



DWIJ 2017

## Form for contesting patient

1. Name of referring Psychiatrist :

Date.

2. Patient's Name :

Address & Contact No.

Age :

Sex.

Stays with :

Family Structure : Mother / father : alive / not alive .

Siblings : Brothers :

Sisters :

Who are the family members staying with the patient

No.	Gender	Age	Relationship	Occupation	Closeness with the patient. 0 to 3

- \*0 = Not at all close/ uncomfortable 1= Rarely close/ comfortable  
2 = Close/ comfortable 3 = Extremely close or comfortable

Any other person not staying in the family but very close to the patient:

Name :

Age : M/F , Relationship :

Socioeconomic background : No. of family members :

Total yearly income :

Brief History about illness & treatment :

( presenting symptoms , age at onset , treatment started at age etc.)

( Do not attach any prescription papers , attach extra sheet to write , if necessary )

FU with the Physician / Psychiatrist :

0. \_\_\_\_\_ .5 \_\_\_\_\_ 10

not at all      sometime      very regular

Highest Education level achieved :

In the year :

Educational History :

S.S.C. / Graduation / Diploma / Higher than graduation.

Occupational history : Types of jobs :

Reasons for changing :

Present job / business : Elaborate :

How much are you satisfied regarding your contribution at work place ?

Up to 20 % / 20 to 50 % / 50 to 80 % / Above 80 &

What were the activities / persons that helped you in the process of facing difficulties due to your illness ?

( in that order )

Who were the persons who helped you in this process ? How ?

Did you try to collect information about your illness ? How ?

Did it help you in dealing with your illness ? How ?

From the time your illness was identified till today , what are the different odds you faced ? List them in that order .  
( e.g. illness of close family member , losing job , financial crisis etc.)

From the time your illness was identified till today , what are the different odds you faced due to your illness ?

Did you feel the need to meet someone with similar illness ? yes / no .  
If , Yes , What did you do about it ? Elaborate .

Have you tried to encourage anybody with psychological problems to approach professionals for help ? Yes / No , If yes , elaborate.

I think my illness was caused by :

( Mark 0 : Disagree , 1 : Somewhat agree , 2 : strongly disagree )

1. A set back in my life at that point in time.
2. Curse on me.
3. Curse on my family.
4. Neurochemical imbalance.
5. Family atmosphere.
6. My upbringing.
7. Heredity factors.
8. Black magic.
9. Planetary constellation ( Patrika yog)
10. Punishment for what I did.
11. Any other than this ( specify)

During your course of illness did you ever contemplated ending your life ?

If yes , Did you ever make any attempt of killing yourself ?

If yes , can you describe it ?

Please write your reactions :

1. My illness taught me that .....
2. If I did not have this illness .....
3. When I see someone with the illness like mine I .....
4. When I meet people of my age who have succeeded in life I feel .....
5. During my illness phase my relatives & neighbors ( not family ) had been .....

Write ten lines on :

When I look back at my illness .

**To be filled in by the participant :**

Please read this carefully & sign at the bottom

I, Mr./ Mrs./ Ms. \_\_\_\_\_, hereby state that I have been taking medicines from Dr. \_\_\_\_\_ for the past \_\_\_\_\_ yrs.

I am aware that if I fill in this form & participate for DWIJ 2009 and win I will have to be present personally & accept the award .I have no objection for this. I state that I am willingly participating in this project..

Regards ,

Signature

Name & Date ,

**To be filled in by the treating Psychiatrist :**

How long do you know Mr./Mrs./Ms. \_\_\_\_\_ ?  
\_\_\_\_\_ Yrs.

In your opinion since you met him/her for the first time , how much improvement you have seen in him/her ?

Up to 20 % / 20 to 50 % / 50 to 70 % / > 70 %

In order to achieve this progress , besides medicines , what is the contribution of his / her efforts ?

Not much / quite a bit / lot of efforts .

Name : \_\_\_\_\_ . Signature & Seal.

Place :

Date ::

**To be filled in by caregiver**

( if caregiver has difficulty understanding by psychologist / social worker / other close family member )

Name of the person filling the following:

Relationship with Patient:

How would you rate this person today on :  
( Put a dot on the line explaining your opinion)

sociability 10\_\_\_,9\_\_\_,8\_\_\_,7\_\_\_,6\_\_\_,5\_\_\_,4\_\_\_,3\_\_\_,2\_\_\_,1\_\_\_,0  
Highest lowest.

Fulfilling his/her responsibilities ( as father/mother , son/daughter etc )  
. 10\_\_\_,9\_\_\_,8\_\_\_,7\_\_\_,6\_\_\_,5\_\_\_,4\_\_\_,3\_\_\_,2\_\_\_,1\_\_\_,0.  
Excellent not at all

Fulfilling his/her responsibilities ( as a spouse)  
10\_\_\_,9\_\_\_,8\_\_\_,7\_\_\_,6\_\_\_,5\_\_\_,4\_\_\_,3\_\_\_,2\_\_\_,1\_\_\_,0  
Very many none at all .

His occupational status:  
10\_\_\_,9\_\_\_,8\_\_\_,7\_\_\_,6\_\_\_,5\_\_\_,4\_\_\_,3\_\_\_,2\_\_\_,1\_\_\_,0  
Meaningful contribution none at all .

Pursuing any hobbies / interests:  
10\_\_\_,9\_\_\_,8\_\_\_,7\_\_\_,6\_\_\_,5\_\_\_,4\_\_\_,3\_\_\_,2\_\_\_,1\_\_\_,0  
Very many none at all .

Appears to be relatively happy, contented :  
10\_\_\_,9\_\_\_,8\_\_\_,7\_\_\_,6\_\_\_,5\_\_\_,4\_\_\_,3\_\_\_,2\_\_\_,1\_\_\_,0  
Most of the time never.

( Signature of caregiver ) .