FEAR OF DEATH AND QUALITY OF LIFE AMONG ELDERLY IN KOLAR -A CROSS SECTIONAL STUDY

By

DR SANKIYA.M

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UNDER THE GUIDANCE OF
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DEPARTMENT OF COMMUNITY MEDICINE

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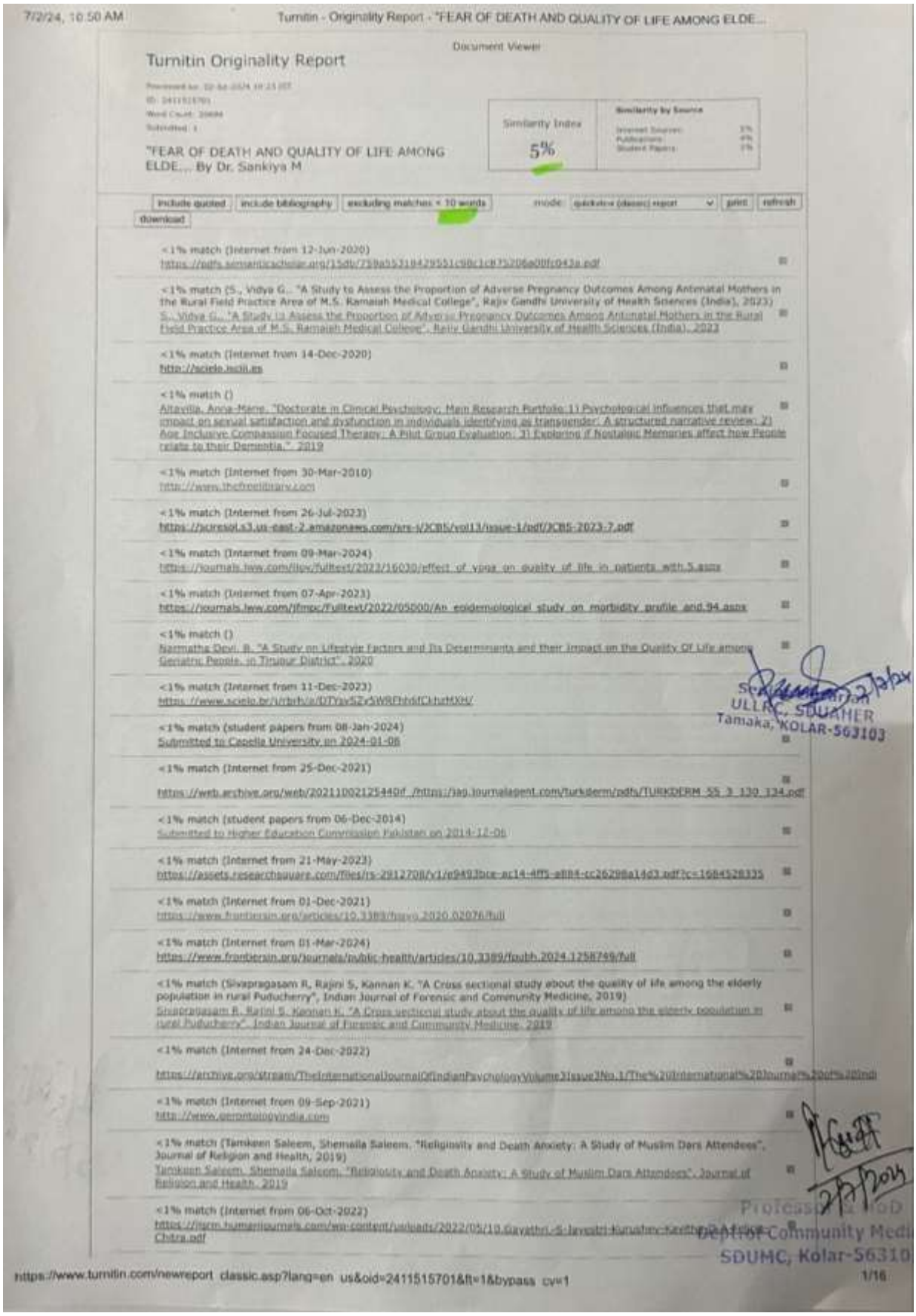

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LIST OF ABBREVIATIONS

- COVID-19- Corona Virus Disease of 2019
- COPD- Chronic Obstructive Pulmonary Disease
- CNA - Community Need Assessment
- DAS-Death Anxiety Scale
- DRs- Dependency ratios
- EFA- Exploratory Factor Analysis
- FOD- Fear of Death
- IES- Institutional Ethics Committee
- KGF- Kolar Gold Fields
- QOL - Quality of Life
- RHTC- Rural Health Training Centre
- SNA-Social Network Analysis
- SDUMC-Sri Devaraj Urs Medical College
- WHO - World Health Organization
- WHOQOL-BREF- Brief Version (WHOQOL-BREF) evaluates QOL
- WHOQOL-100- World Health Organization Quality of Life-100

ABSTRACT

Introduction: Elderly individuals are an important asset for every society. Growing older is a common process that has positive as well as negative aspects. In India elderly are defined as people 60 years or more than 60 years by National Policy. According to some, unresolved psychological and physical distress is likely the cause of death anxiety.

Objectives: Among elderly people more than 60 years

1. To estimate the prevalence of Fear of Death
2. To assess the Quality of Life
3. To determine the association between the Fear of Death and Quality of Life

Materials and methods:

A community based cross sectional study using cluster random sampling technique conducted in Kolar, rural Karnataka. Among the 20 villages in rural Kolar, seven villages were randomly selected, respondents aged 60 years and above were approached to complete required sample of 270.Descriptive statistics like frequencies, proportions and confidence intervals were used. Chi-square test applied test the significance difference. Mean and Standard deviation were calculated. The Mann-Whitney U test for subgroup analysis were done.

Results: Among the study participants, majority were female (55.5%) ,60% illiterate and majority were as farmers (63.3%). The prevalence of fear of death among study participants found that 12.6% had mild death anxiety, 74.4% had moderate death anxiety, and 13% had high death anxiety. In terms of quality of life, the mean scores of social

domains were highest 46.55±16.59, and the environmental domain was lowest 40.38±11.606

Conclusion: Fear of death can negatively impact quality of life by creating negative emotional states. However, it also has the potential to improve life through greater mindfulness and deeper engagement with personal values. Therefore, the effect of Death anxiety on quality of life largely depends on an individual's ability to confront and integrate this fear into their overall perspective on life.

Keywords: Fear of death, Death anxiety, quality of life, WHOQOL-BREF

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INTRODUCTION

➢ INTRODUCTION

Elderly individuals are an important asset for every society. Growing older is a common process that has positive as well as negative aspects. In India elderly are defined as people 60 years or more than 60 years by National Policy.[1]As per the 2011 Census, there are 104 million Indians above the age of 60, representing 8.6% of the entire community. Women exceed men among the elderly more than 60 year. [2] According to the 2019 Sample Registration Survey, 8.1% of India's total population is 60 years and more than 60 years aged.[3] The WHO defines old age as period beginning at 65 years, marked by a decline in the ability to meet environmental demands. It categorizes this stage into 65-75 years as youthful old age, 75-85 years as advance aged and 85 years and above as very advanced, each reflecting increasing functional losses and care needs.[4]. The rapidly increasing number of adults over 80 is placing a significant and growing demand on healthcare services for the future. [5]According to United Nation in 2050, elderly are expected to be twice of 1.5 billion which can rise proportion up to 16%.[6]

Aging is associated with physiological, psychological, and societal changes. Age-related declines in physiological reserves and weakened immune systems are the main contributors to the various medical issues that accompany aging. According to epidemiological and population aging studies, the aging process is frequently associated with long lasting disease, increased sugar levels, arterial disease, high blood pressure, heart disease, disease which spread by insects, bone disease.[5,7] Numerous

health issues, particularly those related to pain, exhaustion, and mobility limitation, have been shown to predict low quality-of-life (QOL), particularly when it comes to health-related QOL in older persons, which increases the likelihood of dependency.[8]

The review of population aging highlights a rise in chronic illnesses, necessitating continuous care and frequent checkups. This leads to more frequent and prolonged hospital stays, straining healthcare resources. Vulnerability refers to an individual's inability to utilize available opportunities to improve or maintain well-being, with each person having a susceptibility threshold that can lead to illness. Individuals exhibit varying levels of vulnerability across different domains, allowing for multidimensional analyses.[9,10]

Death anxiety refers to an overwhelming and irrational afraid of death or process of dying. Unlike the natural apprehension that many individuals may experience regarding mortality, fear of death manifests as an intense dread leading to panic attacks. This heightened fear not only interferes with emotional well-being but also hinders one's ability to function effectively in everyday life.[10] Also known as thanatophobia, death anxiety is a term coined by Sigmund Freud in his 1915 influential article "Thoughts for the Time on War and Death," where he explored the anxiety linked to the fear of dying.[11]Death anxiety refers to the fear and anxiety that arise from contemplating and becoming aware of one's own mortality, nonexistence, and impending death. It often encompasses cognitive, emotional, and motivational

elements that vary depending on an individual's developmental stage and sociocultural experiences.[11]

Among anxiety disorder in elderly commonest is fear of death often stemming from unresolved psychological and physical distress. Many older adults worry about their health, fearing illness, disability, losing independence or identity, and distrust in doctors. These concerns are prevalent among those with conditions like diabetes, depression, dementia, and cancer. Additionally, aging often leads to a decline in sleep quality, with factors such as poor living conditions, anxiety, sleep difficulties, and memory loss contributing to depression and a higher risk of falls.[6,12–14]

Quality of life is how people see their life condition, what they want to achieve in future, standards, anticipations, worries, within their society and value systems. Healthy aging means taking steps to maintain and improve independence, both emotional and physical well-being and overall QOL.[15,16] Studies show that 87% of elderly people fear dying. This fear is linked to aging, health issues, and widowhood. "Spousal death anxiety" is the fear of what will happen to a partner after one's death, influenced by relationships and culture.[17,18] Most elderly couples worry about their partner's death, with different factors affecting men and women. Being widowed can lead to health problems due to poor relationship quality. [19,20]

Studies on death anxiety are crucial for enhancing QOL and medical care for those with severe phobias of dying. A key factor affecting the well-being of seniors is their economic situation. Research on elderly care facilities has highlighted the impact of

socioeconomic factors, reasons for moving into assisted living, residents' quality of life, and their happiness in these settings.[21]The pandemic of COVID 19 began in 2019, and since then, elderly people have been more fearful of dying. The pandemic has caused widespread anxiety and worry. For older adults, uncertainty of illness is one aspect of the psychological state, being sick, anxiety towards death, insufficient social interaction and isolation, depression, and unresolved emotional issues occurred following the COVID-19 pandemic.[22,23]

The fear of death can cause physical, psychological, and mental problems, leading to a decline in living standards. Among elderly, anxiety is probably the most prominent psychological issue, driven by deficits and limitations experienced during this stage of life. Factors such as declining confidence in abilities, decreased movement and activity, no relationship, the absence of material and physically becoming independent, and long-term medical conditions leads to anxiety, with death anxiety being the most common.[24,25]

Religion, gender, psychological condition, and age all influence death anxiety. Generalized anxiety disorder can exacerbate death anxiety, which is often rooted in unresolved psychological and physical distress. While some fear of death is normal, excessive anxiety can harm health, leading to feelings of worthlessness and loneliness, and lowering quality of life.[12,26]

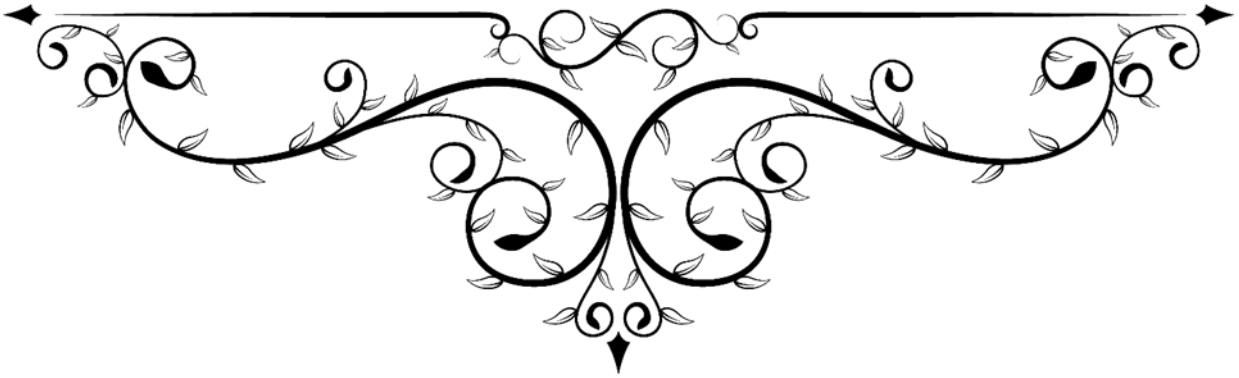
Opinions differ on how aging affects death anxiety. Some believe as people age, their fear of dying increases, perceive less time remaining, while others argue that fear diminishes as elderly individuals no longer see death as a threat to their goals and aspirations.[7]Despite the increasing elderly population, very less research investigating the link between anxiety of death and QOL in this demographic. This knowledge gap highlights the necessity to investigate if fear of death had an important effect on elderly people's QOL, especially for people in Indian. Determining the current status is necessary before delivering any healthcare intervention because of the negative consequences of extreme fear of dying. The ongoing research aims to shape the status the effects of FOD upon the QOL in the people aged more than 60 years, contributing valuable insights into this relatively unexplored area in the Indian scenario."

OBJECTIVES

➢ OBJECTIVES OF THE STUDY

- To estimate the prevalence of fear of death among the elderly population
- To assess the quality of life among the elderly population
- To determine the association of fear of death and Quality of life

REVIEW OF LITERATURE



➢ REVIEW OF LITERATURE

❖ Aging population dynamics

The greatest challenge affecting society now is aging, especially in view of the global population change. The United Nations projects a doubling of the older population to 1.5 billion by around 2050, with their proportion rising to 16 percent of the global population. [6]The burden of healthcare expenditures is implied, along with difficulties related to welfare and the economy, including employment scarcity rising healthcare costs, the conflict of saving and consuming, and lack of social capital in developing nations,.[27] Aging as it is a natural part of life, while growing older is not inherently problematic, the challenges arise from the demographic shift leading to larger aging populations. [28]

❖ Old age dependency ratio

Dependency ratios (DRs) are one of the most prominent markers of population ageing. They compare different population groupings by separating those considered 'dependent' from those considered 'productive'.[29]

❖ **Loss of spouse in elderly :** Spousal loss is a regular occurrence in later life and the affect the elderly's mental and physiological well-being. Widowed elderly individuals reported deeper fret as grief, melancholy, emotional loneliness, and social loneliness. [30] The health of a person's status, especially as one ages , as well as the state of finances has an impact on the health of older widows.[31]

- **Elderly Residential Choices:** Aging-related difficulties are more widespread in developing countries, particularly India. The famous proverb "getting old before getting rich" is condition in many emerging countries.[32]As India's population ages, caring for the elderly has become a significant concern. In India, the value-based on joint family system traditionally ensured that taking care of the older people wasn't an issue. The typical family in India has traditionally been the foundation of their social status. While times of illness, emergencies, or crucial situations, family members take on tasks and share the load of helping one another. But in recent times the differences in family composition and values might lead to older individuals living alone or in orphanages or old age homes. [33]
- **Elderly Health and Wellness:** Elderly in India show a wide range of social, economic, educational, and health conditions. The rapid demographic changes in the country are contributing to increased health-related stress, resulting in a greater demand for healthcare services**.**[34] The elderly population is more vulnerable due to factors such as health, cognitive ability, social support, and knowledge deficits.[35]Falling, decreased eyesight, and hearing loss are all frequent among the elderly as they age. Physical, mental, and emotional well-being are all vital. Children should be encouraged to participate in leisure-related tasks that promote a healthy mind and life, ensuring they are never feel loneliness. [36]

- **Death anxiety**

Probably one of the most commonly voiced emotions is fear of dying, despite the reality that death is impossible to avoid. It's possible that people's natural reactions to

the possibility of dying due to various bad feelings, including despair, anger, and depression.[37]Thanatophobia, also known as death anxiety, is the fear and dread of destruction that accompany a physical realization of one's own death and is often difficult to describe through words or images.[38]The anxiety a person feels on a daily basis due to "fear of death" when one fears dying. Fear of death is considered as a persistent emotion, compared to the acute fear that results from a significant risk to one's life.[39]Over time, death anxiety may become more severe due to the emotional burden of coping with death-related thoughts, which impairs self-regulation.[40] People use existential psychology, religious coping strategies, and self-efficacy as defence mechanisms against death anxiety.[41]People have an explicit and conscious stream of concern related to death; for some of us, this anxiety explodes into horror that precludes all happiness and fulfilment.[42]The fear of death causes anxiety. The greatest ways to reduce anxiety, in accordance with terror management theory, (Greenberg)are to socially affirm one's worldview and live up to the requirements of the people around you.[43]

- **Historical perspective of FOD**

The dread of discovering we are insignificant is known as "the terror into which the abyss of Nothing plunges us," as German philosopher Martin Heidegger put it in 1947[44].In1960 Zandee claims that the ancient Egyptians viewed death as an enemy.[45] In the field of death studies, Elizabeth Kubler-Ross's stage model of coping with death was revolutionary in 1969.where she recognized a protection mechanism against

death's reality—accepting that death is an inevitable end.[46] Raphael highlighted the various characteristics of death anxiety in 1984, citing them as "the dread of discomfort, of harm, or of deformity." It is a dread of the undetermined of totally losing oneself, of aging and missing one's ability to exist, becoming dependent on other people, of being unable to bear the suffering involved, of being independently and of losing one's dear ones.''[47] Previous pandemics, like the Black Death, which ravaged millions of lives, economy, cultures, and mental health between 1346 and 1353, created a generalized terror. The Black Death, also known as the Plague, destroyed an estimated 60% of Europe's population and is thought to have killed 200 million people. It is regarded as the deadliest pandemic in recorded history.[48] According to Socrates, the fear of dying arises from the idea that passing away is bad for the person who is dying. But according to Socrates, there are good reasons to believe that death is not at all awful and may even be a blessing.[49]

❖ **Causes of fear of death:**

- **Age :** Age-related physiological changes in older persons might result from disease and multimorbidity, frailty, or the natural aging process, but they are frequently caused by a combination of factors.[50]People fear old age because it brings with it a host of diseases and limitations; they concentrate their fears on the decline in health and their increasing dependence on others.[51]
- **Trauma :** Personal trauma, near-death situations, or hearing about another person's horrific experiences can all lead to the development of phobias.[52]Age was a predictor of excessive thinking related to trauma.[53] Post traumatic stress disorder may develop

as a result of the following circumstances (a) being in danger of serious injury or death, either real or threatened; (b) having direct knowledge of the traumatic event; (c) observing the incident or developing that a close relative or friend had been involved; or (d) continually having troubling echoes of the horrific incident, such as when emergency responders come across individuals who have passed away. [54]

- **Chronic illness:** When our efforts to accept, decline, or reject mortality disappoint us ,especially during difficult times, when someone close to us passes away, or when we are faced with the realities of life, such receiving a terminal diagnosis of cancer, we experience death anxiety[55]Some researchers contend that caregiving and attachment become the primary developmental difficulties in old age because older persons are more susceptible to debilitating and/or chronic illnesses.[56]
- **Uncertainty about the afterlife :** It is contested by **Pyszczynski et al** in a cross-sectional study at 2006 that the most frightening thing about death is uncertainty. They contend that the anxiety related to mortality impact is brought on by the knowledge that death is unavoidable and that death will ultimately bring about destruction. Everyone dies; death is a given; there is no question as to when it will occur. But for the majority of us, there is a great deal of ambiguity about when it will occur, how it will feel to pass away, and most importantly, what will happen to us once we die.[43]
- **Fear of Unfinished Goals**: The main causes of anxiety about death are the uncertainty it brings, the suffering of left-unfinished businesses, and the grief that it causes their loved ones.[51]

- **Isolation and loneliness :** Anxiety of dying alone and of surviving close others is another prevalent dread that comes with getting very old. Among the primary causes for people's desire to avoid living over 100 years old was because they were afraid of dying, specifically of dying alone. They also were afraid of being widowed.[57]
- **Pain and suffering :** Pain is a prevalent health issue among older persons globally, where quality of life is limited.[58] Psychological pain caused by adverse feelings such as isolation, regret, and annoyance, pessimism. Seniors' physical and mental health may be impacted by psychological grief.[59]
- **Fear of unknown:** A fear of something or something else tends to induce people to leave or run away of the dangers. Here, "fears" refer to overtly unfavourable projections of future events. Unlike anxiety, specific things, events, conditions, and states are the subject of fears.[57]
- **Loss of loved ones:** The mental state of unexpected loss of a loved ones are a serious public health concern since the unexpected passing away of a loved one is the most frequently reported potentially stressful situation. It is an emotionally draining event for both adults and children to lose a close relationship to death, especially if it occurs suddenly. This experience has been connected to the formation of psychiatric problems.[60]
- **Socio economic status** : Nearly one-third of retired people reported that they had trouble adjusting to certain aspects of retirement, such as decreased income and different social roles and pleasures. While some people decide to retire voluntarily after planning to leave their jobs, others are forced to do so.[61]

- **Gender and Death anxiety**

  Female respondents are more concerned with death-related fears, such as physical loss, emotional outbursts, loss of loved ones, and loneliness. They are also concerned about their children and family's discomfort and problems in the event of physical loss. Males, on the other hand, are more practical and may differ emotionally.[62] Females and males have varied degree of death anxiety, yet, it is lower in both genders at higher perceived social engagement levels. This suggests that healthcare practitioners should focus on improving social activities for older adults.[63]

  Eunsuk Lee et al conducted a study among elderly, finding that death anxiety is more in females. The distinctions in the midst of males and females FOD may be due to multiple circumstances, including personal experiences, expectations and cultural traditions, from society, which may affect how females view and manage thoughts of mortality. Women have a tendency to express themselves more emotionally as well as tend to internalize fears and concerns about dying more deeply, which might result in increased anxiety levels related to this Death anxiety. Furthermore, how females experience and process fear associated to mortality may also be influenced by biological variations and hormonal changes.[64]

  In a meta-analysis and systematic analysis conducted by **Shi-Qi Hu et al** in China discovered that females have more death anxiety than male. Its due to social norms, variations in emotional experience and methods of coping. The findings of this research emphasize the need to focus more on daily life rather than death by indicating that death fear is more common in older female patients. [65]

Similarly, **Fareeha Saeed et al** among elderly 56-70 years conducted a cross-sectional study in Pakistan where women may be more extrinsically religious than men, it is possible that this could explain why women experienced greater degrees of death anxiety than men.[66]

In Iran by **Fatemeh Adelirad et al** discovered death fear in men was caused by aging factors. Women's physical activity and death anxiety were substantially related, suggesting that reduced physical activity may be a factor in higher death anxiety. Women's perceived social engagement was found to be strong association with daeth anxiety, indicating that social support may be important in reducing death anxiety. [63]

Jeremy P. Benton et al conducted a cross-sectional study in the United States found that men exhibit higher levels of mortality anxiety. May be due factors such as Socioeconomic status, insecurity, fear of sacrificing, appearance concerns, and source of control.[66]

In Pakistan Sargodha district by **Aaqib Shahzad Alvi et al** cross-sectional study discovered gender had no significant effect on death dread among the elderly, since both men and women have similar levels of death anxiety. This suggests that elderly in Pakistani society receive the same treatment not based on their gender. As women grow older, their position has increased in their culture, and they are now more respected and involved in home decision-making.[26]

- **Religion and Death anxiety**

Religion serves as a foundation for addressing existential issues about death and dying, hence religious beliefs may be important indicators of the degree of death fear

experienced by older persons. Lower levels of worry about dying are linked to a number of different facets of religious practice.[44]when compared to nonbelievers and extremely religious persons, religious people are more afraid about dying. [67]

In 2023 a cross - sectional study among Turkish Muslim , **Meryem Berrin Bulut et al** identified a strong connection between poor coping and fear of death. The connection between dread of dying and anxious attachment, which is mostly mediated by unhealthy religious coping. This suggests that link in anxious attachment and anxiety due to death is largely inadequate by religious coping.[68]

In 2021 by **Laura Upenieks et al,** in United States brought a cross-sectional study among older adults found due to the amplification effect of religious doubt on fear of death, weekly religious attendees with persistent religious doubts have increased death anxiety[44]

Rod MacLeod et al, conducted another cross- sectional study discovered when compared to people with strong spiritual views, people with stronger religious beliefs have a significantly higher predictive role for death anxiety, which makes them more afraid of death.[69]

In Netherlands by **Nienke P.M. Fortuin at al.** conducted a cross-sectional study among older persons found that individuals who are moderately religious tend to afraid of dying than people high faith in religion or don't adhere to any religion. Where it is illustrated by those who balance their faith and non-faith, having a lot of doubts and leaning more toward suspicion than faith. Individuals who identify as

liminal faith critique religious doctrine, conservatism, antiquated sermons, and the behaviours of religious leaders, which fosters a bitter perspective on religious beliefs and rituals. Also concluded that understanding how various religious practices influence attitudes regarding death can shed light on how religion functions as a adapting strategy for death.[70]

In 2022 **Helio Jose Coelho-Júnior et al,** conducted a meta-analysis and systematic review study about the Spirituality and Mental Wellness Condition among Elderly in the US, revealed an unfavourable relationship between anxiety symptoms, depression and religious activities. Other side, favourable relationship was noted with social interactions, psychological well-being overall, and life satisfaction and sense of meaning. Higher degrees of religiosity and spirituality were also linked to improved stratification and less depressive symptoms and death anxiety. [71]

- **Factors and degree of FOD**

Death anxiety is linked with the following factors: lack of religion, low self-esteem, bad medical conditions, anxiety of getting older, nervousness of dying alone, dread of letting away beloved ones, worry about losing everything, and fear of dead bodies degrading.[26]

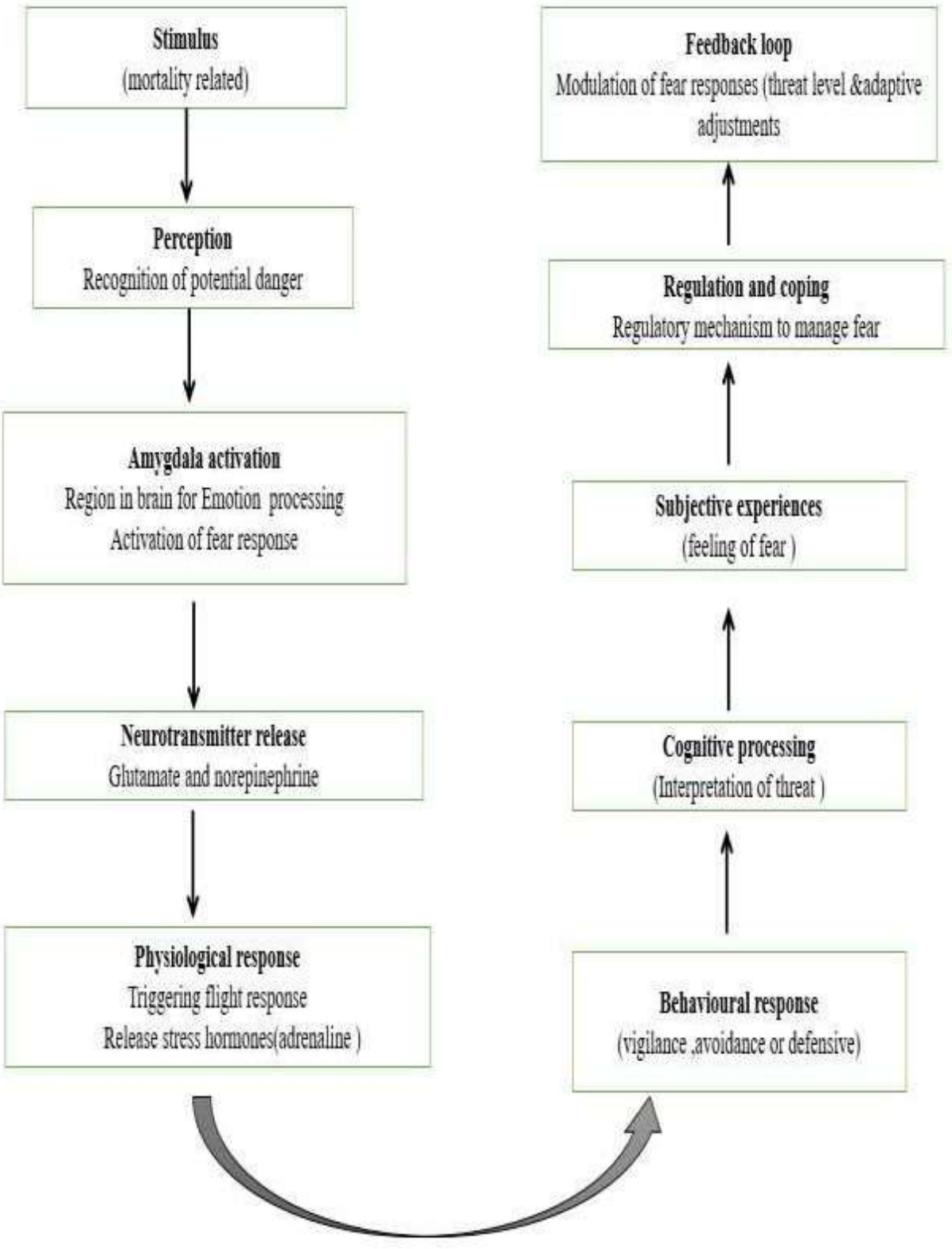
Figure 1: Factors Influencing Fear of Death

- **Psychological factors:** Death anxiety, psychological resilience, self-esteem, and psychosocial stress are all psychological elements that contribute to the elderly's fear of dying. [26,72] Lack of psychological resiliency could be a factor in mental illness and abnormal fear. One's belief in self-worth acts as a defence against death anxiety. [73]We can understand the dread of death in two domains: actual and a metaphor: "to have emerged from nothing, to have a name, awareness of self, profound inner feelings, an excruciating inner yearning for life and self-expression and yet to die." Humans have a unique ability to predict their own death due to their understanding of themselves as entities in time. This foreknowledge causes dread and anxiety since we are naturally inclined to fear death but are powerless to prevent it. To manage overwhelming feelings and maintain daily functioning, we use "denial" tactics Imperfect repressions can lead to psychological instability and disturb daily living, as seen in Becker's 1973 study on compulsions. Technology can significantly improve psychological well-being by reducing fear about dying.[74]
- **Social factors & Age and developmental stage:** Social issues include feelings of isolation, money problems, misuse of alcohol, uncontrol pain, degenerative illnesses, as well as personality issues. The elderly's psychophysiology can be impacted by retirement, changes in their socioeconomic status, limitations on their personal autonomy, loneliness, a lack of family support, and illnesses, all of which can increase their risk of suicide. [75]
- **Cultural factors: Lehto and Stein et al** in 2009, fear of death is influenced by culture and can differ between individuals. Culture influences how people perceive

death and what happens after it. Experiential, cognitive, and possibly emotional dimensions of death anxiety are moulded and may vary by culture.[45]

- **Environmental factors:** Environmental severity for instance, age-specific mortality and morbidity rate. Climatic unpredictability such as severity consistency from one time to another; e.g., covid 19 is highly connected with death anxiety.[76]
- **Personal experiences:** Experiencing mortality-risk scenarios might increase fear of death, especially among nonreligious individuals; yet, religiosity tends to lessen fear levels.[77]Death can cause personal change. Fear of death hinders change for some but inspires great transformations in others.[78]
- **Biological factors:** Death anxiety may well be the driving force of human activity, but we believe that a fundamental set of biological reactions to uncertainty and the processes connected with them are at the basis of mortality Salience barriers[79]

Figure 2: Biological Mechanisms Contributing to Fear of Death



- **Coping mechanisms:** People typically worry that: (a) their demise will be mourned by their loved ones; (b) it will end all of their goals and ambitions; (c) they won't have another chance to experience life; (d) the process of dying will be painful; (e) they won't know whether there is an existence; and (f) they won't know what will happen to their body when they pass away. It may be concluded, then, that regardless of how accurately we describe this aspect of our anxiety about dying, two fundamental issues always remain such as first, that fear occurs; second, what fear has to do with death, or the transience of human life. [80]In contrast, anxious relationships was associated with both poor spiritual resilience and anxiety regarding death, but avoidant attachment did not correlate with any of the characteristics. Fear of dying was positively correlated with negative belief systems.[68] While caring for older patients with chronic diseases, it's important to address their spiritual and religious needs. Spiritual health is essential for balancing physical, mental, and social aspects of life, including adapting to illnesses.[81]

- **Severity of Fear of Death among elderly and associated Factors across different countries**

In 2023 by **Turkan Akyol Guner's, research** in Iran discovered that older people had moderate degrees of isolation and mild mortality during pandemics like COVID- 19, with a DAS score of 8.54 ± 4.82.[82]

A meta-analysis & systematic analysis carried by **Ayca Gurbuz et al,** discovered high death anxiety is strongly correlated with individuals having psychiatric problems, the

more use of psychiatric medications, the frequency of hospitalizations, depression and anxiety increases in mental illnesses.[83]

In Pakistan, **Aaqib Shahzad Alvi et al** a cross-sectional study from 2022 found that a number of factors, such as a lack of religion, loneliness, and fear of aging, contribute to death anxiety in the elderly[26]

In 2021 **Lee Greenblatt-Kimron et al,** research revealed positive link between isolation and dread of death in elderly more than 65 years. Together, these varied results showed how complex death fear is and how crucial it is to address psychological, social, and cultural aspects in order to understand and reduce its negative effects on people's quality of life[84]

In 2020 **Zahra Zahedi Bidgoli et al,** discovered small amount of death anxiety remained prevalent among older persons in hospitals, indicating that this worry persisted even after being discharged from the hospital. Also, older patients post-discharge concern about death can be made worse by poor reviews of treatment in hospital environments.[85]

At Punjab **Renu Bala et al,** research revealed elderly tended to have 94% moderate death anxiety & 3% mild and severe death anxiety. Also revealed substantial moderate association ($r=0.477$ and $p=<0.001$) among death fear & death depression. [86]

In Bhopal, India, **Satish Kumar Passyavula et al**. in 2018 cross-sectional study highlighted that a significant proportion of more than 60 years and older experienced

moderate death fear, with 60% experiencing it and 40% experiencing severe death anxiety.[87]

In 2015 a cross-sectional study carried in Karnataka, India, according to **Suguna A et al.,** revealed that 19.6% older individuals experienced death anxiety. It is caused by sleep issues and has unexpected health effects that could exacerbate or complicate older people's fear of dying. Additionally, one of the things that causes people to feel worried is their awareness of mortality, which leads to death anxiety.[88]

Jeremy P. Benton et al conducted a quantitative study in 2007 among Christians in America discovered that both aging and death anxiety are not fully correlated since they are associated with various aspects of aging and concerns about death and the afterlife. Also, A long-standing fear in elderly is the rise in mortality dread among older people.[66]

❖ **QOL among Elderly**

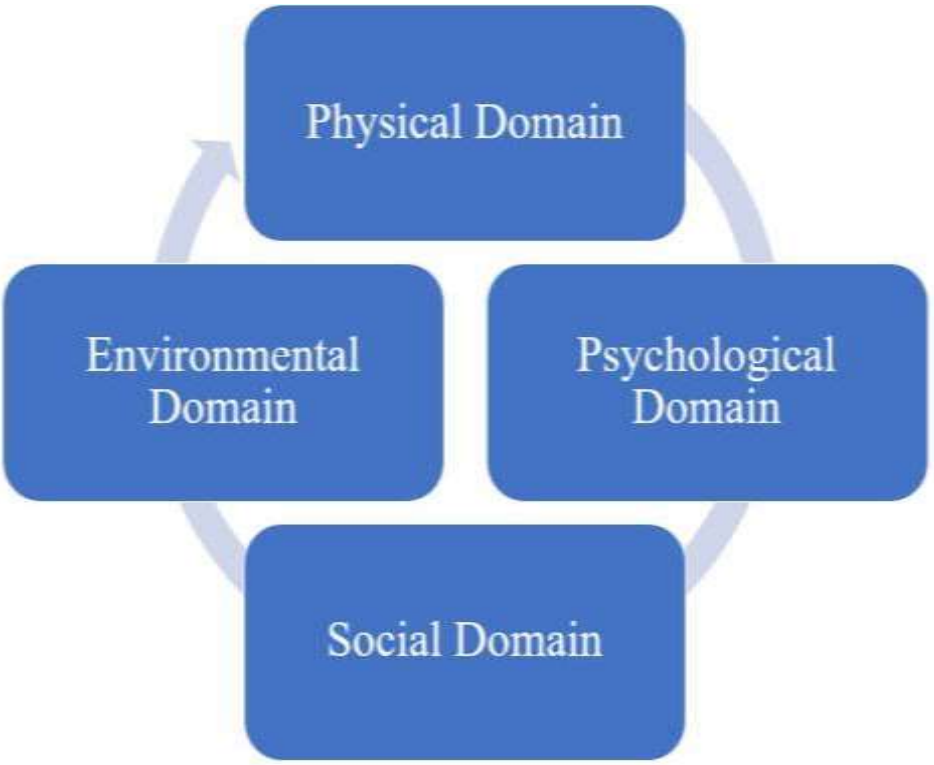
The term "quality of life" applies to "an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards, and concerns," based on the QOL Group of the World Health Organization.[89] The most crucial elements of a better QOL for elderly are feeling well, being engaged, developing social bonds, being in good physical condition, and living in a lovely home in a nice neighbourhood (safety and facility availability, for example)[90]The quality-of-life declines as a result of challenges that elderly persons typically face. Since families are the smallest social units, they are

essential to the delivery of care on the older people which can enhance their QOL.[91]The WHO defines QOL as encompassing physical, mental, social, and psychological wellness. The concept of QOL varies by discipline, paradigm, and time span studied.[92]QOL was linked to elements of sociodemographic such as years of age, earnings, relationship status, and higher education. Older people are more likely to develop chronic illnesses and disabilities as they get older.[93]

- **Components of QOL:**

Assessing a people's QOL seems crucial to determining their overall health. Although QOL able to review in a wide variate, it often focuses on an individual's functional performance also their state of mind and body. The four elements that comprise the World Health Organization Quality of Life are physical health, psychological well-being, social relationships, and environment. QOL is assessed by the Brief Version (WHOQOL-BREF)[94]Many factors age, sex, living in an urban or rural region, and having a health condition, might impact people Quality of Life by four domains.[95]

Figure 3: Quality of Life Domains



The standard approach to understanding quality of life separates it into four major domains:

1. **Physical domain -**It includes issues regarding mobility, daily activities, living ability, liveliness, painfulness, and rest.
2. **Psychological domain** - It holds appearance, ideas that are negative, positive mindsets, a sense of worth mindset, and capacity for learning, recall level, spirituality, and well-being mentally.
3. **Social Domain** - It holds about intimate connections, support from others, and sex life.
4. **Environmental Domain**-It includes problems such finances available, safety, wellness, and social services, as well as the physical surroundings in which one lives,

chances of selecting on fresh skills and knowledge, recreational activities in the environment in general (noise, air pollution, etc.), and transportation.[96]

❖ **QOL among elderly according to WHO -BREF-Score in different countries**

In 2023, **Maath Ahmed Khalaf's,** study in Turkey yielded more insights into the distribution of well-being among older persons in a culturally distinct setting by classifying QOL levels as fair, good, and bad. (Poor -13.3%Fair -58.9% Good -27.8%). Also found that social policies for the aged, who are affected by falls that result in hospitalization, care needs, and social isolation, must take into account of older people wellbeing.[97]

Another cross-sectional study in 2023 by **Punabaka, Navya Keerthana et al,** discovered 60% of the study population reported having an average quality of life, followed by better QOL, and 8% reported having a worst QOL and this might be related to issues with social interactions, personal care, diet, and housing[98]

Keshu Lal Damor et al, in Jaipur, India conducted a cross-sectional study in 2023 found 13% consider it to be poor, 33% to be neither poor nor good, and only 52% to be satisfied. Where 52% of the elderly express content with their quality of life, indicating that a considerable proportion of them may have unfulfilled wants or desires that are negatively affecting their general well-being.[99]

A community-based clinical study conducted in Thane, Maharashtra, India in 2023 by **Bhadrapriya Parab et al.** found that the intervention involved interacting with the

elderly population and medical professionals. Found that the intervention group's mean WHO QOL-BREF score was 45.2, whereas the control groups were 40.04. [100]

In 2022 **Abhishek Singh's** study at India discovered 46.7 % poor QOL in physical domain because older adults with muscular skeletal diseases, such as arthritic conditions were more likely to have reduced vision and diabetes than other chronic morbidities.[101]

Similarly, **Fakhrudin Nasrul Sani's,** research at Indonesia was done during 2022 discovered 21.6% reported having a poor quality of life, 35.1% reported a normal QOL & 43.2% reported having a better QOL. Where 43.5% senior citizens who suffer from severe death anxiety as a result of psychological discomfort[91]

Ekta Gupta et al in Haryana, India ,2021 identified gender-based QOL levels and also revealed disparities in QOL views between males and females. very good QOL (110-89 age) is Male 1.3%, female: 2.3%, both of whom had good QOL (88-67age) is 18.3% of men and 12.0% of women. Elderly people's QOL discovered to be influenced by their education status, with literate seniors reporting higher quality of life than illiterate seniors.[102]

According to **Robbert JJ Gobben et al** research conducted in the Netherlands in 2019, Age and life satisfaction are negatively correlated, meaning that people in older age groups reported being less happy. This study also found frailty measured as a physically, psychologically, and socially related to the QOL of elderly emphasizing importance of multifaceted measures of weakness. [103]

In 2019 **Shilpa Devraj's** research at Mangalore, Karnataka, India, divided QOL levels into three categories: low, average, and good. This gave researchers a more detailed view of older persons' well-being.(Poor -13.02% Average -74.73% Good -12.23%). Numerous factors, years of age, relationship status, sex, housing condition, job, economic status, and educational opportunities, social media usage and interactions with community etc identified to affect the elderly's QOL. [104]

In 2018 Aghnia Rizki Hidayati's, research was performed discovered a significant proportion among older persons had low QOL scores, (>60) indicating possible obstacles to this population's attainment of optimal well-being. Aging-related changes, such being weak, had low QOL. Also, seniors who engage in recreational activities can strengthen their support systems and social bonds. Generosity as one ages, promoting healthy aging and growth, which may have a favourable effect on social capital. In later life, body image and self-esteem can impact relationships and social interactions.[105]

The results of all this research emphasize the significance of all-encompassing strategies that improve QOL for elderlywhile accounting for a variety of social, cultural, and personal aspects that affect wellbeing.

For women, the domains of leisure walking showed positive intercorrelation with social and environment domains, whereas for men, they do with physical, psychological, and environmental domains. Furthermore, engaging in physical

activity, those followed healthy diets and abstained from smoking also tended to be psychologically healthier and had fewer symptoms of depression. [97] An individual's living environment may be impacted by their social economic status (SES), which includes factors like financial status, schooling, and profession. Prior research shown that people with more incomes and higher educational levels typically resided in less polluted areas with greater access to greenery. [106]

According to **Bansi Trivedi's study**, in Gujarat, Western India in 2023, among 60 years and more than 60 years the 67±8 was domain score of psychological health highest, physical health domain the lowest score (56±6). Also, in terms of physical, social, and environmental domains of QOL, male gender, aging, usage of drug, chronic illness, mental issues had a major effect.[107]

In 2022 **Remiza Rayikal Answar's** research in Karnataka, India discovered psychological domain (63.92 ± 12.01) Physical domain (63.18± 11.38), Environmental domain (58.01 ± 10.43) and social domain (40.85 ± 10.24) Due to innate gender variations in ways to cope and resilience to emotional stress, male individuals performed better in the mean score of psychological domains was highest in this study, at 63.92 ± 12.01, compared to the social and Environmental domain. This could be a factor in their higher psychological well-being. The disparity in scores could potentially be impacted by cultural norms and expectations that influence men's perceptions and expressions of their psychological well-being in contrast to women.[108]

Meena Rajput's research in Haryana, India revealed high score 62.72±14.18 in environmental domain, this was followed by the physical health domain, at

60.77±15.82. Due to variables such as residence circumstances, accessibility to facilities and safety issues, the domain of environment emerged that had the highest mean score. The physical health domain that followed closely also had a high mean score. which might have been affected by characteristics such as physical activity, ongoing illnesses, and overall wellness.[109]

In a community based analytical study in 2022 conducted by **Santosh Kumar Soren et al** in Jharkhand, India discovered social domain 58.23±21.216 Physical health domain 52.09±19.58; psychological domain 51.28±13.753; environmental health domain 46.42±14.101. Participating in aerobic activity has been associated with higher social domain scores at QOL evaluations. Elevated social QOL scores could explain the good interpersonal relationships and social encouragement. A poorer environmental domain mean score due to the elements including socioeconomic status, dwelling conditions, transportation problems, and safety issues.[110]

In 2020 **Ajay Risal's** research at Kavre**,** Nepal discovered Global 6.7±1.4, Psychosocial 7.2±1.3, and Environmental 6.1±1.2 Physically, 5.6 ±1.3. Good quality of life was scored by 49.2%. The negative relations and strong family support have a favorable effect on elderly QoL. Residential area among city, occupation, physical health problems absent for a long time, free of depression, more time with family members, and reports of non-abusive interactions with family members were all positive indicators of QOL.[111]

Descriptive research in Kanchipuram District, Tamil Nadu State, India 2020 ,**Sahaya Sona Thresa et al,** discovered that environmental health 23.1±4.76 Physical health 19.6±4.08 psychological health 16.3±3.00 social 8.4±2.90. Both familial settings and senior residences stated that they had very nice physical environments, which may have an impact on the better environmental health scores. When comparing family settings with independent living facilities, factors including financial needs and free time were more fully met, which could have a good effect on environmental health. Also, both groups reported receiving little assistance from friends, which could have a negative effect on the social domain.[112]

In 2019 **Shilpa Devraj's** study in Mangalore, Karnataka, India, discovered environment 27.8±2.2 followed by physical score 24.4±2.7 Psychological 22.02±1.7 and least social 11.33±1.3. The elderly's quality of life is positively impacted by variables such enhanced support from others, decision-making, and interaction with the community, all of them have contributed to high environmental QOL. The low social domain score may be attributed to poor abilities to communicate, emphasizing the importance of social interaction in raising senior citizens' quality of lifes.[104]

In 2019 Sivapragasam.R's study in Puducherry, India. 2019 discovered that environmental domain score 46.24±11.24 followed by psychology domain score 41.65±13.27, physical domain score 35.82±11.97 and least social domain score 33.57±17.26. The psychological domain elements relate to the study's elderly participants feelings, psychological wellness, and cognitive abilities. factors including coping strategies, emotional support, is good in this study Also Due to regional and

better socio demographic variability, the environmental domain received the highest score.[113]

Nabarun Karmakar's study in Tripura,2018 discovered social domain (65.32±15.30) Was highest followed by environmental (51.64±10.11) and least psychological health domain (44.29±11.50). Due to characteristics including greater socioeconomic level, nuclear family status, the social domain received the highest score. Due to a number of factors, including housing situation, ages, work, financial status, and the coexisting conditions, and others so low score in psychological domain.[114]

In 2016 in Malysia by **Obinna Francis Onunkwor's research** reported physical health domain is highest14.3±2.7 followed by psychological health domain 13.7±2.5 environment health domain 13.0±2.5 and least social health 10.8±3.4. Because the most important access criteria are the capacity to undertake daily tasks, the score for physical health is the highest. The social health domain receives the worst grade because the physical health score obtains the highest score. Reasons the social health domain receives the lowest grade is because residents' social connections and support are negatively impacted by their relative's departure.[115]

- **Quality of life according to other factors in elderly:**

In older people, psychological variables account for 34% of the quality of life, whereas physical ones account for 46% [115]Even though elderly people are living for a longer time their quality of life (QOL) is still quite low. QOL is influenced by one's residence and social environment. No matter where they live, elderly QOL fluctuates depending

own social networks. When evaluating quality of life, easy availability of publicly financed services like medical care, transportation, and elder care is crucial.[116]Various study on retired older individuals in cities Romania highlighted that wellness, eating habits, sleeping patterns, socialization, and, to some extent, exercising are factors that affect elderly QOL.[117]A study in India, depression, social interactions, health, control over life, home environment, emotional well-being, financial situation, and leisure activities are related to elderly.[118]

The studies mentioned offer valuable insights about the variables affecting quality of life in various demographic groups

In 2023 **Maryam Ahmadi et al** conducted a retrospective descriptive, analytical study found that Variables that influenced senior citizens' quality of life were diabetes mellitus, with a P = 0.03, and the degree of dependency social relationships, with p = 0.01. Heart conditions, with P was 0.02, and physical performance, with P was 0.01 Cancer with P was 0.01**.** where all variables show statistically significant further care should be for non-communicable disease [119]

Another study in 2023 conducted by **Deok Soon Seok et al** used a generalized linear model to verify the importance of the interaction's effect and discovered a positive relationship is observed between the leisure activities of elderly people and their QOL. Leisure time activities can improve life quality and reduce fear of death**.**[120]

In Hyderabad, Telangana, India,2023 a population-based study by **Varalakshmi Manchana et al** discovered the psychological domain of QOL showed a positive

correlation with self-reported health and happiness. Loneliness and isolation in later life can be caused by inadequate connections with others and social support.13.5% of respondents were not at all pleased in overall, 56.4% of men and 59.2% of women reported being in poor physical health, and 56.4% of respondents said "not at all satisfied" with their relatives and social relationships. Joy (0.506**) and self-reported health (0.277**) It concluded a favourable relation in QOL psychological domain (P < 0.01).[121]

Ami Kumar Goyal et al, ageing research in India found that pain is more prevalent in women and older persons, especially those 75 years of age and beyond. Among those without pain, the average QOL score was 85.2 ±11.4. whereas among those who had pain, it was 81.6 ±13.6.A study relating QoL to other sociodemographic characteristics indicates pain lowers QoL by 2.57 points: With a 95% confidence interval of -3.02 to -2.11.58, β = -2.57

In Eastern India Raipur, Chhattisgarh,2022 **Soumya S Sahoo et al** conducted a comparative cross-sectional study found that 59% of older people had depression. Depression and quality of life were found to be somewhat positively correlated Study has also demonstrated a somewhat favourable correlation a Pearson correlation coefficient of 0.514 indicates that can be explained by the influence by the impact of psychological illness on overall health between elderly depression & QOL .[118]

Anil Kumar Pal et al in India,2022 conducted a longitudinal ageing study found that as individuals get older, their chances of having a medium- or high-quality life decline

dramatically for those who have fallen and sustained injuries. Half of the elderly who were widowed had the lowest QOL. Also, significant fall reduced the likelihood of a medium to high QOL in elders by 39%.[122]

In Iran, **Fatemeh Samiei Siboni's** research in patients COPD and asthma had lowest overall QOL scores, whereas the score of high recorded by patients with diabetes and hypertension. The QOL of patients is greatly influenced by characteristics such as age, economic situation, and disease kind. In female patients with chronic diseases, QoL was significantly predicted by economic position, education, and type of disease. [123]

Maartje S. Klapwijk's study in Dutch,2016 revealed that decreased quality of life with dementia independently correlated with pain, neuropsychiatric symptoms, dementia severity, age. In nursing home residents with dementia, anxiety, depressive disorders, psychosis, and psychomotor disorder are linked to a lower QOL.[124]

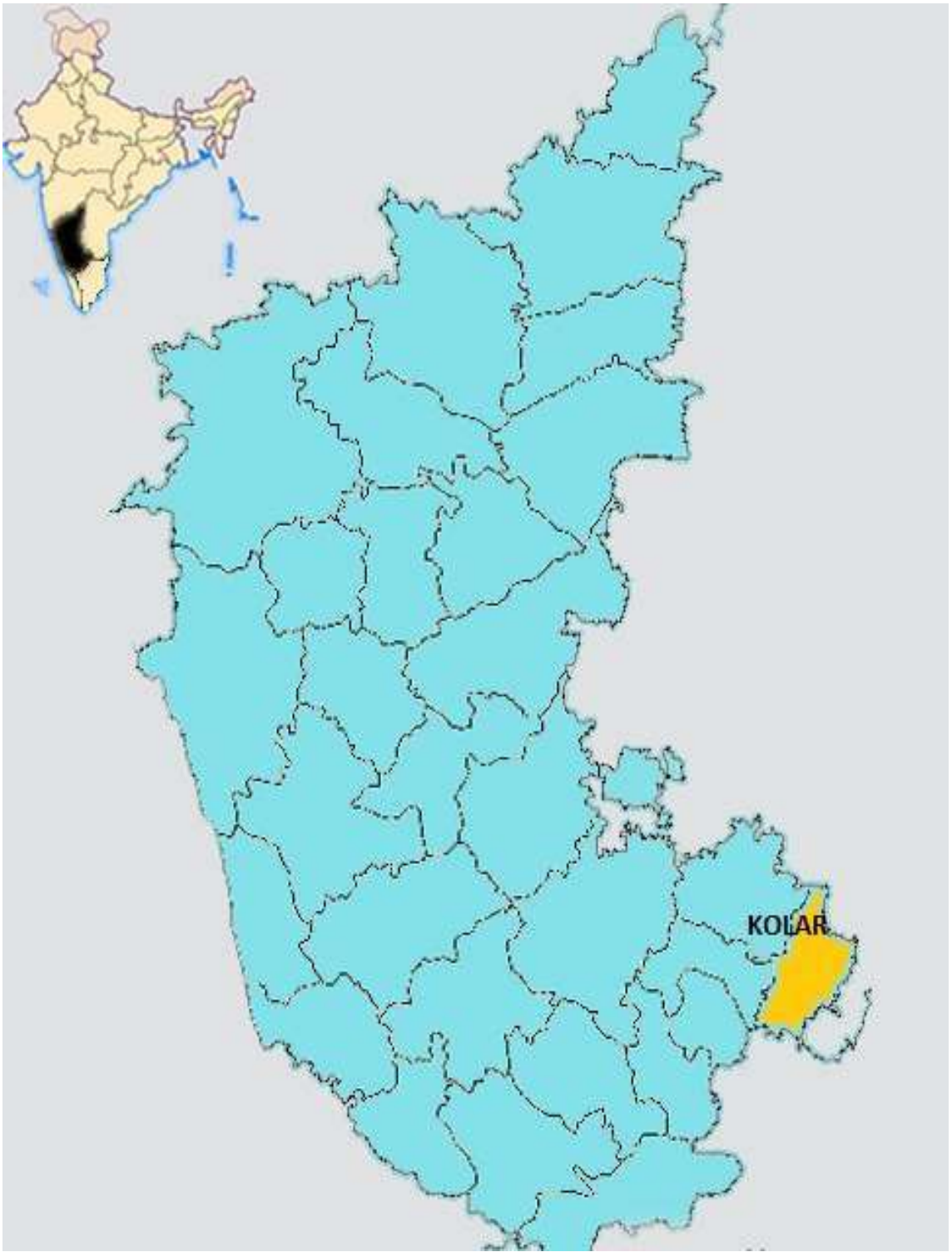
Compiling the findings indicates the multidimensional character in QoL & various elements that influence wellbeing in various circumstances and demographics.

MATERIALS AND METHODS

➢ MATERIALS AND METHODS

- **Topography of Kolar district**

FIG.NO.4 Map of Karnataka showing Kolar District



❖ Study Settings

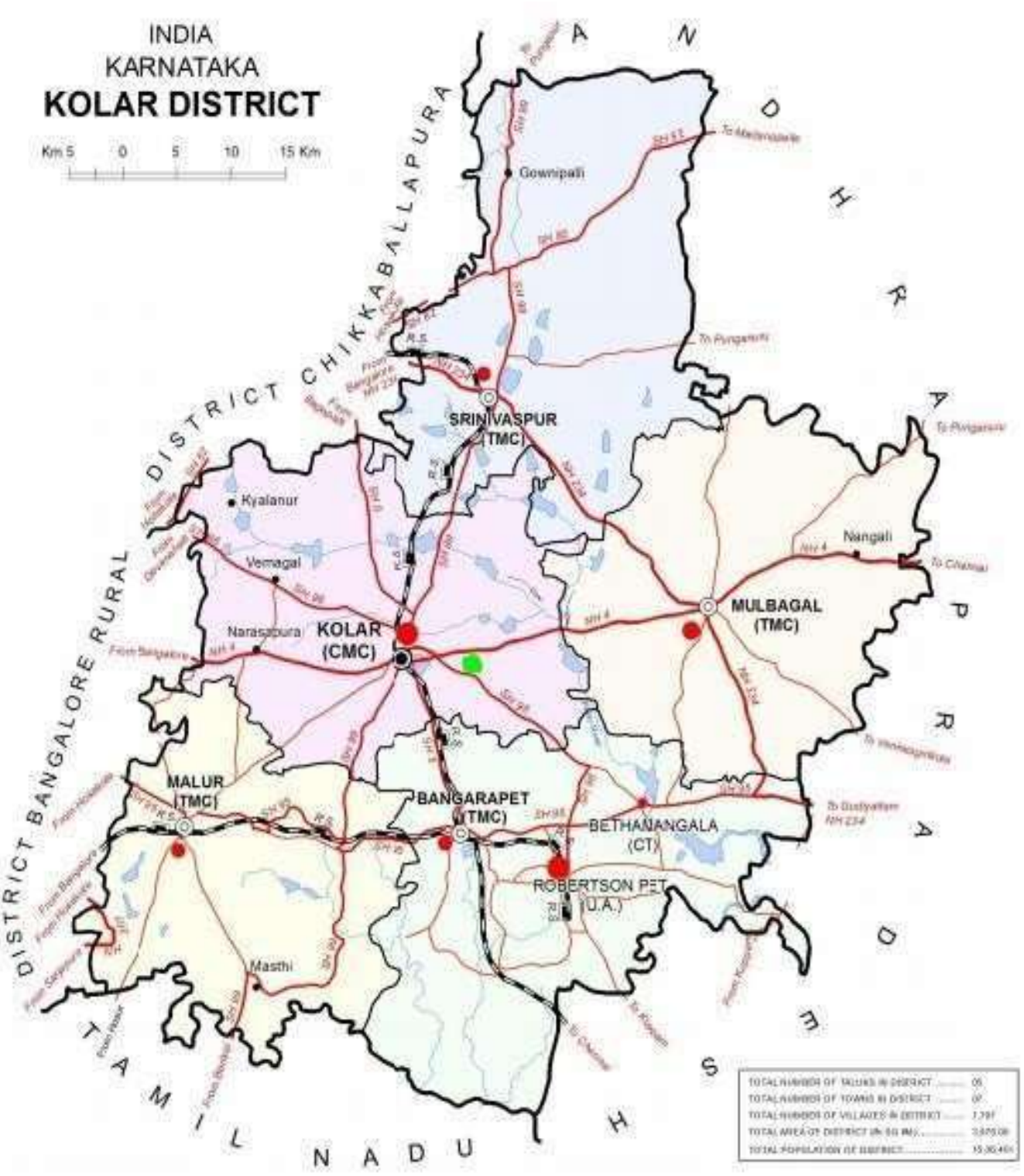
This study was undertaken in rural part of Kolar District. It is located within the southern part of Karnataka state, located about 60 kilometers from Bengaluru. With 15,36,401 people living there, it has a population of roughly 4012 square kilometers, of which 776,396 are men and 760,005 are women.[125]

The district includes six Taluks namely Mulbagal, Kolar, Malur, Srinivaspura, Bangarapet and Kolar Gold Fields (KGF). The effective literacy of the district was 75.99% and female literacy of 55.46%[125]

Most of the people speak Kannada and a notable proportion also speak Telugu in the regions bordered by Andhra Pradesh and Tamil in KGF. This study was conducted among all individuals from the 7 villages, 60 years old or older, and previous inhabitants of Devarayasamudra, a Rural Health Training Center (RHTC), that lie within the Department of Community Medicine at Sri Devaraj Urs Medical College for a minimum of a year. Under RHTC there are three subcentres – Devarayasamudra, Kothamangala and Keeluholalli.

The rural field practice area has a population of 11636 which is spread over 20 villages according to the 2020 (November) Community Need Assessment (CNA) survey of RHTC.

FIG.NO.5 Map of Kolar District with taluks



❖ **Study design:**

Community based Cross-sectional study

❖ **Study duration:**

From September 2022 to December 2023, the study was carried out.

❖ **Study population**

All persons aged 60 years and above residing in the selected areas of rural field practice area of the Department of Community Medicine, Sri Devaraj Urs Medical College, Tamaka, Kolar.

❖ **Inclusion criteria:**

Individuals sixty years of age or older who have lived in SDUMC-administered rural health training center areas for a minimum of a year, as well as those who provide consent

❖ **Exclusion criteria:**

Person aged 60 years and above who had not available during the second visit

Sample Size:

$$\text{Calculation: } \frac{Z_{\alpha}^2 (p)(1-p) \times DE}{d^2}$$

$$= \frac{(1.96)^2 (87.9)(12.1) \times 1.5}{(5)^2}$$

Sample size (n)= 245

$Z\alpha$= Standard normal variate at α 5%

p =Expected proportion in population based on prevalence study conducted by Tirso Duran-Badillo et al.[126]

d = relative precision of 5% i.e., 25

DE= Design effect of 1.5.

With a prevalence of fear of death 87.9 %from previous study conducted by Tirso Duran-Badillo et al[126]**and alpha error at 5% with a two-side confidence and with a design effect of 1.5, the minimum sample size was calculated to be 245**

Taking non response rate of 10% final estimated sample size is 270

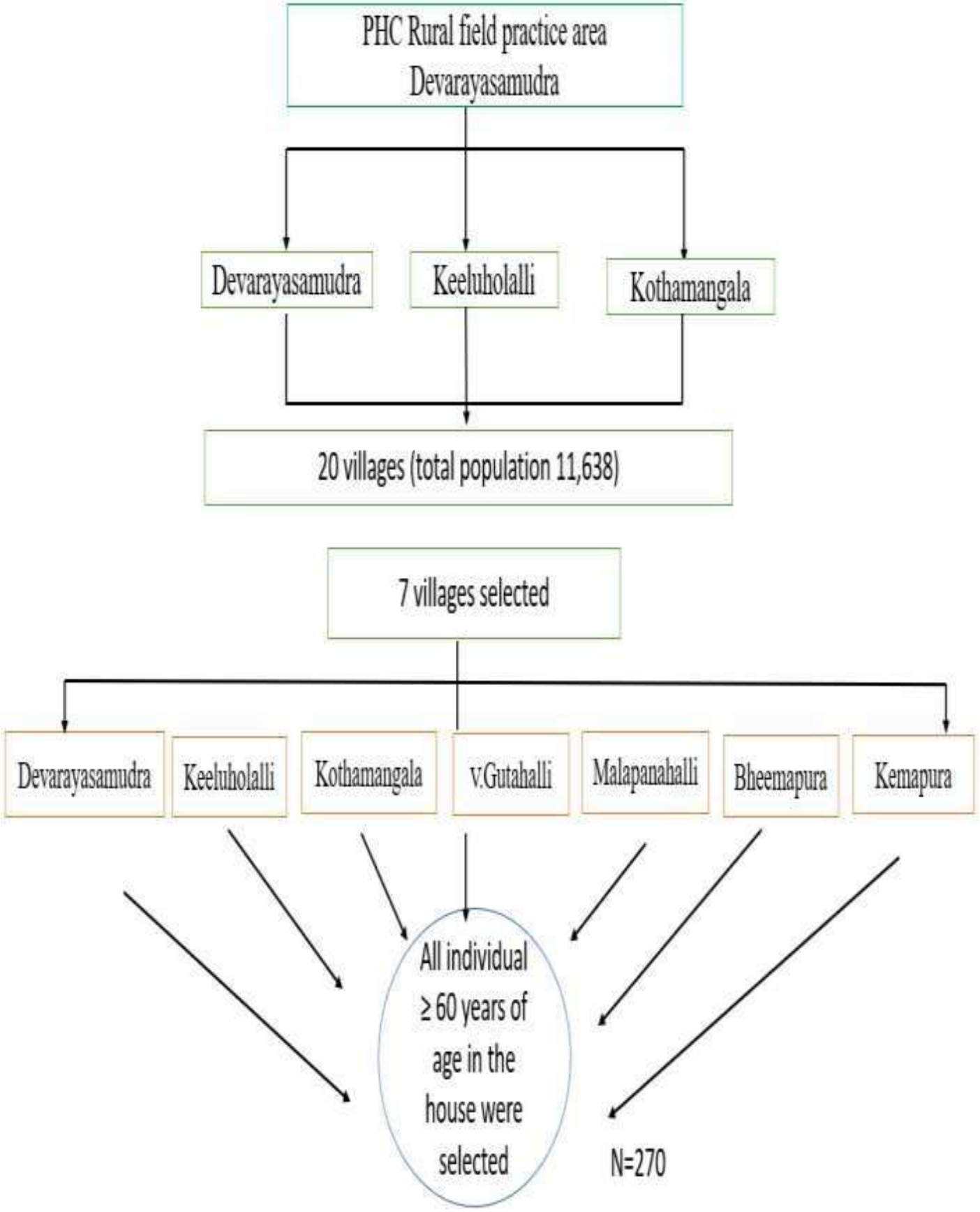
❖ BRIEF PROCEDURE:

- **Sampling**

The sample size was calculated by utilizing the prevalence of death anxiety from a prior study carried out by **Tirso Duran-Badillo et al.** [126] 87.9% and relative precision of 5% (25), with a design effect of 1.5, Cluster sampling design will be used for identifying the villages. Among the 20 villages (clusters), 7 villages (clusters) namely Devarayasamudra, Keeluholalli, Kothamangala, V.Gutahalli, Malapanahalli, Bheemapura, Kemapura had been randomly selected from the rural field practice area,of the Department of Community Medicine, SDUMC, Kolar. Among selected villages (clusters), all the households were included in the sample. The study covered all residents of the home who are 60 years of age or older. If the residence was locked during the first visit, it was checked again the following day before it was removed from the study.

Written informed consent was acquired from the individuals in the chosen households. All household members 60 years of age and older were asked to complete a pre-tested, validated, semi-structured questionnaire with information on basic socio-demographic parameters such age, gender, religion, social status, education, type of family, and socioeconomic situation. The WHOQOL-BREF will be utilized for assessing research participants' quality of life, and the Templer's Death Anxiety Scale will be used to measure fear of death.

Figure no.6: Flow diagram of Sampling



❖ **STUDY TOOL**

- **Pretested semi-structured questionnaire:** was determined to assess the socio demographic details; it was administered by interview method. The questionnaire was available in English, validated, pilot-tested & later translated to Kannada language. The variables collected by interview were basic demographic details namely age, sex, marital status, address, religion, education, occupation, type of family and socio-economic status which included the total income of working members in the family and how many people live in the house. Both the history of alcohol use and smoking were recorded.

- **Templer's Death Anxiety Scale (DAS)** invented by Donald I., measures a participant's level of death anxiety. The responders are supposed to score each of the fifteen questions on the DAS on a true-or-false scale**.** The scale, though, can be applied in both true-false and Likert formats. According to the Likert scale, 1 was strongly disagree, 3 was neutral, and 5 was strongly agree. Scores ranged between 15-75, of which 15-35 indicated low death anxiety, 36-55 indicated moderate death anxiety, and 56-75 indicated high death anxiety.[126,127]

- **The WHOQOL-BREF Scale of the World Health Organization** (**Brief Version (WHOQOL-BREF) evaluates QOL)**. was determined to assess the QOL

  To establish the WHOQOL, the WHOQOL Group worked with fifteen global field centres to construct a quality-of-life assessment that would be applicable across cultural barriers. The WHOQOL-BREF and WHOQOL-100 have several

applications, including clinical study the auditing process, policy formation, and comparing the relative merits and effectiveness of different treatments. They can be used to analyse differences in life quality among traditions, contrast subsets within the same tradition, and monitor alterations over time in reaction to shifting environmental circumstances.

The psychometric properties of the WHOQOL-BREF, a shorter version of the WHOQOL-100, have been extensively studied across a range of demographics. The WHOQOL-BREF is a reliable and valid tool for assessing QOL. The WHOQOL group's theory-based, four-factor model was confirmed. Our findings not only shed more light on the WHOQOL-BREF's factor structure but also make it easier to apply and compare international[128]

The four dimensions of QOL included in the WHOQOL BREF questionnaire were Physical, psychological, social, and environmental links were evaluated. It had 26 questions, with the domain score calculated by averaging the answers within each domain. Each question was evaluated using a 5-point rating system; the higher the score, the better QOL.

The negative item scores (3, 4, and 26) were reversed, and the total scores obtained were converted to a scale of 0 to 100 to establish comparisons between the domains, as these were composed of an unequal number of items. The mean score was calculated for all the domains along with 2 standard deviations.[129]

Two groups were created based on the median. Those above the median were categorized as having good QOL, while those below were categorized as having a bad QOL.[104]

The domains and what's included in them

Table 1: WHOQOL-BREF Domains[94]

Domains	Domains integrated with facets
1.Physical Health	Daily activities Dependency on drugs and medical supplies Energy and tiredness Moveability Suffering and unease Rest and sleep. Work-related capability
2.Psychological Heath	physical appearance and image bad emotions Joyful thoughts self-worth Personal beliefs, spirituality, and religion Thinking, memory, learning, and focus
3.Social Health	Individual connection Soci4f5t67juial assistance Engaging in sexual activities
4.Envirnoment	Financial assets liberty, material security, and stability Social and health care: quality and accessibility Home settings Possibilities to learn new knowledge and abilities Involvement in and availability of recreational/ recreational pursuits Physical surroundings: air quality, traffic, noise, and pollution climate Transport

To calculate raw score for each domain :

Domain 1: (6-Q3) + (6-Q4)+ Q10+Q15+Q16+Q17+Q18

Domain 2: Q5+Q6+Q7+Q11+Q19+(6-Q26)

Domain 3: Q20+Q21+Q22

Domain 4: Q8+Q9+Q12+Q13+Q14+Q23+Q24+Q25

Q1 and Q2 are not included in the raw score since they are unrelated to the domains that the questionnaire is measuring. As a result, they are not taken into account when determining the domains' raw ratings. Where Q1 ask about individual's overall perception of quality of life & Q2 ask about an individual's overall perception of health

For the purpose of to take into consideration for the questions that use the reverse scoring method, the number 6 is used in such questions.(Q3,Q4,Q26) In these cases, choosing 6 makes it easier to appropriately evaluate the answers and assures that the scoring fairly represents the experiences and opinions of the respondents on all of the questions in every domain.

The means score and standard deviation for each domain can be found after converting raw to converted scores using Figure no 7.

Figure no 7: For Converting raw scores to transformed scores[94]

DOMAIN 1		
Raw score	Transformed scores	
	4-20	0-100
7	4	0
8	5	6
9	5	6
10	6	13
11	6	13
12	7	19
13	7	19
14	8	25
15	9	31
16	9	31
17	10	38
18	10	38
19	11	44
20	11	44
21	12	50
22	13	56
23	13	56
24	14	63
25	14	63
26	15	69
27	15	69
28	16	75
29	17	81
30	17	81
31	18	88
32	18	88
33	19	94
34	19	94
35	20	100

DOMAIN 2		
Raw score	Transformed scores	
	4-20	0-100
6	4	0
7	5	6
8	5	6
9	6	13
10	7	19
11	7	19
12	8	25
13	9	31
14	9	31
15	10	38
16	11	44
17	11	44
18	12	50
19	13	56
20	13	56
21	14	63
22	15	69
23	15	69
24	16	75
25	17	81
26	17	81
27	18	88
28	19	94
29	19	94
30	20	100

DOMAIN 3		
Raw score	Transformed scores	
	4-20	0-100
3	4	0
4	5	6
5	7	19
6	8	25
7	9	31
8	11	44
9	12	50
10	13	56
11	15	69
12	16	75
13	17	81
14	19	94
15	20	100

DOMAIN 4		
Raw score	Transformed scores	
	4-20	0-100
8	4	0
9	5	6
10	5	6
11	6	13
12	6	13
13	7	19
14	7	19
15	8	25
16	8	25
17	9	31
18	9	31
19	10	38
20	10	38
21	11	44
22	11	44
23	12	50
24	12	50
25	13	56
26	13	56
27	14	63
28	14	63
29	15	69
30	15	69
31	16	75
32	16	75
33	17	81
34	17	81
35	18	88
36	18	88
37	19	94
38	19	94
39	20	100
40	20	100

❖ PILOT STUDY:

A pilot test was carried out between 25 residents of Gandhi Nagar, Kolar before the initiation of the study and the questionnaire was found to be feasible.

❖ STATISTICAL ANALYSIS:

Microsoft Excel 2019 was used to code and enter the gathered data. Data analysis was carried out using SPSS version 22. Qualitative data were represented as frequencies, proportions and the chi-square test were the test of significance used for comparison. Quantitative data were represented as mean and the standard deviation. The Mann- Whitney U test was used for data analysis. p value <0.05 was considered as statistically significant

❖ ETHICAL CONSIDERATIONS

This study is approved by the institutional ethical review committee of Sri Devaraj Urs Academy of Higher education and Research, Kolar. (No.SDUMC/KLR/IEC/240/2022-23)

❖ AUTONOMY

Participants in the study were given a participant information sheet that explained the study and urged them to voluntarily participate.

Subjects were asked to provide a written informed consent form if they were ready to engage with the study.

❖ **CONFIDENTIALITY**

A confidential setting, self-administered survey was employed to collect information from the participants. The confidentiality of the participants' personal information, including their health status and responses to the death anxiety , had to be maintained throughout the study. Data were anonymized and stored securely in the department locker to prevent unauthorized access

❖ **BENEVOLENCE**

Participants who had low quality of life and death anxiety were briefed about these findings and encouraged to get help from a doctor. The aim of the research is to find how FOD and QOL are related. and its effects on health among the elderly. Researchers ensured that the study design, procedures, and interventions, prioritized the well-being of the participants.

❖ **JUSTICE**

Researchers ensured that the selection of participants was fair and equitable, devoid of any discrimination. The benefits of the research were distributed fairly among all participants, while minimizing any burdens or risks.

RESULTS

➢ RESULTS

A Community based cross-sectional study was conducted in Devarayasamudra, PHC, a rural training in the field location of the Department of Community Medicine, SDUMC. A total 270 people were interviewed from the seven villages (Devarayasamudra, Keeluholalli, Kothamangala, V.Gutahalli, Malapanahalli, Bheemapura, Kemapura). The results are as follows:

Table 2: Distribution of Study Participants according to Age and Sex

Age	Male Frequency (%)	Female Frequency (%)	Total Frequency (%)
60-70	88(73.3%)	115(76.6%)	203(75.1%)
71-80	22(18.3%)	25(16.6%)	47(17.4%)
>80	10(8.3%)	10(6.6%)	20(7.4%)
Total	120(44.4%)	150(55.5%)	270(100%)

Based on the table above, it was found that most of the 270 study participants were 203(75.1%), were aged 60-70years, and 20(7.4%) in the age of more than 80 years the sample included 44.4% men and 55.5% women. (Table 2.)

Table 3: Distribution of Study Participants according to Caste

Type of caste	Frequency	Percentage
General	39	14.4%
OBC	130	48.1%
SC	82	30.3%
ST	19	7.0%

The table indicates that most study participants were from the OBC caste (48.1%) and the ST caste (7.0%). All participants were Hindus (Table 3).

Table 4: Distribution of Study Participants according to educational status

Education	Frequency	Percentage
Illiterate	**162**	**60%**
Primary school	**32**	**11.9%**
Middle school	**17**	**6.3%**
High school	**35**	**13%**
Intermediate	**14**	**5.2%**
Graduate	**10**	**3.7%**

The table shows that most of the participants belonged Illiterate (60%) least is graduate (3.7%) (Table 4)

Table 5: Distribution of Study Participants according to Occupation

Occupation	Frequency	Percentage
Unemployed	**99**	**36.7%**
Elementary	**20**	**7.4%**
Craft &trade workers	**6**	**2.2%**
Agricultural &fishery	**112**	**41.5%**
Skilled workers & shop	**26**	**9.6%**
Professional	**7**	**2.5%**

This table demonstrates that most of study participants were engaged in agriculture & fishery (41.5%), while the smallest group were professionals (2.5%) (Table 5).

Table 6: Distribution of Study Participants according to Marital Status

Marital status	Frequency	Percentage
Widow	54	20%
Married	216	80%
Total	270	100%

Based on the preceding table, it was found that of the study participants, 20% were widowed and 80% were married. (Table 6).

Table 7: Distribution of Study Participants according to Family Member

No of family members	Frequency	Percentage
Single	29	10.7%
2-5	161	59.6%
6-10	73	27%
11-20	7	2.59%

Single – one who stays alone in the house

The table shows that the majority of study participants belonged to families with 2-5 members (59.6%) followed by 6-7 family members (27%) then single (10.7%) least is 11-20 family members (2.59%) (Table 7)

Table 8: Distribution of Study Participants according to Family Type

Type of family	Frequency	Percentage
Nuclear	109	40.3%
Joint	161	59.6%

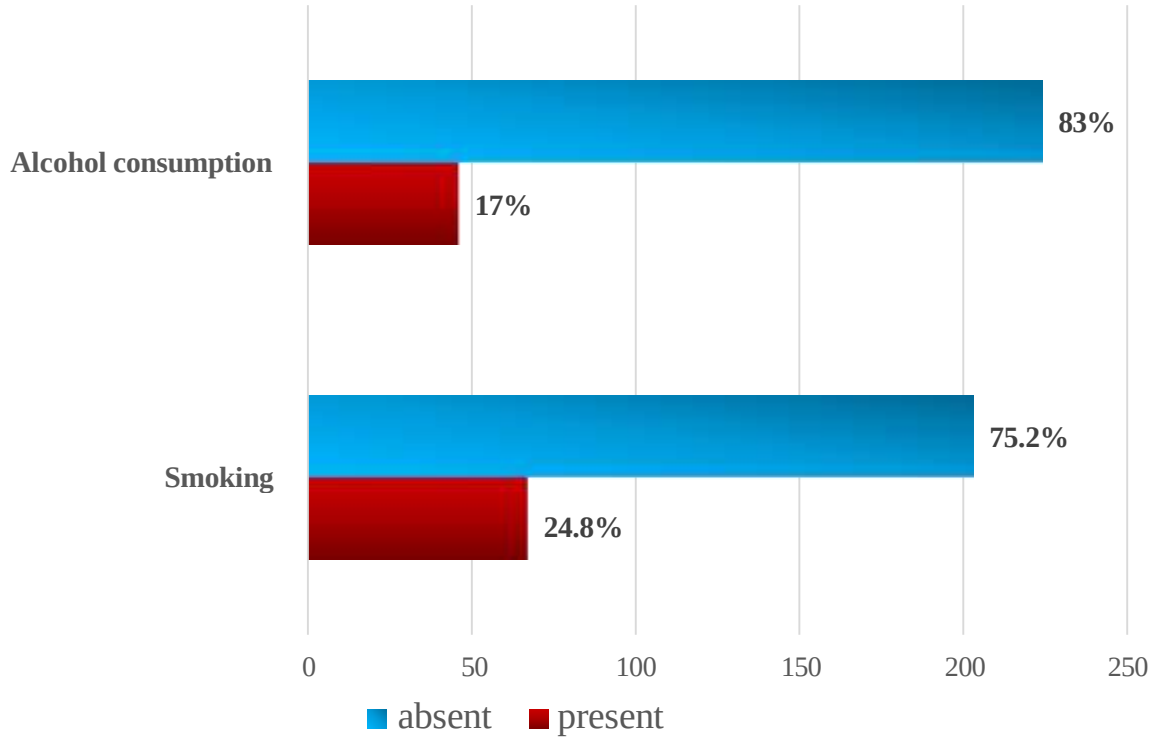
According to the table above, most study participants were from joint families (59.6%), followed by nuclear families (40.3%). (Table 8)

Table 9: Distribution of the study Participants according to Socio economic status (BG Prasad classification)

Socio economic status	Frequency	Percentage
Upper class	137	50.7%
Upper middle class	55	20.3%
Middle class	15	5.5%
Lower middle class	29	10.7%
Lower class	34	12.5%

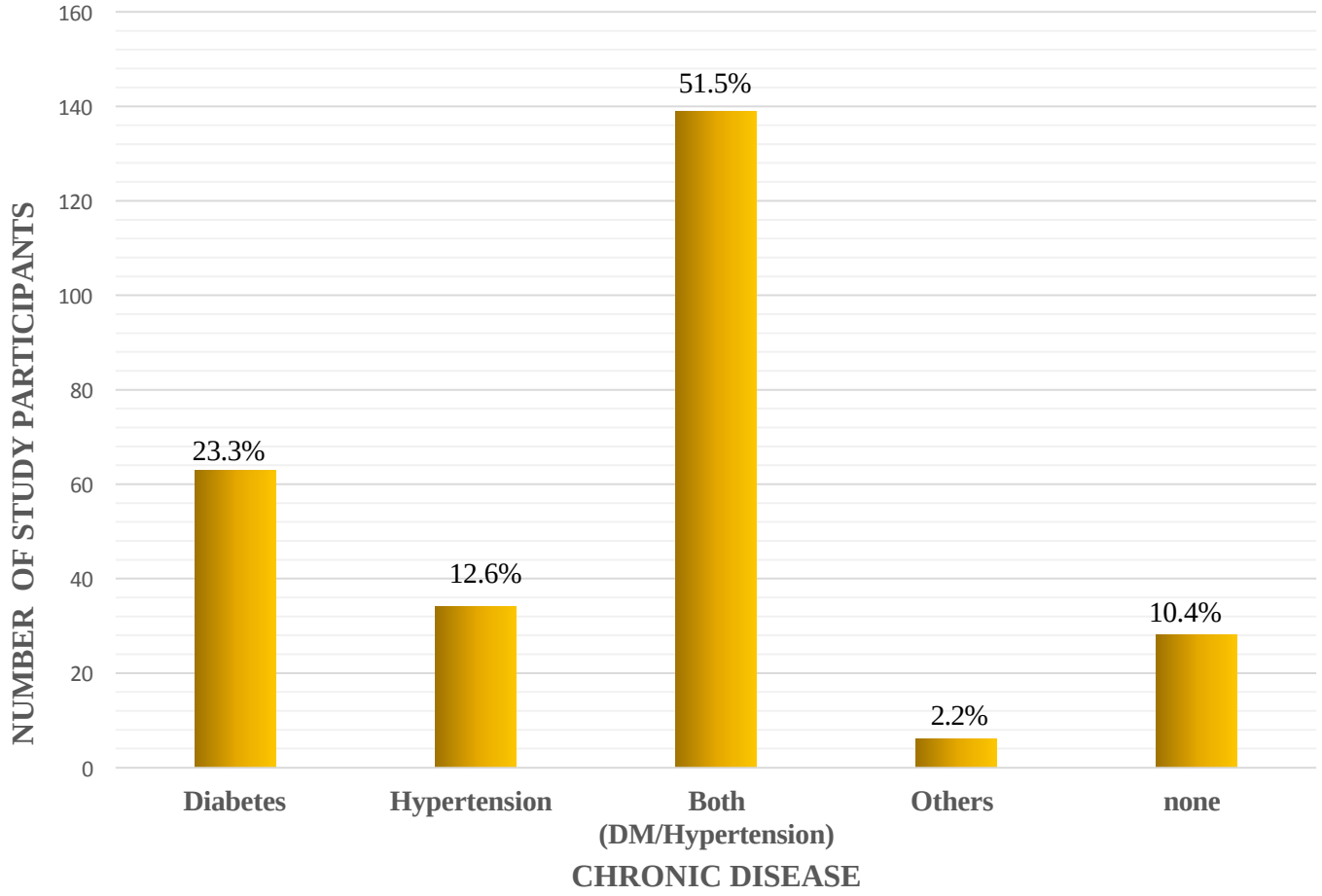
From the table above, it was discovered that most research participants belonged to upper class (50.7%) followed by upper middle (20.3%) then lower class (12.5%) then lower middle (10.7%) and least is middle class (5.5%) (Table 9)

Figure no 8: Distribution of the study participants according to Alcohol consumption & Smoking



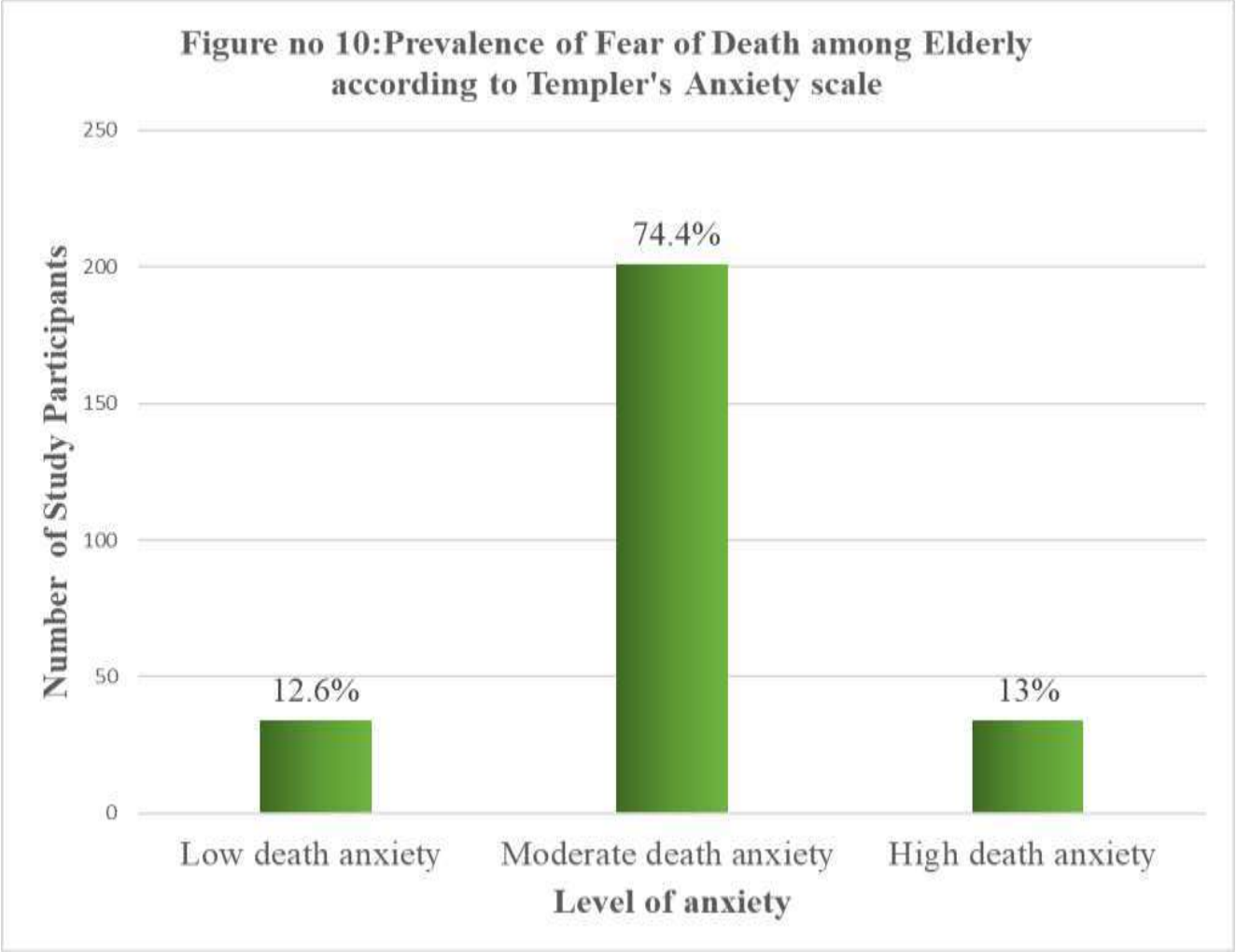
Among the study participants 83% did not consume alcohol and 17% had consumed alcohol in past one year. Similarly, 75.2% had not smoked and 24.8% had smoked in past one year (figure no 8)

Figure no 9: Distribution of the study participants according to



Others- Eye problem-cataract, None – No disease

Among the participants, many had chronic diseases. Diabetes was the most common, with 63 people (23.3%), followed by hypertension with 34 (12.6%). Where139 individuals (51.5%), had both diabetes and hypertension. Only 6 individuals (2.2%) reported other chronic diseases, while 28 (10.4%) reported having none of the disease (Figure no 9)



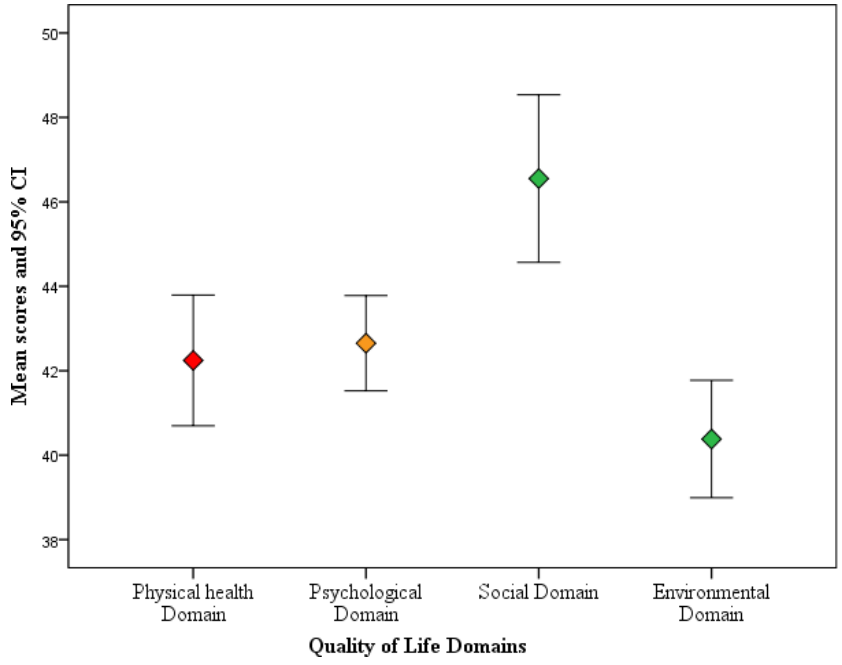
Among the participants, (270) majority had shown moderate death anxiety 202(74.4%) whereas 35(13%) had high Death anxiety and 34(12.6%) had low levels of death anxiety (Figure no 10)

Table 10: Quality of Life among elderly according to WHO-BREF

Quality of life	Frequency	Percentage
Poor quality of life	137	50.7%
Good quality of life	133	49.3%

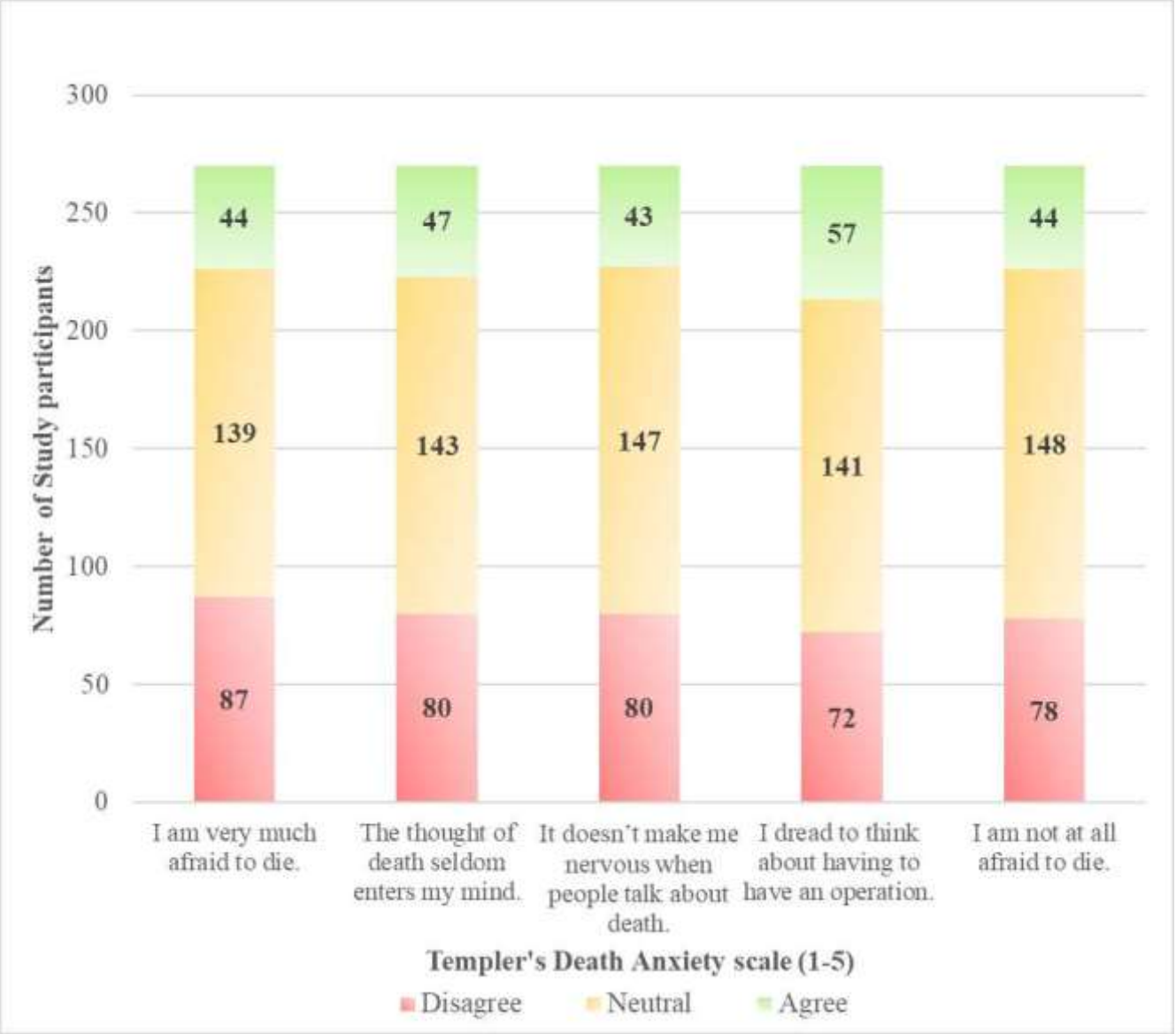
Among the study participant taking median 50.7% had poor quality of life and 49.3% had good quality of life (Table 10)

Figure no 11: Distribution of Fear of Death across various Domains of QOL



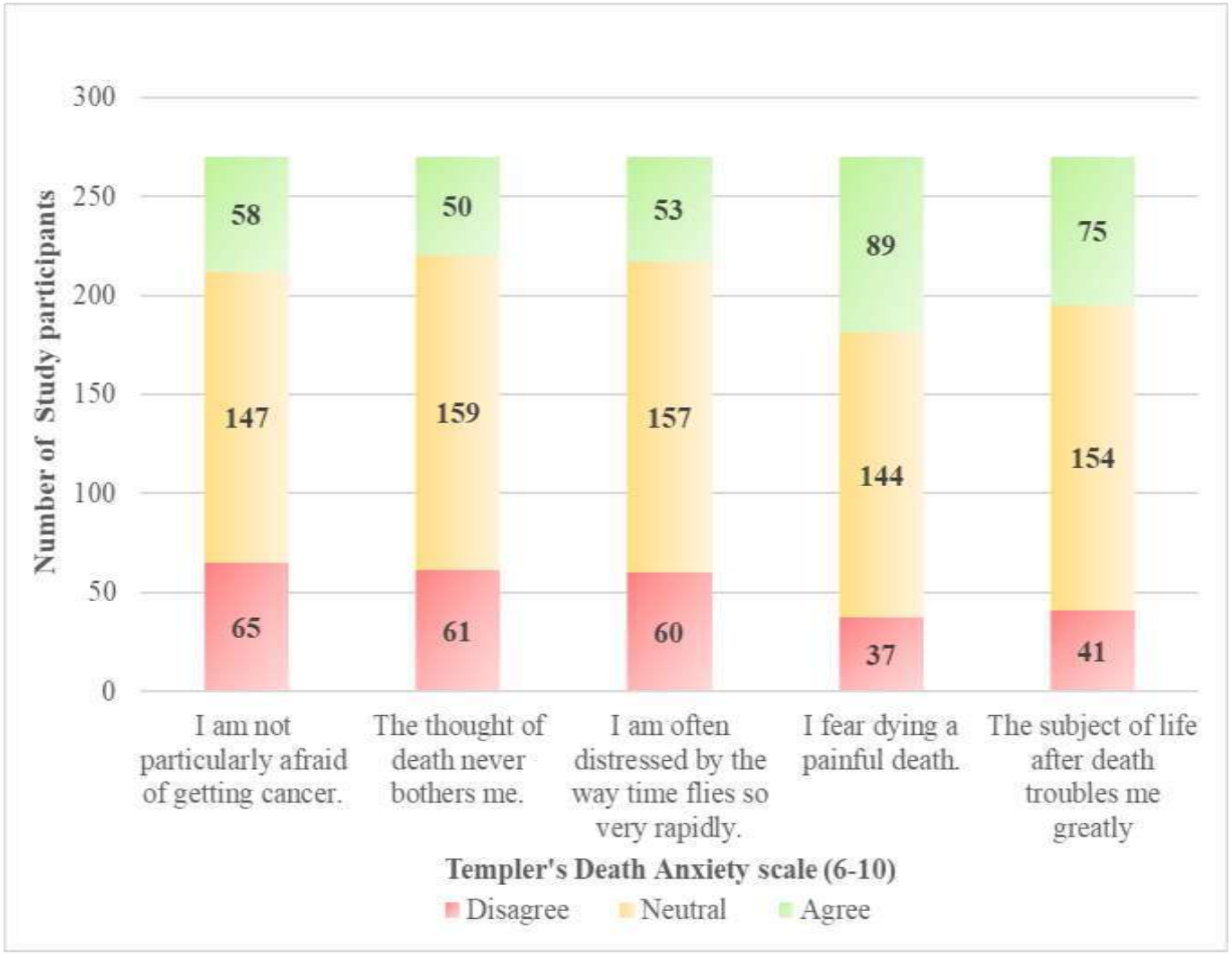
Among study participants who had fear of death the mean Quality of Life scores was lower 40.38 (±11.606) for environmental domain followed by 42.65(±9.425) in psychological ,42.24 (±12.909) in physical and 46.55(±16.569) in social domain is highest (Figure no 11)

Figure no 12: Response of study participants for Fear of death (N=270) on Templer's Death Anxiety scale questionnaire (Questions 1-5)



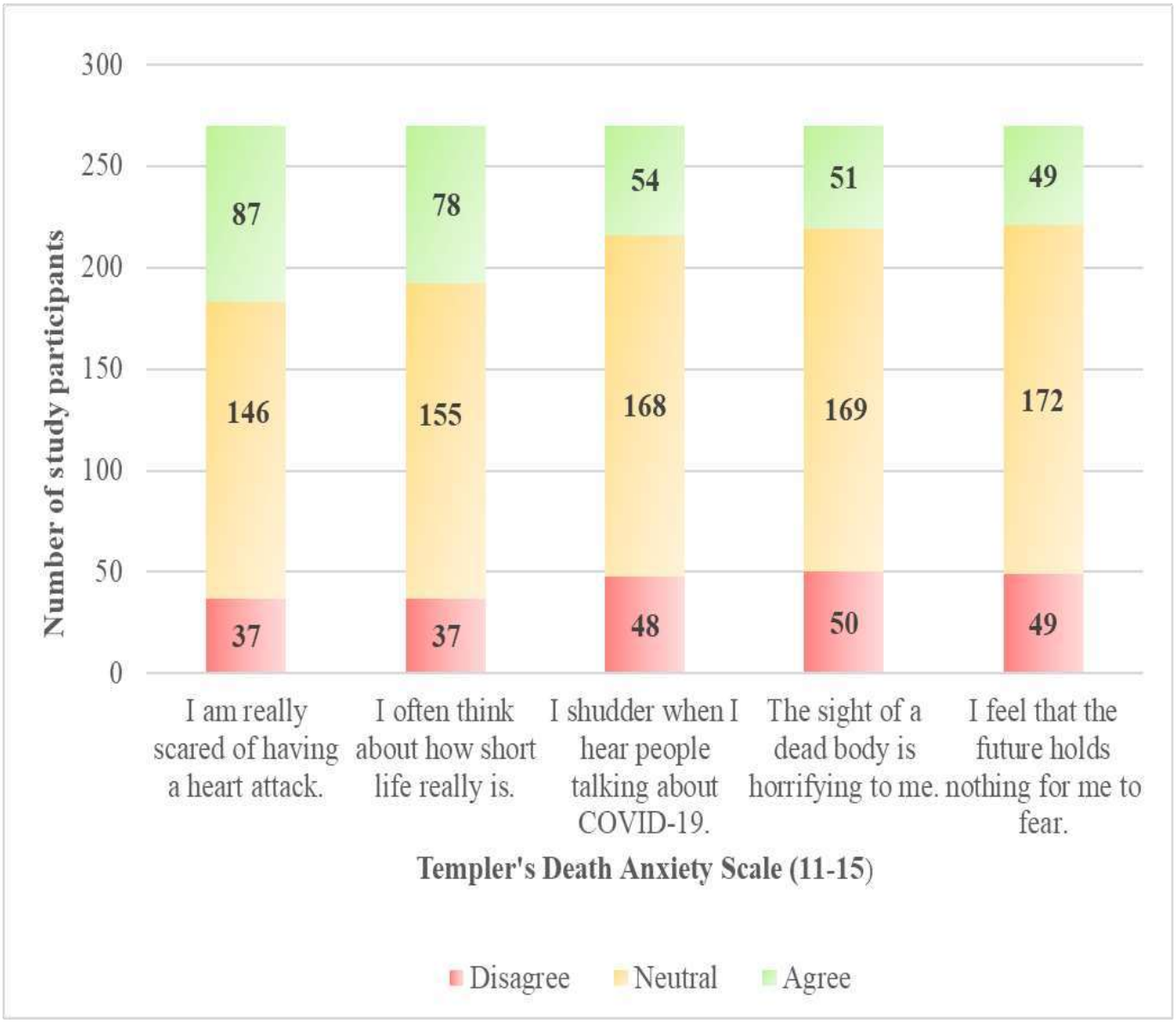
As observed in the above figure, the majority of study participants were reported neutral for these Questions (Q1-Q5), while the least number of participants agreed (Figure no 12)

Figure no 13: Response of study participants for Fear of death (N=270) on Templer anxiety death scale questionnaire (Questions 6-10)



Based on the preceding figure, it was found that most of research participants reported neutral for these Questions (Q1-Q5), while the least number of participants agreed for Questions (Q6-Q8), and least number of participants disagreed for these questions (Q9, Q10) (Figure no 13)

Figure no 14 :Response of study participants for Fear of death (N=270) on Templer anxiety death scale questionnaire (Questions 11-15)



Based on the above figure, it can be seen that the majority of study participants reported neutral for these Questions (Q11-Q15), while the least number of participants agreed for Questions (Q13-Q15), and least number of participants disagreed for these questions (Q11, Q12) (Figure-14)

Table 11: Association between FOD and gender

Gender	Death Anxiety Scale				Chi-Square(P value)
	Low	**Moderate**	**High**	**Total**	
Male(%)	17(14.1%)	92(76.6%)	11(9.1%)	120(100%)	χ^2 =2.537 (p=0.281, df=2)
Female(%)	17(11.3%)	110(73.3%)	23(15.3%)	150(100%)	
Total (%)	34(12.5%)	202(74.8%)	34(12.5%)	270(100%)	

Among participants majority were females where 15.3% had high death anxiety and in males 9.1% had high death anxiety. The p-value of 0.281, which is greater than 0.05, suggests that there is no statistically significant association between gender and death anxiety. (Table 11).

Table 12: Association between FOD and Age

Age	Death anxiety scale				Chi-square (P value)
	Low	Moderate	High	Total	
Less than 70 years (%)	28(13.8%)	152(74.9%)	23(11.3%)	203(100%)	χ^2 =2.640 (p=0.267, df=2)
More than 70 years (%)	6(9%)	49(73%)	12(17.9%)	67(100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

Among participants younger than 70 years old, 74.9% reported moderate levels of death anxiety, and 11.3% reported severe levels. Meanwhile, participants aged 70 years and older reported that 73% experienced moderate levels of death anxiety, with 17.9% reporting high levels. The p-value was 0.267, indicating that there is no association between age and death anxiety ($p > 0.05$). (Table 12).

Table 13: Association between FOD and Education

Education	**Death anxiety scale**				**Chi-square (p value)**
	Low	**Moderate**	**High**	**Total**	
Illiterate (%)	13(8%)	118(72.8%)	31(19.1%)	162(100%)	χ^2 =18.756 (**p=0.000*,** df=2)
Literate (%)	21(19.4%)	83(76.9%)	4(3.7%)	108(100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

* Statistically significant

Participants who were illiterate reported 72.8% moderate death anxiety and 19.1% high death anxiety. Among literate individuals, 19.4% reported low death anxiety and 76.9% reported moderate death anxiety. These results suggest a statistically significant association between education levels and death anxiety (p value = 0.000*, less than 0.05) (Table13)

Table 14: Association between FOD and Occupation

Occupation	Death anxiety scale				Chi-square (p value)
	Low	**Moderate**	**High**	**Total**	χ^2 =9.002 **(p=0.011*,** df=2)
Retired (%)	8(8.1%)	71(71.7%)	20(20.2%)	99(100%)	
Working (%)	26(15.2%)	130(76%)	15(8.8%)	171(100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

* Statistically significant

Among participants who were retired had 71.7% moderate death anxiety and 20.2% high death anxiety. Whereas participants working had 15.2% low death anxiety and 76% had moderate death anxiety. P value 0.011*, so statistically significant association between Occupation and death anxiety (Table 14).

Table 15: Association between FOD and Martial status

Marital status	Death anxiety scale				Chi-square (p value)
	Low	**Moderate**	**High**	**Total**	
Widow (%)	3(5.6%)	37(68.5%)	14(25.9%)	54(100%)	χ^2 =11.723 (**p=0.003***, df=2)
Married (%)	31(14.4%)	164(75.9%)	21(9.7%)	216(100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

* Statistically significant

Among married participants, 75.9% reported experiencing moderate levels of death anxiety, with 9.7% reporting high levels. In contrast, widowed participants reported 68.5% moderate death anxiety and a significantly higher proportion of 25.9% experiencing high death anxiety. With a p-value of 0.003, the study establishes a statistically significant relationship between marital status and death anxiety. (Table 15)

Table 16: Association between FOD and No of Family Members

No of Family members	Death anxiety scale				Chi-square (p value)
	Low	**Moderate**	**High**	**Total**	
Less than 5 members (%)	27(14.2%)	136(71.6%)	27(14.2%)	190(100%)	χ^2 =2.810 (p=0.245, df=2)
More than 5 members (%)	7(8.8%)	65(81.3%)	8(10%)	80(100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

The study examined the relationship between the number of family members and death anxiety among participants. For those with more than five family members, 81.3% experienced moderate death anxiety, and 10% experienced high death anxiety. In contrast, participants with fewer than five family members showed 71.6% moderate death anxiety and 14.2% high death anxiety. The p-value of 0.245 indicates no significant association between the number of family members and death anxiety (Table 16).

Table 17: Association between FOD and type of family

Type of family	Death anxiety scale				Chi-square (p value)
	Low	Moderate	High	Total	χ^2 =1.367 (p=0.505, df=2)
Nuclear (%)	23(14.3%)	116(72%)	22(13.7%)	161(100%)	
Joint (%)	11(10.1%)	85(78%)	13(11.9%)	109(100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

The study assessed death anxiety among participants based on their family structure. In joint families, 78% of participants experienced moderate death anxiety and 11.9% experienced high death anxiety. Comparatively, in nuclear families, 72% of participants experienced moderate death anxiety and 13.7% experienced high death anxiety. With a p-value of 0.505, the results show no statistically significant association between the type of family and death anxiety (Table 17).

Table18 : Association between Fear of Death and Socioeconomic status according to Modified BG prasad classification December 2023

Socioeconomic status	Death anxiety scale				Chi-square (p value)
	Low	**Moderate**	**High**	**Total**	χ^2 =18.854
Upper class (%)	30(15.6%)	147(76.6%)	15(7.8%)	192(100%)	
Lower class (%)	4(5.1%)	54(69.2%)	20(25.6%)	78(100%)	**(p=0.000*,**df=2)
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

* Statistically significant

The study examined the relationship between socioeconomic status and death anxiety among participants. In the upper class, 76.6% experienced moderate death anxiety and 7.8% experienced high death anxiety. Conversely, in the lower class, 69.2% of participants experienced moderate death anxiety, while 25.6% experienced high death anxiety. With a p-value of 0.000 (less than 0.05), the findings indicate a statistically significant association between socioeconomic status and death anxiety. (Table 18).

Table 19: Association between Fear of Death and smoking

Smoking	Death anxiety scale				Chi-square (p value)
	Low	**Moderate**	**High**	**Total**	χ^2 =0.046 (p=0.977, df=2)
Present (%)	8(11.9%)	50(74.6%)	9(13.4%)	67(100%)	
Absent (%)	26(12.8%)	151(74.6%)	26(12.8%)	203(100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

Among participants who smoked, 74.6% experienced moderate death anxiety and 13.4% experienced high death anxiety. Similarly, among participants who did not smoke, 74.6% experienced moderate death anxiety and 12.8% experienced high death anxiety. With a P-value of 0.977, there is no association between smoking and death anxiety. (Table19)

Table 20: Association between Fear of Death and Alcohol consumption

Alcohol consumption	Death anxiety scale				Chi-square (p value)
	Low	**Moderate**	**High**	**Total**	χ^2 =0.358 (p=0.836, df=2)
Present (%)	7(15.2%)	33(71.7%)	6(13%)	46(100%)	
Absent (%)	27(12.1%)	168(75%)	29(12.9%)	224(100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

Among participants who consumed alcohol, 71.7% experienced moderate death anxiety and 13% experienced high death anxiety. In contrast, participants who did not consume alcohol had 75% moderate death anxiety and 12.9% high death anxiety. With a P-value of 0.836, there is no association between alcohol consumption and death anxiety. (Table 20)

Table 21: Association between Fear of Death and chronic diseases

Chronic disease	Death anxiety scale				Fisher's Exact
	Low	**Moderate**	**High**	**Total**	10.186
Present (DM,HTN, Eye problem) (%)	26(10.7%)	181(74.8%)	35(14.5%)	242 (100%)	**(p=0.003*)**
Absent (%)	8(28.6%)	20(71.4%)	0(%)	28 (100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270 (100%)	

* Statistically significant

Among participants with chronic disease, 74.8% experienced moderate death anxiety and 14.5% experienced high death anxiety. In contrast, participants without chronic disease had either low or moderate death anxiety. This difference was statistically significant (Table 21).

Table 22: Association between Fear of Death and Quality of Life

Quality of life	Death anxiety scale				Chi-square (p value)
	Low	**Moderate**	**High**	**Total**	χ^2 =9.565 (**p=0.008***,df=2)
Poor QOL	8(7.3%)	81(73.6%)	21(19.1%)	110(100%)	
Good QOL	26(16.3%)	120(75%)	14(8.8%)	160(100%)	
Total (%)	34(12.6%)	201(74.4%)	35(13%)	270(100%)	

***** Statistically significant

Among participants with good QOL had 75% moderate death anxiety and 8.8% high death anxiety. Whereas participants with poor QOL had 73.6% moderate death anxiety and 19.1% high death anxiety. With a P-value of 0.008 (less than 0.05), there is a statistically significant association between quality of life and death anxiety (Table 22).

Table 23: Subgroup analysis of Quality of Life among Elderly participants

SL No	Sociodemographic details	Physical Health Domain	Psychological Health Domain	Social Health Domain	Environment Health Domain
		Mean / Standard deviation			
	WHO-BREF (domains)	42.24±12.90	42.65±9.42	46.55±16.56	40.38±11.60
1.	Age				
	Less than 70 years	43.20±12.51	43.03±9.144	47.54±16.14	40.69±11.42
	More than 70 years	39.36±13.71	41.49±10.21	43.57±17.57	39.43±12.17
	Mann-Whitney Test (p value)	5692.500 **(0.043) ***	6274.000 (0.330)	6030.500 (0.130)	6459.500 (0.530)
2.	Gender				
	Male	43.13±12.52	42.93±8.99	48.45±15.63	41.09±11.63
	Female	41.53±13.20	42.43±9.78	45.03±17.17	39.81±11.58
	Mann-Whitney Test (p value)	8332.500 (0.289)	8750.000 (0.687)	8177.000 (0.159)	8524.500 (0.447)
3.	Education				
	Illiterate	39.46±12.37	41.65±9.57	42.44±15.54	37.93±10.88
	Literate	46.42±12.61	44.15±9.03	52.72±16.20	44.06±11.73
	Mann-Whitney Test (p value)	6122.000 **(0.000) ***	7400.000 **(0.028) ***	6037.000 **(0.000) ***	6094.000 **(0.000) ***
4.	Occupation				
	Retired	37.75±12.90	41.90±9.94	41.46±16.42	37.92±11.16
	Working actively	44.85±12.21	43.04±9.11	46.50±15.97	41.81±11.65
	Mann-Whitney Test (p value)	5844.000 **(0.000) ***	8000.000 (0.441)	6531.000 **(0.001) ***	7036.000 **(0.018) ***
5.	Socio economic status				
	Upper class	44.72±12.79	43.95±8.571	50.00±15.87	42.80±10.98
	Lower class	36.14±11.10	39.46±10.66	38.06±15.22	34.44±10.99
	Mann-Whitney Test (p value)	4584.500 **(0.000) ***	5593.000 **(0.001) ***	4508.000 **(0.000) ***	4411.500 **(0.000) ***
6.	Marital status				
	Single	35±11.77	39.87±10.90	35.30±15.74	34.11±10.95
	Married	44.06±12.56	43.35±8.911	49.37±15.57	41.95±11.25
	Mann-Whitney Test (p value)	3477.500 **(0.000) ***	4674.000 **(0.021) ***	3274.500 **(0.000) ***	3694.000 **(0.000) ***
7.	Type of family				
	Joint	41.74±12.72	42.72±9.39	45.76±15.54	40.27±11.76
	Nuclear	42.58±13.06	42.61±9.47	47.09±17.25	40.38±11.60

	Mann-Whitney Test (p value)	8714.500 (0.923)	8673.500 (0.869)	8539.500 (0.684)	8731.000 (0.944)
8.	No of family members				
	<5	42.32±12.90	42.68±9.65	47.01±16.90	40.51±11.52
	>5	42.06±12.98	42.58±8.91	49.37±15.57	41.95±11.25
	Mann-Whitney Test (p value)	7516.500 (0.885)	7409.500 (0.739)	7370.000 (0.669)	7456.500 (0.803)
9.	Smoking h/o				
	No	42.63±13.34	43.01±9.60	47.48±17.14	40.63±11.68
	Yes	41.09±11.50	41.57±8.83	43.75±14.44	39.64±11.43
	Mann-Whitney Test (p value)	6345.000 (0.406)	6240.500 (0.300)	6011.000 (0.120)	6334.500 (0.391)
10.	Alcohol h/o				
	Absent	42.38±13.29	42.86±9.65	46.85±16.87	40.52±11.66
	Present	41.61±10.92	41.63±8.22	45.11±15.09	39.72±11.39
	Mann-Whitney Test (p value)	4986.500 (0.728)	4794.500 (0.447)	4904.500 (0.576)	4904.000 (0.600)
11.	Chronic disease				
	Yes	41.72±12.38	42.42±9.31	46.00±16.02	40.07±11.25
	No	46.79±16.32	44.68±10.25	51.36±20.43	43.04±14.23
	Mann-Whitney Test (p value)	2749.000 (0.098)	2904.500 (0.205)	2973.000 (0.247)	2990.000 (0.299)

* P value Less than 0.05 is statistically significant

The mean physical health QOL domain score among participants aged less than 70 years was 43.20±12.51, which was higher compared to mean physical heath QOL domain score among the participants aged more than 70 years (39.36±13.71).This difference was statistically significant, (Mann-Whitney Test = 5692.500 , p value = 0.043*).

The mean social QOL domain scores among participants Literate were 52.72 ±16.20, which was higher compared to mean social QOL domain score among

the participants Illiterate were 42.44±15.54. This difference was statistically significant. (Mann-Whitney Test = 6037, p value = 0.000).

Similarly, the mean physical health QOL domain scores among participants Literate were 46.42±12.61, which was higher compared to mean physical heath QOL domain score among the participants Illiterate were 39.46±12.37. This difference was statistically significant. (Mann-Whitney Test = 6122, p value = 0.000).

Followed by the mean Environmental QOL domain scores among participants Literate were 44.06±11.73, which was higher compared to mean Environmental QOL domain score among the participants Illiterate were 37.93±10.88. This difference was statistically significant. (Mann-Whitney Test = 6094, p value = 0.000*).

The mean psychological QOL domain scores among participants Literate were 44.15±9.03, which was higher compared to mean psychological QOL domain score among the participants Illiterate were 41.65±9.57. This difference was statistically significant. (Mann-Whitney Test = 7400, p value = 0.028*).

The mean social QOL domain scores among participants who were working actively was 46.50±15.97, which was higher compared to mean social QOL domain score among the participants retired was 41.46±16.42. This difference was statistically significant. (Mann-Whitney Test = 6531, p value=0.000*).

Similarly, the mean physical health QOL domain scores among participants who were working actively was 44.85±12.21, which was higher compared to mean physical heath QOL domain score among the participants retired were 37.75±12.90. This difference was statistically significant. (Mann-Whitney Test = 5844, p value = 0.000*).

Followed by the mean Environmental QOL domain scores among participants who were working actively was 41.81±11.65, which was higher compared to mean Environmental QOL domain score among the participants retired were 37.75±12.90. This difference was statistically significant. (Mann-Whitney Test = 7036, p value = 0.018*).

The mean social QOL domain scores among participants who belong to upper class was 50.00±15.87, which was higher compared to mean social QOL domain score among the participants lower class was 38.06±15.22. This difference was statistically significant. (Mann-Whitney Test = 4508, p value = 0.000*).

Similarly, the mean physical health QOL domain scores among participants who belong to upper class was 44.72±12.79, which was higher compared to mean physical heath QOL domain score among the participants lower class was 36.14 ±11.10. This difference was statistically significant. (Mann-Whitney Test = 4584.500 p value =0.000*).

Followed by the mean psychological QOL domain scores among participants who belong to upper class was 43.95±8.57, which was higher compared to mean

psychological QOL domain score among the participants lower was 39.46±10.66. This difference was statistically significant. (Mann-Whitney Test = 5593, p value =0.001*).

The mean Environmental QOL domain scores among participants who belong to upper class was 42.80±10.98, which was higher compared to mean Environmental QOL domain score among the participants lower class was 34.44±10.99. This difference was statistically significant. (Mann-Whitney Test = 4411.500, p value = 0.000*).

The mean social QOL domain scores among participants married was 49.37±15.57, which was higher compared to mean social QOL domain score among the participants single was 35.30±15.74. This difference was statistically significant. (Mann-Whitney Test = 3274.500, p value = 0.000*).

Similarly, the mean physical health QOL domain scores among participants married was 44.06±12.56, which was higher compared to mean physical heath QOL domain score among the participants single was 35±11.77. This difference was statistically significant. (Mann-Whitney Test = 3477.500, p value = 0.000*).

Followed by the mean psychological QOL domain scores among participants married was 43.35±8.91, which was higher compared to mean psychological QOL domain score among the participants single was 39.87±10.90. This difference was statistically significant. (Mann-Whitney Test = 4674, p value = 0.021*).

The mean Environmental QOL domain scores among participants married was 41.95±11.25, which was higher compared to mean Environmental QOL domain score among the participants single was 34.11±10.95. This difference was statistically significant. (Mann-Whitney Test = 3694, p value = 0.000*).

Table 24: Subgroup analysis of Fear of Death among Elderly participants

SL no	Sociodemographic details	Total (n=270) %	Mean/Standard Deviation	Mann-Whitney Test (p value)
1.	Age			
	Less than 70 years	203(75.2%)	1.98±0.50	6123.000 (0.109)
	More than 70 years	67(24.8%)	2.09±0.51	
2.	Gender			
	Male	120(44.4%)	1.96±0.49	8358.500 (0.188)
	Female	150(55.6%)	2.04±0.51	
3.	Education			
	Illiterate	162(60%)	2.11±0.51	6698.500 **(0.000) ***
	Literate	108(40%)	1.84±0.45	
4.	Occupation			
	Retired	99(36.7%)	2.12±0.52	7094.000 **(0.004) ***
	Working actively	171(63.3%)	1.94±0.48	
5.	Socio economic status			
	Upper class	192(71.1%)	1.92±0.47	5637.000 **(0.000) ***
	Lower class	78(28.9%)	2.21±0.51	
6.	Marital status			
	Single	54(20%)	2.20±0.52	4559.500 **(0.001) ***
	Married	216(80%)	1.95±0.49	
7.	Type of family			
	Joint	109(40.4%)	2.02±0.47	8587.500 (0.697)
	Nuclear	161(59.6%)	1.99±0.53	
8.	No of family members			
	<5	190(70.4%)	2.00±0.53	7518.500 (0.855)
	>5	80(29.6%)	2.01±0.43	
9.	Smoking h/o			
	No	203(75.2%)	2.00±0.50	6712.000 (0.834)
	Yes	67(24.8%)	2.01±0.50	
10.	Alcohol h/o			
	No	224(83%)	2.01±0.50	5014.500 (0.709)
	Yes	46(17%)	1.98±0.53	
11	Chronic disease			
	No	242(89.6%)	2.04±0.50	2434.000 **(0.001) ***
	Yes	28(10.4%)	1.71±0.46	

* P-value of less than 0.05 indicates statistical significance.

Since data followed non normal distribution A Mann-Whitney U test is used to compare Fear of death among different Socio demographic groups

The mean score of fear of death scale among illiterate participants 2.11±0.51 which was higher compared to mean score of literates was 1.84±0.45. This difference was statistically significant. (Mann-Whitney Test = 6698.500, p value = 0.000*).

The mean score of fear of death scale among participants who were retired was 2.12±0. 52 which was higher compared to mean scores of working was 1.94 ±0.48. This difference was statistically significant, as indicated by the Mann-Whitney Test (7094, p-value = 0.004*)

The mean score of fear of death scale among participants who belong to lower class was 2.21±0.51 which was higher compared to mean score of who belong to lower class was 1.92±0.47. This difference was highly statistically significant, as indicated by the Mann-Whitney Test (5637, p-value = 0.000*).

The mean score of fear of death scale among participants single was 2.21±0.51 which was higher compared to mean score of married was 1.95 ±0.49. This difference was statistically significant, as indicated by the Mann-Whitney Test (4559.500, p-value = 0.001*).

The mean score of fear of death scale among participants who had no chronic disease was 2.04 ±0.50 which was higher compared to mean score of participants had chronic disease was 1.71±0.46. This difference was found to be statistically significant. (Mann-Whitney Test = 2434, p value = 0.001*).

DISCUSSION

➢ DISCUSSION

A total of 270 people from seven villages have taken part in the Community based cross-sectional study. The research sought to ascertain the prevalence of fear of death and also to assess the QOL among participants. and to determine the association of FOD and QOL.

To obtain socio-demographic data, a pre-tested, semi-structured, questionnaire and the Templer Death Anxiety death scale (DAS) was used to assess fear of death and the WHOQOL-BREF questioner to assess the QOL among study participants.

The current study observed that 12.6% of participants reported mild death anxiety, 74.4% experienced moderate death anxiety, and 13% had high death anxiety. Regarding quality of life, 49.3% of respondents reported a good quality of life, while 50.7% reported a low quality of life. The mean score for the environmental domain of quality of life was 40.38±11.606, the social domain was 46.55±16.59, the psychological domain was 42.65±9.425, and the physical health domain was 42.24±12.909.

❖ Prevalence of Fear of Death among the elderly population:

Most of the study's senior participants (74.4%) reported having moderate death anxiety, which is similar to the 84% of elderly people in a cross-sectional study conducted by Aaqib Shahzad Alvi et al. among 150 elderly residents of the district Sargodha, Punjab, Pakistan, who also reported having a moderate fear of death. Of these, 13% reported having high death anxiety, compared to 16% in the Aaqib

Shahzad Alvi et al., which is comparable to the current study. Scale was used in investigations to measure FOD among elderly individuals above the age of 60, ensuring methodological consistency. However, Aaqib Shahzad Alvi et al.'s study also included an assessment of coping methods for dealing with death anxiety, providing additional insights into how the elderly manage their fear of death.[26]

In an observational study, Godishala Sridevi et al. found that 52.5% of elderly people had moderate to severe death fear and 47.5% had mild death anxiety. Although the age range (60-80) and scale (DAS) are similar, they observed death fear in both institutionalized and non-institutionalized elders, which differs from the current study.[130]

In a cross-sectional study, Zahra Zahedi Bidgol et al. discovered that although moderate death fear was common among older adults over 60, it was more common in patients who were hospitalized and were being evaluated one week after discharge. However, the current study only included those who are stable and reside at home. [85]

In contrast to Satish Kumar Passyavula et al.'s findings, which were compared here, 40.0% of elderly individuals experienced severe death fear, none of them experienced mild death fear, and 60 % had moderate death anxiety. The non-experimental descriptive research approach and the conceptual framework selected for this study, could be the reason for the differences in prevalence seen between different investigations.[87]

The results of the current study differ from Gary Sinoff's research on elderly individuals receiving acute geriatric treatment. The study's findings demonstrated that elderly individuals experienced, less fear of dying. The reason for the vast range was that, according to Templer's anxiety death scale, children fear death itself(6.9/15) because they assume that their parents must also have the same amount of death anxiety. However, they did not experience any anxiety, or at least very less of it(4/15) but parents are afraid of the dying process[12]

Renu Bala et al. found that, in contrast to the current study, 3.0% of old persons had severe death fear and anxiety over dying was moderate in 94.0% of cases. The DAS questionnaire was used as a screening tool in both studies; however, there may have been a difference in prevalence because the research was done in 2 different settings: retirement communities and rural area in the hamlet of Bazakhana district, of Faridkot, Punjab.[86]

- **Global Death anxiety Prevalence among Elderly**

The results of the present investigation align with Fauziah Irwan's research at Indonesia showed 14.5% of participants reported high death anxiety and 76.4% of participants had moderate anxiety. Despite having comparable findings, Irwan et al.'s study assessed perspective of death through screening with the Collet Lester-Fear of Death Scale.[131]

Zhang et al.'s cross-sectional study conducted in China found that 42.1% of 283 older adults experienced death anxiety; this is lower than the current study

because there were no religious beliefs. They used the same questionnaire, but they additionally evaluated self-worth and the meaning of life, which can reveal the root cause of fear of death .[132]

According to an observational study conducted in India by Renu Bala et al., Of older citizens, 3.0% experienced severe death anxiety and 94.0% reported moderate death anxiety. This is higher than the current study, where the sample size is lesser than in 100. Additionally, they evaluated the relationship between anxiety about dying & death sadness.[86]

In 2021 Guner's research demonstrate that during the COVID-19 pandemic, 53.93% of Turkey's senior population exhibited a moderate fear of dying. which is less than the 2022 research that is now being conducted.[82]

Similar to the current study, but using a different questioner, such as scale of death anxiety in Arabic, 137 elderly with moderate death anxiety participated in Nadia Waheed Elzohairy's study conducted at three senior clubs in Damanhour city, Egypt. Effective aging and spirituality were also found to be positively correlated ($r=0.610$, $p<0.001$) in the study. Although it was not assessed in this study, spirituality is still important for older adults to have a better aging process.[133]

- **Death anxiety and Gender:**

It was noted in the current investigation that females had high grade of death anxiety (15.3%) than males (9.1%). Which can be compared to Lokeshwari

Rathore's research , where they discovered women's mean scores were higher (5.53 ±2.03) and that this was due to working status [62]

In a comparable manner, Suresh Rajkumar et al. studied elderly Manipur residents where they found that mean score of women had high death anxiety (8.20 ± 1.87)due to Disturbed Area more dangerous situations [85,134]

Similar to the current study, a 2003 study by Roberta Neimeyer indicated that women had death anxiety; however, the scale utilized to measure this fear was the Multidimensional Fear of Death Scale.[135]

Rafael Portal Moreno et al. in Spain found that the DAS scores of males and females were not significantly different from each other. based on a comparison with the findings of the current study.[136] Aaqib Shahzad Alvi's study from 2022 also revealed that elderly men and women suffer death fear to the same extent. [26]

In many studies females had higher death anxiety than males which is similar to our study [85,137]In our country, people value the elderly more just because they are older, regardless of their gender or age. The more a woman supports her children and becomes involved in family problems, the more her fear of death is altered in her mind.

- **Death anxiety and other sociodemographic factors**

Similar to our current study, which found that the literate elderly had 1.84±0.457 and the illiterate elderly had 2.11±0.511, Aaqib Shahzad Alvi's study from 2022 also showed that the mean scores of illiterate elderly were 51.10±4.18 and for

illiterate elderly were 51.45±5.29) exhibit more death anxiety compared to literate elderly. This is statistically significant. [26]

Another study by Zehra Ozturk, carried out in Turkey, demonstrated a statistically significant difference in the literate people's mean scores (6.38 ± 3.5). and illiterate people (8.28 ± 3.8).is comparable to the current study However, in the current study, married 1.95±0.490 and single 2.20±0.528 have higher and statistically significant (0.001) but mean scores of married 7.64 ± 3.6 and single 8.00 ± 4.1, which are not statistically significant**.**[138]

In southern Karnataka, Suguna A's study found significant associations (0.033) between participants' socioeconomic status and death anxiety, but no associations were observed between death anxiety and sleep problems, gender, education, marital status, or hypertension. Unlike the current investigation, however, there was a significant association among participants chronic illnesses, their socioeconomic status, and education. [88]

In India, 21% of the aged population reported having at least one chronic illness, with 29% of those affected in urban regions and 17% in rural areas. Of all chronic disorders, hypertension and diabetes accounted for almost 68%. In the current study, 89.6% of participants had a chronic illness, 51.5% had hypertension and diabetes, and 14.5% had high death anxiety, which is statistically significant. and this is high because to a lack of seeking medical attention, ignorance of diseases, and living in a remote location [139]

The current study and a study by Prabhjot Saini in Punjab, where 200 senior people were found to have 64.5% moderate death anxiety, are nearly identical. Individual traits showed that participants with long-term illnesses had more worry about dying ($p<0.05$). Additionally, women were more fearful about dying than men ($p<0.05$). Additionally, illiterate people had more fear of death than educated people, low socioeconomic class individuals were more anxious about dying, and working individuals were more anxious about dying than retired individuals. Everything is identical to the current study, with the exception that retired individuals experience higher death anxiety than working people. This could be because they have fewer relations who are technologically competent, no longer have financial security, or none of them have any social support.[140]

According to a study by Cennet Busra Alici, 185 senior people in Turkey had a mean score of 7.3±1.7, which was considered moderate for death anxiety. Further discovered that the presence of a chronic illness, age, gender, and other characteristics are unaffected by death anxiety; the only exception is that chronic illness is different in this case.[141]

- **Death anxiety and QOL among elderly**

Deok Soon Seok's research with 345 older participants, leisure activities regulate the association between elderly QOL and death anxiety. Recommendations for enhancing life quality and reducing death fear in older adults through social engagement were provided in this study. The interaction variable between fear and leisure life was statistically significant. A substantial link was found between

dread of dying and quality of life, even though the majority of study participants reported having a good quality of life.[120]

According to a cross-sectional study done in two Korean cities with 190 elderly participants over 65, elderly people have a high quality of life despite being afraid of dying. Elderly' fear of dying and their QOL are associated, which agrees with the study's results. [142]

According to Soore Khaki et al.'s Iranian study, they found no apparent relationship between FOD and QOL. However, they did observe a significant association ($P < 0.001$) between depression and QOL, which agrees with the study's results. It's worth noting that the current study did not assess participant depression, despite showing greater overall quality of life (QOL).. [143]

In Aaqib Shahzad Alvi et al.'s descriptive study involving 150 participants, it was discovered that the fear of dying among the elderly has a significant effect on their QOL. On the other hand, the findings of the research also suggested an association where elderly individuals' fear of dying is linked to a poorer QOL.[26]

In Korea by Eunsuk Lee's research among 289 older people, it was found that 66.35% of the participants experienced moderate death anxiety, with a reported quality of life (QOL) of 58.21%. These results align with those of the current study, which found that 59.2% of participants had a QOL of 59.2% and 74.4% of participants had moderate death anxiety. Eunsuk Lee et al. also observed a substantial inverse relationship between participants' fear of dying and their

quality of life, indicating that as death anxiety increased, quality of life tended to decrease, especially among those living alone. Still, the majority of participants in the present research reported having a good standard of life, which may be related to the fact that participants reside with family members, which could lessen the negative effects of death anxiety on one's overall state of life.[64]

In Mexico involving 99 elderly, Tirso Duran-Badillo et al. found that 87.9% of the participants reported moderate death anxiety, which is higher than the current study despite using a different questionnaire the Collett-Lester Scale Fear to Death. The respondents' total quality of life (QOL) was 64.6% higher than in the current study, despite the environmental domain having the lowest QOL domain score. A correlational analysis was conducted in a study similar to this one to determine if the FOD & QOL among elderly individuals were related & statistically significant association was discovered. [126]

- **Quality of life and their domains**

The social domain's QOL mean score in the current study was 46.55±16.59. highest, followed by psychological domain was 42.65±9.425 then physical health domain was 42.24±12.909 and the environmental domain was 40.38±11. 606.The social domain is highest because marital status, socioeconomic status, occupation education all are significant. When coming to physical health domain age less than 70 years are significant where it is not significant in other domains

In a Jharkhand, by Santosh Kumar Soren et al., research the social domain had the highest mean scores (58.23±21.216), followed by the psychological domain.

(51.28,±13.753),physical health domain (52.09±19.583) and least was environmental domain (46.42±14.101) and sample size is similar to current study.[110]

Another Indian study, by Somenath ghosh et al among 120 elderly people more than 60 years, observed that the social domain (12.12 ±1 1.50) was highest and least was environmental domain (11.43 ± 1 2.75) which was similar to current study but was conducted in the city[144]

Ajay Risal's research carried out in Nepal ,439 elderly where the mean score of environmental domains (6.1 ±1.2) is least is similar to current study but questioner used here is WHOQoL□8[111]

Karmakar's research in Tripura., where the social domain (67.32 ± 15.30) is at its maximum, similar to the current study. However, the environmental health domain (51.64 ± 10.11) found to have a statistically significant association, including higher socioeconomic class, occupation, and primary education ($P < 0.05$), which is also significant in the current study.[114]

In the areas of physical, psychological, social interaction, and environment, married seniors scored higher on the mean QOL scale, according to different research by Sowmiya KR that was done in Tamil Nadu among 476 elderly people, where the social domain is highest. When considering all aspects of quality of life, seniors with one or more morbidities have lower mean QOL scores than those without any morbidities. This is also being investigated in the current study.[145]

Based on comparison with its findings, the cross-sectional study by Shilpa Devraj et al. had a higher overall QOL score (85.6±5.4) than the current study (72.7±9.0). Conversely, Shilpa Devraj's mean score in the social domain is the lowest. (11.33±1.3) and the highest environmental domain score (27.8±2.2), which is exactly the reverse in the current study. Low communication abilities, which are crucial for networking on social media, resulted in a low social domain score.[104]

Sahaya Sona Thresa's research at India, environmental domain mean score was highest (23.1±4.76), which was explained by the fact that living conditions were decent and that families had adequate money and leisure time. Due to their low level of satisfaction with their personal interactions, the social domain mean score (8.4±2.90) was the lowest while in the current study, both domains had the opposite results.[112]

Sivapragasam R's research performed in India. the socioeconomic status, education, marital status, and age less than 70 years old mean scores were all significant. The scores for the psychological domain (41.65±13.27) and environmental domain (46.24±11.24) were comparable with findings of the present research work. [113]

The current study's mean scores for social domains are the highest; these are almost exactly the same as those Gomathy Parsuraman's research, in Tamil Nadu (59.16±11.98). Their peer groups and personal relationships have a bigger

influence on them because of their social networks and the support they receive from them. Younger than 70-year-old study participants are significant in the physical domain but not in the psychological domain.[146]

The current study's social domain mean score is higher than the one conducted by Obinna Francis Onunkwor et al. at elderly homes in Malaysia where the mean score (10.8±3.4) was lowest. The reason for this is because the participants are required to carry out daily living tasks while residing in senior homes where they are not with their spouse. There was a substantial correlation found between education status and standard of living in terms of social, psychological, and physical dimensions. Research indicates that those with greater education levels are more likely to adopt healthy habits that may enhance their physical well-being than those with lower education levels. It is similar significant in education and significant in marital status when compared to the current study, therefore it has a higher social domain score.[115]

SUMMARY

❖ SUMMARY

This present research carried out in a rural parts of Kolar district community to determine the prevalence of death fear, evaluate the participants' quality of life, and look for any connections between both variables among the elderly. The Templer ‘s Death Anxiety scale and WHOWQOL -BREF questionnaire was used to study a total of 270 study participants from the seven selected villages from the rural field practice area of Dept. of Community Medicine, SDUMC, Kolar.

Among the study participants, majority were female (55.5%) and were in the age group of 60-70 years (75.1%). More than three fourth of them (80%) were married. All the study participants were Hindu by religion and 48.1% belonged to OBC caste. Most of the study participants were Illiterates (60%) and majority were as farmers (63.3%). More than half of the study participants belonged to joint family (59.6%) and 37.5% belonged to upper class according to Modified BG Prasad classification 2023.More than half of them had either one chronic disease (53.7%)

The prevalence of fear of death among study participants found that 12.6% had mild death anxiety, 74.4% had moderate death anxiety, and 13% had high death anxiety. Females, illiterates, widowed and low socioeconomic status participants had high fear of death and their association was statistically significant.

In terms of quality of life, 50.7% of respondents had a good QOL and 49.3% had a poor QOL. QOL's mean score for the physical health domain was

42.24±12.909, the psychological domain was 42.65±9.425, the social domain was 46.55±16.59, and the environmental domain was 40.38±11.606

There was association between fear of death and quality of life.

CONCLUSION

❖ CONCLUSION

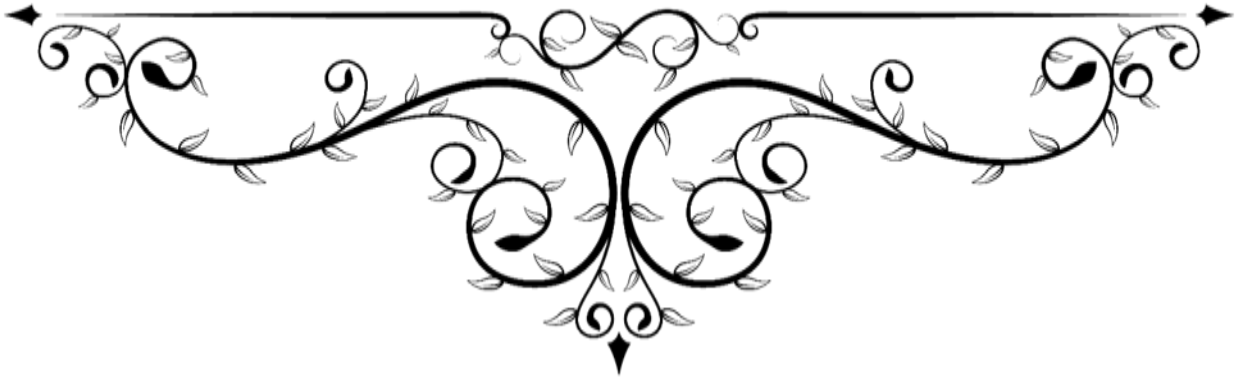
The prevalence of fear of death among the study participants in the past 12 months was found to be 12.6% had mild death anxiety, 74.4% had moderate death anxiety, and 13% had high death anxiety. Fear of death was significantly higher among illiterates, retired, widows and lower class of socio-economic

The findings of this study have significant implications for the development and implementation of coping mechanisms for the elderly in rural areas.

STRENGTH OF THE STUDY

- The questionnaire used to screen was Templer's Death anxiety scale and WHOQOL-BREF, which was a standard questionnaire
- There is a multifaceted understanding of the relationship between fear of death and various dimensions of quality of life, offering valuable insights into the lived experiences and perceptions of elderly individuals.
- The study addresses a crucial gap in the literature, particularly within our country, where a significant portion of the population comprises elderly individuals. By focusing on the fear of death and its impact on quality of life among this demographic, the research contributes valuable insights essential for enhancing the well-being of our aging population

LIMITATION OF THE STUDY



This cross-sectional was conducted among elders to assess the prevalence of death anxiety and quality of life ;however, the study has certain limitations,

The study may be susceptible to social desirability bias given its focus on death anxiety. Temporal association of death anxiety and its associated factors cannot be established due to cross sectional type of study design

One major limitation of the current study on death anxiety is the reliance on screening tools without conducting clinical interviews. These screening tests are not diagnostic and do not provide the comprehensive assessment necessary to establish the presence and severity of death anxiety. Although screening tools can offer a preliminary evaluation, they fall short of delivering the detailed and accurate mental health examination that a psychiatrist's assessment would provide.

When the study was undertaken in this journey you would have identified these factors such as views about death, catastrophic medical expenses, self-esteem, spirituality, and other associated factors even this could be included but since the dissertation is already finalised this can be taken up on further upcoming studies since they have significant role on the impact of death anxiety.

RECOMMENDATION

According to the current study, 74.4% of study participants had moderate death anxiety and 13% had high death anxiety. The study conducted on death anxiety and its effects on the quality of life of elderly population residing in rural Kolar District is necessary.

In view of the findings of the current study, it is recommended to assess the existence of additional Cultural beliefs, social support networks, health status, and individual experiences with death and dying all critically shape one's fear of death.

Understanding these factors is essential for creating effective coping strategies, thereby enhancing their quality of life. These interventions might include strengthening social support networks, providing death education programs, and fostering community engagement to alleviate anxiety and promote a sense of well-being.

By recommending a comprehensive program for mental health and counselling that is suited to the emotional requirements of senior citizens and specifically concentrates on end-of-life preparedness is important. The specific requirements of older people will be better served by giving emotion-focused coping techniques precedence over problem-focused ones.

Through such efforts, it is possible to enable elderly individuals to live more satisfied and fulfilling lives.

This study emphasizes the need for a holistic approach in addressing the fear of death among the elderly, considering the interplay of psychological, social, and cultural factors.

Future research should continue to explore this topic, with a focus on longitudinal studies and intervention-based approaches to further elucidate and address the needs of this vulnerable population.

Compiling all those limitation and gaps in the study will be included and new studies can be conducted that will be helpful information for the policy makers and help the elders to actively age in regard to the WHO theme of ‘‘Active aging makes a difference’’

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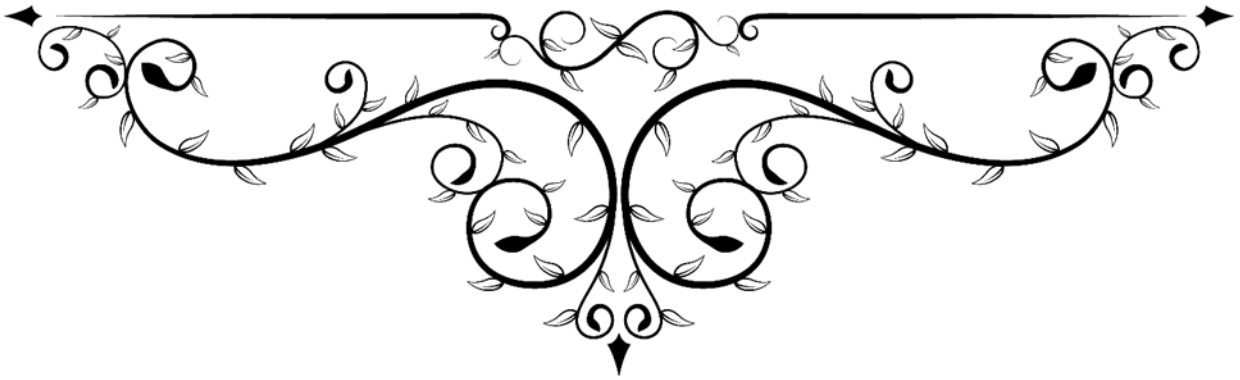

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ANNEXURES

ANNEXURE I

Questionnaire

Proforma for data collection

Section A: **Form No.:**

1) Name/ ಹೆಸರು **Village Name:**
2) Address/ ವಿಳಾಸ
3) Socio-demographic details/ಸಾಮಾಜಿಕ-ಜನಸಂಖ್ಯಾ ವಿವರಗಳು

Age/ ವಯಸ್ಸು (in completed years)							
Gender/ ಲಿಂಗ	Male/ ಪುರುಷ	Female/ ಹೆಣ್ಣು	Transgender/ ಮಂಗಳಮುಖಿ				
Religion/ ಧರ್ಮ	Hindu/ ಹಿಂದು	Muslim/ ಮುಸ್ಲಿಂ	Christian/ ಕ್ರಿಶ್ಚಿಯನ್				
Caste / ಜಾತಿ	General/ ಸಾಮಾನ್ಯ ಜಾತಿ	OBC/ಓ.ಬಿ.ಸ್	SC/ ಪರಿಶಿಷ್ಟ ಜಾತಿ	ST / ಪಂಗಡ			
Education / ಶಿಕ್ಷಣ	Professional/ ವೃತ್ತಿಪರ	Graduate/ಪದವೀಧರ	Intermediate /ಮಧ್ಯಂತರ	High school/ಪ್ರೌಢ ಶಾಲೆ	Middle school/ಮಾಧ್ಯಮಿಕ ಶಾಲೆ	Primary school/ಪ್ರಾಥಮಿಕ ಶಾಲೆ	Illiterate /ಅನಕ್ಷರಸ್ಥ
Occupation/ ಉದ್ಯೋಗ	Legislator & senior officials/ಶಾಸಕ &ಹಿರಿಯ ಅಧಿಕಾರಿಗಳು	Professionals /ವೃತ್ತಿಪರರು	Technicians & associate professionals/ತಂತ್ರಜ್ಞರು ಅಸೋಸಿಯೇಟ್ ವೃತ್ತಿಪರರು	Clerks /ಗುಮಾಸ್ತರು	Skilled workers & shop /ನುರಿತ ಕೆಲಸಗಾರರು ಮತ್ತು ಅಂಗಡಿ		
	Agricultural &fishery workers /ಕೃಷಿ ಮತ್ತು ಮೀನುಗಾರಿಕೆ ಕಾರ್ಮಿಕರು	Craft &trade workers /ಕರಕುಶಲ ಮತ್ತು ವ್ಯಾಪಾರ ಕಾರ್ಮಿಕರು	Plant & machine operators/ಸಾಧನ ವರ ಮತ್ತು ಯಂತ್ರ ನಿರ್ವಹಕರು	Elementary/ಪ್ರಾಥಮಿಕ	Unemployed /ನಿರುದ್ಯೋಗಿ		
Marital status/ ವೈವಾಹಿಕ ಸ್ಥಿತಿ	Single/ ಅವಿವಾಹಿತ	Married/ ವಿವಾಹಿತ	Divorced/ ವಿಚ್ಛೇದನ್				
Type of family / ಕುಟುಂಬದ ಪ್ರಕಾರ	Joint/ ಜಂಟಿ ಕುಟುಂಬ	Nuclear/ ವಿಭಕ್ತ ಕುಟುಂಬ	Three generation/ ಮೂರು ತಲೆಮಾರಿನ್ ಕುಟುಂಬ				
Total monthly family income/ಒಟ್ಟು ಮಾಸಿಕ ಕುಟುಂಬದ ಆದಾಯ		Number of family members / ಕುಟುಂಬ ಸದಸ್ಯರ ಸಂಖ್ಯಾ					
Smoking history/ಧೂಮಪಾನ್ ಇತಿಹಾಸ	Yes/ಹೌದು	No/ಅಲಲ	Alcohol history/ಆಲ್ಕೋಹಾಲ್ ಇತಿಹಾಸ್	Yes/ಹೌದು	No/ಇಲಲ		

ANNEXURE II

Templer Death Anxiety Scale

Section B: **Form No.**

SL NO	QUESTION	Strongly disagree	disagree	neutral	agree	Strongly agree
1	I am very much afraid to die.	1	2	3	4	5
2	The thought of death seldom enters my mind.	1	2	3	4	5
3	It doesn't make me nervous when people talk about death.	1	2	3	4	5
4	I dread to think about having to have an operation.	1	2	3	4	5
5	I am not at all afraid to die.	1	2	3	4	5
6	I am not particularly afraid of getting cancer.	1	2	3	4	5
7	The thought of death never bothers me.	1	2	3	4	5
8	I am often distressed by the way time flies so very rapidly.	1	2	3	4	5
9	I fear dying a painful death.	1	2	3	4	5
10	The subject of life after death troubles me greatly.	1	2	3	4	5
11	I am really scared of having a heart attack.	1	2	3	4	5
12	I often think about how short life really is.	1	2	3	4	5
13	I shudder when I hear people talking about COVID-19.	1	2	3	4	5
14	The sight of a dead body is horrifying to me.	1	2	3	4	5
15	I feel that the future holds nothing for me to fear.	1	2	3	4	5

ANNEXURE III

ಟೆಂಪಲರ್ ಡೆತ್ ಆತಂಕ ಸ್ಕೇಲ್

SL NO	ಪ್ರಶ್ನೆಗಳು	ಬಲವಾಗಿ ಒಪ್ಪುವುದಿಲ್ಲ	ಒಪ್ಪುವುದಿಲ್ಲ	ತಟಸ್ಥ	ಒಪ್ಪಿಗೆ	ಬಲವಾಗಿ ಒಪ್ಪುತ್ತೇನೆ
1	ನಾನು ಸಾಯಲು ತುಂಬಾ ಹೆದರುತ್ತೇನೆ.	1	2	3	4	5
2	ಸಾವಿನ ವಿಚಾರವು ನನ್ನ ಮನಸ್ಸನ್ನು ಪ್ರವೇಶಿಸುವುದು ವಿರಳ.	1	2	3	4	5
3	ಜನರು ಸಾವಿನ ಬಗ್ಗೆ ಮಾತನಾಡುವಾಗ ಅದು ನನ್ನನ್ನು ನರ್ವಸ್ ಮಾಡುವುದಿಲ್ಲ.	1	2	3	4	5
4	ಆಪರೇಶನ್ ಮಾಡಬೇಕಾದ ಬಗ್ಗೆ ಯೋಚಿಸಲು ನಾನು ಹೆದರುತ್ತೇನೆ.	1	2	3	4	5
5	ನಾನು ಸಾಯಲು ಹೆದರುವುದಿಲ್ಲ.	1	2	3	4	5
6	ನಾನು ವಿಶೇಷವಾಗಿ ಕ್ಯಾನ್ಸರ್ ಬರುವ ಬಗ್ಗೆ ಹೆದರುವುದಿಲ್ಲ.	1	2	3	4	5
7	ಸಾವಿನ ಆಲೋಚನೆ ನನ್ನನ್ನು ಎಂದಿಗೂ ಕಾಡುವುದಿಲ್ಲ.	1	2	3	4	5
8	ಸಮಯವು ಬಹಳ ವೇಗವಾಗಿ ಹಾರುವ ರೀತಿಯಿಂದ ನಾನು ಆಗಾಗ್ಗೆ ದುಃಖಿತನಾಗಿದ್ದೇನೆ.	1	2	3	4	5
9	ನಾನು ನೋವಿನ ಸಾವನ್ನು ಸಾಯಲು ಹೆದರುತ್ತೇನೆ.	1	2	3	4	5
10	ಮರಣಾನಂತರದ ಜೀವನದ ವಿಷಯವು ನನ್ನನ್ನು ಬಹಳವಾಗಿ ಕಾಡುತ್ತದೆ.	1	2	3	4	5
11	ಹೃದಯಾಘಾತಕ್ಕೆ ನಾನು ನಿಜವಾಗಿಯೂ ಹೆದರುತ್ತೇನೆ.	1	2	3	4	5
12	ಜೀವನವು ನಿಜವಾಗಿಯೂ ಎಷ್ಟು ಕಡಿಮೆ ಎಂಬುದರ ಬಗ್ಗೆ ನಾನು ಆಗಾಗ್ಗೆ ಯೋಚಿಸುತ್ತೇನೆ.	1	2	3	4	5
13	೧ ರ ವಿಶ್ವ ಯುದ್ಧದ ಬಗ್ಗೆ ಜನರು ಮಾತನಾಡುವುದನ್ನು ಕೇಳಿದಾಗ ನಾನು ನಡುಗುತ್ತೇನೆ.	1	2	3	4	5
14	ಶವದ ನೋಟವು ನನಗೆ ಭಯಾನಕವಾಗಿದೆ.	1	2	3	4	5
15	ಭವಿಷ್ಯವು ನನಗೆ ಭಯಪಡಲು ಏನನ್ನೂ ಹೊಂದಿಲ್ಲ ಎಂದು ನಾನು ಭಾವಿಸುತ್ತೇನೆ.	1	2	3	4	5

ANEXXURE IV

Section C **WHOQOL- BREF** **Form No.:**

Please read the question, assess your feelings, for the last 2 weeks, and circle the number on the scale for each question that gives the best answer for you.

SL NO	Questions	Very poor	Poor	Neither poor nor good	Good	Very good
1	How would you rate your quality of life?	1	2	3	4	5

SL NO	Questions	Very dissatisfied	Fairly Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2	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 2 weeks**

SL NO	Questions	Not at all	A Small amount	A Moderate amount	A great deal	An Extreme amount
3	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5

SL NO	Question	Not at all	Slightly	Moderately	Very	Extremely
7	How well are you able to Concentrate?	1	2	3	4	5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5

SL NO	Questions	Not at all	Slightly	Somewhat	To a great extent	Completely
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5

13	How available to you is the information you need in your daily life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

SL NO	Questions	Not at all	Slightly	Moderately	Very	Extremely
15	How well are you able to get around physically?	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 2 weeks**.

SL NO	Questions	Very Dissatisfied	Fairly Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5

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

SL NO	Questions	Never	Infrequently	Sometimes	Frequently	Always
26	How often do you have negative feelings such as blue mood, despair, anxiety or depression?	1	2	3	4	5

ANEXXURE V

WHOQOL- BREF

ಕಳೆದ ಎರಡು ವಾರಗಳಿಂದ ದಯವಿಟ್ಟು ಪ್ರಶ್ನೆಯನ್ನು ಓದಿ, ನಿಮ್ಮ ಭಾವನೆಗಳನ್ನು ಮೌಲ್ಯಮಾಪನ ಮಾಡಿ, ಮತ್ತು ಅದರ ಮೇಲೆ ಸಂಖ್ಯೆಯನ್ನು ವೃತ್ತಾಕಾರ ಮಾಡಿ

ನಿಮಗೆ ಅತ್ಯುತ್ತಮ ಉತ್ತರವನ್ನು ನೀಡುವ ಪ್ರತಿಯೊಂದು ಪ್ರಶ್ನೆಗೆ ಸ್ಕೇಲ್.

SL NO	ಪ್ರಶ್ನೆಗಳು	ತುಂಬಾ ಬಡವರು	ಬಡವರು	ಎರಡೂ ಇಲ್ಲ ಬಡವರು ಅಥವಾ ಒಳ್ಳೆಯದು	ಒಳ್ಳೆಯದು	ತುಂಬಾ ಒಳ್ಳೆಯದು
1	ನಿಮ್ಮ ಗುಣಮಟ್ಟವನ್ನು ನೀವು ಹೇಗೆ ರೇಟ್ ಮಾಡುವಿರಿ ಜೀವ?	1	2	3	4	5

SL NO	ಪ್ರಶ್ನೆಗಳು	ತುಂಬಾ ಅತೃಪ್ತರು	ನ್ಯಾಯೋಚಿತವಾಗಿ ಅತೃಪ್ತರು	ಎರಡೂ ಇಲ್ಲ ತೃಪ್ತ ಅಥವಾ ಅತೃಪ್ತರು	ತೃಪ್ತ	ತುಂಬಾ ತೃಪ್ತ
2	ನಿಮ್ಮ ಆರೋಗ್ಯದ ಬಗ್ಗೆ ನೀವು ಎಷ್ಟು ಸಂತೃಪ್ತರಾಗಿದ್ದೀರಿ?	1	2	3	4	5

ಕಳೆದ ಎರಡು ವಾರಗಳಲ್ಲಿ ಕೆಲವು ವಿಷಯಗಳನ್ನು ನೀವು ಎಷ್ಟು ಅನುಭವಿಸಿದ್ದೀರಿ ಎಂಬುದರ ಬಗ್ಗೆ ಈ ಕೆಳಗಿನ ಪ್ರಶ್ನೆಗಳು ಕೇಳುತ್ತವ

SL NO	ಪ್ರಶ್ನೆಗಳು	ಅಲ್ಲ ಏನೂ ಇಲ್ಲ	A ಸಣ್ಣ ಮೊತ್ತ	A ಮಧ್ಯಮ ಮೊತ್ತ	A ಬಹಳಷ್ಟು	ಒಂದು ವಿಪರೀತ ಮೊತ್ತ
3	ನೀವು ಅದನ್ನು ಎಷ್ಟರ ಮಟ್ಟಿಗೆ ಅನುಭವಿಸುತ್ತೀರಿ ಶಾರೀರಿಕ ನೋವು ನಿಮ್ಮನ್ನು ಹಾಗೆ ಮಾಡದಂತೆ ತಡೆಯುತ್ತದೆ ನೀವು ಏನು ಮಾಡಬೇಕು?	1	2	3	4	5

4	ನಿಮಗೆ ಯಾವುದೇ ವೈದ್ಯಕೀಯ ಎಷ್ಟು ಬೇಕು ನಿಮ್ಮ ದೈನಂದಿನ ಕೆಲಸ ಮಾಡಲು ಚಿಕಿತ್ಸೆ ಜೀವ?	1	2	3	4	5
5	ನೀವು ಜೀವನವನ್ನು ಎಷ್ಟು ಆನಂದಿಸುತ್ತೀರಿ?	1	2	3	4	5
6	ನಿಮ್ಮ ಜೀವನವನ್ನು ನೀವು ಎಷ್ಟರ ಮಟ್ಟಿಗೆ ಅನುಭವಿಸುತ್ತೀರಿ ಅರ್ಥಪೂರ್ಣವಾಗಿರಬೇಕೆ?	1	2	3	4	5

SL NO	ಪ್ರಶ್ನೆ	ಇಲ್ಲವೇ ಇಲ್ಲ	ಸ್ವಲ್ಪ	ಸಾಧಾರಣವಾಗಿ	ತುಂಬಾ	ಅತ್ಯಂತ
7	ನೀವು ಎಷ್ಟು ಚೆನ್ನಾಗಿ ಮಾಡಲು ಸಮರ್ಥರಾಗಿದ್ದೀರಿ ಏಕಾಗ್ರತೆ	1	2	3	4	5
8	ಇದರಲ್ಲಿ ನೀವು ಎಷ್ಟು ಸುರಕ್ಷಿತವೆಂದು ಭಾವಿಸುತ್ತೀರಿ ನಿಮ್ಮ ದೈನಂದಿನ ಜೀವನ?	1	2	3	4	5
9	ನಿಮ್ಮ ಆರೋಗ್ಯ ಎಷ್ಟು ಆರೋಗ್ಯಕರವಾಗಿದೆ ಭೌತಿಕ ಪರಿಸರ?	1	2	3	4	5

SL NO	ಪ್ರಶ್ನೆಗಳು	ಇಲ್ಲವೇ ಇಲ್ಲ	ಸ್ವಲ್ಪ	ಸ್ವಲ್ಪಮಟ್ಟಿಗೆ	ಒಂದು ಮಹಾನ್ ವ್ಯಕ್ತಿಗೆ ವ್ಯಾಪ್ತಿ	ಸಂಪೂರ್ಣವಾಗಿ
10	ನಿಮ್ಮಲ್ಲಿ ಸಾಕಷ್ಟು ಇದೆಯೇ ದೈನಂದಿನ ಜೀವನಕ್ಕೆ ಶಕ್ತಿ?	1	2	3	4	5
11	ನೀವು ಸ್ವೀಕರಿಸಲು ಸಾಧ್ಯವಾಗುತ್ತದೆಯೇ ನಿಮ್ಮ ಶಾರೀರಿಕ ನೋಟ?	1	2	3	4	5

12	ನಿಮ್ಮ ಬಳಿ ಸಾಕಷ್ಟು ಹಣವಿದೆ ನಿಮ್ಮ ಅಗತ್ಯಗಳನ್ನು ಪೂರೈಸಲು?	1	2	3	4	5
13	ನಿಮಗೆ ಹೇಗೆ ಲಭ್ಯವಿದೆ ನಿಮಗೆ ಅಗತ್ಯವಿರುವ ಮಾಹಿತಿ ನಿಮ್ಮ ದೈನಂದಿನ ಜೀವನದಲ್ಲಿ?	1	2	3	4	5
14	ನೀವು ಎಷ್ಟರ ಮಟ್ಟಿಗೆ ಮಾಡುತ್ತೀರಿ ಗೆ ಅವಕಾಶವನ್ನು ಹೊಂದಿರಿ ವಿರಾಮದ ಚಟುವಟಿಕೆಗಳು?	1	2	3	4	5

SL NO	ಪ್ರಶ್ನೆಗಳು	ಇಲ್ಲವೇ ಇಲ್ಲ	ಸ್ವಲ್ಪ	ಸಾಧಾರಣವಾಗಿ	ತುಂಬಾ	ಅತ್ಯಂತ
15	ನೀವು ಎಷ್ಟು ಚೆನ್ನಾಗಿ ಮಾಡಲು ಸಮರ್ಥರಾಗಿದ್ದೀರಿ ದೈಹಿಕವಾಗಿ ಸುತ್ತಾಡುತ್ತೀರಾ?	1	2	3	4	5

ನಿಮ್ಮ ಜೀವನದ ವಿವಿಧ ಅಂಶಗಳ ಬಗ್ಗೆ ನೀವು ಎಷ್ಟು ಒಳ್ಳೆಯ ಅಥವಾ ಸಂತೃಪ್ತಿಯನ್ನು ಅನುಭವಿಸಿದ್ದೀರಿ ಎಂದು ಹೇಳಲು ಈ ಕೆಳಗಿನ ಪ್ರಶ್ನೆಗಳು ನಿಮ್ಮನ್ನು ಕೇಳುತ್ತವೆ

ಕಳೆದ ಎರಡು ವಾರಗಳಲ್ಲಿ ಶೇ.

SL NO	ಪ್ರಶ್ನೆಗಳು	ತುಂಬಾ ಅತೃಪ್ತಿ	ನ್ಯಾಯೋಚಿತವಾಗಿ ಅತೃಪ್ತರು	ಎರಡೂ ಇಲ್ಲ ತೃಪ್ತ ಅಥವಾ ಅತೃಪ್ತರು	ತೃಪ್ತ	ತುಂಬಾ ಸಂತೃಪ್ತಿ
16	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ನಿಮ್ಮ ನಿದ್ರೆಯೊಂದಿಗೆ?	1	2	3	4	5
17	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ನಿಮ್ಮ ಸಾಮರ್ಥ್ಯದೊಂದಿಗೆ ನಿಮ್ಮ ದೈನಂದಿನ ಜೀವನವನ್ನು ನಿರ್ವಹಿಸಿ ಚಟುವಟಿಕೆಗಳು?	1	2	3	4	5
18	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ನಿಮ್ಮ ಸಾಮರ್ಥ್ಯದೊಂದಿಗೆ ಕೆಲಸ	1	2	3	4	5
19	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ನಿಮ್ಮೊಂದಿಗೆ?	1	2	3	4	5
20	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ನಿಮ್ಮ ವೈಯಕ್ತಿಕದೊಂದಿಗೆ ಸಂಬಂಧಗಳು?	1	2	3	4	5
21	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ನಿಮ್ಮ ಲೈಂಗಿಕ ಜೀವನದೊಂದಿಗೆ?	1	2	3	4	5
22	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ನೀವು ಪಡೆಯುವ ಬೆಂಬಲದೊಂದಿಗೆ ನಿಮ್ಮ ಸ್ನೇಹಿತರಿಂದ?	1	2	3	4	5
23	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ಷರತ್ತುಗಳೊಂದಿಗೆ[ಬದಲಾಯಿಸಿ] ನಿಮ್ಮ ವಾಸಸ್ಥಳ?	1	2	3	4	5
24	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ಗೆ ನಿಮ್ಮ ಪ್ರವೇಶದೊಂದಿಗೆ ಆರೋಗ್ಯ ಸೇವೆಗಳು?	1	2	3	4	5
25	ನೀವು ಎಷ್ಟು ತೃಪ್ತರಾಗಿದ್ದೀರಿ ನಿಮ್ಮ ಸಾರಿಗೆಯೊಂದಿಗೆ?	1	2	3	4	5

ಈ ಕೆಳಗಿನ ಪ್ರಶ್ನೆಯು ಕಳೆದ ಎರಡು ವಾರಗಳಲ್ಲಿ ನೀವು ಕೆಲವು ವಿಷಯಗಳನ್ನು ಎಷ್ಟು ಬಾರಿ ಅನುಭವಿಸಿದ್ದೀರಿ ಅಥವಾ ಅನುಭವಿಸಿದ್ದೀರಿ ಎಂಬುದನ್ನು ಸೂಚಿಸುತ್ತದೆ

SL NO	ಪ್ರಶ್ನೆಗಳು	ಎಂದಿಗೂ ಇಲ್ಲ	Infrequently	ಕೆಲವೊಮ್ಮೆ	ಆಗಾಗ್ಗೆ	ಯಾವಾಗಲೂ
26	ನೀವು ಎಷ್ಟು ಬಾರಿ ನಕಾರಾತ್ಮಕ ಭಾವನೆಗಳನ್ನು ಹೊಂದಿದ್ದೀರಿ ಉದಾಹರಣೆಗೆ ನೀಲಿ ಮನಸ್ಥಿತಿ, ಹತಾಶೆ, ಆತಂಕ ಅಥವಾ ಖಿನ್ನತೆ?	1	2	3	4	5

ANEXXURE VI

Information Sheet:

Title: FEAR OF DEATH AND QUALITY OF LIFE AMONG ELDERLY IN KOLAR-A CROSS SECTIONAL STUDY.

My name is Dr. Sankiya.M, A, Post graduate in the department of Community Medicine, Sri Devaraj Urs Medical College, Kolar. I am carrying out a study on fear of death and quality of life among elderly in Kolar, the study has been reviewed by the local ethical review board and has been started only after their formal approval.

Fear of death is more prevalent among old people which is affecting the quality of life. In this regard I will help you to assess quality of life and fear of death by giving a simple questionnaire, you need not have to answer any questions that you do not want to answer. However, your honest answer to these questions will help us to assess fear of death and quality of life. We would greatly appreciate your help in responding to the questionnaire.

Participation in this study doesn't involve any cost for you. This study is not only beneficial to you but also to the community at large. The results gathered from this study will be beneficial in estimating the prevalence.

All the information collected from you will be strictly confidential and will not be disclosed to any outsider unless compelled by law. This information collected will be used only for research.

There is no compulsion to participate in this study. You will be no way affected if you don't wish to participate in this study. You are required to sign only if you voluntarily agree to participate in this study. Further, you are at a liberty to withdraw from the study at any time, if you wish to do so. It is up to you to decide whether to participate. This document will be stored in the safe locker in the department of Community Medicine in the college and a copy is given to you for information.

For any further clarification you are free to contact the principal investigator,

Dr. Sankiya. M

Mob No: **9791794647**

ANEXXURE VII

ಮಾಹಿತಿ ಹಾಳೆ:

ಶೀರ್ಷಿಕೆ: ಕೋಲಾರದಲ್ಲಿ ಹಿರಿಯರಲ್ಲಿ ಸಾವಿನ ಭಯ ಮತ್ತು ಜೀವನದ ಗುಣಮಟ್ಟ- ಒಂದು ಅಡ್ಡ ವಿಭಾಗ ಅಧ್ಯಯನ.

ನನ್ನ ಹೆಸರು ಡಾ. ಸಾಂಕಿಯಾ.ಎಂ, ಕಮ್ಯುನಿಟಿ ಮೆಡಿಸಿನ್ ವಿಭಾಗದಲ್ಲಿ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ, ಶ್ರೀ ದೇವರಾಜ್ ಅರಸ್ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು, ಕೋಲಾರ. ಕೋಲಾರದಲ್ಲಿ ಹಿರಿಯರಲ್ಲಿ ಸಾವಿನ ಭಯ ಮತ್ತು ಜೀವನದ ಗುಣಮಟ್ಟದ ಬಗ್ಗೆ ನಾನು ಅಧ್ಯಯನವನ್ನು ನಡೆಸುತ್ತಿದ್ದೇನೆ , ಅಧ್ಯಯನವನ್ನು ಸ್ಥಳೀಯ ನೈತಿಕ ಪರಿಶೀಲನಾ ಮಂಡಳಿ ಪರಿಶೀಲಿಸಿದೆ ಮತ್ತು ಅವರ ಔಪಚಾರಿಕ ಅನುಮೋದನೆಯ ನಂತರವೇ ಅಧ್ಯಯನವನ್ನು ಪ್ರಾರಂಭಿಸಲಾಗಿದೆ.

ಸಾವಿನ ಭಯವು ವಯಸ್ಸಾದವರಲ್ಲಿ ಹೆಚ್ಚು ಪ್ರಚಲಿತದಲ್ಲಿದೆ, ಇದು ಜೀವನದ ಗುಣಮಟ್ಟದ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುತ್ತಿದೆ. ಈ ನಿಟ್ಟಿನಲ್ಲಿ ಸರಳ ಪ್ರಶ್ನಾವಳಿಯನ್ನು ನೀಡುವ ಮೂಲಕ ಜೀವನದ ಗುಣಮಟ್ಟ ಮತ್ತು ಸಾವಿನ ಭಯವನ್ನು ನಿರ್ಣಯಿಸಲು ನಾನು ನಿಮಗೆ ಸಹಾಯ ಮಾಡುತ್ತೇನೆ, ನೀವು ಉತ್ತರಿಸಲು ಬಯಸದ ಯಾವುದೇ ಪ್ರಶ್ನೆಗಳಿಗೆ ನೀವು ಉತ್ತರಿಸಬೇಕಾಗಿಲ್ಲ. ಆದಾಗ್ಯೂ, ಈ ಪ್ರಶ್ನೆಗಳಿಗೆ ನಿಮ್ಮ ಪ್ರಾಮಾಣಿಕ ಉತ್ತರವು ಸಾವಿನ ಭಯ ಮತ್ತು ಜೀವನದ ಗುಣಮಟ್ಟವನ್ನು ನಿರ್ಣಯಿಸಲು ನಮಗೆ ಸಹಾಯವಾಗುತದೇ. ಪ್ರಶ್ನಾವಳಿಗೆ ಪ್ರತಿಕ್ರಿಯಿಸುವಲ್ಲಿ ನಿಮ್ಮ ಸಹಾಯವನ್ನು ನಾವು ಬಹಳವಾಗಿ ಶ್ಲಾಘಿಸುತ್ತೇವೆ

ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವುದು ನಿಮಗೆ ಯಾವುದೇ ವೆಚ್ಚವನ್ನು ಒಳಗೊಂಡಿರುವುದಿಲ್ಲ. ಈ ಅಧ್ಯಯನವು ನಿಮಗೆ ಮಾತ್ರವಲ್ಲ, ಸಮುದಾಯಕ್ಕೆ ಸಹ ಪ್ರಯೋಜನಕಾರಿಯಾಗಿದೆ. ಈ ಅಧ್ಯಯನದಿಂದ ಸಂಗ್ರಹಿಸಲಾದ ಫಲಿತಾಂಶಗಳು ಹರಡುವಿಕೆಯನ್ನು ಅಂದಾಜು ಮಾಡುವಲ್ಲಿ ಪ್ರಯೋಜನಕಾರಿಯಾಗಿರುತ್ತವೆ.

ನಿಮ್ಮಿಂದ ಸಂಗ್ರಹಿಸಿದ ಎಲ್ಲಾ ಮಾಹಿತಿಯನ್ನು ಕಟ್ಟುನಿಟ್ಟಾಗಿ ಗೌಪ್ಯವಾಗಿಡಲಾಗುವುದು ಮತ್ತು ಕಾನೂನಿನಿಂದ ಒತ್ತಾಯಿಸದ ಹೊರತು ಯಾವುದೇ ಹೊರಗಿನವರಿಗೆ ಬಹಿರಂಗಪಡಿಸಲಾಗುವುದಿಲ್ಲ. ಸಂಗ್ರಹಿಸಿದ ಈ ಮಾಹಿತಿಯನ್ನು ಸಂಶೋಧನೆಗೆ ಮಾತ್ರ ಬಳಸಲಾಗುತ್ತದೆ.

ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಯಾವುದೇ ಬಲವಂತವಿಲ್ಲ. ನೀವು ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಬಯಸದಿದ್ದರೆ ನಿಮಗೆ ಯಾವುದೇ ರೀತಿಯಲ್ಲಿ ಪರಿಣಾಮ ಬೀರುವುದಿಲ್ಲ. ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ನೀವು ಸ್ವಇಚ್ಛೆಯಿಂದ ಒಪ್ಪಿದರೆ ಮಾತ್ರ ನೀವು ಸಹಿ ಮಾಡುವ ಅಗತ್ಯವಿದೆ. ಇದಲ್ಲದೆ, ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಅಧ್ಯಯನದಿಂದ ಹಿಂದೆ ಸರಿಯುವ ಸ್ವಾತಂತ್ರ್ಯವನ್ನು ನೀವು ಹೊಂದಿದ್ದೀರಿ. ಭಾಗವಹಿಸಬೇಕೇ ಬೇಡವೇ ಎಂದು ನಿರ್ಧರಿಸುವುದು ನಿಮಗೆ ಬಿಟ್ಟಿದ್ದು. ಈ ದಸ್ತಾವೇಜನ್ನು ಕಾಲೇಜಿನ ಕಮ್ಯುನಿಟಿ ಮೆಡಿಸಿನ್ ವಿಭಾಗದ ಸೇಫ್ ಲಾಕರ್ ನಲ್ಲಿ ಸಂಗ್ರಹಿಸಲಾಗುತ್ತದೆ ಮತ್ತು ಮಾಹಿತಿಗಾಗಿ ಒಂದು ಪ್ರತಿಯನ್ನು ನಿಮಗೆ ನೀಡಲಾಗುತ್ತದೆ.

ಯಾವುದೇ ಹೆಚ್ಚಿನ ಸ್ಪಷ್ಟೀಕರಣಕ್ಕಾಗಿ ನೀವು ಪ್ರಧಾನ ಪರಿಶೋಧಕರನ್ನು ಸಂಪರ್ಕಿಸಲು ಸ್ವತಂತ್ರರಾಗಿದ್ದೀರಿ,

ಡಾ.ಸಾಂಕಿಯಾ.ಎಂ. **ಗುಂಪು ಸಂಖ್ಯೆ: 9791794647**

ANEXXURE VIII

INFORMED CONSENT - PRATICIPANTS

SL No:

TITLE OF THE STUDY: FEAR OF DEATH AND QUALITY OF LIFE AMONG ELDERLY IN KOLAR-A CROSS SECTIONAL STUDY

I, the undersigned, agree to participate in this study and to undergo counselling and disclosure of my personal information and as outlined in this consent form.

I have been read out/ explained in my local language i.e., in Kannada and understand the purpose of this study and the confidential nature of the information that will be collected and disclosed during the study.

I have had the opportunity to ask questions regarding the various aspects of this study and my questions have been answered to my full satisfaction. The information collected will be used only for research.

I understand that I remain free to withdraw from this study at any time. Participation in this study is under my sole discretion and does not involve any cost to me.

Subject's name and signature /thumb impression

Name and signature of witness

1. Date:

2.

Name and signature of interviewer:

Name and signature of Principal Investigator: Dr. Sankiya.M

ANEXXURE IX

ಭಾಗವಹಿಸುವವರ – ಮಾಹಿತಿಯ ಸಮ್ಮತಿ ನಮೂನೆ

SL ಸಂಖ್ಯೆ: ಶೀರ್ಷಿಕೆ: ಕೋಲಾರದಲ್ಲಿ ವಯಸ್ಸಾದವರಲ್ಲಿ ಸಾವಿನ ಭಯ ಮತ್ತು ಜೀವನದ ಗುಣಮಟ್ಟ - ಒಂದು ಅಡ್ಡ ವಿಭಾಗ ಅಧ್ಯಯನ

ಕೆಳಗೆ ಸಹಿ ಮಾಡಿದ ನಾನು, ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಮತ್ತು ಈ ಸಮ್ಮತಿ ನಮೂನೆಯಲ್ಲಿ ವಿವರಿಸಿದಂತೆ ನನ್ನ ವೈಯಕ್ತಿಕ ಮಾಹಿತಿಯ ಕೌನ್ಸೆಲಿಂಗ್ ಮತ್ತು ಬಹಿರಂಗಪಡಿಸುವಿಕೆಗೆ ಒಳಗಾಗಲು ಒಪ್ಪುತ್ತೇನೆ.

ನನ್ನ ಭಾಷೆಯಲ್ಲಿಅಂದರೆ ಕನ್ನಡದಲ್ಲಿ ನನಗೆ ಓದಲಾಗಿದೆ/ ವಿವರಿಸಲಾಗಿದೆ ಮತ್ತು ಈ ಅಧ್ಯಯನದ ಉದ್ದೇಶವನ್ನು ಮತ್ತು ಅಧ್ಯಯನದ ಸಮಯದಲ್ಲಿ ಸಂಗ್ರಹಿಸಲಾಗುವ ಮತ್ತು ಬಹಿರಂಗಪಡಿಸಲಾಗುವ ಮಾಹಿತಿಯ ಗೌಪ್ಯ ಸ್ವರೂಪವನ್ನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.

ಈ ಅಧ್ಯಯನದ ವಿವಿಧ ಆಯಾಮಗಳ ಬಗ್ಗೆ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ನನಗೆ ಅವಕಾಶ ದೊರೆತಿದೆ ಮತ್ತು ನನ್ನ ಪ್ರಶ್ನೆಗಳಿಗೆ ನನ್ನ ಸಂಪೂರ್ಣ ತೃಪ್ತಿಗೆ ತಕ್ಕಂತೆ ಉತ್ತರಿಸಲಾಗಿದೆ. ಸಂಗ್ರಹಿಸಿದ ಮಾಹಿತಿಯನ್ನು ಸಂಶೋಧನೆಗೆ ಮಾತ್ರ ಬಳಸಲಾಗುವುದು.

ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಈ ಅಧ್ಯಯನದಿಂದ ಹಿಂದೆ ಸರಿಯಲು ನಾನು ಸ್ವತಂತ್ರನಾಗಿರುತ್ತೇನೆ ಎಂದು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.

ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವುದು ನನ್ನ ಸ್ವಂತ ವಿವೇಚನೆಗೆ ಒಳಪಟ್ಟಿದೆ ಮತ್ತು ಇದು ನನಗೆ ಯಾವುದೇ ವೆಚ್ಚವನ್ನು ಒಳಗೊಂಡಿಲ್ಲ.

ಪ್ರಯೋಗಾರ್ಥಿಯ ಹೆಸರು ಮತ್ತು ಸಹಿ/ಹೆಬ್ಬೆರಳಿನ ಗುರುತು

ಸಾಕ್ಷಿದಾರರ ಹೆಸರು ಮತ್ತು ಸಹಿ

1. ದಿನಾಂಕ:

2.

ಸಂದರ್ಶಕರ ಹೆಸರು ಮತ್ತು ಸಹಿ:

ಪ್ರಧಾನ ತನಿಖಾಧಿಕಾರಿಯ ಹೆಸರು ಮತ್ತು ಸಹಿ: ಡಾ. ಸಾಂಕಿಯಾ.ಎ

ANEXXURE X

GANTT CHART

STEP	ACTIVITY	TIME PERIOD											
		2022			2023				2024				
		MAY-JUNE	JUNE	JULY	March	APRIL –MAY	JULY–SEP	OCT-DEC	JAN-FEB	FEB –MARCH	MARCH - APRIL	MAY –JUNE	JUNE – JULY
1	Topic search, selection & synopsis writing												
2	Synopsis submission												
3	Approval by IEC*												
4	Proforma Preparation and validation												
5	Pilot project												
6	Review of literature												
7	Data collection												
8	Data analysis												
9	Dissertation writing												
10	Submission of dissertation												

ANEXXURE XI

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH

SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar

INSTITUTIONAL ETHICS COMMITTEE

Members

1. **Dr. D.E.Gangadhar Rao,** (Chairman) Prof. & HOD of Zoology, Govt. Women's College, Kolar
2. **Dr. Sujatha.M.P,** (Member Secretary), Prof. Dept. of Anesthesia, SDUMC
3. Mr. Gopinath Paper Reporter, Samyukth Karnataka
4. Mr. G. K. Varada Reddy Advocate, Kolar
5. Dr. Hariprasad S, Assoc. Prof Dept. of Orthopedics, SDUMC
6. Dr. Abhinandana R Asst. Prof. Dept. of Forensic Medicine, SDUMC
7. Dr. Ruth Sneha Chandrakumar Asst. Prof. Dept. of Psychiatry, SDUMC
8. Dr. Usha G Shenoy Asst. Prof., Dept. of Allied Health & Basic Sciences SDUAHER
9. Dr. Munilakshmi U Asst. Prof. Dept. of Biochemistry, SDUMC
10. Dr.D.Srinivasan, Assoc. Prof. Dept. of Surgery, SDUMC
11. Dr. Waseem Anjum, Asst. Prof. Dept. of Community Medicine, SDUMC
12. Dr. Shilpa M D Asst. Prof. Dept. of Pathology, SDUMC

No. SDUMC/KLR/IEC/240/2022-23 **Date: 20-07-2022**

PRIOR PERMISSION TO START OF STUDY

The Institutional Ethics Committee of Sri Devaraj Urs Medical College, Tamaka, Kolar has examined and unanimously approved the synopsis entitled **"Fear of death and quality of life among elderly in Kolar - A Cross sectional study"** being investigated by **Dr.M.Sankiya**, & Dr.Prasanna Kamath B T in the Department of Community Medicine at Sri Devaraj Urs Medical College, Tamaka, Kolar. **Permission is granted by the Ethics Committee to start the study.**

Sujatha.MP
Member Secretary

Member Secretary
Institutional Ethics Committee
Sri Devaraj Urs Medical College
Tamaka, Kolar.

Chairman

CHAIRMAN
Institutional Ethics Committee
Sri Devaraj Urs Medical College
Tamaka, Kolar

ANEXXURE XII
DEFINITION OF VARIABLES

Operational definitions

Age: The completed age of study participants in years at the time of the interview was considered

Education: Formal education was recorded as stated by the subject.

Illiterate: A person who cannot read or write. This term is often used to describe individuals who have not received any formal education or trained in reading.

Primary School Study participants with education up to VI standard.

Middle School: Study participants with education between VIIth, VIIIth, Xth standard.

High School: Study participants with education XIth, XIIth standard.

Intermediate: Study participants preparing students for college-level education or professional training.

Graduate: Study participants has completed an undergraduate degree, such as a bachelor's degree, at a college or university.

Literate: Study participants able to means being able to read and write at a level sufficient for communication and understanding. It can also refer to having knowledge or competence in a specific area, such as digital literacy.

Unemployed: Study participants who are not currently working, have actively searched for employment in the past four weeks, and are available to start work immediately**.**

Elementary: Study participants who are engaged in jobs that require minimal specialized skills or training, often involving basic manual labor, routine tasks, or support roles in various industries.

Craft &trade workers: Study participants who are completed in vocational training and are employed in skilled manual occupations, including electricians, plumbers, and carpenters.

Agricultural &fishery: Study participants who work primarily in farming, fishing, including planting, harvesting, breeding, and catching fish or other aquatic organisms.

Skilled workers & shop workers: Study participants with specialized vocational training or experience, working in roles such as machinists, bakers, or retail sales associates in shop or production environments.

Professional: Study participants with employed in fields requiring advanced education, typically a bachelor's degree or higher, such as medicine, law, engineering, and academia, often requires certification.

Retired: The state of no longer being actively employed or engaged in work, typically after reaching a certain age or fulfilling specific criteria such as eligibility for pension benefits.

Married: The legal union between two individuals, recognized by law, typically involving commitment and shared responsibilities within a marital relationship.

Widow: A woman who has lost her spouse through death and has not entered into another marriage after that.

Type of Family:

- Nuclear: One which is composed of the husband, the wife, the minor children, and direct dependent
- Joint: Composed of two or more couple and their children, including older persons related to them.

- **Total monthly family income**: It is the combined total income received by all members of a family.
- **Number of family members:** Total number of family members in a house.
- **Socio-economic status:** The modified BG Prasad socioeconomic scale was used to classify socioeconomic status of study participants.

Modified BG Prasad socioeconomic status classification, December 2023

Socioeconomic classification	Social class	Per capita monthly Income	
		In 1961	2023
Upper	Class I	≥100	Rs 8822 and above
Upper middle	Class II	50-99	Rs 4411to 8821
Middle	Class III	30-49	Rs 2647 to 4410
Lower Middle	Class IV	15-29	Rs 1323 to 2646
Lower	Class V	<15	<Rs1323

BG Prasad's classification was based on per capita monthly income. It was introduced with the base of Consumer Price Index (CPI) of 1960 as 100. Which was modified in the year 1982 and 2001, by adding linking factors.

New income value = multiplication factor × old income value × 4.63 × 4.93.
Multiplication factor = Current index value/ Base index value linking factors were 4.93 and 4.63.

Smoking

Present: The study participants who currently smoke cigarettes or other tobacco products regularly.

Absent: The study participants who have never smoked cigarettes or other tobacco products.

Alcohol

Present: The study participants who consume alcohol regularly (defined as drinking alcohol at least once a month).

Absent: The study participants who have never consumed alcohol

ANEXXURE XIII

MASTER CHART

SL. NO	NAME	ADDRESS	AGE	GENDER	RELIGION	CASTE	EDUCATION	OCCUPATION	MARITAL _STATUS	No_fmembers	TYPE _FAMILY	TOTAL _MINCOME	SMOKING _H/O	ALCOHOL _H/O	CDISEASE _H/O	DM	HTN	FOD _Q1	FOD _2	FOD _3	FOD _4	FOD _5	FOD _6	FOD _7	FOD _8	FOD _9	FOD _10	FOD _11	FOD _12	FOD _13	FOD _14	FOD _15	total	fodscore	QOL _1	QOL _2	QOL _3	QOL _4	QOL _5	QOL _6	QOL _7	QOL _8	QOL _9	QOL _10	QOL _11	QOL _12	QOL _13	QOL _14	QOL _15	QOL _16	QOL _17	QOL _18	QOL _19	QOL _20	QOL _21	QOL _22	QOL _23	QOL _24	QOL _25	QOL _26	total	domain 1	d1-0-100	Domain2	d2-0-100	domain3	d3-0-100	domain4	d4-0-100
1	KRISHNAPPA	1	80	1	1	2	1	1	1	2	2	1200	1	1	1			4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	47	3	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	65	14	25	16	44	6	25	16	25
2	NAGAMMA	1	65	2	1	3	1	1	2	6	1	2500	0	0	0			3	3	3	3	3	3	3	3	3	3	3	4	4	3	3	47	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	64	14	25	16	44	6	25	16	25
3	SAROJAMMA	1	70	2	1	2	1	1	1	8	1	20000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	64	14	25	17	44	6	25	16	25
4	RATHANAMMA	1	60	2	1	2	1	5	2	4	2	5000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	4	4	4	4	2	2	2	2	2	2	3	3	2	3	3	3	3	3	2	2	2	2	2	4	73	17	38	17	44	7	31	18	31
5	GANGAMMA	1	65	2	1	3	1	1	2	4	2	1200	0	0	3			3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	58	3	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	64	14	25	17	44	6	25	16	25
6	KRISHNAPPA	1	70	1	1	2	1	5	2	2	2	2400	1	1	1			3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	58	3	2	2	4	4	4	4	2	2	2	2	2	2	3	3	2	2	2	2	2	2	2	2	2	2	2	4	67	14	25	16	44	6	25	18	31
7	IKTAMMA	1	65	2	1	3	1	1	1	1	2	1200	0	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	5	5	5	5	2	2	2	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	4	74	13	19	19	56	6	25	19	38
8	RAMANAPPA	1	62	1	1	2	3	5	2	4	2	2500	1	0	0			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	83	19	44	21	63	9	50	24	50
9	VENKATAPPA	1	75	1	1	2	2	5	2	4	2	3000	1	1	3			2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	42	2	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	73	19	44	17	44	9	50	20	38
10	CHANDRAMATHI	1	65	2	1	2	1	1	1	4	2	2000	0	0	0			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	3	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	1	76	18	38	21	63	9	50	22	44
11	SUBAMMA	4	65	2	1	3	1	1	2	9	1	1200	0	0	1			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	73	19	44	15	38	9	50	19	38
12	VENKATRAMMA	4	68	1	1	2	1	5	2	7	1	40,000	1	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	4	4	4	4	2	2	2	2	2	2	3	3	2	2	2	2	2	2	2	2	2	2	2	4	67	14	25	16	44	6	25	18	31
13	LAKSHAMMA	4	70	2	1	3	1	5	1	1	2	1200	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	3	5	2	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	74	18	38	15	38	9	50	19	38
14	SANJYAMMA	4	65	2	1	3	5	1	2	8	1	10,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	3	3	3	2	2	2	2	2	2	3	3	2	4	4	4	4	4	4	4	4	4	4	3	85	22	56	17	44	12	75	24	50
15	RANTHAMMA	4	64	2	1	3	1	1	2	8	1	40,000	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	79	20	44	18	50	9	50	24	50
16	SRIVASAN	4	62	1	1	2	5	5	2	18	1	20,000	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	5	2	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	2	92	23	56	20	56	12	75	27	75
17	SIDTHAPPA	4	64	1	1	2	5	5	2	3	2	5,000	1	0	3			3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	36	2	4	4	5	2	3	5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	85	20	44	20	56	9	50	24	50
18	MUNIYAMMA	4	64	2	1	2	1	5	2	7	1	8,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	4	4	4	2	2	2	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	79	19	44	19	56	9	50	22	44
19	VENKATESH GOWDA	4	75	1	1	2	1	1	2	5	1	8,000	1	0	3			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	4	4	4	4	3	3	3	2	2	2	3	3	2	2	2	2	2	2	2	2	2	2	2	4	72	14	25	17	44	6	25	20	38
20	GOURAMMA	4	65	2	1	2	1	5	2	8	1	5,000	0	0	1			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	79	21	50	18	50	9	50	24	50
21	CHALAPURAMMA	4	82	2	1	2	1	1	1	1	1	1,200	0	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	3	3	3	3	2	2	2	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	4	64	17	38	15	38	6	25	17	31
22	IKTAMMA	4	64	2	1	3	1	1	1	6	1	10,000	0	0	1			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	63	16	31	14	31	6	25	16	25
23	SITAMMA	4	82	2	1	2	1	1	2	2	1	30,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	3	5	2	4	3	2	2	2	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	79	20	44	18	50	9	50	21	44
24	K.V.VENKATESHAN	4	70	1	1	2	5	8	2	2	1	30,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	3	5	3	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	71	14	25	17	44	8	44	19	38
25	SALAPURAMMA	4	74	2	1	2	1	1	1	1	1	1,200	0	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	5	2	5	5	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	66	15	31	18	50	6	25	16	25
26	RAVINDRASWAMY	4	65	1	1	3	6	5	2	5	1	15,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	80	21	50	18	50	9	50	24	50
27	ANJAMMA	4	64	2	1	3	1	1	2	4	2	40,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	4	4	4	4	3	3	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	3	3	81	18	38	20	56	9	50	23	50
28	MUNIVENKATAPPA	4	75	1	1	3	1	5	2	6	1	10,000	1	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	79	21	50	18	50	9	50	21	44
29	NARAYANAPPA	5	62	1	1	4	2	5	2	2	2	1,200	0	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	3	3	5	4	2	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	4	58	15	31	16	44	6	25	12	13
30	M.NARAYANASWAMY	4	61	1	1	3	5	6	2	4	2	1,200	1	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	60	16	31	14	31	6	25	16	25
31	VENKATESHAPPA	5	64	1	1	3	4	5	2	9	1	5,000	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	75	21	50	17	44	9	50	22	44
32	SHARATHA	3	69	2	1	3	4	1	1	1	2	1,200	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	5	5	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	64	12	19	13	31	6	25	16	25
33	LAKSHAKKA	5	63	2	1	4	1	1	1	1	2	1,200	0	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	5	4	4	2	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	4	63	13	19	14	31	6	25	15	25
34	MUNIVENKATAPPA	5	75	1	1	3	1	1	1	3	2	1,200	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	81	19	44	17	44	9	50	24	50
35	JAYAMMA	5	66	2	1	4	1	5	1	6	1	5,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	5	4	3	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	64	13	19	15	38	6	25	16	25
36	KRISHNAPPA	1	82	1	1	3	3	5	2	10	1	8,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	5	4	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	63	13	19	15	38	6	25	16	25
37	MUNIVENKATAMMA	1	68	2	1	3	1	1	2	2	2	2,500	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	5	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	3	92	22	56	19	56	12	75	27	63
38	GANGATALAMMA	1	80	2	1	3	1	5	1	1	2	3,000	0	0	2			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	5	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	63	14	25	14	31	6	25	16	25
39	NARAYANAPPA	1	70	1	1	3	1	5	2	10	1	20,000	1	1	3			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	3	5	2	2	4	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	74	19	44	16	44	9	50	20	38
40	NARANASWAMY	1	66	1	1	2	4	6	2	5	1	3,500	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	82	19	44	18	50	9	50	24	50
41	CHODAPPA	5	68	1	1	3	1	1	2	6	1	4,000	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	5	5	3	5	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	65	12	19	17	44	6	25	16	25
42	MUNILAKSHAMMA	2	66	2	1	2	1	1	2	3	2	2,500	0	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	3	3	5	4	4	4	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	78	17	38	18	50	9	50	19	38
43	VENKATARAMAPPA	2	69	1	1	4	1	1	2	2	2	1,200	1	1	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	64	14	25	17	44	6	25	16	25
44	MUNIYAPPA	2	70	1	1	3	1	1	2	5	1	8,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	5	5	5	5	2	2	2	2	2	2	2	2	2	2	2	4	3	3	3	3	3	3	3	3	76	14	25	20	56	9	50	19	38
45	VENTAKALAKSHAMMA	2	63	2	1	4	1	1	2	5	1	8,000	0	0	2			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	3	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	75	17	38	18	50	9	50	19	38
46	HUSSAIN	2	64	1	1	2	4	5	2	6	1	5,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	4	2	2	2	2	3	3	3	3	3	3	3	2	2	4	4	4	4	4	4	4	4	4	4	2	84	25	63	18	50	12	75	26	56
47	JAYAMMA	2	62	2	1	3	1	6	2	2	2	10,000	0	0	3			4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	59	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	2	2	2	2	2	2	2	2	4	72	20	44	16	44	6	25	19	38
48	LAKSHMAKKA	2	85	2	1	3	1	1	2	2	2	10,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	3	3	2	2	2	2	2	2	3	3	3	3	2	4	3	3	3	4	3	2	4	4	4	3	75	20	44	15	38	9	50	25	56
49	RAJAMMA	2	80	2	1	3	1	1	1	2	2	2,500	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	2	2	2	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	80	20	44	19	56	9	50	22	44
50	SAVARITHAMMA	2	62	2	1	3	1	2	2	4	2	3,000	0	0	0			2	4	3	3	2	4	3	3	3	3	4	4	3	3	3	47	2	3	3	2	2	2	3	3	3	3	2	2	2	2	2	3	2	2	2	2	2	3	3	2	2	2	4	65	19	44	14	31	8	44	18	31
51	MUNILAKSHAMMA	2	82	2	1	2	1	1	2	2	2	2,400	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	74	17	38	18	50	9	50	19	38
52	VENKATALAKSHAMMA	2	78	2	1	2	1	1	1	1	1	1,200	0	0	2			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	1	1	4	2	2	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	5	40	11	13	8	6	3	0	9	6
53	SUPAMMA	2	67	2	1	2	1	1	2	6	1	10,000	0	0	2			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	2	2	2	2	2	2	2	3	2	1	3	3	3	3	2	3	3	3	3	3	3	3	2	4	68	22	56	13	31	9	50	19	38
54	PARVATHAMMA	2	66	2	1	2	1	1	2	5	1	5,000	0	0	3			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	76	21	50	18	50	9	50	21	44
55	RATHANAMMA	2	80	2	1	2	1	1	2	7	1	5,000	0	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	81	21	50	18	50	9	50	24	50
56	VENKATALAKSHAMMA	2	75	2	1	4	1	5	2	6	1	8,000	0	0	3			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	104	24	63	23	69	12	75	32	75
57	GOVINDAPPA	2	67	1	1	2	2	5	2	2	2	6,000	1	0	2			3	3	3	2	3	3	3	4	4	3	2	2	2	2	3	42	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	80	21	50	18	50	9	50	24	50
58	THIPPAKKA	2	74	2	1	2	1	1	2	5	1	8,000	0	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	4	3	3	3	2	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	72	19	44	15	38	9	50	19	38
59	SAVITHAMMA	2	67	2	1	2	3	1	2	6	1	10,000	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	80	21	50	18	50	9	50	24	50
60	NAGARAJ	2	66	1	1	1	5	5	2	2	2	2,500	1	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	57	18	38	12	25	6	25	16	25
61	LULIAMMA	2	65	2	1	2	2	5	2	2	2	4,000	0	0	1			3	4	3	3	4	4	4	4	2	4	3	4	4	3	3	52	2	3	3	3	2	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	78	22	56	18	50	9	50	23	50
62	VENKATARAMAPPA	2	74	1	1	2	1	1	2	6	1	10,000	1	0	3			3	4	3	2	3	4	3	4	3	4	3	4	4	3	3	50	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	80	21	50	18	50	9	50	24	50
63	LAKSHMAKKA	2	68	2	1	2	1	1	1	1	2	1,200	0	0	1			2	2	2	2	2	3	3	3	3	2	2	3	3	3	3	38	2	4	4	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	66	16	31	16	44	6	25	18	31
64	KRISHNACHARI	2	70	1	1	2	1	5	2	3	2	5,000	0	0	3			4	4	3	3	4	3	4	4	4	4	4	4	4	4	4	57	3	2	2	4	3	3	3	3	3	2	2	2	2	2	2	3	2	3	3	3	3	3	3	3	3	3	3	73	18	38	17	44	9	50	20	38
65	VENKATARAMESHWAR	2	70	1	1	2	1	1	2	6	1	10,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	2	2	2	2	3	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	74	23	56	16	44	9	50	22	44
66	RAJESHWARAN	2	70	1	1	4	1	5	2	5	1	6,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	2	3	2	2	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	74	22	56	16	44	9	50	23	50
67	G.K NARAYANSWAMY	2	66	1	1	2	3	1	2	4	2	10,000	1	0	3			2	4	2	3	4	4	4	3	3	3	3	3	3	3	3	47	2	4	4	2	2	2	2	3	3	3	4	4	4	3	3	3	4	4	4	4	4	4	4	4	4	4	3	91	27	69	18	50	12	75	28	63

68	AMARANARAYAN	2	68	1	1	2	3	6	2	2	2	10,000	0	1	1			3	4	4	4	3	3	3	3	4	4	4	4	4	4	4	55	2	4	3	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	68	21	50	14	31	9	50	19	38
69	V.VENKATESHAPPA	4	67	1	1	2	4	1	2	4	2	1,200	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	2	2	2	2	2	2	2	2	2	2	2	3	4	4	4	4	4	4	4	4	4	4	3	81	24	63	15	38	12	75	22	44
70	RAMIYAPPA	3	70	1	1	2	2	5	2	7	1	5,000	1	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	2	2	2	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	74	23	56	17	44	9	50	23	50
71	MUNIVENKATAPPA	6	82	1	1	2	1	5	2	2	2	2,500	1	0	2			3	4	4	4	4	3	3	3	3	4	4	4	3	3	3	52	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	64	20	44	14	31	9	50	19	38
72	SURYA PRAKASH	6	66	1	1	2	5	6	2	3	2	1,800	0	0	2			3	4	4	4	3	2	3	3	4	4	4	3	3	2	3	49	2	2	2	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	69	19	44	16	44	9	50	19	38
73	RAMACHANDRA AACHARY	6	62	1	1	3	1	2	2	2	2	10,000	0	1	3			3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	44	2	4	2	3	3	3	3	2	2	3	2	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	76	20	44	17	44	9	50	22	44
74	CHANAPPA	5	67	1	1	2	2	5	2	7	1	7,000	1	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	67	21	50	14	31	9	50	19	38
75	GOVITHAMMA	5	66	2	1	3	1	1	1	2	2	1,200	0	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	59	16	31	12	25	6	25	16	25
76	SAKAMMA	7	62	2	1	2	1	5	1	1	2	5,000	0	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	3	3	3	2	2	2	2	3	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	71	20	44	16	44	9	50	19	38
77	MUNISELVARAJ	7	85	1	1	2	3	5	2	4	2	8,000	0	1	1			3	3	3	3	3	4	4	3	4	3	4	4	4	4	3	52	2	3	2	4	4	4	4	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	4	78	18	38	17	44	9	50	21	44
78	CHANGAPPA	7	65	1	1	2	3	5	2	2	2	1,200	1	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	74	17	38	18	50	9	50	19	38
79	NARAYANAPPA	7	74	1	1	2	4	5	2	4	2	8,000	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	75	21	50	18	50	9	50	21	44
80	KRISHNASWAMY	7	66	1	1	2	4	5	2	2	2	1,200	1	1	3			3	4	3	4	3	3	3	3	4	3	4	3	4	3	3	50	2	2	2	3	3	2	2	2	2	2	2	2	2	2	2	2	3	3	3	2	2	3	2	2	2	2	4	62	19	44	12	25	7	31	16	25
81	NARAYANAMMA	7	70	2	1	3	5	5	1	1	2	1,200	0	0	2			3	3	3	3	3	3	3	3	3	3	4	4	3	3	3	47	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	56	18	38	12	25	6	25	16	25
82	CHINAKKA	4	80	2	1	2	1	1	2	4	2	1,200	0	0	3			4	4	4	3	3	4	4	4	4	4	3	4	4	4	3	56	3	2	2	5	5	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	63	12	19	12	25	6	25	16	25
83	RAMAPPA	7	68	1	1	2	1	5	2	2	2	8,000	0	0	3			3	3	3	4	3	3	3	3	4	4	4	3	3	3	4	50	2	3	3	4	4	2	4	2	2	2	3	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	4	78	19	44	15	38	9	50	21	44
84	NARASWAMY	7	62	1	1	2	1	5	2	4	2	2,500	0	1	3			3	3	3	4	3	4	4	3	4	3	4	3	3	4	4	52	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	79	21	50	18	50	9	50	24	50
85	NARAYANAPPA	6	65	1	1	2	1	5	2	3	2	1,800	1	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	4	3	2	3	2	2	2	2	3	2	2	2	2	3	3	2	2	2	2	2	2	2	2	4	64	17	38	14	31	6	25	16	25
86	VENKATARAMMPPA	6	65	1	1	3	5	5	2	3	2	2,000	1	0	3			3	3	3	4	3	4	3	4	4	3	4	3	3	3	3	50	2	3	3	4	3	2	3	2	2	2	2	3	2	2	2	2	3	2	3	3	3	3	3	3	3	3	3	71	17	38	16	44	9	50	19	38
87	RAMESHWAR	4	66	1	1	4	2	5	2	9	1	2,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	2	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	70	17	38	15	38	9	50	19	38
88	SHANTHALA	3	65	2	1	2	5	1	1	2	2	1,200	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	3	3	2	3	3	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	75	20	44	16	44	9	50	22	44
89	PADTHAMMA	3	68	2	1	2	5	5	2	3	2	3,000	0	0	1			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	3	3	3	2	75	21	50	19	56	9	50	21	44
90	VENKATAMUNIYAPPA	3	66	1	1	3	2	5	2	4	2	3,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	2	2	2	2	2	2	2	2	2	3	2	3	3	3	3	3	3	2	2	2	2	3	66	17	38	14	31	8	44	17	31
91	GEETHA	3	67	2	1	2	3	5	2	3	2	3,000	0	0	3			3	3	3	3	3	4	3	3	4	3	4	3	3	3	3	48	2	3	3	4	4	2	2	2	2	2	2	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	75	18	38	15	38	9	50	21	44
92	IKTARAMSAPPA	4	62	1	1	3	1	1	1	1	2	1,200	1	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	61	14	25	12	25	6	25	16	25
93	RAMACHANDRA	4	65	1	1	2	1	5	2	5	1	1,200	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	69	17	38	14	31	9	50	19	38
94	RAJESHWARI	4	68	2	1	3	2	5	2	4	2	5,000	0	0	0			2	2	2	2	2	2	2	4	4	2	4	4	2	2	2	38	2	3	3	2	2	3	3	3	3	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	2	72	22	56	18	50	9	50	21	44
95	VENKATESH	4	66	1	1	2	1	5	2	6	1	8,000	0	1	1			2	2	2	3	2	3	3	3	3	3	3	3	2	3	2	39	2	3	3	2	2	3	3	3	3	3	3	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	2	73	23	56	18	50	9	50	21	44
96	RAMAPPA	6	67	1	1	2	1	5	2	8	1	5,000	1	0	2			3	3	2	4	2	4	2	4	4	4	4	4	2	4	2	48	2	2	3	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	75	23	56	16	44	9	50	24	50
97	LAKSHAMMA	6	62	2	1	2	1	1	2	6	1	8,000	0	0	1			2	3	2	3	3	3	4	2	3	3	3	3	3	2	3	42	2	2	2	4	4	2	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	70	17	38	15	38	9	50	19	38
98	JAYAMMA	3	63	2	1	4	1	4	2	5	1	3,000	0	0	3			2	2	2	3	3	3	2	3	3	3	3	3	3	3	3	41	2	2	2	3	3	3	3	2	2	2	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	74	21	50	17	44	9	50	21	44
99	LAKSHIDEVIAMMA	3	62	2	1	3	1	5	2	4	2	9,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	44	2	4	4	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	2	88	26	69	19	56	12	75	27	63
100	NARAYANAMMA	3	80	2	1	3	1	1	2	9	1	1,200	0	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	4	4	4	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	64	14	25	15	38	6	25	16	25
101	MUNIVENKATAMMA	3	66	2	1	3	1	1	2	5	1	1,200	0	0	3			4	4	4	3	4	4	3	4	3	4	4	3	4	3	3	54	2	2	2	4	4	2	3	2	2	2	2	2	2	2	2	2	3	3	2	2	2	2	2	2	2	2	4	63	16	31	13	31	6	25	16	25
102	DOTA KRISHNAPPA	3	68	1	1	3	4	6	2	4	1	9,000	1	1	3			2	2	3	3	3	3	4	3	4	3	4	4	4	3	4	49	2	2	2	3	3	2	3	2	2	2	2	2	2	2	2	2	2	3	2	2	3	3	3	3	3	2	3	64	17	38	14	31	9	50	18	31
103	RAMAPPA	3	80	1	1	3	1	5	1	8	1	1,200	1	1	3			3	3	4	4	3	4	3	3	4	4	4	4	4	3	4	54	2	2	2	3	3	2	2	3	2	2	2	2	2	3	3	2	3	3	3	2	2	2	2	2	2	2	3	63	19	44	14	31	6	25	18	31
104	CHODDAMMA	3	65	2	1	3	1	5	2	4	2	1,200	1	0	1			3	4	3	4	4	4	3	3	4	4	4	3	3	4	3	53	2	2	2	4	4	2	3	2	2	3	2	3	2	2	2	3	2	2	2	2	2	2	3	3	2	3	3	66	15	31	15	38	7	31	19	38
105	PADAMMA	3	65	2	1	3	1	5	2	3	2	1,200	0	0	2			3	3	4	4	2	2	4	4	4	3	4	4	3	3	4	51	2	2	2	3	3	2	2	2	3	3	2	2	2	3	2	2	3	2	3	2	2	3	3	2	3	2	3	65	18	38	13	31	8	44	20	38
106	LAKSHAMMA	3	68	2	1	4	2	5	2	4	2	5,000	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	3	3	3	2	2	2	2	2	2	3	3	3	4	4	4	4	4	4	4	4	4	4	2	85	23	56	18	50	12	75	24	50
107	CHINAPPA	3	75	1	1	1	1	5	2	7	1	8,000	0	0	1			2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	44	2	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	69	17	38	14	31	9	50	19	38
108	KRISHNA.D.S	3	70	1	1	1	4	5	2	3	2	5,000	1	0	3			3	3	3	4	3	4	4	3	3	3	4	3	3	3	3	49	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	80	21	50	18	50	9	50	24	50
109	MACHUNATHAN	6	65	1	1	2	2	5	2	4	2	2,000	0	0	1			3	3	2	3	2	3	3	2	3	2	3	3	3	3	2	40	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	64	14	25	16	44	6	25	16	25
110	SURESH	3	64	1	1	1	4	5	2	4	2	8,000	0	0	3			3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	31	1	3	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	73	17	38	18	50	9	50	19	38
111	NARAYANASWAMY	3	67	1	1	2	4	5	2	6	1	10,000	0	0	0			3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	37	2	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	82	21	50	18	50	9	50	24	50
112	SOOMASHEKAR	3	65	1	1	2	4	5	2	2	2	8,000	0	0	4			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	66	21	50	14	31	9	50	19	38
113	VENKATESHAPPA	3	68	1	1	1	1	1	2	6	1	10,000	1	1	3			2	3	3	3	2	3	3	3	3	3	3	3	3	3	3	43	2	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	59	14	25	13	31	6	25	16	25
114	VENKATESHAPPA	3	75	1	1	2	2	4	2	5	1	10,000	0	0	0			2	3	3	3	2	3	3	3	3	3	3	3	3	3	3	43	2	2	2	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	65	16	31	16	44	8	44	19	38
115	VENKATAMMA	3	70	2	1	1	1	1	1	6	1	10,000	0	0	4			3	2	2	3	3	3	3	3	3	3	3	3	3	3	3	43	2	2	2	3	3	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	69	20	44	14	31	9	50	20	38
116	VISHAVANATHAN	3	70	1	1	1	4	5	2	4	2	10,000	0	0	1			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	4	4	2	2	2	2	2	2	2	2	3	3	4	4	4	4	4	4	4	4	4	4	4	2	85	22	56	16	44	12	75	24	50
117	RATHA	3	65	2	1	2	2	2	2	3	2	40,000	0	0	0			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	2	2	4	4	2	2	2	2	2	2	2	2	2	4	4	4	4	4	4	4	4	4	4	2	81	24	63	20	56	12	75	22	44
118	M.SUBRAMANI	6	69	1	1	3	2	5	2	4	2	12,000	0	0	0			3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	34	1	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	3	91	24	63	19	56	12	75	27	63
119	VENKATESHAPPA	3	85	1	1	1	1	1	2	3	2	2,500	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	71	20	44	14	31	9	50	20	38
120	RATHAMMA	3	62	2	1	4	1	1	1	1	2	2,000	0	0	3			3	3	3	4	4	4	3	3	4	4	4	3	3	3	3	51	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	59	16	31	13	31	6	25	16	25
121	RAGANATH	3	69	1	1	1	6	5	2	2	2	20,000	0	0	4			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	3	3	2	2	2	2	2	2	2	2	3	3	4	4	4	4	4	4	4	4	4	4	4	2	83	24	63	16	44	12	75	24	50
122	ASHOK KUMAR	3	63	1	1	1	6	6	2	2	2	30,000	0	0	1			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	2	90	24	63	20	56	12	75	27	63
123	MANGAMMA	3	80	2	1	4	1	1	1	1	2	2,000	0	0	3			4	4	4	4	3	4	3	3	3	3	3	3	3	3	3	50	2	2	2	4	4	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	70	18	38	14	31	9	50	19	38
124	GEETHA	3	68	2	1	1	4	1	2	2	2	3,000	0	0	0			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	58	16	31	13	31	6	25	16	25
125	RATHANAMMA	3	82	2	1	1	4	6	2	7	1	20,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	3	2	2	2	2	2	2	2	2	2	3	3	4	4	4	4	4	4	4	4	4	4	2	82	23	56	16	44	12	75	23	50
126	BAGAYAMMA	3	85	2	1	1	1	1	2	7	1	20,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	3	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	71	19	44	14	31	9	50	19	38
127	SAKAMMA	3	65	2	1	1	1	6	2	4	2	8,000	0	0	3			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	2	2	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	2	88	26	69	20	56	12	75	27	63
128	LAKSHAMMA	6	80	2	1	2	1	2	2	6	1	25,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	59	14	25	13	31	6	25	16	25
129	LAKSHAMMA	6	65	2	1	2	1	1	2	2	2	2,500	0	0	2			4	4	3	3	3	4	4	4	4	4	4	4	3	4	3	55	2	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	69	17	38	14	31	9	50	19	38
130	MANGAMMA	4	65	2	1	2	1	2	2	7	1	30,000	0	0	3			3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	46	2	3	3	2	2	2	2	2	2	2	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	72	23	56	15	38	9	50	21	44
131	G.M VENKARAMAPPA	3	67	1	1	2	1	5	2	2	2	10,000	1	1	4			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	72	19	44	16	44	9	50	19	38
132	SAROJAMMA	4	68	2	1	2	1	2	1	2	2	3,000	0	0	3			4	4	3	4	3	3	3	3	4	4	4	4	4	4	3	54	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	56	18	38	12	25	6	25	16	25
133	JAYARAMAAPPA	6	62	1	1	2	2	5	1	1	2	10,000	0	0	3			3	3	4	4	2	4	3	3	4	3	4	3	3	3	3	49	2	3	2	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	2	2	2	2	3	66	19	44	16	44	8	44	16	25
134	MANJUNATHAN	4	66	1	1	2	2	5	2	5	1	15,000	0	0	3			3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	46	2	4	4	3	3	3	3	3	3	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	75	19	44	17	44	9	50	20	38
135	RAMMORTHY K.N	3	72	1	1	1	6	9	1	1	2	40,000	0	0	0			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	2	2	2	2	2	2	2	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	85	26	69	15	38	12	75	25	56
136	LAKSHMAMMA	5	60	2	1	2	3	5	2	2	1	2,500	0	0	0			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	3	92	24	63	19	56	12	75	27	63

137	RAMACHANDRAPPA	5	65	1	1	2	4	5	2	2	1	2,500	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	3	92	24	63	19	56	12	75	27	63
138	VENKATESHAPPA	4	70	1	1	3	3	5	2	6	1	12,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	5	5	5	5	1	1	1	1	1	1	2	2	2	3	3	3	3	3	3	3	3	3	3	4	72	14	25	17	44	9	50	16	25
139	ASPATHANARAYANAPPA	6	65	1	1	3	2	5	2	5	1	12,500	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	2	2	2	2	2	2	3	3	3	2	2	2	2	2	2	2	2	2	2	4	67	15	31	16	44	6	25	18	31
140	ANJAPPA	4	80	1	1	3	1	5	2	6	1	12,500	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	82	21	50	18	50	9	50	24	50
141	THPPANNA	4	64	1	1	2	1	2	2	4	2	5,000	1	1	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	3	68	19	44	17	44	6	25	21	44
142	H.KRISHANAPPA	5	65	1	1	3	4	2	2	5	1	8,000	0	0	1			2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	36	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	2	82	21	50	19	56	11	69	27	63
143	ASWATH GOWDA	5	85	1	1	3	3	5	2	5	1	2,000	1	1	3			2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	40	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	75	23	56	17	44	9	50	24	50
144	NAGAPPA	5	65	1	1	1	2	6	2	4	2	20,000	0	0	2			2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	40	2	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	2	91	24	63	20	56	12	75	27	63
145	LAKSHAMMA	4	65	2	1	3	1	5	2	6	1	12,500	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	69	19	44	16	44	9	50	19	38
146	NARAYAMMA	4	75	2	1	1	1	1	1	6	1	6,000	0	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	1	4	4	4	4	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	4	54	11	13	15	38	3	0	13	19
147	RAJAMMA	1	65	2	1	3	1	1	2	6	1	12,500	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	64	14	25	16	44	6	25	16	25
148	LAKSHAMAKKA	4	65	2	1	3	1	2	1	7	1	8,000	0	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	75	17	38	17	44	9	50	19	38
149	LAKSHAMAKA	4	62	2	1	3	1	5	2	7	1	20,000	0	0	3			2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	40	2	4	4	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	63	16	31	15	38	6	25	16	25
150	ANJAMMA	5	60	2	1	3	1	1	2	6	1	10,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	84	19	44	20	56	9	50	24	50
151	NAGARAJAMMA	3	75	2	1	1	4	9	2	4	2	60,000	0	0	0			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	2	2	2	2	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	2	86	26	69	18	50	12	75	27	63
152	MUNIVENKATAMMA	3	65	2	1	3	1	2	2	6	1	8,000	0	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	65	14	25	16	44	6	25	16	25
153	PADMA	3	67	2	1	1	4	1	1	1	2	1,200	0	0	3			3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	33	1	2	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	65	16	31	16	44	9	50	19	38
154	VIJAYALAKSHMI	3	62	2	1	1	2	1	2	6	1	50,000	0	0	0			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	3	4	4	4	4	4	4	4	4	4	4	2	79	25	63	16	44	12	75	22	44
155	RAJAPPA	3	62	1	1	1	6	6	2	4	2	12,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	3	90	24	63	19	56	12	75	27	63
156	SAROJAMMA	3	65	2	1	1	1	1	2	4	2	15,000	0	0	2			2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	40	2	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	71	19	44	16	44	9	50	19	38
157	NAGAMMA	3	65	2	1	2	1	5	1	4	2	10,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	63	14	25	17	44	6	25	16	25
158	NARAYAMMA	3	80	2	1	1	1	1	2	2	2	5,000	0	0	1			2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	43	2	4	4	2	2	2	2	2	2	2	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	3	85	26	69	16	44	12	75	25	56
159	NASAMMA	3	95	2	1	1	1	1	2	10	1	20,000	0	0	1			2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	41	2	4	4	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	73	14	25	17	44	9	50	19	38
160	NAGAMMANI	3	68	2	1	1	1	1	2	6	1	25,000	0	0	3			2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	39	2	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	81	21	50	19	56	9	50	24	50
161	VENKATESHAPPA	3	66	1	1	2	1	2	2	6	1	10,000	1	1	3			2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	31	1	4	4	2	2	2	2	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	3	87	26	69	17	44	12	75	27	63
162	VENKATAMMA	3	72	2	1	4	1	1	2	5	1	12,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	73	14	25	19	56	9	50	21	44
163	S.RAJAPPA	3	84	1	1	3	2	1	2	4	2	10,000	1	1	3			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	70	19	44	16	44	9	50	19	38
164	RANIYAMMA	3	65	2	1	2	1	2	2	4	2	20,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	73	17	38	18	50	9	50	19	38
165	JANAKIAMMA	3	85	2	1	1	4	1	2	2	2	30,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	71	19	44	16	44	9	50	19	38
166	RAMACHANDRA	3	82	1	1	1	4	9	2	2	2	30,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	4	4	4	4	2	2	2	2	2	2	2	2	2	4	4	4	4	4	4	4	4	4	4	3	87	20	44	19	56	12	75	22	44
167	SUDHA	3	62	2	1	1	6	9	2	4	2	10,000	0	0	0			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	4	2	2	2	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	2	88	24	63	18	50	12	75	27	63
168	PARABAMANI	3	60	2	1	1	6	9	2	4	2	40,000	0	0	0			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	2	2	2	2	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	2	86	26	69	18	50	12	75	27	63
169	SHATHAMMA	3	82	2	1	1	4	9	2	4	2	60,000	0	0	0			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	4	4	2	2	2	2	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	2	88	27	69	18	50	12	75	28	63
170	MUNIAMMA	3	80	2	1	1	1	1	1	12	1	18,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	4	4	4	4	4	4	4	3	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	85	17	38	21	63	9	50	26	56
171	MUNIVENKATAPPA	6	62	1	1	3	2	5	2	9	1	16,000	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	84	19	44	20	56	9	50	24	50
172	NARAYANAMMA	6	68	2	1	3	1	2	1	5	2	18,000	0	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	3	3	4	4	4	4	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	82	19	44	19	56	9	50	22	44
173	GOWRAMMA	2	66	2	1	3	2	1	2	10	1	18,000	0	0	1			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	3	3	5	5	5	5	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	79	15	31	19	56	9	50	19	38
174	SUBANNA	2	70	1	1	4	1	1	2	3	2	12,000	0	0	3			2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	43	2	3	3	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	84	19	44	20	56	9	50	24	50
175	LAKSHAMMAKKA	2	65	2	1	4	1	2	2	3	2	12,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	64	14	25	16	44	6	25	16	25
176	MUNINARAYANA	2	65	1	1	3	1	2	2	3	2	15,000	1	1	3			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	3	3	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	65	14	25	16	44	6	25	16	25
177	MUNIYAMMA	2	65	2	1	4	1	1	1	1	2	3,000	0	0	1			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	5	5	5	5	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	68	12	19	19	56	6	25	16	25
178	YELLAMMA	2	75	2	1	3	1	1	2	4	2	16,000	0	0	3			4	3	3	3	3	4	3	3	3	3	3	3	3	3	3	47	2	4	3	2	3	2	2	3	2	3	3	2	2	3	3	2	2	2	2	2	2	2	2	2	2	2	3	64	18	38	14	31	6	25	19	38
179	VENKATAPPA	2	62	1	1	2	1	5	2	11	1	20,000	0	1	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	59	16	31	13	31	6	25	16	25
180	CHINANNA	2	68	1	1	2	1	6	2	8	1	10,000	1	1	3			3	3	3	3	3	4	3	3	3	4	3	3	3	3	3	47	2	4	4	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	77	17	38	18	50	9	50	19	38
181	MUNILAKSHAMMA	2	64	2	1	2	1	1	2	3	2	8,000	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	3	3	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	74	20	44	16	44	9	50	21	44
182	LAKSHMINARAYANA	2	81	1	1	3	2	6	2	2	2	25,000	0	0	4			4	3	3	3	3	3	3	3	4	4	4	4	4	1	1	47	2	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	4	3	4	84	22	56	17	44	9	50	25	56
183	SARASAMMA	2	80	2	1	4	1	6	2	2	2	8,000	0	0	3			2	3	3	4	3	4	3	4	2	2	2	2	2	3	3	42	2	3	2	3	2	2	2	2	3	2	3	4	3	2	3	2	2	3	3	3	3	3	3	3	4	3	3	73	20	44	16	44	9	50	23	50
184	LAKSHMAKKS	2	60	2	1	2	1	1	2	3	2	5,000	0	0	1			2	4	4	2	3	3	3	1	2	2	2	2	2	1	3	36	2	3	4	2	2	3	3	3	3	3	3	3	3	4	4	3	4	4	4	4	4	3	3	3	3	4	2	86	26	69	20	56	10	56	27	63
185	SITAMMA	4	80	2	1	2	1	5	2	5	2	18,000	0	0	3			2	3	3	2	3	3	3	2	4	2	4	3	3	3	2	42	2	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	79	21	50	18	50	9	50	24	50
186	VANAMMA	4	80	2	1	2	1	1	1	4	2	16,000	0	0	0			2	2	4	4	3	3	3	2	4	4	4	4	3	3	3	48	2	4	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	72	21	50	14	31	9	50	21	44
187	PARATHAMMA	4	62	2	1	2	2	6	2	3	2	10,000	0	0	3			3	3	4	3	2	2	3	3	4	4	4	4	3	3	4	49	2	4	3	2	2	2	2	2	2	2	2	2	2	2	2	2	4	4	4	4	3	3	3	3	3	3	3	72	24	63	15	38	9	50	19	38
188	VENKATARAPPA	4	75	1	1	2	1	5	2	9	1	18,000	0	0	3			4	4	3	4	3	3	4	4	4	4	4	4	4	4	4	57	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	4	4	4	4	4	4	4	4	4	4	3	78	24	63	15	38	12	75	22	44
189	MUNIAMMA	4	60	2	1	2	1	5	2	6	1	16,000	0	0	3			3	3	3	4	3	3	4	3	4	4	4	4	3	3	3	51	2	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	4	3	3	3	3	3	3	3	3	3	3	68	22	56	14	31	9	50	19	38
190	VENKARAPPA	4	66	1	1	2	2	5	2	20	1	80,000	1	1	1			2	2	3	3	3	3	3	3	4	3	3	3	3	2	2	42	2	4	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	72	20	44	14	31	9	50	20	38
191	LAKSHMIDEVI	4	62	2	1	2	2	5	2	5	2	7,000	0	0	3			2	2	2	2	2	2	2	2	3	3	3	3	2	2	2	34	1	4	4	3	2	2	2	2	2	2	2	2	2	2	3	3	4	4	4	4	4	4	4	4	4	4	3	81	24	63	15	38	12	75	23	50
192	MUNIVENKATAPPA	4	85	1	1	2	1	2	2	9	2	10,000	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	56	18	38	12	25	6	25	16	25
193	IKTAMMA	4	66	2	1	2	1	1	2	4	2	18,000	0	0	1			2	2	2	2	2	2	2	2	4	4	4	4	3	3	3	41	2	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	4	4	4	4	4	4	4	4	4	4	3	78	23	56	15	38	12	75	22	44
194	KANGAMMA	4	68	2	1	2	1	5	2	4	2	10,000	0	0	3			2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	42	2	3	3	3	2	2	2	2	2	2	2	2	2	2	3	3	4	4	4	4	4	4	4	4	4	4	3	80	24	63	15	38	12	75	23	50
195	LAKSHAMMA	4	72	2	1	2	1	5	1	5	2	8,000	0	0	1			4	4	2	2	2	2	4	4	4	4	4	4	4	4	4	52	2	3	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	4	4	3	64	18	38	13	31	6	25	22	44
196	VENKATAMMA	4	75	2	1	2	1	5	2	3	2	12,000	0	0	3			3	3	3	3	3	3	3	3	4	4	4	4	3	3	3	49	2	4	4	3	3	3	3	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	76	20	44	16	44	9	50	21	44
197	RATHANAMMA	4	62	2	1	2	1	5	2	2	2	8,000	0	0	2			3	3	2	2	2	2	2	2	3	3	3	3	2	2	2	36	2	4	4	3	3	2	2	2	2	2	2	2	2	3	3	3	2	2	3	4	4	4	4	4	4	4	3	79	18	38	15	38	12	75	24	50
198	RAMACHANDRAPPA	4	72	1	1	2	2	1	2	2	2	3,200	1	1	3			4	3	4	4	4	3	3	4	4	4	4	4	4	4	4	57	3	2	2	4	4	2	2	3	3	3	2	2	2	3	3	3	2	2	2	3	3	3	3	3	3	3	4	74	15	31	14	31	9	50	23	50
199	SUBBANNA	4	65	1	1	2	2	5	2	5	1	15,000	1	0	3			4	3	3	3	4	3	3	3	3	4	4	4	3	4	4	52	2	4	4	3	3	2	2	2	2	2	2	2	2	3	3	3	2	2	3	3	3	3	2	2	2	2	3	68	18	38	14	31	8	44	18	31
200	SHARATHAMMA	4	70	2	1	2	1	1	1	1	2	2,500	0	0	1			4	3	4	4	4	4	3	3	4	4	4	4	3	3	3	54	2	2	3	3	3	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	71	20	44	14	31	9	50	21	44
201	DEEPIKA	2	65	2	1	3	6	6	1	4	2	20,000	0	0	0			3	3	3	3	3	3	3	3	4	3	3	3	3	4	3	47	2	2	2	3	3	3	3	3	3	3	2	2	2	3	3	3	4	4	4	4	4	4	4	4	4	4	3	85	23	56	18	50	12	75	26	56
202	MANJULAMMA	2	62	2	1	2	4	6	2	5	1	11,000	0	0	3			2	2	2	2	3	3	2	2	4	3	3	3	3	3	3	40	2	4	4	3	3	2	2	2	2	2	2	2	2	3	3	3	3	3	2	2	3	3	3	3	3	3	3	72	19	44	13	31	9	50	21	44
203	NAGARAJ	3	64	1	1	1	4	6	2	4	2	8,000	1	0	1			2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	42	2	4	4	2	2	2	2	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	2	87	26	69	18	50	12	75	27	63
204	GANTHAMMA	3	70	2	1	1	4	1	1	1	2	5,000	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	3	3	3	3	3	3	3	3	3	3	4	4	4	3	4	4	4	2	2	3	3	3	3	3	86	24	63	19	56	7	31	26	56
205	BABY	3	65	2	1	1	4	1	1	2	2	10,000	0	0	2			2	3	4	4	3	4	3	4	4	4	4	4	3	3	3	52	2	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	3	72	18	38	17	44	6	25	21	44

206	VIMALA	3	68	2	1	1	4	1	1	2	2	12,000	0	0	3			3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	52	2	4	4	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	4	4	4	4	3	77	19	44	16	44	10	56	22	44
207	SHANTHALA	3	62	2	1	1	4	1	2	2	2	10,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	4	3	3	3	3	2	2	2	2	2	2	2	2	2	4	4	4	4	4	4	4	4	4	4	3	82	22	56	17	44	12	75	22	44
208	PARVATHAMMA	2	70	2	1	2	1	1	2	3	2	8,000	0	0	3			2	2	3	3	3	3	3	3	4	3	4	3	3	3	3	45	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	3	3	2	3	3	3	3	3	3	3	3	68	18	38	14	31	9	50	19	38
209	MINIVENKATAMMA	2	67	2	1	2	2	1	2	6	1	16,000	0	0	1			4	3	3	3	3	3	3	3	4	4	3	3	2	3	3	47	2	4	4	3	3	2	2	2	2	2	3	3	3	3	3	3	4	4	3	4	2	2	3	4	2	4	3	79	23	56	16	44	7	31	23	50
210	VENKATALEKSHMIAMMA	2	66	2	1	3	2	1	2	3	2	12,000	0	0	3			4	2	2	2	2	2	3	3	4	4	4	4	3	3	3	45	2	4	4	3	3	2	2	3	3	3	3	3	3	3	3	3	3	4	2	2	2	2	3	3	4	3	3	78	21	50	15	38	7	31	25	56
211	SAROJAMMA	2	63	2	1	2	4	6	2	6	1	12,000	0	0	2			2	3	3	3	3	3	2	3	4	3	3	3	2	2	2	41	2	3	3	3	3	2	3	3	3	3	2	2	2	3	3	3	2	2	2	3	3	3	3	3	3	3	3	73	17	38	16	44	9	50	23	50
212	VENKATARAMAPPA	2	68	1	1	2	3	1	2	6	1	10,000	1	1	3			2	2	2	4	3	3	3	4	4	3	4	4	3	3	3	47	2	2	2	3	3	2	2	2	3	3	2	2	2	3	3	3	2	2	2	3	3	3	3	3	3	3	3	69	17	38	14	31	9	50	23	50
213	MUNIAMMA	2	65	2	1	2	4	5	2	11	1	35,000	0	0	1			2	2	2	2	3	3	4	4	3	3	3	3	2	2	2	40	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	2	2	2	2	2	2	3	63	19	44	14	31	6	25	16	25
214	GAURADAMMA	2	70	2	1	3	1	1	2	9	1	18,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	4	4	4	4	3	3	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	78	18	38	16	44	9	50	21	44
215	MUNIVENKATAMMA	7	61	2	1	3	1	5	2	8	1	18,000	0	0	3			2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	38	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	2	2	2	2	2	3	61	16	31	14	31	7	31	16	25
216	MUNIAMMA	7	65	2	1	3	1	5	2	10	1	12,000	0	0	0			2	2	2	2	2	2	3	3	4	4	4	4	3	3	3	43	2	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	74	19	44	17	44	9	50	21	44
217	RAMAREDDY	2	64	1	1	3	1	5	2	6	1	18,000	1	1	3			3	3	3	3	2	2	4	4	4	4	4	4	4	4	4	52	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	74	23	56	16	44	9	50	24	50
218	PAPPAMMA	7	64	2	1	3	1	2	1	1	2	5,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	70	22	56	14	31	9	50	21	44
219	CHIKALAKSHAMAPPA	7	75	1	1	3	1	5	2	2	2	15,000	1	1	0			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	71	19	44	16	44	9	50	19	38
220	MUNIVENKATAMMA	7	70	2	1	3	1	5	2	2	1	3,500	0	0	0			2	2	2	2	2	2	2	2	3	3	3	3	2	2	2	34	1	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	65	21	50	14	31	9	50	19	38
221	SRINIVASA	7	68	1	1	3	4	5	2	5	1	12,000	1	0	2			3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	31	1	4	3	3	3	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	2	70	19	44	17	44	9	50	19	38
222	LAKSHAMMA	7	65	2	1	3	1	5	2	5	1	18,000	0	0	2			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	3	3	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	67	20	44	14	31	9	50	19	38
223	NAGAMMA	7	64	2	1	3	1	5	2	3	2	12,500	0	0	3			2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	38	2	3	3	2	2	2	2	3	3	3	2	2	2	3	3	2	3	3	3	3	3	3	3	3	3	3	3	72	21	50	15	38	9	50	23	50
224	VENKATESHAPPA	7	65	1	1	3	1	6	2	7	1	9,000	1	1	3			3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	56	3	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	3	93	24	63	19	56	12	75	27	63
225	NARAYANAPPA	7	65	1	1	3	1	4	2	10	1	15,000	0	0	3			3	3	3	3	3	3	3	3	4	4	4	4	3	3	3	49	2	4	4	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	71	22	56	14	31	9	50	20	38
226	RAGANATHA IYER	3	69	1	1	1	6	5	2	2	2	16,000	0	0	1			3	3	3	3	2	4	4	3	3	3	3	3	2	2	2	43	2	3	4	4	4	4	4	3	3	3	4	4	4	2	2	3	3	3	4	4	4	4	4	4	4	4	3	94	21	50	22	69	12	75	26	56
227	RATHNAMMA	6	66	2	1	2	3	1	1	2	2	5,000	0	0	4			3	3	3	3	3	3	3	3	4	4	4	4	3	3	3	49	2	3	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	67	14	25	14	31	9	50	19	38
228	SWAMINATHAN	6	68	1	1	3	1	6	1	4	2	15,000	1	0	3			3	3	3	3	3	3	3	3	4	4	4	4	3	3	3	49	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	73	17	38	18	50	9	50	19	38
229	MAGAMMA	7	65	2	1	2	1	4	2	2	2	12,000	0	0	1			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	2	2	3	3	2	2	2	2	2	2	2	2	3	3	3	3	3	2	3	3	3	3	3	2	2	3	67	19	44	14	31	9	50	19	38
230	RAMAPPA	7	65	1	1	2	1	5	2	2	2	12,000	1	0	3			2	2	2	4	4	4	4	4	3	3	3	3	3	3	3	47	2	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	67	15	31	14	31	9	50	19	38
231	GUNYATHARAPPA	7	65	1	1	2	1	5	2	2	2	12,000	1	1	3			3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	54	2	2	2	4	4	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	60	14	25	16	44	6	25	16	25
232	KALAMMA	1	62	2	1	2	1	6	2	4	2	18,000	0	0	3			2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	38	2	3	3	3	3	3	3	2	2	2	2	2	2	2	3	3	3	3	4	4	4	4	3	3	3	3	3	77	21	50	17	44	11	69	20	38
233	AMARAVATHI	1	65	2	1	2	3	5	2	12	1	25,000	0	0	2			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	78	18	38	18	50	9	50	24	50
234	VENKATARAMMPPA	1	72	1	1	3	3	6	2	7	1	18,000	0	1	1			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	64	18	38	14	31	9	50	19	38
235	LAKSHAMMA	1	62	2	1	2	1	6	2	7	1	28,000	0	0	3			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	3	3	4	4	3	3	2	2	2	2	2	2	3	3	3	2	2	2	3	3	3	3	3	3	3	3	73	15	31	16	44	9	50	21	44
236	MUNIRATHANAMMA	7	65	2	1	2	4	5	2	2	2	10,000	0	0	3			2	2	2	4	4	4	4	4	3	3	3	3	3	3	3	47	2	3	3	2	4	4	4	2	2	2	2	2	2	2	2	2	4	3	3	3	3	3	3	3	3	3	2	73	20	44	19	56	9	50	19	38
237	MUNIYAPPA	7	65	1	1	2	4	5	2	2	2	10,000	1	0	3			2	2	2	2	2	2	2	2	4	4	4	4	2	2	2	38	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	69	21	50	14	31	9	50	19	38
238	NARAYANAPPA	6	72	1	1	2	1	5	2	2	2	12,500	0	0	3			3	3	3	3	4	4	3	3	4	3	3	3	3	3	3	48	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	70	14	25	18	50	9	50	19	38
239	KRISHNAPPA	1	75	1	1	2	3	1	2	2	2	10,000	1	0	3			3	3	3	3	3	3	3	3	4	4	4	4	3	3	3	49	2	3	3	4	4	3	3	2	2	2	3	3	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	76	16	31	17	44	9	50	22	44
240	KRISHNAGARAJ	1	65	1	1	2	2	5	2	4	2	18,000	1	1	3			2	2	2	2	2	2	2	2	3	3	3	2	2	2	2	33	1	3	3	3	3	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	71	20	44	14	31	9	50	21	44
241	SAKAMMA	6	68	2	1	3	1	5	2	5	2	20,000	0	0	2			3	3	3	2	2	2	3	3	3	3	3	3	3	3	3	42	2	2	2	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	82	19	44	20	56	9	50	24	50
242	KRISHNAMMA	1	65	2	1	2	1	1	1	1	2	2,200	0	0	3			2	2	2	4	4	4	3	4	4	2	4	4	4	3	3	49	2	2	2	4	4	4	2	2	2	2	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	3	64	15	31	16	44	6	25	17	31
243	RATHANAMMA	5	68	2	1	4	1	6	2	2	2	2,500	0	0	1			2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	43	2	3	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	64	14	25	17	44	6	25	16	25
244	DHORAPPA	3	65	1	1	3	2	5	2	3	2	10,000	0	0	3			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	30	1	3	2	3	3	3	3	3	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	73	20	44	17	44	9	50	21	44
245	NARAYANASWAMY	7	62	1	1	2	5	5	2	4	2	18,000	1	0	1			2	2	2	2	2	2	2	2	4	4	4	4	3	3	3	41	2	2	2	4	4	2	2	2	2	2	2	2	2	2	3	3	2	2	3	3	3	3	3	3	3	3	3	69	16	31	14	31	9	50	20	38
246	SRINIVAS	1	65	1	1	2	1	2	2	4	2	15,000	1	0	3			2	2	2	2	2	2	2	2	3	2	3	3	3	3	3	36	2	3	3	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	2	3	3	3	3	2	2	2	3	71	20	44	15	38	9	50	19	38
247	VENKATAPPA	1	66	1	1	2	1	5	2	4	2	12,000	0	1	1			3	3	3	3	3	3	3	3	4	3	4	4	3	3	3	48	2	4	4	2	2	3	3	2	2	2	2	3	3	3	3	3	4	4	3	4	4	4	3	3	3	3	3	81	24	63	18	50	11	69	22	44
248	NARAYANAMMA	1	66	2	1	2	1	1	2	12	1	28,000	0	0	3			3	3	3	3	3	3	3	3	4	4	4	4	3	3	3	49	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	69	19	44	14	31	9	50	19	38
249	GOURAMMA	1	65	2	1	2	1	1	2	4	2	8,000	0	0	1			2	2	2	2	2	2	2	2	3	3	3	3	3	2	2	35	1	3	3	3	3	2	2	3	3	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	70	19	44	15	38	9	50	20	38
250	HARAPPA	6	65	1	1	2	4	2	2	2	2	12,000	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	3	3	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	71	17	38	16	44	9	50	19	38
251	MUNIYAPPA	4	65	1	1	2	1	1	1	6	1	8,000	1	1	3			2	2	2	2	2	2	2	2	4	4	4	4	4	4	4	44	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	2	2	2	2	2	2	2	2	3	65	16	31	17	44	6	25	16	25
252	SUBRAMANIYA	3	72	1	1	2	5	6	2	6	1	30,000	1	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	65	17	38	16	44	6	25	18	31
253	NARAYANASWAMY	3	65	1	1	2	5	4	2	2	2	18,000	0	1	1			3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	31	1	4	4	3	3	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	4	4	4	4	4	4	2	74	18	38	15	38	12	75	22	44
254	BENGALURAMMA	6	85	2	1	2	1	1	2	6	1	18,000	0	0	0			3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	38	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	62	14	25	18	50	6	25	16	25
255	GANGAMMA	4	63	2	1	2	1	1	1	4	2	10,000	0	0	1			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	59	16	31	15	38	6	25	16	25
256	MUNIRATHANAMMA	6	65	2	1	2	1	1	1	1	2	1,500	0	0	0			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	2	2	2	2	2	2	2	3	3	2	2	2	2	2	2	2	2	2	2	3	65	15	31	17	44	6	25	17	31
257	VENKATAMMA	7	65	2	1	2	1	5	1	1	2	1,500	0	0	1			2	2	2	2	2	2	2	2	4	4	4	4	4	4	4	44	2	2	2	2	2	2	2	2	2	2	2	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	3	58	19	44	14	31	6	25	17	31
258	KAMASHIAMMA	7	68	2	1	2	1	2	2	2	2	6,200	0	0	3			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	60	3	2	2	3	3	3	3	2	2	2	2	2	2	2	2	3	2	2	2	2	2	2	2	2	2	2	3	61	17	38	15	38	6	25	16	25
259	NANAMMA	3	65	2	1	3	1	5	2	6	1	12,400	0	0	3			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	67	22	56	14	31	9	50	19	38
260	BHAYALAKSHMI	3	80	2	1	1	6	1	2	2	2	12,000	0	0	3			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	4	2	4	4	4	4	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	68	14	25	18	50	6	25	18	31
261	JAYAMMA	6	65	2	1	3	1	5	2	3	2	12,500	0	0	3			3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	52	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	73	17	38	18	50	9	50	19	38
262	NARAYANAMMA	3	62	2	1	2	1	5	1	1	2	1,500	0	0	1			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	75	18	38	18	50	9	50	24	50
263	SALLAPURAPPA	3	75	1	1	3	4	5	2	2	2	12,000	0	1	3			4	3	3	3	3	3	3	3	4	4	4	4	4	4	4	53	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	73	17	38	18	50	9	50	19	38
264	PREMADETHAVAMMA	3	65	2	1	1	1	1	1	1	2	2,000	0	0	0			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	64	14	25	17	44	6	25	16	25
265	RATHANAMMA	6	60	2	1	2	1	4	2	6	1	16,000	0	0	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	3	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	72	14	25	18	50	9	50	19	38
266	BOGIRAMAYA	3	75	1	1	2	1	1	1	1	2	1,200	1	1	3			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	2	2	4	4	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	64	14	25	16	44	6	25	16	25
267	NARAYANAPPA	3	80	1	1	3	1	1	2	1	2	2,500	0	0	0			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4	60	14	25	12	25	6	25	16	25
268	RAKSHAMMA	3	72	2	1	3	1	1	2	2	2	2,500	0	0	0			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	45	2	3	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	60	14	25	13	31	6	25	16	25
269	GANGAPPA	4	84	1	1	4	3	5	2	3	2	12,000	1	0	1			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	3	3	4	4	4	4	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	64	13	19	17	44	6	25	16	25
270	MUNIYAMMA	1	80	2	1	3	1	5	1	1	2	8,000	0	0	0			2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	37	2	2	2	4	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	59	14	25	13	31	6	25	16	25