabilitation. *Journal of music therapy*. 2016 Sep 3; 53(4):364-97. <https://doi.org/10.1093/jmt/thw011>
96. Laksmidewi AA, Mahadewi NP, Adnyana IM, Widyadharma IP. Instrumental Balinese Flute Music Therapy Improves Cognitive Function and Serum Dopamine Level in the Elderly Population of West Denpasar Primary Health Care Center. *Open access Macedonian journal of medical sciences*. 2019 Feb 28; 7(4):553.doi: [10.3889/oamjms.2019.116](https://doi.org/10.3889/oamjms.2019.116)
97. Gouveia, B. R., Gouveia, É. R., Ihle, A., Jardim, H. G., Martins, M. M., Freitas, D. L., et al. The effect of the ProBalanceprogramme on health-related quality of life of community-dwelling older adults: a randomised controlled trial. *Arch. Gerontol. Geriatr.*2018, (74): 26–31. doi: 10.1016/j.archger.2017.08.012
98. Friedman EM, Ruini C, Foy CR, Jaros L, Love G, Ryff CD. Lighten UP! A community-based group intervention to promote eudaimonic well-being in older adults: A multi-site replication with 6 month follow-up. *Clinical gerontologist*. 2019Aug 8; 42 (4):387-97.<https://doi.org/10.1080/07317115.2019.1574944>

99. NoriPourlayavali R, Alikhani M, Hoseynian S, Soheylizadeh S, Mohammadifar M. The Effect of group reminiscence on happiness and life expectancy of elderly. *Aging Psychology*. 2016 Feb 20; 1 (3):147-56.
100. Tam W, Poon SN, Mahendran R, Kua EH, Wu XV. The effectiveness of reminiscence-based intervention on improving psychological well-being in cognitively intact older adults: A systematic review and meta-analysis. *International Journal of Nursing Studies*. 2021 Feb 1; 114:103847.<https://doi.org/10.1016/j.ijnurstu.2020.103847>
101. Bavazin F, Sepahvandi MA. The study of the relationship between social support and social and psychological well-being among elderly people in city of Khorramabad in 2017. *Nursing and Midwifery Journal*. 2018 Mar10; 15 (12):931- 8.URL: <http://unmf.umsu.ac.ir/article-1-3358-en.html>
102. Ge L, Yap CW, Heng BH. Associations of social isolation, social participation, and loneliness with frailty in older adults in Singapore: A panel data analysis. *BMC geriatrics*. 2022 Dec; 22(1):1-0. <https://doi.org/10.1186/s12877-021-02745-2>.
103. Chen YH, Lin LC, Chuang LL, Chen ML. The relationship of Physio-psycho-social factors and spiritual well-being in elderly residents: Implications forevidence-based practice. *Worldviews on Evidence-Based Nursing*. 2017 Dec; 14 (6):484-91.<https://doi.org/10.1111/wvn.12243>
104. Liu YE, Norman IJ, While AE. Nurses' attitudes towards older people and working with older patients: an explanatory model. *Journal of nursing management*. 2015 Nov; 23 (8):965-73. <https://doi.org/10.1111/jonm.12242>
105. Abraham J, Hense S, Mathews E. Changing social dynamics and older population: A qualitative analysis of the quality of life among older adults in

- Kerala. Journal of Geriatric Mental Health. 2022 Jan 1; 9(1):34. doi: 10.4103/jgmh.jgmh\_19\_22
106. Gour P, Choudhary A, Sahoo KC, Jirwe M, Hallgren M, Diwan VK, Mahadik VK, Diwan V. Experience of elderly people regarding the effect of yoga/light exercise on sedentary behavior: a longitudinal qualitative study in Madhya Pradesh, India. Geriatrics. 2020 Dec 11; 5(4):103. doi: <https://doi.org/10.3390/geriatrics5040103>
107. Park SY, Kim JK, Lee SA. The effects of a community-centered muscle strengthening exercise program using an elastic band on the physical abilities and quality of life of the rural elderly. Journal of physical therapy science. 2015;27(7):2061-3.doi: <https://doi.org/10.1589/jpts.27.2061>
108. Mainali S, Semwal J, Adhikari B. Reliability analysis of a self-developed elderly well-being scale. Int J Health Sci Res. 2023; 13(2):69-75. doi: <https://doi.org/10.52403/ijhsr.20230211>
109. Thapa DK. Impact of adult children's migration on the mental health and quality of life of older parents 'left behind' in Nepal (PhD Thesis).Australia: University of Tasmania; 2021 (Cited 2022 March 17). Available from: <https://doi.org/10.25959/100.00037930>
110. Sapkota A, Sedhain A, Rai MK. Quality of life of adult clients on renal replacement therapies in Nepal. Journal of renal care. 2013 Dec; 39(4):228-35. doi: 10.1111/j.1755-6686.2013.12021.x .
111. Balakrishnan S, Karmacharya I, Ghimire S, Mistry SK, Singh DR, Yadav OP, Gudi N, Rawal LB, Yadav UN. Prevalence of multi-morbidity and its correlates among older adults in Eastern Nepal. BMC geriatrics. 2022 May 16; 22(1):425.<https://doi.org/10.1186/s12877-022-03115-2>



112. Taherian Z, Motamedi N. Effect of a 12-week community-based intervention to improve social capital, quality of life, self-care, and health literacy among older people: A quasi-experimental trial. *Advanced Biomedical Research*. 2022;11.doi: [10.4103/abr.abr\\_101\\_21](https://doi.org/10.4103/abr.abr_101_21)
113. Lai DW, Ou X, Jin J. A Quasi-Experimental Study on the Effect of an Outdoor Physical Activity Program on the Well-Being of Older Chinese People in Hong Kong. *International Journal of Environmental Research and Public Health*. 2022 Jul23; 19(15):8950. <https://doi.org/10.3390/ijerph19158950>
114. Chen ML, Hu J, McCoy TP, Letvak S, Ivanov L. Effect of a lifestyle-based intervention on health-related quality of life in older adults with hypertension. *Journal of aging research*. 2018 May 7; 2018. <https://doi.org/10.1155/2018/6059560>
115. Janse B, Huijsman R, de Kuyper RD, Fabbriotti IN. The effects of an integrated care intervention for the frail elderly on informal caregivers: a quasi-experimental study. *BMC geriatrics*. 2014 Dec; 14(1):1-2. <https://doi.org/10.1186/1471-2318-14-58>
116. Van Boekel LC, Cloin JC, Luijkx KG. Community-dwelling and recently widowed older adults: effects of spousal loss on psychological well-being, perceived quality of life, and health-care costs. *The International Journal of Aging and Human Development*. 2021 Jan; 92(1):65-82.<https://doi.org/10.1177/0091415019871204>
117. Coulton S, Clift S, Skingley A, Rodriguez J. Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: randomised controlled trial. *The British Journal of Psychiatry*. 2015 Sep; 207(3):250-5.<https://doi.org/10.1192/bjp.bp.113.129908>

118. Pramesona BA, Taneepanichskul S. The effect of religious intervention on depressive symptoms and quality of life among Indonesian elderly in nursing homes: A quasi-experimental study. *Clinical Interventions in Aging*. 2018 Mar 23;473-83.doi: [10.2147/CIA.S162946](https://doi.org/10.2147/CIA.S162946)
119. Pierson K, Maloney M, Bavuso A, Dowling K, Kunsang T, Wong ME. A review of the impact of exercise on fall rates among community-dwelling older adults. *Journal of the American Association of Nurse Practitioners*. 2022 Feb 1;34(2):247- 51.doi: 10.1097/JXX.0000000000000636
120. Paudel BB. Socio-Economic and Health Status of Elderly People in Nepal. *Journal of Development and Social Engineering Combined Volume 4-8 | Number 1 | December 2022, 1-8 ISSN 2383-5332*  
<https://www.nepjol.info/index.php/jdse/article/download/54258/40611/160687>
121. Karmakar N, Datta A, Nag K, Tripura K. Quality of life among geriatric population: A cross-sectional study in a rural area of Sepahijala District, Tripura. *Indian J Public Health [serial online]* 2018; 62:95- 9.  
<https://www.ijph.in/text.asp?2018/62/2/95/234494>
122. Looman WM, Fabbriotti IN, de Kuyper R, Huijsman R. The effects of a proactive integrated care intervention for frail community-dwelling older people: a quasi- experimental study with the GP-practice as single entry point. *BMC geriatrics*. 2016Dec;16(1):1-0.<https://doi.org/10.1186/s12877-016-0214-5>
123. Gupta A, Mohan U, Tiwari SC, Singh SK, Singh VK. Dimensions and determinants of quality of life among senior citizens of Lucknow, India. *International journal of medicine and public health*. 2014;4(4).doi [10.4103/2230-8598.144122](https://doi.org/10.4103/2230-8598.144122)
124. Ghimire S, Baral BK, Pokhrel BR, Pokhrel A, Acharya A, Amatya D, Amatya

- P, Mishra SR. Depression, malnutrition, and health-related quality of life among Nepali older patients. *BMC geriatrics*. 2018 Dec; 18(1):1-5.
125. Chen SC, Moyle W, Jones C, Petsky H. A social robot intervention on depression, loneliness, and quality of life for Taiwanese older adults in long-term care. *International psychogeriatrics*. 2020 Aug;32(8):981-91.DOI: 10.1017/S1041610220000459
  126. Risal A, Manandhar S, Manandhar K, Manandhar N, Kunwar D, Holen A. Quality of life and its predictors among aging people in urban and rural Nepal. *Quality of life research*. 2020 Dec; 29: 3201-12. Available from: <https://doi.org/10.1007/s11136-020-02593-4>
  127. Singh S.N., Upadhyay A. and Chalise H.N. Living Arrangement of Older People: A Study of Community Living Elderly from Nepal. *Advances in Aging Research*. 2021. 10, 133-142. <https://doi.org/10.4236/aar.2021.106008>
  128. M Hamdan Mansour A, H Shehadeh J, Puskar K, El-Hneiti M, M Haourani E. Investigating physical, psychological and social well-being of older persons in Jordan. *Current Aging Science*. 2017 Aug 1; 10 (3):217-23.doi:<https://doi.org/10.2174/1874609810666170113093307>
  129. Wang P, Song L, Wang K, Han X, Cong L, Wang Y, Zhang L, Yan Z, Tang S, Du Y. Prevalence and associated factors of poor sleep quality among Chinese older adults living in a rural area: a population-based study. *Aging clinical and experimental research*. 2020 Jan;32:125-31.<https://doi.org/10.1007/s40520-019-01171-0>
  130. Fung JH, Feng Q, Zhang W, Chen H. Time trend analysis of leisure-time activity participation among young-old adults in China 2002–2018. *BMC Public Health*. 2022; 22 (417). <https://doi.org/10.1186/s12889-022-12838-1>

131. Usha VK, Lalitha K. Quality of life of senior citizens: A rural-urban comparison. *Indian Journal of Social Psychiatry*. 2016 Apr 1; 32 (2):158-63. doi: 10.4103/0971- 9962.181104
132. Lafortune C, Huson K, Santi S, Stolee P. Community-based primary health care for older adults: a qualitative study of the perceptions of clients, caregivers and health care providers. *BMC geriatrics*. 2015 Dec; 15:1-1.
133. Karmacharya I, Ghimire S, Bhujel K, Shrestha Dhauvadel A, Adhikari S, Baral S, Shrestha N. Health Services Utilization among Older Adults in Pokhara Metropolitan City. *Journal of Aging & Social Policy*. 2022 Jul 4; 34(4):568-87.<https://doi.org/10.1080 /08959420.2020.1851429>
134. Acharya S, Ghimire S, Jeffers EM, Shrestha N. Health care utilization and healthcare expenditure of Nepali older adults. *Frontiers in public health*. 2019 Feb 15; 7: 24.<https://doi.org/10.3389/fpubh.2019.00024>
135. Agyemang-Duah W, Peprah C, Peprah P. Barriers to formal healthcare utilization among poor older people under the livelihood empowerment against poverty programme in the AtwimaNwabiagya District of Ghana. *BMC Public Health*. 2019 Dec;19(1):1-2.<https://doi.org/10.1186/s12889-019-7437-2>
136. Kelly G, Mrengqwa L, Geffen L. –They don't care about us!: older people's experiences of primary healthcare in Cape Town, South Africa. *BMC geriatrics*. 2019 Dec;19(1):1-4.<https://doi.org/10.1186/s12877-019-1116-0>
137. Dattilo J, Mogle J, Lorek AE, Freed S, Frysinger M. Using self-determination theory to understand challenges to aging, adaptation, and leisure among community-dwelling older adults. *Activities, adaptation & aging*. 2018 Apr 3; 42(2):85-103.<https://doi.org/10. 1080/01924788.2017.1388689>
138. Dongre AR, Deshmukh PR. Social determinants of quality of elderly life in a

- rural setting of India. *Indian Journal of Palliative Care*. 2012 Sep 1; 18(3). doi: [10.4103/0973-1075.105688](https://doi.org/10.4103/0973-1075.105688)
139. Leung KK, Wu EC, Lue BH, Tang LY. The use of focus groups in evaluating quality of life components among elderly Chinese people. *Quality of Life Research*. 2004 Feb;13:179-90. <https://doi.org/10.1023/B:QURE.00000015291.79826.a8>
140. Reichstadt J, Depp CA, Palinkas LA, Jeste DV. Building blocks of successful aging: a focus group study of older adults' perceived contributors to successful aging. *The American Journal of Geriatric Psychiatry*. 2007 Mar 1; 15(3):194-201. <https://doi.org/10.1097/JGP.0b013e318030255f>
141. Wu HY, Chiou AF. The effects of social media intergenerational program on depressive symptoms, intergenerational relationships, social support, and well-being in older adults: A quasi-experimental research. *Geriatric Nursing*. 2023 Jul 1; 52:31-9. <https://doi.org/10.1016/j.gerinurse.2023.05.008>
142. Pitkälä K, Savikko N, Poysti M, Strandberg T, Laakkonen ML. Efficacy of physical exercise intervention on mobility and physical functioning in older people with dementia: a systematic review. *Experimental gerontology*. 2013 Jan 1; 48(1):85- 93. <https://doi.org/10.1016/j.exger.2012.08.008>
143. Harada K, Masumoto K, Katagiri K, Fukuzawa A, Touyama M, Sonoda D, Chogahara M, Kondo N, Okada S. Three-year effects of neighborhood social network intervention on mental and physical health of older adults. *Aging & Mental Health*. 2021 Dec 2; 25(12):2235-45. <https://doi.org/10.1080/13607863.2020.1839858>
144. Buckinx F, Aubertin-Leheudre M, Daoust R, Hegg S, Martel D, Martel-Thibault M, Sirois MJ. Impacts of Remote Physical Exercises on Functional Status and

- Mobility among Community-Dwelling Pre-Disabled Seniors during the Covid-19 Lockdown. *The journal of nutrition, health & aging*. 2023 Apr 28;1-8. doi: <https://doi.org/10.1007/s12603-023-1914-1>
145. Kutsuna T, Hiyama Y, Kusaka S, Kusumoto Y, Tsuchiya J, Umeda M, Takahashi T. The effect of short-term health promotion intervention on motor function in community-dwelling older adults. *Aging Clinical and Experimental Research*. 2019 Apr 1;31:475-81. <https://doi.org/10.1007/s40520-018-0994-x>
  146. Safari S, Akbari B. The effectiveness of positive thinking training on psychological well-being and quality of life in the elderly. *Avicenna Journal of Neuro Psycho Physiology*. 2018 Aug 10; 5(3):113-22. . <http://dx.doi.org/10.32598/ajnpp.5.3.113>
  147. Saito T, Kai I, Takizawa A. Effects of a program to prevent social isolation on loneliness, depression, and subjective well-being of older adults: a randomized trial among older migrants in Japan. *Archives of gerontology and geriatrics*. 2012 Nov 1; 55(3):539-47. <https://doi.org/10.1016/j.archger.2012.04.002>
  148. Baez M, Far IK, Ibarra F, Ferron M, Didino D, Casati F. Effects of online group exercises for older adults on physical, psychological and social wellbeing: a randomized pilot trial. *PeerJ*. 2017 Apr 5; 5: e3150. <https://doi.org/10.7717/peerj.3150>
  149. Elham H, Hazrati M, Momennasab M, Sareh K. The effect of need-based spiritual/religious intervention on spiritual well-being and anxiety of elderly people. *Holistic nursing practice*. 2015 May 1; 29 (3):136-43. DOI: 10.1097/HNP.0000000000000083
  150. von Berens Å, Koochek A, Nydahl M, Fielding RA, Gustafsson T, Kirn DR,

- Cederholm T, Södergren M. –Feeling more self-confident, cheerful and safe. Experiences from a health-promoting intervention in community dwelling older adults—a qualitative study. *The journal of nutrition, health & aging*. 2018Apr; 22: 541-8.doi: [10.1007/s12603-017-0981-5](https://doi.org/10.1007/s12603-017-0981-5)
151. Prakash Jha SP, Deaver UJ, Sarin J. Effects of Dance and Movement Therapy (DMT) Versus Progressive Muscle Relaxation (PMR) on Quality of Life among Elderly Residing in Selected Old Age Homes of Haryana: A Quasi Experimental Study. *Indian Journal of Public Health Research & Development*. 2020 Mar 26; 11(3):893-8.
  152. Skevington SM, Epton T. How will the sustainable development goals deliver changes in well-being? A systematic review and meta-analysis to investigate whether WHOQOL-BREF scores respond to change. *BMJ Global Health*. 2018 Jan 1; 3(Suppl 1):e000609.<http://dx.doi.org/10.1136/bmjgh-2017-000609>
  153. SewoSampaio PY, Ito E. Activities with higher influence on quality of life in older adults in Japan. *Occupational Therapy International*. 2013 Mar;20(1):1-0.doi: 10.1002/oti.1333
  154. Cajanding RJ. The Effectiveness of a Nurse-Led Cognitive-Behavioral Therapy on the Quality of Life, Self-Esteem and Mood Among Filipino Patients Living with Heart Failure: A randomized controlled trial. *Applied Nursing Research*. 2016; 31:86-93. [https://doi: 10.1016/j.apnr.2016.01.002](https://doi.org/10.1016/j.apnr.2016.01.002).
  155. Owen R, Berry K, Brown LJ. Enhancing older adults’ well-being and quality of life through purposeful activity: A systematic review of intervention studies. *The Gerontologist*. 2022 Aug; 62 (6):e317-27. <https://doi.org/10.1093/geront/gnab017>
  156. Mazumder H, Faizah F, Gain EP, Sharmin Eva I, FerdouseMou K, Saha N,

- Rahman F, Das J, Islam AK, Nesa F, Hossain MM. Effectiveness of mental health interventions for older adults in South Asia: A scoping review. *Plos one*. 2023 Jul 7; 18 (7):e0287883.<https://doi.org/10.1371/journal.pone.0287883>
157. Kumar S, Adiga KR, George A. Impact of Mindfulness-based Stress Reduction (MBSR) on Depression among Elderly Residing in Residential Homes. *Nurs J India*. 2014; 105(6):248–51. pmid:26182818
158. Sanchette P, Jain A, Agarwal H. Preksha Meditation and Mental Health in Elderly. *Journal of the Indian Academy of Geriatrics*. 2017 Sep 1; 13(3).
159. Rétsági E, Prémusz V, Makai A, Melczer C, Betlehem J, Lampek K, Ács P, Hock M. Association with subjective measured physical activity (GPAQ) and quality of life (WHOQoL-BREF) of ageing adults in Hungary, a cross-sectional study. *BMC Public Health*. 2020 Aug; 20(1):1-1. doi: <https://doi.org/10.1186/s12889-020-08833-z>
160. Akosile CO, Igwemmadu CK, Okoye EC, Odole AC, Mgbeojedo UG, Fabunmi AA, Onwuakagba IU. Physical activity level, fear of falling and quality of life: a comparison between community-dwelling and assisted-living older adults. *BMC geriatrics*. 2021 Dec; 21(1):1-9.<https://doi.org/10.1186/s12877-020-01982-1>
161. Fusco O, Ferrini A, Santoro M, Lo Monaco MR, Gambassi G, Cesari M. Physical function and perceived quality of life in older persons. *Aging clinical and experimental research*. 2012 Feb; 24:68-73.
162. Uddin MA, Soivong P, Lasuka D, Juntasopeepun P. Factors related to quality of life among older adults in Bangladesh: A cross sectional survey. *Nursing & health sciences*. 2017 Dec; 19(4):518-24. doi: [10.1111/nhs.12385](https://doi.org/10.1111/nhs.12385)
163. Yaya S, Idriss-Wheeler D, Sanogo ND, Vezina M, Bishwajit G. Self-reported



- activities of daily living, health and quality of life among older adults in South Africa and Uganda: a cross sectional study. *BMC geriatrics*. 2020 Dec;20:1-  
<https://doi.org/10.1186/s12877-020-01809-z>
164. Kanwal H, Mustafa N. Psychological well-being and quality of life among physically disabled and normal employees. *Pakistan Armed Forces Medical Journal*. 31Oct.2016 [cited 30Apr.2023]; 66(5):710-4. Available from: <https://pafmj.org/index.php/PAFMJ/article/view/815>
  165. Pourabdol S, Absasi M, Pirani Z, Abbasi M. The relationship between life expectancy and psychological well-being with quality of life in the elderly. *Aging Psychology*. 2015 Aug 23; 1(1):57-65.
  166. Unsar S, Erol O, Sut N. Social support and quality of life among older adults. *International Journal of Caring Sciences*. 2016 Jan; 9(1):249-57.
  167. Şahin DS, Özer Ö, Yanardağ MZ. Perceived social support, quality of life and satisfaction with life in elderly people. *Educational Gerontology*. 2019 Jan 2; 45(1):69-77. doi: 10.1080/03601277.2019.1585065
  168. GökMetin Z, Helvacı A. The correlation between quality of life, depression, anxiety, stress, and spiritual well-being in patients with heart failure and family caregivers. *Turkish Journal of Cardiovascular Nursing*. 2020 Aug 1; 11(25):60-70.doi: [10.5543/khd.2020.93898](https://doi.org/10.5543/khd.2020.93898)
  169. Ali J, Marhemat F, Sara J, Hamid H. The relationship between spiritual well-being and quality of life among elderly people. *Holistic nursing practice*. 2015 May 1;29 (3):128-35.doi:[10.1097/HNP.0000000000000081](https://doi.org/10.1097/HNP.0000000000000081)
  170. Seraji M, Shojaezade D, Rakhshani F. The Relationship between spiritual well-being and quality of life among the elderly people residing in Zahedan city (south- east of Iran). *Elderly Health Journal*. 2016; 2(2): 84-88.URL: <http://ehj>.

[ssu.ac.ir/article-1-69-en.html](http://ssu.ac.ir/article-1-69-en.html)

171. SeemaHL. Quality Of Life among Old Age People: Role of Subjective Well-Being and Religiosity. *Journal of Positive School Psychology*. 2022 Nov 14; 6(11):707-15.
172. Dorji N, Dunne M, Gurung M. Socio-demographic correlates of psychological well-being among older adults in Bhutan. *Environment and Social Psychology*. 2019 Sep6; 4(2).
173. Nyklíček I, Kuijpers KF. Effects of mindfulness-based stress reduction intervention on psychological well-being and quality of life: is increased mindfulness indeed the mechanism? *Annals of behavioral medicine*. 2008 Jun 1; 35(3):331- 40. <https://doi.org/10.1007/s12160-008-9030-2>
174. Pourebrahim T, Rasouli R. Meaning of Life and Psychological Well-Being during Adult, Older Adult and Oldest Old. *Elderly Health Journal* 2019; 5 (1):40- 46URL: <http://ehj.ssu.ac.ir/article-1-141-en.html>
175. Momtaz YA, Ibrahim R, Hamid TA, Yahaya N. Sociodemographic predictors of elderly's psychological well-being in Malaysia. *Aging & mental health*. 2011 May 1; 15(4):437-45.<https://doi.org/10.1080/13607863.2010.536141>
176. Sanuade OA, Ibitoye OG, Adnebowale AS. Psychological well-being of the Elderly in Nigeria. *The Nigerian Journal of Sociology and Anthropology*. 2014 Jan 31;12(1):74-85.doi: 10.36108/NJSA/4102/12(0150)
177. Sunwoo L. Loneliness among older adults in the Czech Republic: A socio-demographic, health, and psychosocial profile. *Archives of gerontology and geriatrics*. 2020 Sep 1; 90:104068.<https://doi.org/10.1016/j.archger.2020.104068>
178. Khalili Z, SadrollahiA, Nazari R. Factors related and Spiritual Well-being among elderly referring to city parks of Khalkhal. *IJNR* 2016; 10 (4):127-135.

URL: <http://ijnr.ir/article-1-1635-en.html>

179. Datta D, Datta PP, Majumdar KK. Association of quality of life of urban elderly with socio-demographic factors. *International Journal of Medicine and Public Health*. 2015; 5(4). doi: 10.4103/2230-8598.165944
180. Huang H, Liu S, Cui X, Zhang J, Wu H. Factors associated with quality of life among married women in rural China: a cross-sectional study. *Quality of Life Research*. 2018 Dec; 27: 3255-63. doi: [10.1007/s11136-018-1944-y](https://doi.org/10.1007/s11136-018-1944-y)
181. Qadri SS, Ahluwalia S, Ganai AM, Balisps, Wani FA, Bashir H. An epidemiological study on quality of life among rural elderly population of northern India. *Int J Med Sci Public Health* 2013;2:514-22.ID: sea-153007
182. Lokare L, Nekar MS, Mahesh V. Quality of life and restricted activity days among the old aged. *Int J Biol Med Res* 2011; 2:1162-4.
183. Habibi A, Nemadi-Vosoughi M, Habibi S, Mohammadi M. Quality of life and prevalence of chronic illnesses among elderly people: A cross-sectional survey. *Journal of Health*. 2012 Apr 10; 3(1):58-66. Available at <http://healthjournal.arums.ac.ir/article-1-83-en.html>
184. Lee KH, Xu H, Wu B. Gender differences in quality of life among community-dwelling older adults in low-and middle-income countries: results from the Study on global AGEing and adult health (SAGE). *BMC public health*. 2020 Dec; 20:1-0. doi:<https://doi.org/10.1186/s12889-020-8212-0>
185. Rana IS, Adhikari R. Health Domain Determining Quality of Life of Elderly People in Baglung. *Age (in years)*. 2019 Dec 31;60 (69):68.<https://doi.org/10.37107/jhas.129>

# ANNEXURE I (a)

Swami Rama Himalayan University

(Established, U.P. Government Act No. 12 of 2013)

Swami Rama Nagar, Jolly Grant, Dehradun-248016,  
Uttarakhand, India.



स्वामी राम हिमालयन विश्वविद्यालय

(उत्तराखण्ड अधिनियम सं० १२ वर्ष २०१३ द्वारा स्थापित)

स्वामी राम नगर, जोलीग्रान्ट, देहरादून २४८०१६  
उत्तराखण्ड, भारत

## "Ethics Committee"

SRHU/ETHICS/1/2019/97

Date: 3/10/2019

To,  
Ms. Shila Mamali,  
Ph.D Scholar,  
Himalayan College of Nursing,  
Swami Rama Himalayan University.

**Ref:** Ph.D Synopsis, entitled: "Effectiveness of comprehensive nursing interventions on well-being and quality of life among senior citizens in rural community, Nepal". Submitted by Principal investigator, Ms. Shila Mamali, Ph.D Scholar. Under the guidance of Dr. Achla Dugla Gaskwah, Assoc. Prof., Himalayan College of Nursing, Swami Rama Himalayan University.

Dear Ms. Shila Mamali,

With reference to your submission letter, dated 23/08/2019, the Ethics Committee, Swami Rama Himalayan University reviewed and discussed your application for approval of the above referred research protocol on 21/09/2019.

The following members were present in the meeting held on 21/09/2019, at 11:00 AM in the dept of Pharmacology, H.J.M.S., Swami Rama Himalayan University.

Sr. No.	Name of the Member	Designation and Qualification	Representation as per Schedule Y	Gender	Affiliation with the Institution
1	Prof. K.C. Mishra	Chairman MBBS, MD, MAMS	Ex. Principal	M	No
2	Mr. G.N.S. Gurudhill	Member M.A., M.phil	Social Scientist	M	No
3	Mr. Arun Kundra	Member M.A., L.L.B.	Practicing Advocate	M	No
4	Mr. Sagar Manwal	Member Gram Pradhani, Aghurwala	Community Representative	F	No
5	Prof. Mirshiq Ahmed	Member MBBS, MD(Radiotherapy)	Professor, Dept of Radiotherapy	M	Yes
6	Dr. Jaynati Senwal	Member MBBS, MD, (Community Medicine)	Clinician Professor of Paediatrics	M	Yes
7	Prof. D.C. Dharamrao	Member Secretary, MBBS, MD(Pharmacology)	Pharmacologist	M	Yes

This is to confirm that only members, who were independent of the investigator of the study, have voted and provided opinion on the study.

**The Ethics Committee, Swami Rama Himalayan University, has no objection to the conduct of the study in the present form, as per the submitted protocol, subject to the prior approval of local Ethics Committee empowered to supervise the project at the study site.**

Further, the permission is subject to the statutory provisions and permissions, as deemed necessary, to be obtained from concerned authorities.

The Ethics committee, Swami Rama Himalayan University expects to be informed about the progress of the study, any changes in the protocol and asks to be provided a copy of the final report.

The Ethics committee, Swami Rama Himalayan University follows procedures that are in compliance with the requirements of ICH (International Conference on Harmonization) guidelines related to GCP (Good Clinical Practice) and applicable Indian regulations, revised and updated from time to time.

  
Dr. D.C. Dharamrao,  
Member Secretary, Ethics Committee

## ANNEXURE I (b)



Government of Nepal  
**Nepal Health Research Council (NHRC)**



Ref. No.: 1705

27 January 2020

**Ms. Shila Mainali**  
Principal Investigator  
Swami Rama Himalayan University  
India

**Ref: Approval of thesis proposal**

**Dear Ms. Mainali,**

This is to certify that the following protocol and related documents have been granted approval by the Ethical Review Board, NHRC for implementation.

If the researcher requires transfer of the bio-samples to other countries, the investigator should apply to the NHRC for the permission. The researchers will not be allowed to ship any raw/crude human biomaterial outside the country, only extracted and amplified samples can be taken to laboratories outside of Nepal for specific study, as per the protocol submitted and approved by the NHRC. The remaining samples of the lab should be destroyed as per standard operating procedure and the process should be documented and informed to the NHRC timely.

<b>ERB Protocol No</b>	907/2019 PhD	<b>Sponsor Protocol No</b>	NA
<b>Principal Investigator/s</b>	Ms. Shila Mainali	<b>Sponsor</b>	NA
<b>Title</b>	Effectiveness of Comprehensive Nursing Interventions on Well-being and Quality of life of Senior Citizens in Rural Community, Nepal		
<b>Protocol Version No</b>	Version 26.0	<b>Version Date</b>	23 January 2020
<b>ICF Version No. (V.N.)</b>	Version 26.0	<b>Version Date</b>	23 January 2020
<b>Other Documents</b>			
1. Data Collection Tools 2. Acceptance letter from study site			
<b>Members of research team</b>	1. Assoc. Prof. Achla Dagdu Gaikwad		
<b>Study Site</b>	1. Nuwakot District		

A-



Government of Nepal  
**Nepal Health Research Council (NHRC)**



Ref. No.: 1705

Type of Review	<input checked="" type="checkbox"/>	Expedited	Duration of Approval 27 January 2020 to 27 January 2021	Frequency of continuing review
	<input type="checkbox"/>	Full Board		
	Meeting Date: 7 January 2020			
Total budget of research	NRs 2,01,000.00			
Ethical review processing fee	NRs 10,000.00			
Executive Chief of NHRC	Name		Date	
	Prof. Dr. Anjani Kumar Jha		27 January 2020	
<b>Investigator Responsibilities</b>				
<ul style="list-style-type: none"><li>• Any amendments shall be approved from the ERB before implementing them</li><li>• Submit Serious Adverse Events (SAE) and Suspected Unexpected Serious Adverse Reaction (SUSAR) reports to the ERB within 48hours</li><li>• Submit progress report every 3 months</li><li>• Submit final report after completion of protocol procedures at the study site</li><li>• Report protocol deviation / violation within 7 days</li><li>• Comply with all relevant international and NHRC guidelines</li><li>• Abide by the principles of Good Clinical Practice and ethical conduct of the research</li></ul>				

If you have any questions, please contact the Ethical Review M & E Section at NHRC.

Thanking you,

Prof. Dr. Anjani Kumar Jha  
Executive Chairperson

## ANNEXURE II



27<sup>th</sup> August 2019

To,  
Ms. Shila Mainali  
Swami Rama Himalayan University  
Dehradun, India

**Subject: Permission for using Nepali version of WHOQOL-BREF**

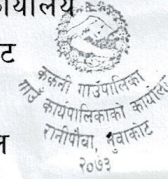
This is to inform that the permission has been granted to use the Nepali version of the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF) in your study entitled "Effectiveness of comprehensive nursing interventions on well-being and quality of life among senior citizens in rural community, Nepal". The translated tool was used in WHO supported PAL Nepal Research Project (2000 – 2004 AD) "Assessing the cost-effectiveness of integrated respiratory care guidelines". I thank you for your interest in using Nepali version of the WHOQOL-BREF.

Prof. Naveen Shrestha  
(Investigator PAL, Nepal)  
Principal  
CIST College  
Email: naveen.shrestha@cist.edu.np

## ANNEXURE III (a)



ककनी गाउँपालिका  
गाउँ कार्यपालिकाको कार्यालय  
रानीपौवा, नुवाकोट  
२०७३  
३ नं प्रदेश, नेपाल



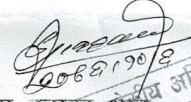
प.स. ०७६।७७

च.नं. ६४६

मिति : २०७३।१।०६ (2020/01/20)

विषय : जो जससंग सम्बन्धित छ ।

उपरोक्त सम्बन्धमा श्री शिला मैनाली, पि.एच.डी. नर्सिङ्ग शोधकर्ताले दिनुभएको निवेदनमा कार्यवाही हुदा हाम्रो यस गाउँपालिकामा वहाँलाई "EFFECTIVENESS OF COMPREHENSIVE NURSING INTERVENTIONS ON WELL-BEING AND QUALITY OF LIFE AMONG SENIOR CITIZENS IN RURAL COMMUNITY NEPAL" शिर्षकको अनुसन्धान गर्न अनुमति प्रदान गरिएको छ। उक्त अनुसन्धानको क्रममा तथ्याङ्क संकलन तथा नर्सिङ्ग कार्यक्रम गर्दा आवश्यक पर्ने सम्पूर्ण सहयोग उपलब्ध गराउने जानकारी गराइन्छ।

  
२०७३।१।०६  
टुना बहादुर शर्मा  
प्रमुख प्रशासकिय अधिकृत



## ANNEXURE III (b)



### तादीगाउँपालिका गाउँकार्यपालिकाको कार्यालय

फो.नं ०१०६३०००६

खरानीटार, नुवाकोट  
स्था. २०७३

प्रदेश नं. ३ नेपाल

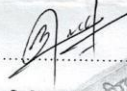
पत्र संख्या:- ०७५/०७६

च. नं :- ४६१

मिति : २०७६/१०/०७

विषय : जो जस संग सम्बन्धित छ ।

उपरोक्त सम्बन्धमा श्री शिला मैनाली, पि.एच.डी. नर्सिङ शोधकर्ताले दिनुभएको निवेदनमा कार्यवाही हुंदा हाम्रो यस गाउँपालिकामा उहाँलाई "EFFECTIVENESS OF COMPREHENSIVE NURSING INTERBENTIONS ON WELL-BEING AND QUALITY OF LIFE AMONG SENIOR CITIZENS IN RURAL COMMUNITY NEPAL" शिर्षकको अनुसन्धान गर्न अनुमति प्रदान गरिएको छ । उक्त अनुसन्धानको क्रममा तथ्याङ्क संकलन तथा नर्सिङ कार्यक्रम गर्दा आवश्यक पर्ने सम्पूर्ण सहयोग उपलब्ध गराउने जानकारी गराइन्छ ।

  
विरोचन खनाल  
नि.प्रमुख प्रशासकीय अधिकृत

## **ANNEXURE IV (a)**

**SWAMI RAMA HIMALAYAN UNIVERSITY**

**JOLLYGRANT, DEHRADUN, INDIA**

**INFORMATION TO THE PARTICIPANT**

Namaskar,

I am Ms. Shila Mainali, Ph.D scholar in the Department of Nursing, SRHU. Aspart of my Ph.D in Nursing Sciences I am conducting a study on "Effectiveness of comprehensive nursing interventions on well-being and quality of life among senior citizens in rural community, Nepal". The objective of this study is to assess the effectiveness of comprehensive nursing interventions on well-being and quality of life of senior citizens.If willing, you would be required to answer a few questionnaires, participate in an interview and undergo an examination. This assessment would take approximately forty-five minutes to one hour to complete. *You will have to undergo 12 sessions of Comprehensive Nursing Interventions to improve your well-being and quality of life.* These sessions will be conducted twicea weekly lasting for 80-90 minutes duration. *For educational purpose audio/video recording of the Comprehensive Nursing Interventions sessions may be taken with your permission.* Your participation in this study is entirely voluntarily. You can withdraw your consent at any point during the study. You may or may not receive any direct benefits from participation. However, your valuable information will help in understanding the prediction of well-being and quality of life of senior citizens. And Comprehensive Nursing Interventions may help you to improve your well-being and quality of life.

The information provided by you will strictly be kept confidential and will be used for educational and research purpose. For more information about the study you can contact: Ms. Shila Mainali (Ph.D. Scholar), or Dr. Jayanti Semwal (Guide). Their contact details are given at the end.

**Undertaking by the investigator:**

Your consent to participate in the above study is sought. You have the right to refuse consent or withdraw the same during any part of the study without giving any reason. If you have any doubts about the study, please feel free to clarify the same. Even during the study, you are free to contact any of the following investigators for further information/ clarification with regards to this study. The information collected from you in the form of the several assessments detailed above will be maintained with strict confidentiality.

**Contact details:**

**Researcher:**

**Detailed Information about Researcher and Supervisors**

Ms. Shila Mainali  
Ph.D. Scholar,  
Department of Nursing,  
SRHU, Dehradun  
Contact No: 9845101022  
Email ID: oshumunu2012@gmail.com

**Guide:**

**Dr. Jayanti Semwal**

Professor & Head  
Department of Community Medicine  
SRHU, Dehradun  
Contact No: 9412008770  
Email ID jayantisemwal@srhu.edu.in

## **Consent Form**

I Mr/ Ms/ Mrs. \_\_\_\_\_ hereby give consent for participation of myself in the study being conducted by Ms. Shila Mainali (Ph.D. Scholar), Department of Nursing, Swami Rama Himalayan University (SRHU) Dehradun.

We have been informed about the nature and purpose of the study. We are aware that participating in the study may or may not benefit me directly in any way. We have been assured that the information we provide will be kept confidential.

We are aware that we will be free to withdraw from the study at any point of time. We understand that participation in the study will require one and a half to two hours of my time for assessment & it will also require me to attend 12 sessions (twice a week).

I, Mr/ Ms/ Mrs. \_\_\_\_\_ the undersigned, hereby give my consent for my participation in the study entitled "Effectiveness of comprehensive nursing interventions on well-being and quality of life among senior citizens in rural community, Nepal".

### **Participant's signature**

Name:

Date & Place Contact No:

**Investigator's signature**

Ms. Shila Mainali Ph.D. Scholar Department of Nursing,SRHU, Dehradun

**Witness's signature**

Name:

Relation with participant:

Contact No:

Date & Place:

## ANNEXURE IV (b)

### सहभागिको लागि लिखित मञ्जुरीनामा पत्र

सहभागिको लागि जानकारी

नमस्कार,

म शिला मैनाली हाल स्वामि राम हिमालयन विश्वविद्यालयको नर्सिङ्ग विभाग अन्तर्गत विद्यावारिधि तहमा अध्ययनरत छु । यस विद्यावारिधिको अभिन्न अंगको रूपमा म "वृद्धवृद्धाहरूको सुस्वास्थ्य र जीवनस्तरमा वृहद नर्सिङ्ग क्रियाकलापको प्रभावकारिता" शिर्षकमा नेपालको ग्रामिण समुदायमा अध्ययन गर्दैछु । यस अध्ययनको मुख्य उद्देश्य वृद्धवृद्धाहरूको स्वास्थ्यता तथा जीवनस्तरमा वृहद नर्सिङ्ग क्रियाकलापको प्रभावकारिताको बारेमा खोजी गर्नु हो । यदि तपाईं यस अध्ययनमा सहभागि हुन चाहनुहुन्छ भने तपाईंलाई अर्न्तवार्तामा सोधिएका केही प्रश्नहरूको उत्तर दिनुपर्नेछ र तपाईंको साधारण शारिरीक जाँच गरिनेछ । यो सम्पूर्ण गर्नको लागि करिब पैतालीस् मिनेट देखि एक घण्टाको समय लाग्ने छ । त्यसको केहि समय पश्चात तपाईंको स्वास्थ्यअवस्था र जीवनस्तरमा सुधार गर्ने हेतुले १२ सेसनको वृहद नर्सिङ्ग क्रियाकलाप संचालन गरिनेछ जसमा तपाईं सहभागि हुनुपर्नेछ ।

हरेक सेसन असी देखि नब्बे मिनेटको हुनेछ र हप्तामा दुईपटक चलाइनेछ । शैक्षिक उद्देश्य पूरा गर्ने उक्त सेसनहरूको तपाईंहरूसँग अनुमति लिएर श्रव्यदृश्य रेकर्डिङ्ग पनि गर्न सकिनेछ ।

यस अनुसन्धानमा तपाईं र तपाईंलाई सेवा गर्ने व्यक्तिको सहभागिता भने पूर्णरूपमा स्वइच्छाले मात्र हुनेछ । यदि तपाईंलाई अध्ययनमा सहभागि हुन मन नलागेमा कुनैपनि बेला विचमै छाड्न सक्नुहुनेछ । यस अध्ययनको शिलशिलामा सहभागिता जनाएकोले कुनै प्रत्यक्ष फाइदा पाउनु हुदैन तर पनि तपाईंको महत्वपूर्ण जानकारीले वृद्धवृद्धाको स्वास्थ्यता र जीवनस्तर जाल्नुबुझ्नुको लागि र भविष्यवाणी गर्नको लागि मद्दत गर्दछ । साथै वृहद नर्सिङ्ग क्रियाकलापले तपाईंको स्वास्थ्य र जीवनस्तर सुधारनमा सहयोग पुग्न सक्छ ।

यस अध्ययनको लागि तपाईंले दिनुभएको जानकारीहरू गोप्य राखिने छ र शैक्षिक र अनुसन्धानको उद्देश्यको लागि मात्र प्रयोग गरिनेछ । यस अध्ययन सम्बन्धी अत्य

जानकारीको लागि तपाईं शिला मैनाली (विद्यावारिधि शोधकर्ता), वा डा. जयन्ती सेमवाल (सुपरिवेक्षक) लाई सम्पर्क गर्न सक्नुहुनेछ ।

### अनुसन्धानकर्ताको उत्तरदायित्व

माथि उल्लेखित अनुसन्धानमा तपाईंको सहभागिता सम्बन्धि मञ्जुरीनामा प्राप्त गरिएको छ । पछि तपाईंलाइ सहभागि हुन मन नलागेमा कारण नदेखाइकनै अध्ययनको कुनैपनि वेला विचमै छाड्न सक्नुहुनेछ । यस अध्ययन सम्बन्धी कुनै अस्पष्ट भए स्पष्ट हुन सक्नुहुनेछ । अध्ययन शुरु भैसकेपछि पनि जानकारी प्राप्त गर्न र स्पष्ट हुनको लागि तपाईं प्रश्न गर्न सक्नुहुनेछ । अन्तवार्ता र शारिरीक जाँच वाट प्राप्त गरेका तपाईंका जानकारीहरूलाई गोप्य राखिनेछ। अध्ययन सम्बन्धी अन्य जानकारीको लागि निम्न व्यक्तिहरूलाई सम्पर्क गर्न सक्नुहुनेछ :

शिला मैनाली (विद्यावारिधि-शोधकर्ता) वा डा. जयन्ती सेमवाल

शोधकर्ता तथा सुपरिवेक्षकको जानकारी

शिला मैनाली

विद्यावारिधि शोधकर्ता

सम्पर्क नं. ९८४५९०९०२२

नर्सिङ विभाग

इमेल : oshumunu2012@gmail.com

एस.आर.एच. यू. देहरादून भारत

सुपरिवेक्षक

डा. जयन्ती सेमवाल

प्राध्यापक तथा प्रमुख

कम्प्युनिटी मेडिसिन विभाग

एस.आर.एच.यू. देहरादून,

सम्पर्क नं. ९८९२००८६६०

इमेल : jayantisemwal@srhu.edu.in

## मञ्जुरीनामा पत्र

म श्रीमान्/सुश्री/श्रीमती.....स्वामीराम हिमालयन विश्वविद्यालयको नर्सिङ विभाग अन्तर्गतको विद्यावारिधि शोधकर्ता शिला मैनालीद्वारा अध्ययन गरिने यस अध्ययनमा सहभागिताको लागि राजिखुशीले मञ्जुरी प्रदान गर्दछु ।

यस अध्ययनको उद्देश्य र प्रकृतिको बारेमा हामीले जानकारी गराईरहेको छ । यस अध्ययनमा सहभागिता जनाए वापत प्रत्यक्ष/अप्रत्यक्ष रुपमा हामीलाई फइदा हुन वा नहुन पनि सक्नेछ भन्नेबारे जानकारी प्राप्त भएको छ । हामीलाई प्रदान गरिएका जानकारीहरु गोप्य राखिने छ भन्नेबारे हामीलाई आश्वस्त गराइएको छ ।

अध्ययनको कुनैपनि समयमा विचमै छाड्न सकिन्छ भन्नेबारे जानकारी पाएका छौ । यस अध्ययनमा सहभागीता जनाउन अर्न्तवार्ता र शारिरीक जाँचको लागि पैतालीस् मिनेट देखि एकघण्टाको समय लाग्छ तथा त्यसपश्चात हप्ताको २ पटक प्रदान गरिरने वृहद नर्सिङ क्रियाकलापमा १२ पटक सम्म सहभागी हुनुपर्छ भन्नेबारे पनि बुझेका छौ ।

म श्री/सुश्री/श्रीमती.....“नपालको ग्रामिण समूदायका वृद्धवृद्धाहरुको सुस्वास्थ्य तथा जिवनस्तरमा वृहद नर्सिङ क्रियाकलापको प्रभावकारीता” विषयको अनुसन्धानमा मेरो सहभागिताको लागि मञ्जुरी प्रदान गर्दछु ।

सहभागिको सहि

नाम :

मिति तथा स्थान :

सम्पर्क नं. :

साक्षिको सहि

नाम :

सहभागिसँगको नाता :

शोधकर्ताको सहि

शिला मैनाली

विद्यावारिधि शोधकर्ता

एस.आर.एच.यु. देहरादून,  
भारत

सम्पर्क नं. :



## **ANNEXURE V**

### **GUIDELINE FOR FOCUSED GROUP DISCUSSION**

Written informed consent will be obtained before FGD. Ground rules will be set for FGD and a FGD checklist will be developed and used to guide FGD.

Welcome and introduction: moderator, recorder and participants: collecting background information of participants.

Background: about the study, selection of this group and plan warm-up for very short period.

#### **Ground rules**

- **Express your ideas clearly and concisely.**
- **Respect others views too, listen to what others say.**
- **Do not interrupt when other are speaking.**
- **Everyone should speak at least once. Your view is valuable and encouraged.**
- **Help to reach conclusion.**
- **Cell phone mode: switch off or vibration.**

#### **Purpose of the discussion**

- What Research wants to find out should be made clear
- Maintenance of Anonymity and confidentiality should be well assured to the participants.

**Setting:** room or ground in U shape sitting arrangement. No other people will interfere discussion.

#### **Issues to be discussed in focused group discussion:**

1. In your opinion, what are the problems that interfere on well-being of senior citizens?
2. What are the factors that affect in well-being and quality of life of senior citizens?
3. How have you accepted your elderly appearance and abilities? If no how do you feel?
4. Do you think that the elderly problems can be managed, how?
5. What sorts of care do you expect from care givers?
6. Do you think that government health and social services are adequate for senior citizens in Nepal? What do you expect more?
7. How do you utilize the services provided by the government? Reasons for not utilizing?
8. What have you understood the role of health promotion activities for the well-being and quality of life of senior citizens?
9. What do you want from a community health nurse to promote well-being and quality of life of senior citizens?

.....

## ANNEXURE VI

### LIST OF EXPERTS FOR VALIDATION OF RESEARCH TOOLS AND COMPREHENSIVE NURSING INTERVENTIONS

1. **Dr. Kusum Kathleen Mckeehen**  
Nursing Advisor  
SRHU, Dehradun, India
2. **Dr. Sanchita Pugazhendi**  
Professor cum Dean  
Department of Community Health Nursing  
Himalayan College of Nursing,  
SRHU, Dehradun, India
3. **Dr. Kamli Prakash**  
Professor  
Himalayan College of Nursing,  
SRHU, Dehradun, India
4. **Dr. Lekha Vishwanath**  
Professor  
Himalayan College of Nursing,  
SRHU, Dehradun, India
5. **Dr. Achla Dagdu Gaikwad**  
Associate Professor  
Himalayan College of Nursing,  
SRHU, Dehradun, India
6. **Naveen Shrestha**  
Professor cum Principal  
CIST College, Kathmandu, Nepal
7. **Shakuntala Shakya**  
Professor in Nursing,  
Nepal Institute of Health Sciences,  
Kathmandu, Nepal
8. **Takma K.C.**  
Professor  
Maharajgunj Nursing Campus,  
IOM, Tribhuvan University,  
Kathmandu, Nepal

**9. Chandrakala Sharma**

Professor

Assistant Campus Chief and Head of Department of Psychiatric Nursing,  
Maharajgunj Nursing Campus, IOM, Tribhuvan University,  
Kathmandu, Nepal

**10. Dr.Rabi Shakya**

Professor and Head

Department of Psychiatry

Patan Academy of Health Sciences, Nepal

## **ANNEXURE VII**

### **LIST OF EXPERTS FOR VALIDATION OF LANGUAGE (English and Nepali)**

- 1. Dr. BhagwanchandraGnyawali**  
Joint Professor of English and Nepali Language  
Retired from Tribhuvan University, Kathmandu, Nepal
- 2. Dr. Rup Narayan Shrestha**  
Associate Professor of English Language  
Tribhuvan University, Kathmandu, Nepal

## ANNEXURE VIII (English a, b, c)

### Research Tools: Socio-demographic characteristics, clinical proforma and elderly well-being tool

Direction: The researcher will visit the home and fill the questionnaire with senior citizens in their home setting. The family member may or may not accompany during the interview. The researcher will tick the appropriate responses as the respondent verbalized.

Date of Interview:

Respondent's code:

#### Section I: Socio-demographic characteristics

1. Age (in completed years).....
2. Sex:           a) Male           b) Female           c) Any other.....
3. Place of residence: Ward no. .... Municipality:.....
4. Ethnicity:    a) Brahmin/Chhetri           b) Indigenous/Janajati  
                  c) Dalit                           d) Others.....
5. Religion:     a) Hindu           b) Christian       c) Muslim       d) Buddhist  
                  e)Others...
6. Mother tongue:   a) Nepali                           b) Tamang/Gurung   c) Newari  
                  d) Others, specify...  
                  e)
7. Educational status:   a) Illiterate   b) Literate                           c) Primary  
                                  d) Secondary   e) Higher secondary   f) Undergraduate  
                                  g) Post-graduate
8. Total family income per month in rupees:   a) 5,000-10,000  
                                  b) 10,001-20,000   c) 20,001-30000   d) >30,001
9. Types of family:   a) Nuclear   b) Joint           c) Extended
10. Head of the family:   a) Himself/herself   b) Spouse   c) Son/Son-in-law  
                                  d) Daughter-in-law/Daughter  
                                  e)
11. Marital status:   a) Never married   b) Married   c) Widow/widower  
                                  d) Divorced/separated
12. Number of children:   a) 1-2           b) 3-4           c) 5-6   d) More than 6
13. Current living status:   a) Single   b) Only with spouse   c) With family  
                                  d) With relatives
14. Internal migration status:   a) Migrated   b) Non-migrated
15. Current employment status:   a) Service   b) Agriculture   c) Housework  
                                  d)Business   e) Retired   f)Others, specify.....

16. If currently not working, past occupation: a) Agriculture b) Labour  
c) Service d) Business e) Others.....
17. How do you manage your expenses? a) Earning b) Own saving  
c) Social security fund d) Pension e) Support of family f) Others,  
specify.....
18. Type of house: a) Kaccha b) Pakka
19. On which floor of house are you currently residing? a) Ground floor  
b) First floor c) Second floor d). Others specify.....
20. Drinking water supply: a) Municipal corporation b) Well/tube well  
c) Natural resources (river) d) Others, specify.....
21. Commonest means of transport used: a) Public b) Personal
22. Use of toilet: a) Private/own b) Public c) Open field d) Others,  
specify....

## Section II: Clinical Proforma

1. Which health related problems do you have at present? Are you on any treatment? If yes specify details.....

S.N.	Health Related Problems	Disease		Use of Medicine		Place of Health Service
		Yes	No	Yes	No	
1.	Asthma					
2.	COPD					
3.	Malnutrition					
4.	Obesity					
5.	Hypertension					
6.	Heart disease					
7.	Stroke					
8.	Cancer					
9.	Diabetes					
10.	Arthritis					
11.	Sleep problems					
12.	Depression					
13.	Dementia/Parkinson disease					
14.	Urinary problems (infection & incontinence)					
14.	Renal problems					
16.	Gastritis/Ulcer					
17.	Thyroid problem					
18.	Sore at any place in body					
19.	Chronic pain/Backache					
20.	Sexual issues					
21.	Gynaecological problems (discharge, prolapse)					
22.	Digestion related problems					
23.	Tuberculosis (any type)					
24.	Repeated fractures					
25.	Others					

**Details of disease and treatment: (Form, type, mode, duration, complications)**

- 
2. Height- ..... (in cm)  
 3. Weight- .....(in Kg)  
 4. BMI- .....

5. Blood pressure-
6. Temperature-
7. Pulse-
8. Respiration-
9. Breast examination for woman- a) Normal      b) Abnormal,  
specify.....
10. Average Water intake in a day (glass) -
11. General Food eating pattern- a) Four times a day      b) Three times a day c)  
Two times a day d) Once a day
12. Feeling of anorexia-      a) Yes      b) No
13. Following a special diet-      a) Yes      b) No  
If yes, specify.....
14. Fasting habit-      a) Yes      b) No  
If yes, frequency of fasting.....
15. Average Sleeping hour- .....hours during night and ..... hour in day  
time.
16. Regular physical Exercise-      a) Yes      b) No  
If yes, frequency of exercise-      a) Daily      b) Three days a week c) Twice a  
week      d) Once a week
17. Defecation habit -      a) Once a day      b) Twice a day      c) Once in  
2 days      d) Others, Specify.....
18. Regular health check-up-      a) Yes      b) No  
If yes, interval of health check-up-      a) Three monthly      b) Six monthly  
  
c) Yearly      d) Two yearly
19. Any screening test:      a) Yes      b) No  
If yes, specify.....
20. Self-medication without prescription- a) Yes      b) No  
If yes, details of self-medication practice- .....
21. Adverse drug reaction (ADR eg. Drowsiness, lethargy, delirium etc.)-  
a) Yes      b) No  
If yes, details of the reaction.....
22. Presence of any form of physical disability-      a) Yes      b) No  
If yes, details of disability.....
23. Use of any supportive devices or appliances for the disability-      a) Yes b)  
No  
If yes, specify.....
24. Presently sexually active-      a) Yes      b) No
25. Any changes in pattern of sexual activity due to physical changes of ageing-  
a) Yes      b) No  
If yes, specify details.....
26. Leisure time activities- a) Yes      b) No  
If yes, specify.....
27. Substance taking behaviour-      a) Yes      b) No  
If yes, type and frequency ..... (Cigarette, Tobacco,  
Alcohol, Guthkha, Hukka)



### Section III- Elderly Well-Being Scale

Instructions: The interview and form filling process will take around 20-30 minutes. The following statements you are asked to respond by indicating how much you able or unable and agree or disagree with each statement related to physical, psychological, social and spiritual well-being. I will read the statement and your response best describes how you feel about each statement.

#### Physical Well-Being Related Statement

S.N.	Activities of Daily Life	Without help	With some help	Completely unable	Remarks
1.	Walking/Exercising				
2.	Bathing				
3.	Dressing completely				
4.	Grooming				
5.	Toileting				
6.	Transfer in and out of bed/chair				
7.	Feeding				
8.	Control of urine				
9.	Control of stool				
10.	Going for shopping				
	<b>Performing household work</b>				
11.	Opening & closing doors				
12.	Cleaning house				
13.	Climbing stairs				
14.	Garbage disposal				
15.	Preparing food for self				
16.	Washing dishes				
17.	Washing clothes				
18.	Minor house hold repairs				
19.	Maintaining yard				
20.	Taking own medicine correctly				
21.	Managing own money				

## Psychological Well-Being Related Statement

Response description: SA- Strongly Agree MA- Moderately Agree  
 A- Agree D- Disagree MD- Moderately Disagree SD- Strongly Disagree

S. N.	Statement	SA	MA	A	D	MD	SD
1.	I can communicate the situation and problems.						
2.	I feel like I always have stress/mental tension.						
3.	I know how to solve my problems.						
4.	I am overwhelmed when I have personal difficulties and problems.						
5.	I feel my mood do not change suddenly.						
6.	In general, I feel confident and positive about myself.						
7.	Maintaining close relationships has been difficult and frustrating for me.						
8.	Most people see me as loving and affectionate.						
9.	I think, I have lack of purpose in my life.						
10.	I often feel lonely because I have a few close friends with whom to share my concerns.						
11.	When I look at the story of my life, I am pleased with how things have turned out.						
12.	I love to share my opinion without hesitation/fear.						
13.	My daily activities often seem trivial and unimportant to me.						
14.	I am quite good for managing the responsibilities of my life.						
15.	For me, life has been a continuous process of learning, changing, and growth.						
16.	I enjoy making plans for the future and working to make them a reality.						
17.	I like most aspects of my personality.						
18.	I feel I am in-charge of the situation in which I live.						
19.	In many ways, I feel disappointed about my achievement in life.						
20.	I am oriented to time, place and person.						
21.	I love remembering recent and past events and experiences.						
22.	I feel I am protected and safe in all aspects.						
23.	I can understand my abilities and difficulties.						

## Social Well-Being Related Statement

Response description:      SA- Strongly Agree    MA- Moderately Agree  
 A- Agree    D- Disagree      MD- Moderately Disagree    SD- Strongly Disagree

S.N.	Statement	SA	MA	A	D	MD	SD
1.	I have good relationship with my neighbors.						
2.	I often give and receive help from neighbors/ relatives.						
3.	I like to participate in social activities like celebration, marriage.						
4.	I have close friends in the neighborhood/society.						
5.	I like having children around.						
6.	I like participation in social gathering.						
7.	I love sharing my experiences with others.						
8.	I feel that I am living with dignity even if I am elder.						
9.	I prefer to have regular meeting of elderly in own locality.						
10.	I feel that serving to society gives me satisfaction.						
11.	I love to make new friends.						
12.	I have not experienced any problem while joining in social activities.						
13.	I think peoples gathering is just a crowd, not good for society.						
14.	I don't care any invitation for the social function.						
15.	I think people only want to share the pain but not happiness.						

## Spiritual Well-Being Related Statement

Response description: SA- Strongly Agree MA- Moderately Agree  
 A- Agree D- Disagree MD- Moderately Disagree SD- Strongly Disagree

S.N.	Statement	SA	MA	A	D	MD	SD
1.	I often worship to God as my religion.						
2.	Prayer is an important part of my life.						
3.	I love to participate in religious activities: Puja, Bhajan						
4.	I find meaning and purpose in my life.						
5.	Expressing religious views/ideas provides satisfaction.						
6.	I am able to receive and give love to others.						
7.	I have faith in supreme.						
8.	God has little meaning in my life.						
9.	I feel very peaceful in the temple/church/mosque.						
10.	I think that everything will happen as per God's choice eg. losing a promotion or getting a minor accident.						
11.	I find it hard to forgive others.						
12.	I feel I am living peacefully without affecting by external environment.						
13.	I always remember the God but not only on stressful events.						
14.	I feel must fulfilled when I'm in close communication with God.						
15.	I accept my life situation.						

## ANNEXURE VIII (English d)

### WHOQOL-BREF

#### Instructions

The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. Please choose the answer that appears most appropriate. If you are unaware about which response to give to a question, the first response you think of is often the best one. Please answer all the questions.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks.

		Very Poor	Poor	Neither poor nor good	Good	Very good
1 (G1)	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2 (G4)	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4 (F11.3)	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5 (F4.1)	How much do you enjoy life?	1	2	3	4	5
6 (F24.2)	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7 (F5.3)	How well are you able to concentrate?	1	2	3	4	5
8 (F16.1)	How safe do you feel in your daily life?	1	2	3	4	5
9 (F22.1)	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
10 (F2.1)	Do you have enough energy for everyday life?	1	2	3	4	5
11 (F7.1)	Are you able to accept your bodily appearance?	1	2	3	4	5
12 (F18.1)	Have you enough money to meet your needs?	1	2	3	4	5
13 (F20.1)	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14 (F21.1)	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very Poor	Poor	Neither poor nor good	Good	Very good
15 (F9.1)	How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16 (F3.3)	How satisfied are you with your sleep?	1	2	3	4	5

17 (F10.3)	How satisfied are you with your ability to perform your daily activities?	1	2	3	4	5
18 (F12.4)	How satisfied are you with your capacity for work?	1	2	3	4	5
19 (F6.3)	How satisfied are you with yourself?	1	2	3	4	5
20 (F13.3)	How satisfied are you with your personal relationships?	1	2	3	4	5
21 (F15.3)	How satisfied are you with your sex life?	1	2	3	4	5
22 (F14.4)	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23 (F17.3)	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24 (F19.3)	How satisfied are you with your access to health services?	1	2	3	4	5
25 (F23.3)	How satisfied are you with your transport?	1	2	3	4	5

The following questions refers to how often you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
26 (F8.1)	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Do you have any comments about the assessment?

.....  
.....

**THANK YOU FOR YOUR HELP**



## ANNEXURE VIII (Nepali a, b, c)

वृद्धवृद्धाहरूको स्वस्थता तथा जीवनस्तरको अध्ययन बारेमा प्रश्नावली

निर्देशन : शोधकर्ताले वृद्धवृद्धाहरूको घर भ्रमणगरी वहाँहरूको घरमा वहाँहरूसँग अन्तर्वार्ता गरी प्रश्नावली भर्नेछन् । अन्तर्वार्ताको समयमा वहाँहरूको परिवारको सदस्य बस्न वा नबस्न पनि सक्नेछन् । वृद्धवृद्धाहरूले भन्नु भएको उत्तरमा शोधकर्ताले टिक (√) लगाउने छन् ।

अन्तर्वार्ताको मिति : २०७ / /

सहभागीको पहिचान नम्बर :

### भाग १ - व्यक्तिगत विवरण

१. उमेर (पूरा भएको वर्ष) .....
२. लिंग : क) पुरुष  ख) महिला  ग. अन्य..
३. बसोबास गरेको स्थान : वडा नं. .... गाउँपालिका .....
४. जाति : क) ब्राह्मण/क्षेत्री  ख) जनजाति   
ग) दलित  घ) अन्य  .....
५. धर्म : क) हिन्दू  ख) इसाई   
ग) मुसलमान  घ) बौद्ध  ड) अन्य  ....
६. मातृभाषा : क) नेपाली  ख) तामाङ/गुरुङ   
ग) नेवारी  घ) अन्य  .....
७. शैक्षिक स्थिति : क) निरक्षर  ख) साक्षरमात्र   
ग) प्राथमिक  घ) माध्यमिक   
ड) उच्चमाध्यमिक  च) उत्तर स्नातक
८. मासिक पारिवारिक आम्दानी (रुपैयाँमा) :  
क) पाँचहजार देखि दशहजार  ख) दशहजार एक देखि बीसहजार   
ग) बीसहजार एक देखि तीसहजार  घ) तीसहजार एक भन्दा माथि
९. पारिवारिक प्रकार : क) एकल परिवार  ख) संयुक्त परिवार   
ग) मिश्रित परिवार

१०. परिवारको मुली :

क) वहाँ आफैँ/ उनी आफैँ  ख) जीवनसाथी

ग) छोरा/ज्वाई  घ) बुहारी/छोरी

११. वैवाहिक स्थिति :

क) अविवाहित  ख) विवाहित

ग) विधुर/विधुवा  घ) सम्बन्ध विच्छेद वा अलग बसोवास

१२. बच्चाहरूको संख्या : क) १ - २  ख) ३ - ४

ग) ५ - ६  घ) ६ जना भन्दा धेरै

१३. हाल बसोवासको स्थिति : क) एकै  ख) जीवन साथीमात्र

ग) परिवारसँग  घ) आफन्तसँग

१४. बसाइसराइको अवस्था :

क) बसाइसरी आएको  ख) पहिला देखि यही ठाउँको (बसाइ नसरेको)

१५. हाल रोजगारीको अवस्था : क) जागिर  ख) कृषि

ग) घरायसी काम  घ) व्यापार

ड) सेवा निवृत्त  च) अन्य.....

१६. हाल कार्यरत नभएको भए, विगतको पेशा :

क) कृषि  ख) ज्यालादारी

ग) जागिर  घ) व्यापार  ड) अन्य.....

१७. व्यक्तिगत खर्च कसरी व्यवस्थापन गर्नुहुन्छ ?

क) जागिर/कमाई  ख) आफ्नै बचत

ग) सामाजिक सुरक्षा कोष  घ) पेन्सन  ड) पारिवारिक सहयोग

च) अन्य.....

१८. घरको प्रकार : क) कच्चा  ख) पक्का

१९. हाल घरको कुन तल्लामा बस्नुहुन्छ ?

क) भूइतल्ला  ख) पहिलो तल्ला

ग) दोस्रो तल्ला  घ) अन्य तल्ला.....

२०. पिउने पानीको वितरण :

क) गाउँ वा नगरपालिका अन्तर्गतको खानेपानी संस्थान  ख) इनार/हातेकल

ग) प्राकृतिक स्रोत (नदी/पोखरी/मूल)

घ) अन्य.....

२१. प्राय प्रयोग गरिने यातायातको साधन :

क) सार्वजनिक साधन

ख) व्यक्तिगत साधन

२२. चर्पीको प्रयोग :

क) निजी/व्यक्तिगत

ख) सार्वजनिक

ग) खुल्ला मैदान

घ) अन्य.....

भाग २ - क्लिनिकल प्रोफार्मा

१. हाल तपाईंमा तलका मध्ये कुन कुन स्वास्थ्य सम्बन्धी समस्या छन् ? के तपाईं कुनै उपचार अन्तर्गत हुनुहुन्छ ? यदि हुनुहुन्छ भने उपचारको बारे विस्तृत बताउनुहोस ।

क्र.सं.	स्वास्थ्य सम्बन्धी समस्याहरू	रोग		औषधी प्रयोग		स्वास्थ्य सेवा दिने ठाउँ
		छ	छैन	छ	छैन	
१.	दम					
२.	श्वसनलीको समस्या					
३.	कुपोषण					
४.	मेटोपना					
५.	उच्चरक्तचाप					
६.	मुटुको रोग					
७.	मस्तिष्क झड्का					
८.	क्यान्सर					
९.	मधुमेह					
१०.	गठिया					
११.	निन्द्राको समस्या					
१२.	उदासीपन					
१३.	विसर्ने रोग/पार्किन्सन रोग					
१४.	पिसाव सम्बन्धी समस्या ( संक्रमण/चुहिने समस्या)					
१५.	मृगौला सम्बन्धी समस्या					
१६.	ग्यास्ट्राइटिस/अल्सर					
१७.	हर्मोन सम्बन्धी खराबी					
१८.	घाउ खटिरा					
१९.	दीर्घकालीन दुखाइ/कम्मर वा ढाड दुखाइ					
२०.	यौन समस्या					
२१.	स्त्रीरोग समस्या					
२२.	पाचनसम्बन्धी समस्या					
२३.	क्षयरोग (कुनैपनि प्रकारको)					
२४.	दोहोरिएको फ्याक्चर					
२५.	अन्य					

रोग तथा उपचारको विवरण :

.....

३. तौल/वजन ..... कि.ग्रा.
४. वि.एम.आई .....
५. रक्तचाप :
६. शरीरको तापक्रम :
७. नाडीको गति :
८. श्वासप्रश्वास :
९. स्तन जाँच (महिलाको लागि) : क) सामान्य  ख) खराबी
१०. प्रतिदिन औसत पानीको सेवन (गिलास):
११. साधारणतया खाना खाने शैली :
१२. भोक नलाग्ने समस्या : क) छ  ख) छैन
१३. कुनै विशेष खाना (डाइट) अन्तर्गत रहेको : क) छ  ख) छैन
- यदि छ भने पूरा खुलाउनुहोस् .....
१४. ब्रत बस्ने बानी : क) छ  ख) छैन
- यदि छ भने कुन कुन बेला वा कति दिनमा ब्रत बस्नुहुन्छ ?, .....
१५. औसत कति घण्टा सुत्नुहुन्छ ? .....घण्टा रातमा.....दिनमा
१६. नियमित शारिरीक कसरत :
- क) गर्छु  ख) गर्दिन
- यदि गर्नुहुन्छ भने कति समयावधिमा गर्नुहुन्छ ?
- क) दैनिक  ख) हप्तामा तीन दिन
- ग) हप्तामा दुई दिन  घ) हप्तामा एक पटक
१७. दिसा गर्ने बानी :
- क) दिनमा १ पटक  ख) दिनमा २ पटक
- ग) २ दिनमा एक पटक  घ) अन्य .....
१८. नियमित स्वास्थ्य जाँच : क) गराउँछु  ख) गराउँदिन
- यदि गराउँनुहुन्छ भने कति समयको अन्तरालमा गराउनुहुन्छ ?
- क) हरेक तीन महिनामा  ख) हरेक ६ महिनामा
- ग) वर्षैपिच्छे  घ) दुई वर्षमा एकपटक

१९. कुनै रोग पत्ता लगाउने जाँच गराउनु भएको :

क) छ  ख) छैन

यदि छ भने उल्लेख गर्नुहोस्.....

२०. चिकित्सकको सिफारिस बिना आफै औषधी लिने गर्नुभएको छ ?

क) छ  ख) छैन

यदि छ भने विस्तृत उल्लेख गर्नुहोस् .....

२१. औषधीको असाध्यै नकारात्मक असर परेको :

क) छ  ख) छैन

यदि असर परेको छ भने विस्तृत उल्लेख गर्नुहोस् .....

२२. तपाईंमा कुनै प्रकारको शारिरीक अपाङ्गता :

क) छ  ख) छैन

यदि छ भने उक्त अपाङ्गताको विस्तृत उल्लेख गर्नुहोस् .....

२३. आफ्नो अपाङ्गताको लागि कुनै सहयोगी साधनको प्रयोग गर्नुभएको :

क) छ  ख) छैन

यदि छ भने विस्तृत उल्लेख गर्नुहोस् .....

२४. तपाईं हाल यीन क्रियाकलापमा सक्रिय हुनुहुन्छ ?

क) छ  ख) छैन

२५. तपाईंको बढ्दो उमेरको कारणले गर्दा यीन क्रियाकलापमा केही परिवर्तन आएको

महशुस गर्नु भएको छ ?

क) छ  ख) छैन

यदि छ भने विस्तृत उल्लेख गर्नुहोस् .....

२६. फुर्सदको समयमा क्रियाकलाप :

क) गर्छु  ख) गर्दिन

यदि गर्नुहुन्छ भने कस्तो खालको क्रियाकलाप गर्नुहुन्छ उल्लेख गर्नुहोस् .....

२७. रसायनिक पदार्थ लिने बानी :

क) छ  ख) छैन

यदि छ भने कुन प्रकारको तथा दिनमा कति पटक लिनुहुन्छ ? ..... (चुरोट, सुती, रक्सी, गुट्खा)

### भाग ३ - वृद्धवृद्धाहरूको स्वास्थ्यपनको स्केल

निर्देशन : शोधकर्ताले वृद्धवृद्धाहरूसँग अर्त्तवार्ता गर्न र त्यस अनुसारको फारम भर्न करिब २० देखि ३० मिनेट लाग्नेछ । तलका शारीरिक, मानसिक, सामाजिक तथा धार्मिक स्वास्थ्य सम्बन्धी वाक्यहरू तपाईंलाई सोधिनेछ र त्यसमा तपाईं कार्य गर्न कति सक्षम वा असक्षम हुनुहुन्छ अथवा उक्त वाक्यप्रति कति सहमत वा असहमत हुनुहुन्छ उल्लेख गर्नुपर्नेछ । अनुसन्धानकर्ताले वाक्य पढेर सुनाउनेछन् र तपाईंको उत्तरले तपाईं कस्तो महशुस गर्नुहुन्छ भन्ने बताउँछ ।

#### शारीरिक स्वास्थ्यपन सम्बन्धी भनाई/वाक्यहरू

क्र.सं.	दैनिक जीवनका क्रियाकलापहरू	सहयोग बिना गर्नु	केही सहयोगका साथ गर्नु	केही गर्न सकिदैन	पुनश्च
१.	हिड्ने वा कसरत गर्ने				
२.	नुहाउने				
३.	कपडा फेर्ने				
४.	सौन्दर्य बनाइराख्ने				
५.	दिसा पिसाव गर्न जानसक्ने				
६.	ओछ्यानमा जान आउन सक्ने				
७.	खाना खान सक्ने				
८.	पिसावको नियन्त्रण गर्न सक्ने				
९.	दिसाको नियन्त्रण गर्न सक्ने				
१०.	किनमेल गर्नको लागि पसल जान आउन सक्ने				
११.	निम्न घरायसी कामहरू गर्न सक्ने ढोका खोल्न तथा बन्द गर्न				
१२.	घर सफा गर्न				
१३.	भन्डो चढ्न				
१४.	फोहोर व्यवस्थापन गर्न				
१५.	आफ्नो लागि खाना तयार गर्न				
१६.	भाँडा माज्नु				
१७.	कपडा धुनु				
१८.	घरमा सामान्य विग्रेको मर्मत गर्न				
१९.	आँगन व्यवस्थापन				
२०.	आफ्नो औषधीको सही सेवन				
२१.	आफ्नो पैसाको सही व्यवस्थापन				

मानसिक स्वास्थ्य सम्बन्धि भनाइ

उत्तरको व्याख्या :

अ.स. : असाध्यै सहमत      ठि.स. : ठिकक सहमत      स. : सहमत      अस. :

असहमत      ठि.अस. : ठिकक असहमत      अ.अस. : असाध्यै असहमत

क्र.सं.	वाक्यहरू	अ.स.	ठि.स.	स.	अस.	ठि.अस.	अ.अस.
१.	म परिस्थिति तथा समस्याहरू बुझ्न तथा संचार गर्न सक्छु						
२.	मलाई यस्तो लाग्छ कि म सधै तनाव वा मानसिक चिन्तामा हुन्छु ।						
३.	मेरो समस्याको समाधान कसरी गर्ने भन्नेबारे मलाई थाहा छ ।						
४.	मलाई व्यक्तिगत असहजता तथा समस्याहरू भएका बेला म अभिभूत (भावविहल) हुन्छु ।						
५.	मेरो मन एक्कासी परिवर्तन हुँदैन जस्तो मलाई लाग्छ ।						
६.	साधारणतया म मेरो बारेमा सकारात्मक र आत्म विश्वासी छु ।						
७.	नजिकको सम्बन्ध कायम राख्नु मेरो लागि गाह्रो तथा निराशाजनक भएको छ ।						
८.	धेरै मानिसहरू मलाई प्यारो तथा मायालु व्यक्तिको रूपमा हेर्छन् ।						
९.	मेरो विचारमा मेरो जीवन्तीको उद्देश्य नै छैन						



१०.	म प्रायः गरी एक्लो महशुस गर्छु किनकी मेरा कुराहरू साटासाट गर्न आत्मीय साथीहरू धेरै कम छन् ।						
११.	मेरो जिन्दगीको कथालाई हेर्दा भएका घटनाक्रम वा कार्यसँग म खुसी छु ।						
१२.	मेरा भावना, विचारहरू विना डर वा हिचकिचावट अरुसँग भल्न म मनपराउँछु ।						
१३.	मलाई मेरा दैनिक क्रियाकलापहरू महत्वहीन र तुच्छ लाग्छ ।						
१४.	मेरा जिन्दगीका जिम्मेवारीहरू व्यवस्थापन गर्न म असाध्यै सक्षम छु ।						
१५.	मेरा लागि जिन्दगी सिकाई, परिवर्तन र वृद्धिको निरन्तर प्रक्रिया भएको छ ।						
१६.	म भविष्यको लागि योजना बनाउन र त्यसलाई पूरा गर्ने तर्फ काम गर्न आनन्द मान्छु ।						
१७.	मेरो व्यक्तित्वको धेरै जसो पक्ष मलाई मनपर्छ ।						
१८.	म बाँचिरहेको परिस्थितिको प्रमुख म आफैं हो जस्तो लाग्छ ।						
१९.	मेरा जिन्दगीका उपलब्धिहरू प्रति धेरै कुरामा म निराश छु ।						

२०.	म समय, स्थान र व्यक्ति प्रति सचेत छु वा पहिचान गर्छु ।						
२१.	म परिवर्तन र विगतका घटना तथा अनुभवहरू सम्झन मनपराउँछु ।						
२२.	म सम्पूर्ण क्षेत्रबाट सुरक्षित र संरक्षित भएको अनुभव गर्छु ।						
२३.	मेरो विचारमा म आफ्ना क्षमता र अप्प्याराहरू बुझ्न सक्छु ।						

#### सामाजिक स्वास्थ्यपन सम्बन्धि भनाइ

क्र.सं.	वाक्यहरू	अ.स.	ठि.स.	स.	अस.	ठि.अस.	अ.अस.
१.	मेरो छिमेकीहरूसँग राम्रो सम्बन्ध छ ।						
२.	म प्रायः आफन्त र छिमेकीहरूबाट सहयोगको लेनदेन गर्छु ।						
३.	मलाई सामाजिक क्रियाकलापमा सहभागि हुन मन लाग्दैन जस्तै : विवाह, अन्य समारोहमा ।						
४.	मेरो समाजमा/छिमेकमा मिल्ने साथीहरू छन् ।						
५.	मलाई नातिनातीनीको हेरचाह गर्न मनपर्छ ।						
६.	सामाजिक संघसंस्थामा (आमा समूह, टोल सुधार समिति) सहभागिताले व्यक्तिलाई सक्रिय						

	तथा जिम्मेवार बनाउँछ ।						
७.	मलाई जबानमानिसहरूले अनुरोध गर्दा आफ्ना विचार र अनुभवहरू बताउन मनपर्छ ।						
८.	समाजमा म वृद्ध वा वृद्धा हुनुको कारणले इज्जतका साथ जिउनमा कुनै समस्या महशुस गरेको छैन ।						
९.	मेरो आफ्नो इलाका/क्षेत्रमा वृद्धवृद्धाहरूको मिटिङ्ग/भेटघाट नियमित रूपमा होस भन्ने चाँहन्छु ।						
१०.	समाजसेवा गर्नले सन्तुष्टि मिल्छ भन्ने मलाई लाग्छ ।						
११.	मलाई प्राय गरी नयाँ साथी बनाउन मनपर्छ र बनाउँछु ।						
१२.	सामाजिक क्रियाकलापमा सहभागी हुँदा मैले कुनै समस्या भोग्नुपरेको छैन ।						
१३.	मेरो विचारमा मानिसको जमघट एउटा भिड मात्र हो, यो समाजको लागि राम्रो होइन ।						
१४.	सामाजिक कार्यको निम्ताप्रति मलाई वास्ता लाग्दैन ।						
१५.	मेरो विचारमा मानिसहरू दुःख पीडा मात्र सुनाउन रुचाउँछन्, तर खुशी सुनाउन रुचाउँदैनन् ।						

धार्मिक स्वास्थ्यपन सम्बन्धी भनाई

क्र.सं.	वाक्यहरू	अ.स.	ठि.स.	स.	अस.	ठि.अस.	अ.अस.
१.	म प्रायः मेरो धर्म अनुसार भगवानको पूजा आराधना गर्छु ।						
२.	प्रार्थना मेरो जिन्दगीको महत्वपूर्ण भाग हो ।						
३.	म भजन, पूजा जस्ता धार्मिक क्रियाकलापमा सहभागि हुन मन पराउँछु ।						
४.	म आफ्नो जिन्दगीको अर्थ र उद्देश्य पाउँदछु ।						
५.	धार्मिक विचार तथा दृष्टिकोण व्यक्त गर्नले सन्तुष्टि प्रदान गर्दछ ।						
६.	म अरुलाई माया गर्न र अरुबाट माया प्राप्त गर्न सक्षम छु ।						
७.	म देवी शक्तिमा विश्वास गर्छु ।						
८.	मेरो जिन्दगीमा भगवानको थोरै मात्र अर्थ छ ।						
९.	म मन्दिरमा एकदमै शान्ति महशुस गर्छु ।						
१०.	मेरो विचारमा हरेक घटना भगवानको इच्छाअनुसार हुनेछ जस्तै: जागिरमा बढ्दा नहुनु, सामान्य दुर्घटना हुन् ।						
११.	अरुलाई माफ गर्न मेरो लागि एकदम गाह्रो पर्छ ।						
१२.	मलाई शान्तिपूर्वक जिउनमा						

	वाहिरी वातावरणले असर नपारी शान्तपूर्वक वाचिरहेको महशुस गर्छु ।						
१३.	म चिन्तापूर्ण घटनाको बेलामा मात्र होइन कि सधैरै भगवानलाई सम्झिरहन्छु ।						
१४.	म भगवानसँग आन्तरिक संचारमा रहँदा एकदमै पूर्णता महशुस गर्छु ।						
१५.	मेरा जिन्दगीका परिस्थितिरूलाई म स्विकार्छु ।						

आफ्नो अमूल्य समय दिनु भएकोमा धन्यवाद ।

## ANNEXURE VIII (Nepali d)

संकेत नम्बर

### WHO-QoL BREF

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#### निर्देशन

यस प्रश्नावलीमा तपाईंको गुणस्तरीय जीवन, स्वास्थ्य वा जीवनको अन्य क्षेत्रहरूको अनुभव वारेमा प्रश्नहरू राखिएका छन् । कृपया सबै प्रश्नहरूको उत्तर दिनु होला । यदि प्रश्नको उत्तर दिन निश्चित गर्न नसकेमा कृपया, एउटा सबभन्दा उचित उत्तर छान्नुहोला । यसलाई नै तपाईंको पहिलो उत्तर मान्न सकिन्छ । यो प्रायशः तपाईंको मनमा लागेको पहिलो उत्तर हुन सक्छ ।

कृपया तपाईंको मापदण्ड, आशा, सुख एवं चिन्ताको ख्याल राख्नुहोला । हामी तपाईंलाई विगत दुई हप्ताको जीवनको वारेमा सोच्न अनुरोध गर्दछौं । उदाहरणको लागि, विगत दुई हप्तालाई सोच्नुहोस्, प्रश्न यस्तो हुन सक्छ ।

	तपाईंलाई आवश्यक परेको बेलामा चाहे अनुसार अरुवाट सहारा प्राप्त भएको छ ?	कहिले पनि छैन	अलिकति	मध्यम	धेरै	पूरा
		१	२	३	४	५

विगत दुई हप्तामा तपाईंले प्राप्त गर्नु भएको सहयोग अनुसार उचित नम्बरमा गोलो चिन्ह लगाउनु पर्ने हुन्छ । यदि तपाईंलाई अरुवाट धेरै नै सहयोग प्राप्त गर्नु भएको छ भने नम्बर ५ मा गोलो चिन्ह लगाउन भन्नुहोस् ।

	के तपाईंलाई अरुवाट त्यस प्रकारको सहारा प्राप्त भएको छ जुन तपाईंलाई आवश्यक छ ?	कहिले पनि छैन	अलिकति	मध्यम	धेरै	पूरा
		१	२	३	४	५

यदि तपाईंले विगत दुई हप्तामा कुनै पनि सहयोग अरुवाट प्राप्त गर्नु भएको छैन भने नम्बर १ मा गोलो लगाउन भन्नुहोस् ।

कृपया तलका प्रश्नहरू ध्यान पूर्वक सुन्नु होला र आफ्नो अनुभूति लेखाजोखा गरी सबभन्दा उचित नम्बरमा गोलो चिन्ह लगाउन भन्नुहोस् ।

१ (G1)	तपाईं समग्रमा आफ्नो जीवनको मूल्यांकन कसरी गर्नुहुन्छ ?	अति खराब	खराब	तटस्थ	राम्रो	अति राम्रो
		१	२	३	४	५

२ (G4)	तपाईं आफ्नो स्वास्थ्यवारे कतिको सन्तुष्ट हुनुहुन्छ ?	एकदम असन्तुष्ट	असन्तुष्ट	तटस्थ	सन्तुष्ट	अति सन्तुष्ट
		१	२	३	४	५

अवका प्रश्नहरु विगत दुई हप्ता भित्रमा तपाईंले गर्नुभएको अनुभवको बारेमा छ ।

३ (F1.4)	तपाईंले आवश्यकता अनुसार काम गर्नको लागि शारीरिक कष्टको कारणले कति हदसम्म बन्धित हुनु परेको अनुभव गर्नु भएको छ ?	कहिले पनि छैन	अलिकति	मध्यम	धेरै	पूरा
		१	२	३	४	५
४ (F11.3)	तपाईंलाई दैनिक जीवन सञ्चालन गर्नको लागि कुनै पनि स्वास्थ्य उपचारको कतिको आवश्यक पर्दछ ?	१	२	३	४	५
५ (F4.1)	तपाईं जीवनमा कति आनन्द लिनु हुनु हुन्छ ?	१	२	३	४	५
६ (F24.1)	तपाईंले कति हदसम्म जीवन अर्थपूर्ण अनुभूति गर्नु भएको छ ?	१	२	३	४	५

७ (F5.3)	तपाईं कति राम्रोसंग एकाग्र हुन सक्नुहुन्छ ?	कहिले पनि छैन	अलिकति	मध्यम	धेरै	पूरा
		१	२	३	४	५
८ (F16.1)	तपाईं दैनिक जीवनमा कतिको सुरक्षित महसूस गर्नु हुन्छ ?	१	२	३	४	५
९ (F22.1)	तपाईंको भौतिक वातावरण कतिको स्वस्थकर छ ?	१	२	३	४	५

अवका प्रश्नहरु विगत २ हप्ताभित्रमा तपाईंले गर्नुभएका कामहरुको बारेमा तपाईंको पूर्णरूपमा अनुभवको बारेमा छ ।

		कति पनि छैन	अलिकति	मध्यम	धेरै	पूर्णतया
१० (F2.1)	के दैनिक जीवन कार्य सञ्चालनको लागि तपाईंसँग प्रशस्त स्फूर्ति छ ?	१	२	३	४	५
११ (F7.1)	के तपाईंले आफ्नो शारीरिक बनावटलाई स्वीकार गर्नु हुन्छ ?	१	२	३	४	५
१२ (F18.1)	के तपाईंसँग आफ्नो आवश्यकता परिपूर्ति गर्न प्रशस्त पैसा छ ?	१	२	३	४	५

१३ (F20.1)	तपाईंलाई दैनिक जीवनको लागि आवश्यक पर्ने जानकारी कतिहदसम्म उपलब्ध छ ?	१	२	३	४	५
१४ (F21.1)	फुर्सदको समयमा गर्ने गतिविधिको लागि तपाईंलाई कति हदसम्म अवसर मिलेको छ ?	१	२	३	४	५

१५ (F9.1)	तपाईं यताउता घुमफिर गर्न कतिको सक्षम हुनु हुन्छ ?	साढै खराब	खराब	तथष्ट	राम्रो	अति राम्रो
		१	२	३	४	५

अबका प्रश्नहरु विगत दुई हप्तामा तपाईंले जीवनको विभिन्न पक्षहरुमा महसुस गर्नु भएको राम्रो वा संतुष्टिका बारेमा छन् ।

		एकदम असन्तुष्ट	असन्तुष्ट	तटस्थ	सन्तुष्ट	अति सन्तुष्ट
१६ (F3.3)	तपाईं आफ्नो निन्द्रासंग कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५
१७ (F10.3)	दैनिक जीवन यापन गर्नको लागि तपाईंको आफ्नो क्षमता प्रति कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५
१८ (F12.4)	तपाईं आफ्नो कार्य क्षमताप्रति कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५
१९ (F6.3)	तपाईं आफूप्रति कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५
२० (F13.3)	आफ्नो व्यक्तिगत सम्बन्धहरु संग तपाईं कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५
२१ (F15.3)	आफ्नो यौन जीवनसंग तपाईं कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५
२२ (F14.4)	आफ्नो साथीहरुबाट पाएको सहारा प्रति तपाईं कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५
२३ (F17.3)	बस्नुभएको ठाउँको अवस्था प्रति तपाईं कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५
२४ (F19.3)	स्वास्थ्य सेवाको पहुँच प्रति तपाईं कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५



२५ (F23.3)	आफनो यातायात साधन प्रति तपाईं कतिको सन्तुष्ट हुनुहुन्छ ?	१	२	३	४	५
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अबको प्रश्नहरू विगत दुई हप्तामा तपाईंले कुनै चीजको कति पटक अनुभव वा अनुभूति गर्नु भएको भन्ने बारेमा छ ।

		कहिले पनि छैन	कहिलेकाही	अक्सर	धेरै चोटि	सधैं
२६ (F8.1)	तपाईंले नकारात्मक भावना जस्तै दुखी मन, निराशा, दिक्दारी र उदास कतिको महसूस गर्नुभएको छ ?	१	२	३	४	५

माथि सोधिएका प्रश्नावलीहरूका बारेमा तपाईंको केही जिज्ञासा छ ?

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तपाईंको सहयोगको लागि धन्यवाद ।

## ANNEXURE IX (a)

### Comprehensive Nursing Interventions (CNIs) for Senior Citizens

**Definition:** Comprehensive nursing care is a way of providing holistic nursing care focusing on psychology, minimizing physical discomforts and suffering, and promoting satisfaction of life through physical, social, psychological and spiritual interaction. The intervention comprises physical, mental and social activities and health education in structured way. It includes individual and group activities and interactions. The selected activities are simple and comfortable, suitable for senior citizens.

#### Purpose of Comprehensive Nursing Interventions

- To promote the well-being and improve quality of life of senior citizens.

#### Content Details of Comprehensive Nursing Interventions

1. **Silence:** It is a source of great strength "by Lao Tzu". Keeping quiet in silent environment has many benefits. It is good for overall physical health and well-being (decrease stress, relieves tension in the body and brain, lower blood pressure, boost body's immune system, promote hormonal regulation and arterial function by preventing plaque formation). On the other hand, it promotes psychological and emotional benefits (increase awareness of self and immediate environment, improve creativity and reflection, improve sleep quality). Senior citizens come from their work, home and relationships to the intervention session on fixed time. So, they need few minutes to collect and concentrate on themselves.

2. **Sharing about Perception of Elderly and Their Own Experience:**

The perception of elderly is quite individual and it may change between time periods. It may be affected by social system and culture. Finding their perception about elderly might be helpful in managing elderly issues and promoting their quality of life. It is conducted as group interaction by individual sharing. It is like an opportunities to share personal problems and difficulties with similar aged friends which helps to feel relax, to ask for help and to cope with problems.

#### Ventilation of their own elderly experiences helps

- To reassure them for prevention and management of the bitter experiences or problems.
- To get support from group member and to provide support to others as needed.
- To release accumulated stress and anger.
- To understand different types of situations and relationships of senior citizens.
- To promote their health and relationships with friends and families.

### **Objectives of the interaction/Sharing**

- To reduce stress by ventilation.
- To make them capable for asking help when needed.
- To learn coping skills and strategies.
- To promote quality of life of senior people.

### **Ground rules of the interactions**

- Sit in a circular position.
- Keep mobile in vibration mode.
- Share experience without hesitation.
- One person sharing at a time.
- Respect other turn and sharing.
- No side talk during other's sharing.

**-Presentation/sharing by the senior citizens.**

**-Summarization of the interaction and experiences.**

### **3. Glands and Joints Exercise**

This exercise is done in a flow starting gently from head moving down towards the toes. Any people can practice irrespective of their age, level of experience, physical strength and even person with limited mobility. The senior people with limited mobility can also perform this exercise. This exercise was founded by late Swami Rama as a traditional way of moving various parts of the body. The gentle movements work on deeper tissue of the joints and muscles improving the flexibility of deeper tissues like tendons, ligaments and fascia thereby restoring innate spirit through stress reduction.

The focus of this exercise is opening the joints and glands throughout the body. The glands are related to immune system of the body. The movement of glands prevent the diseases by cleaning them.

### **Common Benefits of Glands and Joints Exercise**

- Improves range of motion of the joints reducing stiffness.
- Improves stability and balance with improved strength of the joints.
- Maintain better health with stimulated glands.
- Improves blood circulation throughout the body.
- Improves lymphatic system ability to cleanse.

- Improves posture with strong and flexible limbs.
- Restore natural vitality.
- Rejuvenate/refresh body and mind with guided relaxation.

## **Selected Joints and Glands Exercises for Senior Citizens**

### **Instructions**

#### **a. Forehead and sinus massage**

- Sitting in crossed leg position comfortably with straight head, neck and trunk. Make a loose fist with both hands, the thumb against the forehead between the two eyebrows.
- Massage the forehead with the thumbs by working up and out with a stroking motion. Follow the bony structure around the eyes and continue out across the temples.
- Next, place the side of the thumbs on the face just below the eyes and next to the nose, one on each side.
- Make the same motions moving outwards across the face and temples.
- Open the handle, using the underside of the thumb, gently slide the thumb across the upper rim of the eye sockets towards the temples.
- Likewise, massage the index fingers the lower rim of the eye sockets towards the temples.
- **All movements begin at the center of the face and move outwards.**
- It pushes away all the tension of the face, forehead and temples; smooth away any wrinkles on the forehead.

#### **b. Eye exercise: Keep the head stationary with relaxed facial muscles.**

- Relax the eyes by gentle closing them for several seconds after each variation.
- Perform all eye exercises three times in each direction.
- Start with the eyes straight forward, slowly turns to the left as far as possible, feel the stretch in the eye muscles, slowly comeback to forward position then to the right side in the same manner. Maintain balance on technique and time on both side. Look to the upper left hand corner, bring to forward position and lower right hand corner. First look downward, then start eyes rolling in a clockwise motion making a complete circle. Then reverse the process in a counter-clockwise direction. Remember for slow and free from jerk movements. Relax by closing eyes.

#### **c. Neck Exercise: sit with the head, neck and trunk straight, facing forward. Remember not to move the shoulder. Only the neck and head should move.**

##### **Forward and Backward Bend**

- Exhale slowly, bringing the head forward, tucking the chin towards the chest. Feel the stretch of the muscles in the back of the neck. Inhale slowly, lifting the head up and back, stretching the muscle of the front of the neck. With an exhalation, slowly return to the forward position.

##### **Chin over shoulder**

With an exhalation, turn the head as far to the left as possible and try to bring the chin in line with the shoulder. Inhale and bring the head back to the forward position. Repeat in the same manner on the right side for three times.

##### **Ear to shoulder**

With an exhalation, bring the left ear towards the left shoulder. Inhale, comeback to the center. Exhaling, bring the right ear towards the right shoulder.

Again inhale, come back to the center and relax.

Remember, only the head and neck should move. The shoulder should not be raised to meet the ear.

**d. Shoulder lifts**

For tension and relaxation of shoulder muscles. Position: standing with the arm hanging loosely at the sides.

Slowly tense, lift the left shoulder up trying to touch it to the left ear (No movement of head). Relax and drop the shoulder. Do the same for right shoulder.

Then very slowly raise both shoulders as high as you can. Hold for a few seconds and then very slowly relax the shoulders completely.

- Rotation with shoulder: stand with the arms hanging loosely at the sides. Begin to rotate the left shoulder in a complete circle (forward, center of chest and towards the ear. Rotate three times in this direction and then reverse. Do the same for the right shoulder and then with both shoulder together.

**e. Rotation with hands to shoulder**

Stand firm with the arms extended out in front of you at chest height.

Turn the palms up. The shoulders should be relaxed. Begin to rotate the shoulders, first forward and up. Raise the arms high over the head with the palms facing back, and then back and down. Relax the arms at the elbows and let the fingers descend towards the touch the shoulders.

**f. Dancing knees**

Stand with the feet spread slightly. Tense and lift all the muscles of the thigh and around the left knee cap, raising the knee cap. Relax and let it fall back in to place. Alternate with left and right knees.

**g. Ankle and feet**

Stand erect with the hands on the waist. Keep the left leg straight and lift in 6 inches off the floor. Bending at the ankle, lift the foot up, pointing the toes toward the ceiling.

Relax the foot. Then point the toes downward as far as possible. Then relax the foot.

Turn the foot and ankle to the left, pointing the toes as far to the side, then return to center. Turn the foot in, pointing the toes towards the right. Bring it back to the center position.

Rotate three times in each direction.

Bring the foot back to the floor. Relax completely in a standing position.

Repeat the same movements with the right foot.

#### **4. Maintenance of Physical Balance**

Due to mental, sensory and physical loss, like weak muscle and poor co-ordination, the senior citizens may have problem of physical balance. These losses and the aging process make them prone to accidents. The common problems due to altered physical balance are:

Slip, fall, cut injury, road accident etc. When these problems are combined with their chronic diseases or problems, those risk increases more. The ways of maintaining physical balance are:

- Use of cane/walking stick or walker while moving/walking inside and outside the home.
  - Use of shower seats in the bathroom for the prevention of fall.
  - Change the position slowly and carefully like from sleeping to standing and sitting to standing.
  - Wear corrugated or crepe-soled shoes.
  - Wear firm, supportive shoes, not soft slippers.
- If needed, use of hearing aids, wearing glasses all the time and maintaining good lighting especially at night. Or, leave a light on in the bathroom at night. Use of torch light when moving outside the home at night.
- Maintain well-lighted stairways. Use of secured hand rails of the stairs.

#### **5. Concept of Healthy Aging**

Every older people should have the opportunity to live a long and healthy life. Yet, the environments in which they live can favour health or be harmful to it. Healthy ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everybody can experience healthy ageing. Being free of disease or infirmity is not a requirement for healthy ageing, as many older adults have one or more health conditions that, when well controlled, have little influence on their wellbeing. Healthy aging enable older people to remain a resource to their families, communities and economies.

**WHO defines healthy aging as** “the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value”. This includes a person’s ability to:

- Meet their basic needs;
- Learn, grow and make decisions;

- Be mobile;
- Build and maintain relationships; and
- Contribute to society.

## **6. Diaphragmatic Breathing**

### **Instructions**

#### **Depending upon what is most comfortable for you**

-Lie down in Shavasana/supine or sit straight keeping your head, neck, and back bone in one line. Your back should not be bent backside. Keep feet under the knees on the floor.

-Keep your one hand on the upper abdomen, little finger on the navel and thumb between the breasts.

-Keep your another hand on the chest.

-Keep your elbows on the floor or by the side in comfortable position.

-When you inhale, your hand which is on the upper abdomen should come up and when you exhale it should come down. Let the hand on the upper chest be quite as possible.

Breathe through your nose, No jerk, No pause, No sound/noise, using the upper abdomen. **Exhalation and inhalation should be equal in duration.**

## **7. Listening Flute of Nepali Songs**

Enjoying the sweet melody of the flute create soothing effect on mind. It is the great way to feel de-stressed. It improves self-awareness and well-being. It helps to remove emotional blockages and reduce tensions. So it is taken as a mood booster. It has positive effect on memory. So the flute music of the Nepalese songs of their young age is recorded and planned as flute music therapy before ending every session.

## **8. Participating on Group Game (Recreational Activities)**

After telling of purpose of group game, the senior citizens are requested to participate in the game i.e. soft ball. Sit in circle, start passing ball to your friend. A group member who fail to receive the ball is out from the game. The game is continuous for planned time duration.

## **9. Health Education on Health Promotion of Senior Citizens**

Health promotion activities are required for older people. It is a process of enabling older people to improve their health and to control over their conditions. It includes individual, family, social, and environmental interventions there by enhancing quality of life and reduce premature death. The objective of health promotion activities for senior citizens is to meet diverse needs and their interests.

### **General characteristics of old age people**

Changes in physical appearance and physiological functions

Wrinkles and gray hair, reduce body mass but increase fat tissue.

Less total body fluid, so risk for dehydration.

Stature decrease (by 80 years), body shrinkage

Less elasticity of blood vessels, may increase blood pressure in old age

Respiratory muscles weak, and decreased cough reflex.

Slow blood flow and wound healing.

Weaker gag reflex. Diminished quantity of saliva with increased viscosity.

Slower peristalsis and faulty absorption (Vitamins and iron), slower fat absorption.

Decreased urinary bladder capacity and weak muscles.

Prostate enlargement in most men.            Slow down skin repair.

Bone and muscle mass, strength and movements are decreased.

Memory changes, delayed response and change in balance. Reduction in sensory perception.

Decrease output of oestrogen in woman may cause osteoporosis and atherosclerosis.

### **Promotion of nutrition**

Provide small snacks during the day rather than large meals.

Frequent offering the fluid to them may meet fluid needs in non-restricted condition. Thin liquids are potential for choking. So it is better to provide thick fluids as thick as honey.

So the food should be nutritious as possible for elderly to fulfill all the nutrients including vitamins and minerals. Whole and unprocessed foods with high calories and nutrients should be encouraged e.g. nuts, seeds, olive oil, whole grains e.g. brown rice, whole wheat bread, oats and whole grain cereals; fresh fruits and vegetables. Fiber containing foods are: whole grains, vegetables, beans and fruits.

Provide natural sweet foods e.g. fruit, peppers, or yams.



Flavors also help to stimulate appetite e.g. herbs, marinades and sauces. Combining texture of food also increase appetite.

Eating meal in a social event like family gathering help to fulfil nutritional need.

Encourage elderly for healthy snacking or several mini-meals rather than three full meals.

Dental problems like cavities and jaw pains should be managed to enhance nutrition and appetite.

Visiting to nearby grocery or making home deliveries. Maintain food storage by keeping extra food on-hand.

Make supplementation of vitamins carefully to prevent from its toxicity.

Maintain proper position for safe eating and drinking.

Maintain a healthy diet (no too much sugar and junk food).

Maintain record of intake and output (urine) if possible.

### **Modifying Activities and Exercise**

Due to the presence of chronic illness and health-related disabilities, senior citizens may have difficulty in daily living affecting self-care activities. When an inability is progressively increased, they need more assistance from family member or care-giver. Usually they can decide the amount of need of care-giver. The types of disease or problems like heart disease, lung disease, joint disease or disease related to memory decide the severity of self-care deficit and the need of assistance. There is increased need of assistance in the presence of disease affecting memory e.g. Alzheimer's disease, Parkinson's disease and at times, stroke, due to forgetting to perform a task or to complete. During this condition, the help needed mainly for reminding, coaching, ensuring for safety during activity. The self-care issues and their problems in living are quite personal. So the rituals of daily life should be established by involving and informing about strange care-giver to senior citizens. The functional abilities should be assessed periodically to determine current needs and predicting future needs.

Depending upon the ability to perform level of activity of daily living like Basic activities of daily living (BADL), Instrumental/Intermediate activities of daily living (IADL) and Advanced activities of daily living (AADL) , an aged person require support, assistance or care.

Physical activity has powerful mood boosting effects like antidepressants without side-effects.

Exercise can lower cholesterol level. So involve in your activity of daily living and simple exercise regularly.

### **Maintaining sleep hygiene**

- Make a priority to get to bed on time and make a regular schedule of going to bed and getting up, even on weekends to regulate our internal clock.
- Maintain a relaxing environment in the bedroom. Always remember, the bedroom is just for rest but not for other purpose. So use it just to sleep only. Use comfortable bedding e.g. mattress and blanket. The bedroom should not be too hot or too cold, should maintain normal temperature and also well ventilated. The light should be very less e.g. night bulb during sleep. The distracting sound/noise also should be blocked.
- Practice physical activity or exercise regularly to improve health, reduce insomnia, depression and anxiety. It is better to do in the middle of the day or late afternoon to prevent overstimulation at night. It may be daily living activities or physical activities which should be taken as a physical rehabilitation to balance and strengthen the bone. The benefits of exercising regularly far outweigh the risks. Safely performed exercise is helpful to the elderly people with chronic diseases also. So, physical activity affect in elderly's basic functioning, risk of chronic diseases either physical or mental; quality of life and general health status. Therefore physical activity or exercise is helpful to decrease mortality and age-related mortality. The literature have also proved the good effect of regular exercise to improve quality of life. It does not only improved physical function, but also have psychological benefits.
- Be active mentally every day to feel the sense of purpose thereby increasing self-esteem. Developing own interest and getting opportunities to work on wedge or even volunteer helps for better sleep.
- Eat a balanced diet, especially light dinner few hours before bed. Heavy, spicy and sugary foods may cause indigestion and heartburn. Reduce caffeine intake like coffee, tea, chocolate as it will make awake. Avoid alcohol at least before bed, if possible for all time because of its waking up effect as its stimulating completes.
- Maintain a bedtime ritual: reading a book on a dimmed lamp, taking a warm bath before going to bed and listening a soft music will be helpful to feel sleepy.

### **Compliance of treatment and regular follow-up**

The non-compliance of treatment may arise from misunderstanding. So, health teaching should be provided to elderly patient and care takers regarding need and appropriate use of drugs. The medication schedule should be developed for specific time period like week or month. Adverse drug reaction (ADRs) are 7 times more common in the elderly than younger adults. Symptoms of drug reaction in the elderly are often non-specific like dizziness, cognitive impairment, making identification of ARDs difficult.

Once the symptoms of chronic diseases are reduced, the elderly feel that their problems are solved. So, they do not want to go for regular follow-up of their health problem. This is the most important role of doctors and nurses to educate and

motivate them for regular follow-up for effective management of their health problem by preventing complications.

### **Adopting safety measures/preventing fall & injury**

Though the safety and security are the lowest level of psychological needs, they are major concern for elderly. They want to be safe both physically and emotionally. Safety needs are greatest one for older people. Older people are at risk for slip, fall, injury and accident due to muscle tone/strength loss, sensory loss as an ageing process. The response ability to prevent an accidental injury is also reduced by combination of physiological changes. Everyone is responsible in any place from home to road for providing safety for elderly.

#### **Important Safety Measures**

- Create awareness on potential dangers present in the home and plan for its' prevention and management.
- Use cane/walking stick *or walkers* if the feet is unsteady.
- Use adequate light and torch light during electricity problem, especially at night to prevent from fall and injury.
- Wear corrugated or crepe-soled shoes.
- Wear firm, flat and supportive shoes, not soft slipper to prevent feet injury and ulcer.
- Avoid thrown rugs and clutter/litter on floors.
- Handrails are helpful in stairs and even in toilet.
- Night lights in the bathroom are helpful.
- Hazardous item should be stored very separately.
- Never smoke in bed or when feeling sleepy. It is better not to use fire or electric heater for warming body, rather use multiple layer of clothes to prevent burn injury.
- If medicines are prescribed for specific disease, take clearly labelled medicine with correct dose on time.
- Take time by sitting then standing slowly, for getting out of bed to have balance.

Regarding elderly security, they desire security on their job as well as relationship. They should have feeling of no danger of family and neighbors. The local governing body also should provide security to the elderly who are living alone in their home. Having good relation among their relatives and neighborhood also provide a sense of security. The older person also need social time and a personal time and separate space as other age group people. Fulfillment of their financial needs also provide security e.g. government allowances helps them to fulfill basic physiological needs. Regular pension or family member's support are also very helpful.

### **Minimizing high risk behaviours**

Stopping smoking and alcohol.

For the drug safety, dispose any old or used medicines. Never borrow prescription drugs.

Use prescribed and labeled medicines only (no self-medication).

Developing a positive thinking habit instead of negative thought and suspiciousness.

### **Enhancing social participation**

Arranging informal social gathering.

Conducting informal sessions

Developing self-help group of older people (helps to handle stressful life events)

Visiting by family members or social support group, also provide a sense of recreation. Care during winter months to prevent monotonous and boring.

### **Improving Self-esteem**

Like other people, the elderly want to feel recognized and appreciated for their ideas, abilities and talents. The aging process often lose their sense of worth when illness, disability or frailty limits them. The loss of self-worth is devastating to their well-being and can be linked to depression and increased mortality.

The feeling of self-worth is important for their well-being so that they can also be prevented from depression. The self-esteem of senior citizens is strengthened by reducing effect of stress through social support. Enjoying hobbies like writing memories or any creative writing e.g. story or poem; pursuing mini-project with help of family members or friends also important to improve self-esteem. And the increased self-esteem has positive effect on psychological well-being. Further, Life Review Group Program (LRGP) is helpful to increase confidence and improve self-esteem of older people. It also help to improve health and quality of care. Some senior citizens tend to concentrate on the reality of life than simple wishful thinking. So they become a problem solver but not a complainer. They put their view point on the life journey and meaning of life.

### **Importance of periodic medical check- up as screening**

Health check-ups should be a part of elderly health care. It helps to assess the level of well-being. It also detects the diseases at an early stage, so decrease the risk of complication and mortality. It may provide an opportunity to promote health and protect behaviours.

Blood pressure	In each doctor visit or 3-6 months
Height & weight	Periodically
Dental check-up	Annually
Fecal occult blood	Annually

Eye check-up	Every two years
Hearing	Periodically
Cholesterol level	Every five years
Cancer screening	Annually

### **Ways of maintaining spiritual well-being**

Worshiping and prayers based on their beliefs and religion.

Attending religious services

Practice religious coping mechanisms.

Religious community is the largest source of social support outside of the family.

### **Formation of senior citizens club and conducting one meeting: (8-10 members in a club)**

After explaining the purpose and benefits of development of senior citizens club, a senior citizens club is formed among groups of participants which is informed to local authority. Then one meeting is conducted facilitated by the investigator and requested to continue activities of the club.

## ANNEXURE IX (b)

### जेष्ठनागरिकहरूका लागि वृहद् नर्सिङ्ग क्रियाकलाप

वृहद् नर्सिङ्ग क्रियाकलाप वा कार्यक्रम भन्नाले सम्पूर्ण नर्सिङ्ग सेवा पुऱ्याउने एउटा तरिका वा पद्धति हो जसमा जेष्ठनागरिकहरूको शारीरिक तथा मानसिक असुविधा र पीडाहरू कम गर्न साथै वहाँहरूको शारीरिक, सामाजिक, मनोवैज्ञानिक र धार्मिक अन्तर्क्रिया सम्बन्धी पक्षलाई सुधार गरी जिन्दगी गुणस्तरयुक्त वा बढी सन्तोषप्रद बनाउनमा सहयोग पुऱ्याइन्छ ।

यस कार्यक्रममा जेष्ठनागरिकलाई शारीरिक र मानसिक दुवै किसिमका क्रियाकलाप तथा स्वास्थ्य शिक्षालाई ढाँचागत रूपमा प्रदान गरिन्छ । यसमा व्यक्तिगत तथा सामूहिक अन्तर्क्रिया र अन्य क्रियाकलापहरू पर्दछन् । यसमा छानिएका क्रियाकलापहरू सरल, सुविधाजनक तथा जेष्ठनागरिकहरूका लागि उपयुक्त छन् ।

#### १. वृहद् नर्सिङ्ग क्रियाकलापको उद्देश्य :

- जेष्ठनागरिकहरूको स्वास्थ्य तथा गुणस्तरीय जीवनमा सुधार ल्याउनु ।

#### वृहद् नर्सिङ्ग क्रियाकलापको सिद्धान्त

#### २. क्रियाकलापको पद्धति :

यसमा कूल १२ वटा नर्सिङ्ग क्रियाकलाप गरिनेछ । हरेक क्रियाकलाप नब्बे मिनेटको हुनेछ जसमा विचको समयमा दश मिनेट विश्राम दिइनेछ । हप्तामा दुई दिनका दरले छ हप्ता वा डेढ महिनाका समयमा सम्पूर्ण नर्सिङ्ग क्रियाकलाप सकिनेछ ।

यस क्रियाकलाप अन्तर्गत शान्त बस्ने, समुहका साथीभाइहरूसँग विभिन्न विषयमा केन्द्रित भई छलफल गर्ने, ग्रन्थि तथा जोनीहरूको कसरत गर्ने, शारीरिक सन्तुलन कायम गर्ने अभ्यास गर्ने, प्राणायाम वा श्वास प्रश्वासको कसरत गर्ने, बाँसुरीको धुन सुन्ने, नरम बल खेप्ने, स्वास्थ्य शिक्षा लिने र जेष्ठनागरिकहरूको समूह गठन गर्ने जस्ता क्रियाकलाप गरिनेछ ।

**मौन बस्ने :** मौन बसाइ ठूलो शक्तिको स्रोत हो । शान्त वातावरणमा मौन बस्नमा धेरै फाइदा हुन्छ । यसले सम्पूर्ण शारीरिक स्वास्थ्य र अरु हितको काम गर्छ । जस्तै : चिन्ता घटाउँछ, शरीर र मस्तिष्कमा तनाव घटाउँछ, रक्तचाप कम गर्छ, शरीरको रोगसँग लड्ने क्षमता बलियो बनाउँछ, शरीर भित्रको रस (हर्मोन ) को सकारात्मक नियन्त्रण गर्छ र रक्त केशिकाहरूका कार्यलाई राम्रो बनाउँछ जसले गर्दा रक्तवाहिनी नलिमा अवरोध आउन दिँदैन । अर्कातर्फ यसले मनोवैज्ञानिक र भावनात्मक स्वास्थ्यमा फाइदा गर्दछ । जस्तै : आफू र आफ्नो वरिपरिको

वातावरणप्रति सचेत बनाउँछ । सृजनात्मकता र प्रतिविम्बता छाँयामा सुधार वृद्धि गर्छ । साथै मिठो निद्रामा पनि सुधार ल्याउँछ । हामी अहिले घरको सम्बन्ध र कामलाई छोडेर यस कार्यक्रममा छौं । त्यसैले हाम्रो ध्यान यतै केन्द्रित गर्न छोटो समय मौन बसौं ।

**बुद्ध्यौलीप्रतिको धारणा र आफ्ना अनुभवहरूको साभेदारी :** बुद्ध्यौली प्रतिको धारणा एकदमै व्यक्तिगत हुन्छ र यो समय क्रमसँगै बदलिन सक्छ । यो धारणा हाम्रो सामाजिक प्रणाली र संस्कृतिबाट प्रभावित हुनसक्छ । बुद्ध्यौलीप्रतिको अवधारणा बुझ्नाले उहाँहरूको समस्या समाधान गर्न तथा गुणस्तरीय जीवनमा सुधार गर्नको लागि सहयोग गर्छन् । यसबारे समूहमा छलफल गरिन्छ तर हरेक व्यक्तिले आफ्ना अनुभव तथा धारणा पालैपालो व्यक्त गर्दछन् । यसले आफ्ना समस्या व्यक्त गर्ने आराम प्रदान गर्ने, आवश्यक परेको बेलामा सहयोग मार्ग र दिने, साथीभाइसँग साथै रहने र असजिलो समय र समस्यासँग जुध्न वा सहन अवसर प्रदान गर्दछ । बुद्ध्यौलीका अनुभवहरू साभेदारी छलफल गर्नाले निम्न सहयोग पुऱ्याउँछ ।

- आफ्ना समस्या र तितामिठा अनुभवहरूको रोकथाम तथा व्यवस्थापन गर्न आश्वासन प्रदान गर्दछ ।
- समूहका सदस्यहरूबाट सहयोग प्राप्त हुन्छ र अन्य सदस्यलाई आवश्यक परेको बेलामा सहयोग दिन सकिन्छ ।
- आफूभित्र जम्मा भएका पीर, चिन्ता र रिसलाई बाहिर निकाल्न सकिन्छ ।
- जेष्ठनागरिकाहरूका फरक फरक किसिमका आपसी सम्बन्ध र अवस्थाहरूको ज्ञान प्राप्त हुन्छ ।
- आफ्नो परिवार र साथीहरूसँगको सम्बन्ध र आफ्नो स्वास्थ्य सुधार गर्न सकिन्छ ।

**ग्रन्थिहरू तथा जोर्नीहरूको कसरत :**

यो कसरत टाँउकाबाट शुरु भएर विस्तारै शरीरको तल्लो भाग हुँदै खुट्टाहरूको औंलासम्म गरिन्छ । जुनसुकै उमेर समूहका, जतिसुकै अनुभव भएका, शारीरिक बलका साथ सीमित रूपमा हिंडडुल गर्न वा चलनसक्ने व्यक्तिले पनि यो कसरत गर्न सक्छन् । यसमा गरिने हल्का गति चालले जोर्नीहरू तथा मांशपेशीहरूका भित्री तन्तुहरूमा असर गरेर लचकतामा सुधार गर्दछ । यसले ग्रन्थि तथा जोर्नीहरूमा केन्द्रित तनावलाई बाहिर निकाली शरीर र मस्तिष्कको प्राकृतिक जीवन शक्तिलाई सञ्चित गर्दछ । यस कसरतको केन्द्रबिन्दु भनेको शरीरका सम्पूर्ण जोर्नी तथा ग्रन्थिहरूलाई खुलाउनु हो । ग्रन्थिहरू शरीरका रोगसँग लड्ने क्षमतासँग सम्बन्धित हुन्छन् । यस कसरतले ग्रन्थिहरूलाई रोग लाग्नबाट बचाउँछ ।

### ग्रन्थि तथा जोर्नीहरूका कसरतबाट हुने साभ्ता फाइदाहरू :

- जोर्नीहरूका गतिमा सुधार गरी कडापन घटाउँछ ।
- जोर्नीहरूका बलमा सुधार गर्नाका साथै सन्तुलन तथा स्थिरता कायम गर्छ ।
- ग्रन्थिहरू उत्तेजित हुनाका साथै स्वास्थ्य राम्रो हुन्छ ।
- सम्पूर्ण शरीरभरि रक्त सञ्चालनमा सुधार हुन्छ ।
- लसिका प्रणालीका क्षमतामा सुधार आउँछ ।
- हातखुट्टा बलिया र लचकतायुक्त हुनाले शरीरको आसनमा सुधार हुन्छ ।
- प्राकृतिक जीवन शक्ति सञ्चित गर्दछ ।
- निर्देशित विश्राम नामका कसरतबाट शरीर तथा मस्तिष्कलाई पुनर्ताजगी ल्याउँछ ।

### जेष्ठनागरिकहरूको लागि छनौट गरिएका जोर्नी तथा ग्रन्थिहरूका निश्चित कसरतहरू

#### निधार तथा पिनास हुने कुकुरे हाडका प्वाल (साइनस) हरूको मालिस

- एक खुट्टा अर्को माथि चढाएर टाउंको, घांटी र हाड सिधा राख्नुहोस् । दुवै हातको मुट्टी खुकुलो गरी बाँध्नुहोस् र बुढीऔंला दुवै आखीभौंको विचमा राख्नुहोस्
- बुढीऔंलाले निदारमाथि र बाहिरपट्टि मालिस गर्ने त्यसपछि आँखा वरिपरिको हड्डीको बनावटमा तथा कन्चटपट्टि मालिस गर्ने ।
- त्यसपछि बुढीऔंलाको एकापट्टिबाट आँखामुनि र नाकमा मालिस गर्ने ।
- अनुहार र कन्चटमा मालिस गर्दा एउटै गतिमा समान रूपमा गर्नुपर्छ ।
- मुट्टी खोल्ने र बुढी औंलाको भित्री भागले आँखाको माथिल्लो भागमा हल्कासँग मालिस गर्दै कन्चटतिर लैजाने ।
- यसरी मालिस गर्दा अनुहारको केन्द्र वा विचबाट सुरु गरि बाहिरतिर लैजानुपर्छ । यसले अनुहार, निधार र कन्चटको तनाव नाश हुनाका साथै अनुहारको चाउरी पनि हटाउँछ वा कम गर्छ ।

#### आँखाको कसरत

- टाउंको सिधा राखी अनुहारका मांशपेशीहरूलाई आराम अवस्थामा राख्नुपर्छ ।
- हरेक पल्ट आँखा घुमाएपछि (आँखाको कम्पन गराएपछि) केही सेकेन्डको लागि आँखा बन्द गर्नुहोस् र आँखालाई आराम अवस्थामा राख्नुहोस् ।



- हरेक साइडमा आँखाको कसरत गर्दा कम से कम तीन पटक गर्नुहोस् ।
- सबैभन्दा पहिला आँखाले सिधा अगाडि हेर्नुस् र विस्तारै जति सकिन्छ देब्रेतिर लैजानुहोस् र आँखाका मांशपेशी तन्किएको महशुस गर्नुहोस् । अनि आँखालाई फेरि विस्तारै अगाडि ल्याई जति सकिन्छ दाँयातिर लैजानुस् । आँखाको दुवै साइडको कसरत गर्दा उही तरिका र उतिकै समय लगाउनुहोस् । त्यसपछि बाँया साइडको माथिल्लो कुनामा लैजानुहोस् ।
- पहिले तल हेर्नुहोस् अनि घडीको सुईका गतिमा आँखा घुमाउँदै लैजानुस् र एक चक्कर पूरा गर्नुहोस् । त्यसैगरी विपरीत दिशाबाट आँखा घुमाउँदै अर्को चक्कर पूरा गर्नुहोस् । यसरी आँखा घुमाउँदा विस्तारै तथा कुनै दबावबिना गर्नुपर्दछ । अनि आँखा बन्द गरी आराम गर्नुहोस् ।

### घाँटीको कसरत

- आसन : टाउको घाँटी र ढाढलाई सिधा गर्दै अनुहार अगाडि गरी बस्नुहोस् तर काँध हल्लाउनु हुँदैन ।
- अगाडि र पछाडि मोड्ने : श्वास बाहिर छोड्नुस् र टाउकालाई अगाडिबाट चिउडालाई छातीतिर झुकानुहोस् र घाँटीको पछाडिपट्टिको मांशपेशी तन्किएको महशुस गर्नुहोस् र टाउको पछाडि लगी घाँटीको अगाडि पट्टिको मांशपेशी तन्किएको महशुस गर्नुहोस् र श्वास फ्याँकदै टाउको अगाडि ल्याउनुहोस् ।  
चिउडालाई काँधसम्म पुऱ्याउने
- श्वास बाहिर फ्याँकदै टाउकालाई जतिसक्दो बाँयातर्फ घुमाएर चिउडोलाई काँधमाथि सिधा टिकाउनुहोस् । श्वास भित्र तान्दै टाउकोलाई पहिलाकै सिधा अवस्थामा ल्याउने । फेरि श्वास छोड्दै टाउकोलाई दायाँतर्फ घुमाउने र चिउडालाई काँधका सतहमा पुऱ्याउन कोशिस गर्ने । यसरी यो कसरत दुवै तर्फ तीन पटक गर्नुपर्छ ।  
कानलाई काँधसम्म पुऱ्याउने :
- श्वास बाहिर छोड्दै देब्रे कानलाई देब्रे काँधतर्फ झुकाउने ।
- श्वास लिँदै पहिलाकै अवस्थामा केन्द्रतिर लैजाने ।
- फेरि श्वास छोड्दै दाहिने कानलाई दाहिने काँधतिर लैजाने । फेरि श्वास लिँदै केन्द्रतिर आउने र आराम महशुस गर्ने । याद राख्नुहोस् टाउको र घाँटीमात्र चलनुपर्छ । कान छुनलाई काँध उठ्नु हुँदैन ।

काँध उठाउने : यो काम काँधको मांशपेशी तन्काउन र आरामको लागि गरिन्छ ।

- आसन : हातपाखुरालाई साइडमा हल्कासँग झुण्डाएर उभिने ।
- अब टाउको नहल्लाइकन बाँया काँधलाई विस्तारै कस्ने र माथितिर उठाउँदै बाँयाँ कानलाई छुन कोशिस गर्ने ।
- दायाँ काँधलाई पनि त्यसैगरी उठाउने कान छुन कोशिस गर्ने । त्यसपछि तल झार्ने र आराम गर्ने ।
- त्यसपछि दुवै काँधलाई सुस्तसँग सकेजति माथि उठाउने, केही सेकेन्ड त्यही राखेर फेरि विस्तारै तल झारेर आराम गर्ने ।

काँध घुमाउने :

- आसन : पाखुरालाई हल्का तलतिर झुण्डाएर उभिने बाँया काँधलाई पुरै घुमाउने : हात अगाडि ल्याउने, छातीको बिचसम्म त्यसपछि कानतिर लगी पछाडि बाट झार्ने । अर्को दिशाबाट पनि सोही तरिकाले गर्ने र यसलाई तीन पटकसम्म दोहोर्याउने ।
- दाँया काँधलाई पनि त्यसैगरी तीनपटकसम्म घुमाउने ।
- त्यसपछि दुवै काँधलाई एकसाथ तीन पटकसम्म घुमाउने ।

हातहरूसँगै काँध घुमाउने :

- सिधा उभिने र हातलाई छातीको सतहमा अगाडिपट्टि तेर्सो राख्ने । हत्केलालाई माथि फर्काउने । काँधलाई आराम अवस्थामा राख्ने ।
- काँध घुमाउन शुरु गर्ने : शुरुमा अगाडि र माथितिर लाँदै पाखुरालाई टाउको माथिसम्म पुऱ्याउने त्यसबखत हत्केला पछाडि फर्केको हुनुपर्छ । त्यसपछि पाखुरा पछाडि हुँदै तल झार्ने पाखुरालाई कूडनामा आराम गर्न दिने, यसो गर्दा औंलाहरू भने काँधपट्टि हुनुपर्छ ।

घुँडा नचाउने :

- खुट्टा हल्का फैलाएर बस्ने, तिघाको मांशपेशी माथितिर तन्काउने र घुडोको पटेलालाई माथि उठाउने । मांशपेशीलाई पहिलाकै ठाउँमा तल झार्ने दिने र आराम गर्ने, यो प्रक्रिया बाँयाँ र दाँया घुँडामा पालैपालो गरी तीन पटकसम्म गर्ने ।

### खुट्टा र कुर्कुच्चाको कसरत :

- हातलाई कम्मरमा राखेर सिधा उभिने । देब्रे गोडालाई सिधा राख्ने र भुइँको सतह भन्दा छ इन्चजति कुर्कुच्चा माथि उठाउने । गोली गाँठाको जोर्नीलाई खुम्च्चाएर खुट्टाका औला माथि तान्ने । यसो गर्दा औलाहरू माथितिर फर्किएको हुनुपर्छ ।
- खुट्टालाई आराम दिने । त्यसपछि खुट्टा उठाई औलाहरू जति सकिन्छ तलतिर तान्ने अनि खुट्टालाई आराम दिने ।
- पाइतलाका जोर्नीलाई देब्रेतिर फर्काउनुहोस् र केन्द्रतिर लैजानुहोस् । त्यसैगरी खुट्टालाई दायाँतिर लैजानुहोस् र अन्तमा केन्द्र वा विचमा ल्याउनुहोस् ।
- यसरी बायाँ र दायाँ दुवैतिर तीन तीनपटक घुमाउनुहोस् ।
- त्यसपछि खुट्टालाई भुँडमै राख्नुस् र उभिएको अवस्थामा आराम गर्नुहोस् ।
- यही चाल दायाँ खुट्टामा पनि दोहोर्‍याउनुहोस् ।

### शारीरिक सन्तुलनको अनुरक्षण

जेष्ठनागरिकहरूमा शारीरिक, मानसिक र संवेदनात्मक ह्रास वा हानि भएमा, जस्तै : मांशपेशी तथा तिनको समन्वय कमजोर हुनेहुनाले शारीरिक सन्तुलनमा समस्याहरू आउन सक्छ । यस्तो हानि र बुद्ध्यौली प्रक्रियाले गर्दा दुर्घटना हुनसक्छ । शारीरिक सन्तुलनमा कमी हुनाले देखापर्ने सामान्य समस्याहरू जस्तै चिप्लिने, लड्ने, चोट लाग्ने तथा सडक दुर्घटना इत्यादि । जब यी समस्याहरू दीर्घरोगसँगै देखिन्छन् तब समस्याको अवस्था अझै बढ्नजान्छ ।

### शारीरिक सन्तुलन कायम गर्ने तरिका :

- घरभित्र वा बाहिर हिड्दा लड्ने वा वाकरको प्रयोग गर्ने ।
- बाथरूममा लड्ने सम्भावना भएमा त्यसबाट बच्न सीटमा बसेर नुहाउने,
- शारीरिक आसन गर्दा विस्तारै र ध्यानपूर्वक गर्ने जस्तै : सुतेर वा बसेर उठ्दा ।
- कडा खालको सोल भएको वा नचिप्लने जुता वा चप्पल लगाउने ।
- आवश्यक पर्ने व्यक्तिले चस्मा र सुन्त सहयोग गर्ने साधन सधैं लगाइराख्नु पर्दछ ।
- विशेष गरी रातीको समयमा प्रकाशको राम्रो व्यवस्था गर्नुपर्छ । साथै ट्वाइलेटमा रातभरि बत्ती बालेरै छोड्नुपर्छ ।

- राती घरबाहिर निस्कनुपर्दा टर्चलाइटको प्रयोग गर्नुपर्छ ।
- भ्याडमा पनि समाउने ठाउँ (रेलिड) बलियो हुनुपर्छ र प्रकाशको व्यवस्था गर्नुपर्छ ।

### स्वस्थ बुढ्यौलीको अवधारणा

हरेक जेष्ठनागरिकले स्वस्थ जीवन र लामो आयु जिउने अवसर पाउनुपर्दछ । बर्होरूको विद्यमान वातावरणले नै स्वस्थ राख्ने वा हानि पुऱ्याउने भन्ने हुन्छ । स्वस्थ बुढ्यौली भनेको उर्होरूका जीवनमा महत्त्वपूर्ण लागेरू कुराहरू गर्न, स्वस्थ रहन अवसर र वातावरण सृजना गर्नु । यथावत् अवस्थामा रहन अवसर र वातावरण सृजना गर्नु हो । हरेक जेष्ठनागरिकका उमेरअनुसारका एक वा बढी स्वास्थ्य समस्या हुनसक्छन्, यदि त्यसलाई राम्रोसँग नियन्त्रणमा राख्यो भने स्वास्थ्यमा थोरै नकारात्मक असर पर्नसक्छ । स्वस्थ बुढ्यौलीले जेष्ठनागरिकहरूलाई परिवार, समुदायसँग मिलेर बस्न र आर्थिक स्रोत कायम रहन सक्षम बनाउँछ । विश्व स्वास्थ्य संगठनका अनुसार जेष्ठनागरिकहरूको कार्यशक्ति विकास गर्ने र यथावत् कायम राख्ने प्रक्रियालाई स्वस्थ बुढ्यौली भनिन्छ जसले गर्दा बूढा मानिसहरूलाई स्वस्थ रहन महत्त गर्छ । कार्यशक्ति भनेको उर्होरूले आफ्नो जीवनमा महत्त्व दिएका कुरा गर्न र त्यस अनुरूप रहन क्षमता प्रदान गर्नु हो ।

यसअर्न्तगत निम्न क्षमता पर्दछन् :

- आफ्ना आधारभूत आवश्यकता पूरा गर्नु ।
- निर्णय गर्न सक्नु, सिक्न र आफ्नो क्षमता वृद्धि गर्न सक्नु र एक ठाउँबाट अर्को ठाउँ जानआउन सक्नु ।
- आपसी सम्बन्ध बनाउन र जीवन्त राख्न सक्नु ।
- समाजका लागि योगदान पुऱ्याउन सक्नु ।

### ढायफ्रामेटिक ब्रिदिड (पेटबाट श्वास प्रश्वास गर्ने)

आफूलाई आराम हुने आसनमा बसेर यो कसरत गर्न सकिन्छ ।

- स्वास लिन उत्तानो परी सुत्नुहोस् अथवा सिधा बस्नुस्, टाउको, घाँटी र ढाडको हडी सिधा राख्नुहोस् । ढाड भने पछाडि जान नपाओस् । खुट्टा भूँडमा टेकाई घुडोको सिधा तल राख्नुहोस् ।
- एउटा हात माथिल्लो पेटमा राख्नुस्, कान्छी औला नाईँटामा र बुढीऔला छातीमा दुई स्तनको विच राख्ने ।

- श्वास भित्र तान्द्रा माथिल्लो पेटमा भएको हात माथि र श्वास छोड्दा तल हुनुपर्छ ।
- छातीमाथिका हातलाई शान्तसँग राख्नु पर्छ ।
- नाकबाट श्वास लिनुहोस् तर श्वासमा कुनै झट्का वा आवाज आउनुहुँदैन । पेटको माथिल्लो भाग छातीको प्रयोग गर्नुस् । श्वास लिने र छोड्ने समय बराबर हुनुपर्छ ।

### नेपाली गीतहरूको बाँसुरी धून सुन्ने

बाँसुरीका मीठा धून सुन्नाले दिमागमा सुखद प्रभाव पर्दछ । यो तनावबाट मुक्त हुने राम्रो उपाय हो । यसले आत्मगत जागरुकता र स्वास्थ्यमा सुधार ल्याउँछ । यसले भावनात्मक अवरोधहरू हटाउन र तनाव कम गर्न सहयोग गर्छ । त्यसैले यसलाई मन बलियो बनाउने साधनका रूपमा लिइन्छ । यसले स्मरण शक्तिमा पनि राम्रो प्रभाव पार्दछ । त्यसैले तपाईंहरूलाई यस वयस्क उमेरमा नेपाली गीतसँग बाँसुरीको धून सुनाउँदैछु ।

### सामूहिक खेलमा सहभागी

समूहका जेष्ठनागरिकहरूलाई गोलो घेरामा राखेर नरम भकृण्डो एकअर्कातिर फ्याँकेर खेलाइनेछ । यो खेल मनोरञ्जनको लागि खेलाइनेछ ।

### जेष्ठ नागरिकहरूका स्वास्थ्य बृद्धिको लागि स्वास्थ्य शिक्षा

जेष्ठ नागरिकहरूका स्वास्थ्यमा बृद्धि हुनु जरुरी छ । स्वास्थ्य बृद्धि भन्नाले उहाँहरूको स्वास्थ्यमा सुधार र अवस्थामा नियन्त्रण गर्न सक्षम बनाउने एउटा प्रक्रिया हो । यस अन्तर्गत व्यक्तिगत, पारिपारिक, सामाजिक र वातावरणीय क्रियाकलापहरू पर्दछन् जसले गर्दा छिटो हुने मृत्युलाई घटाउँछ, जीवनस्तर उकास्छ र सुधर गर्छ ।

-स्वास्थ्य बृद्धि क्रियाकलापका उद्देश्य भनेको जेष्ठ नागरिकहरूको फरक इच्छा तथा चाहनाहरू पूरा गराउनु हो ।

### जेष्ठ नागरिकहरूका साधारण विशेषता

- शारीरिक हास तथा कार्यमा परिवर्तन ।
- छाया चाउरी पर्ने, कपाल फूलने, शरीरको वजन (तौल) घट्ने र बोसोयुक्त तन्तुहरू बढ्ने ।
- शरीरमा तरल पदार्थको मात्रा घट्ने जसले गर्दा जलवियोजनको खतरा हुन्छ । साथै शरीर खुम्चिएर जान्छ र उचाइ घट्छ (असी वर्षतिर) ।

- रक्तनलीको तन्किने क्षमता घट्ने हुनाले रक्तचाप बढ्नसक्छ ।
- श्वासनलीको मांशपेशी कमजोर हुनेहुनाले खोक्ने क्षमता घट्छ ।
- रक्तसञ्चार ढिलो हुनेहुनाले घाउ भयो भने ढिलो निको हुन्छ ।
- मुखको धुक र ज्याल बाक्लो र थोरै हुन्छ ।
- आन्द्राको गति ढिलो हुन्छ, शरीरले भिटामिन, फलाम सोस्न सक्दैन र बोसाको शोषण ढिलो हुन्छ ।
- पिसाब थैलीको मांशपेशी कमजोर हुने र थैलीको बहन गर्ने क्षमता घट्छ ।अतः छिटोछिटो पिसाबलागेको अनुभव हुन्छ ।
- धेरैजसो बृद्धहरूमा प्रोस्टेट ग्रन्थि (मूत्रग्रन्थि) बढ्छ । छात्राको मर्मत ढिलो हुन्छ ।
- हड्डी र मांशपेशीको बजन, बल र गति सबै घट्छ ।
- शारीरिक सन्तुलनमा परिवर्तन आउँछ । इन्द्रियहरूको ज्ञान क्षमतामा कमी आउँछ ।
- स्मरण शक्तिमा परिवर्तन आउँछ ।
- बुढिआमाहरूमा इस्ट्रोजन हार्मोन कम भई हड्डी कमजोर हुने तथा रक्तनलीमा रगत बाक्लो हुने हुनसक्छ ।

### पोषणमा बृद्धि वा सुधार

निम्न क्रियाकलापबाट पोषणमा सुधार गर्न सकिन्छ :

- दिनमा धेरै खाना एकैपटक दिनुभन्दा खाना र खाना थोरैथोरै दिनुपर्दछ ।
- निषेध गरेको अवस्थामा बाहेक अन्य अवस्थामा पटक पटक भोल पदार्थ दिने गरेमा शरीरको आवश्यकता पूरा हुन्छ । भोल वा तरल पदार्थ दिदा अलि बाक्लो दिनु राम्रो हुन्छ । पातलो भोल सर्किन सक्छ ।
- भिटामिन, खनिज पदार्थ र पौष्टिक तत्व पूरा गर्नको लागि पोषिलो खाना दिनुपर्दछ । प्रशोधन नगरिएको उच्च शक्ति दिने खाद्यपदार्थ दिनुपर्दछ । जस्तै : गहुँको रोटी, खैरो चामल, बियाँ, दाना, ताजा फलफूल, रेशादार सागसब्जी तथा अन्नहरू जस्तै : फलफूल, जाम आदि दिनुपर्दछ ।
- बास्नाले पनि भोक जगाउने हुनाले जडीबुटीहरूका खटाइ तथा चटनीहरू प्रयोग गर्नुपर्दछ । बेलाबेला फरक प्रकारको खानाको व्यवस्थाले पनि भोक जगाउन सक्छ ।
- पारिवारिक जमघट वा सामाजिक कार्य स्थलमा बसेर खाना खानाले पोषण आवश्यकता पूरा गर्न सहयोग गर्दछ ।

- दिनमा कमसेकम तीन पटक थोरै मात्रामा खाजा तथा खाना खाँदा राम्रो हुन्छ ।
- खानाप्राप्तिको रुचि र पोषणलाई राम्रो गर्नको लागि दाँत तथा गिजाको समस्या समाधान गर्नुपर्छ ।
- विषम परिस्थिति आउन नदिन त्यस्ता खाद्य पदार्थ भण्डारण गर्नुपर्दछ । नजिकको दोकानबाट ल्याउने पनि गर्नसकिन्छ ।
- भिटामिन चक्की खाँदा ध्यान पुऱ्याउनु पर्छ नत्र यसले विषम अवस्था ल्याउन सक्छ ।
- सुरक्षित ढङ्गले खाँदा पिउदा सही आसनमा बसेको हुनुपर्दछ ।
- स्वास्थ्यप्रद खानाको व्यवस्था गर्नुपर्छ । बाहिरको बनबनाउ खानेकुरा तथा धेरै चिनीको प्रयोग गर्नु हुँदैन ।
- सम्भव भएसम्म खाएका कुरा र निस्कासन गरिएका कुरा जस्तै : दिशा, पिसाब आदिको रेकर्ड राख्ने वा ख्याल राख्ने गर्नुपर्दछ ।

### स्वास्थ्य परिवर्तनको क्रियाकलाप र कसरत

जेष्ठनागरिकहरूमा देखा पर्ने दीर्घरोग र स्वास्थ्य सम्बन्धी अशक्तताका कारणले गर्दा उहाँहरूको दैनिक जीवन अप्प्यारामा पर्दछ जसले गर्दा हेरचाह गर्ने कार्यमा असर पर्दछ । जब यस्तो असक्षमता बढ्दै जान्छ तब पारिवारिक सदस्य वा सेवा दिने व्यक्तिका सहयोगको बढी आवश्यकता पर्दछ । उहाँहरू आफैले कति सहयोग आवश्यक पर्छ भनी निर्णय गर्न सक्नुहुन्छ । स्वास्थ्य समस्या वा रोगको प्रकारका आधारमा आफ्नो स्याहारमा कति अभाव खड्किन्छ र कति सहयोग चाहिन्छ भन्ने कुरा तय हुन्छ जस्तै : मुटु वा फोक्सोको रोग, जोर्नी वा सम्भ्रना शक्ति सम्बन्धी रोग । यीमध्ये स्मृति हास हुने रोगमा बढी सहयोगको आवश्यकता पर्दछ । जस्तै : उच्च रक्तचापले गर्दा दिमाग हान्ने (दिमागी झट्का), पार्किन्सन रोग (स्नायु सम्बन्धी) अल्जाइमर इत्यादि किनभने यस्ता रोगमा काम गर्न वा धालेको काम पूरा गर्न नै विर्सने हुन्छ । यस्तो अवस्थामा पटक पटक सम्झाइरहनु पर्ने, सिकाइरहनु पर्ने र सुरक्षित गराउनु पर्ने हुन्छ । व्यक्तिगत स्याहार र त्यससँग सम्बन्धित समस्या एकदमै व्यक्तिगत हुन्छ । त्यसैले हेरचाह गर्ने नयाँ व्यक्तिलाई दैनिक क्रियाकलापको जानकारी दिने तथा सहभागी गराउने गर्नुपर्दछ । बेलाबेलामा उहाँहरूको कार्यक्षमता जाँच गरिराख्नुपर्छ जसले गर्दा तत्कालको आवश्यकता पत्ता लगाउन र भविष्यको आवश्यकता अनुमान गर्न सहज हुन्छ ।

- उहाँहरूको दैनिक आधारमूत क्रियाकलाप गर्नसक्ने क्षमताको स्तरका आधारमा कति सेवा दिने वा सहयोग गर्ने भन्ने कुरा निर्धारित हुन्छ ।

- शारीरिक क्रियाकलापले पनि औषधीले जस्तै मनलाई बलियो गर्ने काम गर्छ । साथमा यसले औषधीले जस्तो नकारात्मक असर दिदैन ।
- कसरतले कोलेस्टोरलको मात्रा घटाउन सक्छ, त्यसैले सधैं दैनिक क्रियाकलाप र साधारण कसरत गर्नुपर्दछ ।

### स्वच्छ र शान्त निन्द्राको व्यवस्था

- समयमा सुत्न र उठ्नको लागि तालिका बनाउने र त्यहीअनुसार गर्ने । छुट्टीको दिनमा पनि तालिकाअनुसार नै गर्ने जसले गर्दा शरीरमा बानी पर्दछ ।
- सुत्ने कोठामा आरामदायी वातावरणको व्यवस्था गर्ने, सुत्नको लागि मात्र त्यस कोठाको प्रयोग गर्ने र ओछ्यानमा ढसेना, सिरक, सिरानी आरामदायी खालको प्रयोग गर्ने र सुत्ने कोठामा हावा चल्ने राम्रो व्यवस्था हुनुपर्दछ, थोरै प्रकाश भएको बत्ती बाल्नुपर्छ । अनावश्यक आवाज वा हल्ला हुनुहुँदैन ।
- निद्रा नलाग्ने, डर लाग्ने तथा उदासीपनको समस्या देखिएमा त्यसलाई कम गर्न नियमित रूपमा शारीरिक क्रियाकलाप तथा कसरत गर्नुपर्दछ । कसरत गर्दा मध्याह्न वा दिउसको समयमा गर्नुपर्छ । यस्ता क्रियाकलापले शारीरिक पुर्नस्थापनको काम गर्दछ र हड्डी बलियो बनाउन तथा सन्तुलन राख्न सहयोग गर्दछ । सुरक्षाका साथ कसरत गरिएमा यसले दीर्घरोग भएका जेष्ठ नागरिकलाई पनि सहयोग गर्दछ । त्यसैले शारीरिक क्रियाकलापले जेष्ठ नागरिकहरूको आधारभूत कार्यमा शारीरिक तथा मानसिक किसिमका दीर्घरोगको खतरा कम गर्छ, जीवन स्तर र स्वास्थ्यमा राम्रो असर पर्दछ ।
- यसले जेष्ठ नागरिकहरूको असामयिक मृत्यु वा उमेरगत मृत्युलाई कम गर्न सहयोग गर्दछ । यसले शारीरिक तथा मानसिक दुवै रूपमा फाइदा गर्दछ । आत्मसम्मानमा वृद्धि गर्नको लागि हरेक दिन मानसिक रूपमा क्रियाशील रहनुहोस् र उद्देश्यपूर्ण जीन्दगी महशुस गर्नुहोस् । तलबमा काम गर्ने वा सेवाभावले कार्यगर्ने इच्छा जगाउनुहोस् र अबसर लिनुहोस् । यसले गर्दा राम्रो निद्रा पनि लाग्दछ ।
- सन्तुलित भोजन खानुहोस् र विशेष गरी साँझको खाना सुत्नुभन्दा केही घण्टा अघि नै हल्का हुनुपर्दछ । साँझमा धेरै मात्राको खाना, बढी मसला भएको र गुलियो खानाले छाती पोल्ने र अपच हुन सक्दछ ।
- चिया, कफी तथा चकलेट जस्ता खानेकुरा कम गर्नुपर्दछ । यसले अनिद्रा बढाउनसक्छ ।



- जाँड रक्सी कहिल्यै पनि नपिएकै राम्रो हुन्छ । सुत्नुभन्दा अगाडि जाँड रक्सी खानै हुँदैन ।
- निश्चित समयमा सुत्ने बानी बसाउन सकिन्छ । जस्तै: मधुरो बत्तीको प्रयोग, मनतातो पानीले शरीर पखाल्ने तथा सुमधुर सङ्गीत सुन्ने इत्यादि ।

### उपचार पथपरहेजको अनुपालन र नियमित उपचार

गलत बुझाइका कारणले उपचारको पालना नगर्ने हुनसक्छ । त्यसैले जेष्ठ नागरिक तथा उहाँहरूको सेवकलाई स्वास्थ्य शिक्षा दिनुपर्छ र औषधीको सही प्रयोग गर्न तथा गराउन सकिन्छ । हप्ता वा महिनाको लागि औषधीको तालिका नै तयार पार्नुपर्दछ । वयस्कहरूको तुलनामा जेष्ठ नागरिकहरूमा औषधीको प्रतिकूल असर सात गुना बढी हुने सम्भावना हुन्छ । जस्तै : भ्रुम्म हुने, चेतनामूलक कार्यममा हानि (संज्ञानात्मक हानि) आदि । लक्षणहरूले मात्र प्रतिकूल असर हो भनी पहिचान गर्न मुश्किल हुन्छ । जेष्ठ नागरिकहरू सम्पूर्ण समाधान भएको महशुस गर्छन् त्यसैले नियमित उपचार गराउन जान चाहँदैनन् । त्यसो नहोस् भन्नको लागि पहिलो पटक उपचारमा आउँदा नै डाक्टर तथा नर्सले निरन्तर उपचारको महत्वबारे शिक्षा दिनुपर्दछ । उहाँहरूलाई उत्साहित गराउनु पर्दछ । त्यसो भएमा स्वास्थ्य समस्याको प्रभावकारी उपचार तथा जटिलताको रोकथाम गर्न सकिन्छ ।

### लड्ने तथा चोटपटक लाग्नबाट बचाउने/सुरक्षित उपायहरू अवलम्बन गर्ने

कार्यक्षमतामा हानि (संज्ञानात्मक हानि) जस्ता लक्षणहरूले प्रतिकूल असर हो भनी पहिचान गर्न मुश्किल हुन्छ त्यसैगरी जब दीर्घरोगका लक्षणहरू कम हुन्छन् जेष्ठ नागरिकहरू सम्पूर्ण समस्याहरू समाधान भएको महशुस गर्छन् । त्यसैले नियमित उपचार गराउन जान चाहँदैनन् । त्यसो नहोस् भन्नको लागि पहिलो पटक उपचारमा आउँदा नै डाक्टर तथा नर्सले निरन्तर उपचारको महत्वको बारेमा शिक्षा दिनुपर्दछ र उपचारमा उहाँहरूलाई उत्साहित गराउनु पर्दछ । त्यसो भएमा मात्र स्वास्थ्य समस्याको प्रभावकारी उपचार तथा जटिलताको रोकथाम गर्न सकिन्छ ।

जेष्ठ नागरिकहरूका मनोवैज्ञानिक आवश्यकता अन्तर्गत सुरक्षा मुख्य चासोभित्र पर्दछ । उहाँहरू शारीरिक तथा संवेगात्मक दुवै रूपमा सुरक्षित हुन चाहनुहुन्छ । बुद्धयौली प्रक्रियाले गर्दा मांशपेशीको बल तथा स्वरूपमा परिवर्तन देख्ने तथा सुत्ने शक्तिमा कमी आउनाले चिप्पिने, लड्ने, चोटपटक लाग्ने र दुर्घटना हुने डर हुन्छ । चोटपटक लागिहाल्दा बच्ने क्षमता

पनि कम भएर जान्छ । त्यसैले जेष्ठ नागरिकहरूलाई घरदेखि लिएर बाटो वा कुनै पनि ठाउँमा सुरक्षा प्रदान गर्न हरेक नागरिक जिम्मेवार हुनुपर्छ ।

#### महत्वपूर्ण सुरक्षाका उपायहरू निम्न छन् :

- घरमा हुनसक्ने सम्भावित खतराका बारेमा चेतना प्रदान गर्ने, त्यसको रोकथाम र व्यवस्थापन मिलाउने ।
- गोडाले भर दिदैन भने लड्डीको प्रयोग गरी हिड्ने
- विजुलीको समस्या भएको बेला, विशेष गरी रातीका समयमा टर्चलाईटको प्रयोग गर्ने, दिउँसो प्रसस्त प्रकाशको प्रयोग गर्ने जस्तै : भ्यालटोका खुला राख्ने आदि ।
- कडा खालको सोल भएको वा नचिप्लने जुता लगाउने, हिल नभएको, भर दिने जुता लगाउनाले खुट्टामा घाउ हुनबाट बचाउन सकिन्छ ।
- भुईँमा फोहोर जथाभावी नफर्प्याउने, चिप्लने खतरा हुन्छ ।
- भ्याङ्क तथा शौचालयमा समाउने ठाउँ भयो भने सहयोग हुन्छ ।
- शौचालयमा राती बत्ती बालिराख्नु पर्दछ ।
- हानिकारक वस्तुहरूलाई अलग्गै सञ्चय गर्नुपर्छ ।
- सुत्ने कोठामा वा निद्रा लाग्ने बेलामा कहिल्यै धुम्रपान गर्नु हुँदैन । शरीर न्यानो गर्नको लागि आगो बाल्ने वा विद्युतीय हिटरको पनि प्रयोग गर्नु हुँदैन र बरु पत्रपत्र भएका धेरैवटा कपडा लगाउनु पर्दछ ।
- कुनै रोगको उपचारको लागि औषधी खान भनिएको छ भने स्पष्ट नाम लेखिएको सोही औषधी ठीक मात्रा र समयमा खानुपर्दछ ।
- आसन बदल्दा जस्तै : बसेर उठ्दा वा ओछ्यानबाट बाहिर जाँदा विस्तारै गर्ने । यसले सन्तुलन कायम हुन्छ ।

जेष्ठनागरिकहरू आफ्ना नातासम्बन्ध र जागिरमा पनि सुरक्षा चाहन्छन् । त्यसैले आफ्ना परिवार र छिमेकीहरूबाट खतरा महशुस हुन दिनुहुँदैन र घरमा एकलै बस्ने जेष्ठ नागरिकहरूको लागि वा एकल आमाबुबाका लागि स्थानीय सरकारले पनि सुरक्षा व्यवस्था गर्नुपर्दछ । परिवार, नातेदार र छिमेकीहरूसँग राम्रो सम्बन्ध भयो भने सुरक्षा महशुस हुनसक्छ । उहाँहरूलाई पनि अरु मानिसलाई भन्ने व्यक्तिगत समय, सामाजिक समय तथा अलग ठाउँको आवश्यकता पर्दछ । आर्थिक आवश्यकता पूरा हुदाँ पनि सुरक्षा महशुस हुनसक्छ । जस्तै : सरकारी बृद्धभत्ता, नियमित पेन्सन र पारिवारिक आर्थिक सहयोग आदि ।

- उच्च खतरापूर्ण व्यवहार कम गर्ने र धूम्रपान तथा मद्यपान रोक्नुपर्छ ।
- औषधीको सुरक्षाका लागि पुरानो वा प्रयोग भइसकेको औषधी फ्याँक्नुपर्छ । डाक्टरले लेखेको औषधी एउटै नामको भनी कहिल्यै सापटी लिनुहुँदैन ।
- आफ्नै मनखुशी औषधी नखानुहोस् । डाक्टरको सल्लाह बमोजिम स्पष्ट नाम उल्लेख भएको औषधी मात्र सेवन गर्नुहोस् ।
- शङ्का गर्ने र नकारात्मक सोचाइको सट्टा सकारात्मक सोच राख्ने बानी गर्नुहोस् ।

#### सामाजिक सहभागिता बढाउने

- अनौपचारिक सामाजिक जमघटको व्यवस्था गर्ने ।
- अनौपचारिक छलफल सञ्चालन गर्ने
- जेष्ठनागरिकहरूको सहयोगी समूह निर्माण गर्ने ।
- जेष्ठनागरिकहरूको सहयोगी समूह बनाउनाले चिन्ता घटाउन सहयोग गर्छ ।
- परिवारका सदस्य वा सामाजिक कुनै व्यक्तिले भेटघाट गर्दा पनि मनोरञ्जन प्राप्त हुन्छ । विशेषगरी जाडो महिनामा एकोहीरोपन र वाक्कदिकक हुनबाट बचाउन भेटघाट बढी दिनुपर्छ ।

#### आत्मसम्मानमा सुधार

अरु मानिसहरूलाई जस्तै जेष्ठनागरिकहरूलाई पनि आफ्नो विचार क्षमता तथा प्रतिभाको पहिचान र तारिफ होस् भन्ने चाहना हुन्छ । बुढ्यौलीले विभिन्न रोग लाग्ने र क्षमता कम गराउने हुनाले आत्मसम्मान वा महत्व कम हुनसक्छ । जब आत्मसम्मान कम हुन्छ त्यसले स्वास्थ्यमा नराम्रो असर पार्दछ । जस्तै : दीर्घ उदासीनता, उच्च मृत्युदर आदि ।

आफ्ना सोखहरू पूरा गर्ने जस्तै : अतीतका यादहरू लेख्ने, सृजनात्मक लेखन : कथा, कविता लेख्ने गर्नाले आत्मसम्मानमा सुधार आउन सक्छ । परिवारका सहयोगमा स-साना कार्ययोजनामा काम गर्न सकिन्छ । त्यसरी आत्मसम्मानमा सुधार भयो भने मानसिक स्वास्थ्यमा सकारात्मक असर पार्दछ । अझै सामूहिक जीवनको पुनरावलोकन गर्ने कार्यक्रमले आत्मबल र आत्मसम्मान दुवै बढ्दछ । यसले स्वास्थ्य र गुणस्तरीय स्याहारमा सुधार गर्न सहयोग गर्दछ । कोही जेष्ठ नागरिक भने जीवनका यथार्थमा ध्यान दिन मन पराउँदछन् । त्यसैले उनीहरू आफै समस्या समाधानकर्ता बन्दछन् न कि गुनासोकर्ता । उनीहरू जीन्दगीको अर्थ र यात्राप्रति आफ्नै दृष्टिकोण राख्छन् ।

## निश्चित समयान्तरमा स्वास्थ्य जाँच वा स्क्रिनिङ्को महत्व

नियमित स्वास्थ्य जाँच जेष्ठ नागरिकहरूको स्वास्थ्य सेवाकै एउटा अभिन्न भाग हुनुपर्दछ । यसबाट नै उनीहरूको स्वास्थ्यको स्तर थाहा पाउन सहयोग गर्दछ । यसले कुनै पनि रोग सुरुकै चरणमा पत्ता लगाउन सकिन्छ र जटिलता वा मृत्युका जोखिमलाई कम गर्न सकिन्छ । साथै यसले स्वास्थ्य सुधार गर्ने र सुरक्षित व्यवहार गर्ने अवसर प्रदान गर्दछ ।

### कून जाँच कति अन्तरालमा गर्ने ?

रक्तचाप -हरेक पटक डाक्टरलाई भेट्दा वा तीन वा छ महिनामा एकपटक  
उचाई र तौल- बेलाबेलामा  
दाँतको जाँच- हरेक वर्ष एकपटक  
दिसामा रगत- हरेक वर्ष एकपटक  
आँखाको जाँच -हरेक दुई वर्षमा एकपटक  
कानको सुन्ने क्षमता -बेलाबेलामा  
कोलेस्टेरोलको तह माप -हरेक पाँच वर्षमा एकपटक  
क्यान्सर स्क्रिनिङ्ग - हरेक वर्ष

### आत्मिक स्वास्थ्यता बनाउने तरिकाहरू

- आफ्नो धर्म र विश्वासअनुसार प्रार्थना र पूजा गर्ने ।
- धार्मिक सेवाका कार्यक्रममा सहभागी हुने ।
- धार्मिक रूपमा रहने तरिका अभ्यास गर्ने ।
- परिवार पछि धार्मिक समुदाय नै सामाजिक सहयोगको ठूलो स्रोत हो ।

जेष्ठ नागरिकहरूको क्लब निर्माण गर्ने र नियमित बैठक सञ्चालन गर्ने आदि ।

धन्यवाद

## ANNEXURE X

### LESSON PLAN OF TWELVE SESSION INTERVENTIONS (CNIs)

Session's Frequency: twice a week

Total no. of Session: 12

#### Lesson Plan- One

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
	Beginning: to build rapport among group members	<ul style="list-style-type: none"> <li>- Self and participants' introduction.</li> <li>- Expectation from participants.</li> <li>- Purpose and need of comprehensive nursing interventions</li> <li>- Overview of the Comprehensive nursing interventions.</li> <li>- Objective of today's session.</li> </ul>	15 Minutes	Social interaction Discussion & Clarification Posters Audio Recording with permission	
1.	Participants will be able to; Feel comfort psychologically.	<ul style="list-style-type: none"> <li>- Maintaining silence shortly</li> </ul>	2 Minutes	Observation	Question and answer. How do you feel by maintaining silence?
2.	Ventilate the elderly issues/experiences from their perspective.	Therapeutic Interaction/ventilation of their own experience and perception of elderly. <ul style="list-style-type: none"> <li>- Objectives of the interaction</li> <li>- Stating ground rules</li> </ul>	3 minutes	Sharing and Discussion	How did you feel during and after sharing your experiences?

		-Presentation/sharing by the senior citizens. -Summarization of the interaction and experiences.	17 Minutes		
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. - In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen. - Equal duration of exhalation & inhalation.	10 Minutes	Demonstration	Direct observation of their practice.  Returned demonstration
4.	State the ways of maintaining physical balance.	- Ways of maintaining physical balance.	3 Minutes	Discussion using poster.	How do you maintain physical balance?
	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 minutes</b>	-	-
5.	Practice glands and joints exercise comfortably.	- Benefits of glands and joints exercise.  - Exercise of the selected glands & joints.	2 Minutes 8 Minutes	Mini-Lecture Demonstration of exercise Practice by participants	Returned demonstration & Feedback
6.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		

## Lesson Plan- Two

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate elderly daily activities and exercise habit.	Therapeutic Interaction/ventilation of elderly daily activities and exercise habit (Individual ventilation in group).	25 Minutes	Sharing and Discussion	How did you feel during and after sharing your daily activities and exercise related experiences?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in a circular sitting/standing position.	Observation
	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-

5.	Be oriented about general characteristics of old age people.	<b>Health education on health promotion of senior citizens.</b> -General characteristics of old age people	10 Minutes	Lecture cum discussion Poster	What have you experienced among the general characteristics of old age people?
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice.	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		



### Lesson Plan- Three

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate elderly food choices and habits.	Therapeutic Interaction/ventilation of elderly foods and fasting habits (Individual ventilation in group).	25 Minutes	Sharing and Discussion	How did you feel during and after sharing your food and habits related experiences?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in a circular sitting/standing position.	Observation
	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-

5.	Identify the ways of promotion of nutrition.	<b>Health education on health promotion of senior citizens.</b> -Promotion of nutrition of elderly.	10 Minutes	Lecture cum discussion Poster	How do you promote your nutrition?
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How do you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		

### Lesson Plan- Four

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Identify their sleep habits and sleep problems.	Therapeutic Interaction/ventilation of elderly sleep habits and sleep problems (Individual ventilation in group).	25 Minutes	Sharing and Discussion	How did you feel during and after sharing your sleep habits and sleep problems related experiences?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in a circular sitting/standing position.	Observation

	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-
5.	Identify the ways of maintaining sleep hygiene.	<b>Health education on health promotion of senior citizens.</b> -Ways of maintaining sleep hygiene.	10 Minutes	Lecture cum discussion Poster Demonstration	How do you maintain your sleep hygiene?
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		

### Lesson Plan- Five

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate own health problems including management.	Therapeutic Interaction/ventilation of their own health problems including management (Individual ventilation in group).	25 Minutes	Sharing and Discussion	How did you feel during and after sharing your health problems and management?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in a circular sitting/standing position.	Observation

	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-
5.	Be oriented with compliance of treatment and regular follow-up.	<b>Health education on health promotion of senior citizens.</b> - Compliance of treatment and regular follow-up.	10 Minutes	Lecture cum discussion Poster	How do you get treatment and follow-up of your health problems?
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		

### Lesson Plan- Six

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate elderly safety needs and safety measures.	Therapeutic Interaction/ventilation of elderly safety needs and measures (Individual ventilation in group).	25 Minutes	Sharing and Discussion	How did you feel during and after sharing your safety needs and measures related experiences?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in a circular sitting/standing position.	Observation

	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-
5.	Be oriented with safety measures for preventing fall and injury.	<b>Health education on health promotion of senior citizens.</b> -Adopting safety measures -Preventing fall and injury	10 Minutes	Lecture cum discussion Poster	How do you safe yourself from fall and injury?
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		



## Lesson Plan- Seven

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate elderly habits about high risk behavior.	Therapeutic Interaction/ventilation of elderly habits about high risk behavior like smoking and substance uses (Individual ventilation in group).	25 Minutes	Sharing and Discussion	How did you feel during and after sharing your high risk habits related experiences?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in a circular sitting/standing position.	Observation
	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-

5.	Be oriented about minimizing high-risk behaviour.	<b>Health education on health promotion of senior citizens.</b> -Minimizing high risk behaviour.	10 Minutes	Lecture cum discussion Poster	How do you minimize your high risk behaviour.
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		

## Lesson Plan- Eight

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate their social participation and involvement in social support group.	Therapeutic Interaction/ventilation of elderly social participation and involvement in social support group. (Individual ventilation in group).	25 Minutes	Sharing and Discussion	How did you feel during and after sharing social participation & involvement in social support group related experiences?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in a circular	Observation

				sitting/standing position.	
	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-
5.	Be oriented about enhancement of their social participations.	<b>Health education on health promotion of senior citizens.</b> - Ways of enhancing of their social participations.	10 Minutes	Lecture cum discussion Story Telling	How do you enhance social participation?
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		

## Lesson Plan- Nine

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate elderly periodic medical check-up (perception & practice).	Therapeutic Interaction/ventilation of elderly periodic medical check-up (perception & practice). (Individual ventilation in group)	25 Minutes	Sharing and Discussion	How did you feel during and after sharing your periodic medical check-up habits related experiences?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in a circular sitting/standing	Observation

				position.	
	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-
5.	Be oriented about importance of periodic medical check-up in elderly.	<b>Health education on health promotion of senior citizens.</b> - Importance of periodic medical check-up as screening.	10 Minutes	Lecture cum discussion Poster	What have you planned for periodic medical check-up?
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		

## Lesson Plan- Ten

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate government and non-government facility for older people.	Therapeutic Interaction/ventilation about government and non-government facility for older people. (Individual ventilation in group).	25 Minutes	Sharing and Discussion	How did you feel during and after sharing government and non-government facility related experiences?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in a circular sitting/standing position.	Observation

	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-
5.	Be oriented about government and non-government facility for older people.	<b>Health education on health promotion of senior citizens.</b> - Government and non-government facility for older people	10 Minutes	Lecture cum discussion Poster	How do you utilize the facilities provided by the government & non-government organization?
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		



## Lesson Plan- Eleven

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate elderly religious activities and participation.	Therapeutic Interaction/ventilation of elderlyreligious activities and participation (Individual ventilation in group).	25 Minutes	Sharing and Discussion	How did you feel during and after sharing yourreligious activities and participation related experiences?
3.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. <ul style="list-style-type: none"> <li>- In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen.</li> <li>- Equal duration of exhalation &amp; inhalation.</li> </ul>	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration
4.	Be happy and refresh.	Soft ball playing in group for recreation.	8 Minutes	Group game: passing soft ball in	Observation

				a circular sitting/standing position.	
	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 Minutes</b>	-	-
5.	Be oriented about ways of maintaining spiritual well-being.	<b>Health education on health promotion of senior citizens.</b> -Ways of maintaining spiritual well-being	10 Minutes	Lecture cum discussion Poster	What have you experienced among the general characteristics of old age people?
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	5 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
	Be motivated for continuity of the session.	Summary Feedback	5 Minutes	Discussion	
<b>Total Time</b>			<b>90Minutes</b>		

## Lesson Plan- Twelve

S.N.	Learning Objectives	Content	Time	T/L Method/Media	Evaluation
		Review of previous session.	5 Minutes	Interaction and clarification	
1.	Feel comfort psychologically.	Maintaining silence shortly.	2 Minutes		How did you feel by maintaining silence?
2.	Ventilate elderly feelings and mood.	Therapeutic Interaction/ventilation of elderly loneliness, boredom & emotional issues (psychological problems) (Individual ventilation in group).	15 Minutes	Sharing and Discussion	How did you feel during and after sharing your psychological problems related experiences?
3.	Involve in the club of senior citizens.	-Enlist the advantage of senior citizen club development. -Formation of senior citizens club. -Conducting one meeting: (8-10 members in a club)	18 Minutes	Mini-lecture Interaction Demonstration	How will you use this club of senior citizens?
4.	Demonstrate correct technique of diaphragmatic breathing exercise.	Introduction and techniques of diaphragmatic breathing. - In Shavasana or sitting position, breathing through nose without jerk, pause, sound by using upper abdomen. - Equal duration of exhalation & inhalation.	10 Minutes	Demonstration	Direct observation of their practice. Returned demonstration

5.	Summarize the learning on health promotion activities of senior citizens.	Summarization of promotion of senior citizens' health including psychological health.	10 Minutes	Lecture cum discussion	Questions & answers
	<b>Refreshment</b>	<b>Tea/Juice Break</b>	<b>10 minutes</b>	-	-
6.	Practice selected glands and joints exercise comfortably.	Selected glands and joints exercise.	10 Minutes	Demonstration of exercise followed by practice	Observation
7.	Feel relax or comfort psychologically.	Listening flute music (Nepali Songs)	3 Minutes	Flute music (Nepali Song) Observation	How did you feel after listening flute music?
8.	Solve queries of comprehensive nursing interventions program.	Clarification of their queries	2 Minutes	Discussion	Questions/answers
	Be motivated for continuity of daily practice of learned things.	Summary Feedback	5 Minutes	Interaction	Questions/answers
<b>Total Time</b>			<b>90Minutes</b>		

## ANNEXURE XI (a)



### रोशी गाउँपालिका ROSHI RURAL MUNICIPALITY

९ नं. वडा कार्यालय, मंगलटार, काभ्रेपलाञ्चोक  
9 No. Ward Office, Mangaltar, Kavrepalanchok  
बागमती प्रदेश, नेपाल (Bagamati Province, Nepal)

पत्र संख्या (L. No.): ०६८/०९९

चलानी नं. (Ref. No.): २५३

मिति (Date) :-



२०७८/०७/११ (27 October 2021)

श्री जो जस सँग सम्बन्ध छ।

**विषय : Pilot Study पूरा भएको प्रमाणित गरिएको बारे ।**

उपयुक्त विषयमा निजगढ - ८, बारा बस्ने रामचन्द्र मैनालीको नातिनि ज्ञान प्रसाद मैनाली को छोरी शिला मैनालीले स्वामी राम हिमालयन विश्वविद्यालय, देहरादून भारत बाट विद्यावारिधि शोध अनुसन्धानको क्रममा "Effectiveness of Comprehensive Nursing Interventions on Well-being and Quality of Life among Senior Citizens in Rural Community, Nepal" विषयमा रोशी गाउँपालिका वडा नं ९ को मंगलटार गाउँमा मिति २०७८/०५/२३ देखि २०७८/०७/१० सम्म (from 8 September 2021 to 27 October 2021) Pilot Study पूरा गरेको व्यहोरा प्रमाणित गरि यो प्रमाण-पत्र प्रदान गरिएको छ।

सुवास आले  
वडा सचिव  
सुवास आले  
वडा सचिव

## ANNEXURE XI (b)



### Kakani Rural Municipality

Office of the Rural Municipal Executive

Ranipauwa, Nuwakot

2073

Bagmati Province, Nepal

L. No. :

Ref. No. : 720



Date : 20<sup>th</sup> Jan 2023

### TO WHOM IT MAY CONCERN

This is to certify that MS. Shila Mainali, Ph. D. scholar of swami Rama Himalayan University, Dehradun, India, has completed research study in field entitled "Effectiveness of comprehensive Nursing Interventions on Well-being and Quality of Life among Senior Citizens in Rural Communities, Nepal" from December 2021 to 15<sup>th</sup> January 2023.

I wish all the best.

Sagar K.C.

Administrative Officer

## ANNEXURE XI (c)



**Tadi Rural Municipality**  
**Office of the Rural Municipality Executive**  
Kharanitar, Nuwakot  
2073  
Bagmati Province, Nepal

Letter No :  
Dispatch No : 780/079/80

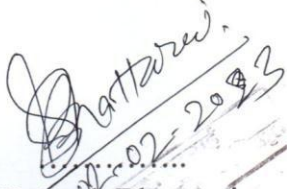


Date : 2<sup>nd</sup> February 2023

### To Whome it May Concern

This is certify that Ms Shila Mainali, Ph.D scholar of swami Rama Himalayan University, Dehradun, India, has completed research study in field entitled “**Effectiveness of comprehensive Nursing Interventions on well-being and quality of Life among senior citizens in Rural community, Nepal**” from November 2021 to 15<sup>th</sup> January 2023.

I wish all the best.

  
Prayash Bhattarai  
Administrative Officer

**ANNEXURE XII**  
**INFORMATION BOOKLET ON ELDERLY WELL-BEING AND QUALITY OF LIFE**

**बुढ्यौली पुस्तिका**  
**सुस्वास्थ्य र दीर्घ जीवनका लागि**  
**वृहत् नर्सिङ क्रियाकलाप**



◆ शिला मैनाली



बुढ्यौली पुस्तिका  
ज्येष्ठ नागरिकको सुस्वास्थ्य र  
गुणस्तरीय दीर्घ जीवनका लागि  
वृहत् नर्सिङ्ग क्रियाकलाप

शिला मैनाली

बुढ्यौली पुस्तिका

ज्येष्ठ नागरिकको सुस्वास्थ्य र गुणस्तरीय दीर्घ जीवनका लागि  
वृहत् नर्सिङ्ग क्रियाकलाप

प्रकाशक : श्रीमती रुपा मैनाली

लेखक : शिला मैनाली

सर्वाधिकार : लेखकमा

संस्करण : २०७९ (सन् २०२२)

मुद्रण : ग्लोबल प्रिन्ट कनेक्सन  
कमलादी, काठमाडौं ।

## मन्तव्य

बुद्ध्योली प्राकृतिक प्रकृत्या भ एपनि विभिन्न शारीरिक तथा मानसिक परिवर्तनको कारणले गर्दा कार्य गर्ने शक्तिमा कमी आई विभिन्न रोगहरू तथा चोटपटक लाग्ने सम्भावना बढी हुन्छ । वहाँहरूको सामाजिक र वातावरणीय अवस्था र यसमा हुने परिवर्तनले पनि बुद्ध्योलीलाई असर पार्ने गर्दछ ।

संसारभरी ने ज्येष्ठ नागरिकको संख्या द्रुत गतिले बढिरहेको छ । आगामी सन् २०५० मा कूल जनसंख्याको २२ प्रतिशत मानिसहरू साठी वर्ष भन्दा माथिका मात्र हुनेछन् । नेपालमा पनि ६५ वर्ष माथिका ज्येष्ठ नागरिकहरूको संख्या बढेर कूल जनसंख्याको ५.९ प्रतिशत भएको छ र जीवनको सरदर आयु पनि बढेर ७१.१ वर्ष भएको छ । यसरी बढ्दै गरेको बुद्ध्योली जनसंख्यालाई स्वस्थ राख्न र गुणस्तरीय जीवन बिताउने व्यवस्था गर्न देशको स्वास्थ्य सेवा विभागलाई ने चुनौती थपिएको छ ।

ज्येष्ठ नागरिकको शारीरिक, मानसिक, सामाजिक र आध्यात्मिक सुस्वास्थ्य तथा गुणस्तरयुक्त जीवनयापनको लागि हरेक स्वास्थ्यकर्मीले योगदान पुऱ्याउनु पर्छ । साथै यस्ता योगदानले कार्यक्रमको रूप लिई कार्यान्वयन हुन सक्थो भने ज्येष्ठ नागरिकको समस्या कम गराई उत्साहपूर्ण बुद्ध्योली जीवन बिताई समाज र राष्ट्रलाई योगदान समेत दिन सक्दछन् ।

यस पुस्तिका मेरो नर्सिङ्ग विज्ञान विषय अन्तर्गत ज्येष्ठ नागरिकमा गरिएको विद्यावारिधि अध्ययनको क्रममा ग्रामीण भेगमा रहनुभएका बुवा आमाहरूसँगको अन्तर्क्रिया र छलफल पश्चात तयार पारिएको हो । यस वृहत् नर्सिङ्ग क्रियाकलाप सम्बन्धी पुस्तिकाले जुनसुकै भेगमा रहेका तथा घर वा वृद्धाश्रममा रहेका ज्येष्ठ नागरिकको स्वास्थ्य र गुणस्तर युक्त जीवनमा सहयोग पुऱ्याउने छ भनी विश्वास लिएकी छु । अध्ययनमा सहभागी ज्येष्ठ नागरिकको घरमे यो पुस्तिका हुने हुनाले आफ्नो स्वास्थ्य अवस्था बनाइराख्न र गुणस्तरीय जीवनशैली अपनाउन भकभककाइरहने छ । घरका अन्य सदस्यहरूले पनि जानकारी प्राप्त गरी ज्येष्ठ नागरिकलाई सघाउन सक्नुहुन्छ र आफ्नो बुद्ध्योलीको मानसिक तयारी गर्न पनि सक्नुहुन्छ ।

यस पुस्तिका लेखन र छपाईमा सहयोग गर्नुहुने सम्पूर्ण महानुभावहरूमा धन्यवाद साथै पुस्तिका पढिदिनुहुने र हेरिदिनुहुने सम्पूर्णमा पनि सुभावको अपेक्षा सहित हार्दिक धन्यवाद व्यक्त गर्दछु ।

शिला मैनाली  
विद्यावारिधि (नर्सिङ्ग विज्ञान)  
स्वामी राम हिमालयन विश्वविद्यालय  
देहरादून, भारत

## विषय सूची

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# वृहत् नर्सिङ्ग क्रियाकलाप

## परिचय

ज्येष्ठ नागरिकहरूको शारीरिक तथा मानसिक असुविधा र पीडाहरू कम गर्नुको साथै उहाँहरूको शारीरिक, सामाजिक, मनोवैज्ञानिक र धार्मिक अन्तर्क्रिया सम्बन्धी पक्षलाई सुधार गरी जिन्दगी सुस्वास्थ्य तथा गुणस्तर युक्त वा बढी सन्तोषप्रद बनाउनको लागि सहयोग पुऱ्याउने सम्पूर्ण नर्सिङ्ग सेवालाले नै वृहत् नर्सिङ्ग क्रियाकलाप भनिन्छ । यी नर्सिङ्ग क्रियाकलापहरू सरल, सुविधाजनक र उपयुक्त छन् ।

## वृहत् नर्सिङ्ग क्रियाकलापको उद्देश्य

ज्येष्ठ नागरिकहरूको सु-स्वास्थ्य तथा गुणस्तरीय जीवनमा सुधार ल्याउनु ।

## वृहत् नर्सिङ्ग क्रियाकलाप अन्तर्गत गर्नुपर्ने दैनिक कार्यहरू

### १. मौन बस्ने वा ध्यान बस्ने

मौन बसाई ठूलो शक्तिको स्रोत हो । शान्त वातावरणमा मौन बस्नाले धेरै फाइदा हुन्छ । यसले सम्पूर्ण शारीरिक स्वास्थ्य र अरु हितको काम गर्छ । जस्तै : चिन्ता घटाउँछ, शरीर र मस्तिष्कमा तनाव घटाउँछ, रक्तचाप कम गर्छ, शरीरको रोगसँग लड्ने क्षमता बलियो बनाउँछ, शरीर भित्रको रस (हर्मोन) को सकारात्मक



नियन्त्रण गर्छ र रक्त केशिकाहरूका कार्यलाई राम्रो बनाउँछ जसले गर्दा रक्तवाहिनी नलिमा अवरोध आउन दिँदैन । अर्कातर्फ यसले मनोवैज्ञानिक

र भावनात्मक स्वास्थ्यमा फाइदा गर्दछ । जस्तै : आफू र आफ्नो वरिपरिको वातावरणप्रति सचेत बनाउँछ । सृजनात्मकता सुधार वृद्धि गर्छ । साथै मिठो निद्रामा पनि सुधार ल्याउँछ । हरेक दिन शान्त वातावरणमा कम्तीमा पाँच मिनेट मौन बस्ने गर्नुस । तपाईंको फुर्सदको समय मिलाएर कुनै पनि बेला छोटो समयको लागि ध्यान बस्न सक्नुहुन्छ ।

## २. बुढ्यौली अनुभव तथा बुढ्यौलीप्रतिको धारणाको साभेदारी :

बुढ्यौली प्रतिको अवधारणा बुझ्ने तथा छलफल गर्ने गर्नाले बुढेसकालको समस्या समाधान गर्न तथा गुणस्तरीय जीवनमा सुधार गर्नको लागि सहयोग गर्दछ । आफ्नो मनको कुराहरू व्यक्त गर्ने फुर्सद छैन भन्ने लाग्छ भने तपाईं आफ्नो दैनिक कामहरू जस्तै



घाँस काट्ने, बाख्रा चराउने, बारीमा काम गर्ने, मेला जाने गर्दागर्दै पनि त्यहीका उमेर र मन मिल्ने साथीहरूसँग छलफल गर्न सक्नुहुन्छ । यसले गर्दा आवश्यक परेको बेलामा सहयोग लेनदेन गर्न सकिन्छ । साथै समस्यासँग जुध्ने वा सहन अवसर प्रदान गर्दछ । आफूभित्र भएको पीर, चिन्ता र रिसलाई बाहिर निकाल्दा एकदमै हलुको महसुस गर्न सकिन्छ । समग्रमा आफ्नो परिवार र साथीहरूको सम्बन्ध तथा आफ्नो स्वास्थ्य सुधार गर्न सकिन्छ ।

### ३. ग्रन्थीहरू तथा जोर्नीहरूको कसरत :

यो कसरत टाउकोबाट सुरु भएर बिस्तारै शरीरको तल्लो भाग हुँदै खुट्टाहरूको औंलासम्म गरिन्छ । यसमा हल्का गतिले जोर्नीहरू तथा मांसपेशीहरूका भित्री तन्तुहरूमा असर गरेर लचकतामा सुधार गर्छ । यो कसरतको मुख्य उद्देश्य शरीरका सम्पूर्ण जोर्नीहरू तथा ग्रन्थीहरूलाई खुलाउनु हो । यसले शरीरको सन्तुलन तथा स्थिरता कायम गर्नुको साथै सम्पूर्ण शरीरको रक्त संचालनमा सुधार गरी स्वास्थ्य राम्रो बनाउँछ ।

#### (क) निधार तथा पिनास हुने कुर्कुरे हाडको प्वाल (साइनस) हरूको मालिस :

मालिस गर्दा अनुहारको केन्द्र वा बिचबाट सुरु गरी बाहिर तिर लौजानु पर्दछ । यसले अनुहार, निधार र कन्चटको तनाव नाश हुनुका साथै अनुहारको चाउरी पनि हटाउँछ वा कम गर्छ ।



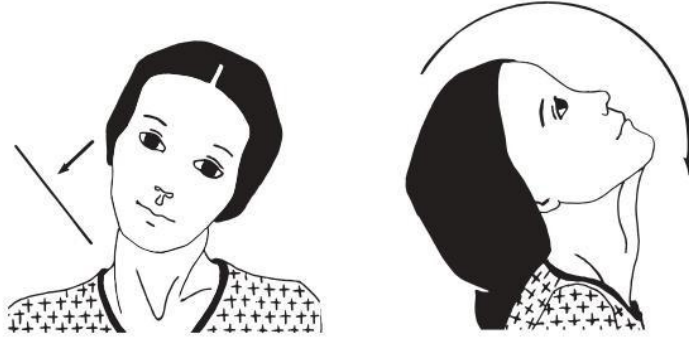
#### (ख) आँखाको कसरत :

आँखा दायाँ, बायाँ, अगाडि, टेढो लैजानु पर्छ त्यसपछि चारैतिर घुमाउनु पर्छ । यसो गर्दा आँखा मात्र घुमाउनु पर्छ, घाँटी घुमाउनु हुँदैन । हरेक साइडमा आँखाको कसरत गर्दा कम्तीमा तीन पटक गर्नुपर्दछ । हरेक पटक आँखा घुमाएपछि केही सेकेन्डको लागि आँखा बन्द गरी आराम दिनु पर्दछ ।



### (ग) घाँटीको कसरत

- घाँटी अगाडि र पछाडि मोड्ने । श्वास फ्याँक्दै घाँटी अगाडि मोड्ने र श्वास तान्दै घाँटी सिधा गर्नुपर्दछ ।
- श्वासको क्रिया त्यसैगरी टाउकोलाई बायाँ र दायाँ गरी चिउँडोलाई कानसम्म सिधा बनाउनु पर्दछ ।
- कानलाई काँधसम्म पुऱ्याउनुहोस । देब्रे कान त्यही तर्फको काँधसम्म भुकाउने तथा दाहिने कान त्यहीतर्फको काँधसम्म भुकाउने कोसिस गर्नुहोस् । यसो गर्दा काँध उठाएर कान छुन भने हुँदैन ।



### (घ) काँध घुमाउने :

- एक एक गरी काँधलाई तीन पटकसम्म घुमाउने । त्यसपछि दुवै काँधलाई एक साथ तीन पटकसम्म घुमाउने ।
- हातहरूसँगै काँध घुमाउने ।





### (ड) घुँडा नचाउने

गोडा हल्का फैलाएर बस्ने र हत्केलाले घुँडालाई छोपेर अलिकति निहुरेर उभिने र दायौँ-बायौँबाट तीन-तीन पटक घुमाउने ।



### (च) गोडा र कुर्कुचाको कसरत

हातलाई कम्मरमा राखेर सिधा उभिने । देब्रे र दाहिने गोडा एक एक गरी गोलीगाँठोको जोर्नी खुम्च्याउने र औँला मथि तान्ने । त्यसपछि गोडालाई आराम दिने, फेरि औँलाहरू जति सकिन्छ तलतिर तान्ने त्यसपछि आराम दिने ।

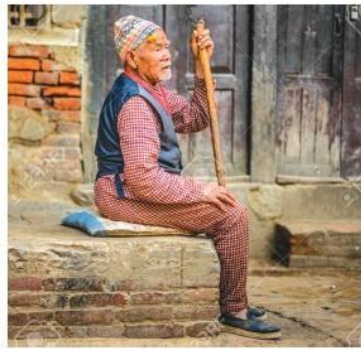


## ४. शारीरिक सन्तुलन कायम गर्ने तरिका

- घरभित्र वा बाहिर हिँड्दा लठ्ठीको प्रयोग गर्ने ।



- शरीरको आसन परिवर्तन गर्दा ध्यानपूर्वक गर्ने । जस्तै : सुतेर वा बसेर उठ्दा ।



- कडा सोल भएको वा नचिप्लने जुता चप्पलको प्रयोग गर्ने ।



- आवश्यक पर्ने व्यक्तिले चश्माको प्रयोग गर्ने ।



- राति शौचालयमा बत्ती बाली छाडेर उज्यालो बनाइराख्ने ।



- राती घर बाहिर निस्कँदा टर्चलाइट प्रयोग गर्ने ।



- कान नसुन्ने व्यक्तिहरूको लागि इयरफोनको सहयोगले सजिलो गराउन सकिन्छ ।



- भय्याङ चढ्दा वा ओर्लँदा रेलिङ वा भित्तामा समाएर हिँड्नु पर्दछ ।



## ५. स्वस्थ बुद्धौलीको अवधारणा अनुरूप जीवन बिताउन कोसिस गर्ने

- परिवार र समुदायम मिलेर बस्नुपर्छ । आपसी सम्बन्ध बनाउनु पर्छ र यसलाई जीवन्त राख्नुपर्छ ।
- आफ्ना आधारभूत आवश्यकता पूरा गर्नुपर्दछ । र आफ्नो जीवनम महत्वपूर्ण लागेका कुराहरू गर्ने र स्वस्थ रहने अवसर र वातावरण सिर्जना गर्नुपर्छ । आफ्नो कार्य गर्ने शक्ति विकास गर्नुपर्छ र यथावत राख्नुपर्छ ।
- आफ्नो आर्थिक स्रोत कायम राख्नु पर्छ ।
- नयाँ कुरा सिक्न, क्षमता वृद्धि गर्न, घुमफिर गर्न र निर्णय गर्न सक्ने हुनुपर्छ । त्यसैले यस्ता कार्यहरूमा सहभागिता हुनुपर्छ ।
- समाजको लागि योगदान पुऱ्याउन कोसिस गर्नुपर्छ ।
- माथिका यी कार्यहरूले ज्येष्ठ नागरिकहरूलाई स्वस्थ रहन मद्दत गर्दछ ।



## ६. डायफ्रामेटिक ब्रिदिङ (पेट सहित लामो श्वास प्रश्वास गर्ने)

- आफ्नो सजिलो अनुसार बसेर वा सुतेर (उत्तानो परी) यो श्वास प्रश्वासको कसरत गर्न सकिन्छ ।
- एउटा हात (हत्केला) माथिल्लो पेटमा राख्ने र अर्को हात छातीमाथि राख्ने । श्वास तान्दा पेटको हात माथि उठ्नु पर्छ र श्वास छोड्दा तल भर्नु पर्छ ।
- कुनै आवाज र भट्का विना नाकबाट विस्तारै श्वास लिने र छोड्ने गर्नुपर्छ । श्वास लिने र छोड्ने समय बराबर हुनु पर्छ ।
- यो प्रक्रिया हरेक दिनमा एक वा दुई पटक १० मिनेटसम्म लगातार गर्नुपर्छ ।



### ७. नेपाली गीत/भजनहरू सुन्ने वा संगीतको धुनहरू सुन्ने

गीत तथा संगीतहरूले सुखद अनुभव प्रदान गर्दछ। यसले तनावहरूलाई कम गराई आत्मगत जागरुकता र स्वास्थ्यमा सुधार ल्याउँछ। यसका साथै स्मरण शक्तिमा पनि राम्रो प्रभाव पार्दछ। त्यसैले रेडियो, टेलिभिजन तथा मोबाइलबाट पनि आफ्ना मन पर्ने गीत वा भजन हरेक दिन सुन्ने र रमाउने गर्नु पर्दछ।



### ८. सामुहिक खेलमा सहभागिता हुने :

आफ्नो घर समाजमा ज्येष्ठ नागरिकहरू जम्मा भएर सामुहिक खेल खेल्न सकिन्छ। जस्तै : नरम भकुण्डो एक अर्कालाई पालैपालो फ्याँकेर। यसरी हातले भकुण्डो फ्याँक्दा जसले समात्न सक्दैन उ खेलबाट बाहिर निस्कन्छ। त्यस्तै रुमाल लुकाउने पनि खेल सकिन्छ। यी खेलहरूले मनोरन्जन प्रदान गर्दछ। जसले गर्दा मानसिक र सामाजिक रूपमा स्वस्थ रहन मद्दत गर्दछ।



## ९. ज्येष्ठ नागरिकको स्वास्थ्य वृद्धिको लागि स्वास्थ्य शिक्षा

स्वास्थ्य शिक्षा अन्तर्गत व्यक्तिगत, पारिवारिक, सामाजिक र वातावरणीय क्रियाकलापहरू पर्दछन्, जसले गर्दा जीवनस्तर सुधार्न र मृत्युलाई घटाउन सघाउँछ ।

### पोषणमा सुधार गर्ने तरिका :

- दिनमा थोरै थोरै गरेर तीन वा चार पटक खाजा र खाना खानुपर्छ ।
- भोल पदार्थ प्रशस्त मात्रामा लिनु पर्दछ । अलि बाक्लो भोल पदार्थ पिउनाले सर्किनबाट बच्न सकिन्छ ।
- भिटामिन, खनिज पदार्थ र पौष्टिक तत्व पूरा गर्नको लागि पोषिलो खाना दिनु पर्दछ । प्रशोधन नगरिएको खाद्य पदार्थ प्रयोग गर्नु राम्रो मानिन्छ । जस्तै : गहुँको रोटी, खैरो चामल, बियाँ, दाना, ताजा फलफूल, रेसादार सागसब्जी तथा अन्नहरू आदि । कोदो र फापरको पिठोको विभिन्न खाने कुरा धेरै स्वास्थ्य बर्द्धक हुन्छन् ।
- जडीबुटीहरूका खटाइ वा चटनीको प्रयोगले वास्नाबाट भोक जगाई खाना प्रशस्त मात्रामा खान सकिन्छ ।



- बुढेसकालमा व्रत नबस्नु नै राम्रो हुन्छ । परम्परा र चाडपर्व अनुसार वर्षमा एक दुई पटक व्रत बस्नु परेमा बस्न सकिन्छ । तर फलफूलको सेवन गरेर व्रत बस्नु उत्तम मानिन्छ ।

### स्वास्थ्यवर्द्धक क्रियाकलाप र कसरत

- आफ्नो उमेर अनुसारको केही न केही शारीरिक क्रियाकलाप गर्नुपर्छ । यसले पनि औषधीले जस्तै मनलाई बलियो बनाउने काम गर्दछ । तर कुनै पनि नकारात्मक असर गर्दैन । कोलेस्ट्रॉल बढेको अवस्थाम यसलाई घटाउनको लागि पनि दैनिक क्रियाकलाप र साधारण कसरत गर्नु पर्दछ ।
- दिर्घरोगको कारणले गर्दा आफ्ना दैनिक कार्य गर्न नसकेमा सहयोगी राखेर पनि पूरा गर्नुपर्ने हुन्छ ।





## स्वच्छ र शान्त निन्द्राको व्यवस्था

- समयमा सुत्न र उठ्नको लागि तालिका बनाउने र त्यही अनुसार गर्ने गर्नाले अनिन्द्राको समस्या हुँदैन ।
- सुत्ने कोठामा हावा आवत जावत हुने व्यवस्थाको साथै थोरै प्रकाश भएको बत्ती बाल्नु पर्छ । ओढ्ने ओछ्याउने तथा सिरानी आरामदायी हुनुपर्छ ।
- नियमित शारीरिक क्रियाकलाप र कसरत गर्नाले अनिन्द्रा, डर लाग्ने तथा उदासीपनको समस्या कम गर्न सकिन्छ ।
- हरेक दिन मानसिक रूपमा पनि क्रियाशील रहनु होस र उद्देश्यपूर्ण जिन्दगी महसुस गर्नुहोस ।
- सेवाभावले सामाजिक कार्य गर्दा पनि सन्तुष्टि प्राप्त हुन्छ र राम्रो निन्द्रा लाग्छ ।
- सन्तुलित भोजन खानुहोस । चिया, कफी तथा चकलेट जस्ता खानेकुरा कम गर्नुपर्छ, यसले अनिन्द्रा बढाउन सक्छ ।
- निन्द्रामा समस्या भएमा सुत्नु अगाडि मनतातो पानीले शरीर पखाल्ने, सुमधुर संगीत सुन्ने तथा कोठामा मधुरो बत्ती बाल्ने गर्नुपर्छ त्यसले निन्द्रा लगाउन सहयोग पुऱ्याउँछ ।



## उपचार पथपहरेजको अनुपालन र नियमित उपचार

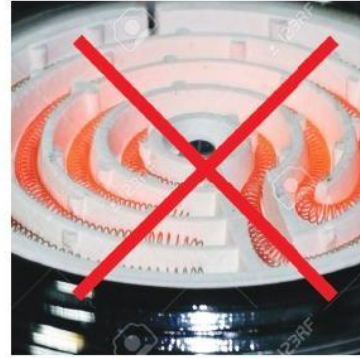
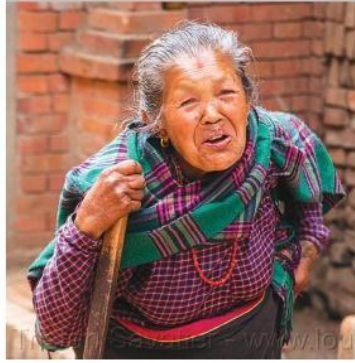


- पहिलो पटक उपचारमा आउँदा नै स्वास्थ्यकर्मीले निरन्तर उपचारको महत्वको बारेमा शिक्षा दिनुपर्दछ ।
- औषधीको सही प्रयोग गर्न र गराउन सिकाउनुपर्छ । हप्ता वा महिनाको लागि औषधीको तालिका नै तयार पार्नुपर्दछ ।
- औषधी खाइराख्ने बिरामीहरूमा औषधीको प्रतिकूल असरबारे जानकारी दिनुपर्छ । जस्तै : भुम्म हुने, चेतनामुलक कार्यमा हानी आदि ।



### ज्येष्ठ नागरिकले अवलम्बन गर्नुपर्ने सुरक्षाका उपायहरू

- ज्येष्ठ नागरिकहरूलाई घरदेखि लिएर बाटो वा कुनै पनि ठाउँमा सुरक्षा प्रदान गर्न हरेक नागरिक जिम्मेवार हुनुपर्छ ।
- घरमा हुनसक्ने सम्भावित खतराका बारेमा चेतना प्रदान गर्ने, त्यसको रोकथाम र व्यवस्थापन मिलाउने गर्नु पर्दछ । जस्तै : शौचालय, भन्ड्याडमा हुने चोटपटक ।
- गोडाले भर दिँदै नभने लठ्ठीको प्रयोग गरी हिँड्ने ।
- रातिको समयमा बिजुली बत्ती वा टर्चलाइटको प्रयोग गर्ने । दिउँसो भ्यालढोका खुला राखेर प्रशस्त प्रकाशको प्रयोग गर्ने ।
- कडा खालको सोल भएको वा नचिप्लने जुता लगाउने ।



- भुईंमा फोहोर जथाभावी नफ्याँक्ने, चिप्लने खतरा हुन्छ ।
- शौचालयमा राति बत्ती बालिरहनु पर्छ । धेरैजसो दुर्घटना शौचालयमै हुने गर्दछ ।
- आफ्नो आसन बदल्दा जस्तै : बसेर उठ्दा वा ओछ्यानबाट बाहिर जाँदा विस्तारै गर्ने । एक्कासी गर्दा रिंगटा लागेर लड्न सकिन्छ ।
- आफ्नै मनखुसी औषधी खानु हुँदैन । यसका नकारात्मक असरबाट ज्यानै जान पनि सक्छ । कुनै रोगको उपचारको लागि औषधि खान भनिएको छ भने स्पष्ट नाम लेखिएको औषधी, ठिक मात्रा र समयमा खानु पर्छ ।
- जाडो महिनामा शरीर न्यानो गर्नको लागि आगो बाल्ने वा विद्युतीय हिटरको प्रयोग गर्नु हुँदैन । बरु पत्र पत्र भएका धेरै वटा कपडा लगाउनु पर्छ ।
- सुत्ने कोठामा वा निन्द्रा लाग्ने बेलामा कहिल्यै धुमपान गर्नु हुँदैन ।
- उच्च खतरापूर्ण व्यवहार कम गर्ने र धुम्रपान तथा मद्यपान रोक्नुपर्छ ।
- उहाँहरूलाई सामाजिक र आर्थिक रूपमा पनि सुरक्षा प्रदान गर्नुपर्दछ । त्यसैले आफ्ना परिवार र छिमेकीहरूबाट खतरा महसुस हुन दिनु हुँदैन । घरमा एकलै बस्ने ज्येष्ठ नागरिकलाई वा एकल आमा-बुबालाई सबैले ख्याल गर्नुपर्छ । साथै स्थानीय सरकारले पनि सुरक्षा व्यवस्था गर्नुपर्दछ ।
- अरु वयस्कहरूलाई जस्तै उहाँहरूलाई पनि व्यक्तिगत समय र सामाजिक समय प्रदान गर्नुपर्छ । साथै अलग ठाउँको पनि व्यवस्था गर्नुपर्छ ।
- आर्थिक सुरक्षा प्राप्त गर्नको लागि सरकारी वृद्धभत्ता, नियमित पेन्सन र पारिवारिक आर्थिक सहयोगले मद्दत गर्दछ ।
- शंका गर्ने र नकारात्मक सोचाइको सट्टा सकारात्मक सोच राख्ने बानी गर्नुपर्दछ ।

## १०. सामाजिक सहभागिता बढाउने कार्यहरू

- अनौपचारिक सामाजिक जमघटको व्यवस्था गर्ने । जस्तै : चिया पसलको भेटघाट, अन्य ठाउँको जमघट ।
- अनौपचारिक छलफल संचालन गर्ने ।
- ज्येष्ठ नागरिकहरूको सहयोगी समूह निर्माण गर्ने ।
- टाढा बसेका परिवारका सदस्य वा छिमेकीसँगको भेटघाटले पनि मनोरन्जन प्रदान गर्दछ । र सामाजिक रूपमा स्वस्थ हुन सहयोग पुऱ्याउँछ । यसले एकलोपना र दिक्दारीलाई हटाउँछ ।



## ११. ज्येष्ठ नागरिकहरूको आत्मसम्मानमा सुधार गर्ने कार्यहरू

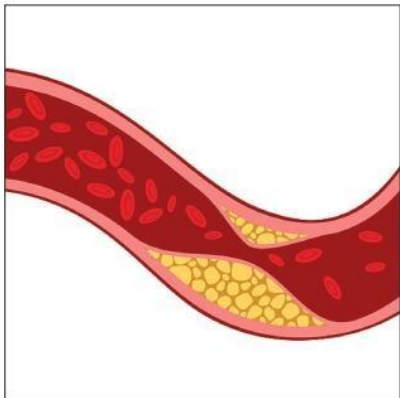
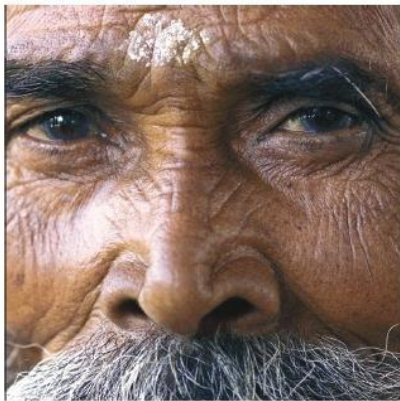
- आफूना सौखहरू पूरा गर्ने जस्तै अतितका यादहरू लेख्ने, कथा, कविता, लेख्ने, भन्ने/सुनाउने गर्नाले आत्मसम्मानमा सुधार आउन सक्छ ।
- परिवारका सहयोगमा स-साना कार्य योजना बनाउने र त्यसै अनुरूप काम गर्ने ।

## १२. नियमित स्वास्थ्य जाँच । स्क्रिनिङ्ग

यसले गर्दा कुनै पनि रोग सुरुकै चरणमा पत्ता लगाई जटिलता वा मृत्युको जोखिमलाई कम गर्न सकिन्छ ।

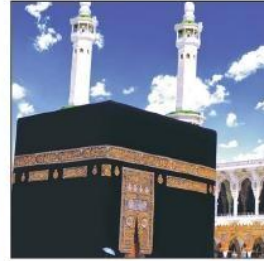
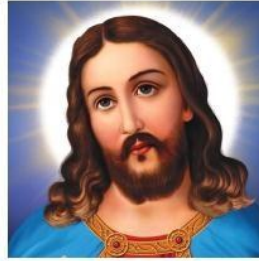
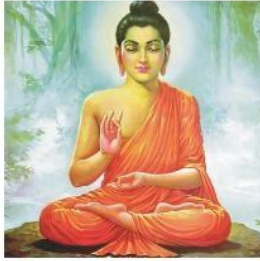
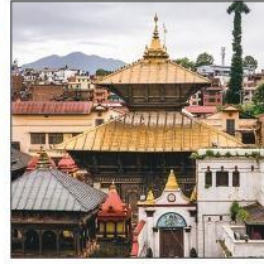
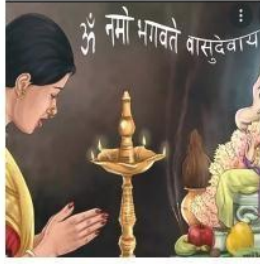
जाँच	समय अन्तराल
रक्तचाप	हरेक पटक डाक्टरलाई भेट्दा वा तीन वा ६ महिनामा एक पटक ।
उचाई र तौल	बेलाबेलामा
दाँतको जाँच	हरेक वर्ष एक पटक
दिसामा रगत	हरेक वर्ष एक पटक
आँखाको जाँच	हरेक दुई वर्षमा एक पटक
कानको सुन्ने क्षमता	बेलाबेलामा
कोलेस्ट्रॉलको तह	हरेक पाँच वर्षमा एक पटक
क्यान्सर स्क्रिनिङ्ग	हरेक वर्ष





### १३. धार्मिक/आत्मिक स्वस्थता बनाउने तरिकाहरू

- आफ्नो धर्म र विश्वास अनुसार प्रार्थना र पूजा गर्ने ।
- धार्मिक सेवाका कार्यक्रममा सहभागी हुने ।
- परिवार पछि धार्मिक समुदाय नै सामाजिक सहयोगको ठूलो स्रोत हो । ज्येष्ठ नागरिकहरूको क्लब निर्माण गर्ने र नियमित बैठक संचालन गर्ने ।
- बैठकका निर्णय तथा गतिविधिको बारेमा जानकारी लिने र आयोजना गरिएको कार्यक्रममा सहभागी हुने हुनु पर्दछ ।



धन्यवाद!



## ANNEXURE XIII

### USED EDUCATIONAL MATERIALS IN CNIS SESSIONS

# बृहद् नर्सिङ्ग क्रियाकलापको सिंहावलोकन



## ग्रन्थीहरू तथा जोर्नीहरूको कसरत



# शारीरिक सन्तुलन कायम गर्ने तरिकाहरू



# जेष्ठ नागरिकका विशेषताहरू



# जेष्ठ नागरिकका लागि उपयुक्त खानेकुराहरू



# निद्रा स्वच्छताको व्यवस्था



# ANNEXURE XIV

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Original Research Article

## Reliability Analysis of a Self-Developed Elderly Well-Being Scale

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### ABSTRACT

**Introduction/Objective:** The well-being of older people needs to be assessed periodically to plan and manage proper care. This study aimed to assess the validity and analyse the reliability of the self-developed Well-being scale to determine the suitability of the scale for identifying the well-being status of older people and evaluating effectiveness of self-structured nursing interventions.

**Methods:** A descriptive cross-sectional study design was used among 31 older people living in a rural community in the Kavrepalanchok district, Nepal in September 2021. A purposive sampling technique was used, and face-to-face interview in home visit was done using Self-structured Elderly Well-being Scale. The internal consistency reliability was assessed by Cronbach's alpha and test re-test on a three and six point Likert scale.

**Results:** Respondents were more female (51.6%) with a mean age of  $66.70 \pm 4.65$ , and 19 (61.29%) were in the age group 60-67 years. There are four domains in the well-being scale. The physical well-being scale was found to be highly reliable in Cronbach's alpha (0.892), the test re-test method (0.9957), and the test re-test reliability was higher than Cronbach's alpha. The psychological well-being scale was also highly reliable in Cronbach's alpha (0.871) and test re-test method (0.9788). Similarly, the reliability of the social and spiritual well-being scale was good in Cronbach's alpha (0.758 & 0.774) and very good in the test re-test (0.9100 & 0.8876), respectively. The inter-item reliability was also found suitable.

**Conclusion:** The elderly well-being scale demonstrated exemplary performance in tests of reliability and validity. It can individually assess physical, psychological, social and spiritual well-being and older people's overall well-being in the community and institutional settings. It is a suitable tool for assessing well-being status and evaluating the effectiveness of nursing interventions.

**Keywords:** Well-being Scale, Reliability, Cronbach's alpha, Persons' Correlation, Older People and Rural Community.

### INTRODUCTION

Reliability is a process of measuring the research instrument for its' consistency, stability and equivalence. Assurance of a quality of a tool is a must for effective research. A stable research tool only can measure the variables correctly. <sup>(1)</sup> So, the reliable scale provides consistent results,

further contributing to the validity of a scale. The stability of a tool is assessed by interviewing the same respondents and using the same scale. <sup>(2)</sup>

Well-being is a functional ability of older people holistically. Measurement of well-being status in the community is a challenging and aggregated task. A

comprehensive scale only can measure well-being status ultimately. Some tools measure people's psychological, social and spiritual health separately, some items are inadequate, and some are overlapped. There are various research on well-being but found a need to incorporate its' complexity and wholeness. <sup>(3)</sup> In this context, an integrative well-being tool was a demand of health care professionals and researchers. After a thorough literature search, this Elderly Well-being Scale was developed by the researcher. Maintaining the validity and reliability of a new scale is vital before using the scale in research.

The elderly well-being scale is a full scale consisting of four domains of well-being; physical, psychological, social and spiritual well-being, presented separately in different points Likert scales. Physical well-being is measured on three points and psychological, social and spiritual well-being are measured on six points Likert scale.

The ageing population are increasing both in developing as well as developed countries. It will be increased continuously and may reach 15% of worlds' population by only sixty years above people in 2025 and again will be 22% by 2050A.D. It is expected that the number of older people will triple in the Middle East and Asia e.g. in China, 8.3% in 2010 to 23.9% in 2050. Moreover, most of the older people (80%) will live in low and middle-income countries like Nepal. <sup>(4)</sup> Ageing also affect in basic activities of human life. Older people living at home; may have one or more chronic diseases. So more care is needed than cure. Care and support should be provided based on their well-being status and disease condition. The well-being status of older people needs to be assessed periodically. <sup>(5)</sup>

This study aimed to assess the validity and analyse the reliability of the self-developed well-being scale to determine the suitability of the scale for identifying the well-being status of older people and evaluating the effectiveness of self-structured nursing interventions.

## MATERIALS & METHODS

A descriptive cross-sectional study was conducted to analyse the reliability of a well-being scale among 31 older adults aged 60-75 years, living at home in a rural community in Kavrepalanchok, Nepal. A purposive sampling technique was used to select older adults with Nepali speaking, listening and mobility ability. A face-to-face interview was done by using the Elderly Well-being Scale. The Structured socio-demographic questionnaire, baseline proforma with present health problems and clinical measurement and health-related behaviours, including the self-structured Elderly Well-being Scale were implemented by the researcher during a home visit in September 2021. The time interval between test and re-test was two weeks. The sample mortality rate was 3.23%.

The Elderly Well-being Scale measures older people's functional ability in physical, psychological, social and spiritual domains representing holistically. The physical well-being scale consists of the ability to perform activities of daily living (ADL) and instrumental activities of daily living (IADL), covering household work. The scale of the physical domain uses three possible responses where 1 represents the lowest score, and 3 represents the highest score. The remaining three domains are psychological, social and spiritual, measured in a six points Likert scale. So, it uses six possible responses where 1 (strongly disagree) represents the lowest and 6 (strongly agree) represents the highest score. The total response options are Strongly Disagree (SD), Moderately Disagree (MD), Disagree (D), Agree (A), Moderately Agree (MA) and Strongly Agree (SA). There are 21 items for physical, 23 items for psychological, and 15 items for social and spiritual well-being scale. So, the higher the total score, the better the well-being status.

There are both positively and negatively worded statements in psychological, social and spiritual well-being scales. In the psychological scale, positively worded or



meant items are numbered 1,3,5,6,8,11,12, 14,15,16,17,18,20,21,22 and 23 (sixteen items). Moreover the negatively worded or meant items are numbered 2, 4, 7, 9, 10, 13 and 19 (seven items). In a social scale, positively worded or meant items are numbered 1 to 12 while negatively worded or meant items are numbered 13, 14 and 15. Similarly, in the spiritual well-being scale, positively worded or meant items are numbered 1,2,3,4,5,6,7,9,10,12,13,14 and 15 (a total of 13 items) and the negatively worded or meant items are numbered 8 and 11 (a total of 2 items). All the negatively worded items are scored reversely, like strongly agree (1) and strongly disagree (6). The Well-being Scale was developed in English after a thorough literature search and then translated in to Nepali by the researcher. Then again translated and validated by a language expert in Nepali. The translated Nepali version of the scale was re-translated into English by a language expert in English. Then the scale's validity

was maintained by experts in psychiatry, psychiatric nursing, research, community/public health, statistics and medical-surgical nursing. The modification was done in the scale per experts' feedback and research advisor's suggestions. Only some modifications were done after pre-testing the tool in the field.

**STATISTICAL ANALYSIS**

The reliability of the well-being scale was analysed through internal consistency and stability using Cronbach alpha and the test-retest method. Cronbach alpha coefficient showed its internal consistency by considering an alpha value >0.7 as adequate or acceptable. The stability was evaluated from the test re-test score using the same scale. Descriptive (frequency, percentage, mean and standard deviation) and inferential (Pearson correlation) statistics were used in the analysis of data by using SPSS version 20.0.

**RESULTS**

**Table No. 1 Demographic Characteristics of the Respondents (n=31)**

Characteristics	Category	Frequency	Percentage (%)
Age in Years	60-67 years	19	61.29
	68-75 years	12	38.70
Sex	Male	15	48.4
	Female	16	51.6
Ethnicity	Brahmin & Chhetri	20	64.5
	Janajati	11	35.5
Religion	Hindu	29	93.5
	Christian	2	6.5
Educational Status	Literate	22	71.0
	Illiterate	9	29.0
Marital Status	Married	21	67.7
	Widow/widower	10	32.3
Types of House	Kaccha	6	19.4
	Pakka	25	80.0
Types of Family	Nuclear	2	6.57
	Joint	29	93.5
Residing Floor of House	Ground Floor	13	41.9
	Other Floor	18	58.1
Occupation	Service	3	9.7
	Agriculture	3	9.7
	House Work	19	61.3
	Business	6	19.4
Personal Expenditure Managed by	Service/ Earning	14	45.2
	Social Security Fund	12	38.7
	Pension	2	6.5
	Family's Support	3	9.7
Family Income in Rupees	7000-10000	12	38.7
	10001-20000	11	35.5
	20001-30000	8	25.9

The mean age of the respondents was 66.70 ±4.65, and 19 (61.29%) were in the age group 60-67 years. More than half percent of the respondents were female, most of them (93.5%) were Hindu by religion, (71.0%) were literate, (61.3%) of respondents' occupation was housework, (67.7%) were married, and most of them

(93.5%) were living in a joint family. Respondents had multiple sources to manage their personal expenditures, 14 (45.2%) respondents managed by earnings or salary, where as 38.7% had social security funds. Twelve (38.7%) respondents had a monthly family income of NRs 7000-10000.

**Table No. 2 Present Health-related Problems of the Respondents\* n= 31**

SN.	Health Problems	Frequency	Percentage (%)
1.	Asthma	5	16.1
2.	COPD	1	3.2
3.	Obesity	2	6.5
4.	Hypertension	16	51.6
5.	Stroke	1	3.2
6.	Diabetes	3	9.7
7.	Arthritis	7	22.6
8.	Sleep Problem	4	12.9
9.	Depression	1	3.2
10.	Urinary Problem	3	9.7
11.	Gastritis	6	19.4
12.	Thyroid problem	2	6.5
13.	Sore at any place in body	1	3.2
14.	Chronic pain/backache	9	29.0
15.	Sexual issue	1	3.2
16.	Pulmonary Tuberculosis	1	3.2
17.	Others Problem	6	19.4

\*Multiple responses

More than half (51.6%) of the respondents suffered from hypertension, about one-third (29.0%) suffered from chronic body pain especially backache. Approximately one-

fifth of the respondents (19.4%) suffered from gastritis, and another one-fifth from other problems, including high cholesterol levels and hearing defects. Sleep problem was present among four, and asthma among five respondents.

**Table No. 3 Status of MAP, BMI of the Respondents n= 31**

SN.	Different Exam	Label	Frequency	Percentage (%)
1.	Mean Arterial Pressure (MAP)	Normal (65-110)	29	93.5
		Abnormal (>110)	2	6.5
2.	Body Mass Index (BMI)	Under weight	3	9.7
		Healthy weight	13	41.9
		Over weight	13	41.9
		Obesity	2	6.5

Two (6.5%) respondents had abnormal mean arterial pressure (MAP) from the clinical proforma. Similarly, body mass index (BMI) was calculated as per WHO classification and found that noticeable respondents of underweight and obesity 9.7% and 6.5% respectively.

**Table No. 4 Health related Personal Habits of Respondents n=31**

Personal Habits	Frequency	Percentage (%)
Average Water Intake/ day	2-4 glass	18 58.06
	5-7 glass	8 25.80
	8-10 glass	5 16.2
General Food Eating Pattern	2 times/day	9 29.0
	3 times/day	20 64.5
	4 times/day	2 6.5
Types of Food Following	Vegetarian	6 19.4
	Non-vegetarian	25 80.6
Feeling of Anorexia	3	9.7
Following a Special Diet	5	16.1
Fasting Habit	12	38.7
Average Sleeping Hour at Night	5-6 hour	10 32.25
	7-8 hour	21 67.74

**Table 4 To Be Continued...**

Regular Physical Exercise	9	29.0
Unusual Defaecation habit	2	6.4
Regular Health Check-Up	4	12.9
Self-Medication without Prescription	24	77.4
Physical Disability	1	3.2
Sexually Active	20	64.5
Involve in Leisure Time Activities	27	87.1
Substance-taking Behaviour	13	41.93

The eating pattern of most respondents (64.5%) was three times/day, and most (80.6%) were non-vegetarian. Only 16.2% of respondents had an average water intake habit of 8-10 glasses/day. More than one-third (38.7%) of respondents had a fasting habit, and a few had anorexia (9.7%). The majority of the respondents (67.74%) had night sleep for 7-8 hours, and only 45.1% had napped for 1-2 hours. About one third of respondents had a habit of daily physical exercise. Only 12.9% had their regular physical check-up, but the majority (77.4%)

practised self-medication without a prescription. Cent-percent still needed to do screening tests. Only one respondent had a physical disability due to a stroke and used a supportive device. The majority of the respondents (64.5%) were sexually active, and most of the respondents (87.1%) had been involved in any leisure activities. Less than half (41.93%) of the respondents had substance-taking behaviour; the most typical substances were cigarette, tobacco and alcohol.

**Table No. 5 Reliability of Elderly Well-Being Scale**

Domain Wise Reliability of Well-Being Scale	Cronbach's Alpha	Test-retest
Physical well-being	0.892	0.9957
Psychological well-being	0.871	0.9788
Social well-being	0.758	0.9100
Spiritual well-being	0.774	0.8876

The reliability of the physical well-being scale was higher (0.9957) in the test re-test method than Cronbach's alpha; it was highly reliable in Cronbach's alpha and test re-test method. The psychological well-being scale was also highly reliable in Cronbach's alpha and test re-test method. Similarly, the reliability of the social and psychological well-being scale was good in Cronbach's alpha and very good in the test re-test method (0.9100 & 0.8876), respectively. The inter-item reliability was also found suitable.

**DISCUSSION**

An analysis of the validity and reliability of the elderly well-being scale among older people in the rural community demonstrates a highly reliable scale in Cronbach's alpha and test re-test method. So it provides evidence of solid reliability and further suggests to use for assessment. The physical well-being scale is highly reliable in

Cronbach's alpha (0.892) and tests re-test method (0.9957). This finding is consistent with the previously investigated disability assessment scale, adapted version which reports the reliability of alpha 0.92 to 0.80.<sup>(6)</sup> The difference in alpha value is noticed, which is slightly lower in the re-test than the first test in the previous study but increased in the re-test in this study. Similarly, the reliability study of functional independence measure (FIM) and Barthel activity of daily living (ADL) index (BI) supports the finding of this study, having strong reliability.<sup>(7)</sup> Regarding the socio-demography of the respondents, the majority (61.29%) is from the age group 60-67 years, known as young old. The finding is supported by the study (72.9% in 60-74 years) related to social support and psychological well-being. The finding of literacy level is 71.0% in this study but 51.4% without formal education. The finding of marital status i.e. 32.3%

widow/widower, contrasts with the previous study where 67.9% are widows only. <sup>(9)</sup> The present health problem related finding of circulatory disease (hypertension) in more than fifty percent of respondents is also supported by previous study where 68.7% have circulatory problems. <sup>(10)</sup>

This study showed high reliability of the psychological well-being scale in Cronbach's alpha (0.871) and test re-test method (0.9788). The finding is supported by a previous study on psychological well-being scale (SPWB) showing Cronbach between 0.87 and 0.96. The range of test re-test reliability is 0.78 and 0.97 for sub scales. <sup>(11)</sup> Similar findings are reported in a study in Finland, concluding high internal consistency for the total score and modest reliability for the sub-score of the psychological well-being scale. <sup>(13)</sup> A study in the Persian sample also supports these findings, showing high internal consistency of the psychological scale ( $\alpha=0.924$  for all). <sup>(14)</sup>

Similarly, the reliability of the social and spiritual well-being scale was good in Cronbach's alpha (0.758 & 0.774) and very good in the test re-test (0.9100 & 0.8876) respectively. A study in the Portuguese context is similar to these reliability findings of the social well-being scale, presenting alpha value from 0.67 to 0.86 in five dimensions of social well-being. The scale has 33 items on a seven-point Likert scale (Keyes, 1998). <sup>(15)</sup>

Spiritual well-being shows strong reliability as this study's findings. The Cronbach's alpha reliability coefficient of the scale is 0.87, and from 0.78 to 0.93 of sub-groups. <sup>(16)</sup> Another study also supports these findings with the acceptable value of alpha (0.76) and strong (0.89) on the overall scale of spiritual well-being. <sup>(17, 18)</sup>

For external validity of the scale, the study can be replicated with a larger sample and in different cultural areas apart from the Nepalese language.

## CONCLUSION

The elderly well-being scale is a valid and reliable instrument for assessing the overall well-being status of older people both in community and institutional settings. The scale demonstrated strong reliability. The scale has four domains of physical, psychological, social and spiritual well-being. It can also be used to assess individual domains of well-being of older people. The score is 1 to 3 in the physical domain, producing final scores varying from 21 to 63, and are 1 to 6 in the psychological, social and spiritual domain, producing final score varying from 23 to 138 in psychological well-being and from 15 to 90 in social and spiritual well-being. The holistic concept of health of an individual can be addressed by this scale. Instructions before the specific well-being scale helped with interview and response collection. Further, the study can be replicated in a more extensive and heterogeneous sample of older people to improve its external validity.

## Declaration by Authors

**Ethical Approval:** Approved by Swami Rama Himalayan University (SRHU) and Nepal Health Research Council (NHRC).

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**Conflict of Interest:** The authors declare no conflict of interest.

## REFERENCES

1. Kothari C.R. Research Methodology, Methods & Techniques. Revised 2<sup>nd</sup> edition. New Delhi: New Age International (P) Limited, Publishers; 2004, 73- 78.
2. Jacob J. Reliability: How? When? What. International Journal of Advances in Nursing Management. 2017 Oct; 5(372):2454-652.
3. Stanley M., Cheek J. Well-being and Older People: A review of the literature. Canadian

- Journal of Occupational therapy. 2003; 70 (1): 51-59.
4. World Health Organization. Fact Sheet on Aging and Health. October 2022.
  5. Hackert MQ, van Exel J, Brouwer WB. The Well-being of Older People (WOOP): Quantitative validation of a new outcome measure for use in economic evaluations. *Social Science & Medicine*. 2020 Aug 1;259:113109.
  6. Paula JJ, Bertola L, Ávila RT. Et al. Development, validity, and reliability of the General Activities of Daily Living Scale: a multidimensional measure of activities of daily living for older people. *Brazilian Journal of Psychiatry*. 2014 Feb 4;36 :143-52.
  7. Gosman-Hedström G, Svensson E. Parallel reliability of the functional independence measure and the Barthel ADL index. *Disability and rehabilitation*. 2000 Jan 1;22(16):702-15.
  8. Azzali S, Yew AS, Chaiechi T, Wong C. Urbanisation and Well-Being of Ageing Population in the Twenty-first Century: A Scoping Review of Available Assessment Tools. *Community Empowerment, Sustainable Cities, and Transformative Economies*. 2022:129-49.
  9. Yahaya N, Momtaz YA, Hamid TA. et al. Social support and psychological well-being among older Malay women in Peninsular Malaysia. *Indian Journal of Gerontology*. 2013 Apr 1;27(2):320-32.
  10. Poudel M, Ojha A, Thapa J. et. al. Morbidities, health problems, health care seeking and utilization behaviour among elderly residing on urban areas of eastern Nepal: A cross-sectional study. *Plos one*. 2022 Sep 7;17(9):e0273101.
  11. Akin A. The scales of psychological well-being: a study of validity and reliability. *Educational sciences: Theory and practice*. 2008 Sep;8(3):741-50.
  12. Kozma A, Stone S, Stones MJ. Stability in components and predictors of subjective well-being (SWB): Implications for SWB structure. In *Advances in quality of life theory and research 2000* (pp. 13-30). Springer, Dordrecht.
  13. Shing-On Leung. A Comparison of Psychometric Properties and Normality in 4-, 5-, 6-, and 11-Point Likert Scales. *Journal of Social Service Research*. 2011; 37 (4): 412-421. DOI: 10.1080/01488376.2011.580697
  14. Saajanaho M, Kokko K, Pynnönen K. et al. The Scales of Psychological Well-Being—a validation, usability and test–re-test study among community-dwelling older people in Finland. *Aging & Mental Health*. 2021 May 4;25 (5):913-22.
  15. Kalantarkousheh SM, Navarbafi F. Reliability and exploratory factor analysis of psychological well-being in a Persian sample. *Science Series Data Report*. 2012 Jan;4(1):10-27.
  16. Lages A, Magalhães E, Antunes C. et al. Social well-being scales: validity and reliability evidence in the Portuguese context. *Psicologia*. 2018 Dec 28;32 (2):15-26.
  17. Aktürk Ü, Erci B, Araz M. Functional evaluation of treatment of chronic disease: Validity and reliability of the Turkish version of the Spiritual Well-Being Scale. *Palliative & Supportive Care*. 2017 Dec;15(6):684-92.
  18. Dum KS. Development and psychometric testing of a new geriatric spiritual well-being scale. *International Journal of Older People Nursing*. 2008 Sep;3(3):161-9.

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## ANNEXURE XV (a)



ANNEXURE XV (b)



## ANNEXURE XVI

### PICTURES OF INTERVENTIONS SESSIONS







**MASTER DATA SHEET**  
**WELL-BEING OF SENIOR CITIZENS**  
**PHYSICAL WELL-BEING IN INTERVENTIONAL GROUP (Baseline)**

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21
In 1	Baseline	3	3	3	3	3	3	3	3	3	1	3	2	2	1	2	2	1	1	2	3	3
In 2	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 3	Baseline	3	3	3	2	3	3	3	3	3	3	3	3	3	3	1	3	2	2	3	3	3
In 4	Baseline	3	3	3	3	3	3	3	3	3	1	3	1	2	2	1	1	1	2	1	3	3
In 5	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 6	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	2	2	3	3	3
In 7	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	1	2	3	3
In 8	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 9	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	2	2	3	3	3
In 10	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 11	Baseline	3	3	3	3	3	3	3	2	3	1	3	3	2	3	2	3	2	2	3	3	3
In 12	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 13	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	2	2	2	3	2	3
In 14	Baseline	3	2	2	3	3	3	3	3	3	2	3	3	2	2	3	2	1	1	2	3	3
In 15	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
Int16	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 17	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3
In 18	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	2	2	3	3	3	3
In 19	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	2	3	3	3
In 20	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3
In 21	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 22	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 23	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	2	3	3	3
In 24	Baseline	3	3	3	3	3	3	3	3	3	2	3	2	3	2	3	3	2	2	3	3	3
In 25	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 26	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	3	2	2	3	2	2	2	3	3
In 27	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3	3
In 28	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	3

In 29	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 30	Baseline	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	2	2	3	2
In 31	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3
In 32	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	2	2	2	3	2
In 33	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	2	1	3	3	3
In 34	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 35	Baseline	3	3	3	3	3	3	3	3	3	2	3	3	3	2	3	3	2	2	2	3	3
In 36	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 37	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 38	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 39	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 40	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 41	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 42	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 43	Baseline	3	3	3	3	3	3	3	3	3	2	3	2	3	2	2	3	2	2	2	3	3
In 44	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 45	Baseline	3	3	3	3	3	3	3	3	3	2	3	2	3	2	2	3	2	3	3	3	3
In 46	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3
In 47	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 48	Baseline	3	3	3	3	3	3	3	3	3	2	3	3	2	2	1	1	1	1	1	3	3
In 49	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3
In 50	Baseline	3	3	3	3	3	3	3	3	3	2	3	2	3	2	2	3	2	2	3	3	3
In 51	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 52	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 53	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3
In 54	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 55	Baseline	3	3	3	2	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3
In 56	Baseline	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	2	3	3	3
In 57	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 58	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 59	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3
In 60	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3

**POST-INTERVENTIONAL ASSESSMENT (After One Month)**

S.N.	Assesment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21
In 1	Post T 1	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	2	1	2	3	3
In 2	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 3	Post T 1	3	3	3	2	3	3	3	2	3	3	3	2	3	3	1	3	1	2	3	3	3
In 4	Post T 1	3	3	3	3	3	3	3	1	3	2	2	3	3	3	3	3	2	2	3	3	3
In 5	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 6	Post T 1	3	3	3	3	3	3	3	3	3	2	3	2	3	2	2	3	2	2	3	3	3
In 7	Post T 1	3	3	3	3	3	3	3	3	3	3	2	2	3	3	2	3	3	2	3	3	3
In 8	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 9	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	2	2	3	3	3
In 10	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 1	3	3	3	3	3	3	3	2	3	1	3	3	2	3	2	3	2	2	3	3	3
In 12	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 13	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	2	2	2	3	2	3
In 14	Post T 1	3	2	2	3	3	3	3	3	3	2	3	3	2	2	3	2	1	1	2	3	3
In 15	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 16	Post T 1	3	3	3	3	3	3	3	3	3	2	2	2	2	3	2	3	3	2	3	3	3
In 17	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3
In 18	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3
In 19	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 20	Post T 1	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3	3	2	3	3	3
In 21	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 22	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 23	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	2	3	3	3
In 24	Post T 1	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	2	2	3	3	3
In 25	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 26	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 27	Post T 1	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3	3	3	3
In 28	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	3
In 29	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 30	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2
In 31	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3

In 32	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	1	3	3	3
In 34	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 35	Post T 1	3	3	3	3	3	3	3	3	3	2	3	3	3	2	3	3	2	2	2	3	3
In 36	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 37	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 38	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 39	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 40	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 41	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 42	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 43	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3
In 44	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 45	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3
In 47	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 48	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	1	1	1	3	3	3	3
In 50	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 51	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 52	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 53	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3
In 54	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 55	Post T 1	3	3	3	2	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3
In 56	Post T 1	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	2	3	3	3
In 57	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 58	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 59	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3
In 60	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3

**POST-INTERVENTIONAL ASSESSMENT (After Three Months)**

S.N.	Assesment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21	
In 1	Post T 2	3	3	3	3	3	3	3	3	3	2	3	2	2	3	3	3	2	1	2	3	3	
In 2	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	
In 3	Post T 2	3	2	3	2	3	3	3	2	3	1	2	1	1	1	1	1	1	1	2	2	3	
In 4	Post T 2	3	3	3	3	3	3	3	2	3	2	3	2	2	3	3	3	2	2	3	3	3	
In 5	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	
In 6	Post T 2	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	3	2	3	3
In 7	Post T 2	3	3	3	3	3	3	3	3	3	3	2	2	3	3	2	3	3	2	3	3	3	
In 8	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	
In 9	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	2	2	3	3	3	
In 10	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
In 11	Post T 2	3	3	3	3	3	3	3	2	3	1	3	3	2	3	3	3	2	2	3	3	3	
In 12	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	
In 13	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	2	2	3	3	2	3	
In 14	Post T 2	3	2	3	3	3	3	3	3	3	2	3	2	2	2	3	2	2	1	2	3	3	
In 15	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
In 16	Post T 2	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3	3	
In 17	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3	
In 18	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	
In 19	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3	
In 20	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	
In 21	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	
In 22	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
In 23	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	
In 24	Post T 2	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	2	2	3	3	3	
In 25	Post T 2	2	2	3	3	3	3	3	3	3	2	3	2	2	2	1	1	1	1	1	2	3	
In 26	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	
In 27	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	
In 28	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
In 29	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
In 30	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	2	
In 31	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	
In 32	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
In 33	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	1	2	3	3	

In 34	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 35	Post T 2	3	3	3	3	3	3	3	3	3	2	3	2	3	2	3	3	2	2	2	3	3
In 36	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 37	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 38	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 39	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 40	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 41	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 42	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 43	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 44	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 45	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3
In 47	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 48	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3
In 50	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 51	Post T 2	3	3	3	3	3	3	3	3	3	2	3	2	2	3	3	3	2	3	3	3	3
In 52	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
In 53	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 54	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 55	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3
In 56	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 57	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3
In 58	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 59	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3
In 60	Post T 2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3





In 35	Post T 3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	2	2	3	3	3
In 36	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 37	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 38	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 39	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 40	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 41	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 42	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 43	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 44	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 45	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 47	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3
In 48	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3
In 50	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 51	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 52	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 53	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
In 54	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 55	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3
In 56	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 57	Post T 3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	2	2	2	3	3
In 58	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
In 59	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3
In 60	Post T 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3



Ct34	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	3
Ct35	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
Ct36	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct37	Baseline	3	2	2	3	3	3	3	3	3	3	2	2	2	1	1	1	1	1	2	2	3
Ct38	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
Ct39	Baseline	2	2	3	3	3	3	3	3	3	1	2	1	2	1	1	1	1	1	1	2	2
Ct40	Baseline	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	2	3	3	3
Ct41	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	2	2	3	3	3	3
Ct42	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct43	Baseline	3	3	3	3	3	3	3	3	3	2	3	2	2	2	3	3	2	2	2	3	3
Ct44	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3	3
Ct45	Baseline	3	3	3	3	3	3	2	3	3	3	3	2	3	2	1	2	1	2	2	3	3
Ct46	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct47	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3	3
Ct48	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
Ct49	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct50	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct51	Baseline	3	3	3	3	3	3	3	3	3	3	2	2	2	1	2	1	1	2	3	3	3
Ct52	Baseline	3	3	3	2	3	3	3	3	3	3	3	3	3	2	3	2	2	3	3	3	3
Ct53	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	3
Ct54	Baseline	3	3	3	3	3	3	3	3	3	3	2	3	3	3	2	3	3	3	3	3	3
Ct55	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3
Ct56	Baseline	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
Ct57	Baseline	3	3	3	2	3	3	3	3	3	3	3	3	2	2	2	1	3	3	3	3	3
Ct58	Baseline	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3
Ct59	Baseline	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	2	3	3	3	3	3
Ct60	Baseline	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	2	2	2	3	3	3



Ct34	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct35	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
Ct36	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct37	Post T 1	3	2	2	3	3	3	3	3	3	3	2	2	2	1	1	1	1	1	2	2	3
Ct38	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
Ct39	Post T 1	3	3	3	3	3	3	3	3	3	1	2	2	2	1	1	1	1	1	1	2	2
Ct40	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct41	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	2	2	3	3	3
Ct42	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct43	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	2	3	3	3
Ct44	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3	3
Ct45	Post T 1	3	3	3	3	3	3	2	3	3	3	3	2	3	2	1	2	1	2	2	3	3
Ct46	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct47	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3
Ct48	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
Ct49	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct50	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Ct51	Post T 1	3	3	3	3	3	3	3	3	3	3	3	2	2	2	1	2	1	1	2	3	3
Ct52	Post T 1	3	3	3	2	3	3	3	3	3	3	3	3	3	3	2	3	2	2	3	3	3
Ct53	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3
Ct54	Post T 1	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	2	3	3	3	3	3
Ct55	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	3	3
Ct56	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3
Ct57	Post T 1	3	3	3	2	3	3	3	3	3	3	3	3	3	2	2	2	1	3	3	3	3
Ct58	Post T 1	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	3	3
Ct59	Post T 1	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	3	2	3	3	3	3
Ct60	Post T 1	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	2	2	2	3	3

**PSYCHOLOGICAL WELL-BEING IN INTERVENTIONAL GROUP**

S.N.	Assesment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21	S22	S23
In 1	Baseline	5	4	4	2	4	4	3	4	2	4	2	5	4	3	4	4	4	5	2	5	3	5	5
In 2	Baseline	5	5	4	5	5	4	5	5	4	5	2	4	4	4	5	4	4	4	4	5	4	5	4
In 3	Baseline	5	5	4	3	2	2	3	4	2	3	4	5	3	3	4	2	4	4	3	6	4	5	4
In 4	Baseline	4	2	4	3	5	3	2	3	5	5	3	5	4	5	5	5	5	5	2	5	5	5	5
In 5	Baseline	5	3	4	4	3	4	3	4	5	4	4	5	5	3	4	4	4	5	4	5	4	4	4
In 6	Baseline	5	2	4	2	3	4	4	3	4	2	3	5	4	3	4	4	4	5	4	5	5	5	4
In 7	Baseline	4	4	4	4	3	4	2	4	5	4	2	4	4	4	4	4	4	5	2	5	4	4	4
In 8	Baseline	5	4	5	4	4	4	4	4	4	4	5	5	5	4	5	5	5	5	4	5	5	5	5
In 9	Baseline	5	3	4	2	4	4	4	5	3	3	2	4	5	4	5	4	5	4	4	5	4	4	4
In 10	Baseline	5	3	4	4	4	5	4	4	3	4	4	2	4	4	5	4	4	4	4	5	4	5	4
In 11	Baseline	4	3	4	4	2	4	4	5	3	4	4	5	4	3	4	3	4	4	4	5	4	3	4
In 12	Baseline	4	3	3	3	4	5	5	5	4	4	3	5	4	3	4	4	5	4	4	5	4	3	4
In 13	Baseline	4	2	4	2	3	4	3	4	4	2	4	5	4	4	3	4	4	4	4	4	4	5	4
In 14	Baseline	5	1	4	2	4	4	3	4	2	3	2	4	3	3	4	3	4	2	2	5	2	4	4
In 15	Baseline	5	2	5	3	4	4	3	5	5	3	3	5	4	4	4	4	4	4	5	5	3	3	4
In 16	Baseline	5	3	4	2	4	4	3	4	2	2	2	4	4	4	4	4	4	4	2	5	3	5	4
In 17	Baseline	5	3	4	4	4	4	4	5	5	4	4	5	4	3	4	5	4	5	4	6	4	3	4
In 18	Baseline	5	5	5	4	2	5	5	5	4	5	4	5	5	4	4	4	4	4	5	5	2	5	5
In 19	Baseline	5	3	5	4	4	4	4	4	5	4	3	5	5	4	4	4	4	5	3	5	4	4	4
In 20	Baseline	5	4	4	4	4	4	4	4	5	2	2	5	4	4	4	3	4	4	3	5	2	4	4
In 21	Baseline	4	4	5	3	4	4	4	4	4	4	4	5	4	5	4	4	4	4	4	5	4	4	5
In 22	Baseline	4	5	4	4	4	4	4	4	5	2	4	4	4	4	4	3	4	4	5	5	3	4	4
In 23	Baseline	4	2	5	4	4	4	4	2	4	2	2	5	4	4	4	4	5	5	5	5	3	5	4
In 24	Baseline	5	4	4	4	4	4	5	4	2	2	4	4	4	4	4	4	5	4	5	5	4	5	4
In 25	Baseline	5	5	5	5	5	4	2	4	4	3	4	5	5	5	4	3	4	5	4	5	3	5	4
In 26	Baseline	5	2	5	4	4	5	4	5	4	2	4	5	4	5	4	4	4	4	5	5	4	4	4
In 27	Baseline	5	5	5	4	2	5	5	4	2	2	5	4	5	4	4	4	4	4	3	5	2	5	5
In 28	Baseline	4	3	4	2	4	5	4	4	3	3	5	4	5	4	4	4	5	5	4	5	4	5	4
In 29	Baseline	5	2	5	4	4	5	4	4	2	2	4	5	4	5	4	5	5	4	4	5	4	5	5
In 30	Baseline	5	5	4	4	4	4	4	4	3	4	2	5	4	4	4	4	4	4	5	5	3	4	4
In 31	Baseline	5	5	4	4	4	4	4	3	2	2	4	5	4	4	4	4	4	4	4	5	4	4	4
In 32	Baseline	4	2	5	4	2	4	4	5	3	3	2	4	5	4	4	4	5	4	3	5	2	5	4
In 33	Baseline	4	1	4	2	2	4	3	4	1	2	2	4	4	4	4	4	4	4	2	5	3	2	4
In 34	Baseline	4	3	4	3	4	5	3	4	2	3	2	4	4	4	4	5	5	4	3	5	2	5	4

In 35	Baseline	4	4	3	2	3	5	4	4	2	2	2	4	5	4	4	4	4	4	4	5	2	4	4
In 36	Baseline	5	3	5	4	4	4	4	4	5	4	4	5	4	4	4	5	5	4	3	5	4	4	4
In 37	Baseline	4	3	4	4	5	4	3	4	5	2	4	5	4	4	4	2	4	4	5	5	5	5	5
In 38	Baseline	5	4	3	2	3	4	4	4	4	5	2	4	4	4	4	4	4	4	4	5	3	5	4
In 39	Baseline	4	4	4	4	5	5	3	4	2	4	2	4	4	5	4	4	4	4	4	5	3	5	4
In 40	Baseline	5	3	4	4	4	5	4	4	5	2	4	5	3	4	4	3	4	4	4	5	4	5	4
In 41	Baseline	5	1	4	2	5	4	4	4	3	5	2	5	4	4	4	5	4	3	3	5	3	4	5
In 42	Baseline	5	3	5	4	4	5	4	5	4	5	4	4	4	5	4	4	4	4	4	5	4	5	4
In 43	Baseline	5	4	5	5	5	4	4	5	5	2	4	5	4	4	4	4	5	4	5	5	4	5	5
In 44	Baseline	5	2	4	3	4	4	2	4	2	4	2	4	3	4	4	3	4	4	2	5	2	5	4
In 45	Baseline	4	2	4	4	5	4	5	4	4	5	4	4	5	4	4	3	5	4	5	5	4	4	4
In 46	Baseline	5	4	4	4	5	4	3	3	4	3	3	4	4	4	4	4	5	5	4	5	3	5	4
In 47	Baseline	5	3	4	4	4	5	4	4	2	4	4	5	4	4	4	3	4	4	4	5	4	5	4
In 48	Baseline	5	4	4	4	3	4	4	4	2	3	3	5	4	3	4	4	5	4	4	5	3	5	4
In 49	Baseline	5	2	5	4	4	5	3	5	2	5	5	5	5	5	4	4	5	4	3	5	4	5	4
In 50	Baseline	5	3	4	4	4	4	4	5	4	5	2	4	4	4	4	4	5	4	3	5	3	5	4
In 51	Baseline	4	5	4	4	3	4	3	2	4	1	2	4	4	4	3	4	4	2	2	6	5	1	4
In 52	Baseline	4	3	4	2	4	3	2	4	3	1	4	2	4	3	4	4	4	3	3	5	4	3	4
In 53	Baseline	4	2	4	3	5	3	4	4	3	1	2	2	4	3	4	4	4	3	2	6	5	4	4
In 54	Baseline	3	2	4	3	2	3	4	3	2	1	2	3	4	3	4	4	4	3	2	6	1	4	4
In 55	Baseline	4	1	4	3	3	3	2	4	3	1	1	3	2	3	4	4	4	2	1	6	1	3	4
In 56	Baseline	4	1	4	2	4	4	2	4	4	4	2	4	4	4	4	5	4	4	2	6	3	3	4
In 57	Baseline	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4	4	5	4	5	6	4	5	4
In 58	Baseline	4	2	4	4	4	3	4	4	5	4	2	4	4	4	4	3	4	4	4	6	4	3	4
In 59	Baseline	4	3	3	4	4	3	2	3	2	2	2	4	4	3	4	3	4	3	2	6	2	4	4
In 60	Baseline	4	4	5	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	6	4	4	4

**POST-INTERVENTIONAL ASSESSMENT (After One Month)**

S.N.	Assesment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21	S22	S23
In 1	Post T 1	5	4	5	3	4	5	3	5	4	4	3	5	5	4	4	4	5	5	3	5	4	5	5
In 2	Post T 1	5	5	5	5	5	5	5	5	5	5	4	5	5	5	5	5	5	4	4	6	4	5	5
In 3	Post T 1	5	4	4	4	4	5	4	4	4	4	4	5	4	3	4	4	4	4	4	6	4	5	5
In 4	Post T 1	5	4	5	4	5	4	3	3	5	5	4	5	5	5	5	5	5	5	4	5	5	5	5
In 5	Post T 1	5	5	4	5	4	4	4	4	5	5	4	5	5	4	4	4	4	4	4	5	5	4	4
In 6	Post T 1	5	5	5	3	4	5	4	4	4	3	3	5	4	4	4	5	4	5	4	5	5	5	4
In 7	Post T 1	5	4	5	4	4	5	4	3	5	4	4	4	4	4	4	5	4	5	4	5	4	5	5
In 8	Post T 1	5	5	5	5	5	5	4	4	5	4	5	5	5	5	5	5	5	5	4	5	5	5	5
In 9	Post T 1	5	4	5	4	4	5	4	5	4	3	4	4	4	5	5	5	5	5	5	5	4	5	5
In 10	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 1	4	4	5	4	4	5	4	5	4	4	4	5	4	4	4	4	4	5	4	5	4	4	4
In 12	Post T 1	5	4	4	4	4	5	4	5	4	4	5	5	4	4	4	4	5	4	4	5	5	4	4
In 13	Post T 1	4	3	5	3	4	4	4	5	4	3	5	5	5	4	3	4	4	4	4	4	4	5	4
In 14	Post T 1	5	3	4	3	4	4	4	5	3	3	4	4	4	4	4	4	4	4	4	5	4	4	4
In 15	Post T 1	5	4	5	3	5	5	3	5	5	5	4	5	5	4	4	5	4	4	5	5	4	4	5
In 16	Post T 1	5	4	5	3	4	5	4	4	4	3	3	4	4	4	4	4	5	4	3	5	4	5	4
In 17	Post T 1	6	4	5	4	4	5	4	5	5	4	4	5	5	4	4	5	4	5	5	6	4	4	4
In 18	Post T 1	6	5	5	4	4	5	5	5	5	5	5	5	5	5	4	5	5	4	5	5	4	5	5
In 19	Post T 1	4	3	5	5	5	5	4	4	5	5	4	5	5	4	4	5	4	5	4	5	4	4	4
In 20	Post T 1	5	4	5	4	5	5	4	5	5	4	4	5	5	4	4	5	5	4	4	5	4	4	4
In 21	Post T 1	5	5	5	4	5	4	4	4	4	4	4	5	4	5	4	5	4	4	5	5	4	4	5
In 22	Post T 1	5	5	4	4	6	5	4	4	5	5	4	5	4	4	4	4	5	5	5	5	4	4	5
In 23	Post T 1	5	4	5	4	4	5	4	4	4	4	3	5	4	4	5	4	5	5	5	6	4	5	4
In 24	Post T 1	5	4	5	5	5	4	5	5	4	4	4	5	4	4	5	4	5	5	5	5	4	5	4
In 25	Post T 1	5	5	6	5	6	5	4	5	5	4	4	5	5	6	4	4	4	5	5	5	4	5	4
In 26	Post T 1	6	4	5	5	4	5	4	5	5	4	5	5	5	5	4	5	4	4	5	5	5	4	5
In 27	Post T 1	5	5	5	5	4	5	5	5	4	4	5	4	5	5	4	4	5	4	4	5	4	5	5
In 28	Post T 1	5	4	5	4	5	5	5	4	4	4	5	5	5	4	4	4	5	5	4	6	4	5	5
In 29	Post T 1	5	4	5	5	4	5	4	5	4	4	4	5	4	5	4	6	5	5	5	5	4	5	5
In 30	Post T 1	5	5	5	4	5	5	5	4	4	5	4	5	4	5	4	5	4	4	5	6	4	5	4
In 31	Post T 1	5	5	4	5	4	5	4	4	5	4	4	5	4	5	4	5	4	4	5	5	5	4	5
In 32	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 1	4	2	4	2	2	4	3	4	2	2	2	4	4	4	4	4	4	4	2	5	3	2	4
In 34	Post T 1	5	4	5	4	4	5	4	4	4	4	4	4	4	4	5	5	5	4	4	5	4	5	5



In 35	Post T 1	5	5	4	3	4	5	4	4	4	4	5	5	5	4	4	4	4	4	5	4	4	4		
In 36	Post T 1	5	4	5	5	5	5	4	5	5	4	4	5	5	4	4	5	5	4	4	5	5	5	4	
In 37	Post T 1	4	2	5	4	5	5	4	4	5	4	4	5	5	4	4	4	5	5	5	5	5	5		
In 38	Post T 1	5	4	4	4	5	5	5	4	4	5	4	4	4	5	4	5	5	5	4	5	4	5	4	
In 39	Post T 1	5	4	5	4	5	5	4	5	4	4	4	5	5	5	4	5	5	4	5	5	4	5	5	
In 40	Post T 1	6	4	5	4	4	5	5	4	5	4	4	5	4	4	4	5	4	4	5	5	4	5	4	
In 41	Post T 1	5	3	5	3	5	5	4	5	5	5	4	5	4	5	4	5	5	4	5	5	4	4	5	
In 42	Post T 1	5	5	5	4	5	5	5	5	5	5	4	5	5	5	4	5	4	4	5	5	4	5	4	
In 43	Post T 1	5	4	5	5	5	4	5	5	5	3	5	5	4	4	4	4	5	4	5	5	4	5	5	
In 44	Post T 1	5	4	4	3	4	5	4	5	4	4	3	5	4	4	4	4	4	4	3	5	3	5	4	
In 45	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
In 46	Post T 1	5	4	4	4	5	6	4	4	4	3	4	4	5	5	4	4	5	5	4	5	4	5	4	
In 47	Post T 1	5	4	4	5	4	5	5	4	4	5	4	5	5	5	4	5	4	4	5	5	4	5	5	
In 48	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
In 49	Post T 1	5	5	5	4	4	5	5	5	5	5	5	5	5	5	4	4	5	4	5	5	4	5	4	
In 50	Post T 1	5	4	4	5	4	6	4	5	5	5	4	5	5	4	4	5	5	4	4	5	4	5	4	
In 51	Post T 1	6	5	5	4	5	5	4	4	5	4	5	5	5	4	5	5	6	4	4	6	5	5	5	
In 52	Post T 1	5	5	6	4	5	4	4	5	5	4	5	4	6	5	4	5	4	4	4	6	5	4	5	
In 53	Post T 1	6	4	5	4	5	5	5	5	5	4	4	4	5	5	5	5	5	4	5	6	6	5	5	
In 54	Post T 1	5	3	5	4	3	5	4	4	5	4	4	5	5	4	4	4	5	4	4	6	4	5	4	
In 55	Post T 1	6	3	5	4	3	5	3	5	4	3	3	5	3	4	5	5	5	4	3	6	4	5	4	
In 56	Post T 1	5	3	5	4	5	5	3	5	5	4	4	5	5	4	4	5	5	5	4	6	5	4	5	
In 57	Post T 1	5	3	5	4	5	4	5	5	4	5	4	5	5	4	4	4	5	4	5	6	5	5	5	
In 58	Post T 1	5	4	5	4	4	5	4	5	5	4	4	5	4	4	4	4	5	4	5	6	5	5	5	
In 59	Post T 1	5	4	4	5	5	4	3	4	4	3	3	5	5	4	4	3	5	4	4	6	3	5	4	
In 60	Post T 1	5	5	6	5	5	5	4	5	5	5	5	5	5	5	5	4	4	5	4	4	6	4	5	5

**POST-INTERVENTIONAL ASSESSMENT (After Three Months)**

S.N.	Assesment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21	S22	S23
In 1	Post T 2	5	4	4	3	4	5	3	4	4	4	4	5	5	4	4	4	4	5	3	6	4	5	5
In 2	Post T 2	5	4	5	5	5	5	5	5	5	5	5	5	5	5	4	5	5	4	5	6	5	5	5
In 3	Post T 2	4	3	3	4	4	3	4	5	3	3	4	4	4	2	4	3	4	4	4	5	4	5	4
In 4	Post T 2	5	4	5	3	5	4	4	4	4	5	4	5	5	4	5	4	5	5	4	5	5	5	4
In 5	Post T 2	5	5	4	5	5	4	4	4	4	5	5	4	5	4	4	4	4	4	4	6	5	5	4
In 6	Post T 2	4	4	5	4	4	4	5	4	4	4	4	5	4	3	4	5	5	5	5	5	5	5	4
In 7	Post T 2	5	3	5	4	5	5	4	4	4	4	4	4	5	4	4	4	4	4	4	5	3	5	4
In 8	Post T 2	5	4	5	5	5	4	4	4	5	5	5	5	4	5	5	5	5	5	4	6	5	4	5
In 9	Post T 2	5	4	5	4	4	4	4	5	4	3	4	5	4	5	5	5	5	4	5	5	4	5	5
In 10	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 2	4	3	5	4	4	4	4	5	4	3	4	5	4	4	4	4	4	5	4	6	4	4	4
In 12	Post T 2	5	5	5	4	5	5	5	5	4	4	4	5	5	5	4	5	5	4	4	6	5	4	4
In 13	Post T 2	4	3	4	3	4	4	3	5	5	4	5	5	5	4	3	3	4	5	4	3	4	5	4
In 14	Post T 2	5	3	4	3	5	3	3	5	3	3	4	5	4	3	4	4	5	4	4	6	4	4	4
In 15	Post T 2	5	5	5	4	5	5	4	5	5	5	4	4	5	4	4	5	4	5	5	6	4	4	5
In 16	Post T 2	5	4	5	4	4	5	4	5	3	4	4	4	4	3	4	4	4	4	3	5	4	5	4
In 17	Post T 2	5	4	5	4	5	5	4	5	5	4	5	5	5	5	4	5	4	5	4	6	4	5	4
In 18	Post T 2	6	4	5	5	4	5	5	5	5	5	5	5	5	5	4	5	5	5	5	6	5	5	5
In 19	Post T 2	4	2	4	5	5	4	4	4	4	5	4	5	5	4	4	5	4	4	4	5	4	4	4
In 20	Post T 2	5	4	4	4	5	4	4	5	5	4	4	5	5	4	4	4	5	4	4	6	4	4	4
In 21	Post T 2	5	4	5	4	5	4	4	4	5	4	4	4	4	4	4	5	4	4	5	6	4	4	4
In 22	Post T 2	5	4	4	5	5	5	4	4	4	5	4	5	4	4	4	4	5	5	4	5	4	4	5
In 23	Post T 2	5	4	5	5	4	5	4	3	4	4	3	5	4	3	5	4	5	4	5	6	4	4	4
In 24	Post T 2	5	3	5	5	5	4	5	5	4	5	4	5	4	4	4	4	5	5	4	5	4	4	4
In 25	Post T 2	4	3	4	4	5	3	4	5	4	4	4	4	4	5	4	4	4	5	5	4	5	4	4
In 26	Post T 2	6	4	5	4	4	5	4	4	5	4	5	5	5	5	4	5	4	4	4	5	5	4	5
In 27	Post T 2	5	4	5	5	4	4	5	5	4	4	5	4	4	5	4	4	5	5	4	5	4	5	5
In 28	Post T 2	5	4	4	4	5	5	5	4	4	4	4	5	5	4	4	4	5	5	4	6	4	5	5
In 29	Post T 2	5	5	5	5	4	5	4	5	5	4	5	5	4	5	4	5	5	5	4	6	4	5	5
In 30	Post T 2	4	5	5	4	4	5	5	4	4	4	4	5	4	5	4	5	5	4	5	5	4	5	4
In 31	Post T 2	5	5	4	5	4	4	4	4	5	4	4	5	5	5	4	5	4	4	4	6	5	4	5
In 32	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 2	5	4	4	3	4	4	4	3	3	3	3	5	4	4	4	5	4	4	3	6	3	3	5

In 34	Post T 2	5	4	5	4	4	4	4	4	4	5	3	4	4	4	4	5	5	4	4	6	4	5	5
In 35	Post T 2	5	5	4	3	4	4	4	5	4	4	5	4	5	4	4	4	4	4	4	5	4	4	4
In 36	Post T 2	5	5	5	4	5	5	4	5	5	4	4	5	5	4	3	5	4	4	4	6	5	5	5
In 37	Post T 2	4	4	5	4	5	5	4	4	4	4	4	4	5	5	4	4	5	5	4	5	5	4	5
In 38	Post T 2	5	4	4	4	4	5	5	4	4	4	4	4	4	5	4	5	5	5	4	5	4	5	4
In 39	Post T 2	5	4	5	5	5	4	4	5	5	4	4	5	5	5	4	4	5	4	5	6	4	5	5
In 40	Post T 2	5	4	5	4	4	4	5	4	5	4	4	5	5	4	4	5	4	5	5	6	4	5	4
In 41	Post T 2	5	4	5	3	5	4	4	5	5	5	4	5	5	5	4	4	5	4	4	6	4	4	5
In 42	Post T 2	5	5	5	4	5	5	4	5	5	5	4	4	5	4	4	4	5	4	5	5	4	5	4
In 43	Post T 2	5	4	4	4	4	5	4	4	4	3	5	5	5	4	3	4	5	4	4	6	4	5	4
In 44	Post T 2	5	4	3	3	4	5	4	4	4	4	3	5	4	3	4	4	4	4	3	5	3	4	4
In 45	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 2	5	4	4	4	4	5	4	4	4	3	4	4	4	5	4	4	4	5	4	5	4	4	4
In 47	Post T 2	5	4	4	4	4	5	4	4	4	4	4	5	5	5	4	5	4	4	4	5	4	4	5
In 48	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 2	5	4	5	4	4	5	4	5	5	4	5	5	5	4	4	4	5	5	5	6	4	5	4
In 50	Post T 2	5	5	4	5	5	5	4	5	5	5	4	5	5	5	4	5	5	4	4	6	4	5	4
In 51	Post T 2	5	4	5	5	5	4	4	5	5	4	4	5	5	4	5	5	5	4	4	6	5	5	5
In 52	Post T 2	5	4	6	4	5	4	4	4	5	4	5	4	6	5	4	4	4	5	5	6	5	4	4
In 53	Post T 2	6	4	5	4	5	4	5	4	5	4	4	5	5	5	4	5	5	5	5	6	6	5	5
In 54	Post T 2	4	3	5	3	4	4	4	4	5	4	3	5	5	4	4	4	5	4	5	6	4	4	4
In 55	Post T 2	6	4	5	4	4	4	3	5	4	4	3	5	4	3	4	5	5	4	3	6	4	5	4
In 56	Post T 2	5	4	5	4	4	5	3	4	5	4	3	5	5	4	4	5	5	4	4	6	5	5	5
In 57	Post T 2	5	4	5	4	4	4	5	4	4	5	4	5	5	4	4	5	5	4	5	5	5	5	5
In 58	Post T 2	5	4	5	4	5	5	4	5	5	4	4	5	5	4	4	4	4	4	5	6	4	5	5
In 59	Post T 2	4	4	4	4	5	4	3	4	3	4	3	4	5	4	4	3	5	4	3	6	4	5	4
In 60	Post T 2	5	4	6	5	5	5	4	4	5	5	4	5	5	5	4	5	5	4	4	6	4	5	5

**POST-INTERVENTIONAL ASSESSMENT (After Six Months)**

S.N.	Assesment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21	S22	S23
In 1	Post T 3	5	3	4	3	4	4	3	4	4	3	4	5	5	4	4	4	4	4	3	6	4	5	5
In 2	Post T 3	5	4	5	5	5	4	5	5	5	5	5	4	5	5	4	5	5	4	5	6	5	5	5
In 3	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 4	Post T 3	5	4	5	3	5	4	3	4	5	4	4	5	5	4	5	5	5	4	4	6	4	5	4
In 5	Post T 3	5	5	4	5	4	4	4	4	4	5	4	4	5	4	4	4	4	4	4	6	5	5	4
In 6	Post T 3	4	3	5	5	4	4	4	4	4	4	4	4	4	4	4	5	5	4	5	5	5	5	4
In 7	Post T 3	5	4	5	3	5	5	4	5	4	4	4	5	4	4	4	4	4	4	4	5	4	5	4
In 8	Post T 3	6	5	5	5	5	4	4	4	5	5	5	5	5	5	5	5	5	5	4	6	5	5	5
In 9	Post T 3	5	3	5	4	4	3	4	5	5	3	4	5	4	5	4	5	5	4	5	6	4	5	5
In 10	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 3	4	4	5	4	4	3	4	5	5	3	4	5	5	4	4	4	4	5	4	6	4	5	4
In 12	Post T 3	5	4	5	4	5	5	5	4	4	5	4	5	5	4	4	5	5	4	4	6	5	4	4
In 13	Post T 3	4	3	4	4	4	4	4	4	5	4	4	5	5	4	3	3	3	5	4	3	4	5	4
In 14	Post T 3	5	4	4	3	5	4	3	4	4	3	4	5	4	4	4	4	5	4	3	6	4	4	4
In 15	Post T 3	5	5	5	4	5	5	4	4	5	5	5	5	5	4	4	5	4	5	5	6	4	5	5
In 16	Post T 3	5	3	5	4	4	4	4	5	3	4	4	4	4	4	4	4	4	4	3	6	4	5	4
In 17	Post T 3	5	5	5	4	5	5	4	4	5	4	5	5	5	5	4	5	5	5	4	6	5	5	4
In 18	Post T 3	6	5	5	4	4	5	5	5	5	5	5	5	5	4	4	5	5	5	5	6	4	5	5
In 19	Post T 3	4	3	4	4	5	4	4	4	4	5	3	5	5	4	4	4	4	4	4	6	4	4	4
In 20	Post T 3	5	4	4	4	4	5	4	5	4	4	4	5	5	4	4	5	5	4	4	6	4	4	4
In 21	Post T 3	5	4	5	4	5	4	4	5	5	4	4	5	4	5	4	5	4	4	5	6	4	4	5
In 22	Post T 3	5	4	5	4	5	5	4	4	5	5	4	5	5	4	4	4	5	5	5	5	3	4	5
In 23	Post T 3	5	3	5	4	4	5	4	4	4	4	3	4	4	3	5	4	5	4	5	6	4	4	4
In 24	Post T 3	5	3	5	4	5	5	5	5	4	5	4	5	5	4	4	4	5	5	4	6	4	3	4
In 25	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 26	Post T 3	6	5	5	3	4	5	4	5	5	4	4	5	5	5	4	5	4	4	4	6	5	4	5
In 27	Post T 3	5	4	5	4	5	5	4	5	4	4	5	5	5	5	4	3	5	5	4	6	4	4	5
In 28	Post T 3	5	4	4	3	5	5	5	4	5	4	4	4	5	4	4	5	5	5	4	6	4	5	4
In 29	Post T 3	5	5	5	4	4	5	4	5	5	4	4	5	5	4	4	5	5	5	4	6	4	5	5
In 30	Post T 3	5	5	4	4	4	4	5	5	4	5	4	4	4	5	4	5	5	4	5	6	4	5	4
In 31	Post T 3	5	5	5	4	4	5	4	4	5	4	4	4	5	5	4	5	5	4	4	6	4	5	5
In 32	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 3	5	3	4	3	3	4	4	3	4	3	3	5	4	4	4	5	4	4	3	6	4	3	5
In 34	Post T 3	5	4	5	3	4	5	4	3	4	5	4	5	5	4	4	5	5	4	4	6	4	4	5

In 35	Post T 3	5	4	4	4	4	4	5	4	5	5	4	4	5	4	4	4	5	4	4	6	4	4	4	
In 36	Post T 3	5	4	5	4	5	4	4	4	5	4	4	5	5	4	4	5	4	4	4	6	5	5	4	
In 37	Post T 3	4	4	4	4	5	4	4	4	5	4	4	4	5	5	4	5	5	5	4	6	5	4	5	
In 38	Post T 3	5	4	4	4	4	4	5	4	4	5	4	4	4	4	4	5	5	5	4	5	4	5	4	
In 39	Post T 3	5	5	5	5	5	4	4	4	5	5	4	4	5	4	4	5	5	4	5	6	4	5	5	
In 40	Post T 3	5	4	5	4	4	4	4	4	5	5	4	4	5	4	4	5	4	5	5	6	4	4	4	
In 41	Post T 3	5	4	5	4	5	4	3	4	5	5	4	5	5	4	4	4	5	4	4	6	4	4	5	
In 42	Post T 3	5	5	4	4	4	5	4	5	5	4	4	4	5	4	4	4	5	4	5	6	4	5	4	
In 43	Post T 3	5	4	4	4	5	4	5	4	5	4	4	5	5	4	3	4	4	4	5	6	5	5	4	
In 44	Post T 3	5	4	3	4	3	5	3	4	4	4	3	5	4	4	4	3	4	4	3	5	4	4	4	
In 45	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
In 46	Post T 3	5	4	4	5	4	4	4	4	3	4	4	4	4	5	3	4	4	5	4	6	5	4	4	
In 47	Post T 3	5	4	5	4	4	4	4	3	4	5	4	5	5	5	3	5	4	3	4	5	4	4	5	
In 48	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
In 49	Post T 3	5	5	5	4	4	5	4	4	5	4	4	5	5	4	4	4	5	5	4	6	4	5	4	
In 50	Post T 3	5	5	4	5	4	5	4	4	5	5	4	5	4	5	4	5	5	4	4	6	4	5	4	
In 51	Post T 3	5	4	5	5	5	4	4	5	5	5	4	5	5	4	4	5	5	4	4	6	5	5	5	
In 52	Post T 3	5	3	5	4	5	4	4	4	5	4	5	4	5	5	4	4	4	5	5	6	5	4	4	
In 53	Post T 3	5	4	5	4	5	5	5	4	5	4	4	5	6	5	4	5	5	5	5	6	5	5	5	
In 54	Post T 3	5	3	5	3	4	5	4	3	5	4	3	5	5	4	4	4	5	4	5	6	4	3	4	
In 55	Post T 3	6	4	5	4	5	4	3	4	4	4	4	5	4	4	4	5	5	4	3	6	5	5	4	
In 56	Post T 3	5	4	5	4	5	5	3	4	4	4	3	4	5	5	4	5	5	3	4	6	4	5	5	
In 57	Post T 3	5	4	4	4	5	4	5	4	4	4	4	5	5	4	3	5	5	4	5	5	5	5	4	
In 58	Post T 3	5	4	5	4	5	5	4	5	5	4	4	4	5	4	4	4	5	4	4	6	5	5	5	
In 59	Post T 3	4	3	4	4	5	4	3	4	4	4	3	4	5	4	4	3	4	4	3	6	3	5	4	
In 60	Post T 3	5	5	6	5	6	5	4	5	5	5	5	4	5	5	5	3	5	5	4	5	6	4	6	5

**PSYCHOLOGICAL WELL-BEING IN CONTROL GROUP**

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21	S22	S23
Ct 1	Baseline	5	2	4	3	2	4	4	5	4	5	2	5	4	4	4	4	5	4	4	5	4	5	4
Ct 2	Baseline	4	3	5	4	3	4	4	4	2	4	4	4	5	3	4	4	5	4	4	5	2	4	4
Ct 3	Baseline	5	2	5	2	4	4	3	4	4	4	3	4	4	4	4	4	4	4	2	5	4	3	4
Ct 4	Baseline	5	3	4	4	4	4	4	4	3	5	2	5	5	4	4	4	4	4	4	5	5	4	4
Ct 5	Baseline	5	4	4	5	5	5	4	5	3	5	4	5	4	5	4	4	4	4	5	5	5	4	4
Ct 6	Baseline	5	3	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4	4	4	5	4	5	4
Ct 7	Baseline	5	4	5	3	4	4	3	5	3	5	2	5	4	2	4	4	5	4	4	5	2	5	4
Ct 8	Baseline	5	2	4	3	5	5	5	4	3	5	4	5	5	4	4	4	4	4	4	5	4	4	4
Ct 9	Baseline	4	2	4	2	5	4	2	4	4	4	2	5	4	4	4	3	4	4	2	5	3	4	4
Ct10	Baseline	4	3	4	2	4	5	4	4	3	5	2	4	5	4	4	4	5	4	3	5	4	4	5
Ct11	Baseline	4	4	4	4	4	4	3	4	3	3	4	4	4	4	4	2	4	4	3	5	3	5	4
Ct12	Baseline	5	3	5	4	4	4	4	5	5	5	4	5	5	5	4	4	5	4	2	6	4	5	4
Ct13	Baseline	5	4	4	4	4	4	3	4	5	3	2	5	5	5	4	5	4	4	3	5	2	5	4
Ct14	Baseline	4	2	4	3	4	4	4	4	2	4	2	4	4	4	3	4	4	3	3	5	2	5	4
Ct15	Baseline	5	3	5	4	2	4	4	4	3	5	4	4	5	4	3	4	5	4	4	5	5	5	4
Ct16	Baseline	5	2	5	3	5	5	5	4	4	2	3	5	4	4	5	5	4	4	4	5	4	5	5
Ct17	Baseline	5	4	4	4	5	4	4	5	4	5	4	5	4	5	5	4	4	4	3	5	4	5	4
Ct18	Baseline	5	3	4	3	4	4	4	3	4	5	3	5	5	4	4	3	4	5	3	5	4	4	4
Ct19	Baseline	5	2	4	3	5	4	4	5	5	4	3	5	4	4	4	4	4	4	3	2	3	4	4
Ct20	Baseline	5	4	5	4	4	4	4	4	5	5	4	5	5	4	4	5	4	4	4	5	5	5	4
Ct21	Baseline	5	3	4	4	4	5	4	5	4	5	3	5	5	4	4	4	5	4	3	5	4	4	4
Ct22	Baseline	4	4	5	4	4	5	3	4	5	5	4	4	4	4	4	4	4	4	4	5	5	4	4
Ct23	Baseline	5	4	5	4	5	5	4	5	5	5	4	4	4	4	5	4	5	4	4	5	4	5	5
Ct24	Baseline	4	4	5	5	4	5	3	4	4	2	4	5	4	4	4	4	5	4	3	5	4	5	4
Ct25	Baseline	5	1	4	3	4	4	1	4	1	2	2	5	3	4	4	2	4	4	2	5	2	4	4
Ct26	Baseline	5	3	4	4	4	4	5	4	4	4	4	4	4	4	5	4	4	4	4	5	4	5	4
Ct27	Baseline	5	2	4	3	4	4	2	4	3	2	3	4	4	4	4	4	5	4	3	5	4	5	5
Ct28	Baseline	5	3	4	4	4	4	5	5	5	2	4	4	4	4	4	3	5	4	4	5	4	5	4
Ct29	Baseline	5	3	4	4	4	4	5	3	4	3	4	4	4	3	4	4	4	4	5	2	4	5	4
Ct30	Baseline	4	3	4	2	4	2	2	4	3	3	2	4	4	2	4	3	4	4	3	5	3	5	4
Ct31	Baseline	4	4	4	5	5	4	4	4	4	2	4	4	4	4	4	4	5	4	4	5	4	5	4
Ct32	Baseline	5	4	5	4	4	4	4	4	2	4	3	4	4	4	5	5	4	4	3	5	3	5	5

Ct33	Baseline	5	5	5	4	3	5	5	4	5	4	4	4	5	5	4	4	5	4	5	5	4	5	4
Ct34	Baseline	5	3	5	4	4	5	3	4	4	1	3	4	4	4	5	5	5	4	3	5	2	5	4
Ct35	Baseline	5	4	4	4	4	4	4	5	4	3	3	5	4	4	4	5	5	4	3	5	3	5	4
Ct36	Baseline	5	5	4	5	4	5	4	5	4	4	4	5	4	4	4	4	4	4	2	5	4	5	4
Ct37	Baseline	5	5	4	4	2	4	5	4	5	4	3	5	4	3	5	2	4	5	3	5	4	5	4
Ct38	Baseline	5	4	5	3	2	4	4	4	5	2	2	5	4	4	5	3	4	4	4	5	2	5	4
Ct39	Baseline	3	2	2	2	2	3	4	4	1	2	2	3	4	3	4	3	4	3	3	4	4	4	4
Ct40	Baseline	5	2	4	4	4	4	4	3	4	5	1	4	4	4	4	4	5	3	2	5	2	4	4
Ct41	Baseline	5	4	4	2	2	4	4	5	5	5	4	5	4	4	4	4	5	4	4	5	4	4	4
Ct42	Baseline	5	4	5	4	4	4	4	4	5	5	4	4	4	5	4	3	5	4	4	5	4	5	4
Ct43	Baseline	4	4	4	5	5	5	4	4	5	5	4	5	6	3	4	4	5	4	5	5	5	5	4
Ct44	Baseline	5	5	5	4	2	5	5	4	4	5	4	5	5	4	5	5	4	5	5	5	5	5	4
Ct45	Baseline	5	5	4	5	5	5	4	4	4	3	4	5	4	4	4	3	5	4	4	5	4	4	4
Ct46	Baseline	5	3	5	4	4	5	4	4	4	4	4	4	5	4	4	4	4	3	4	5	4	5	4
Ct47	Baseline	5	4	5	4	4	4	4	4	5	5	2	5	5	4	4	4	5	2	2	5	4	5	4
Ct48	Baseline	5	5	5	2	4	5	5	4	5	4	4	4	5	5	3	5	5	4	4	5	4	5	4
Ct49	Baseline	5	4	5	4	5	4	4	4	5	3	4	5	4	4	4	2	5	4	4	5	5	5	4
Ct50	Baseline	5	4	4	4	5	5	4	4	5	4	4	4	5	5	5	5	4	4	4	5	4	5	5
Ct51	Baseline	5	4	4	4	3	4	5	5	3	5	2	4	4	3	4	5	5	4	3	5	4	5	4
Ct52	Baseline	4	2	4	3	3	3	4	4	2	4	3	4	4	4	3	3	4	4	4	4	4	3	4
Ct53	Baseline	3	2	3	4	4	4	4	4	3	4	2	2	4	3	4	3	4	4	3	3	3	3	4
Ct54	Baseline	4	4	4	4	4	4	3	4	4	4	3	5	4	3	4	4	5	4	4	5	3	4	4
Ct55	Baseline	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	3	4	4	4	3	4	3	4
Ct56	Baseline	4	2	4	3	4	5	5	4	3	5	3	5	4	4	4	4	5	4	4	5	4	4	5
Ct57	Baseline	3	1	3	2	4	3	4	4	2	3	2	4	4	3	4	3	4	4	1	4	4	3	4
Ct58	Baseline	4	2	3	2	4	4	4	4	1	2	2	4	4	3	4	3	4	4	2	4	4	2	4
Ct59	Baseline	4	3	4	4	4	4	2	4	3	4	4	5	4	4	4	3	4	4	4	4	4	3	4
Ct60	Baseline	4	3	3	3	4	4	4	4	3	4	3	4	4	3	4	3	4	4	3	4	3	3	4

**POST-INTERVENTIONAL ASSESSMENT (After One Month)**

S.N.	Assesment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20	S21	S22	S23
Ct 1	Post T 1	5	2	4	3	3	5	4	4	4	4	2	5	4	4	4	4	5	4	4	5	4	5	4
Ct 2	Post T 1	4	3	3	4	3	4	4	4	3	4	4	4	5	3	4	4	5	4	4	5	2	4	4
Ct 3	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct 4	Post T 1	5	3	5	4	4	4	4	4	3	5	2	5	5	4	4	4	4	4	4	5	5	4	4
Ct 5	Post T 1	5	4	4	4	4	4	4	5	3	5	4	5	4	5	4	4	4	4	5	5	5	4	4
Ct 6	Post T 1	5	4	4	4	3	5	4	4	4	3	4	5	4	3	4	5	4	4	3	5	4	5	4
Ct 7	Post T 1	5	4	3	3	4	4	3	4	3	5	2	5	4	2	4	4	5	4	4	5	3	5	4
Ct 8	Post T 1	5	4	4	3	4	5	5	4	3	5	4	5	5	4	4	3	4	4	4	5	4	5	4
Ct 9	Post T 1	4	3	4	3	5	4	2	4	4	4	3	5	4	4	4	3	4	4	3	5	4	4	4
Ct10	Post T 1	4	4	4	2	4	4	4	4	3	4	3	4	5	4	4	5	5	4	3	5	4	4	5
Ct11	Post T 1	4	4	4	4	4	4	4	4	4	3	4	4	4	3	4	3	3	4	3	5	3	5	4
Ct12	Post T 1	5	4	4	5	4	4	4	4	5	4	4	5	5	5	4	4	5	4	3	6	4	4	4
Ct13	Post T 1	5	4	4	4	4	4	4	4	5	3	3	5	5	4	4	5	4	4	4	5	2	5	4
Ct14	Post T 1	4	2	4	3	4	4	4	4	2	4	3	4	4	4	3	4	4	3	3	5	3	5	4
Ct15	Post T 1	5	3	5	4	4	3	4	4	3	5	4	5	5	4	3	4	4	4	4	5	5	5	4
Ct16	Post T 1	5	3	5	4	5	4	4	4	4	3	3	5	4	5	5	4	4	4	4	5	4	5	5
Ct17	Post T 1	5	4	5	3	5	4	4	5	4	5	4	5	4	5	5	4	5	4	3	5	4	5	4
Ct18	Post T 1	5	4	4	3	4	4	4	4	4	5	3	4	4	4	4	3	4	4	4	5	4	4	5
Ct19	Post T 1	5	2	4	3	5	4	4	4	4	4	3	5	4	4	4	4	4	4	3	2	3	4	4
Ct20	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct21	Post T 1	5	4	4	4	4	4	4	5	4	4	4	5	5	4	4	4	5	4	3	4	4	5	4
Ct22	Post T 1	5	4	5	4	4	4	2	4	5	5	4	4	4	4	4	4	4	3	4	5	5	5	4
Ct23	Post T 1	5	4	5	4	5	5	4	5	5	5	4	5	4	4	5	5	5	4	5	5	4	5	5
Ct24	Post T 1	4	4	4	4	5	5	4	3	4	3	4	4	4	4	4	4	5	4	3	5	4	5	4
Ct25	Post T 1	5	2	3	3	4	4	2	4	3	2	2	5	3	4	4	2	4	4	2	5	2	4	4
Ct26	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct27	Post T 1	5	3	4	4	4	4	2	4	4	2	3	4	4	4	4	4	5	4	3	5	4	5	5
Ct28	Post T 1	5	4	4	4	4	4	4	5	5	2	4	4	4	4	4	3	4	4	4	5	4	5	4
Ct29	Post T 1	5	4	5	4	4	4	5	4	4	3	4	4	4	3	4	4	4	4	5	3	4	5	4
Ct30	Post T 1	4	3	4	2	4	4	3	4	3	3	3	4	4	3	4	3	4	4	3	5	3	5	4
Ct31	Post T 1	4	4	4	5	5	5	4	4	4	3	4	4	4	4	4	4	5	4	3	5	4	5	4
Ct32	Post T 1	5	4	5	4	4	5	4	4	3	4	4	5	4	4	5	5	4	4	4	5	3	5	5
Ct33	Post T 1	5	4	5	4	4	5	4	4	5	5	4	5	5	5	5	4	5	5	5	5	4	5	4
Ct34	Post T 1	5	4	5	4	4	4	4	4	4	3	3	4	4	4	5	5	5	4	3	4	3	5	4



Ct35	Post T 1	5	4	4	4	4	4	4	4	4	3	3	5	4	4	4	5	5	3	3	5	3	5	4
Ct36	Post T 1	5	4	4	5	5	5	4	5	4	4	4	5	4	4	5	5	5	4	4	5	4	5	4
Ct37	Post T 1	5	4	5	4	3	5	4	4	4	5	4	5	4	4	5	3	4	5	3	5	4	5	5
Ct38	Post T 1	5	4	4	3	3	4	4	4	5	3	2	5	4	4	5	3	4	4	4	5	3	5	4
Ct39	Post T 1	3	2	3	2	2	3	4	4	2	2	3	3	4	3	4	3	4	3	3	4	4	4	4
Ct40	Post T 1	5	3	4	4	4	4	4	4	4	4	2	4	4	4	4	4	5	3	2	5	3	4	4
Ct41	Post T 1	5	4	4	2	3	4	4	4	5	5	4	5	4	4	4	3	5	5	4	4	4	4	5
Ct42	Post T 1	4	4	5	4	4	4	4	3	5	5	4	4	4	5	4	4	5	4	4	5	4	5	4
Ct43	Post T 1	4	5	3	5	4	5	5	4	5	5	4	5	6	3	4	4	5	4	5	5	5	5	4
Ct44	Post T 1	5	4	5	4	2	5	5	4	3	5	4	5	5	4	5	5	4	5	4	5	5	5	4
Ct45	Post T 1	5	4	4	4	4	4	4	4	4	3	4	5	5	4	4	3	5	4	4	5	4	4	4
Ct46	Post T 1	5	4	4	4	4	4	4	4	3	4	4	4	4	4	4	4	4	3	4	5	4	5	4
Ct47	Post T 1	5	4	4	4	4	4	4	5	5	5	3	5	5	4	5	4	5	3	2	5	4	5	4
Ct48	Post T 1	5	4	4	2	4	4	5	4	5	4	4	5	5	5	4	5	5	4	4	5	4	5	4
Ct49	Post T 1	5	4	4	4	5	4	3	4	4	4	4	5	4	4	4	2	5	4	4	5	5	5	4
Ct50	Post T 1	5	5	5	4	5	5	4	4	5	4	4	3	5	4	5	5	4	4	5	5	4	5	5
Ct51	Post T 1	5	4	4	5	4	4	5	5	2	5	4	4	4	3	4	5	5	4	3	5	3	5	4
Ct52	Post T 1	4	3	4	3	3	3	4	4	3	4	4	4	4	4	3	3	4	4	4	4	4	3	4
Ct53	Post T 1	3	3	3	3	4	3	4	4	4	4	2	2	3	3	4	3	4	3	3	3	3	3	4
Ct54	Post T 1	4	4	5	4	4	4	3	4	3	4	2	5	4	3	4	4	5	4	3	5	3	4	4
Ct55	Post T 1	4	4	4	3	4	4	4	4	3	4	4	3	4	4	4	3	4	4	4	3	4	3	4
Ct56	Post T 1	4	3	4	4	4	4	5	4	3	5	3	5	4	4	4	3	5	4	4	5	4	4	5
Ct57	Post T 1	4	2	3	2	4	3	4	4	4	3	3	4	4	4	4	3	4	4	2	4	4	3	4
Ct58	Post T 1	4	1	3	2	4	3	3	4	1	2	2	4	4	2	4	2	4	4	2	4	4	2	4
Ct59	Post T 1	4	2	4	4	4	4	2	3	4	4	4	5	4	4	4	3	3	4	4	4	4	3	4
Ct60	Post T 1	4	2	3	4	4	4	3	4	3	4	3	4	4	3	4	3	4	4	3	4	3	3	4

**SOCIAL WELL-BEING IN INTERVENTIONAL GROUP (Baseline)**

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
In 1	Baseline	3	5	5	4	5	4	5	4	5	5	5	4	4	3	4
In 2	Baseline	5	5	5	4	5	4	4	5	4	5	4	5	5	5	5
In 3	Baseline	4	4	2	3	5	3	4	4	5	4	4	4	5	5	5
In 4	Baseline	3	4	3	4	4	4	5	4	5	4	4	4	5	3	5
In 5	Baseline	2	4	2	2	4	4	5	4	5	4	4	5	4	4	4
In 6	Baseline	4	4	3	3	5	4	3	2	4	4	4	4	4	3	4
In 7	Baseline	2	4	2	4	4	4	4	4	5	4	4	4	4	3	4
In 8	Baseline	4	5	2	2	5	4	5	5	5	4	4	5	4	4	4
In 9	Baseline	4	5	2	4	5	5	5	3	5	4	5	5	5	5	5
In 10	Baseline	4	4	4	3	4	3	4	2	5	3	4	4	3	3	3
In 11	Baseline	5	5	5	4	5	4	5	5	4	4	5	5	5	5	5
In 12	Baseline	5	5	2	5	5	4	4	4	5	5	4	4	4	5	5
In 13	Baseline	4	4	2	4	5	5	3	4	4	4	5	5	4	5	4
In 14	Baseline	3	4	5	4	5	4	5	3	5	4	4	4	4	2	4
In 15	Baseline	3	4	3	3	4	3	5	4	5	3	4	4	3	4	4
Int16	Baseline	4	3	3	3	5	4	4	2	4	4	4	4	4	4	5
In 17	Baseline	3	4	5	4	5	4	4	5	5	4	4	5	4	5	4
In 18	Baseline	5	4	5	4	5	4	5	5	5	4	5	2	5	4	4
In 19	Baseline	5	4	5	5	5	4	5	3	4	4	4	2	5	5	4
In 20	Baseline	5	4	3	3	5	4	4	4	4	4	4	4	4	5	4
In 21	Baseline	4	5	4	5	5	4	4	3	4	4	4	5	4	5	5
In 22	Baseline	4	5	4	4	4	4	4	4	5	4	4	3	4	4	4
In 23	Baseline	4	4	3	4	4	4	5	4	5	4	5	5	4	5	4
In 24	Baseline	5	4	2	5	5	4	4	3	5	4	5	3	4	5	4
In 25	Baseline	3	2	3	3	4	4	5	3	5	4	5	3	5	4	5
In 26	Baseline	3	4	2	3	5	4	5	5	5	4	4	5	5	5	4
In 27	Baseline	4	4	5	3	5	5	4	5	5	4	4	4	4	4	4
In 28	Baseline	4	4	5	4	5	4	5	3	5	4	4	2	5	4	4
In 29	Baseline	4	5	4	3	5	5	4	3	4	4	5	3	5	4	4
In 30	Baseline	2	3	4	2	5	5	4	3	4	4	4	4	4	3	4
In 31	Baseline	2	2	2	2	5	4	5	4	4	4	5	3	4	5	5

In 32	Baseline	4	3	4	3	5	4	5	3	5	4	4	5	4	4	4
In 33	Baseline	3	3	3	3	4	4	5	3	4	4	4	4	4	4	3
In 34	Baseline	3	4	4	3	5	4	4	5	4	4	5	4	4	4	4
In 35	Baseline	5	5	5	4	5	4	4	4	5	4	5	4	4	5	4
In 36	Baseline	4	4	3	2	4	4	5	4	4	4	4	4	4	4	4
In 37	Baseline	2	3	3	2	5	4	5	5	5	4	4	5	4	4	4
In 38	Baseline	5	4	5	4	4	4	4	4	5	4	4	4	4	5	4
In 39	Baseline	5	4	5	4	4	4	5	4	5	4	4	4	4	4	4
In 40	Baseline	4	4	5	3	4	4	4	4	4	4	4	4	4	4	4
In 41	Baseline	4	4	5	3	5	5	5	4	4	4	5	4	4	5	4
In 42	Baseline	4	4	5	4	4	4	4	4	5	4	4	4	4	4	4
In 43	Baseline	4	3	5	3	5	4	4	4	5	4	3	4	4	4	4
In 44	Baseline	5	4	4	5	4	4	4	5	5	4	4	5	4	4	4
In 45	Baseline	4	5	4	4	4	4	4	5	4	4	4	5	4	4	5
In 46	Baseline	4	4	4	3	5	5	4	4	4	4	4	5	5	4	4
In 47	Baseline	4	4	5	4	5	4	4	4	4	4	4	4	4	4	4
In 48	Baseline	4	4	3	4	5	4	4	4	4	4	4	4	4	4	4
In 49	Baseline	3	4	4	2	5	4	5	4	5	4	4	4	4	4	4
In 50	Baseline	5	5	4	4	5	4	4	4	5	4	4	4	4	4	4
In 51	Baseline	6	5	3	6	4	4	4	4	4	3	4	2	3	3	4
In 52	Baseline	6	6	4	6	4	4	3	3	4	3	3	4	2	4	3
In 53	Baseline	6	5	4	6	5	3	3	3	4	4	5	4	4	4	3
In 54	Baseline	2	2	4	6	4	3	3	4	4	4	4	4	4	4	4
In 55	Baseline	1	4	2	1	4	4	4	4	5	4	5	4	3	3	3
In 56	Baseline	3	4	3	5	5	4	5	4	5	4	5	4	4	4	4
In 57	Baseline	4	4	4	2	4	4	4	4	4	4	5	4	4	4	4
In 58	Baseline	3	3	4	2	5	4	4	2	4	4	4	4	4	4	4
In 59	Baseline	4	4	4	4	5	3	3	4	4	3	4	4	4	4	3
In 60	Baseline	4	4	3	1	4	4	5	4	4	4	4	4	4	5	4



In 33	Post T 1	3	3	3	3	5	4	5	3	4	4	4	4	4	4	4
In 34	Post T 1	4	4	5	4	5	5	4	5	5	5	5	4	5	4	5
In 35	Post T 1	5	5	4	4	5	4	4	5	5	4	5	5	4	5	4
In 36	Post T 1	4	4	4	4	5	4	5	4	4	5	5	4	4	5	4
In 37	Post T 1	3	3	4	3	5	4	5	5	6	5	4	6	4	4	4
In 38	Post T 1	5	4	5	5	6	4	5	5	5	4	5	5	4	5	5
In 39	Post T 1	5	5	5	5	5	4	5	5	5	4	5	5	4	5	4
In 40	Post T 1	4	5	5	4	5	4	5	5	5	4	4	5	4	4	4
In 41	Post T 1	4	5	5	4	6	5	6	5	5	4	5	5	5	5	5
In 42	Post T 1	5	5	5	4	5	4	5	4	5	4	5	4	4	5	4
In 43	Post T 1	4	3	5	3	5	4	5	4	5	4	4	4	4	4	4
In 44	Post T 1	5	5	5	5	4	4	5	5	5	4	5	5	4	4	4
In 45	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 1	4	5	4	4	6	5	4	4	5	4	5	5	5	4	4
In 47	Post T 1	5	5	5	5	5	4	5	4	5	4	5	4	5	4	5
In 48	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 1	4	4	4	3	5	4	5	4	5	4	4	4	4	4	4
In 50	Post T 1	5	5	4	4	5	4	5	5	5	4	5	4	4	4	4
In 51	Post T 1	6	6	5	6	6	5	6	5	6	4	5	4	5	5	5
In 52	Post T 1	6	6	5	6	5	5	4	5	4	4	4	6	4	5	5
In 53	Post T 1	6	5	5	6	6	5	5	5	6	4	4	4	4	5	5
In 54	Post T 1	5	4	5	6	4	4	4	5	4	4	4	5	5	5	5
In 55	Post T 1	4	5	4	4	4	5	5	5	5	4	5	5	4	4	4
In 56	Post T 1	4	5	4	5	6	4	6	5	5	4	5	5	5	4	5
In 57	Post T 1	5	4	4	5	4	5	4	4	5	4	4	4	4	4	4
In 58	Post T 1	4	4	4	3	5	5	5	4	4	3	4	4	4	4	4
In 59	Post T 1	4	5	5	5	5	3	4	4	4	3	5	4	4	5	4
In 60	Post T 1	5	5	4	2	4	4	5	5	5	4	4	5	4	5	5



In 33	Post T 2	4	4	4	3	5	4	5	4	4	4	5	4	5	4	4
In 34	Post T 2	4	4	5	4	5	4	4	5	5	4	5	4	5	4	5
In 35	Post T 2	5	5	4	4	5	5	4	5	5	4	5	4	4	5	4
In 36	Post T 2	4	5	4	3	5	4	5	4	5	5	5	4	4	5	4
In 37	Post T 2	4	3	4	3	4	4	5	5	6	5	4	5	4	4	4
In 38	Post T 2	5	4	5	4	6	4	5	4	5	4	5	5	4	5	5
In 39	Post T 2	5	5	4	5	5	4	5	4	5	4	5	5	4	5	4
In 40	Post T 2	4	5	4	4	5	5	5	6	5	4	4	5	4	5	4
In 41	Post T 2	4	5	5	4	6	5	5	5	5	4	5	5	5	5	5
In 42	Post T 2	5	4	5	4	5	4	4	4	5	4	5	4	4	5	4
In 43	Post T 2	4	4	5	3	5	5	4	4	4	4	4	5	4	5	4
In 44	Post T 2	5	5	4	5	4	4	5	4	5	4	5	4	4	4	4
In 45	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 2	3	5	4	3	5	5	4	4	5	4	5	4	5	4	4
In 47	Post T 2	5	4	4	4	5	4	5	4	4	4	5	4	4	4	5
In 48	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 2	4	4	4	4	5	4	4	5	5	4	4	4	4	3	4
In 50	Post T 2	5	4	4	4	5	5	5	5	5	5	4	4	4	5	4
In 51	Post T 2	6	5	5	5	6	5	6	4	6	4	5	5	5	5	4
In 52	Post T 2	5	6	5	5	5	5	4	5	4	4	5	5	4	5	5
In 53	Post T 2	6	4	5	5	6	5	5	5	5	5	4	5	4	5	5
In 54	Post T 2	5	4	4	5	4	5	4	5	5	4	4	4	5	5	4
In 55	Post T 2	4	5	4	3	4	5	5	4	5	4	5	6	4	4	4
In 56	Post T 2	4	5	4	4	6	4	5	5	5	4	5	4	5	4	5
In 57	Post T 2	5	4	5	4	4	5	4	5	5	4	4	4	4	4	4
In 58	Post T 2	4	4	5	3	6	5	5	4	5	3	4	4	3	4	4
In 59	Post T 2	4	5	5	4	5	3	4	4	4	4	5	4	4	4	4
In 60	Post T 2	4	5	4	3	4	3	5	5	5	4	4	5	4	4	4

**POST-INTERVENTIONAL ASSESSMENT**  
(After Six Months)

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
In 1	Post T 3	3	4	5	3	5	4	5	4	5	4	5	5	4	5	4
In 2	Post T 3	5	5	5	4	6	5	5	5	5	5	5	5	5	4	5
In 3	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 4	Post T 3	4	4	4	3	4	5	5	5	5	4	4	4	4	4	5
In 5	Post T 3	4	4	4	4	5	4	5	4	5	4	5	4	4	4	4
In 6	Post T 3	4	5	3	3	5	4	4	4	5	5	4	4	4	4	4
In 7	Post T 3	4	4	5	4	5	3	4	4	4	4	4	5	4	5	4
In 8	Post T 3	5	5	5	4	5	5	6	5	5	5	5	5	4	5	4
In 9	Post T 3	5	4	4	4	4	4	5	4	5	4	5	5	5	4	4
In 10	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 3	5	4	5	4	5	4	5	5	6	4	5	5	4	5	5
In 12	Post T 3	5	4	5	5	5	4	5	4	4	4	5	4	5	5	4
In 13	Post T 3	4	3	4	4	5	5	5	4	5	4	5	4	4	5	5
In 14	Post T 3	4	4	4	4	5	5	5	4	5	4	4	5	4	4	4
In 15	Post T 3	5	5	6	4	6	5	5	5	6	5	4	4	4	5	5
Int16	Post T 3	4	4	4	4	4	4	4	5	4	4	4	5	4	5	4
In 17	Post T 3	4	4	5	3	5	4	4	5	5	4	5	5	5	5	4
In 18	Post T 3	5	5	5	5	6	5	5	6	6	4	5	5	5	4	5
In 19	Post T 3	5	5	4	4	3	4	5	4	4	4	4	4	4	5	4
In 20	Post T 3	4	4	4	4	5	5	4	5	5	4	4	5	4	5	4
In 21	Post T 3	5	5	5	4	5	4	5	4	5	5	5	5	5	5	4
In 22	Post T 3	5	4	5	5	4	4	5	5	4	4	5	4	4	5	4
In 23	Post T 3	4	4	5	3	4	4	4	4	5	4	5	5	4	4	4
In 24	Post T 3	5	5	4	5	5	4	5	4	5	4	5	5	4	4	4
In 25	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 26	Post T 3	4	5	5	3	5	4	5	5	4	4	5	5	4	5	4
In 27	Post T 3	4	5	5	4	4	4	5	5	5	5	5	5	4	5	4
In 28	Post T 3	4	5	4	4	5	4	4	4	5	4	5	5	5	4	4
In 29	Post T 3	5	4	5	4	5	5	5	4	5	5	5	5	5	5	4
In 30	Post T 3	4	4	5	3	5	4	4	5	5	5	5	5	4	4	4
In 31	Post T 3	4	5	4	4	5	4	4	5	5	4	5	5	4	5	4



In 32	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 3	4	4	4	4	5	4	4	3	4	4	5	4	4	5	4
In 34	Post T 3	5	4	5	4	5	4	4	4	5	4	5	4	4	5	5
In 35	Post T 3	5	5	4	5	5	4	4	4	5	4	5	5	4	4	4
In 36	Post T 3	4	5	4	4	5	4	4	5	4	5	5	4	4	5	4
In 37	Post T 3	4	4	4	3	4	5	5	5	5	5	4	5	4	4	4
In 38	Post T 3	5	4	5	5	5	4	5	4	4	4	5	5	4	5	4
In 39	Post T 3	5	5	4	4	4	4	5	4	4	5	5	5	4	5	4
In 40	Post T 3	4	5	4	4	4	5	5	5	5	4	4	5	4	5	4
In 41	Post T 3	4	4	5	4	6	5	5	5	5	4	5	5	5	5	4
In 42	Post T 3	5	5	5	4	5	4	3	4	4	4	5	5	4	5	4
In 43	Post T 3	4	5	5	3	5	4	4	5	4	4	5	4	4	5	4
In 44	Post T 3	4	5	4	4	4	4	5	4	5	4	5	4	4	5	4
In 45	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 3	3	4	4	3	5	4	5	4	5	4	4	4	5	4	4
In 47	Post T 3	5	4	4	3	5	4	4	4	4	4	5	4	4	4	5
In 48	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 3	3	4	4	3	5	4	5	5	5	4	4	4	4	3	4
In 50	Post T 3	5	4	5	4	5	5	6	5	5	5	4	5	4	5	4
In 51	Post T 3	5	5	5	5	6	5	5	4	6	4	5	5	5	5	4
In 52	Post T 3	5	5	5	5	5	4	4	5	4	4	5	5	4	5	5
In 53	Post T 3	6	5	5	5	6	5	5	5	4	5	4	5	4	5	5
In 54	Post T 3	4	4	4	5	4	5	4	5	5	4	4	4	4	5	4
In 55	Post T 3	4	4	4	3	4	5	5	5	5	4	5	6	5	4	4
In 56	Post T 3	4	5	4	3	6	4	5	4	5	4	5	4	5	5	5
In 57	Post T 3	4	4	5	3	5	5	4	5	5	4	4	4	4	4	4
In 58	Post T 3	4	5	5	3	5	5	5	5	5	4	4	4	3	5	4
In 59	Post T 3	4	5	4	4	5	3	4	4	3	4	5	4	4	4	4
In 60	Post T 3	4	5	4	4	4	4	4	5	5	4	4	5	4	4	4

### SOCIAL WELL-BEING IN CONTROL GROUP

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
Ct 1	Baseline	4	5	3	5	5	5	4	4	5	5	4	5	5	4	4
Ct 2	Baseline	4	4	5	4	4	4	5	4	5	4	5	4	4	5	5
Ct 3	Baseline	4	4	5	4	4	4	4	4	5	4	4	4	4	4	5
Ct 4	Baseline	5	5	4	5	5	4	4	5	5	4	4	4	4	4	5
Ct 5	Baseline	4	5	4	4	4	4	5	4	4	5	5	4	4	4	5
Ct 6	Baseline	4	5	5	4	4	4	4	3	5	4	5	4	4	5	4
Ct 7	Baseline	5	4	3	5	4	4	4	4	4	4	5	4	4	5	4
Ct 8	Baseline	4	4	4	4	5	4	5	4	4	4	4	4	4	5	5
Ct 9	Baseline	5	4	3	4	4	4	4	4	4	4	4	4	4	5	4
Ct10	Baseline	5	5	5	4	5	4	4	4	4	4	5	4	4	5	4
Ct11	Baseline	5	4	3	4	4	4	5	4	4	4	4	4	4	4	4
Ct12	Baseline	4	5	5	4	4	5	5	5	5	4	4	4	5	5	4
Ct13	Baseline	3	3	4	4	4	4	4	5	5	4	4	4	5	4	4
Ct14	Baseline	5	4	2	4	5	4	4	2	4	3	4	3	4	4	4
Ct15	Baseline	4	4	2	4	4	3	4	5	4	4	5	4	3	4	4
Ct16	Baseline	2	3	2	2	5	5	5	4	5	5	4	5	5	5	4
Ct17	Baseline	5	4	2	4	4	4	5	5	4	4	4	4	4	4	4
Ct18	Baseline	5	4	2	4	5	4	4	4	4	4	4	4	4	5	4
Ct19	Baseline	4	4	3	4	5	4	5	4	5	4	4	4	4	5	4
Ct20	Baseline	5	4	5	5	5	4	4	4	5	4	5	4	5	5	4
Ct21	Baseline	5	4	2	5	5	4	5	4	5	4	5	4	4	5	4
Ct22	Baseline	4	4	5	5	4	4	5	4	5	4	5	4	5	5	4
Ct23	Baseline	5	5	5	4	4	4	5	4	5	4	5	4	4	5	4
Ct24	Baseline	4	5	4	4	4	4	4	4	5	4	4	5	4	4	4
Ct25	Baseline	4	4	4	4	3	4	5	3	5	4	5	4	4	4	4
Ct26	Baseline	4	4	5	4	4	4	4	4	5	4	5	4	5	4	4
Ct27	Baseline	4	3	4	2	4	2	4	4	5	4	4	4	5	4	4
Ct28	Baseline	4	4	3	2	4	4	4	5	5	4	4	4	4	3	4
Ct29	Baseline	4	4	5	4	5	4	5	4	4	4	4	4	4	4	4
Ct30	Baseline	2	4	3	3	4	4	4	3	4	4	4	3	4	3	4
Ct31	Baseline	3	3	4	3	4	4	5	4	5	4	4	4	3	4	4
Ct32	Baseline	3	3	3	4	5	4	4	5	4	4	5	4	4	4	3
Ct33	Baseline	4	4	2	4	5	4	5	5	5	4	4	5	5	4	4

Ct34	Baseline	4	4	4	3	4	4	5	4	5	4	4	4	5	4	3
Ct35	Baseline	5	4	5	4	5	4	5	5	5	4	4	4	4	4	4
Ct36	Baseline	5	4	5	4	5	4	5	5	5	4	5	5	4	5	4
Ct37	Baseline	5	4	5	4	4	3	5	4	4	4	5	5	4	5	3
Ct38	Baseline	5	4	4	4	5	4	5	4	5	4	4	4	4	3	3
Ct39	Baseline	3	3	3	3	4	3	3	4	4	4	4	4	4	3	4
Ct40	Baseline	3	4	2	4	5	4	5	4	5	4	5	4	4	5	4
Ct41	Baseline	5	5	4	5	5	4	5	5	5	4	5	4	4	4	4
Ct42	Baseline	5	5	3	5	4	5	5	5	5	4	5	4	4	5	4
Ct43	Baseline	5	4	5	4	5	4	5	4	4	4	3	4	4	5	5
Ct44	Baseline	5	4	5	5	4	5	5	4	5	4	5	4	5	4	3
Ct45	Baseline	5	4	5	2	4	4	5	5	5	4	4	4	5	5	4
Ct46	Baseline	5	4	5	4	4	4	4	4	4	4	5	5	4	4	4
Ct47	Baseline	5	5	5	4	4	5	5	4	5	4	5	5	5	4	4
Ct48	Baseline	5	5	2	4	4	4	5	5	5	4	5	4	4	5	4
Ct49	Baseline	5	5	4	4	4	5	5	5	5	5	4	5	5	4	5
Ct50	Baseline	5	4	5	5	5	4	4	5	5	5	5	5	4	4	5
Ct51	Baseline	5	5	4	5	5	4	5	4	4	4	4	4	4	4	4
Ct52	Baseline	4	4	3	5	4	4	3	4	4	4	4	4	4	3	4
Ct53	Baseline	4	4	3	3	4	3	3	4	4	4	3	4	4	4	4
Ct54	Baseline	4	4	4	4	5	4	4	4	5	4	5	4	4	4	4
Ct55	Baseline	4	4	4	3	5	4	5	4	4	4	5	4	3	3	3
Ct56	Baseline	5	4	4	4	5	4	4	4	4	4	5	4	4	4	4
Ct57	Baseline	4	4	2	4	4	4	3	4	4	4	3	4	3	3	3
Ct58	Baseline	5	5	4	4	4	4	5	4	4	4	4	4	4	3	4
Ct59	Baseline	4	5	4	5	4	4	4	4	4	4	5	4	4	4	4
Ct60	Baseline	5	4	4	4	4	4	4	4	4	3	4	4	4	4	4

**POST-INTERVENTIONAL ASSESSMENT  
(After One Month)**

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
Ct 1	Post T 1	4	5	3	5	5	4	4	4	5	4	4	4	5	4	4
Ct 2	Post T 1	4	4	4	4	4	4	5	4	4	4	5	4	4	5	5
Ct 3	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct 4	Post T 1	5	5	4	4	5	4	5	5	4	4	5	4	4	4	5
Ct 5	Post T 1	4	5	4	4	4	4	5	4	4	4	4	4	4	4	4
Ct 6	Post T 1	4	5	4	5	5	3	4	4	5	4	4	4	4	5	4
Ct 7	Post T 1	5	4	3	5	4	3	4	4	4	4	5	4	4	5	4
Ct 8	Post T 1	5	4	3	5	5	4	4	4	5	4	4	4	4	5	4
Ct 9	Post T 1	5	4	3	4	4	4	4	4	4	3	4	4	4	5	4
Ct10	Post T 1	5	5	4	4	4	4	4	4	4	4	5	4	4	5	4
Ct11	Post T 1	5	4	3	4	4	4	4	4	4	4	4	4	4	4	4
Ct12	Post T 1	4	5	4	4	3	5	5	4	5	5	4	4	5	5	4
Ct13	Post T 1	3	4	4	4	3	4	4	4	5	4	5	4	5	4	4
Ct14	Post T 1	5	4	5	4	5	4	4	3	4	3	4	3	4	4	4
Ct15	Post T 1	4	4	3	4	4	4	4	4	5	4	5	4	3	4	4
Ct16	Post T 1	3	3	4	2	5	5	5	4	5	5	4	5	5	5	4
Ct17	Post T 1	4	4	4	4	4	4	5	5	4	4	4	4	4	5	4
Ct18	Post T 1	5	4	4	4	5	4	4	3	4	4	4	4	4	5	4
Ct19	Post T 1	4	4	3	4	5	4	5	4	5	4	4	4	4	5	4
Ct20	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct21	Post T 1	5	4	5	5	5	4	5	4	4	4	5	4	4	4	5
Ct22	Post T 1	5	4	4	5	4	4	4	4	5	4	5	4	5	5	4
Ct23	Post T 1	5	5	5	5	5	4	5	4	5	4	5	4	4	5	4
Ct24	Post T 1	4	4	4	5	4	4	4	4	4	4	4	5	4	4	4
Ct25	Post T 1	4	4	3	4	4	4	5	3	5	4	5	4	4	4	4
Ct26	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct27	Post T 1	4	4	4	2	4	3	4	4	5	4	5	4	5	4	4
Ct28	Post T 1	4	4	3	3	4	4	4	5	5	4	4	4	4	3	5
Ct29	Post T 1	4	5	5	3	5	4	4	4	5	4	5	4	4	4	4
Ct30	Post T 1	2	4	3	3	5	4	4	3	3	4	4	3	4	3	4
Ct31	Post T 1	3	4	4	3	4	4	4	4	4	4	4	4	3	4	4
Ct32	Post T 1	3	4	4	4	5	4	5	4	4	4	5	4	4	4	4
Ct33	Post T 1	4	4	5	4	4	4	5	5	4	4	4	5	5	4	4

Ct34	Post T 1	4	4	4	4	4	4	4	4	5	4	4	4	5	4	3
Ct35	Post T 1	5	4	4	4	5	4	5	4	5	4	5	4	4	4	4
Ct36	Post T 1	5	5	4	4	5	4	5	4	5	3	5	4	4	5	4
Ct37	Post T 1	5	5	5	4	4	3	5	4	5	4	4	4	4	5	4
Ct38	Post T 1	5	4	5	4	4	4	5	4	4	4	4	4	4	4	4
Ct39	Post T 1	3	3	2	3	5	3	4	4	4	4	3	4	4	3	4
Ct40	Post T 1	4	4	4	4	5	4	5	4	5	4	4	4	4	5	4
Ct41	Post T 1	5	5	4	5	5	4	5	5	5	4	4	4	4	4	4
Ct42	Post T 1	5	4	3	5	5	4	5	5	5	4	5	4	4	5	4
Ct43	Post T 1	4	4	2	5	6	4	4	4	4	4	3	4	4	5	5
Ct44	Post T 1	4	4	5	5	4	5	5	3	5	4	5	4	5	4	3
Ct45	Post T 1	5	4	5	3	4	4	4	5	4	4	5	4	5	4	4
Ct46	Post T 1	5	4	5	4	4	4	4	4	4	4	5	5	4	4	4
Ct47	Post T 1	5	5	4	5	4	4	5	4	4	4	5	5	5	4	4
Ct48	Post T 1	5	5	5	4	4	4	4	5	5	4	5	4	4	5	4
Ct49	Post T 1	5	5	4	4	4	5	5	5	5	5	4	5	5	4	5
Ct50	Post T 1	5	4	5	4	5	4	5	5	5	4	5	5	4	5	5
Ct51	Post T 1	5	4	4	5	5	3	5	4	5	4	4	5	4	4	4
Ct52	Post T 1	5	4	3	5	5	3	3	4	4	4	3	4	4	3	4
Ct53	Post T 1	4	4	3	4	4	3	3	4	4	4	3	4	4	3	4
Ct54	Post T 1	3	3	4	4	5	4	4	4	5	4	5	4	4	4	4
Ct55	Post T 1	4	5	4	2	5	3	5	4	4	4	4	4	3	3	3
Ct56	Post T 1	4	4	4	4	5	4	5	4	4	4	5	4	4	4	4
Ct57	Post T 1	4	4	2	4	3	4	4	4	4	3	3	4	3	2	3
Ct58	Post T 1	5	5	3	3	5	4	5	4	4	3	4	4	3	3	4
Ct59	Post T 1	4	4	3	5	4	3	4	4	4	4	5	4	4	4	4
Ct60	Post T 1	4	4	3	4	3	4	4	4	4	3	4	4	4	4	4

### SPIRITUAL WELL-BEING IN INTERVENTIONAL GROUP

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
In 1	Baseline	4	4	3	3	4	4	6	5	4	5	4	5	5	5	4
In 2	Baseline	5	5	5	4	4	5	5	5	4	5	4	5	5	5	4
In 3	Baseline	4	4	5	4	4	5	5	6	5	5	3	4	5	4	4
In 4	Baseline	4	4	4	4	4	4	5	4	4	5	4	5	5	5	4
In 5	Baseline	4	3	4	3	4	4	4	4	4	5	4	5	4	4	4
In 6	Baseline	4	4	4	4	4	4	4	3	5	4	3	5	4	4	5
In 7	Baseline	5	5	5	4	4	6	5	5	5	4	4	4	5	5	4
In 8	Baseline	5	5	5	4	5	5	5	5	5	5	3	4	5	5	4
In 9	Baseline	5	5	4	4	5	4	5	5	4	5	5	4	5	5	3
In 10	Baseline	5	5	5	4	4	4	5	5	4	5	4	4	5	5	4
In 11	Baseline	4	4	5	3	4	4	5	5	4	5	3	5	5	4	4
In 12	Baseline	5	4	5	4	4	4	5	4	4	5	3	3	5	4	4
In 13	Baseline	5	4	4	4	4	4	4	4	4	4	2	5	5	4	4
In 14	Baseline	4	4	2	2	4	3	5	5	4	4	1	4	5	4	4
In 15	Baseline	4	4	4	2	4	4	4	5	4	4	2	4	4	4	4
Int16	Baseline	5	5	5	3	4	4	5	5	4	4	2	4	5	5	4
In 17	Baseline	4	4	4	5	4	5	5	4	4	4	3	4	4	4	5
In 18	Baseline	5	4	5	4	4	5	5	5	4	4	3	3	4	5	4
In 19	Baseline	5	4	4	4	4	5	5	5	4	5	2	4	5	4	4
In 20	Baseline	5	4	4	4	4	4	5	5	4	5	2	5	5	4	4
In 21	Baseline	5	4	5	4	4	5	5	5	4	5	3	4	5	5	4
In 22	Baseline	4	4	5	4	3	4	4	4	4	4	4	4	4	4	4
In 23	Baseline	5	4	4	4	4	4	5	5	5	4	2	5	5	4	4
In 24	Baseline	4	4	4	5	4	4	5	4	4	4	3	5	5	4	4
In 25	Baseline	4	4	4	4	4	4	4	4	4	5	2	5	4	4	5
In 26	Baseline	5	4	5	4	5	4	6	5	5	5	3	2	5	4	4
In 27	Baseline	4	4	4	4	4	5	4	4	4	5	1	5	5	4	4
In 28	Baseline	4	4	5	4	4	5	4	4	4	5	2	4	4	4	4
In 29	Baseline	5	4	4	5	4	4	5	5	4	4	4	4	5	4	4
In 30	Baseline	4	4	3	4	4	5	4	4	4	4	3	4	5	4	4
In 31	Baseline	3	4	3	4	4	4	4	4	4	4	4	4	4	5	4
In 32	Baseline	4	4	3	4	4	4	4	4	5	4	4	4	5	4	4

In 33	Baseline	4	5	4	4	4	4	4	5	4	5	4	4	5	5	4
In 34	Baseline	4	4	5	5	4	5	5	5	4	4	3	5	5	4	4
In 35	Baseline	5	4	5	4	4	5	4	5	4	5	2	5	4	4	4
In 36	Baseline	4	3	4	4	3	4	4	3	3	4	3	4	4	4	4
In 37	Baseline	3	3	4	4	3	4	3	3	3	3	2	4	3	4	4
In 38	Baseline	5	5	5	4	4	4	5	5	4	4	2	4	5	4	4
In 39	Baseline	3	3	4	4	4	4	4	2	4	4	3	5	2	3	4
In 40	Baseline	4	3	4	4	4	4	4	3	4	2	4	4	4	3	4
In 41	Baseline	4	3	4	4	4	4	4	3	4	2	2	4	5	4	3
In 42	Baseline	4	4	5	4	4	4	5	4	4	4	3	5	5	4	4
In 43	Baseline	4	4	4	5	4	5	5	4	5	5	4	5	4	4	4
In 44	Baseline	4	5	4	2	4	4	5	5	4	5	3	4	5	4	3
In 45	Baseline	4	4	4	4	4	4	4	4	4	4	4	5	4	4	4
In 46	Baseline	4	4	5	4	4	4	4	4	4	4	3	5	5	4	4
In 47	Baseline	4	4	5	4	4	4	5	4	4	4	4	4	5	4	4
In 48	Baseline	4	4	4	4	4	4	4	4	4	4	3	5	4	4	5
In 49	Baseline	5	4	5	3	5	3	5	5	5	5	5	5	5	5	4
In 50	Baseline	4	4	5	4	4	5	5	5	4	5	4	5	5	5	4
In 51	Baseline	4	4	5	4	3	4	4	4	4	5	2	3	4	4	3
In 52	Baseline	4	4	4	3	4	5	4	4	4	4	3	4	4	4	4
In 53	Baseline	5	4	4	3	4	4	5	5	4	5	3	4	4	4	4
In 54	Baseline	5	4	5	3	4	3	4	4	4	4	4	4	4	4	3
In 55	Baseline	3	4	2	3	3	3	4	4	4	2	4	4	3	4	3
In 56	Baseline	5	4	5	4	4	4	5	5	4	5	3	4	5	4	4
In 57	Baseline	4	4	4	4	3	4	5	3	5	3	4	4	5	4	4
In 58	Baseline	4	4	4	3	4	5	5	5	4	4	3	3	4	4	4
In 59	Baseline	4	4	4	3	3	4	5	5	4	5	4	4	5	6	4
In 60	Baseline	4	4	4	3	4	4	4	4	4	4	4	5	4	4	4

**POST-INTERVENTIONAL ASSESSMENT**  
(After One Month)

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
In 1	Post T 1	6	4	5	4	5	4	6	5	5	5	4	5	5	5	4
In 2	Post T 1	6	5	5	5	4	5	5	5	5	5	4	5	5	5	4
In 3	Post T 1	5	5	5	4	5	5	6	6	5	5	4	4	5	4	4
In 4	Post T 1	5	5	5	5	4	4	5	4	4	5	4	5	5	5	4
In 5	Post T 1	4	4	4	4	4	5	4	4	4	5	4	5	4	5	4
In 6	Post T 1	4	4	4	3	4	5	4	3	5	4	4	5	4	4	5
In 7	Post T 1	5	5	5	4	5	6	5	5	5	5	5	4	5	5	4
In 8	Post T 1	6	5	5	4	5	5	5	4	4	5	4	4	5	5	5
In 9	Post T 1	5	5	5	4	5	5	5	5	6	5	5	5	5	5	4
In 10	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 1	5	5	5	4	5	4	6	5	4	5	4	5	5	5	4
In 12	Post T 1	5	5	5	4	5	5	5	4	5	5	3	4	5	4	4
In 13	Post T 1	6	5	6	4	4	4	5	5	5	4	3	5	5	5	4
In 14	Post T 1	4	5	3	4	4	4	6	5	4	5	4	4	5	5	5
In 15	Post T 1	4	5	5	4	4	5	5	5	4	4	4	4	4	4	5
Int16	Post T 1	6	5	5	4	5	4	5	5	4	4	4	4	5	5	4
In 17	Post T 1	5	4	4	5	4	5	5	4	5	4	4	4	5	4	5
In 18	Post T 1	6	5	5	5	5	5	5	5	5	5	4	4	4	5	4
In 19	Post T 1	5	5	4	5	5	5	5	5	5	5	3	4	5	4	5
In 20	Post T 1	6	5	5	4	5	5	5	5	5	5	4	5	5	5	4
In 21	Post T 1	5	4	5	4	4	5	5	5	4	5	4	5	5	5	4
In 22	Post T 1	4	5	5	5	4	5	4	4	5	5	4	4	5	4	4
In 23	Post T 1	5	5	5	4	4	5	5	5	5	5	4	5	5	4	5
In 24	Post T 1	5	5	5	5	4	4	5	4	5	4	4	5	6	5	4
In 25	Post T 1	4	4	4	5	5	4	4	5	5	5	4	5	5	4	5
In 26	Post T 1	5	5	5	5	5	5	6	5	5	5	4	4	5	4	5
In 27	Post T 1	5	4	5	5	4	5	5	5	4	5	4	5	5	5	4
In 28	Post T 1	4	4	5	4	5	5	5	4	4	5	3	4	4	4	5
In 29	Post T 1	5	5	4	5	5	4	5	5	5	5	4	5	5	4	5
In 30	Post T 1	5	5	5	4	4	5	6	5	5	5	4	4	5	5	4
In 31	Post T 1	4	4	4	4	4	5	5	5	4	5	4	4	5	5	4



In 32	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 1	4	5	4	4	4	4	5	5	5	5	4	4	5	5	4
In 34	Post T 1	6	5	5	5	5	5	5	5	4	5	4	5	5	4	4
In 35	Post T 1	5	4	5	5	4	5	5	5	5	5	4	5	4	5	4
In 36	Post T 1	4	4	4	5	3	4	5	4	4	4	4	5	5	4	4
In 37	Post T 1	4	3	5	5	4	4	4	3	3	4	3	5	3	4	4
In 38	Post T 1	5	5	5	5	5	4	5	5	5	4	4	5	5	4	5
In 39	Post T 1	4	4	5	5	5	4	4	3	4	4	4	5	4	4	5
In 40	Post T 1	5	4	4	5	4	5	4	5	4	4	4	4	4	4	4
In 41	Post T 1	5	4	5	5	4	5	5	5	5	4	4	4	5	5	4
In 42	Post T 1	5	4	5	5	5	5	5	5	4	5	4	5	5	4	5
In 43	Post T 1	4	4	5	5	4	5	5	4	5	5	4	5	5	4	4
In 44	Post T 1	6	5	5	4	5	4	5	5	4	5	4	4	5	4	4
In 45	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 1	5	4	5	5	4	5	5	4	4	5	4	5	5	4	4
In 47	Post T 1	5	4	5	5	4	5	5	5	5	5	4	4	5	5	4
In 48	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 1	5	5	5	5	5	4	5	5	5	5	5	5	5	5	4
In 50	Post T 1	5	4	5	5	5	5	5	5	5	5	4	5	5	5	4
In 51	Post T 1	6	5	6	5	5	5	6	6	5	6	4	4	6	5	5
In 52	Post T 1	6	5	5	5	4	5	5	5	5	5	4	5	5	5	5
In 53	Post T 1	5	5	6	5	4	5	5	5	4	5	4	5	6	5	5
In 54	Post T 1	5	5	5	4	4	4	5	5	4	4	5	4	5	4	4
In 55	Post T 1	4	4	4	4	4	4	5	5	4	4	5	5	4	4	4
In 56	Post T 1	6	5	5	5	5	5	6	6	5	5	4	5	5	5	5
In 57	Post T 1	5	5	6	5	5	5	6	5	5	5	4	5	5	5	4
In 58	Post T 1	5	6	5	5	4	5	5	5	5	5	4	4	5	5	4
In 59	Post T 1	5	5	6	5	4	4	5	5	5	5	4	4	5	6	4
In 60	Post T 1	4	4	4	4	4	5	4	4	4	5	4	5	4	5	4

**POST-INTERVENTIONAL ASSESSMENT**  
(After Three Months)

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
In 1	Post T 2	5	4	5	4	5	4	6	5	5	6	4	5	5	5	4
In 2	Post T 2	6	6	5	5	4	5	6	5	5	5	5	5	6	5	4
In 3	Post T 2	5	5	4	3	5	5	6	5	5	5	5	4	5	4	4
In 4	Post T 2	5	5	5	4	4	4	5	5	4	6	4	5	5	5	4
In 5	Post T 2	5	4	5	4	4	4	5	4	4	5	4	5	5	5	4
In 6	Post T 2	4	4	4	4	4	5	4	4	5	4	4	4	4	4	5
In 7	Post T 2	5	5	4	4	5	5	5	4	5	5	4	4	5	5	4
In 8	Post T 2	6	5	5	5	6	5	5	5	4	5	4	5	5	5	4
In 9	Post T 2	5	5	5	4	4	5	5	5	5	5	4	5	6	5	4
In 10	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 2	5	4	5	4	5	4	5	5	4	5	5	4	5	5	4
In 12	Post T 2	5	5	5	4	5	5	4	4	5	5	4	5	5	4	5
In 13	Post T 2	6	5	6	4	5	4	5	5	6	5	3	5	5	5	4
In 14	Post T 2	5	5	4	4	4	3	5	5	4	6	4	4	5	4	5
In 15	Post T 2	4	5	5	5	4	4	5	5	4	5	4	5	5	4	4
Int16	Post T 2	5	5	5	4	5	3	6	5	4	5	4	4	5	5	4
In 17	Post T 2	5	4	4	5	4	5	5	4	4	4	4	4	5	4	5
In 18	Post T 2	6	5	5	5	5	5	6	5	5	4	4	5	5	5	4
In 19	Post T 2	5	5	4	4	5	4	5	5	5	5	3	4	5	4	4
In 20	Post T 2	6	5	5	4	4	5	5	5	5	5	3	5	6	5	4
In 21	Post T 2	5	4	5	5	4	5	6	5	4	5	4	4	5	5	5
In 22	Post T 2	4	4	5	5	4	5	4	4	4	5	4	4	5	4	4
In 23	Post T 2	5	4	5	4	4	4	5	5	4	5	3	5	5	4	5
In 24	Post T 2	5	5	5	4	4	4	6	5	5	4	3	5	5	5	4
In 25	Post T 2	5	4	4	4	5	4	4	5	5	5	5	5	5	4	4
In 26	Post T 2	6	5	5	5	5	5	6	5	5	6	4	4	5	4	5
In 27	Post T 2	5	4	5	4	4	5	5	5	4	5	5	5	5	5	4
In 28	Post T 2	4	4	4	4	5	5	5	4	4	4	3	4	4	4	5
In 29	Post T 2	5	5	4	5	4	4	5	5	5	5	4	6	5	4	4
In 30	Post T 2	5	5	5	4	5	4	5	5	5	5	4	4	6	5	4
In 31	Post T 2	4	5	4	4	5	5	5	5	4	5	3	4	5	5	4

In 32	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 2	5	5	5	5	4	4	6	5	5	5	5	4	5	5	4
In 34	Post T 2	5	5	5	4	5	5	5	5	5	5	3	5	5	4	4
In 35	Post T 2	5	4	5	4	5	5	5	5	5	6	5	5	4	5	4
In 36	Post T 2	4	4	5	4	3	4	5	4	5	4	4	5	5	4	5
In 37	Post T 2	4	3	4	4	4	4	4	4	3	4	3	5	3	4	4
In 38	Post T 2	5	5	4	5	4	4	5	5	5	4	4	5	5	4	4
In 39	Post T 2	4	4	5	5	4	4	4	4	4	5	4	5	4	4	4
In 40	Post T 2	5	4	4	4	4	5	4	4	4	4	4	4	4	4	4
In 41	Post T 2	5	4	5	5	5	5	5	5	5	5	4	4	5	5	4
In 42	Post T 2	5	4	5	4	5	5	5	5	4	5	4	5	5	4	5
In 43	Post T 2	5	4	5	4	4	5	5	5	4	4	3	4	5	4	4
In 44	Post T 2	6	5	5	3	5	3	5	5	5	5	4	4	5	4	4
In 45	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 2	5	4	4	5	4	5	4	4	4	5	4	5	5	4	4
In 47	Post T 2	4	4	5	5	4	4	5	5	5	4	4	3	5	5	4
In 48	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 2	5	5	5	4	5	3	5	5	5	5	4	5	5	5	4
In 50	Post T 2	5	4	5	4	5	5	5	5	5	6	4	5	5	5	4
In 51	Post T 2	6	5	6	5	5	5	6	6	4	5	4	4	6	5	4
In 52	Post T 2	6	5	5	4	4	5	6	5	5	5	5	5	5	5	4
In 53	Post T 2	5	5	5	5	4	5	6	5	5	5	4	5	6	5	4
In 54	Post T 2	5	4	5	4	4	3	5	5	5	4	4	4	5	4	4
In 55	Post T 2	4	4	3	4	4	4	5	5	4	5	4	5	4	4	4
In 56	Post T 2	6	5	5	4	5	4	6	6	5	5	4	4	5	5	4
In 57	Post T 2	6	5	6	4	5	4	6	5	5	5	4	5	6	5	4
In 58	Post T 2	5	6	5	4	4	4	6	5	5	6	4	4	5	4	4
In 59	Post T 2	5	5	5	4	4	4	6	5	4	5	4	4	5	5	4
In 60	Post T 2	4	4	4	4	4	5	5	4	4	5	5	5	5	5	4

**POST-INTERVENTIONAL ASSESSMENT**  
(After Six Months)

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
In 1	Post T 3	4	4	5	4	5	4	5	5	5	5	4	5	5	5	4
In 2	Post T 3	6	5	5	5	4	4	6	5	5	5	5	5	5	5	4
In 3	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 4	Post T 3	6	5	5	4	4	3	5	5	4	5	4	5	6	5	4
In 5	Post T 3	5	4	5	4	5	4	5	4	4	5	4	5	5	4	4
In 6	Post T 3	4	5	4	4	4	4	4	4	5	4	4	4	4	4	5
In 7	Post T 3	5	4	5	4	4	5	5	5	5	5	4	4	5	5	4
In 8	Post T 3	6	5	5	5	6	5	5	5	5	5	4	5	5	5	4
In 9	Post T 3	5	5	5	4	4	4	6	5	5	5	4	4	6	5	4
In 10	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 3	5	4	5	4	4	4	5	5	4	4	4	4	5	5	4
In 12	Post T 3	5	4	5	4	4	5	5	4	5	5	4	4	5	4	5
In 13	Post T 3	6	5	5	4	5	4	5	5	5	5	4	5	5	5	4
In 14	Post T 3	4	5	4	5	4	3	5	5	4	5	4	4	5	4	5
In 15	Post T 3	4	4	5	5	4	4	5	5	4	4	4	5	5	4	4
Int16	Post T 3	5	4	5	4	5	4	5	5	4	5	4	4	5	5	4
In 17	Post T 3	4	4	4	5	4	5	5	4	4	5	3	4	5	4	5
In 18	Post T 3	5	5	5	5	5	4	6	5	5	4	4	4	5	5	4
In 19	Post T 3	5	4	4	4	4	4	5	5	5	5	4	4	5	4	4
In 20	Post T 3	6	5	5	4	4	4	5	5	4	5	4	5	5	5	4
In 21	Post T 3	6	5	5	5	4	5	5	5	4	5	4	5	5	5	5
In 22	Post T 3	5	4	5	4	4	5	4	5	4	5	4	5	5	4	4
In 23	Post T 3	5	4	5	4	4	4	5	5	4	5	4	5	5	5	5
In 24	Post T 3	4	5	5	4	4	5	5	5	5	4	4	4	5	5	4
In 25	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 26	Post T 3	6	5	5	5	4	5	6	5	5	5	4	4	5	4	4
In 27	Post T 3	5	4	4	4	4	5	5	5	4	4	5	5	5	4	4
In 28	Post T 3	4	4	4	5	4	5	5	4	4	3	4	5	4	4	4
In 29	Post T 3	5	5	4	5	5	4	5	5	5	4	4	5	5	5	4
In 30	Post T 3	5	5	5	4	4	4	5	5	5	5	4	4	5	5	4
In 31	Post T 3	4	4	5	5	5	5	5	4	4	5	4	4	5	5	4

In 32	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 3	5	4	5	4	4	4	5	5	5	5	5	4	5	4	4
In 34	Post T 3	5	5	5	4	4	5	5	5	4	5	4	5	5	4	4
In 35	Post T 3	5	4	5	5	4	5	5	5	5	5	5	5	5	5	4
In 36	Post T 3	4	4	5	4	4	4	5	4	4	5	4	5	5	4	4
In 37	Post T 3	4	3	4	4	3	4	4	4	3	4	4	5	4	4	4
In 38	Post T 3	6	5	4	4	4	4	5	5	4	4	4	5	5	4	4
In 39	Post T 3	4	4	5	5	4	5	5	4	3	5	4	4	5	4	4
In 40	Post T 3	5	5	4	5	4	4	5	4	4	5	4	4	5	4	4
In 41	Post T 3	5	4	5	5	4	5	5	5	5	5	4	4	5	4	4
In 42	Post T 3	5	4	5	4	4	5	5	5	4	5	4	4	5	5	5
In 43	Post T 3	6	4	5	5	4	4	5	5	4	5	4	4	5	4	4
In 44	Post T 3	5	5	5	4	5	3	5	5	5	5	4	5	5	4	4
In 45	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 3	5	4	4	4	4	5	5	5	4	5	5	4	5	4	4
In 47	Post T 3	4	4	4	5	4	4	5	5	4	4	4	3	5	5	4
In 48	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 3	5	4	5	4	5	3	5	5	4	5	4	5	4	5	4
In 50	Post T 3	5	4	5	5	5	4	5	5	4	5	4	5	5	5	4
In 51	Post T 3	6	5	6	5	5	5	6	6	4	5	4	4	6	5	4
In 52	Post T 3	5	5	5	4	4	5	6	5	4	5	5	5	5	5	4
In 53	Post T 3	6	5	5	5	4	5	6	6	4	5	4	5	6	5	4
In 54	Post T 3	5	4	6	4	4	3	5	5	5	5	4	4	5	4	4
In 55	Post T 3	4	4	3	4	4	3	5	5	4	4	4	5	4	4	4
In 56	Post T 3	5	5	5	4	4	4	6	6	5	5	3	4	5	5	4
In 57	Post T 3	6	5	5	4	4	4	6	5	5	5	4	5	6	5	5
In 58	Post T 3	5	6	5	4	4	4	6	5	5	5	4	5	5	4	4
In 59	Post T 3	6	5	5	3	4	4	6	6	4	5	3	4	5	5	4
In 60	Post T 3	5	4	4	5	4	4	4	4	4	5	4	5	5	5	4

**SPIRITUAL WELL-BEING IN CONTROL GROUP**

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
Ct 1	Baseline	4	4	4	4	4	5	5	5	4	5	2	5	5	4	5
Ct 2	Baseline	5	4	5	4	4	4	5	5	5	5	3	4	5	4	4
Ct 3	Baseline	4	5	4	4	4	4	5	5	4	5	3	4	5	5	4
Ct 4	Baseline	5	4	5	4	4	5	5	5	4	4	3	5	5	4	4
Ct 5	Baseline	4	4	5	4	4	4	5	5	5	5	3	4	5	4	4
Ct 6	Baseline	4	4	5	4	4	4	5	5	4	5	5	4	5	4	4
Ct 7	Baseline	5	4	4	4	4	4	5	5	4	4	3	5	5	4	4
Ct 8	Baseline	4	4	5	4	4	5	4	5	4	4	5	5	4	4	4
Ct 9	Baseline	5	4	5	5	4	4	5	5	4	5	3	5	5	4	4
Ct10	Baseline	4	4	5	4	4	4	5	5	4	5	4	4	5	4	4
Ct11	Baseline	4	4	4	4	4	4	5	4	4	5	3	5	4	4	4
Ct12	Baseline	5	4	4	5	4	4	5	5	4	5	5	5	5	4	4
Ct13	Baseline	5	4	4	5	4	4	5	5	3	4	2	5	5	4	4
Ct14	Baseline	4	4	4	3	4	5	5	4	3	4	3	5	5	4	3
Ct15	Baseline	4	4	4	4	4	5	4	4	4	4	3	5	5	4	4
Ct16	Baseline	4	5	4	4	5	5	5	5	4	2	3	5	5	4	4
Ct17	Baseline	4	4	4	4	4	5	4	4	4	4	2	5	4	4	4
Ct18	Baseline	5	4	2	3	3	3	5	4	4	5	4	5	5	4	4
Ct19	Baseline	5	4	5	5	4	4	5	5	4	4	4	4	5	4	4
Ct20	Baseline	4	4	4	5	4	4	4	4	4	5	4	5	5	4	4
Ct21	Baseline	4	4	5	4	5	4	5	5	4	5	3	5	5	5	4
Ct22	Baseline	5	4	4	5	4	5	5	4	5	4	3	5	5	4	4
Ct23	Baseline	5	4	5	5	4	5	5	5	5	5	2	5	4	5	4
Ct24	Baseline	5	4	5	4	5	4	4	4	4	4	3	3	4	4	4
Ct25	Baseline	5	5	5	1	4	4	5	5	5	3	3	3	5	5	4
Ct26	Baseline	5	4	5	5	5	5	5	5	4	4	2	5	5	4	4
Ct27	Baseline	4	5	4	4	4	5	5	4	4	5	2	5	5	4	4
Ct28	Baseline	4	4	5	4	4	5	5	4	4	3	3	5	5	4	4
Ct29	Baseline	4	4	4	5	5	4	5	5	4	4	4	5	5	4	4
Ct30	Baseline	5	4	4	3	4	4	5	5	4	5	3	4	5	4	4
Ct31	Baseline	5	4	5	4	4	4	5	5	4	5	3	4	5	4	4
Ct32	Baseline	4	4	5	4	4	5	5	4	4	3	2	5	5	4	5
Ct33	Baseline	4	4	4	5	4	5	5	5	5	5	4	5	5	4	4

Ct34	Baseline	5	4	4	4	4	4	4	5	4	4	3	5	5	5	5
Ct35	Baseline	5	4	4	4	4	5	5	5	4	4	3	5	5	4	4
Ct36	Baseline	5	4	5	5	4	4	4	5	5	4	3	5	5	5	4
Ct37	Baseline	5	4	4	4	5	4	4	5	4	4	2	5	4	4	4
Ct38	Baseline	5	4	5	4	4	4	5	5	5	5	3	5	5	4	4
Ct39	Baseline	4	4	3	4	4	4	5	5	4	4	3	4	5	4	4
Ct40	Baseline	5	5	5	3	4	4	5	5	4	4	4	3	5	4	3
Ct41	Baseline	5	4	4	5	5	4	5	5	5	3	3	4	5	4	4
Ct42	Baseline	4	4	4	5	4	4	5	4	4	4	4	5	5	4	4
Ct43	Baseline	5	4	5	4	5	4	5	6	4	4	5	5	5	4	4
Ct44	Baseline	5	5	5	4	5	4	5	5	5	5	3	5	5	5	4
Ct45	Baseline	4	4	4	5	4	4	4	5	4	4	2	4	5	4	5
Ct46	Baseline	5	4	5	4	4	4	5	5	5	5	5	4	5	5	4
Ct47	Baseline	5	4	5	5	4	4	5	5	4	4	2	5	5	4	4
Ct48	Baseline	5	4	4	5	4	4	5	5	4	3	2	5	5	4	4
Ct49	Baseline	5	4	4	5	4	4	5	5	5	5	2	5	5	4	5
Ct50	Baseline	4	4	4	5	5	5	5	4	4	3	4	5	5	4	5
Ct51	Baseline	5	5	5	4	4	4	5	5	4	5	2	5	5	5	4
Ct52	Baseline	3	3	4	3	3	4	4	3	4	4	3	4	4	3	4
Ct53	Baseline	3	3	4	2	4	4	4	3	4	3	3	4	3	3	4
Ct54	Baseline	4	4	4	5	4	4	5	4	4	3	4	4	5	4	4
Ct55	Baseline	4	4	4	5	4	4	5	5	4	4	3	4	5	4	4
Ct56	Baseline	4	4	5	4	4	5	5	5	4	4	3	4	4	4	4
Ct57	Baseline	4	4	4	2	4	3	4	3	4	4	4	3	4	4	3
Ct58	Baseline	4	4	5	2	4	4	5	4	4	4	4	3	5	4	4
Ct59	Baseline	5	4	4	4	5	4	5	3	4	5	4	4	5	4	4
Ct60	Baseline	4	4	4	3	4	4	5	4	4	4	4	4	5	4	4

**POST-INTERVENTIONAL ASSESSMENT  
(After One Month)**

S.N.	Assessment	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15
Ct 1	Post T 1	4	4	3	4	4	4	5	5	4	5	2	5	5	4	4
Ct 2	Post T 1	5	4	4	4	4	4	5	5	4	5	4	4	4	4	4
Ct 3	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct 4	Post T 1	5	4	4	4	4	5	5	5	4	4	4	5	5	4	4
Ct 5	Post T 1	4	5	5	4	4	4	4	5	5	5	3	4	5	4	4
Ct 6	Post T 1	5	4	4	4	4	4	5	5	4	4	5	4	5	4	4
Ct 7	Post T 1	4	5	4	4	3	4	5	4	4	4	3	5	5	4	4
Ct 8	Post T 1	4	4	5	4	4	4	5	4	4	4	5	5	5	4	4
Ct 9	Post T 1	5	4	5	5	4	4	5	5	4	4	3	5	4	4	4
Ct10	Post T 1	5	4	5	3	4	4	4	5	4	5	4	4	5	4	4
Ct11	Post T 1	4	4	4	4	4	3	4	4	5	5	4	5	5	4	4
Ct12	Post T 1	5	4	4	5	4	4	5	5	4	4	5	5	5	4	4
Ct13	Post T 1	5	4	5	4	4	4	5	4	3	4	2	5	5	4	4
Ct14	Post T 1	4	4	4	3	4	5	5	4	3	4	3	5	5	4	4
Ct15	Post T 1	3	4	4	4	4	4	5	4	4	4	3	5	5	4	4
Ct16	Post T 1	5	5	5	4	5	4	5	5	4	3	3	5	5	5	4
Ct17	Post T 1	4	4	5	4	4	4	4	4	4	4	2	5	5	4	4
Ct18	Post T 1	5	4	4	3	4	3	4	4	4	5	4	5	5	4	4
Ct19	Post T 1	5	4	5	5	4	4	5	5	4	5	4	4	5	4	4
Ct20	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct21	Post T 1	4	4	5	4	5	4	5	5	4	5	4	5	5	5	4
Ct22	Post T 1	5	4	4	4	4	5	4	4	4	4	4	5	5	4	4
Ct23	Post T 1	5	4	5	5	4	5	5	5	5	5	2	5	4	5	4
Ct24	Post T 1	5	4	5	4	5	4	4	4	4	3	3	3	4	4	5
Ct25	Post T 1	5	5	5	2	5	4	5	5	5	4	3	4	5	5	4
Ct26	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct27	Post T 1	5	5	4	4	5	5	5	5	4	5	4	5	5	5	4
Ct28	Post T 1	4	4	4	5	4	5	4	4	4	3	3	4	5	4	4
Ct29	Post T 1	5	4	4	5	5	5	4	5	4	5	4	5	5	5	4
Ct30	Post T 1	5	4	4	4	4	5	5	4	4	4	3	4	5	4	4
Ct31	Post T 1	5	4	4	4	4	5	5	5	5	5	2	4	5	4	4
Ct32	Post T 1	5	4	5	5	5	5	4	4	4	4	3	5	5	4	5



Ct33	Post T 1	5	4	5	5	4	4	4	5	5	5	4	5	5	4	4
Ct34	Post T 1	5	4	4	4	5	4	5	5	4	4	4	5	5	5	5
Ct35	Post T 1	5	4	4	4	4	4	5	5	4	4	4	5	4	4	4
Ct36	Post T 1	5	4	5	5	4	5	5	5	5	5	3	5	5	5	4
Ct37	Post T 1	5	4	3	4	4	4	5	5	4	4	3	5	5	4	4
Ct38	Post T 1	5	4	5	4	5	4	5	4	5	5	4	5	5	4	4
Ct39	Post T 1	4	5	4	4	4	4	5	5	5	4	3	4	5	4	4
Ct40	Post T 1	5	4	5	4	4	4	4	5	4	5	4	3	5	4	4
Ct41	Post T 1	5	5	4	5	5	4	5	4	5	4	4	4	5	4	5
Ct42	Post T 1	4	4	5	4	4	4	4	4	4	4	4	4	5	4	4
Ct43	Post T 1	5	4	5	4	5	5	5	6	5	4	5	5	5	4	4
Ct44	Post T 1	5	5	4	4	5	4	5	5	5	5	4	5	4	5	4
Ct45	Post T 1	4	4	4	4	4	4	4	5	4	4	2	4	5	4	5
Ct46	Post T 1	5	4	4	4	4	4	5	5	4	5	4	4	5	5	4
Ct47	Post T 1	5	4	5	4	5	4	4	5	4	5	2	5	5	4	4
Ct48	Post T 1	5	4	4	4	4	5	5	5	4	3	3	5	5	4	4
Ct49	Post T 1	5	4	4	5	4	4	4	5	5	5	2	5	5	5	5
Ct50	Post T 1	3	4	4	4	5	4	5	4	4	3	4	5	5	4	5
Ct51	Post T 1	5	5	5	4	5	4	5	5	4	5	3	5	4	4	4
Ct52	Post T 1	3	3	4	2	3	4	4	3	4	4	2	4	4	3	4
Ct53	Post T 1	3	3	4	3	4	3	4	3	4	3	3	4	3	3	4
Ct54	Post T 1	4	5	4	5	4	4	5	4	4	2	3	4	5	4	4
Ct55	Post T 1	4	4	3	4	4	4	4	4	4	4	3	4	5	4	4
Ct56	Post T 1	4	4	4	4	4	4	5	5	4	4	3	4	4	4	4
Ct57	Post T 1	4	4	4	3	3	4	4	3	4	5	4	3	4	4	4
Ct58	Post T 1	5	4	5	2	3	4	4	4	4	4	4	3	5	4	4
Ct59	Post T 1	5	4	4	3	4	4	5	3	4	4	3	3	5	4	4
Ct60	Post T 1	4	4	3	3	4	4	5	4	4	4	3	4	4	4	4

**QUALITY OF LIFE OF SENIOR CITIZENS**

**QUALITY OF LIFE IN INTERVENTIONAL GROUP**

S.N.	Assessment	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
In 1	Baseline	1	2	3	4	3	2	3	3	3	2	4	3	2	3	3
In 2	Baseline	4	4	4	4	4	3	4	4	4	3	4	3	3	3	4
In 3	Baseline	4	4	3	4	3	3	3	4	4	2	3	2	2	3	4
In 4	Baseline	2	1	1	2	2	2	3	4	3	1	4	2	3	3	1
In 5	Baseline	4	3	4	3	2	2	3	4	3	3	3	2	3	3	3
In 6	Baseline	2	2	2	1	2	3	2	4	3	2	3	3	2	4	3
In 7	Baseline	3	2	2	3	2	3	4	4	3	1	4	3	3	3	2
In 8	Baseline	4	3	3	4	3	3	3	3	3	3	4	4	4	3	3
In 9	Baseline	3	2	2	2	4	3	4	4	4	3	3	2	3	4	4
In 10	Baseline	4	2	3	2	3	2	3	4	4	3	3	2	3	2	3
In 11	Baseline	3	2	2	2	2	3	3	4	4	2	3	3	3	4	3
In 12	Baseline	2	2	3	4	3	3	3	2	3	3	4	3	1	3	4
In 13	Baseline	3	2	3	4	2	2	2	4	4	3	3	2	2	2	3
In 14	Baseline	1	2	2	2	1	2	2	3	2	2	3	2	2	3	2
In 15	Baseline	1	2	3	3	1	1	2	2	2	4	3	2	2	2	4
Int16	Baseline	1	2	3	2	2	2	2	4	2	3	4	2	2	2	4
In 17	Baseline	3	4	4	3	4	3	4	2	2	2	3	2	3	3	4
In 18	Baseline	3	3	3	3	3	3	3	2	2	3	4	3	3	2	4
In 19	Baseline	3	3	3	3	2	3	3	3	3	2	4	3	3	2	3
In 20	Baseline	3	3	3	4	3	3	4	4	3	2	4	2	3	2	4
In 21	Baseline	4	3	3	3	2	4	3	3	3	3	3	3	2	2	4
In 22	Baseline	2	4	4	5	3	3	3	4	3	4	3	2	2	2	4
In 23	Baseline	2	2	3	3	2	3	3	3	2	3	4	2	2	3	4
In 24	Baseline	3	3	3	3	4	4	3	4	3	2	4	3	2	2	4
In 25	Baseline	3	3	4	4	3	3	4	4	3	3	4	3	3	2	4
In 26	Baseline	3	2	2	3	3	3	3	2	2	3	3	3	2	2	3
In 27	Baseline	4	2	2	3	3	4	4	4	3	4	3	3	3	3	4
In 28	Baseline	3	3	3	3	3	3	2	3	3	4	3	2	3	3	4
In 29	Baseline	4	3	4	4	3	3	3	4	3	3	4	3	3	3	4
In 30	Baseline	3	3	2	3	2	2	3	3	2	3	4	3	2	3	3

In 31	Baseline	3	3	4	3	3	3	4	3	2	2	4	2	2	2	4
In 32	Baseline	3	2	3	3	2	3	2	3	3	2	4	2	2	2	3
In 33	Baseline	1	2	3	4	2	2	2	2	3	2	3	2	1	3	3
In 34	Baseline	2	2	4	3	3	3	2	3	3	3	3	3	2	1	4
In 35	Baseline	3	2	4	4	3	3	3	2	3	3	3	2	1	3	4
In 36	Baseline	3	3	3	4	3	3	3	4	3	3	4	2	2	2	4
In 37	Baseline	4	3	4	3	3	3	4	4	3	3	4	3	3	2	4
In 38	Baseline	3	4	4	4	3	3	3	4	3	4	3	2	2	3	4
In 39	Baseline	3	3	4	4	3	3	4	4	3	4	3	2	2	2	4
In 40	Baseline	3	3	4	4	4	3	3	4	3	4	4	2	2	2	4
In 41	Baseline	3	2	4	4	2	3	2	3	3	4	3	3	3	2	4
In 42	Baseline	3	3	4	3	3	4	3	4	3	3	3	2	2	2	4
In 43	Baseline	3	2	3	4	4	4	4	4	3	2	3	2	2	3	4
In 44	Baseline	1	1	2	2	1	2	2	3	3	2	3	2	2	2	4
In 45	Baseline	3	2	2	2	3	3	4	3	2	2	3	2	2	2	3
In 46	Baseline	3	3	4	3	2	4	3	4	3	3	4	2	2	2	4
In 47	Baseline	3	3	3	4	3	2	3	4	3	3	3	2	1	1	4
In 48	Baseline	3	2	2	3	3	3	3	3	3	3	3	3	2	3	3
In 49	Baseline	3	2	4	3	1	2	3	4	4	3	3	3	3	3	4
In 50	Baseline	3	2	2	3	3	4	3	3	3	2	3	3	3	2	4
In 51	Baseline	2	2	3	4	2	3	2	1	3	3	3	2	2	2	3
In 52	Baseline	2	3	2	4	3	2	2	2	3	2	3	2	2	1	3
In 53	Baseline	2	3	4	3	3	3	4	4	4	4	5	3	3	2	4
In 54	Baseline	1	2	2	2	1	2	2	2	3	1	2	2	2	2	3
In 55	Baseline	1	2	3	3	2	1	2	2	2	2	2	2	2	3	4
In 56	Baseline	3	3	4	4	3	2	3	3	2	3	3	3	2	3	4
In 57	Baseline	4	2	3	3	3	3	3	3	3	3	4	3	2	2	3
In 58	Baseline	4	4	4	4	3	2	3	3	2	3	2	2	3	2	3
In 59	Baseline	3	3	4	4	2	3	4	4	4	3	3	3	3	3	4
In 60	Baseline	3	4	4	4	3	2	3	3	2	4	3	3	2	2	4

**Quality of Life Question Continue..**

S.N.	Assessment	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
In 1	Baseline	2	2	3	3	3	3	2	3	3	3	4
In 2	Baseline	4	4	3	4	3	3	4	4	3	4	4
In 3	Baseline	3	3	3	3	3	3	4	4	3	3	4
In 4	Baseline	2	1	2	3	2	3	2	4	3	3	2
In 5	Baseline	4	3	3	2	2	3	3	4	3	4	3
In 6	Baseline	3	2	2	3	4	3	3	3	3	2	3
In 7	Baseline	2	2	2	4	3	3	2	3	4	4	4
In 8	Baseline	3	3	3	3	3	4	3	4	3	3	4
In 9	Baseline	3	2	3	4	2	3	4	3	3	4	3
In 10	Baseline	4	3	2	3	3	3	2	4	3	3	3
In 11	Baseline	4	3	2	3	3	3	3	4	4	3	4
In 12	Baseline	2	3	3	3	4	3	4	3	2	4	3
In 13	Baseline	3	3	3	3	2	3	2	4	3	3	3
In 14	Baseline	2	2	2	3	2	3	3	3	4	3	2
In 15	Baseline	1	3	3	3	2	2	2	3	2	3	2
Int16	Baseline	2	3	3	3	2	3	2	2	3	3	3
In 17	Baseline	4	3	4	3	3	4	3	2	3	3	4
In 18	Baseline	3	4	4	3	3	3	3	2	2	3	4
In 19	Baseline	4	3	3	3	3	2	3	3	4	3	3
In 20	Baseline	2	3	2	3	3	4	3	2	2	3	4
In 21	Baseline	4	4	3	3	3	4	3	2	2	3	4
In 22	Baseline	2	3	4	3	2	3	3	3	3	3	5
In 23	Baseline	3	3	3	2	2	3	3	3	3	3	3
In 24	Baseline	3	3	3	4	3	4	4	4	3	4	4
In 25	Baseline	4	3	4	3	4	4	2	4	3	3	5
In 26	Baseline	4	3	3	4	3	3	2	2	2	4	3
In 27	Baseline	4	4	3	3	3	4	3	4	3	3	5
In 28	Baseline	4	3	3	3	3	3	3	3	2	4	4
In 29	Baseline	2	3	4	4	3	3	3	2	2	3	4
In 30	Baseline	4	3	3	3	2	4	3	3	2	3	4
In 31	Baseline	4	3	3	4	3	3	2	2	4	3	4
In 32	Baseline	2	2	3	3	4	3	2	2	3	3	3
In 33	Baseline	2	2	2	3	2	3	2	3	3	2	2

In 34	Baseline	4	3	3	3	4	3	3	4	4	3	3
In 35	Baseline	3	3	3	3	4	3	4	3	3	3	4
In 36	Baseline	4	4	4	3	3	3	2	4	3	3	4
In 37	Baseline	4	4	3	3	3	3	2	3	3	3	4
In 38	Baseline	4	4	3	3	3	3	2	4	3	3	4
In 39	Baseline	3	3	3	3	2	3	3	4	3	2	4
In 40	Baseline	4	4	4	3	2	3	3	3	3	3	4
In 41	Baseline	2	4	3	3	2	2	2	3	3	3	3
In 42	Baseline	4	3	3	4	3	2	2	3	3	3	4
In 43	Baseline	4	3	3	4	4	3	3	3	3	3	4
In 44	Baseline	3	2	2	3	2	2	2	3	3	2	2
In 45	Baseline	4	3	4	3	3	3	3	2	2	3	4
In 46	Baseline	4	3	3	3	3	4	3	3	4	3	4
In 47	Baseline	2	3	3	3	3	3	3	3	3	3	3
In 48	Baseline	3	2	2	3	3	3	3	3	3	3	3
In 49	Baseline	2	3	3	4	3	2	3	4	3	3	4
In 50	Baseline	3	4	3	3	3	3	4	3	3	3	3
In 51	Baseline	2	3	3	2	3	3	1	2	2	3	2
In 52	Baseline	2	2	2	3	3	3	2	2	4	3	3
In 53	Baseline	2	4	4	4	4	4	4	4	4	5	4
In 54	Baseline	1	2	3	2	3	2	2	2	2	3	1
In 55	Baseline	1	2	2	2	2	1	3	4	3	2	2
In 56	Baseline	4	4	4	4	3	2	3	3	3	4	3
In 57	Baseline	4	3	2	3	3	3	4	3	4	4	4
In 58	Baseline	3	3	2	3	2	3	3	3	4	4	4
In 59	Baseline	4	4	3	3	3	1	3	3	3	3	4
In 60	Baseline	4	3	3	4	3	4	3	4	3	4	4

**POST-INTERVENTIONAL ASSESSMENT (After One Month)**

S.N.	Assessment	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
In 1	Post T 1	3	3	4	4	3	3	3	4	3	3	4	3	3	3	4
In 2	Post T 1	4	4	4	4	4	4	4	4	4	4	4	3	4	3	5
In 3	Post T 1	4	4	4	3	3	3	4	4	4	3	4	3	4	4	4
In 4	Post T 1	4	4	3	4	4	3	4	4	4	4	4	3	3	4	3
In 5	Post T 1	4	4	4	4	4	3	4	4	4	4	4	3	4	4	3
In 6	Post T 1	3	3	3	3	3	3	3	4	4	3	3	3	3	4	3
In 7	Post T 1	3	4	3	4	3	3	4	4	4	3	4	3	3	3	3
In 8	Post T 1	4	3	4	4	4	4	4	4	3	4	4	4	4	4	5
In 9	Post T 1	3	3	3	3	3	4	4	4	4	4	4	2	4	4	4
In 10	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 1	3	3	3	3	3	4	4	4	4	4	4	3	3	4	4
In 12	Post T 1	4	3	4	4	4	3	4	3	4	4	4	3	3	3	5
In 13	Post T 1	3	3	4	3	3	3	3	4	4	4	4	2	2	3	4
In 14	Post T 1	3	3	3	3	3	3	3	4	3	3	4	2	3	4	4
In 15	Post T 1	3	3	3	4	3	3	3	4	2	3	3	3	4	3	5
Int16	Post T 1	3	2	3	3	3	3	4	4	3	3	4	3	4	3	4
In 17	Post T 1	4	4	4	4	4	4	4	4	4	4	4	2	3	3	5
In 18	Post T 1	4	4	5	4	4	4	4	5	4	4	5	3	4	4	5
In 19	Post T 1	3	3	3	3	3	4	4	4	4	3	4	3	3	2	5
In 20	Post T 1	4	4	4	4	4	4	4	5	4	3	5	3	3	4	5
In 21	Post T 1	4	4	4	4	4	4	4	4	3	4	4	3	3	2	4
In 22	Post T 1	4	4	4	5	4	4	4	5	3	4	4	2	3	3	4
In 23	Post T 1	3	3	4	3	3	4	4	3	3	3	4	2	2	4	5
In 24	Post T 1	4	4	4	4	4	5	4	4	4	4	4	3	3	2	5
In 25	Post T 1	4	4	4	3	4	4	4	4	4	4	4	3	3	3	4
In 26	Post T 1	4	4	4	4	4	4	4	4	3	3	4	3	3	2	4
In 27	Post T 1	4	4	4	4	4	4	4	4	4	4	4	3	4	3	5
In 28	Post T 1	4	4	4	4	4	3	3	3	3	4	4	2	3	3	4
In 29	Post T 1	4	4	4	4	4	4	4	4	3	4	4	3	3	3	5
In 30	Post T 1	4	4	4	4	4	3	4	4	3	4	5	3	3	3	5
In 31	Post T 1	4	4	4	3	4	4	4	5	3	4	4	3	4	3	5

In 32	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 1	1	2	3	4	2	2	2	2	3	2	3	2	2	3	3
In 34	Post T 1	3	4	4	3	3	3	3	4	3	4	4	3	3	3	5
In 35	Post T 1	4	4	4	4	4	4	3	3	3	3	4	2	2	3	5
In 36	Post T 1	4	4	4	4	4	4	3	4	3	4	4	3	3	2	5
In 37	Post T 1	4	3	4	4	4	4	4	4	3	4	4	3	3	3	4
In 38	Post T 1	3	4	4	4	4	4	4	4	4	4	4	3	3	3	5
In 39	Post T 1	3	4	4	4	4	4	4	4	4	4	4	3	3	3	4
In 40	Post T 1	4	3	4	4	4	4	4	5	4	4	4	3	3	3	4
In 41	Post T 1	3	4	4	4	3	4	4	4	4	4	4	3	4	3	5
In 42	Post T 1	3	4	4	4	4	4	4	4	4	4	4	3	3	3	5
In 43	Post T 1	3	3	4	4	4	4	4	4	3	3	3	2	2	3	4
In 44	Post T 1	3	3	3	3	3	3	3	4	4	3	4	3	3	2	5
In 45	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 1	3	4	4	4	3	4	4	4	4	4	4	2	3	2	4
In 47	Post T 1	3	4	4	4	4	4	3	4	4	4	4	2	3	3	5
In 48	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 1	4	4	4	4	4	4	4	4	4	3	3	3	3	3	4
In 50	Post T 1	4	3	4	4	4	4	3	4	3	3	4	3	4	3	4
In 51	Post T 1	4	4	4	4	3	4	4	4	4	4	5	3	3	3	5
In 52	Post T 1	3	3	2	2	4	4	4	3	4	3	4	3	3	2	5
In 53	Post T 1	3	4	5	4	3	3	4	4	4	4	5	3	3	3	5
In 54	Post T 1	2	3	4	3	3	3	4	3	4	4	4	2	3	3	5
In 55	Post T 1	3	3	4	4	3	3	3	4	4	3	4	3	4	4	5
In 56	Post T 1	4	4	4	4	4	3	4	4	4	3	5	3	3	3	5
In 57	Post T 1	4	2	3	3	3	4	3	4	4	3	4	3	3	4	4
In 58	Post T 1	4	4	4	4	4	3	4	4	4	4	4	3	3	3	5
In 59	Post T 1	3	4	4	4	3	3	4	4	4	3	4	3	3	2	5
In 60	Post T 1	4	4	5	5	4	3	4	4	4	5	4	3	4	3	5

**Quality of Life Question Continue..**

S.N.	Assessment	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
In 1	Post T 1	4	3	3	3	3	3	3	4	4	4	4
In 2	Post T 1	4	5	4	4	4	4	4	4	4	4	4
In 3	Post T 1	4	3	3	4	5	4	4	4	4	3	4
In 4	Post T 1	4	3	4	3	3	4	3	4	4	3	3
In 5	Post T 1	4	4	3	3	2	4	3	4	3	4	4
In 6	Post T 1	3	3	3	4	4	3	4	3	3	3	4
In 7	Post T 1	3	4	3	4	3	3	3	4	4	4	4
In 8	Post T 1	4	4	3	4	3	4	4	4	3	4	4
In 9	Post T 1	4	3	4	3	3	3	4	4	4	4	3
In 10	Post T 1	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 1	4	4	3	4	4	3	3	4	4	4	4
In 12	Post T 1	4	4	4	4	4	3	4	4	3	4	4
In 13	Post T 1	4	3	4	3	3	3	3	4	3	3	4
In 14	Post T 1	3	3	4	4	3	3	3	4	4	3	3
In 15	Post T 1	3	4	3	3	2	3	3	3	4	3	4
Int16	Post T 1	4	3	3	3	3	3	3	4	3	4	3
In 17	Post T 1	4	4	4	4	3	4	4	4	3	3	4
In 18	Post T 1	4	4	4	4	4	4	4	4	3	4	4
In 19	Post T 1	4	3	4	3	4	2	3	4	4	4	3
In 20	Post T 1	4	3	4	4	3	4	4	4	4	3	4
In 21	Post T 1	4	4	4	4	3	4	3	3	2	3	4
In 22	Post T 1	4	4	4	4	3	4	3	3	4	4	5
In 23	Post T 1	4	3	3	3	2	3	3	3	3	4	4
In 24	Post T 1	4	4	4	4	3	4	4	4	3	4	4
In 25	Post T 1	4	4	4	4	4	4	3	4	3	4	4
In 26	Post T 1	4	4	4	4	3	3	3	4	3	4	4
In 27	Post T 1	4	4	4	4	3	4	3	4	4	4	5
In 28	Post T 1	4	4	4	3	4	3	3	3	3	4	4
In 29	Post T 1	3	3	4	4	4	4	3	3	3	3	4
In 30	Post T 1	4	4	3	3	3	4	3	3	4	4	4
In 31	Post T 1	4	4	3	4	3	3	3	4	4	4	4
In 32	Post T 1	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 1	2	2	3	3	2	3	2	3	3	3	2



In 34	Post T 1	4	3	3	4	4	3	3	4	4	4	3
In 35	Post T 1	4	3	3	4	4	3	4	4	4	4	4
In 36	Post T 1	4	4	4	4	4	4	4	4	4	3	4
In 37	Post T 1	4	4	3	4	3	4	3	3	3	4	4
In 38	Post T 1	4	4	4	3	4	3	4	4	4	4	4
In 39	Post T 1	4	4	4	4	3	3	3	4	4	3	4
In 40	Post T 1	4	4	5	4	4	3	4	3	4	4	4
In 41	Post T 1	4	4	4	4	3	3	3	4	4	4	3
In 42	Post T 1	4	4	3	4	3	4	3	4	3	4	4
In 43	Post T 1	4	3	3	4	4	3	3	3	3	3	4
In 44	Post T 1	4	3	3	3	2	3	3	3	3	4	3
In 45	Post T 1	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 1	4	4	4	3	3	4	3	4	4	4	4
In 47	Post T 1	4	4	4	3	3	2	4	4	4	4	3
In 48	Post T 1	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 1	4	3	3	4	3	3	3	4	3	3	4
In 50	Post T 1	4	4	4	3	3	3	4	4	3	4	4
In 51	Post T 1	4	4	4	4	4	4	3	3	4	3	4
In 52	Post T 1	4	3	3	4	4	3	3	4	4	4	4
In 53	Post T 1	4	4	4	4	4	4	4	4	4	5	4
In 54	Post T 1	4	4	3	3	3	2	3	3	3	4	4
In 55	Post T 1	3	3	3	4	3	2	3	4	4	4	4
In 56	Post T 1	5	4	4	4	3	2	3	4	4	4	4
In 57	Post T 1	3	3	3	3	4	3	4	3	4	4	4
In 58	Post T 1	4	4	3	3	3	3	3	3	4	4	4
In 59	Post T 1	4	4	3	3	3	2	3	3	4	4	4
In 60	Post T 1	4	4	4	4	3	4	3	4	4	4	5



In 33	Post T 2	3	4	4	4	3	3	4	4	4	3	4	3	3	4	4
In 34	Post T 2	3	4	4	4	3	4	4	4	3	4	4	3	3	3	5
In 35	Post T 2	4	3	4	4	4	4	3	4	3	3	4	3	2	4	5
In 36	Post T 2	4	4	4	4	3	4	4	4	4	5	4	3	4	2	5
In 37	Post T 2	4	4	4	4	4	4	4	4	3	4	4	3	4	3	4
In 38	Post T 2	3	4	4	4	4	3	4	4	4	4	4	3	3	2	5
In 39	Post T 2	4	4	4	5	4	4	4	4	4	5	4	4	3	4	4
In 40	Post T 2	4	3	4	4	4	3	4	5	4	4	4	3	4	3	5
In 41	Post T 2	3	4	4	4	4	4	4	4	4	4	5	3	4	3	5
In 42	Post T 2	4	4	4	4	4	4	4	5	4	4	4	3	3	3	5
In 43	Post T 2	3	4	4	4	3	4	3	5	5	4	3	3	4	3	4
In 44	Post T 2	3	4	3	4	3	3	4	4	4	3	4	3	3	2	4
In 45	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 2	3	4	4	4	4	4	3	4	4	4	3	2	3	3	4
In 47	Post T 2	3	4	4	4	3	4	4	4	4	4	5	2	3	3	4
In 48	Post T 2	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 2	4	3	4	4	4	4	3	3	4	4	4	3	4	3	5
In 50	Post T 2	4	4	4	4	4	4	4	4	4	4	4	3	4	3	5
In 51	Post T 2	4	3	3	4	4	4	4	4	4	4	5	4	4	3	4
In 52	Post T 2	3	4	4	3	4	4	4	3	4	4	4	3	3	3	5
In 53	Post T 2	3	4	5	5	4	3	4	4	4	5	5	4	3	3	5
In 54	Post T 2	3	3	4	3	3	4	4	4	4	4	4	3	3	3	5
In 55	Post T 2	3	4	4	4	3	4	4	4	4	4	4	3	4	4	5
In 56	Post T 2	3	4	4	4	3	4	4	4	4	4	5	3	3	3	5
In 57	Post T 2	4	4	4	4	3	4	4	4	4	3	4	4	3	4	4
In 58	Post T 2	4	4	4	5	4	3	3	4	4	4	4	3	4	3	4
In 59	Post T 2	3	4	4	4	3	4	4	4	4	3	4	3	3	3	5
In 60	Post T 2	4	4	5	5	4	4	4	4	4	5	4	4	3	3	5



In 33	Post T 2	4	3	4	4	3	3	3	5	4	4	3
In 34	Post T 2	4	4	3	4	3	3	4	4	4	4	3
In 35	Post T 2	4	3	4	4	4	3	4	5	4	4	4
In 36	Post T 2	5	4	4	4	4	4	4	4	4	3	4
In 37	Post T 2	4	4	3	5	3	4	4	3	3	4	4
In 38	Post T 2	4	4	4	4	4	3	4	4	4	4	4
In 39	Post T 2	4	4	5	4	4	3	3	4	4	3	4
In 40	Post T 2	4	5	5	4	4	3	4	4	3	4	4
In 41	Post T 2	5	4	4	4	3	3	4	4	4	4	3
In 42	Post T 2	5	4	4	4	3	4	3	4	4	4	4
In 43	Post T 2	4	4	4	4	3	4	3	4	3	4	4
In 44	Post T 2	4	4	3	3	2	3	3	4	3	4	3
In 45	Post T 2	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 2	4	4	4	3	4	4	3	4	4	4	4
In 47	Post T 2	4	4	4	3	3	2	3	4	4	4	3
In 48	Post T 2	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 2	4	4	4	4	3	4	4	4	3	4	3
In 50	Post T 2	4	4	4	4	3	4	4	4	3	4	4
In 51	Post T 2	4	4	3	4	4	4	3	4	4	4	3
In 52	Post T 2	4	4	3	3	4	3	3	4	4	4	3
In 53	Post T 2	5	4	5	4	4	4	3	4	4	5	4
In 54	Post T 2	3	4	4	3	3	3	3	4	3	4	3
In 55	Post T 2	3	3	4	4	3	3	3	4	3	4	4
In 56	Post T 2	4	4	4	3	3	2	4	4	3	4	3
In 57	Post T 2	4	4	3	4	4	3	4	3	3	4	4
In 58	Post T 2	4	3	3	4	3	3	3	4	4	4	3
In 59	Post T 2	4	4	3	4	3	3	3	3	3	4	4
In 60	Post T 2	4	4	4	4	3	3	3	3	4	4	4

**POST-INTERVENTIONAL ASSESSMENT (After Six Months)**

S.N.	Assessment	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
In 1	Post T 3	3	2	3	3	4	3	3	4	4	2	5	3	3	3	2
In 2	Post T 3	4	3	4	4	4	4	4	4	4	4	5	4	4	4	5
In 3	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 4	Post T 3	4	4	3	4	4	3	3	4	4	3	5	3	4	4	3
In 5	Post T 3	4	3	3	4	4	4	4	4	4	3	4	3	4	4	4
In 6	Post T 3	3	3	3	3	4	3	3	4	4	2	4	3	4	4	4
In 7	Post T 3	3	4	4	4	3	3	3	4	4	3	4	3	4	3	4
In 8	Post T 3	4	4	4	4	4	4	5	4	4	4	5	4	4	4	4
In 9	Post T 3	3	3	3	3	4	3	4	5	4	3	4	3	4	4	4
In 10	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 3	4	4	3	3	4	4	3	4	5	4	4	3	4	4	4
In 12	Post T 3	4	4	4	4	3	4	4	3	4	4	4	4	4	4	5
In 13	Post T 3	3	3	4	3	4	4	3	4	4	4	4	3	3	3	4
In 14	Post T 3	4	3	3	3	3	4	4	4	4	3	4	3	4	5	4
In 15	Post T 3	4	4	4	4	4	4	3	4	4	5	4	3	5	4	5
Int16	Post T 3	3	3	4	4	3	4	3	5	4	3	4	3	4	3	4
In 17	Post T 3	4	5	4	5	4	4	4	4	4	4	4	4	4	3	5
In 18	Post T 3	4	4	5	4	4	3	4	4	4	4	5	4	4	3	5
In 19	Post T 3	4	3	3	3	4	4	4	4	4	4	4	3	4	3	5
In 20	Post T 3	4	4	4	3	4	4	4	4	4	4	5	4	3	3	5
In 21	Post T 3	4	4	4	4	4	4	4	4	4	4	5	3	4	4	5
In 22	Post T 3	4	4	4	4	4	4	4	5	4	3	5	3	4	3	5
In 23	Post T 3	3	3	4	4	3	3	4	4	4	3	4	3	3	4	4
In 24	Post T 3	3	3	4	4	2	4	3	4	4	4	4	3	3	2	5
In 25	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 26	Post T 3	4	3	4	3	3	4	4	5	4	3	4	3	4	3	5
In 27	Post T 3	4	4	4	4	4	4	4	5	4	4	5	3	4	3	5
In 28	Post T 3	4	4	4	4	3	4	4	5	4	4	4	3	3	4	5
In 29	Post T 3	4	4	5	3	4	4	4	4	4	4	4	3	4	3	5
In 30	Post T 3	4	4	4	4	4	3	4	4	3	4	4	3	4	3	4
In 31	Post T 3	4	3	4	3	3	4	4	5	4	4	4	3	4	3	5
In 32	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 3	3	4	3	4	3	3	4	4	4	3	4	3	3	4	4

In 34	Post T 3	3	4	4	4	3	4	3	4	4	4	4	3	4	3	5
In 35	Post T 3	4	3	4	4	3	4	4	4	4	3	4	3	3	4	5
In 36	Post T 3	4	4	4	4	4	4	3	4	4	4	4	3	4	3	5
In 37	Post T 3	4	4	3	4	4	4	4	4	4	4	3	3	4	3	4
In 38	Post T 3	3	4	4	3	4	4	4	4	3	4	4	3	3	3	5
In 39	Post T 3	3	4	4	5	4	4	4	4	3	4	5	4	4	4	5
In 40	Post T 3	4	3	4	3	4	4	4	5	4	4	3	3	4	4	4
In 41	Post T 3	3	3	4	4	4	4	4	4	4	4	4	3	4	3	5
In 42	Post T 3	4	4	4	4	3	4	4	5	4	3	4	3	4	3	5
In 43	Post T 3	4	4	4	4	3	4	4	5	5	4	5	3	4	3	5
In 44	Post T 3	3	4	3	4	3	3	4	4	4	4	4	3	3	3	4
In 45	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 3	3	4	4	4	3	4	3	4	4	3	4	3	3	3	4
In 47	Post T 3	3	4	4	4	2	4	4	3	4	4	5	3	3	3	4
In 48	Post T 3	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 3	4	4	4	4	3	4	3	4	4	4	4	3	4	4	5
In 50	Post T 3	4	4	4	4	4	4	5	4	4	4	4	3	4	3	5
In 51	Post T 3	4	4	4	4	4	4	3	4	4	4	5	4	4	3	4
In 52	Post T 3	4	4	4	4	4	4	4	4	4	4	4	3	3	3	5
In 53	Post T 3	3	4	5	5	3	4	3	4	4	5	5	3	3	3	5
In 54	Post T 3	3	3	4	3	2	3	3	4	4	4	4	3	3	3	5
In 55	Post T 3	3	4	4	4	3	4	3	4	4	4	4	3	5	4	5
In 56	Post T 3	4	4	3	4	3	4	4	4	4	4	5	2	3	3	5
In 57	Post T 3	4	3	4	4	4	4	4	4	4	4	4	3	3	4	5
In 58	Post T 3	4	4	4	5	3	3	3	4	4	3	4	3	4	4	5
In 59	Post T 3	3	4	4	4	3	3	4	4	4	3	4	3	3	4	5
In 60	Post T 3	4	4	5	5	3	4	4	5	4	5	5	4	3	3	5

**Quality of Life Question Continue..**

S.N.	Assessment	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
In 1	Post T 3	4	3	3	4	3	3	3	4	4	4	3
In 2	Post T 3	4	5	4	5	4	4	4	4	3	4	4
In 3	Post T 3	L	L	L	L	L	L	L	L	L	L	L
In 4	Post T 3	4	3	3	4	3	4	3	4	4	3	4
In 5	Post T 3	4	4	4	4	3	4	3	4	4	4	4
In 6	Post T 3	4	3	3	4	4	4	3	4	3	4	4
In 7	Post T 3	4	4	4	4	4	3	3	4	4	4	4
In 8	Post T 3	4	4	4	4	4	4	4	4	3	4	3
In 9	Post T 3	4	4	4	4	3	3	4	4	3	4	4
In 10	Post T 3	L	L	L	L	L	L	L	L	L	L	L
In 11	Post T 3	4	4	3	4	3	3	4	4	4	4	3
In 12	Post T 3	4	4	3	4	4	3	4	4	3	4	4
In 13	Post T 3	4	4	4	4	3	3	4	4	4	4	4
In 14	Post T 3	4	4	4	4	3	3	4	4	4	4	4
In 15	Post T 3	3	4	4	4	3	4	4	4	4	3	4
Int16	Post T 3	3	3	4	4	3	3	4	4	3	4	4
In 17	Post T 3	4	4	4	4	4	4	3	4	3	4	4
In 18	Post T 3	4	4	4	4	4	4	4	5	3	4	4
In 19	Post T 3	4	4	4	4	3	2	3	5	4	4	3
In 20	Post T 3	4	4	4	4	3	4	4	4	4	4	4
In 21	Post T 3	4	4	4	4	4	4	3	4	3	3	4
In 22	Post T 3	4	4	5	4	4	4	4	3	4	4	4
In 23	Post T 3	4	3	4	3	3	3	3	3	4	4	4
In 24	Post T 3	3	4	4	3	3	4	4	4	3	4	3
In 25	Post T 3	L	L	L	L	L	L	L	L	L	L	L
In 26	Post T 3	5	4	4	4	3	4	3	4	3	4	4
In 27	Post T 3	4	4	4	4	4	4	3	3	4	4	4
In 28	Post T 3	4	4	4	4	4	4	4	3	3	4	4
In 29	Post T 3	4	4	4	4	3	4	3	4	3	3	4
In 30	Post T 3	4	4	3	4	4	4	3	4	4	4	4
In 31	Post T 3	4	4	4	3	4	4	4	4	4	4	4
In 32	Post T 3	L	L	L	L	L	L	L	L	L	L	L
In 33	Post T 3	4	4	4	3	4	3	4	5	4	4	4



In 34	Post T 3	4	4	3	3	3	3	4	4	4	4	3
In 35	Post T 3	4	4	4	4	4	3	3	5	4	4	4
In 36	Post T 3	5	4	4	4	4	4	4	4	4	3	4
In 37	Post T 3	4	4	3	4	4	4	4	4	3	4	4
In 38	Post T 3	4	4	4	3	4	3	4	4	4	4	4
In 39	Post T 3	5	4	5	4	4	3	4	4	4	3	4
In 40	Post T 3	4	5	5	4	4	4	4	4	3	4	4
In 41	Post T 3	4	4	4	4	3	3	4	4	4	4	3
In 42	Post T 3	5	4	4	4	4	4	3	4	4	4	4
In 43	Post T 3	4	4	4	4	3	4	3	5	4	4	3
In 44	Post T 3	4	4	3	3	3	3	4	4	3	4	3
In 45	Post T 3	L	L	L	L	L	L	L	L	L	L	L
In 46	Post T 3	4	4	4	3	3	4	3	4	4	4	4
In 47	Post T 3	4	4	4	4	3	2	3	4	4	4	3
In 48	Post T 3	L	L	L	L	L	L	L	L	L	L	L
In 49	Post T 3	4	4	4	4	4	4	4	4	3	4	3
In 50	Post T 3	5	4	4	4	3	4	4	4	3	4	4
In 51	Post T 3	4	4	3	4	4	4	3	4	4	4	3
In 52	Post T 3	5	4	4	4	4	3	3	4	4	4	3
In 53	Post T 3	5	4	5	4	4	4	3	4	4	5	4
In 54	Post T 3	3	4	4	3	3	3	3	4	3	4	3
In 55	Post T 3	3	3	4	4	4	3	3	4	4	4	4
In 56	Post T 3	4	4	4	4	3	3	4	4	3	4	3
In 57	Post T 3	4	4	4	4	4	3	4	4	3	4	4
In 58	Post T 3	4	4	3	4	3	4	3	4	4	4	4
In 59	Post T 3	4	3	3	4	3	3	3	3	3	4	4
In 60	Post T 3	4	4	4	4	4	4	3	3	4	4	4

### QUALITY OF LIFE IN CONTROL GROUP

S.N.	Assessment	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Ct 1	Baseline	3	1	2	2	3	3	3	4	3	3	3	3	3	3	4
Ct 2	Baseline	3	3	2	3	3	2	3	3	3	2	4	2	3	3	3
Ct 3	Baseline	3	2	3	3	3	2	3	2	3	2	4	2	2	2	4
Ct 4	Baseline	3	3	4	4	2	3	4	3	3	3	4	2	3	2	4
Ct 5	Baseline	3	2	3	3	3	3	3	3	4	3	3	2	2	3	4
Ct 6	Baseline	2	2	2	2	2	3	3	4	3	2	3	2	2	2	3
Ct 7	Baseline	3	3	3	3	3	3	3	4	3	2	3	2	3	3	3
Ct 8	Baseline	3	2	3	3	3	3	4	4	3	3	3	3	4	2	4
Ct 9	Baseline	1	1	3	3	2	4	2	3	3	2	3	3	2	2	3
Ct10	Baseline	3	2	4	2	2	3	2	3	3	3	3	3	2	2	4
Ct11	Baseline	2	3	2	4	2	2	3	3	4	3	3	3	2	3	3
Ct12	Baseline	3	3	4	4	3	4	3	4	3	3	3	2	3	2	4
Ct13	Baseline	4	3	5	4	4	3	4	4	3	3	3	3	2	2	4
Ct14	Baseline	3	2	3	3	2	2	2	3	3	3	3	2	1	2	3
Ct15	Baseline	3	2	4	4	3	3	4	4	3	3	3	2	4	3	4
Ct16	Baseline	3	2	2	3	2	3	3	3	4	2	4	3	3	3	2
Ct17	Baseline	4	4	4	3	4	4	3	4	3	3	3	2	3	3	4
Ct18	Baseline	2	3	4	4	4	3	3	4	3	3	3	3	3	3	4
Ct19	Baseline	2	4	4	4	3	4	2	2	3	3	3	2	3	3	4
Ct20	Baseline	3	3	4	2	4	3	3	4	3	4	2	3	3	4	4
Ct21	Baseline	2	2	3	2	3	3	3	3	3	2	3	3	3	3	4
Ct22	Baseline	4	2	3	2	2	4	4	4	3	3	4	3	2	3	4
Ct23	Baseline	3	3	4	4	4	4	3	3	3	3	4	3	4	2	4
Ct24	Baseline	4	3	4	3	3	3	2	3	3	3	3	2	2	3	4
Ct25	Baseline	3	2	2	1	2	2	2	3	3	2	3	2	3	4	2
Ct26	Baseline	3	2	3	2	3	4	3	4	3	3	3	3	3	4	4
Ct27	Baseline	2	1	1	2	2	3	2	4	3	2	4	3	2	3	2
Ct28	Baseline	3	2	3	4	3	4	4	4	3	2	3	4	2	3	3
Ct29	Baseline	3	2	2	3	3	3	2	4	3	2	3	3	2	3	4
Ct30	Baseline	2	2	2	2	2	2	2	2	3	2	3	2	2	3	2
Ct31	Baseline	4	3	4	4	3	3	4	4	3	2	3	2	2	2	4

Ct32	Baseline	3	2	2	2	3	3	4	4	3	2	3	3	4	2	3
Ct33	Baseline	3	2	4	3	3	4	4	4	4	3	3	3	2	2	4
Ct34	Baseline	1	2	3	3	2	3	2	4	3	3	3	2	3	2	4
Ct35	Baseline	2	2	4	2	2	3	3	4	3	4	4	4	3	1	4
Ct36	Baseline	4	3	4	4	3	3	3	4	4	3	3	4	3	3	4
Ct37	Baseline	3	2	2	2	3	3	2	3	3	3	4	3	3	3	3
Ct38	Baseline	3	2	3	2	3	3	3	4	3	3	3	3	3	3	4
Ct39	Baseline	2	1	2	2	2	1	2	3	3	2	3	2	2	3	3
Ct40	Baseline	1	2	3	3	2	2	3	3	3	2	4	2	3	2	4
Ct41	Baseline	3	3	4	2	3	3	3	3	3	4	3	3	3	3	4
Ct42	Baseline	3	4	4	4	3	4	4	4	3	4	4	3	3	3	4
Ct43	Baseline	4	2	2	3	3	3	3	4	4	2	4	3	3	2	3
Ct44	Baseline	2	2	4	3	3	3	3	4	4	4	3	3	3	4	4
Ct45	Baseline	3	2	3	3	4	4	3	4	3	4	3	2	2	3	3
Ct46	Baseline	1	2	4	3	2	3	4	3	3	3	4	2	3	2	4
Ct47	Baseline	1	2	4	3	2	4	4	3	3	2	4	2	4	3	4
Ct48	Baseline	3	4	3	4	2	3	4	3	4	4	3	3	4	3	4
Ct49	Baseline	3	2	3	2	3	3	3	4	4	3	4	3	4	2	4
Ct50	Baseline	3	3	3	4	4	3	3	4	3	3	4	3	4	3	4
Ct51	Baseline	3	3	2	3	4	3	3	4	3	2	4	3	2	4	3
Ct52	Baseline	2	3	3	5	2	2	2	2	3	2	2	2	1	2	3
Ct53	Baseline	3	3	3	3	2	2	3	3	4	3	3	2	2	3	4
Ct54	Baseline	2	3	4	2	2	3	3	2	2	3	3	2	1	3	4
Ct55	Baseline	2	3	4	2	3	3	3	3	3	3	3	2	1	2	4
Ct56	Baseline	2	2	2	3	2	3	2	3	2	3	3	3	2	1	4
Ct57	Baseline	2	1	3	4	1	2	1	2	2	2	3	2	1	2	4
Ct58	Baseline	2	2	2	3	2	2	2	2	3	3	4	2	1	3	3
Ct59	Baseline	3	3	2	2	3	2	3	2	3	2	3	2	2	3	3
Ct60	Baseline	3	3	2	3	2	3	2	3	3	2	3	2	2	3	3

**Quality of Life Question Continue..**

S.N.	Assessment	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
Ct 1	Baseline	3	3	2	4	4	3	3	4	3	3	3
Ct 2	Baseline	4	3	2	3	3	3	3	3	4	3	3
Ct 3	Baseline	2	3	3	3	3	3	3	2	3	3	3
Ct 4	Baseline	4	3	3	3	3	3	2	4	4	4	2
Ct 5	Baseline	3	3	3	2	2	3	3	4	4	3	3
Ct 6	Baseline	4	2	2	3	3	3	3	4	3	3	3
Ct 7	Baseline	3	2	2	3	3	3	3	4	4	3	3
Ct 8	Baseline	4	3	3	4	3	3	4	3	3	3	4
Ct 9	Baseline	3	2	3	3	2	3	2	3	3	3	3
Ct10	Baseline	2	3	3	2	2	3	3	3	3	3	3
Ct11	Baseline	4	2	2	2	3	3	3	4	2	3	3
Ct12	Baseline	2	3	3	3	3	3	3	4	2	3	4
Ct13	Baseline	4	4	3	3	3	4	3	4	3	3	4
Ct14	Baseline	3	3	3	3	3	3	3	4	3	3	3
Ct15	Baseline	4	4	4	4	3	3	4	4	3	3	4
Ct16	Baseline	4	2	2	3	4	3	4	4	3	3	3
Ct17	Baseline	4	4	3	3	3	3	2	4	2	3	4
Ct18	Baseline	4	4	3	3	3	3	3	4	3	3	3
Ct19	Baseline	3	3	3	3	3	4	3	3	3	3	2
Ct20	Baseline	3	4	4	3	4	4	3	4	3	3	4
Ct21	Baseline	4	3	4	3	3	4	3	4	3	3	3
Ct22	Baseline	4	3	3	3	3	3	4	4	3	3	4
Ct23	Baseline	4	3	3	3	3	3	4	3	4	3	4
Ct24	Baseline	4	3	3	3	2	3	3	3	4	3	4
Ct25	Baseline	1	3	3	4	1	2	2	3	4	2	2
Ct26	Baseline	4	3	3	4	4	3	3	4	2	4	4
Ct27	Baseline	2	2	2	3	3	3	2	4	3	3	2
Ct28	Baseline	3	3	3	4	4	3	3	4	2	4	4
Ct29	Baseline	4	2	3	3	4	3	3	3	4	3	3
Ct30	Baseline	2	2	2	2	3	3	2	2	3	3	2
Ct31	Baseline	4	3	3	4	3	3	3	4	2	3	4
Ct32	Baseline	4	2	2	3	3	4	3	4	3	3	4

Ct33	Baseline	4	3	4	3	3	3	3	4	4	4	5
Ct34	Baseline	4	3	3	2	3	3	3	3	3	3	4
Ct35	Baseline	4	4	4	3	2	2	3	4	3	3	4
Ct36	Baseline	4	4	3	3	3	4	3	4	3	4	4
Ct37	Baseline	4	2	3	3	3	4	3	4	4	3	4
Ct38	Baseline	4	4	4	3	2	3	2	4	3	4	3
Ct39	Baseline	4	2	2	3	3	3	2	3	3	3	3
Ct40	Baseline	2	4	4	2	2	2	2	3	3	3	2
Ct41	Baseline	4	3	4	3	4	3	4	3	4	4	3
Ct42	Baseline	4	4	4	3	4	3	3	4	3	4	4
Ct43	Baseline	3	2	3	3	4	3	3	4	3	3	4
Ct44	Baseline	3	4	3	3	3	4	3	4	3	4	4
Ct45	Baseline	3	3	3	2	3	3	4	3	2	3	4
Ct46	Baseline	4	4	4	4	4	3	3	4	3	3	4
Ct47	Baseline	3	3	3	4	3	2	3	4	3	3	4
Ct48	Baseline	4	3	4	3	4	3	3	4	3	3	4
Ct49	Baseline	3	3	3	3	3	3	2	4	4	3	4
Ct50	Baseline	4	3	4	3	4	3	3	4	2	3	4
Ct51	Baseline	4	3	2	4	3	3	4	4	3	4	4
Ct52	Baseline	3	2	2	3	2	3	3	2	2	3	4
Ct53	Baseline	2	3	3	3	3	3	2	3	3	3	3
Ct54	Baseline	3	3	3	3	3	3	2	2	2	2	4
Ct55	Baseline	3	2	2	3	3	3	2	3	2	3	4
Ct56	Baseline	3	3	4	3	4	3	3	3	3	3	3
Ct57	Baseline	1	2	3	2	2	3	3	2	3	2	4
Ct58	Baseline	3	3	2	3	2	2	2	2	2	3	3
Ct59	Baseline	4	2	3	3	3	3	3	2	2	3	2
Ct60	Baseline	3	3	2	3	2	3	2	3	3	3	2

**POST-INTERVENTIONAL ASSESSMENT (After One Month)**

S.N.	Assessment	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15
Ct 1	Post T 1	3	2	3	3	3	3	3	4	3	3	4	3	3	3	4
Ct 2	Post T 1	3	3	2	3	2	2	2	3	3	3	4	2	3	3	4
Ct 3	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct 4	Post T 1	3	3	4	4	3	3	2	3	4	3	4	3	3	2	4
Ct 5	Post T 1	3	3	4	4	3	3	3	3	4	3	4	3	2	3	4
Ct 6	Post T 1	3	3	2	2	3	4	3	4	3	3	3	2	2	2	3
Ct 7	Post T 1	3	3	3	3	2	3	3	4	3	3	3	2	3	3	3
Ct 8	Post T 1	3	3	3	3	3	4	4	4	4	3	3	2	4	2	4
Ct 9	Post T 1	2	2	4	3	2	4	2	3	3	2	3	3	2	2	4
Ct10	Post T 1	3	3	3	3	2	3	3	3	3	3	2	3	2	2	3
Ct11	Post T 1	2	3	2	4	3	3	3	3	4	3	3	3	2	3	3
Ct12	Post T 1	3	4	4	3	3	3	3	4	4	3	3	2	3	2	4
Ct13	Post T 1	4	3	4	4	3	4	4	4	4	4	3	2	2	2	4
Ct14	Post T 1	3	3	4	4	2	2	2	3	3	3	3	2	1	2	3
Ct15	Post T 1	3	2	4	3	3	3	3	4	3	4	3	2	4	3	4
Ct16	Post T 1	3	2	4	4	3	4	2	4	4	4	4	3	3	3	4
Ct17	Post T 1	4	3	4	3	3	4	2	4	3	3	3	2	3	3	4
Ct18	Post T 1	4	3	4	3	3	4	3	3	3	3	3	3	3	3	4
Ct19	Post T 1	2	3	4	4	2	3	2	2	3	4	3	2	3	3	4
Ct20	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct21	Post T 1	2	3	3	2	3	3	3	3	3	4	3	3	3	3	4
Ct22	Post T 1	4	2	3	2	3	4	3	4	3	3	4	3	3	3	4
Ct23	Post T 1	3	3	4	3	4	4	3	3	3	3	4	3	4	3	4
Ct24	Post T 1	4	3	3	4	4	4	3	3	3	3	3	2	2	2	4
Ct25	Post T 1	3	2	2	2	2	2	3	2	3	3	3	3	3	4	3
Ct26	Post T 1	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ct27	Post T 1	3	2	2	3	3	3	2	4	3	2	4	3	2	3	3
Ct28	Post T 1	3	3	3	4	3	3	4	4	3	4	3	4	3	3	4
Ct29	Post T 1	3	2	3	3	3	3	2	3	3	2	3	3	2	3	4
Ct30	Post T 1	2	3	2	2	3	2	3	2	3	2	3	2	2	3	3
Ct31	Post T 1	3	3	4	4	3	3	4	4	3	3	3	2	2	3	4

Ct32	Post T 1	3	2	3	2	3	3	4	4	4	3	4	3	4	3	4
Ct33	Post T 1	3	3	3	3	4	4	3	4	4	5	3	3	3	2	4
Ct34	Post T 1	2	3	4	3	3	3	2	4	3	3	3	2	4	2	3
Ct35	Post T 1	3	2	4	3	3	3	3	4	4	3	3	4	3	1	4
Ct36	Post T 1	4	4	4	4	4	3	4	4	4	4	3	4	3	3	5
Ct37	Post T 1	3	3	3	3	3	2	3	4	3	3	3	3	3	3	3
Ct38	Post T 1	3	3	3	3	3	3	2	4	3	3	3	3	3	3	4
Ct39	Post T 1	2	2	2	2	2	2	2	3	3	1	3	2	2	3	2
Ct40	Post T 1	2	2	4	4	3	2	3	3	3	3	4	2	3	2	4
Ct41	Post T 1	3	3	3	3	3	4	3	3	3	3	3	3	3	3	4
Ct42	Post T 1	3	4	4	4	4	4	4	4	3	4	3	3	3	3	5
Ct43	Post T 1	3	4	3	4	3	4	4	4	4	3	3	3	3	3	3
Ct44	Post T 1	3	2	3	3	3	3	3	4	4	4	2	3	3	4	4
Ct45	Post T 1	3	2	3	3	4	3	4	4	3	4	3	2	2	4	3
Ct46	Post T 1	2	3	4	3	3	3	3	3	3	4	3	2	3	2	4
Ct47	Post T 1	2	3	4	4	3	4	3	3	3	3	4	3	4	3	4
Ct48	Post T 1	3	4	3	4	3	3	3	3	4	4	4	3	4	3	4
Ct49	Post T 1	3	2	3	2	4	3	3	4	4	3	4	3	4	3	4
Ct50	Post T 1	3	3	4	4	3	4	3	4	3	4	4	3	4	3	4
Ct51	Post T 1	3	3	3	4	4	3	2	4	3	3	4	3	2	4	3
Ct52	Post T 1	2	3	3	5	2	1	2	2	2	2	2	2	2	2	3
Ct53	Post T 1	3	3	3	4	2	2	3	3	4	3	3	2	2	3	4
Ct54	Post T 1	3	3	4	3	2	3	2	2	2	3	3	2	1	3	4
Ct55	Post T 1	3	3	4	3	3	3	2	3	3	3	3	2	1	2	3
Ct56	Post T 1	2	2	2	3	2	2	2	3	2	2	3	3	2	1	4
Ct57	Post T 1	2	2	3	3	2	2	2	2	3	2	3	2	2	3	3
Ct58	Post T 1	2	2	2	3	2	2	3	3	3	3	4	2	2	3	3
Ct59	Post T 1	2	3	2	2	2	2	3	3	2	2	2	2	2	2	3
Ct60	Post T 1	3	3	2	3	3	3	2	3	3	2	3	2	2	3	3

**Quality of Life Question Continue..**

S.N.	Assessment	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26
Ct 1	Post T 1	3	3	3	4	4	3	3	4	3	3	3
Ct 2	Post T 1	4	3	2	3	3	3	3	3	4	3	3
Ct 3	Post T 1	L	L	L	L	L	L	L	L	L	L	L
Ct 4	Post T 1	4	3	3	3	3	3	2	4	4	4	3
Ct 5	Post T 1	3	3	3	2	2	3	3	4	4	3	4
Ct 6	Post T 1	4	2	3	3	3	3	3	4	3	3	3
Ct 7	Post T 1	3	2	2	3	3	3	3	4	3	3	3
Ct 8	Post T 1	4	3	3	4	3	3	4	3	3	3	4
Ct 9	Post T 1	3	2	3	3	2	3	3	3	3	4	3
Ct10	Post T 1	2	3	3	2	2	3	3	3	3	3	3
Ct11	Post T 1	4	2	2	2	3	3	3	4	3	3	4
Ct12	Post T 1	2	3	3	3	3	3	3	4	2	3	4
Ct13	Post T 1	4	4	3	3	3	4	3	4	3	3	4
Ct14	Post T 1	3	3	3	3	3	3	3	4	3	3	3
Ct15	Post T 1	4	4	4	4	3	3	4	4	3	3	4
Ct16	Post T 1	4	3	3	3	4	4	4	4	3	3	4
Ct17	Post T 1	4	4	3	3	3	3	3	4	2	3	4
Ct18	Post T 1	4	4	3	3	3	3	3	4	3	3	4
Ct19	Post T 1	3	3	3	3	3	4	3	3	3	3	2
Ct20	Post T 1	L	L	L	L	L	L	L	L	L	L	L
Ct21	Post T 1	4	3	4	3	3	4	3	4	3	4	3
Ct22	Post T 1	4	3	3	3	3	3	4	4	3	3	4
Ct23	Post T 1	4	3	3	4	3	3	4	3	4	3	4
Ct24	Post T 1	4	3	3	3	3	3	4	3	4	3	4
Ct25	Post T 1	1	3	3	4	1	2	2	3	4	2	2
Ct26	Post T 1	L	L	L	L	L	L	L	L	L	L	L
Ct27	Post T 1	2	3	3	3	3	3	2	4	3	3	3
Ct28	Post T 1	3	3	3	4	4	3	3	4	2	4	4
Ct29	Post T 1	4	3	4	3	4	3	3	3	4	3	4
Ct30	Post T 1	2	2	3	3	3	3	2	2	3	3	3
Ct31	Post T 1	4	3	3	4	3	3	3	4	2	3	4



Ct32	Post T 1	4	3	3	3	3	4	3	4	3	3	4
Ct33	Post T 1	4	4	4	3	3	3	3	4	4	4	5
Ct34	Post T 1	4	3	3	2	2	3	3	4	3	3	4
Ct35	Post T 1	3	4	3	3	2	2	3	4	3	3	4
Ct36	Post T 1	4	4	3	3	3	4	3	4	3	4	4
Ct37	Post T 1	4	2	2	3	3	4	3	4	4	3	4
Ct38	Post T 1	4	4	4	3	2	3	2	4	3	4	3
Ct39	Post T 1	4	2	2	2	3	3	2	3	3	3	2
Ct40	Post T 1	2	4	4	2	2	2	3	3	3	3	2
Ct41	Post T 1	3	3	4	3	4	3	4	3	4	4	3
Ct42	Post T 1	4	4	4	3	4	3	3	4	3	4	4
Ct43	Post T 1	2	3	3	4	4	3	3	4	3	3	4
Ct44	Post T 1	3	4	3	3	3	4	3	4	3	4	4
Ct45	Post T 1	4	3	3	3	3	3	4	3	2	3	5
Ct46	Post T 1	4	4	3	3	4	3	3	4	3	3	3
Ct47	Post T 1	3	3	3	4	3	2	3	4	3	3	4
Ct48	Post T 1	4	3	4	3	4	3	3	4	3	3	4
Ct49	Post T 1	4	3	4	3	3	3	3	4	4	3	4
Ct50	Post T 1	4	3	4	4	4	3	4	4	2	3	4
Ct51	Post T 1	4	3	2	4	3	3	4	4	3	4	4
Ct52	Post T 1	2	2	2	3	3	3	3	2	2	3	3
Ct53	Post T 1	2	3	3	2	3	3	2	3	3	3	3
Ct54	Post T 1	3	2	3	3	2	3	2	2	3	2	4
Ct55	Post T 1	3	2	2	3	2	3	2	3	2	3	4
Ct56	Post T 1	3	2	4	3	3	3	3	3	3	3	3
Ct57	Post T 1	2	2	2	3	2	2	3	3	3	2	3
Ct58	Post T 1	3	2	2	3	2	2	3	2	2	3	3
Ct59	Post T 1	3	2	3	3	3	3	2	2	2	3	3
Ct60	Post T 1	3	3	2	3	2	3	2	3	3	3	2