

APPENDIX – L

ROSENBERG SELF-ESTEEM SCALE

Instructions:

Below is a list of statements dealing with your general feelings about yourself.

*If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD***

S.No	Questions	SA	A	D	SD
1	On the Whole, I am Satisfied with myself				
2	At times, I think I am no good at all				
3	I feel that I have a number of good qualities				
4	I am able to do things as well as most other people				
5	I feel I do not have much to be proud of.				
6	I certainly feel useless at times.				
7	I feel that I am a person of worth, at least on an equal plane with others				
8	I wish I could have more respect for myself.				
9	All in all, I am inclined to feel that I am a failure.				
10	I take a positive attitude toward myself				

Signature

APPENDIX – M

COHEN PERCEIVED STRESS SCALE

Instructions:

The following questions ask about your feelings and thoughts during THE PAST MONTH. In each question, you will be asked HOW OFTEN you felt or thought a certain way. Although some of the questions are similar, there are small differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the exact number of times you felt a particular way, but tell me the answer that in general seems the best

For each statement, please tell me if you have had these thoughts or feelings: never, almost never, sometimes, fairly often, or very often. (Read all answer choices each time

<i>S.No</i>	<i>Questions</i>	<i>N</i>	<i>AN</i>	<i>ST</i>	<i>FO</i>	<i>VO</i>
1	In the past month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2	In the past month, how often have you felt unable to control the important things in your life?	0	1	2	3	4
3	In the past month, how often have you felt nervous or stressed?	0	1	2	3	4
4	In the past month, how often have you felt confident about your ability to handle personal problems?	0	1	2	3	4
5	In the past month, how often have you felt that things were going your way?	0	1	2	3	4
6	In the past month, how often have you found that you could not cope with all the things you had to do?	0	1	2	3	4
7	In the past month, how often have you been able to control irritations in your life?	0	1	2	3	4
8	In the past month, how often have you felt that you were on top of things?	0	1	2	3	4
9	In the past month, how often have you been angry because of things that happened that were outside of your control?	0	1	2	3	4
10	In the past month, how often have you felt that difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Signature

APPENDIX – N

QUESTIONNAIRE ON TAYLOR'S MANIFEST ANXIETY SCALE

Sl.No.	Name	True / False
1.	I do not quickly	T/F
2.	I am troubled by attacks of nausea	T/F
3.	I believe I am no more nervous than most others	T/F
4.	I have very few head-aches	T/F
5.	I cannot keep my mind on one thing	T/F
6.	I work under a great deal of tension	T/F
7.	I worry over money and business	T/F
8.	I frequently notice my head shakes when I try to do something	T/F
9.	I blush no more often than others	T/F
10.	I have diarrhea once a month or more	T/F
11.	I worry quite a bit over possible misfortune	T/F
12.	I practically never blush	T/F
13.	I am often afraid that I am going to blush	T/F
14.	I have nightmares very few nights	T/F
15.	My hands and feet are usually warm enough	T/F
16.	I sweat very easily even on cool days	T/F
17.	Sometimes when embarrassed, I break out in a sweat which arrears of breath	T/F
18.	I hardly ever notice my heart pounding and I am seldom short of breath	T/F
19.	I feel hungry almost all the time	T/F
20.	I am very seldom troubled by constipation	T/F
21.	I have a great deal of stomach trouble	T/F
22.	I have had period in which I lost sleep over worry	T/F
23.	My sleep is fitful and disturbed	T/F
24.	I dream frequently about things that are best kept to myself	T/F

25.	I am easily embarrassed	T/F
26.	I am more sensitive than most other people	T/F
27.	I frequently find myself worrying about something	T/F
28.	I wish I could be as happy as others seem to be	T/F
29.	I am usually calm and not easily upset	T/F
30.	I cry easily	T/F
31.	I feel anxiety about something or someone	T/F
32.	I am happy most of the time	T/F
33.	It makes me nervous to have to wait	T/F
34.	I have period of such great restlessness that I cannot sit long in a chair	T/F
35.	Sometime I become so excited that I find it hard to get to sleep	T/F
36.	I have sometimes felt that difficulties were piling up so high that I could not overcome them	T/F
37.	I must admit that I have at times been worried beyond reason over something that easily did not matter	T/F
38.	I have very few fears compared to my friends	T/F
39.	I have been afraid of things or people that I know could not hurt me	T/F
40.	I certainly feel useless at times	T/F
41.	I find it hard to keep my mind on a task or job	T/F
42.	I am usually self-conscious	T/F
43.	I am inclined to take things hard	T/F
44.	I am a highly strung person	T/F
45.	At times I think I am no good at all	T/F
46.	Life is a strain for me much of the time	T/F
47.	I am certainly lacking in self-confidence	T/F
48.	I sometimes feel that I am about to go to pieces	T/F
49.	I shrink from facing a crisis of difficulty	T/F
50.	I am entirely self-confident	T/F

APPENDIX - O
CONSENT TO PARTICIPATE VOLUNTARILY IN
RESEARCH INVESTIGATION
Tamil Nadu Physical Education and Sports University
Chennai

Investigator's Name : **V. SUBBULAKSHMI**

Supervisor : **Dr. R. ELANGO VAN**

THESIS TITLE :

EFFECT OF VARIED YOGIC PRACTICES ON SELECTED PHYSIOLOGICAL HEMATOLOGICAL AND PSYCHOLOGICAL VARIABLES AMONG WOMEN PATIENTS OF HYPOTHYROIDISM

You are being asked to participate in a research investigation as described in this form below. All such investigating projects carried out are governed by the regulations for research on human beings. These regulations require that the investigator obtain from you a signed agreement (consent) to participate in this project.

The investigator will explain to you in detail the purpose of the project, the procedures to be used, the potential benefits and the possible risks of participation. You can ask the investigator any questions that you may have about the investigation, and expect to receive satisfactory answers regarding the same. A basic explanation of the project is summarized below.

After discussion, if you are agree to participate in the project, please sign this form in the presence of a witness and the investigator. You may discontinue at any time from the investigation if you choose to do so.

I. Purpose and Procedures:

The purpose of this research project is to find out the effect of varied yogic practices on selected physiological, hematological and psychological variables among women patients of hypothyroidism.

The subjects involved in this project will be forty five women patients with hypothyroidism. Participation in this project would require you to perform a certain tests to measure physiological, hematological and psychological variables.

II. Risks and the Safeguards:

The risks of this project are small. While administering the tests we do not expect any unusual risks as a direct result of this project. Should any unexpected physical injury occur, appropriate first aid will be provided, but no financial compensations will be given.

III. Confidentiality:

The information obtained about you will be kept in confidence, although you are free to release it to your own physician. The information will be used only for scientific purposes without identifying you as an individual. Any significant new findings will be brought to your attention.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROJECT. I WILLINGLY CONSENT TO PARTICIPATE.

Signature of Witness:

Signature of Subject

Name:

Name:

Address:

Address:

Date:

Date:

I CERTIFY THAT I HAVE EXPLAINED FULLY TO THE ABOVE SUBJECT THE NATURE, THE PURPOSE, THE POTENTIAL BENEFITS AND THE POSSIBLE RISKS INVOLVED IN THIS INVESTIGATION.

Date:

Signature of Investigator