

**“A STUDY TO ASSESS SOCIAL SUPPORT, QUALITY OF LIFE, AND  
MENTAL HEALTH STATUS AMONG ORAL CANCER PATIENTS IN  
SELECTED HOSPITAL, KOLAR.”**

**By**

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**Research Project Submitted to**

**Sri Devaraj Urs College of Nursing, Tamaka, Kolar.**



*In partial fulfillment of the requirement of the degree of*

**BASIC B.SC NURSING  
IN  
Mental Health Nursing**

**Under the Guidance of**

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**2024**

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We hereby declare that the project on, “**A Study to Assess Social Support, Quality of Life, and Mental Health Status among oral cancer patients in selected hospital kolar.**” is a bonafide and genuine research work carried out by Mental Health nursing research group students under the guidance of **Prof. Jairakini Aruna**, HOD, Dept. of Mental Health Nursing, SDUCON, Tamaka, Kolar and co-guided by **Mrs. Ramya M** Assistant professor, Dept of Mental Health Nursing SDUCON, Tamaka, Kolar.

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# ABSTRACT

**BACKGROUND:** Oral cancer represents a significant public health concern both globally and in India, with its high prevalence largely associated with tobacco consumption and delayed diagnosis. Affected individuals experience not only physical challenges—such as facial disfigurement, persistent pain, and difficulties in speaking and eating—but also substantial psychosocial impacts, including anxiety, depression, and diminished quality of life. Research indicates that perceived social support can mitigate psychological distress and enhance emotional, cognitive, and social functioning. Nevertheless, there is a scarcity of studies in regions like Kolar. This study aimed to explore the associations between social support, quality of life, and mental health among patients with oral cancer

**AIM:** To examine the correlation between social support, quality of life, and mental health status among oral cancer patients at RLJH & RC, Kolar.

**METHODOLOGY:** A quantitative, non-experimental descriptive correlational survey design was employed. The study was conducted in the oncology wards of RLJH & RC, Kolar. A convenience sample of 100 patients was recruited. Data collection instruments included the modified MOS-SSS, QLQ-C30 (v3.0), and HADS. Descriptive and inferential statistical methods were applied for analysis.

**RESULTS:** Patients reported moderate emotional and practical support, whereas support for social interactions was comparatively weaker. Assessment of quality of life indicated poor physical health and moderate role functioning, while emotional and cognitive functioning remained relatively intact. Overall quality of life ranged from moderate to good. Anxiety was observed in 84% of patients (15% mild, 1% none), and depression was identified in 37%, with 50% experiencing mild symptoms. A significant positive correlation was found between quality of life and depression ( $r = 0.433$ ).

**CONCLUSION:** The findings highlight the importance of integrating psychosocial support and targeted mental health interventions, particularly for addressing depression, to enhance overall well-being and outcomes among oral cancer patients.

**KEYWORDS:** Oral cancer, Social support, Quality of life, mental health.

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# INTRODUCTION



## Chapter -1

### INTRODUCTION

Oral cancer is a collective term for malignant tumors occurring in the oral cavity, which may originate as primary lesions in any part of the oral cavity or oropharynx, including the lips, cheeks, gingiva, tongue, and floor of the mouth<sup>1</sup>. Globally, oral cancer ranks as the sixth most common cancer, with India accounting for nearly one-third of the total cases, making it the country with the second-highest incidence of oral cancer<sup>2</sup>. According to the World Health Organization (WHO), in 2018 there were approximately 350,000 new cases and 170,000 deaths attributed to oral cancer worldwide<sup>1</sup>.

Quality of life (QoL) in oral cancer patients reflects their overall life status following diagnosis. The disease can severely compromise patients' QoL. Over the past decades, substantial efforts have focused on improving treatment outcomes<sup>1</sup>. The concept of "quality of life" was first introduced by Heckscher. The WHO defines QoL as "individuals' perceptions of their position in life within the context of culture and value systems in which they live, in relation to their goals, expectations, standards, and concerns<sup>3</sup>."

QoL is a multidimensional construct that examines how patients perceive themselves in the context of their medical condition. It encompasses physical, emotional, and social dimensions, as well as the patients' perceived ability to function across all areas of life beyond medical care. Evaluating health-related quality of life has become increasingly critical in healthcare, particularly in chronic illnesses<sup>4</sup>.

Poor QoL among oral cancer patients has been consistently linked with longer hospital stays, suboptimal postoperative outcomes, increased use of analgesics, treatment complications, and decreased adherence to therapy. Compared to patients with other cancers, individuals with oral cancer face unique challenges, including difficulties in speaking, eating, breathing, and coping with facial disfigurement, which often contribute to stigma. Stigmatization has been consistently associated with negative psychological outcomes, such as depression, anxiety, and demoralization<sup>1</sup>.

Supportive care refers to a range of services required by cancer patients, including self-help programs, rehabilitation, spiritual support, palliative care, and bereavement services. In cancer care, supportive care addresses physical, psychological, informational, interpersonal, and patient-

specific needs. Oral cancer patients often report multiple supportive care requirements and rely heavily on their families for postoperative daily living assistance<sup>5</sup>.

Social support is another critical factor influencing the psychosocial adjustment of oral cancer patients. It involves the provision of psychological and material resources from a social network to help individuals cope with stress. The level of social support has been shown to correlate positively with emotional well-being, psychosocial adjustment, and overall quality of life<sup>6</sup>.

According to Stark and House, anxiety is common among cancer patients and should be identified early and managed appropriately by healthcare professionals. Even non-mental health specialists must understand the nature of this anxiety, distinguish between normal and pathological anxiety, and recognize its various expressions to develop effective communication strategies that alleviate distress. Head and neck cancers are particularly emotionally traumatic due to the facial disfigurement and functional impairments associated with their treatment<sup>6</sup>. Facial disfigurement, whether resulting from the disease or its surgical management, remains one of the most stressful aspects of oral cancer<sup>7</sup>.

In recent years, positive psychological resources, such as hope and perceived social support, have gained prominence in clinical practice. Hope is considered one of the most effective coping mechanisms during cancer treatment. In clinical research, QoL is recognized as an essential endpoint alongside traditional measures like response rate, disease-free survival, and overall survival. Contemporary treatment strategies aim not only to improve survival rates but also to enhance or maintain QoL during and after therapy<sup>8</sup>.

## NEED FOR THE STUDY

Nearly one-third of cancers in India manifest as oral lesions<sup>9</sup>. Quality of life (QoL) is particularly significant for patients with head and neck cancers, as social interactions and emotional expression largely depend on the structural and functional integrity of the head and neck region. Assessing QoL in these patients can guide treatment decisions, identify individuals with severe physical or psychosocial impairments, and inform rehabilitation planning<sup>8</sup>. Such evaluations provide valuable insight into how the condition impacts patients' daily lives<sup>10</sup>. Oral health status influences not only physical and psychological well-being but also affects appearance, speech, chewing, taste, and social engagement<sup>9</sup>.

Patients with head and neck cancers experience multiple, complex symptoms arising from both the disease and its treatment. These include xerostomia, taste disturbances, dietary limitations, dysphagia, pain, fatigue, altered physical appearance, permanent disfigurement, and functional impairments, all of which significantly impact related quality of life (HRQOL) has become increasingly vital in healthcare, particularly for chronic conditions. For head and neck cancer patients, where essential functions are affected by both disease and therapy, the potential negative impact on QoL is often greater than in other cancers<sup>11</sup>.

Head and neck tumors and their management can adversely affect HRQOL, which is now regarded as a key secondary treatment outcome. HRQOL is a multifaceted concept that must be analyzed considering all potential influencing factors. Various socio demographic, disease-specific, and treatment-related factors have been identified as affecting HRQOL. While research indicates that HRQOL plays a role in treatment decision-making, the precise elements and methods of assessment remain underexplored. The present review aims to highlight potential sources of bias encountered when evaluating HRQOL in patients treated for oral cancer<sup>3</sup>.

This study was undertaken in light of the substantial burden and impact of oral cancer in India. These cancers compromise critical functions such as speech, eating, facial expression, and social interaction, severely affecting patients' quality of life. Regions such as Karnataka, particularly Kolar district, exhibit notably high incidence rates, underscoring the importance of focused local research

# OBJECTIVES



## **CHAPTER -2**

### **OBJECTIVES**

This chapter presents the statement of the problem, study objectives, operational definitions, assumptions, hypotheses, and the conceptual framework, which collectively provide the foundational structure for the study.

#### **STATEMENT OF THE PROBLEM**

A Study to assess Social Support, Quality of Life, and Mental Health Status among Oral Cancer Patients in selected Hospital, Kolar.

#### **OBJECTIVES OF THE STUDY**

1. To assess social support among oral cancer patients using the modified Medical Outcomes Study Social Support Survey (MOS-SSS).
  
2. To evaluate quality of life among oral cancer patients using the Quality of Life Questionnaire (QLQ-C30, Version 3.0).
  
3. To assess mental health status among oral cancer patients using the Hospital Anxiety and Depression Scale (HADS).
  
4. To examine the relationship between social support, quality of life, and mental health status among oral cancer patients.
  
5. To determine the association of social support, quality of life, and mental health status with selected socio demographic variables among oral cancer patients

#### **OPERATIONAL DEFINITIONS**

1. **Social Support:** Refers to the range of assistance, guidance, and encouragement provided by individuals or groups within a patient's social network. It will be measured using the modified Medical Outcomes Study Social Support Survey (MOS-SSS).
2. **Quality of Life:** Refers to an individual's overall sense of well-being and satisfaction with life. It will be assessed using the Quality of Life Questionnaire (QLQ-C30, Version 3.0).

3. **Mental Health Status:** Refers to the psychological state of cancer patients, including experiences of stress, anxiety, depression, and fear. It will be measured using the Hospital Anxiety and Depression Scale (HADS).
4. **Oral Cancer Patients:** Refers to patients who have been diagnosed with oral cancer and are receiving treatment in the oncology wards of R.L. Jalappa Hospital & Research Centre, Tamaka, Kolar.

## **HYPOTHESES**

**H1-** There will be significant co-relation between Social Support Quality of Life and Mental Health Status Among Oral Cancer Patients.

**H2-** There will be a statistically significant association between Social Support Quality of Life and Mental Health Status among oral Cancer Patients with Selected socio demographic Variables.

## **ASSUMPTIONS**

The oral cancer patients may be suffering with psychological problems.

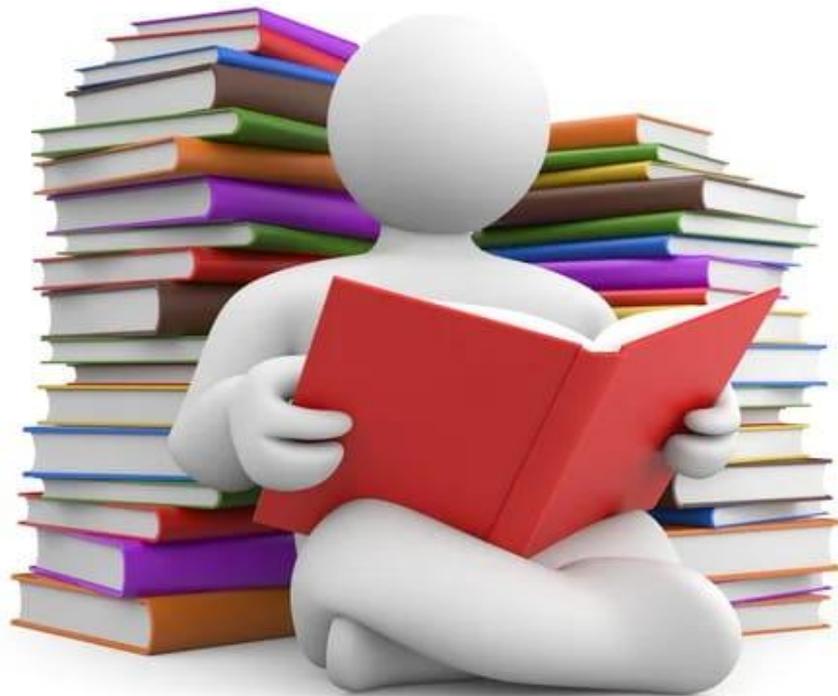
## **DELIMITATIONS**

The study is limited to oral cancer patients who are admitted in oncology ward of RLJH & RC, Kolar.

## **SUMMARY:**

This chapter addressed the statement of the problem, study objectives, operational definitions, hypotheses, assumptions, and delimitations of the study.

# REVIEW OF LITERATURE



## Chapter-3

### REVIEW OF LITERATURE

#### 1. Review of Literature Related to Quality of Life

- A study conducted in two tertiary care hospitals in Ernakulam, Kerala, and the Government General Hospital assessed health-related quality of life (HRQOL) and perceived palliative care needs among oral cancer patients using a mixed-methods approach. Out of 876 participants, 317 completed questionnaires on HRQOL, and 12 participated in interviews assessing palliative care needs. Participants were recruited from inpatient and outpatient oncology and palliative care units. Results indicated compromised overall well-being, with elderly participants reporting 31% general well-being. Semi-skilled (7%) and unskilled workers (5%) reported poor general well-being, whereas 13% of unemployed participants reported good general well-being. The study concluded that HRQOL is generally low among oral cancer patients, and early referral to palliative care could improve outcomes<sup>9</sup>.
- A prospective study at Bhabha College of Dental Sciences, Bhopal, India, examined the impact of oral submucous fibrosis and its treatment on patients' quality of life and performance status. A sample of 100 patients completed the European Organization for Research and Treatment of Cancer Quality of Life Head and Neck 35 questionnaire (EORTC QLQ-C35) and the Performance Status Scale for Head and Neck Cancer Patients (PSSHN). By the third month, mouth opening increased by 78% and 85% in Group A and B, respectively, while oral mucosa burning sensation decreased by 72% and 88% ( $Z > 1.96$ ,  $P < 0.05$ ). Significant improvements in QoL and functioning were observed over time ( $P < 0.05$ )<sup>12</sup>.
- A cross-sectional study compared general and oral HRQOL of oral and oropharyngeal cancer patients at least six months post-treatment with disease-free controls. Of 145 cases and 146 controls, 142 cases and 142 controls completed the study (97% acceptance). HRQOL was measured using the 12-item Short Form Health Survey (SF-12), while oral health-related QoL (OHRQOL) was assessed with the Oral Health Impact Profile (OHIP-14) and Oral Impact on Daily Performance (OIDP). Patients had worse physical component summary scores, while psychological HRQOL was similar to controls. The study concluded that oral cancer patients have poorer physical HRQOL and OHRQOL even six months post-treatment<sup>13</sup>.

- Another cross-sectional study in Jawaharlal Nehru Cancer Hospital, Bhopal, India, examined OHRQOL among 153 head and neck cancer patients and its association with demographic and disease variables. Most participants were male (78.4%), aged 41–60 years (54.9%), with primary tumors in the oral cavity (71.3%) and Stage 2 or 3 cancer. The study concluded that cancer significantly reduces QoL due to the variety of disease-related challenges<sup>11</sup>.

## **2. Review of Literature Related to Social Support**

- A cross-sectional study in Hyderabad assessed perceived supportive care needs among 120 oral cancer patients from inpatient wards across multiple hospitals. Data were collected using the Karnofsky Performance Status Index and Cancer Needs Questionnaire Short Form. Patients reported the highest needs in the psychological domain, followed by interpersonal communication, patient support, health information, and physical needs. Psychological and communication support were particularly important during diagnostic and treatment periods<sup>5</sup>.
- A cross-sectional study in Taiwan explored the effects of facial disfigurement and social support on psychosocial adjustment among 77 oral cancer patients. Tools included the Facial Disfigurement Scale, Social Support Scale, and Psychosocial Adjustment to Illness Scale. Multiple regression analysis revealed significant effects of tumor site ( $\beta = 0.37$ ), facial disfigurement ( $\beta = 0.37$ ), social support ( $\beta = 1.01$ ), and their interaction ( $\beta = 0.79$ ) on psychosocial adjustment (all  $P < 0.05$ ), explaining 62% of variance. Patients with more severe disfigurement and lower social support had poorer psychosocial adjustment, emphasizing the need for early interventions for high-risk groups<sup>6</sup>.

## **3. Review of Literature Related to Mental Health**

- A descriptive correlational study in a Spanish public hospital examined psychological impacts post-treatment among 56 head and neck cancer patients using sequelae questionnaires and the State-Trait Anxiety Inventory (STAI-E and R). High levels of state anxiety were associated with perceived social stigma but not with post-treatment sequelae, highlighting the significant psychological and physical burden of current treatment modalities<sup>7</sup>.
- A cross-sectional study in Shenyang, China, interviewed 230 oral cancer patients using the Zung Self-Rating Anxiety Scale (SAS), CES-D, Herth Hope Index, Social Impact Scale, PSS-10, and General Perceived Self-Efficacy Scale. Anxiety and depression prevalence were 36.96% and 65.21%, respectively, indicating high psychological distress in this population<sup>1</sup>

- A self-reported study in Riyadh, Saudi Arabia, assessed depression, anxiety, and stress among 375 adult cancer outpatients using the Arabic version of the Depression Anxiety Stress Scale and self-rated oral health. High prevalence of psychosocial symptoms was found: depression 44.8%, anxiety 52.5%, stress 42.7%, with 17.9% reporting poor oral health, which correlated with higher risk of anxiety and stress<sup>14</sup>.

#### **4. Review of Literature on the Relationship Between Quality of Life and Social Support**

- A cross-sectional study at Shengjing Hospital, China, assessed QoL among 230 oral cancer patients using FACT-H&N, Social Support Impact Scale, Herth Hope Index, and Multidimensional Scale of Perceived Social Support. Mean QoL score was  $90.85 \pm 20.15$ . Stigma negatively impacted QoL, explaining 39.3% of variance, while hope and perceived social support positively influenced QoL, accounting for 8.1% of variance<sup>1</sup>.

#### **5. Review of Literature on the Relationship Between Quality of Life, Social Support, and Mental Health**

- A descriptive study in a tertiary palliative care clinic assessed psychological distress, social functioning, and their association with QoL among 251 cancer patients using demographic surveys, the General Health Questionnaire, WHOQOL-BREF, and Scarf Social Functioning Index. Results showed mean psychological distress = 44 (range 11–98), WHOQOL = 64 (36–117), and social function = 51 (29–79). Severe psychological distress affected 30% of patients, poor QoL 25.6%, and severely impaired social function 23.2%. The study concluded that psychosocial stress from cancer and its treatment significantly impacts QoL and social functioning, necessitating integrated supportive care<sup>15</sup>.

#### **6. Review of Literature on the Relationship Between Quality of Life, Demographic, and Treatment Parameters**

- A study at Saveetha Dental College, Chennai, India, assessed QoL among 90 oral squamous cell carcinoma patients before and after treatment using EORTC QLQ-C30 and QLQ-HN43. Postoperative follow-up decreased over time, with only 12 patients assessed at three months, 6 at 12 months, 5 at two years, and 1 at three years. Longitudinal assessment revealed an initial decline in QoL post-treatment, followed by gradual recovery, highlighting the need for consistent follow-up in monitoring patient outcomes<sup>10</sup>

# METHODOLOGY



## **CHAPTER-4**

### **METHODOLOGY**

This section describes the methodology employed in the study. “Research methodology is a systematic way to solve a problem.” It involves a structured process in which the researcher progresses from the initial identification of the problem to the final conclusions.

#### **RESEARCH APPROACH**

A descriptive survey research approach was considered appropriate for the present study.

#### **RESEARCH DESIGN**

The study utilized a non-experimental, descriptive correlational survey research design.

#### **VARIABLES**

The study variables include social support, quality of life, and mental health status of oral cancer patients.

#### **SETTING OF THE STUDY**

The study was conducted at RLJH & RC, Kolar, a 1,200-bed multi-specialty tertiary care hospital, including 80 beds in the oncology wards.

#### **POPULATION**

The target population comprised oral cancer patients who had been diagnosed and were receiving treatment for oral cancer.

#### **SAMPLE AND SAMPLE SIZE**

A total of 100 oral cancer patients undergoing treatment were selected as the sample for the study.

#### **SAMPLING TECHNIQUE**

Convenience sampling technique will be employed for selecting study participants.

#### **SAMPLING CRITERIA**

##### **Inclusion Criteria:**

1. Age 30 years and above
2. Diagnosed with oral cancer at least six months prior
3. Patients who have undergone oral cancer surgery
4. Ability to understand Kannada or English

### **Exclusion Criteria:**

1. Patients with pre-existing mood disorders prior to cancer diagnosis
2. Patients with uncontrolled chronic medical illnesses

### **DATA COLLECTION TOOL**

Data will be collected using a structured questionnaire divided into four sections:

- **Section 1:** Sociodemographic variables, including age, gender, age at cancer diagnosis, marital status, family type, educational status, employment, history of tobacco use, stage at diagnosis, and type of treatment.
- **Section 2:** Social support, assessed using the modified Medical Outcomes Study Social Support Survey (MOS-SSS).
- **Section 3:** Quality of life, assessed using the Quality of Life Questionnaire (QLQ-C30, Version 3.0).
- **Section 4:** Mental health status, assessed using the Hospital Anxiety and Depression Scale (HADS).

### **METHOD OF DATA COLLECTION**

#### **Step 1:**

- Permission will be obtained from the Institutional Ethics Committee of Sri Devaraj Urs College of Nursing, Kolar, and from the concerned authorities of R.L. Jalappa Hospital & Research Centre, Tamaka, Kolar.

#### **Step 2:**

1. Participants meeting the inclusion criteria will be selected using convenience sampling.
2. The investigator will familiarize with the participants and explain the study's purpose.
3. Participants will be assured of confidentiality and requested for their full cooperation.
4. Written informed consent will be obtained from all participants.

### **Step:3**

1. Data will be collected through self-administered questionnaires, including MOS-SSS, QLQ-C30 Version 3.0, and HADS.
2. Approximately 30 minutes will be spent per participant on a one-to-one basis.

### **PLAN FOR DATA ANALYSIS**

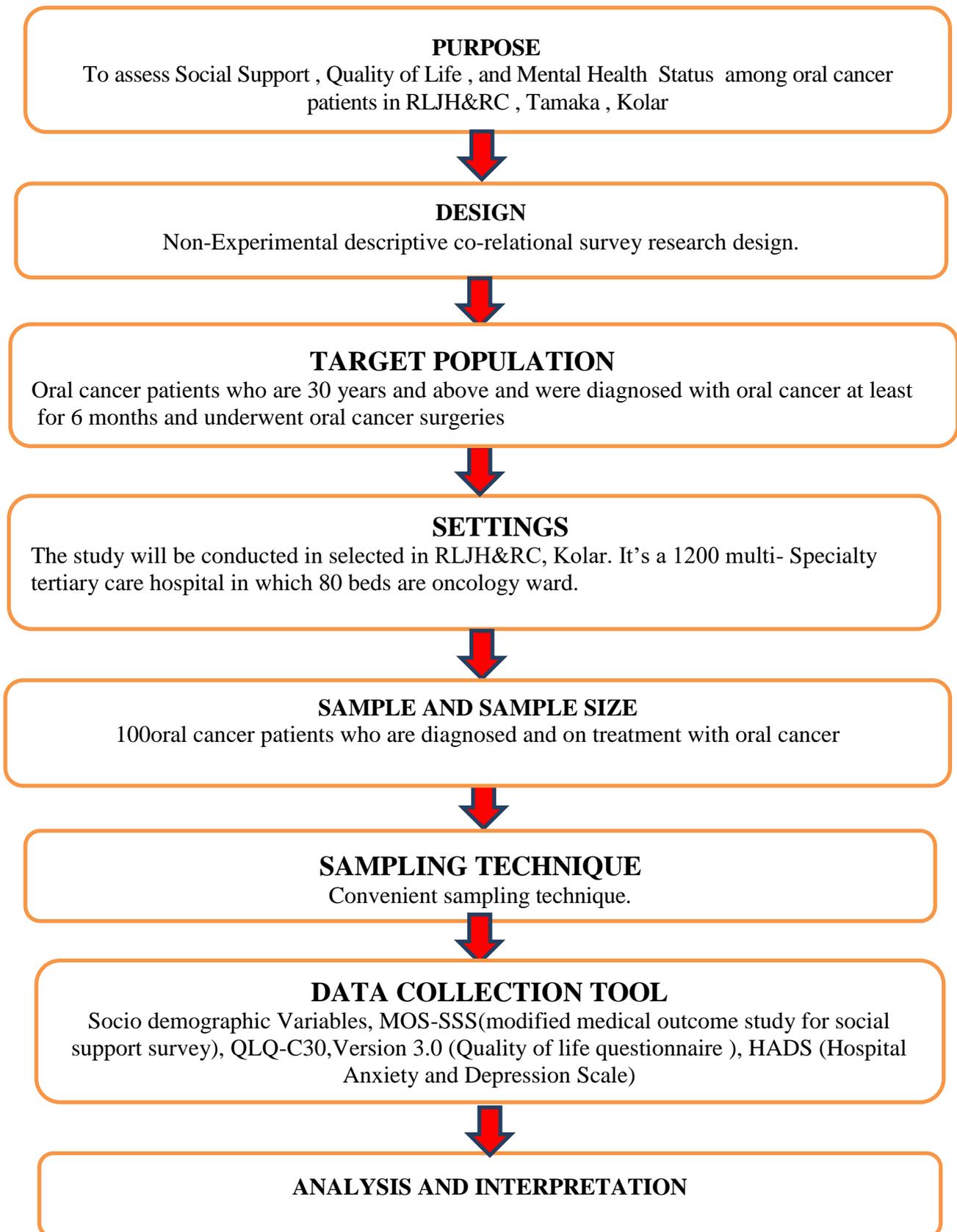
Collected data will be analyzed using descriptive and inferential statistics.

### **ETHICAL CONSIDERATIONS**

- The study does not involve any investigations or interventions on patients, humans, or animals.
- Permission will be obtained from the institutional ethics committee and from the authorities of the concerned departments prior to data collection.

### **SUMMARY**

This chapter outlined the research methodology, including the research approach, research design, sample and sampling technique, inclusion and exclusion criteria, data collection tools and methods, data analysis plan, and ethical considerations.



**Fig-01: Schematic Representation of Research Design**

# DATA ANALYSIS AND INTERPRETATION



**CHAPTER -5**  
**DATA ANALYSIS AND INTERPRETATION**

**Table -1: Socio demographic profile of study participants (N=100)**

<b>SI No</b>	<b>Sociodemographic variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
1.	<b>Age in years</b>		
	30-40	10	10
	41-50	24	24
	51-60	47	47
	Above 60 years	19	19
2.	<b>Gender</b>		
	Male	28	28
	Female	72	72
3.	<b>Marital Status</b>		
	Married	99	99
	Unmarried	01	01
4.	<b>Duration of diagnosis of oral cancer</b>		
	o 6month-1 years	64	64
	o 2 years-3 years	25	25
	o 4years-5years	06	06
	o 6years-7years	04	04
	o 8years-9years	00	00
	o 10years-111years	01	01
5.	<b>Type of family</b>		
	Nuclear family	50	50
	Joint family	50	50
6.	<b>Educational Status</b>		
	Educated	24	24
	Uneducated	76	76
7.	<b>Type of employment</b>		
	Employed	79	79
	Unemployment	21	21

8.	<b>History of tobacco</b>		
	No	23	23
	Yes, If Yes specify	77	77
9.	<b>Stage at carcinoma diagnosis</b>		
	Stage 1	14	14
	Stage 2	27	27
	Stage 3	59	59
10.	<b>Type of treatment</b>		
	Chemotherapy	20	20
	Radiotherapy	25	25
	Surgical inter resection	55	55

**Objectives 1: Assessment of social support among oral cancer patients by using MOS-SSS Scale**

**Table 2: Interpretation of mean score on MOS-SSS Subscales**

<b>Sl no</b>	<b>Subscale</b>	<b>Mean score</b>	<b>Interpretation</b>
<b>1.</b>	Tangible support	53.125	Moderate support
<b>2.</b>	Emotional support	50.1875	Moderate support
<b>3.</b>	Affectionate Support	67.4999958	Moderate support
<b>4.</b>	Positive Social Interaction	49.4166689	Low Support

The table 2 shows that among the 100 oral cancer patients assessed using MOS-SSS Scale, the Tangible support had a mean score of 53.125 which falls under the category of moderate support. Emotional support had mean score of 50.1875 indicating moderate support. Affectionate support had the highest mean score among all subscales at 67.4999958 which shows moderate support level. At last the Positive social interaction had a mean score of 49.4166689, indicating low support

**Objectives 2: Assessment of quality of life among oral cancer patients by using QLQ-C30 Version 3.0**

**Table 3: Assessment of various domain of quality of life using QLQ-C30 Version 3.0 in oral cancer patients**

Assessment of various domain of quality of life using QLQ-C30 Version 3.0 in oral cancer patients

The QLQ-C30 version 3.0 incorporates five functional scales (physical, role, emotional, cognitive, social), three symptom scale (fatigue, nausea

**The table 3** shows that among the 100 oral cancer patients assessed using QLQ- C30 Version

Scale	Mean Score	Interpretation
Physical Functioning	33.5	Poor functioning
Role Functioning	45.2	Moderate Difficulty
Emotional Functioning	62.8	Good Functioning
Cognitive Functioning	65.83	Good Functioning
Social Functioning	83.5	Very Good Functioning
Fatigue	40.7	Moderate Fatigue
Nausea and Vomiting	25	Mild Symptom
Pain	43.2	Moderate Pain
Dyspnea	21.3	Mild Dyspnea
Insomnia	50.7	Moderate Insomnia
Appetite Loss	37.67	Mild appetite loss
Constipation	26.7	Mild Symptom
Diarrhea	24	Mild Symptom
Financial Difficulty	30.3	Mild
Global Health Status	65.5	Good Quality of Life

3.0, the mean physical functioning score was 33.5, suggesting poor functional capacity. However, role functioning 45.2 it is moderate difficulty in fulfilling work, emotional functioning 62.8 suggests good emotional well-being and cognitive functioning 65.83 indicates good mental functioning, and social functioning 83.5 indicating strong social support, fatigue 40.7, pain 43.2, insomnia 50.7 those are mild , nausea and vomiting 25, dyspnea 21.3, appetite loss 36.67, constipation 26.7, diarrhea 24, financial difficulty 30.3 these indicates mild symptoms while global health status 65.5 indicates a moderately good quality of life among participants

**Objectives 3: Assessment of mental health status among oral cancer patients by using HADS**

**Table 4: Assessment of anxiety among oral cancer patients by using HADS-A Subscale**

<b>Anxiety</b>	<b>TOTAL N=100</b>	
	<b>Frequency(f)</b>	<b>Percentage (%)</b>
Abnormal	84	84
Borderline abnormal	15	15
Normal	01	01

The table 4 above demonstrate that, the mental health status of oral cancer patient is suffering from Anxiety of 84% in (84members), mild anxiety is 15% in (15 members) and 1% in (1 member) is not having anxiety. In Anxiety, it has been assessed in three categories Abnormal, Borderline and Normal.

**Table 5: Assessment of depression among oral cancer patients by using HADS-D Subscale**

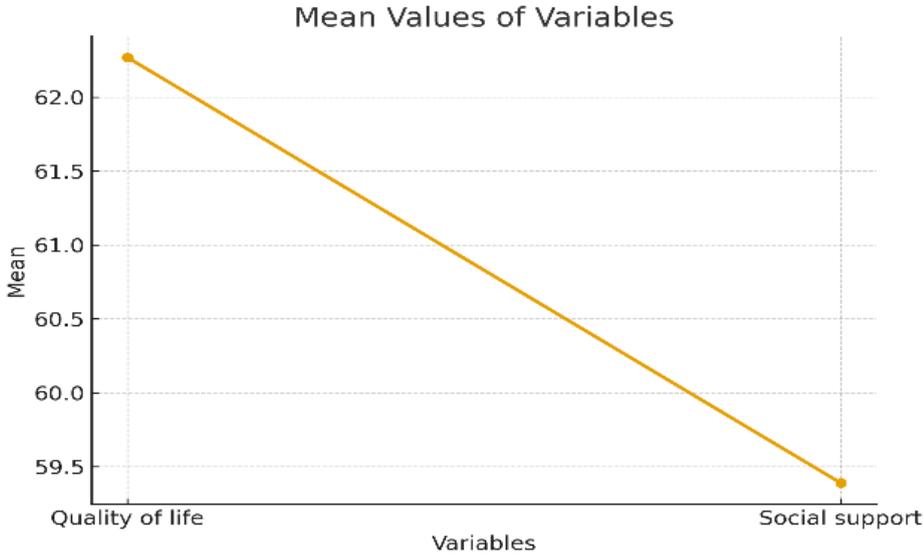
<b>Depression</b>	<b>TOTAL N=100</b>	
	<b>Frequency(f)</b>	<b>Percentage (%)</b>
Abnormal	37	37
Borderline abnormal	50	50
Normal	13	13

The table 5 above demonstrate that, the mental health status of oral cancer patient is suffering from depression of 37% in (37 members), mild depression is 50% in (50 members) and 13% in (13 member) is not having depression. In depression, it has been assessed in three categories Abnormal, Borderline and Normal.

**Objective 4: To find Out the Relationship between Social Support Quality of Life and Mental Health Status among Oral Cancer Patients.**

**Table 6: Relationship between quality of life and social support among oral cancer patients by using Pearson’s correlation coefficient (r)**

Sl. no	Variable	Mean	Correlation	Significant
1	Quality of life	62.27	0.202522	p<0.05
2	Social support	59.39		

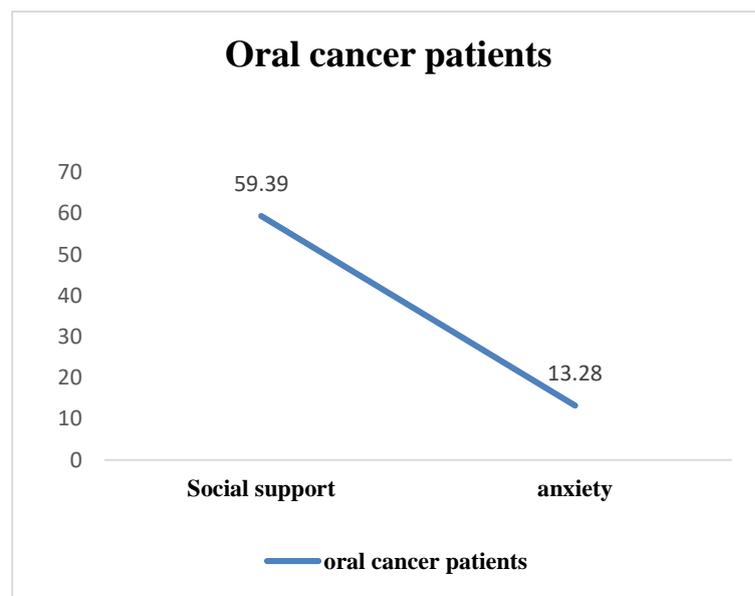


**Figure :2**

The table 6 and Fig: 2 above shows that quality of life and social support is a positive but weak correlation. It means that as social support increases the quality of life also tends to increase.

**Table 7: Relationship between social support and anxiety among oral cancer patients by using Pearson’s correlation coefficient (r)**

Sl no	Variable	Mean	Correlation	Significant
1	Social support	59.39	0.229055	p<0.05
2	Anxiety	13.28		

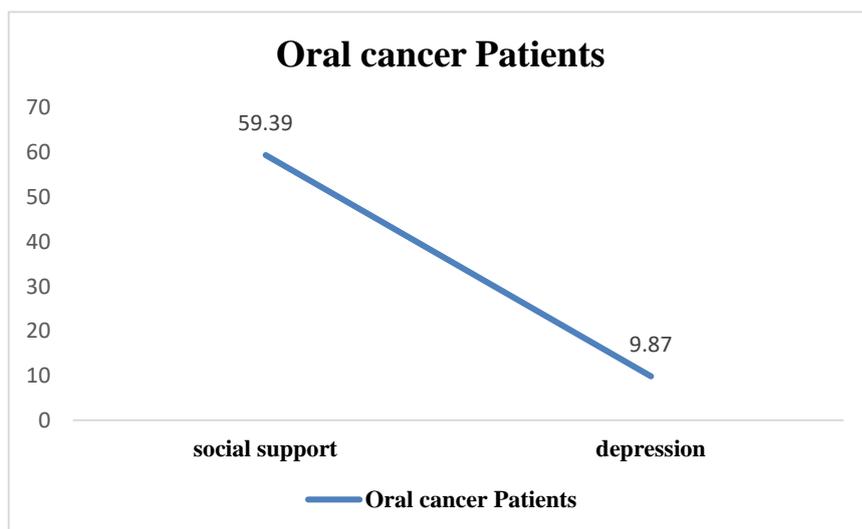


**Figure:03**

The table 7 and figure 3 above shows that social support and anxiety is positive but weak correlation. It means the patient reporting higher social support also reported slightly higher anxiet

**Table 8: Relationship between Social support and Depression among oral cancer patients by using Pearson’s correlation coefficient (r)**

Sl no	Variable	Mean	Correlation	Significant
1	Social support	59.39	0.194442	p<0.05
2	Depression	9.87		

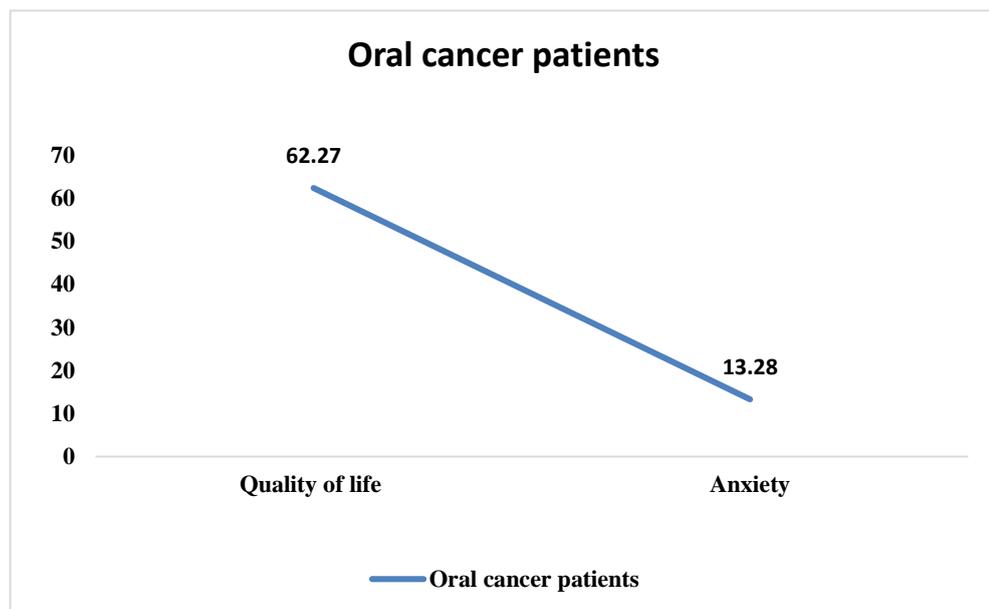


**Figure:04**

The table 8 and figure 4 above shows that social support and depression is positive but weak correlation. It means patients with higher levels of reported social support also reported slightly higher level of depression

**Table 9: Relationship between quality of life and anxiety among oral cancer patients by using Pearson's correlation coefficient (r)**

Sl No	Variable	Mean	Correlation	Significant
1	Quality of life	62.27	0.292131	p<0.05
2	Anxiety	13.28		

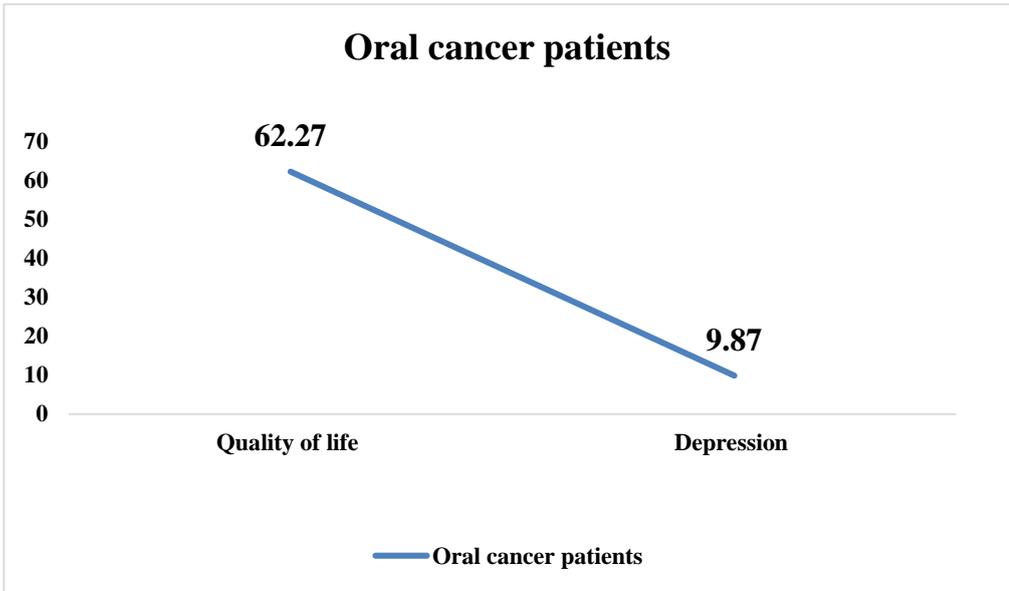


**Figure:05**

The table 9 and figure 5 above shows that quality of life and anxiety is positive correlation. It means the patients reporting higher quality of life also reported slightly higher level of anxiety.

**Table 10: Relationship between quality of life and depression among oral cancer patients by using Pearson’s correlation coefficient (r)**

SI No	Variable	Mean	Correlation	Significant
1	Quality of life	62.27	0.43313	p<0.05
2	Depression	9.87		



**Figure:06**

The table 10 and figure 6 above shows that quality of life and depression is positive correlation. It means the patients reporting higher quality of life also report slightly higher level of depression

**Objectives: 5 Association between social support, quality of life and mental health status among oral cancer patients with selected socio demographic variables**

**Table 11: Association between anxiety with selected socio demographic variables among oral cancer patient**

SI no	Variables	Below median <13	Above median >13	Chi Square(x <sup>2</sup> )/Fisher Test	df	P Value	Inference
<b>1</b>	<b>Age in years</b>						
	a) 30-50yrs	14	19	2.2115	1	0.136985	NSS*P<0.05
	b) 51->60yrs	39	28				
<b>2</b>	<b>Gender</b>						
	a) Male	16	11	0.5817	1	0.445639	NSS*P<0.05
	b) female	37	36				
<b>3</b>	<b>Marital Status</b>						
	a) Married	53	46	1	1	F-0	NSS*P<0.05
	b) unmarried	1	0				
<b>4</b>	<b>Duration of diagnosis of oral cancer</b>						
	a) 6month -5 year	54	44	0.0206	1	0.885835	NSS*P<0.05
	b) 5 year-10 year	1	1				
<b>5</b>	<b>Type of family</b>						
	a) Nuclear family	25	24	0.1511	1	0.69744	NSS*P<0.05
	b) joint family	28	23				
<b>6</b>	<b>Educational status</b>						
	a) educated	13	13	0.1269	1	0.721622	NSS*P<0.05
	b) uneducated	40	34				
<b>7</b>	<b>Type of Employment</b>						
	a) employed	42	37	1.5069	1	0.219660	NSS*P<0.05
	b)unemployed	8	13				
<b>8</b>	<b>History of tobacco</b>						
	a) No	40	37	0.1204	1	0.728591	NSS*P<0.05
	b) yes	11	12				
<b>9</b>	<b>Stages at carcinoma cancer</b>						
	a) stage 1&2	40	33	0.3495	1	0.55438	NSS*P<0.05
	b) stage 3&4	13	14				
<b>10</b>	<b>Type of treatment</b>						
	a) medical Management	9	3	2.6495	1	0.10358	NSS*P<0.05
	b) surgical management	44	44				

**Table 12: Association between depression with selected socio demographic variables among oral cancer patients**

Sl no	Variables	Below median <9	Above median>9	Chi Square( $\chi^2$ )/Fisher Test	df	P Value	Inference
<b>1</b>	<b>Age in years</b>						
	a) 30-50years	20	13	2.6549	1	0.10233	NSS*P<0.05
	b) 51->60years	29	38				
<b>2</b>	<b>Gender</b>						
	a) Male	13	14	0.0107	1	0.91746	NSS*P<0.05
	b) female	36	37				
<b>3</b>	<b>Marital Status</b>						
	a) Married	48	51	0.49	1	F-0	NSS*P<0.05
	b) unmarried	1	0				
<b>4</b>	<b>Duration of diagnosis of oral cancer</b>						
	a) 6month -5 year	45	50	2.024	1	0.154834	NSS*P<0.05
	b) 5 year-10 year	4	1				
<b>5</b>	<b>Type of family</b>						
	a) Nuclear family	27	21	1.9415	1	0.163501	NSS*P<0.05
	b) joint family	22	30				
<b>6</b>	<b>Educational status</b>						
	a) educated	14	12	0.2079	1	0.648418	NSS*P<0.05
	b) uneducated	36	38				
<b>7</b>	<b>Type of Employment</b>						
	a) employed	33	46	5.8457	1	0.015615	SS*P<0.05
	b)unemployed	15	6				
<b>8</b>	<b>History of tobacco</b>						
	a) No	34	43	3.1436	1	0.076224	NSS*P<0.05
	b) yes	15	8				
<b>9</b>	<b>Stages at carcinoma cancer</b>						
	a) stage 1&2	37	36	0.0507	1	0.821788	NSS*P<0.05
	b) stage 3&4	13	14				
<b>10</b>	<b>Type of treatment</b>						
	a) medical management	6	6	0.0055	1	0.941114	NSS*P<0.05
	b) surgical management	43	45				

**Table 13: Association between social support with socio selected demographic variables among oral cancer patients**

Sl no	Variables	Below median <59	Above median >59	Chi Square(x <sup>2</sup> )	df	P Value	Inference
1	<b>Age in years</b>						
	a) 30-50years	15	18	0.0059	1	0.938777	NSS*P<0.05
	b) 51->60years	31	36				
2	<b>Gender</b>						
	a) Male	13	14	0.0687	1	0.793225	NSS*P<0.05
	b) female	33	40				
3	<b>Marital Status</b>						
	a) Married	45	54	0.46	1	F-0	NSS*P<0.05
	b) unmarried	1	0				
4	<b>Duration of diagnosis of oral cancer</b>						
	a) 6 month -5 year	45	50	0.3036	1	0.581607	NSS*P<0.05
	b) 5 year-10 year	3	2				
5	<b>Type of family</b>						
	a) Nuclear family	25	23	1.3752	1	0.240918	NSS*P<0.05
	b) joint family	21	31				
6	<b>Educational status</b>						
	a) educated	15	11	1.752	1	0.185627	NSS*P<0.05
	b) uneducated	31	43				
7	<b>Type of Employment</b>						
	a) employed	38	42	0.3623	1	0.547221	NSS*P<0.05
	b) unemployed	8	12				
8	<b>History of tobacco</b>						
	a) No	32	42	0.1493	1	0.699179	NSS*P<0.05
	b) yes	11	12				
9	<b>Stages at carcinoma cancer</b>						
	a) stage 1&2	32	41	0.5099	1	0.475187	NSS*P<0.05
	b) stage 3&4	14	13				
10	<b>Type of treatment</b>						
	a) Medical management	9	3	4..6168	1	0.03166	SS*P<0.05
	b) surgical management	37	51				

**Table 14: Association between quality of life among oral cancer patients with selected sociodemographic variables**

Sl no	Variables	Below median <62	Above median >62	Chi Square(x <sup>2</sup> )	df	P Value	Inference
<b>1</b>	<b>Age in years</b>						
	a) 30-50years	25	8	1.3622	1	0.2431661	NSS*P<0.05
	b) 51->60years	43	24				
<b>2</b>	<b>Gender</b>						
	a) Male	19	8	0.0487	1	0.825302	NSS*P<0.05
	b) female	53	20				
<b>3</b>	<b>Marital Status</b>						
	a) Married	67	32	1	1	F-0	NSS*P<0.05
	b) unmarried	1	0				
<b>4</b>	<b>Duration of diagnosis of oral cancer</b>						
	a) 6month -5 year	67	32	1	1	F-0	NSS*P<0.05
	b) 5 year-10 year	1	0				
<b>5</b>	<b>Type of family</b>						
	a) Nuclear family	35	12	0.843	1	0.35853	NSS*P<0.05
	b) joint family	35	18				
<b>6</b>	<b>Educational status</b>						
	a) educated	19	7	0.7842	1	0.37587	NSS*P<0.05
	b) uneducated	47	27				
<b>7</b>	<b>Type of Employment</b>						
	a) employed	50	29	12.4897	1	0.000409	SS*P<0.05
	b)unemployed	17	4				
<b>8</b>	<b>History of tobacco</b>						
	a) No	48	29	4.9328	1	0.026351	SS*P<0.05
	b) yes	20	3				
<b>9</b>	<b>Stages at carcinoma cancer</b>						
	a) stage 1&2	51	22	0.1788	1	0.672428	NSS*P<0.05
	b) stage 3&4	17	9				
<b>10</b>	<b>Type of treatment</b>						
	a) medical management	11	1	4.0033	1	0.045412	SS*P<0.05
	b) surgical management	55	33				

The **Table.11** shows that there was no statistically significant association between anxiety levels and any of the selected socio-demographic variables such as age, gender, marital status, duration of diagnosis, type of family, education status, type of employment, history of tobacco use, stage of carcinoma and type of treatment.

The **Table 12** shows that only the type of employment shows a statistically significant association with depression, suggesting that unemployed patients experience higher depression levels than employed individuals. All other variables, including age, gender, marital status, duration of diagnosis, family type, education, tobacco history, cancer stage, and treatment type, show no significant association ( $p>0.05$ ). Hence, employment status appears to be an important factor influencing depression among oral cancer patients.

The **Table 13** shows that only the type of treatment has a statistically significant association with social support. This suggests that patients receiving surgical management had higher social support compared to those under medical management. Hence, type of treatment appears to influence the level of social support among oral cancer patients.

**The Table 14** shows that there a significant association was observed with type of employment, history of tobacco use, and type of treatment. This indicates that these factors are significantly related to the quality of life among oral cancer. Employed individuals, non-tobacco users, and those receiving certain treatment types had better quality of life scores compared to their counterparts.

# DISCUSSION



## CHAPTER-6

### DISCUSSION

This descriptive study was designed to evaluate social support, quality of life, and mental health status among oral cancer patients in a selected hospital in Kolar. Data were collected from a total of 100 patients over a one-month period.

**The following instruments were employed to gather data from the participants:**

1. Socio-demographic Data Sheet
2. MOS-SSS (Modified Medical Outcomes Study Social Support Survey) Scale
3. Quality of Life Questionnaire (QLQ-C30, Version 3.0)
4. Hospital Anxiety and Depression Scale (HADS)

#### **Objectives of the Study**

1. To evaluate social support among oral cancer patients using the MOS-SSS scale.
2. To assess quality of life using the QLQ-C30, Version 3.0.
3. To measure mental health status using the HADS.
4. To explore the relationship between social support, quality of life, and mental health among oral cancer patients.
5. To determine the association of social support, quality of life, and mental health with selected socio-demographic variables.

#### **Major Findings of the Study**

##### **Section 1: Socio-Demographic Characteristics**

- Age Distribution: 47% were aged 51–60 years, 24% were 41–50 years, 19% were over 60 years, and 10% were between 30–40 years.
- Gender: Females comprised 72%, while males were 28%.
- Marital Status: 99% were married; 1% were unmarried.
- Duration Since Diagnosis: 64% had been diagnosed between 6 months and 1 year, 25% between 2–3 years, 6% between 4–5 years, 4% between 6–7 years, and 1% between 10–11 years.

- Family Type: 50% were from nuclear families and 50% from joint families.
- Education: 76% were uneducated, 23% had primary education, and 10% had undergraduate education.
- Occupation: 72% were laborers, 21% unemployed, and 7% employed in the private sector.
- Treatment Type: 55% underwent surgical resection, 25% received radiotherapy, and 20% received chemotherapy.

## **Section 2: Social Support Among Oral Cancer Patients**

Among the 100 participants, the MOS-SSS scores indicated moderate levels of tangible support (53.13) and emotional support (50.19). Affectionate support scored highest (67.50), while positive social interaction scored lowest (49.42), reflecting relatively low support in that area. These results are consistent with a cross-sectional study of 90 post-operative oral cancer patients, which also reported moderate to high social support, noting that support varied according to economic status and treatment type, and higher support was linked with better physical and psychosocial adjustment.

## **Section 3: Quality of Life Among Oral Cancer Patients**

Using the EORTC QLQ-C30 (v3.0):

- Physical functioning was poor (33.5), role functioning moderate (45.2), while emotional (62.8) and cognitive (65.83) functioning were relatively good.
- Social functioning was high (83.5), indicating strong social networks.
- Symptom burden was mild for fatigue (40.7), pain (43.2), and insomnia (50.7); low levels were reported for nausea/vomiting (25), dyspnoea (21.3), appetite loss (36.67), constipation (26.7), diarrhoea (24), and financial difficulties (30.3).
- Global health status was moderately good at 65.5.

A prospective study of 80 patients with advanced oral/oropharyngeal cancer reported similar findings, with lower scores in role and emotional functioning, pain, insomnia, and appetite loss compared to general population norms. Social functioning, fatigue, nausea/vomiting, and diarrhoea were comparatively better. Comorbidities further reduced physical functioning and overall health status.<sup>34</sup>

#### **Section 4: Mental Health Status Among Oral Cancer Patients**

Among the participants:

- Anxiety: 84% experienced anxiety, 15% had mild anxiety, and 1% reported none.
- Depression: 37% had depression, 50% had mild symptoms, and 13% had none.

A supporting longitudinal study of 111 patients using DASS-21 and HADS indicated that anxiety levels remained relatively stable over time, while depression and stress increased significantly.

#### **Section 5: Correlation Between Social Support, Quality of Life, and Mental Health**

- Quality of life and social support: Positive correlation ( $r = 0.202$ ), suggesting increased support slightly improves quality of life.
- Social support and anxiety: Positive correlation ( $r = 0.229$ ), indicating higher support is associated with higher anxiety.
- Social support and depression: Positive correlation ( $r = 0.194$ ), implying greater support links to increased depressive symptoms.
- Quality of life and anxiety: Positive correlation ( $r = 0.292$ ), suggesting higher QoL is associated with higher anxiety.
- Quality of life and depression: Positive correlation ( $r = 0.433$ ), showing improved QoL is significantly associated with increased depressive symptoms.

These findings align with a Chinese study involving 230 oral cancer patients, where social support was a positive predictor of quality of life.

# SUMMARY AND CONCLUSION



## **CHAPTER-7**

### **SUMMARY**

This chapter presents the analysis, interpretation, and discussion of findings, which are corroborated by other related studies.

### **SUMMARY AND CONCLUSION**

The study evaluated social support, quality of life, and mental health status among oral cancer patients at a selected hospital in Kolar.

#### **Objectives of the Study**

1. To assess social support using MOS-SSS.
2. To evaluate quality of life using QLQ-C30, Version 3.0.
3. To assess mental health using HADS.
4. To explore the relationships among social support, quality of life, and mental health.
5. To determine associations between these variables and socio-demographic characteristics.

#### **Implications**

##### **Nursing Practice**

1. Findings indicate decreased social support, quality of life, and mental health among oral cancer patients, highlighting the need for effective nursing interventions.
2. Emphasizes psychosocial, psychological, and emotional support for patients.

##### **Nursing Education**

1. Highlights the need to train nursing students to address physical, psychological, and social aspects of oral cancer care.
2. Encourages education on identifying anxiety, depression, and quality-of-life issues.
3. Stresses teaching communication, counseling, and emotional support techniques.
4. Promotes family and community engagement in patient care.

5. Supports interprofessional collaboration with psychologists, social workers, and other professionals.
6. Recommends strengthening oncology nursing curricula with modules on survivorship, mental health, and supportive care.

### **Nursing Administration**

1. Ensures provision of counseling services, support groups, and rehabilitation programs.
2. Organizes continuous professional development for nurses in psychosocial care and holistic management.
3. Promotes coordination among healthcare professionals for comprehensive support.
4. Creates a patient-centered environment with adequate time and resources for psychosocial care.

### **Nursing Research**

1. Provides baseline data on social support, mental health, and quality of life among oral cancer patients.
2. Encourages intervention studies to test effectiveness of counseling, support groups, and patient education.
3. Supports comparative studies across demographics, treatment modalities, or support systems.
4. Guides evidence-based policy development in oncology nursing and supportive care.
5. Highlights the need for longitudinal research to monitor psychosocial outcomes over time.

### **Limitations**

1. Limited sample size (100 participants) may restrict generalizability.
2. Data collection was restricted to oncology wards of RIJH & RC.
3. Perceptions of social support and mental health may vary culturally, limiting broader applicability.

4. Short study duration may not reflect long-term changes in quality of life or mental health.

### **Suggestions for Further Study**

1. Longitudinal Studies: Assess long-term changes in social support, mental health, and quality of life during treatment and survivorship.
2. Intervention-Based Research: Develop and evaluate nursing interventions like counseling programs, peer support groups, or family education sessions.
3. Comparative Studies: Compare psychosocial outcomes between oral cancer patients and patients with other cancers.
4. Cultural and Regional Studies: Explore influence of cultural beliefs, family dynamics, and community support systems.
5. Technology-Based Support: Investigate telehealth, mobile apps, or online platforms in providing continuous psychosocial support.
6. Caregiver Perspectives: Study caregivers' mental health and their impact on patients' psychosocial outcomes.

### **Conclusion:**

This chapter discussed the study findings, implications, suggestions, and recommendations. Results indicate that most oral cancer patients face challenges in social support, quality of life, and mental health, with significant associations observed among these variables.

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# ANNEXURE



## ANNEXURE -1

### ETHICAL COMMITTEE CLEARANCE CERTIFICATE



#### SRI DEVARAJ URS COLLEGE OF NURSING

Tamaka, Kolar-563 103, Karnataka.

(Affiliated to RGUHS, Bangalore and Recognized by KNC, Bangalore & INC, New Delhi)  
ISO 9001:2015 Certified & NAAC Accredited

Phone: 9480880802

E-mail: [sduconson@yahoo.com](mailto:sduconson@yahoo.com), Website: [sducon.ac.in](http://sducon.ac.in)

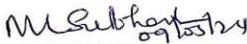
Ref.:No. SDUCON/IEC/ 158/ 2023-2024

Date: 09-05-2024

From,  
The Institutional Ethics Committee  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563103

To  
Prof Jairakini Aruna  
HOD Mental Health Nursing  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563103

This is to certify that the Institutional Ethics Committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has examined and unanimously approved III B.Sc.(N) Students Group –V Ms. Allendeena Mariya Dimble, Ms. Archana Saji Ms. Aparna Suresh Ms. Ashley Mariam Sebastian Ms.Beneta Selvi Ms. Bincy Ann Ms Sneha A.R and Ms. Shivani M on Topic: **A Study To Assess Social Support, Quality of Life and Mental Health Status Among Oral Cancer Patients in Selected Hospital, Kolar**, under the guidance of Prof Jairakini Aruna, HOD Mental Health Nursing and Co-Guide Mrs. Ramya Assistant Professor of Mental Health Nursing Sri Devaraj Urs College of Nursing, Kolar.

  
**Member Secretary**  
ETHICS COMMITTEE  
SRI DEVARAJ URS COLLEGE OF NURSING  
TAMAKA KOLAR - 563103.

  
**Chairperson**  
CHAIRPERSON  
ETHICS COMMITTEE  
SRI DEVARAJ URS COLLEGE OF NURSING  
TAMAKA KOLAR - 563103.

## ANNEXURE -2

### PERMISSION LETTER TO CONDUCT STUDY

**From,**  
Research Group 5  
III year B.Sc. (N) Student  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar – 563101.  
Place: Kolar.

Date: 9/10/2024

**To,**  
The Medical Superintendent,  
RL Jalappa Hospital and Research Centre,  
Tamaka, Kolar-563101

*Noted & permitted  
with a condition of maintaining  
pt. & HCP confidentiality.*

**Respected Madam / Sir,**

Through the Guide & HOD of Psychiatric Nursing Department and Principal, SDUCON,  
Kolar.

*[Signature]*  
15/10/2024  
**Chief Nursing Officer**  
R.L. Jalappa Hospital & Research Cen  
Tamaka, Kolar-563103.

**Sub:** Requesting permission to collect data from oral cancer patients-reg

With the subject to the above, we the under signed students of III year B.Sc Nursing under the Department of Psychiatric Nursing would like to collect data for the research study on "A Study To Assess Social Support, Quality Of Life, And Mental Health Status Among Oral Cancer Patients in Selected Hospital, Kolar." as a partial fulfilment of my B.Sc. Nursing curricular requirement. Hence I request you to grant permission to collect data from patients admitted in oncology wards of RLJH and RC and do the needful. Here with I am enclosing my research Synopsis, tool and ethical clearance for your kind consideration.

Thanking you

Yours faithfully,

- |  |   |
|--|---|
| 1. Ms. Allendeena Mariya Dimple <i>[Signature]</i> | 5. Ms. Bincy Ann Benny <i>[Signature]</i> |
| 2. Ms. Archana Shaji <i>[Signature]</i>            | 6. Ms. Beneta Selvi <i>[Signature]</i>    |
| 3. Ms. Aparana Suresh <i>[Signature]</i>           | 7. Ms. Sneha. A.R <i>[Signature]</i>      |
| 4. Ms. Ashley Mariyam Sebastin <i>[Signature]</i>  | 8. Ms. Shivani. M <i>[Signature]</i>      |

**Enclosure:**

- Synopsis
- Tool

Copy to:

1. Head, Department of Oncology, RLJHC & RC, Kolar.
2. Dr. Zeenath careena J, Chief Nursing Officer, RLJHC & RC, Kolar.

*Forwarded to Principal  
for the needful consideration  
Principal  
9/10/2024*

*Forwarded to CNO, RLJHCRC with a  
request to permit our students to  
collect data of*

*[Signature]*  
Principal,  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563103

**PERMISSION LETTER TO CONDUCT STUDY**

**From,**  
Research Group 5  
III year B.Sc. (N) Student  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar – 563101.  
**Place:** Kolar.

**Date:** 9/10/2024

**To,**  
The Medical Superintendent,  
RL Jalappa Hospital and Research Centre,  
Tamaka, Kolar-563101

**Respected Madam / Sir,**

Through the Guide &HOD of Psychiatric Nursing Department and Principal, SDUCON, Kolar.

**Sub:** Requesting permission to collect data from oral cancer patients-reg

With the subject to the above, we the under signed students of III year B.Sc Nursing under the Department of Psychiatric Nursing would like to collect data for the research study on **“A Study To Assess Social Support, Quality Of Life, And Mental Health Status Among Oral Cancer Patients in Selected Hospital, Kolar.”** as a partial fulfilment of my B.Sc. Nursing curricular requirement. Hence I request you to grant permission to collect data from patients admitted in oncology wards of RLJH and RC and do the needful. Here with I am enclosing my research Synopsis, tool and ethical clearance for your kind consideration.

**Thanking you**

**Yours faithfully,**

- 1. Ms.Allendeena Mariya Dimple *[Signature]*
- 2. Ms. Archana Shaji *[Signature]*
- 3. Ms. Aparana Suresh *[Signature]*
- 4. Ms. Ashley Mariyam Sebastian *[Signature]*

- 5. Ms. Bincy Ann Benny *[Signature]*
- 6. Ms. Beneta Selvi *[Signature]*
- 7. Ms. Sneha. A.R *[Signature]*
- 8. Ms. Shivani. M *[Signature]*

**Enclosure:**

- Synopsis
- Tool

Copy to:

- 1. Head, Department of Oncology, RLJHC& RC, Kolar.
- 2. Dr. Zeenath careena J, Chief Nursing Officer, RL JHC& RC, Kolar.

*Permitted*  
*[Signature]*  
Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar-563103.

*Forwarded to principal  
for the needful considerations  
Tainale  
9/10/2024*

*Forwarded to Medical Superintendent, RLJHC  
with a request to permit our students to  
collect data.*

*[Signature]*  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563103

PERMISSION LETTER TO CONDUCT STUDY

From,  
Research Group 5  
III year B.Sc. (N) Student  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar – 563101.  
Place: Kolar.

Date: 9/10/2024.

To,  
The Medical Superintendent,  
RL Jalappa Hospital and Research Centre,  
Tamaka, Kolar-563101

Respected Madam / Sir,

Through the Guide &HOD of Psychiatric Nursing Department and Principal, SDUCON, Kolar.

Sub: Requesting permission to collect data from oral cancer patients-reg

With the subject to the above, we the under signed students of III year B.Sc Nursing under the Department of Psychiatric Nursing would like to collect data for the research study on "A Study To Assess Social Support, Quality Of Life, And Mental Health Status Among Oral Cancer Patients in Selected Hospital, Kolar." as a partial fulfilment of my B.Sc. Nursing curricular requirement. Hence I request you to grant permission to collect data from patients admitted in oncology wards of RLJH and RC and do the needful. Here with I am enclosing my research Synopsis, tool and ethical clearance for your kind consideration.

Thanking you

Yours faithfully,

- |   |   |
|---|---|
| 1. Ms.Allendeena Mariya Dimple <i>[Signature]</i> | 5. Ms. Bincy Ann Benny <i>[Signature]</i> |
| 2. Ms. Archana Shaji <i>[Signature]</i>           | 6. Ms. Beneta Selvi <i>[Signature]</i>    |
| 3. Ms. Aparana Suresh <i>[Signature]</i>          | 7. Ms. Sneha. A.R <i>[Signature]</i>      |
| 4. Ms. Ashley Mariyam Sebastin <i>[Signature]</i> | 8. Ms. Shivani. M <i>[Signature]</i>      |

Enclosure:

- Synopsis
- Tool

Copy to:

1. Head, Department of Oncology, RLJHC& RC, Kolar.
2. Dr. Zeenath careena J, Chief Nursing Officer, RLJHC& RC, Kolar.

*Forwarded to principal for our needful consideration. ENT Dept*  
*Tamaka 9/10/2024*  
 Forwarded to HOD, Oncology dept  
 Permit students to collect data  
*[Signature]*

Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563101

PERMISSION LETTER TO CONDUCT STUDY

Date: 9/10/24

**From,**  
Research Group 5  
III year B.Sc. (N) Student  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar – 563101.  
**Place:** Kolar.

**To,**  
The Medical Superintendent,  
RL Jalappa Hospital and Research Centre,  
Tamaka, Kolar-563101

**Respected Madam / Sir,**

Through the Guide &HOD of Psychiatric Nursing Department and Principal, SDUCON, Kolar.

**Sub:** Requesting permission to collect data from oral cancer patients-reg

With the subject to the above, we the under signed students of III year B.Sc Nursing under the Department of Psychiatric Nursing would like to collect data for the research study on "A Study To Assess Social Support, Quality Of Life, And Mental Health Status Among Oral Cancer Patients in Selected Hospital, Kolar." as a partial fulfilment of my B.Sc. Nursing curricular requirement. Hence I request you to grant permission to collect data from patients admitted in oncology wards of RLJH and RC and do the needful. Here with I am enclosing my research Synopsis, tool and ethical clearance for your kind consideration.

**Thanking you**

**Yours faithfully,**

1. Ms.Allendeena Mariya Dimple *Allendeena*  
2. Ms. Archana Shaji *Archana*  
3. Ms. Aparana Suresh *Aparana*  
4. Ms. Ashley Mariyam Sebastin *Ashley*

5. Ms. Bincy Ann Benny *Bincy*  
6. Ms. Beneta Selvi *Beneta Selvi*  
7. Ms. Sneha. A.R *Sneha*  
8. Ms. Shivani. M *Shivani M.*

**Enclosure:**

- Synopsis
- Tool

Copy to:

1. Head, Department of Oncology, RLJHC & RC, Kolar.
2. Dr. Zeenath careena J, Chief Nursing Officer, RLJHC & RC, Kolar.

Forwarded to Principal  
for the needful consideration.  
*Tairala*

Forwarded for the needful  
action

*Principal*  
17/10/24

Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563103

ANNEXURE -3

20/12/2024

384	UG24NUR0595	MEGHA MURALI	Smt NAGARATHN AMMA COLLEGE OF NURSING	TO STUDY THE EFFECTS OF THE INTERVENTION OF THE PARENTS IN THE MANAGEMENT OF CHILDREN WITH VIEW TO DEVELOP AN INFORMATION BOOKLET	NURSING	15000
385	UG24NUR0596	MIR JEFFREY LEONG FU CHYANG	Smt NAGARATHN AMMA COLLEGE OF NURSING	A study to assess the effectiveness of Structured teaching program on knowledge and practice regarding prevention of acute upper respiratory tract infection among mothers of under-five children's in selected hospital Bangalore	NURSING	15000
386	UG24NUR0597	Anumol K Biju	Sri Devaraj Urs College of Nursing	A study to compare the quality of life, the child adjustment and social support of only child and child with siblings in selected schools of Kolar.	NURSING	15000
387	UG24NUR0598	ALLEENDEENA MARIYA DIMBLE	SRI DEVARAJ URS COLLEGE OF NURSING	A STUDY TO ASSESS SOCIAL SUPPORT QUALITY OF LIFE AND MENTAL HEALTH STATUS AMONG ORAL CANCER PATIENTS IN A SELECTED HOSPITAL, KOLAR.	NURSING	15000
388	UG24NUR0599	MS. JITTY SARA THOMAS	SRI DEVARAJ URS COLLEGE OF NURSING	Perception and Satisfaction regarding Competency- Based Nursing Curriculum among Nurse Educators Working at Selected Institutions, Kolar, Kamataka.	NURSING	12000
389	UG24NUR0600	Aina Sara Eldhose	Sri devaraj urs college of nursing	A study to assess the prevalence of disability among elderly and impact of IEC in management of disability among elderly and their care given at selected village of rural, Kolar	NURSING	15000
390	UG24NUR0601	Swathi G	Sri Devaraj Urs College Of Nursing, Tamaka Kolar	A Study to assess the Attitude and Behavior towards Teaching and Learning Activities among Teachers and Students at Selected Nursing Colleges affiliated to RGUHS with a view to develop guidelines	NURSING	15000
391	UG24NUR0604	SHIVALEELA V	SRI SIDDHARTHA COLLEGE OF NURSING	A STUDY TO EVALUATE THE EFFECTIVENESS OF LADIES FINGER WATER ON BLOOD GLUCOSE AMONG DIABETIC MELLITUS CLIENT ADMITTED AT SELECTED HOSPITAL TUMKUR.	NURSING	15000
392	UG24NUR0605	KRISHNAJA KRISHNAKUMAR	SRI SIDDHARTHA COLLEGE OF NURSING	A STUDY TO EVALUATE THE EFFECTIVENESS OF GOLDEN MILK TO REDUCE THE DEPRESSION STRESS AND ANXIETY AMONG STUDENTS OF SRI SIDDHARTHA COLLEGE OF NURSING TUMKUR	NURSING	15000

Principal  
Sri Devaraj Urs College of Nursing  
Kolar-563103

Deputy Principal  
Sri Devaraj Urs College of Nursing  
Kolar-563103

## ANNEXURE -4

### **General Instruction And Kindly Tick The Appropriate Answers**

#### **Sociodemographic profile**

- 1. Age in years**
  - a) 30-40
  - b) 41-50
  - c) 51-60
  - d) Above 60 years
- 2. Gender**
  - a) Male
  - b) Female
  - c) Transgender
- 3. Marital status**
  - a) Married
  - b) Unmarried
  - c) Others
- 4. Age at diagnosis of oral cancer** \_\_\_\_\_
- 5. Type of family**
  - a) Nuclear family
  - b) Joint family
  - c) Single parent family
  - d) Extended family
- 6. Educational status**
  - a) primary
  - b) UG
  - c) PG
  - d) Uneducated
- 7. Type of employment**
  - a) Government
  - b) Private
  - c) Kooli
  - d) Unemployment
- 8. History of tobacco**
  - a) No
  - b) Yes, if yes specify
- 9. Stage at carcinoma diagnosis**
  - a) Stage 1
  - b) Stage 2
  - c) Stage 3
  - d) Stage 4
- 10. Type of treatment**
  - a) Chemotherapy
  - b) Radiotherapy
  - c) Surgical inter resection
  - d) All

## SOCIO DEMOGRAPHIC DATA IN KANNADA

1. ವರ್ಷಗಳಲ್ಲಿ ವಯಸ್ಸು
  - ಎ) 30-40
  - ಬಿ) 41-50
  - ಸಿ) 51-60
  - ಡಿ) 60 ವರ್ಷಗಳ ಮೇಲೆ
  
2. ಲಿಂಗ
  - ಎ) ಪುರುಷ
  - ಬಿ) ಹೆಣ್ಣು
  - ಸಿ) ಟ್ರಾನ್ಸಜೆಂಡರ್
  
3. ವೈವಾಹಿಕ ಸ್ಥಿತಿ
  - ಎ) ವಿವಾಹಿತ
  - ಬಿ) ಅವಿವಾಹಿತ
  - ಸಿ) ಇತರರು
  
4. ಬಾಯಿಯ ಕ್ಯಾನ್ಸರ್ ರೋಗನಿರ್ಣಯದ ವಯಸ್ಸು\_\_\_\_\_
  
5. ಕುಟುಂಬದ ಪ್ರಕಾರ
  - ಎ) ವಿಭಕ್ತ ಕುಟುಂಬ
  - ಬಿ) ಅವಿಭಕ್ತ ಕುಟುಂಬ
  - ಸಿ) ಏಕ ಪೋಷಕ ಕುಟುಂಬ
  - ಡಿ) ವಿಸ್ತೃತ ಕುಟುಂಬ
  
6. ಶೈಕ್ಷಣಿಕ ಸ್ಥಿತಿ
  - ಎ) ಪ್ರಾಥಮಿಕ
  - ಬಿ) ಯುಜಿ
  - ಸಿ) ಪಿಜಿ
  - ಡಿ) ಅಶಿಕ್ಷಿತ

7. ಉದ್ಯೋಗದ ಪ್ರಕಾರ

ಎ) ಸರ್ಕಾರ

ಬಿ) ಖಾಸಗಿ

ಸಿ) ಕೂಲಿ

ಡಿ) ನಿರುದ್ಯೋಗ

8. ತಂಬಾಕಿನ ಇತಿಹಾಸ

ಎ) ಇಲ್ಲ

ಬಿ) ಹೌದು, ಹೌದು ಎಂದಾದರೆ ಸೂಚಿಸಿ

9. ಕಾರ್ಸಿನೋಮ ರೋಗನಿರ್ಣಯದ ಹಂತ

ಎ) ಹಂತ 1

ಬಿ) ಹಂತ 2

ಸಿ) ಹಂತ 3

ಡಿ) ಹಂತ 4

10. ಚಿಕಿತ್ಸೆಯ ಪ್ರಕಾರ

ಎ) ಕೀಮೋಥೆರಪಿ

ಬಿ) ರೇಡಿಯೋಥೆರಪಿ

ಸಿ) ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ಛೇದನ

ಡಿ) ಎಲ್ಲಾ

## MOS SOCIAL SUPPORT SURVEY

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Choose one number from each line.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. Someone to help you if you were confined to bed	1	2	3	4	5
2. Someone you can count on to listen to you when you need to talk	1	2	3	4	5
3. Someone to give you good advice about a crisis	1	2	3	4	5
4. Someone to take you to the doctor if you needed it	1	2	3	4	5
5. Someone who shows you love and affection	1	2	3	4	5
6. Someone to have a good time with	1	2	3	4	5
7. Someone to give you information to help you understand a situation	1	2	3	4	5
8. Someone to confide in or talk to about yourself or your problems	1	2	3	4	5
9. Someone who hugs you	1	2	3	4	5
10. Someone to get together with for relaxation	1	2	3	4	5
11. Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5
12. Someone whose advice you really want	1	2	3	4	5
13. Someone to do things with to help you get your mind off things	1	2	3	4	5
14. Someone to help with daily chores if you were sick	1	2	3	4	5
15. Someone to share your most private worries and fears with	1	2	3	4	5
16. Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5
17. Someone to do something enjoyable with	1	2	3	4	5
18. Someone who understands your problems	1	2	3	4	5
19. Someone to love and make you feel wanted	1	2	3	4	5

## MOS ಸಾಮಾಜಿಕ ಬೆಂಬಲ ಸಮೀಕ್ಷೆ

ಉನರು ಕೆಲವೊಮ್ಮೆ ಒಡನಾಟ, ಸಹಾಯ ಅಥವಾ ಇತರ ರೀತಿಯ ಬೆಂಬಲಕ್ಕಾಗಿ ಇತರರನ್ನು ನೋಡುತ್ತಾರೆ. ನಿಮಗೆ ಅಗತ್ಯವಿದ್ದರೆ ಈ ಕೆಳಗಿನ ಪ್ರತಿಯೊಂದು ರೀತಿಯ ಬೆಂಬಲವೂ ನಿಮಗೆ ಎಷ್ಟು ಬಾರಿ ಲಭ್ಯವಿರುತ್ತದೆ ? ಪ್ರತಿ ಸಾಲಿನಿಂದ ಒಂದು ಸಂಖ್ಯೆಯನ್ನು ಆರಿಸಿ.

		ಸಮಯ ಯಾವುದೂ ಇಲ್ಲ	ಸ್ವಲ್ಪ ಸಮಯ	ಕೆಲವು ಬಾರಿ	ಹೆಚ್ಚಿನ ಸಮಯ	ಎಲ್ಲಾ ಸಮಯದಲ್ಲೂ
01.	ನೀವು ಹಾಸಿಗೆಗೆ ಸೀಮಿತವಾಗಿದ್ದರೆ ನಿಮಗೆ ಸಹಾಯ ಮಾಡಲು ಯಾರಾದರೂ	1	2	3	4	5
02.	ನಿಮ್ಮ ಮಾತನ್ನು ಕೇಳಲು ನೀವು ನಂಬಲಪಡುವ ಯಾರಾದರೂ ನೀವು ಮಾತನಾಡಬೇಕಾದಾಗ	1	2	3	4	5
03.	ಔಟ್‌ರೈನ ಬಗ್ಗೆ ನಿಮಗೆ ಉತ್ತಮ ಸಲಹೆ ನೀಡಲು ಯಾರಾದರೂ	1	2	3	4	5
04.	ನಿಮಗೆ ಅಗತ್ಯವಿದ್ದರೆ ವೈದ್ಯರ ಬಳಿಗೆ ಕರೆದೊಯ್ಯಲು ಯಾರಾದರೂ	1	2	3	4	5
05.	ನಿಮಗೆ ಪ್ರೀತಿ ಮತ್ತು ಪ್ರೀತಿಯನ್ನು ತೋರಿಸುವ ಯಾರಾದರೂ	1	2	3	4	5
06.	ಉತ್ತಮ ಸಮಯವನ್ನು ಹೊಂದಲು ಯಾರಾದರೂ	1	2	3	4	5
07.	ಪರಿಸ್ಥಿತಿಯನ್ನು ಅರ್ಥ ಮಾಡಿಕೊಳ್ಳಲು ನಿಮಗೆ ಸಹಾಯ ಮಾಡಲು ಯಾರಾದರೂ ನಿಮಗೆ ಮಾಹಿತಿಯನ್ನು ನೀಡುತ್ತಾರೆ	1	2	3	4	5
08.	ನಿಮ್ಮ ಬಗ್ಗೆ ಅಥವಾ ನಿಮ್ಮ ಸಮಸ್ಯೆಗಳ ಬಗ್ಗೆ ಯಾರೊಂದಿಗಾದರೂ ವಿಶ್ವಾಸವಿರಿಸಲು ಅಥವಾ ಮಾತನಾಡಲು	1	2	3	4	5
09.	ಯಾರೋ ನಿಮ್ಮನ್ನು ತಣ್ಣಗೆಯುತ್ತಾರೆ	1	2	3	4	5
10.	ಯಾರಾದರೂ ವಿಶ್ವಾಸಿಗಾಗಿ ಒತ್ತಿಗೆ ಇರುತ್ತಾರೆ	1	2	3	4	5
11.	ನೀವೇ ಅದನ್ನು ಮಾಡಲು ಸಾಧ್ಯವಾಗದಿದ್ದರೆ ನಿಮ್ಮ ಊಟವನ್ನು ತಯಾರಿಸಲು ಯಾರಾದರೂ	1	2	3	4	5
12.	ನೀವು ನಿಜವಾಗಿಯೂ ಯಾರ ಸಲಹೆಯನ್ನು ಬಯಸುತ್ತೀರಿ	1	2	3	4	5
13.	ನಿಮ್ಮ ಮನಸ್ಸನ್ನು ವಿಷಯಗಳಿಂದ ದೂರವಿರಿಸಲು ಸಹಾಯ ಮಾಡಲು ಯಾರಾದರೂ ಕೆಲಸಗಳನ್ನು ಮಾಡುತ್ತಾರೆ	1	2	3	4	5
14.	ನೀವು ಅನಾರೋಗ್ಯದಿಂದ ಬಳಲುತ್ತಿದ್ದರೆ ದೈನಂದಿನ ಕೆಲಸಗಳಿಗೆ ಸಹಾಯ ಮಾಡಲು ಯಾರಾದರೂ	1	2	3	4	5
15.	ನಿಮ್ಮ ಅತ್ಯಂತ ಖಾಸಗಿ ಚಿಂತೆಗಳು ಮತ್ತು ಭಯಗಳನ್ನು ಹಂಚಿಕೊಳ್ಳಲು ಯಾರಾದರೂ	1	2	3	4	5
16.	ವೈಯಕ್ತಿಕ ಸಮಸ್ಯೆಯನ್ನು ಹೇಗೆ ಎದುರಿಸುವುದು ಎಂಬುದರ ಕುರಿತು ಸಲಹೆಗಳಿಗಾಗಿ ಯಾರಾದರೂ ತಿರುಗಬಹುದು	1	2	3	4	5
17.	ಯಾರಾದರೂ ಸಂತೋಷಕರವಾಗಿ ಬನ್ನಾದರೂ ಮಾಡಲು	1	2	3	4	5
18.	ನಿಮ್ಮ ಸಮಸ್ಯೆಗಳನ್ನು ಅರ್ಥ ಮಾಡಿಕೊಳ್ಳುವ ಯಾರಾದರೂ	1	2	3	4	5
19.	ನಿಮ್ಮನ್ನು ಪ್ರೀತಿಸಲು ಮತ್ತು ಬಯಸುವಂತೆ ಮಾಡಲು ಯಾರಾದರೂ	1	2	3	4	5

**EORTC QLQ-C30**

We are interested in some things about you and your health. Please answer all of the questions yourself by circling the number that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

Please fill in your initials:                      
 Your birthdate (Day, Month, Year):          
 Today's date (Day, Month, Year):          

	Not at All	A Little	Quite a Bit	Very Much
1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?	1	2	3	4
2. Do you have any trouble taking a <u>long</u> walk?	1	2	3	4
3. Do you have any trouble taking a <u>short</u> walk outside of the house?	1	2	3	4
4. Do you need to stay in bed or a chair during the day?	1	2	3	4
5. Do you need help with eating, dressing, washing yourself or using the toilet?	1	2	3	4
<b>During the past week:</b>				
	Not at All	A Little	Quite a Bit	Very Much
6. Were you limited in doing either your work or other daily activities?	1	2	3	4
7. Were you limited in pursuing your hobbies or other leisure time activities?	1	2	3	4
8. Were you short of breath?	1	2	3	4
9. Have you had pain?	1	2	3	4
10. Did you need to rest?	1	2	3	4
11. Have you had trouble sleeping?	1	2	3	4
12. Have you felt weak?	1	2	3	4
13. Have you lacked appetite?	1	2	3	4
14. Have you felt nauseated?	1	2	3	4
15. Have u Vomited	1	2	3	4
16. Have you been constipated?	1	2	3	4

**During the past week:**

	<b>Not at All</b>	<b>A Little</b>	<b>Quite a Bit</b>	<b>Very Mucl</b>
17. Have you had diarrhea?	1	2	3	4
18. Were you tired?	1	2	3	4
19. Did pain interfere with your daily activities?	1	2	3	4
20. Have you had difficulty in concentrating on things,like reading a newspaper or watching television?	1	2	3	4
21. Did you feel tense?	1	2	3	4
22. Did you worry?	1	2	3	4
23. Did you feel irritable?	1	2	3	4
24. Did you feel depressed?	1	2	3	4
25. Have you had difficulty remembering things?	1	2	3	4
26. Has your physical condition or medical treatment interfered with your <u>family</u> life?	1	2	3	4
27. Has your physical condition or medical treatment interfered with your <u>social</u> activities?	1	2	3	4
28. Has your physical condition or medical treatment caused you financial difficulties?	1	2	3	4

**For the following questions please circle the number between 1 and 7 that best applies to you**

29. How would you rate your overall health during the past week?

1            2            3            4            5            6            7

Very poor

Excellent

30. How would you rate your overall quality of life during the past week?

1            2            3            4            5            6            7

Very poor

Excellent

**EORTC QLQ-C30 (ಆವೃತ್ತಿ 3)**

ನಿಮ್ಮ ಮತ್ತು ನಿಮ್ಮ ಆರೋಗ್ಯದ ಬಗ್ಗೆ ಕೆಲವು ವಿಷಯಗಳನ್ನು ನಾವು ಅಳವಡು ಮಾಡಿದ್ದೇವೆ. ನಿಮಗೆ ಉತ್ತಮವಾಗಿ ಅನುಭವಿಸುವ ಸಂಖ್ಯೆಯನ್ನು ಸುತ್ತುವ ಮೂಲಕ ದಯವಿಟ್ಟು ಎಲ್ಲಾ ಪ್ರಶ್ನೆಗಳಿಗೆ ನೀವೇ ಉತ್ತರಿಸಿ. ಯಾವುದೇ "ಸರಿ" ಅಥವಾ "ತಪ್ಪು" ಉತ್ತರಗಳಿಲ್ಲ. ನೀವು ಒದಗಿಸುವ ಮಾಹಿತಿಯು ಕಟ್ಟು ನಿಟ್ಟಾಗಿ ಗೌಪ್ಯವಾಗಿರುತ್ತದೆ.

ದಯವಿಟ್ಟು ನಿಮ್ಮ ಮೊದಲಕ್ಷರಗಳನ್ನು

ಭರ್ತಿ ಮಾಡಿ : ನಿಮ್ಮ ಜನ್ಮ ದಿನಾಂಕ (ದಿನ, ತಿಂಗಳು)

ವರ್ಷ : ಇಂದಿನ ದಿನಾಂಕ (ದಿನ, ತಿಂಗಳು, ವರ್ಷ) :

01.	ಭಾರವಾದ ಶಾಪಿಂಗ್ ಬ್ಯಾಗ್ ಅಥವಾ ಸೂಟ್‌ಕೇಸ್ ಅನ್ನು ಹೊತ್ತಯ್ಯುವಂತಹ ಶ್ರಮದಾಯಕ ಚಟುವಟಿಕೆಗಳನ್ನು ಮಾಡಲು ನಿಮಗೆ ಯಾವುದೇ ತೊಂದರೆ ಇದೆಯೇ ?	1	2	3	4
02.	ಸುದೀರ್ಘ ನಡಿಗೆಯಲ್ಲಿ ನಿಮಗೆ ಏನಾದರೂ ತೊಂದರೆ ಇದೆಯೇ ?	1	2	3	4
03.	ಮನೆಯ ಹೊರಗೆ ಸ್ವಲ್ಪ ನಡೆಯಲು ನಿಮಗೆ ತೊಂದರೆ ಇದೆಯೇ ?	1	2	3	4
04.	ನೀವು ದಿನದಲ್ಲ ಹಾಸಿಗೆಯಲ್ಲಿ ಅಥವಾ ಕುರ್ಚಿಯಲ್ಲಿ ಉಳಿಯಬೇಕೇ ?	1	2	3	4
05.	ತಿನ್ನಲು, ಡ್ರೆಸಿಂಗ್ ಮಾಡಲು, ತೊಳೆಯಲು ಅಥವಾ ಶೌಚಾಲಯವನ್ನು ಬಳಸಲು ನಿಮಗೆ ಸಹಾಯ ಬೇಕೇ ?	1	2	3	4
	ಕಳೆದ ವಾರದಲ್ಲ	ಇಲ್ಲವೇ ಇಲ್ಲ	ಸ್ವಲ್ಪ	ಸ್ವಲ್ಪ ಜಾಸ್ತಿ	ತುಂಬಾ
06.	ನಿಮ್ಮ ಕೆಲಸ ಅಥವಾ ಇತರ ದೈನಂದಿನ ಚಟುವಟಿಕೆಗಳನ್ನು ಮಾಡಲು ನೀವು ಸೀಮಿತವಾಗಿದ್ದೀರಾ ?	1	2	3	4
07.	ಹವ್ಯಾಸಗಳು ಅಥವಾ ಇತರ ಬಡುವಿನ ವೇಳೆಯಲ್ಲಿ ಚಟುವಟಿಕೆಗಳನ್ನು ಅನುಸರಿಸುವಲ್ಲಿ ನೀವು ಸೀಮಿತಗೊಳಿಸಿದ್ದೀರಾ ?	1	2	3	4
08.	ನಿಮಗೆ ಉಸಿರಾಟದ ತೊಂದರೆ ಇದೆಯೇ ?	1	2	3	4
09.	ನೀವು ನೋವು ಹೊಂದಿದ್ದೀರಾ ?	1	2	3	4
10.	ನಿಮಗೆ ವಿಶ್ರಾಂತಿ ಬೇಕೇ ?	1	2	3	4
11.	ನೀವು ನಿದ್ರಿಸಲು ತೊಂದರೆ ಹೊಂದಿದ್ದೀರಾ ?	1	2	3	4
12.	ನೀವು ದುರ್ಬಲ ಭಾವನೆ ಹೊಂದಿದ್ದೀರಾ ?	1	2	3	4
13.	ನಿಮಗೆ ಹಸಿವು ಇಲ್ಲವೇ ?	1	2	3	4
14.	ನೀವು ವಾಕರಿಕೆ ಅನುಭವಿಸಿದ್ದೀರಾ ?	1	2	3	4
15.	ನೀವು ಪಾಂಕಿ ಮಾಡಿದ್ದೀರಾ ?	1	2	3	4
16.	ನೀವು ಮಲಬದ್ಧತೆ ಹೊಂದಿದ್ದೀರಾ ?	1	2	3	4

ಕಳೆದ ವಾರದಲ್ಲ	ಇಲ್ಲವೇ ಇಲ್ಲ	ಫಲ	ಫಲ ಜಾಸ್ತಿ	ತುಂಬಾ					
17. ನೀವು ಅತಿಸಾರ ಹೊಂದಿದ್ದೀರಾ?	1	2	3	4					
18. ನೀವು ದನದಿದ್ದೀರಾ?	1	2	3	4					
19. ನೋವು ನಿಮ್ಮ ದೈನಂದಿನ ಚಟುವಟಿಕೆಗಳಿಗೆ ಅಡ್ಡಿಯಾಗಿದೆಯೇ?	1	2	3	4					
20. ದಿನಪತ್ರಿಕೆ ಓದುವುದು ಅಥವಾ ದೂರದರ್ಶನವನ್ನು ನೋಡುವುದು ಮುಂತಾದ ವಿಷಯಗಳ ಮೇಲೆ ಕೇಂದ್ರೀಕರಿಸಲು ನಿಮಗೆ ಕಷ್ಟವಾಗಿದೆಯೇ?	1	2	3	4					
21. ನೀವು ಉದ್ದಿಗ್ನತೆಯನ್ನು ಅನುಭವಿಸಿದ್ದೀರಾ?	1	2	3	4					
22. ನೀವು ಚಿಂತಿಸಿದ್ದೀರಾ?	1	2	3	4					
23. ನೀವು ಕಿರಿಕಿರಿಯನ್ನು ಅನುಭವಿಸಿದ್ದೀರಾ?	1	2	3	4					
24. ನೀವು ಏನನ್ನೆಗೆ ಒಳಗಾಗಿದ್ದೀರಾ?	1	2	3	4					
25. ವಿಷಯಗಳನ್ನು ನೆನಪಿಟ್ಟುಕೊಳ್ಳಲು ನಿಮಗೆ ಕಷ್ಟವಾಗಿದೆಯೇ?	1	2	3	4					
26. ನಿಮ್ಮ ದೈಹಿಕ ಸ್ಥಿತಿ ಅಥವಾ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆಯು ನಿಮ್ಮ ಕುಟುಂಬ ಜೀವನದಲ್ಲಿ ಹಸ್ತಕ್ಷೇಪ ಮಾಡಿದೆಯೇ	1	2	3	4					
27. ನಿಮ್ಮ ದೈಹಿಕ ಸ್ಥಿತಿ ಅಥವಾ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆಯು ನಿಮ್ಮ ಸಾಮಾಜಿಕ ಚಟುವಟಿಕೆಗಳಿಗೆ ಅಡ್ಡಿಯಾಗಿದೆಯೇ?	1	2	3	4					
28. ನಿಮ್ಮ ದೈಹಿಕ ಸ್ಥಿತಿ ಅಥವಾ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆಯು ನಿಮಗೆ ಆರ್ಥಿಕ ತೊಂದರೆಗಳನ್ನು ಉಂಟುಮಾಡಿದೆಯೇ?	1	2	3	4					
<b>ಈ ಕೆಳಗಿನ ಪ್ರಶ್ನೆಗಳಿಗೆ ದಯವಿಟ್ಟು ನಿಮಗೆ ಅನ್ವಯಿಸುವ 1 ಮತ್ತು 7 ರ ನಡುವಿನ ಸಂಖ್ಯೆಯನ್ನು ವಲಯ ಮಾಡಿ</b>									
29. ಕಳೆದ ವಾರದಲ್ಲ ನಿಮ್ಮ ಒಟ್ಟಾರೆ ಆರೋಗ್ಯದಲ್ಲಿ ನೀವು ಹೇಗೆ ರೇಟ್ ಮಾಡುತ್ತೀರಿ?									
	1	2	3	4	5	6	7		
ತುಂಬಾ ಬಡವ	ಅತ್ಯುತ್ತಮ								
30. ಕಳೆದ ವಾರದಲ್ಲ ನಿಮ್ಮ ಒಟ್ಟಾರೆ ಜೀವನದ ಗುಣಮಟ್ಟವನ್ನು ನೀವು ಹೇಗೆ ರೇಟ್ ಮಾಡುತ್ತೀರಿ?									
	1	2	3	4	5	6	7		
ತುಂಬಾ ಬಡವ	ಅತ್ಯುತ್ತಮ								

### Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.  
Don't take too long over you replies: your immediate is best.

D	A		D	A	
		<b>I feel tense or 'wound up':</b>			<b>I feel as if I am slowed down:</b>
3		Most of the time	3		Nearly all the time
2		A lot of the time	2		Very often
1		From time to time, occasionally	1		Sometimes
0		Not at all	0		Not at all
		<b>I still enjoy the things I used to enjoy:</b>			<b>I get a sort of frightened feeling like 'butterflies' in the stomach:</b>
0		Definitely as much	0		Not at all
1		Not quite so much	1		Occasionally
2		Only a little	2		Quite Often
3		Hardly at all	3		Very Often
		<b>I get a sort of frightened feeling as if something awful is about to happen:</b>			<b>I have lost interest in my appearance:</b>
3		Very definitely and quite badly	3		Definitely
2		Yes, but not too badly	2		I don't take as much care as I should
1		A little, but it doesn't worry me	1		I may not take quite as much care
0		Not at all	0		I take just as much care as ever
		<b>I can laugh and see the funny side of things:</b>			<b>I feel restless as I have to be on the move:</b>
0		As much as I always could	3		Very much indeed
1		Not quite so much now	2		Quite a lot
2		Definitely not so much now	1		Not very much
3		Not at all	0		Not at all
		<b>Worrying thoughts go through my mind:</b>			<b>I look forward with enjoyment to things:</b>
3		A great deal of the time	0		As much as I ever did
2		A lot of the time	1		Rather less than I used to
1		From time to time, but not too often	2		Definitely less than I used to
0		Only occasionally	3		Hardly at all
		<b>I feel cheerful:</b>			<b>I get sudden feelings of panic:</b>
3		Not at all	3		Very often indeed
2		Not often	2		Quite often
1		Sometimes	1		Not very often
0		Most of the time	0		Not at all
		<b>I can sit at ease and feel relaxed:</b>			<b>I can enjoy a good book or radio or TV program:</b>
0		Definitely	0		Often
1		Usually	1		Sometimes
2		Not Often	2		Not often
3		Not at all	3		Very seldom

Please check you have answered all the questions

#### Scoring:

Total score: Depression (D) \_\_\_\_\_ Anxiety (A) \_\_\_\_\_  
0-7 = Normal 8-10= Borderline abnormal (borderline case) 11-21 = Abnormal (case)

**ಆಸ್ಪತ್ರೆಯ ಆತಂಕ ಮತ್ತು ಐನ್ಮತೆಯ ಪ್ರಮಾಣ (HADS)**

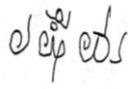
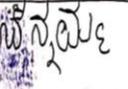
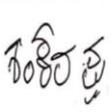
ಕಳೆದ ವಾರದಲ್ಲೂ ನೀವು ಹೇಗೆ ಭಾವಿಸುತ್ತಿದ್ದೀರಿ ಎಂಬುದಕ್ಕೆ ಹತ್ತಿರವಿರುವ ಉತ್ತರದ ಪಕ್ಕದಲ್ಲಿರುವ ಬಾಕ್ಸ್ ಅನ್ನು ೮೯ ಮಾರಿ, ನಿಮ್ಮ ಪ್ರತ್ಯುತ್ತರಗಳಿಗೆ ಹೆಚ್ಚು ಸಮಯ ತೆಗೆದುಕೊಳ್ಳಬೇಡಿ : ನಿಮ್ಮ ತಕ್ಷಣದ ಉತ್ತರವು ಉತ್ತಮವಾಗಿದೆ.

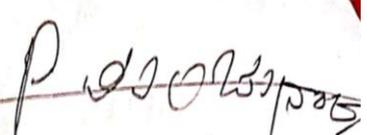
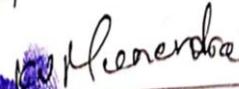
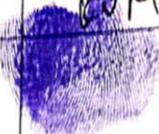
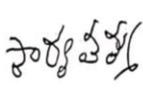
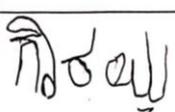
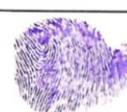
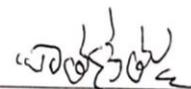
D	A	D	A
	ನಾನು ಒತ್ತಡದಲ್ಲಿದ್ದೇನೆ ಅಥವಾ ಕಟ್ಟಿಕೊಂಡಿರುವ ಅನುಭವಿಸುತ್ತಿದ್ದೇನೆ		ನಾನು ನಿಧಾನವಾಗಿದ್ದಂತೆ ನನಗೆ ಅನಿಸುತ್ತಿದ್ದೇನೆ.
3	ಹೆಚ್ಚಿನ ಸಮಯ	3	ಸುಮಾರು ಸಾರ್ವಕಾಲಿಕ
2	ಬಹಳಷ್ಟು ಸಮಯ	2	ಆಗಾಗ್ಗೆ
1	ಕಾಲಕಾಲಕ್ಕೆ ಸಾಂದರ್ಭಿಕವಾಗಿ	1	ಕೆಲವೊಮ್ಮೆ
0	ಇಲ್ಲವೇ ಇಲ್ಲ	0	ಇಲ್ಲವೇ ಇಲ್ಲ
	ನಾನು ಆನಂದಿಸುತ್ತಿದ್ದ ವಿಷಯಗಳನ್ನು ನಾನು ಇನ್ನೂ ಆನಂದಿಸುತ್ತೇನೆ		ಹೊಟ್ಟೆಯಲ್ಲಿ 'ಚಿಟ್ಟಿಗಳು' ನಂತಹ ಭಯದ ಭಾವನೆಯನ್ನು ನಾನು ಪಡೆಯುತ್ತೇನೆ.:
0	ಬಂಡಿತ ಅಷ್ಟೇ	0	ಇಲ್ಲವೇ ಇಲ್ಲ
1	ತುಂಬಾ ಅಲ್ಲ	1	ಸಾಂದರ್ಭಿಕವಾಗಿ
2	ಸ್ವಲ್ಪ	2	ಸಾಕಷ್ಟು ಬಾರಿ
3	ಕಷ್ಟದಿಂದ ಮಾತ್ರ	3	ಆಗಾಗ್ಗೆ
	ಏನೋ ಘೀಕರಣ ಸಂಭವಿಸಿತೆಂಬಂತೆ ನನಗೆ ಒಂದು ರೀತಿಯ ಭಯದ ಭಾವನೆ ಉಂಟಾಗುತ್ತದೆ ಸಂಭವಿಸಿ ;		ನನ್ನ ನೋಟದಲ್ಲಿ ನಾನು ಆಸಕ್ತಿಯನ್ನು ಕಳೆದುಕೊಂಡಿದ್ದೇನೆ:
3	ತುಂಬಾ ಖಚಿತವಾಗಿ ಮತ್ತು ಕಟ್ಟಿದಾಗ	3	ಬಂಡಿತವಾಗಿ
2	ಹೌದು, ಆದರೆ ತುಂಬಾ ಕಟ್ಟಿದಲ್ಲ	2	ನಾನು ಮಾಡಬೇಕಾದಷ್ಟು ಕಾಳಜಿ ವಹಿಸುವುದಿಲ್ಲ
1	ಸ್ವಲ್ಪ, ಆದರೆ ಇದು ನನಗೆ ಚಿಂತಿಸುವುದಿಲ್ಲ	1	ನಾನು ಎಂದಿನಂತೆ ಹೆಚ್ಚು ಕಾಳಜಿ
0	ಎಲ್ಲಾ ಅಲ್ಲ	0	ವಹಿಸುವಷ್ಟು ಕಾಳಜಿ ವಹಿಸದಿರಬಹುದು
	ನಾನು ನಗಬಹುದು ಮತ್ತು ವಸ್ತುಗಳ ತಮಾಷೆಯ ಭಾಗವನ್ನು ನೋಡಬಹುದು		ನಾನು ಜಲನೆಯಲ್ಲರುವುದರಿಂದ ನಾನು ಪ್ರಕ್ಷುಬ್ಧತೆಯನ್ನು ಅನುಭವಿಸುತ್ತೇನೆ
0	ನನಗೆ ಯಾವಾಗಲೂ ಸಾಧ್ಯವಾಗದಷ್ಟು	3	ತುಂಬಾ ನಿಜವಾಗಿಯೂ
1	ಈಗ ತುಂಬಾ ಇಲ್ಲ	2	ಬಹಳಷ್ಟು
2	ಬಂಡಿತವಾಗಿಯೂ ಈಗ ತುಂಬಾ	1	ತುಂಬಾ ಅಲ್ಲ
3	ಅಲ್ಲ	0	ಎಲ್ಲಾ ಅಲ್ಲ
	ಆತಂಕಕಾರಿ ಆಲೋಚನೆಗಳು ನನ್ನ ಮನಸ್ಸಿನಲ್ಲಿ ಹಾದು ಹೋಗುತ್ತವೆ		ನಾನು ವಿಷಯಗಳನ್ನು ಸಂತೋಷದಿಂದ ಎದುರು ನೋಡುತ್ತಿದ್ದೇನೆ:
3	ಸಮಯದ ಒಂದು ದೊಡ್ಡ ಒಪ್ಪಂದ	0	ನಾನು ಹಿಂದೆಂದಿಗಿಂತಲೂ
2	ಬಹಳಷ್ಟು ಸಮಯ	1	ಕಡಿಮೆ ಮಾಡಿದ್ದೇನೆ
1	ಕಾಲಕಾಲಕ್ಕೆ ಅಂದರೆ ತುಂಬಾ ಬಾರಿ ಅಲ್ಲ	2	ನಾನು ಬಳಸಿದಂತೆ ಬಂಡಿತವಾಗಿಯೂ ಕಡಿಮೆ
0	ಸಾಂದರ್ಭಿಕವಾಗಿ ಮಾತ್ರ	3	ಅಷ್ಟೇನೂ ಕಷ್ಟ
	ನಾನು ಹರ್ಷಚಿತ್ತದಿಂದಿದ್ದೇನೆ		ನಾನು ಹಠಾತ್ ಬ್ಯಾನಿಕ್ ಭಾವನೆಗಳನ್ನು ಪಡೆಯುತ್ತೇನೆ
3	ಇಲ್ಲವೇ ಇಲ್ಲ	3	ಆಗಾಗ್ಗೆ ನಿಜವಾಗಿಯೂ
2	ಆಗಾಗ್ಗೆ ಅಲ್ಲ	2	ಆಗಾಗ್ಗೆ
1	ಕೆಲವೊಮ್ಮೆ	1	ಆಗಾಗ್ಗೆ ಅಲ್ಲ
0	ಹೆಚ್ಚಿನ ಸಮಯ	0	ಇಲ್ಲವೇ ಇಲ್ಲ
	ನಾನು ಆರಾಮವಾಗಿ ಕುಳಿತುಕೊಳ್ಳಬಹುದು ಮತ್ತು ಆರಾಮವಾಗಿರಬಹುದು		ನಾನು ಒಳ್ಳೆಯ ಮನಸ್ಸಿನಲ್ಲಿ ಅಥವಾ ರೇಡಿಯೋ ಅಥವಾ ಟಿವಿ ಕಾರ್ಯಕ್ರಮವನ್ನು ಆನಂದಿಸ ಬಹುದು:
0	ಬಂಡಿತವಾಗಿ	0	ಆಗಾಗ್ಗೆ
1	ಸಾಮಾನ್ಯವಾಗಿ	1	ಕೆಲವೊಮ್ಮೆ
2	ಆಗಾಗ್ಗೆ ಅಲ್ಲ	2	ಆಗಾಗ್ಗೆ ಅಲ್ಲ
3	ಇಲ್ಲವೇ ಇಲ್ಲ	3	ಬಹಳ ವಿರಳವಾಗಿ

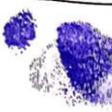
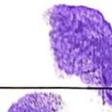
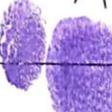
ದಯವಿಟ್ಟು ನೀವು ಎಲ್ಲಾ ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸಿದ್ದೀರಾ ಎಂದು ಪರಿಶೀಲಿಸಿ ಸ್ಕೋರಿಂಗ್:

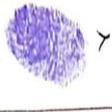
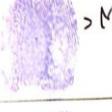
ಒಟ್ಟು ಸ್ಕೋರ್ : ಐನ್ಮತೆ (D) ----- ಆತಂಕ (A) -----  
 0-7 = ಸಾಮಾನ್ಯ  
 8-10 = ಬಾರ್ಡರ್‌ಲೈನ್ ಅಸಹಜ (ಬಾರ್ಡರ್‌ಲೈನ್ ಕೇಸ್)  
 11-21 = ಅಸಹಜ (ಪ್ರಕರಣ)

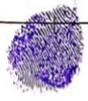
**ANNEXURE -4**  
**Patient Consent Form**

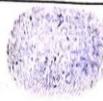
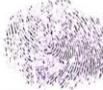
Sample No	Ward Name & Ward Number	Signature/Thumb impression
1.	219-220	
2.	219-220	
3.	219-220	 Anusujamma
4.	219-220	 Vanajakshi
5.	217-220	 Sharadamma
6.	217-218	
7.	217-218	 Chennamma
8.	301-302	
9.	301-302	 Muriyamma
10.	301-302	Aleem.K
11.	301-302	AJAZ KHAN

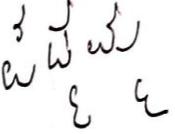
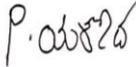
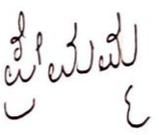
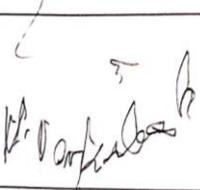
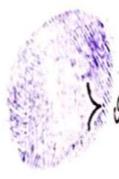
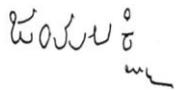
12.	301-302	
13.	301-302	 Klenendra
14.	301-302	 Muri Swamy
15.	Surgical Oncology	
16.	Surgical oncology	
17.	Surgical oncology	
18.	Surgical oncology	 Rathnamma
19.	303-304	 Rangamma
20.	303-304	 Shaktuntala
21.	303-304	
22.	303-304	
23.	303-304	 Lakshmidavi

	303-304	 > Chinnamma
25.	303-304	 > Jagamma
26.	303-304	 > Bhulakshamma
27.	303-304	 > Pathamma
28.	303-304	 > Banga ulla
29.	303-304	 > Ravidevi
30.	303-304	 > Narayanamma
31.	303-304	 > parvathamma
32.	303-304	 Hanumappa
33.	303-304	VN 00 00 00 00
34.	303-304	 > lakshmi- Narasany
35.	303-304	00 00 00 00

	219-220	 > Devamma
49.	219-220	 > Varalakshma -mma
50.	219-220	 > Lakshamma
51.	219-220	00 00 00 00
52.	Surgical Oncology	S. Shathe
53.	Surgical Oncology	00 00 00 00
54.	Surgical Oncology	 > Munyamma
55.	301-302	 > Jayamm
56.	301-302	 Narasamma
57.	301-302	00 00 00 00
58.	301-302	 > sokamma
59.	301-302	00 00 00 00

60.	217-219	 <math>\lt; \text{Narayana}</math>
61.	219-220	Chandrasekhar
62.	201-202	H. S. Srinivasulu
63.	303-304	Chandrasekhar
64.	303-304	Chandrasekhar
65.	303-304	 Chandrasekhar
66.	301-302	Chandrasekhar
67.	301-302	Chandrasekhar
68.	Surgical Oncology	Chandrasekhar
69.	SIU	Muniyamma 
70.	219-220	Chandrasekhar
71.	303-304	Chandrasekhar

73.	Surgical Oncology	303-304  Venkateshanna
74.		 Nagasathanna
75.		 Natarajanna
76.	304	 Appajappa
77.		 Amala
78.	303-304	Chandrasekhar
79.	303-304	Chandrasekhar
80.	301-302	 Venkateshanna
81.	301-302	Chandrasekhar
82.	301-302	Chandrasekhar
83.	301-302	 Muniyamma

84.	301-302	> Nagamma 	94.	Surgical Oncology	
85.	301-302	> Seethamma 	95.	304	 > Seethamma
86.	301-302	> Sistasamma 	96.		 > Venkataruddy
87.	301-302	> Narayanamma 	97.		 > Punijamma
88.	301-302	P. 	98.	Surgical Oncology	
89.	303-304		99.		 > Rathamma
90.	304	> Nagappa 	100.	304	 > Anjaneya Reddy
91.	Surgical Oncology				
92.					
93.		Jokesh. M. 			

**ANNEXURE -5**

**MASTERSHEET OF SOCIO DEMOGRAPHIC VARIABLES**

SI No	Age in years	Gender	Marital status	Age at diagnosis of oral cancer	Type of family	Educational status	Type of employment	History of tobacco	Stage at diagnosis	Type of treatment
01	c	b	a	1years	b	d	c	b	b	b&c
02	b	b	a	3 years	a	d	c	b	c	b &c
03	b	b	a	8months	a	d	c	b	a	a
04	c	b	a	1 year	b	b	d	b	c	b &c
05	c	a	a	6 months	a	d	c	b	b	b &c
06	c	b	a	3month	b	d	c	b	b	b&c
07	d	b	a	1 year	b	b	c	b	b	c
08	c	b	a	6 months	a	d	c	a	b	b
09	d	b	a	6 months	b	d	d	b	b	c
10	b	a	a	6 months	b	a	b	b	b	c
11	a	a	a	6 months	a	d	b	b	b	b&c
12	c	a	a	7months	a	a	b	b	b	c
13	d	a	a	1 year	b	a	c	b	b	c
14	d	a	a	7 months	a	d	c	b	c	c
15	d	b	a	8 months	a	d	c	b	c	c
16	d	b	a	1year	a	a	c	b	b	g
17	e	b	a	3years	b	d	c	b	c	b&c
18	d	b	a	2month	b	d	c	b	a	c
19	d	b	a	6month	b	d	d	b	c	b&c
20	c	b	a	1year	b	d	c	b	c	b&c
21	c	b	a	7 years	a	d	d	b	a	b
22	a	b	a	3years	a	a	c	b	c	b&c
23	b	b	a	2years	b	d	c	b	c	b&c
24	a	b	a	4years	a	d	c	b	c	b&c
25	d	b	a	4month	a	d	c	b	c	c
26	b	b	a	7years	a	d	c	a	c	c
27	c	b	a	6years	a	d	c	b	b	c
28	d	a	a	2month	a	d	b	a	a	b
29	d	b	a	5years	b	a	d	b	b	c
30	d	b	a	5month	a	d	d	b	b	c
31	c	b	a	6month	a	d	c	b	c	c
32	c	a	a	4month	a	d	c	b	a	b

33	c	a	a	10years	b	a	b	b	b	b&c
34	c	b	a	3years	a	d	d	b	b	c
35	d	a	a	2years	a	a	d	a	b	b
36	b	b	a	9month	a	d	c	b	b	c
37	c	b	a	1year	a	d	c	b	b	c
38	b	b	a	7month	b	a	d	b	b	c
39	a	b	a	12month	a	a	c	b	c	b&c
40	c	b	a	8month	a	d	c	b	b	c
41	c	b	b	2years	b	d	c	b	b	b&c
42	c	b	a	2years	b	d	c	b	c	b&c
43	d	a	a	2years	a	a	c	b	b	b&c
44	b	a	a	3years	a	d	d	b	b	b&c
45	d	b	a	3years	b	d	d	b	b	c
46	c	b	a	1years	a	d	c	b	c	c
47	c	b	a	8month	b	a	d	a	b	c
48	c	b	a	10month	b	d	c	b	b	c
49	b	b	a	1years	a	d	c	b	b	b&c
50	c	b	a	9month	b	d	d	a	b	c
51	b	b	a	1years	a	d	d	b	b	c
52	a	b	a	8month	a	a	c	b	b	c
53	c	b	a	10month	a	d	c	a	b	c
54	d	b	a	1years	b	d	c	d	b	a&b
55	b	b	a	9month	b	d	c	b	c	c
56	c	b	a	6month	a	d	c	b	b	a
57	c	b	a	10month	a	d	c	b	b	b
58	c	b	a	5years	b	d	c	b	c	a&b
59	c	b	a	1years	a	d	c	b	b	c
60	d	b	a	6month	b	a	d	b	b	b&c
61	a	b	a	6years	a	a	c	a	b	c
62	c	a	a	2years	b	a	c	a	b	c
63	c	a	a	3years	b	d	c	a	b	b&c
64	c	b	a	2years	a	a	c	b	b	c
65	b	b	a	6month	b	a	c	a	b	c
66	c	a	a	1years	b	d	c	a	b	c
67	a	b	a	6month	b	d	b	b	b	a
68	b	b	a	5years	b	d	c	b	c	b&c
69	b	b	a	1 years	b	d	c	b	b	c
70	c	b	a	2years	b	d	c	b	b	c
71	b	b	a	6month	b	a	c	b	a	c
72	b	b	a	10month	b	d	c	a	a	c

73	c	b	a	2years	b	d	c	b	b	a&c
74	c	b	a	4yeras	b	d	c	a	c	a&c
75	b	a	a	5years	a	a	c	a	c	b&c
76	c	a	a	1year	a	d	d	a	b	c
77	a	b	a	1year	a	a	d	a	b	c
78	c	a	a	1year	b	b	c	b	b	c
79	b	a	a	1year	a	a	c	a	c	b&c
80	c	b	a	1.5year	a	d	c	b	b	c
81	b	a	b	1 year	b	b	b	a	b	c
82	b	b	a	2years	a	d	d	b	c	c
83	c	b	a	1 year	b	d	c	d	a	c
84	c	b	a	1.5 year	b	d	c	b	b	c
85	d	b	a	9 month	b	d	d	b	a	c
86	c	b	a	1 year	b	d	c	b	a	c
87	c	b	a	1.5 years	b	d	c	b	a	c
88	a	b	a	8 month	b	a	c	a	a	c
89	b	a	a	7 month	a	d	c	a	a	c
90	c	a	a	2 year	b	d	c	b	c	a&c
91	b	b	a	1 year	b	d	b	a	a	c
92	c	a	a	3 year	b	d	c	b	c	a&c
93	a	a	a	1 year	b	d	d	a	b	b&c
94	d	b	a	8 month	b	d	c	b	b	c
95	b	b	a	2 year	a	d	c	b	b	c
96	c	a	a	2 year	b	d	c	b	b	c
97	c	a	a	3 year	a	d	c	b	c	d
98	b	b	a	1 year	a	d	c	b	b	b&c
99	c	b	a	1 year	a	d	c	b	b	c
100	d	a	a	6 month	b	d	c	b	c	a&c

### MOS SOCIAL SUPPORT SURVEY

Sl.No	Q-1	Q-2	Q-3	Q-4	Q-5	Q-6	Q-7	Q-8	Q-9	Q-10	Q-11	Q-12	Q-13	Q-14	Q-15	Q-16	Q-17	Q-18	Q-19	MEAN SCORE
1.	2	4	1	5	3	5	4	3	3	4	1	1	1	2	1	2	1	2	3	48
2.	1	2	1	4	3	2	2	1	3	2	3	1	2	1	2	2	1	1	3	37
3.	1	2	3	4	4	3	4	4	3	3	1	3	2	3	3	2	3	4	3	55
4.	1	4	3	4	5	5	4	2	4	3	4	4	1	4	3	1	2	4	5	63
5.	2	1	1	3	4	2	1	1	2	2	1	2	1	1	1	2	1	2	3	33
6.	1	1	3	3	4	4	5	4	3	3	4	3	2	2	3	3	3	3	2	56
7.	2	3	2	4	5	4	2	2	4	4	4	2	1	4	2	1	2	5	5	53
8.	1	2	3	3	2	2	3	3	2	2	2	4	3	2	4	3	2	3	2	48
9.	2	3	4	4	5	3	2	3	3	2	4	3	2	4	5	4	3	4	5	65
10.	1	3	2	1	4	3	2	3	3	2	1	2	1	1	2	3	2	4	4	44
11.	1	3	2	4	5	3	2	2	4	2	1	2	3	1	1	2	3	4	5	50
12.	1	2	1	4	5	4	2	1	3	1	3	1	2	1	1	2	2	4	5	45
13.	4	4	3	3	4	5	3	2	3	4	3	4	5	4	3	3	4	4	4	69
14.	1	4	4	3	4	2	3	4	3	2	3	2	3	2	3	3	2	3	2	52
15.	1	2	1	4	4	2	3	1	4	2	4	3	1	4	2	4	3	4	5	54
16.	1	3	2	4	5	3	2	1	4	3	2	3	2	2	4	1	2	4	5	57
17.	4	3	2	4	5	3	2	3	4	3	2	3	2	2	2	3	2	1	5	55
18.	4	2	3	4	5	3	3	2	3	3	1	2	1	1	2	1	2	3	4	49
19.	2	2	1	4	5	2	3	2	3	2	1	2	3	2	3	2	3	4	2	48
20.	1	2	2	4	3	2	3	2	4	3	2	3	2	2	2	3	2	4	3	49
21.	1	2	4	3	5	3	4	3	2	3	5	2	3	3	4	2	1	2	5	57
22.	2	3	2	4	4	3	2	3	4	3	4	2	3	4	3	3	2	4	4	64
23.	2	3	2	3	2	4	2	3	2	3	4	2	1	3	2	4	3	4	4	53
24.	2	3	2	4	3	2	3	4	2	4	3	2	3	4	3	4	3	4	4	55
25.	1	2	2	3	5	2	3	1	2	3	2	4	1	2	1	2	3	1	5	44
26.	5	3	2	4	5	4	3	3	4	3	4	3	2	4	3	2	3	4	4	65
27.	4	3	2	4	4	2	3	2	3	2	2	3	2	2	2	3	3	4	4	55
28.	1	1	2	3	5	2	3	2	2	1	2	2	3	2	1	2	2	3	2	41

29.	2	3	2	4	4	3	4	3	2	3	4	3	2	4	2	3	3	4	4	59
30.	4	3	2	4	5	3	3	2	4	3	4	2	3	4	2	4	2	4	4	62
31.	4	3	4	4	5	3	4	3	3	4	4	3	2	4	2	4	3	5	5	69
32.	2	3	2	3	5	2	3	2	4	2	3	2	3	2	4	2	3	2	3	52
33.	1	2	3	4	5	3	4	2	3	4	1	2	3	1	2	3	2	4	5	54
34.	4	3	2	4	5	3	4	3	4	3	4	3	3	4	2	4	3	4	5	63
35.	2	3	3	2	5	3	2	3	2	3	2	3	4	2	2	3	2	3	2	49
36.	4	3	4	4	5	4	3	4	4	3	4	2	3	4	2	4	3	4	5	69
37.	2	3	4	4	5	4	3	4	3	4	3	3	4	3	4	3	2	4	4	66
38.	1	2	3	2	5	2	3	2	3	2	3	2	3	2	3	2	3	2	4	54
39.	2	3	2	4	5	3	4	3	4	3	1	2	2	1	2	3	2	4	5	55
40.	3	4	4	5	4	3	3	3	3	2	3	5	4	3	4	3	2	3	4	65
41.	4	3	3	4	5	3	4	3	4	3	2	3	4	2	3	3	3	4	5	65
42.	4	3	2	4	2	3	2	3	2	4	3	2	3	1	2	3	1	2	3	49
43.	4	3	2	4	3	2	3	2	3	2	1	2	3	1	2	2	2	3	4	48
44.	3	4	4	5	4	3	5	4	3	3	2	4	3	4	2	3	4	5	4	69
45.	3	4	4	5	3	3	4	2	3	4	5	4	3	3	4	3	2	3	4	66
46.	3	2	3	4	3	2	3	2	2	2	2	1	2	2	2	2	2	3	4	46
47.	4	3	2	4	2	3	2	3	2	4	3	2	3	1	2	3	2	3	3	51
48.	3	4	2	3	5	2	1	3	2	3	2	3	4	2	1	2	3	2	4	51
49.	3	2	3	2	5	2	3	2	3	2	3	2	4	2	5	3	2	3	4	55
50.	4	2	4	3	4	3	4	2	3	4	2	3	2	3	2	3	3	4	3	58
51.	2	3	2	4	4	3	2	2	3	2	4	2	2	4	3	2	3	4	5	56
52.	3	3	4	3	2	3	4	3	4	4	5	3	2	2	3	4	3	2	3	62
53.	4	2	3	4	4	3	4	3	3	2	3	2	3	2	3	2	2	4	4	54
54.	3	4	3	4	2	3	3	2	3	3	3	4	3	2	3	2	3	3	3	56
55.	4	3	4	4	4	3	4	3	4	3	3	3	4	3	3	3	3	4	4	73
56.	4	3	4	3	3	4	3	2	3	3	2	3	4	3	3	4	3	3	4	62
57.	4	3	4	4	4	3	3	4	3	3	4	3	3	4	3	4	3	3	3	65
58.	4	3	4	4	4	3	2	2	3	3	2	3	2	3	3	2	2	4	4	57
59.	4	3	4	4	4	3	4	3	3	3	4	3	3	4	3	3	2	4	4	65
60.	3	4	3	4	4	3	3	3	2	3	3	2	3	3	4	2	3	4	4	60
61.	5	4	3	4	4	3	4	4	3	4	4	3	4	3	3	3	4	3	4	69
62.	4	3	4	4	4	3	3	3	4	4	2	3	3	3	2	3	3	3	4	62
63.	4	4	3	4	3	4	3	4	3	3	4	3	3	4	3	3	3	4	4	66
64.	4	3	4	4	4	3	3	4	3	3	4	3	4	3	3	3	3	4	4	62

65.	2	1	3	2	5	1	3	2	3	2	2	3	1	2	3	2	3	2	1	43
66.	4	4	3	4	3	3	3	4	3	4	3	4	4	4	4	4	4	4	4	70
67.	2	3	2	3	5	2	3	2	3	2	3	2	3	2	1	2	3	1	2	46
68.	4	3	4	4	4	3	3	4	3	3	4	3	4	3	3	3	3	4	4	66
69.	3	2	4	3	2	3	4	4	3	3	4	5	3	4	3	2	3	4	4	63
70.	3	2	2	3	4	4	3	4	3	2	3	4	3	3	4	4	3	3	4	61
71.	4	4	3	4	4	3	3	3	2	3	3	3	3	2	3	3	3	4	4	61
72.	4	4	3	4	4	3	3	2	2	2	4	3	3	4	3	3	4	4	5	64
73.	5	4	4	4	4	3	4	3	3	3	2	3	3	3	2	2	2	4	4	62
74.	3	3	4	3	3	4	4	4	3	2	3	3	4	4	3	3	4	3	4	64
75.	4	3	3	4	4	3	3	3	4	3	2	3	2	2	2	3	2	4	4	58
76.	3	3	4	3	4	4	4	3	2	3	4	4	3	4	4	3	3	4	4	66
77.	4	4	3	4	3	4	3	3	3	3	2	3	2	2	2	2	3	3	4	57
78.	3	2	3	3	4	4	4	3	3	4	4	3	3	4	4	3	4	4	3	65
79.	3	2	3	4	4	3	4	4	3	3	3	4	3	2	3	3	4	4	4	63
80.	3	4	3	4	4	3	3	3	4	3	4	3	4	3	3	3	3	3	4	64
81.	2	4	2	4	5	4	2	2	2	2	2	3	3	2	3	3	4	4	5	58
82.	3	4	3	4	5	4	5	4	3	4	5	4	4	5	4	4	3	4	5	77
83.	4	4	4	4	5	4	4	3	3	4	4	3	4	4	3	4	3	3	5	72
84.	4	4	4	5	4	4	4	3	4	4	4	3	3	3	4	3	3	4	4	71
85.	2	4	4	4	5	4	4	4	3	3	4	3	4	4	3	3	4	4	5	71
86.	2	4	4	4	5	4	3	4	3	4	4	3	4	4	3	3	4	4	5	71
87.	3	4	4	4	5	3	4	3	4	4	3	3	3	4	3	3	3	3	5	68
88.	4	4	3	4	5	3	4	4	4	4	4	3	3	4	3	2	3	3	5	72
89.	2	3	2	3	4	4	3	2	3	4	4	3	2	3	4	3	4	3	2	58
90.	2	3	3	4	4	3	4	5	4	4	4	3	3	3	2	3	3	4	3	64
91.	3	4	3	4	5	5	3	3	4	3	4	3	4	4	3	3	3	3	4	68
92.	3	4	3	4	5	5	3	3	4	3	4	3	4	4	3	3	4	4	3	69
93.	4	3	4	4	4	5	4	4	4	4	3	4	3	4	3	3	3	3	5	71
94.	4	3	4	4	4	3	4	4	3	3	3	4	3	4	4	4	3	3	3	67
95.	3	4	3	4	5	4	4	3	4	4	4	3	4	4	3	3	3	3	4	69
96.	3	4	4	3	3	3	4	4	3	3	4	4	4	3	3	3	4	4	3	66
97.	4	3	4	4	5	4	4	3	4	3	3	3	4	4	3	3	3	3	4	68
98.	4	3	4	4	3	3	4	4	3	4	3	4	3	4	3	3	3	3	5	67
99.	3	2	3	3	3	4	4	4	3	3	3	4	4	4	3	3	3	4	4	64
100.	3	3	4	4	3	4	4	3	3	3	4	4	4	3	3	4	4	4	3	67

### Hospital Anxiety and Depression Scale

Sl. No	A-1	A-2	A-3	A-4	A-5	A-6	A-7	SCORE	Sl. No	D-1	D-2	D-3	D-4	D-5	D-6	D-7	SCORE
1.	3	1	2	2	3	2	3	16	1.	2	1	2	2	2	1	2	12
2.	0	1	2	1	2	2	1	09	2.	0	1	2	2	2	2	1	10
3.	3	2	2	2	3	0	0	12	3.	1	2	2	2	3	1	2	13
4.	1	1	2	1	2	2	2	11	4.	3	2	3	2	2	1	0	13
5.	1	1	1	1	2	2	2	10	5.	1	1	2	2	2	2	1	11
6.	3	3	2	3	3	2	2	18	6.	2	1	2	1	1	1	1	09
7.	2	2	2	1	2	2	2	13	7.	0	1	2	2	2	2	1	10
8.	3	2	1	2	2	2	1	13	8.	1	2	1	1	2	1	0	08
9.	2	2	3	1	3	2	2	15	9.	1	2	2	2	1	1	2	11
10.	0	0	1	1	3	2	1	08	10.	1	2	2	0	1	1	1	08
11.	2	2	1	1	1	2	2	11	11.	1	1	2	2	1	1	1	09
12.	3	2	2	2	2	2	2	15	12.	3	2	2	1	1	1	1	11
13.	2	3	2	1	3	2	3	16	13.	2	2	1	2	1	2	1	11
14.	2	2	2	2	1	2	2	13	14.	1	0	1	1	2	1	0	06
15.	3	2	2	1	2	2	2	14	15.	1	1	2	2	1	0	1	08
16.	1	1	1	1	2	2	2	10	16.	0	1	1	2	1	1	1	07
17.	3	3	3	1	0	3	3	16	17.	1	1	2	2	2	1	1	10
18.	2	2	2	1	2	2	2	13	18.	2	1	2	2	3	2	0	12
19.	1	1	1	1	2	2	2	10	19.	1	1	2	2	2	2	0	10
20.	2	2	2	1	2	2	2	13	20.	1	1	2	2	2	2	1	11
21.	0	0	1	2	3	2	0	08	21.	0	1	1	1	2	1	1	07
22.	3	2	2	2	1	2	2	14	22.	1	1	2	2	2	2	0	10
23.	3	2	3	1	1	2	3	15	23.	1	2	2	2	2	2	0	11
24.	3	2	2	1	2	2	3	15	24.	2	2	2	2	0	0	1	09
25.	3	2	2	3	3	3	2	18	25.	0	1	1	1	0	0	0	03
26.	3	2	2	1	2	3	2	15	26.	0	1	2	2	2	2	0	09
27.	3	2	2	0	2	2	3	14	27.	1	1	2	2	2	1	0	09
28.	2	2	2	2	3	2	1	14	28.	0	1	1	1	0	1	1	05
29.	3	2	1	1	3	2	2	14	29.	1	1	2	2	1	1	1	09

30.	3	2	1	1	2	2	2	13	30.	2	1	2	2	2	1	0	10
31.	3	2	2	2	2	2	2	15	31.	1	1	2	2	2	2	1	11
32.	3	2	2	2	2	1	2	14	32.	1	2	2	1	0	1	1	08
33.	0	0	1	2	3	0	0	06	33.	1	1	1	2	2	1	0	08
34.	3	3	2	2	0	2	2	14	34.	0	1	1	2	2	1	0	07
35.	2	2	2	2	1	2	2	13	35.	1	1	2	3	0	1	1	09
36.	1	2	3	1	2	2	2	13	36.	1	1	2	2	2	2	1	11
37.	3	2	2	1	0	3	3	12	37.	3	1	2	2	2	1	1	12
38.	3	3	3	1	2	2	2	16	38.	1	1	2	1	0	1	1	07
39.	3	1	2	2	2	3	3	16	39.	2	2	2	2	1	1	0	10
40.	1	1	2	2	1	2	2	11	40.	1	2	0	2	1	1	0	07
41.	3	3	3	2	3	2	3	19	41.	1	2	2	2	1	1	1	10
42.	2	2	1	2	2	2	1	12	42.	2	1	1	1	1	1	1	08
43.	2	2	1	1	2	1	1	10	43.	1	2	2	2	1	1	1	10
44.	3	2	3	3	2	1	3	17	44.	1	1	0	1	1	1	2	07
45.	3	2	2	3	1	3	2	16	45.	1	3	1	2	2	1	2	12
46.	3	2	1	2	2	2	2	14	46.	1	1	2	2	1	1	1	09
47.	2	2	1	2	2	2	1	12	47.	2	1	1	1	1	1	2	09
48.	2	2	2	1	2	2	1	12	48.	1	1	2	1	1	1	1	08
49.	2	2	2	1	1	2	1	11	49.	1	1	1	1	1	1	2	08
50.	3	2	1	1	2	2	2	13	50.	0	1	2	2	2	1	1	09
51.	3	2	1	1	2	3	3	15	51.	1	1	2	2	1	1	1	09
52.	3	3	2	2	1	3	2	16	52.	1	1	0	0	2	1	1	06
53.	2	1	2	1	2	3	3	14	53.	1	1	2	2	1	1	1	09
54.	2	2	2	1	0	1	2	10	54.	3	2	2	2	2	1	1	13
55.	3	3	3	2	1	2	2	16	55.	0	1	1	1	2	1	1	07
56.	2	2	2	1	1	2	2	12	56.	1	1	2	2	2	1	1	10
57.	2	1	2	2	2	2	2	13	57.	1	2	2	2	2	1	1	11
58.	2	2	1	1	1	2	2	11	58.	2	1	1	1	2	1	0	08
59.	2	2	1	2	2	2	2	13	59.	3	0	2	2	2	2	2	13
60.	2	2	1	1	1	0	2	09	60.	1	1	2	2	2	1	0	09
61.	3	2	2	2	2	2	2	15	61.	2	1	2	2	2	1	0	10
62.	3	1	1	1	2	3	2	12	62.	1	1	2	2	2	3	1	12
63.	2	1	1	1	2	2	2	11	63.	1	1	1	1	1	1	0	06
64.	2	1	2	1	2	2	2	12	64.	1	1	2	2	2	2	2	12
65.	3	2	2	1	0	2	2	12	65.	1	2	2	1	1	2	2	11

<b>66.</b>	2	2	1	1	2	3	3	14	<b>66.</b>	2	1	2	2	1	1	1	10
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## Quality of Life Questionnaire

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100	3	3	3	2	2	3	3	3	2	2	3	3	2	2	3	3	3	4	4	3	3	2	3	3	3	4	2	3	4	5

**ANNEXURE -6**



**SRI DEVARAJ URS COLLEGE OF NURSING**  
Tamaka, Kolar 563103

**Certificate of Plagiarism Check**

<b>Title of the Project</b>	Assessment of Social Support Quality of life and Mental Health status among Oral Cancer patients in selected hospital Kolar
<b>Name of the Student</b>	Ms.Allendeena Mariya Dimple, Ms.Bincy Ann Benny, Ms. Sneha. A.R, Ms.Shivani. M, Ms. Beneta Selvi , Ms. Ashley Mariam Sebastin , Ms. Archana Saji , Ms. Aparna Suresh
<b>Registration Number</b>	21C3875, 21C3897,21C3945, 21C3944,21C3896,21C3894,21C3893,21C3892
<b>Name of the Supervisor / Guide</b>	Prof. Jairakini Aruna
<b>Department</b>	Mental Health Nursing
<b>Acceptable Maximum Limit (%) of Similarity Project</b>	10%
<b>Similarity</b>	0%
<b>Software used</b>	Turnitin
<b>Paper ID</b>	3618:118640067
<b>Submission Date</b>	27-10-2025

Signature of Student

*Ganaka M*  
Librarian

*Allendeena*  
*Bincy*  
*Sneha*  
*Shivani M*  
*Beneta*  
*Ashley*  
*Archana*  
*Aparna*

Signature of Guide/Supervisor

*Jairakini Aruna*  
HOD Signature

**Head of the Department**  
Dept. of Psychiatric Nursing  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar - 563 101.