

**A STUDY TO ASSESS THE HEALTH RELATED QUALITY OF LIFE
AMONG POST COVID PATIENTS IN SELECETED URBAN
COMMUNITY IN CHENNAI, TAMILNADU, INDIA.**



**A PROJECT WORK SUBMITTED TO SATHYABAMA INSTITUTE OF
SCIENCE AND TECHNOLOGY (DEEMED TO BE UNIVERSITY)
CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
BACHELOR OF SCIENCE IN NURSING**

2019-2023



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**BY
ABIMANNAN.P
DIVYA WILSON**

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CERTIFIED PROJECT WORK DONE

BY

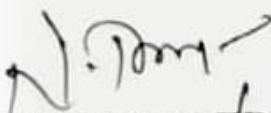
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2019 – 2023


RESEARCHGUIDE/DEAN


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Chennai – 600 119.

BONAFIDE CERTIFICATE

This is a bonafide work done Abimannan.P and Divya Wilson B.Sc. (N) III Year, Sathyabama College of Nursing, Sathyabama Institute of Science and Technology, Chennai, submitted in partial fulfilment for the Degree of Bachelor of Science in Nursing under the Sathyabama Institute of Science and Technology (Deemed to be University), Chennai.

College seal



Signature of Dean

A handwritten signature in black ink, appearing to read 'L. Lakshmi', written over a horizontal line.

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Chennai - 600 119.

DECLARATION

We hereby declare that the present project report entitled -“to assess the health related quality of life among post covid patients , Kanchipuram District, Tamil Nadu.” is the outcome of the original research work undertaken and carried out by us under the guidance of Mrs Thivya. N M.sc (N), Sathyabama College of Nursing, Semmencheri. We also declare that the material of this project report has not formed in anywhere, the basis for the award of any degree in this university or any other university.

Dimya.

Abinmango

ENDORSEMENT BY THE RESEARCH GUIDE

This is to certify the project work entitled "A study to assess thereport "a study to assess the quality of life among post covid patients "Chennai." is a bonafide research work done by Abimannan. P and Divya Wilson in partial fulfillment of the requirement for the degree of Bachelor of science in nursing.



SEAL AND SIGNATURE OF

THE RESEARCH GUIDE

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With the blessings of our Founder chancellor Col. Dr. Jeppiaar, which encouraged to complete this project, we are substantially thankful to our chancellor Dr. MariaZeena Johnson express our deep gratitude and heartfelt thanks to our President Dr. Marie Johnson for their encouragement and dedication towards the academic excellence and for providing us an opportunity to finish our project successfully.

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ABSTRACT

A study to assess the quality of life among post covid patients among post covid patients in selected community at Kanchipuram. District, Tamil Nadu.

The objectives are

To assess the health related quality of life among post covid patients

To associate the health related quality of life among post covid patients with selected demographic variables

Post covid patients of 18 to 50 and above 50 yrs of age group, a sample of 30 post covid patients were selected in community by using

simple random sampling fulfilled the inclusion criteria were selected for the study. An

extensive review of literature and guidance by experts formed the foundation to the

development of the study. The data collection tool was validated and reliability was

established. The data collection for the study was done from the collected data was tabulated and analysed. The frequency distribution in the study shows that majority 21

(75%) were having moderate knowledge regarding post covid symptoms, 7(>50%) of them having inadequate knowledge on post covid symptoms and 2 (50 to 75%) of them having adequate knowledge on post covid symptoms.

there is significant association of factors affecting health related quality of life among post covid patients among community with demographic variables like type of family, monthly family income, occupation, economical status. but there is no significant

association between factors affecting health related quality of life among post covid patients in demographic variables like age, gender, occupation, economic status and education status

keywords: to check quality of health related to post covid patients

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CHAPTER - 1

INTRODUCTION

The quality of your life will be determine by the quality of your contribution. When you work to improve the life of others your life improves automatically

-Kurek Ashley

Coronavirus disease 2019 (COVID-19) is a novel pneumonia infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a member of the beta coronavirus genus. The main clinical characteristics of COVID-19 are fever, cough and shortness of breath and a proportion of patients may accompany with new loss of taste or smell, diarrhoea, nausea, vomiting and other symptoms. Currently, COVID-19 has caused a worldwide pandemic and led a huge impact on the health of human and daily life. To date, there are more than twenty million confirmed cases and seven hundred thousand cases died with COVID-19 infection worldwide according to the reports of World Health Organization (WHO) (World Health Organization, 2020).

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

(WORLD HEALTH ORGANIZATION)

COVID-19 has generated great concern in the population due to its ability to cause serious conditions in a large proportion of infected patients^{3,4}. Approximately 20% of hospitalized patients develop severe complications, including respiratory failure, acute respiratory distress syndrome (ARDS), shock, delirium, and multiple organ dysfunction^{5,6}. In addition, critical patients greatly require therapies such as mechanical ventilation, which usually requires prolonged intensive care unit stays and post-COVID-19 rehabilitation^{7,8}. Thus, such factors can decrease health-related quality of life due to the physical, cognitive, and mental impairments of individuals with critical illnesses

COVID-19 has generated great concern in the population due to its ability to cause serious conditions in a large proportion of infected patients. General symptoms are (Tiredness or fatigue that interferes with daily life) Symptoms that get worse after physical or mental effort (also known as “post-exertional malaise”), Fever.(Respiratory and heart symptoms)Difficulty breathing or shortness of breath, Cough, Chest pain, Fast-beating or pounding heart (also known as heart palpitations).(Neurological symptoms) Difficulty thinking or concentrating (sometimes referred to as “brain fog”),Headache, Sleep problems, Dizziness when you stand up (light-headedness)Pins-and-needles feelings, Change in smell or taste, Depression or

anxiety, Digestive symptoms, Diarrhoea, Stomach pain, Joint or muscle pain, Rash, Changes in menstrual cycles

Health Related Quality of Life provides a complete assessment of the impact of a disease on patients' daily lives. A structured review was recently conducted to verify the scores from different Health Related Quality of Life questionnaires in post-COVID-19 patients. However, the general aspects of Health Related Quality of Life after home quarantine still require discussion. Even with no need for hospitalization, many patients may have a worse Health Related Quality of Life than non-infected individuals. However, due to the prolonged length of hospital stay, the need for invasive mechanical ventilation, pain, and fear of death, the investigation of Health Related Quality of Life among post covid patients is of paramount importance. Therefore, the present study aims systematically discussing the main findings to study the quality of life among post covid patients

BACKGROUND OF THE STUDY:

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

- People infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment.
- Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness.
- Anyone can get sick with COVID-19 and become seriously ill or die at any age.
- Complication of post covid are Body pain, Joints pain or headache High blood sugar (hyperglycaemia), Feeling of tiredness or lack of energy etc.

NEED FOR THE STUDY:

- At the end of 2019, cases have been reported in all continents. Globally, over 300 million confirmed cases of COVID-19 have been reported.
- India reported its first case of COVID-19 on January 30, 2020.
- The first COVID-19 related death in India was reported on March 12, 2020. By the second week of April, the disease spread to all states in India.
- There have been 2,170,265 cases and 135,163 deaths globally and 15,712 cases and 507 deaths in India.

•Highest cases in Tamilnadu has been reported 33,181 cases on May 17th 2021 there by taking the cumulative covid tally of 16,64,350

STATEMENT OF THE PROBLEM:

To assess the health related quality of life among post covid patients at selected urban community.

OBJECTIVES:

- To assess the health related quality of life among covid affected community.
- To associate the health related quality of life among post covid patients with selected demographic variables.

OPERATIONAL DEFINITION:

ASSESS:

It is the organised and continuous process of collecting data about preventive practices towards COVID-19 Among post covid patients

KNOWLEDGE:

The collect responses of the post covid patients to the knowledge part of questionnaire of the interview schedule related to preventive practices towards COVID-19.

PREVENTIVE PRACTICES:

It deals with the prevention of illness to decrease the burden of disease and associate risk factors

COVID-19:

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by a virus, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first known case was identified in Wuhan, China, in December 2019.

POST COVID:

People who have been infected with the virus that causes COVID-19 can experience long-term effects from their infection, known as post-COVID conditions or long COVID.

CHAPTER – 2

REVIEW OF LITERATURE

MRS RUBINA SHAH, 20 APRIL 2020, aim of the study was to assess the impact of COVID- 19 on survivors and their family members based on their lived experience o COVID-19 using validated quality of life instruments administered using online social media platforms. The COVID-19 pandemic is causing profound changes across the world, but there is little information on its physical and psychosocial impact on survivors and their families. It is important to ascertain COVID-19's immediate and persisting (long COVID-19) impact on those affected and on their families in order to aid healthcare workers and government agencies to better support them. The understanding of how a person's health condition impacts the quality of life (QoL) of other family members has increased over the last decade. Survivors of COVID- 19 report a major persisting impact on their quality of life with many feelings unwell beyond 12 weeks. The central conclusion of the study that COVID- 19 has a profound and long lasting impact on survivors and their family members continue to remain valid.

TANYA SRIVASTAVA, SEPTEMBER 14 2020, aim of the study reveals that older adult infected with COVID-19 are at higher risk of developing Alzheimer's. Alzheimer's disease is a brain disorder that slowly destroys a person's memory and thinking skills. It eventually carries out the ability to perform the simplest tasks. In most people with the disease —the late-onset type symptoms first appear in their mid-60s. According to a recent study, older people who were infected with COVID-19 have a much greater risk of getting Alzheimer's disease within a year. The increased risk is marked up to 50% to 80% than the control group. report that people of the age of 65 years or older who contracted COVID-19 were more prone to developing Alzheimer's disease in the year post the COVID-19 diagnosis and the highest risk was observed in women aging 85 years. however, the findings of the study show that the risk of developing Alzheimer's disease in older people almost doubled after the COVID-19 infection. team analysed the Anonymous electronic health record of 6.2 million adults over or of the age of 65 years who had no history of Alzheimer's disease. It was observed that more than 400,000 people enrolled in the Covid-19 study and on the other hand 5.8 million in the non-infected group.

Sebastian Rutkowski, MAY 28 2020, aim of the study was to assess the mental status and quality of life of post covid patients assess the mental status of patients prior to the inpatient rehabilitation program. Besides the aspect of treating patients physically from the disease, the psychological aspects that often accompany patients during and after the disease are not addressed. Depressive and anxiety symptoms can follow patients for many years and can affect their quality of life. majority of the experts recommended strongly (71%) or conditionally (24%) for COVID-19 survivors with symptoms of psychological distress at 6-8 weeks after discharge from the hospital receiving a formal psychological assessment. Therefore, this project aims to evaluate the mental status and quality of life of patients admitted to the rehabilitation unit, after COVID-19 hospitalization. Furthermore, the COVID-19 pandemic gives rise to new psychosocial and emotional stressors for recovering patients, including social isolation, physical distancing, loss of employment and uncertainties about the future. Remarkably, many mental problems will continue long after the pandemic is over, some of which will only begin to emerge in the near future

NEHA MATHUR, AUGUST 15 2022, aim of the study is to evaluate symptoms and quality of life among post-acute sequelae of SARS CoV -2 researchers recruited a cohort of non-hospitalized individuals from a large academic health system who suffered from acute coronavirus disease 2019 (COVID-19). The study participants covered adults positive for SARS-CoV-2, as confirmed via reverse transcription-polymerase chain reaction (RT-PCR). Regardless of PASC status, 70 of 144 participants completed a survey at 12 and 18 months. For one participant for whom the first COVID-19 positive RT-PCR test date was used, the researchers approximated the infection date using the symptom onset date for the remaining study population. The study participants self-reported the presence and severity of 49 symptoms experienced in the past week on a scale of one to five. Those who reported fatigue completed the Fatigue Severity Scale (FSS). Likewise, those endorsing sleep disturbances completed the Insomnia Severity Index (ISI). The most commonly reported PASC symptoms were fatigue, nasal congestion and discharge, brain fog, headache, sleep disorders, and body aches. Of the 34 participants experiencing fatigue at any time point, seven reported fatigues at more than one-time point and two at all three-time points, showcasing the potential waning character of PASC symptoms. Subsequently, the mean FSS-9 score for participants reporting fatigue at six, 12, and 18 months was 3.61, 4.21, and 4.03.

H. M. R. K. G. NANDASENA, FEBRUARY 16 2022, aim of the study was to assess the quality of life of COVID-19 Patients after discharge. Understanding the impact of COVID 19 on patients' quality of life (QOL) following discharge or recovery is essential for planning necessary interventions in advance. As such, this systematic review aimed to provide an overview of the QOL, and the factors associated with it in COVID-19 patients following discharge or recovery. This systematic review included 4408 patients who tested positive for COVID 19. Of them 50.2% (n = 2212) were males. Regardless of the time since discharge or recovery, COVID19 patients' QOL has been significantly impacted. Female sex, older age, co-morbidities, Intensive Care Unit (ICU) admission, prolonged ICU stay, and being mechanically ventilated were the most frequently reported factors associated with the low level of QOL. The QOL of the post COVID19 patients was significantly impacted, regardless of the time elapses since discharge or recovery. Thus, when implementing programs to improve the QOL of post COVID19 patients, the most affected domains of QOL and associated factors should be considered.

Dr. RAMYA DWIVEDI, OCTOBER 4 2021 aim of the study is to assess health related quality of life of covid 19 patients with long – covid: study researchers conducted a cross-sectional self-report questionnaire survey of 530 eligible patients who had recovered from acute COVID-19 in April 2021. These patients were recruited from the outpatient service of the Disease Control and Prevention Center (DCC) in the National Center for Global Health and Medicine (NCGM) in Tokyo, Japan, where they had obtained pre-donation screening tests for COVID-19 convalescent plasmapheresis. Of the eligible patients, 457 participants were included in the current analysis. The study showed a lower value on a Visual Analogue Scale (VAS) and the EQ-5D-3L for those participants who reported any of the symptoms of long COVID than those reporting no symptoms. VAS is a psychometric response scale that is used as a measurement instrument for subjective characteristics or attitudes that cannot be measured directly. Notably, the number of females appeared to be more afflicted as observed in the 'any symptom' group, as compared to the no symptoms group. Apart from this, there was no overall difference between the groups in terms of their age and medical history. However, the values were lower in the 'any symptoms' group than the no symptom group.

MOHAKHALI, MAY 30 2022, aim of the study is to assess quality of life among COVID-19 Recovered health care workers in Bangladesh. The Coronavirus Disease 2019 (COVID-19) caused by the SARS-CoV-2 virus has taken the lives of more than 100,000 healthcare workers (HCWs) so far. Those who survived continuously work under immense physical and psychological pressure, and their quality of life (quality of life) is impacted. The study aimed to assess the Quality of life among HCWs in Bangladesh who recovered from COVID-19. More than half of the health care professionals were male (56.0%), aged between 26–35 years (51%), and completed graduation (49%).

KE-YANG CHEN, JULY 8 2020, aim of the study is to assess Predictors of Health-Related Quality of Life and Influencing Factors for COVID-19 Patients, a Follow-Up at One Month. To survey the health-related quality of life (HRQoL) and its influencing factors among patients with COVID-19 in their first medical follow up. Health-related quality of life was poor among COVID-19 patients at the 1-month follow-up. Patients suffered from significant physical and psychological impairment. Therefore, prospective monitoring of individuals exposed to SARS-CoV-2 is needed in order to fully understand the long-term impact of COVID-19, as well as to inform prompt and efficient interventions to alleviate suffering.

DIANA C, APRIL 6 2021, aim of the study is to assess the assessment of activities of daily living in patients post COVID-19. To understand the impact of COVID-19 on ADL performance of adult patients and to describe the common scales used to assess performance of ADL on patients post-COVID-19. A total of 1,228 studies were included, after removing duplicates, 1,005 abstracts were screened and of those 983 were excluded. A final number of nine studies which met the eligibility criteria were included. The findings revealed worsening of physical function and ADL performance in all patients post COVID-19 infection.

RAMACHANDRAN THIRUVENGADAM, FEBRUARY 4 2022, Studying the post-COVID-19 condition: research challenges, strategies, and importance of Core Outcome Set Development A substantial portion of people with COVID-19 subsequently experience lasting symptoms including fatigue, shortness of breath, and neurological complaints such as cognitive dysfunction many months after acute infection. Emerging evidence suggests that this condition, commonly referred to as long COVID but also known as post-acute sequelae of SARS-CoV-2 infection (PASC) or post-COVID-19 condition, could become a significant global health burden.

HOSSEIN KHORANI, JULY 17 2022, Predictive factors of Quality of Life in older adults during the COVID-19 pandemic. Given the vulnerability of older people to COVID-19, it is important to consider their physical and mental wellbeing and quality of life (QoL) in the COVID-19 pandemic. Therefore, the present study was aimed to identify the QoL and its predictive factors among a sample of Iranian older adults during the COVID-19 pandemic. The mean age of older participants was 69.17 ± 6.75 years old. The results of multivariate regression model showed that fear of COVID-19, age, marital status, level of education, living arrangement, and economic situation were the significant predictors of QoL in the older adults during the COVID-19 pandemic.

BARBARA SCHEIBER, SEPTEMBER 15 2022 aim of the study is to Physiotherapeutic evaluation of patients with post COVID-19 condition: current use of measuring instruments by physiotherapists working in Austria and South Tyrol. The implementation of standardized assessments in physiotherapeutic practice strongly supports diagnostic and treatment plans. Previous studies reported insufficient usage of standardized assessments due to lack of time, lack of knowledge, lack of resources and other barriers. Physiotherapy in outpatient settings became essential for the rehabilitation of patients with post COVID-19 condition but it remains unknown to what extent assessments are implemented into the evaluation of these patients. In this study, we explored the current use and barriers regarding the implementation of physiotherapeutic assessments to evaluate patients with post COVID-19 condition.\

LING ZHANG, OCTOBER 21 2021 Mental health status and quality of life in close contacts of COVID-19 patients in the post-COVID-19 era: a comparative study. Close contacts of those with COVID-19 (CC) may experience distress and long-lasting mental health effects. However, the mental health status and quality of life (QOL) in CC have not been adequately examined. This study examined the mental health status and QOL in CC during the post-COVID-19 period. This cross-sectional study comprised 1169 CC and 1290 who were non-close contacts (non-CC). Demographic data were collected; depression, fatigue, post-traumatic stress symptoms (PTSS) and QOL were assessed using the Patient Health Questionnaire - 9 items (PHQ-9), fatigue numeric rating scale, Post-Traumatic Stress Disorder Checklist - 17 items (PCL-17), and the World Health Organization Quality of Life Questionnaire - brief version (WHOQOL-BREF), respectively. Analysis of covariance was used to compare depressive symptoms, QOL, fatigue, and PTSS between the CC and non-CC groups.

AK NARAYAN POUDEL OCTOBER 28 2021 Coronavirus disease (Covid-19) has led to a global pandemic since its emergence in December 2019. The majority of research into Covid-19 has focused on transmission, and mortality and morbidity associated with the virus. However, less attention has been given to its impact on health-related quality of life (HRQoL) of patients with Covid-19. In total, 1276 studies were identified through the search strategy. Of these, 77 studies were selected for full-text reading after screening the studies. After reading full-text, 12 eligible studies were included in this review. The majority of the studies used a generic HRQoL assessment tool; five studies used SF-36, five studies used EQ-5D-5L, and three used pulmonary disease-specific HRQoL tools (two studies used two tools each). The impact of Covid-19 on HRQoL was found to be considerable in both Acute Covid and Long Covid patients. Higher impact on HRQoL was reported in Acute Covid, females, older ages, patients with more severe disease and patients from low-income countries.

DR. ELENA TESSITORE, SEPTEMBER 22 2021, Impact of COVID-19 on quality of life. The impact of the coronavirus disease 2019 (COVID-19) pandemic on the sustainability of quality of life (QOL) and the effects on social and human interactions have been reported worldwide [1]. So far, research has focused mainly on hospitalized COVID-19 patients in the acute setting, but the consequences after the acute stage are also relevant and deserve particular attention from healthcare professionals, not only to improve symptoms but also to restore QOL and work productivity. The psychological well-being of people has been interrupted by disturbing their social, economic and environmental peace. In addition, chronic stressors imposed on people by the different way restrictions, either directly or indirectly, have to be taken in consideration. In order to face the current burden of post-COVID-19 syndrome and the impairment on HRQOL, we have to identify the most vulnerable persons and be prepared for an optimal intervention.

TONYA CROSS HANSEL, JANUARY 21 2022, In addition to concern about physical health consequences of COVID-19, many researchers also note the concerning impact on behavioural health and quality of life due to disruption. The purpose of this paper is to explore pathways of COVID-19 behavioural health and quality of life. We found increased anxiety, depression, and alcohol misuse and that the pandemic exacerbated prior problems. Further community indicators also lead to poorer behavioural health and overall decreased quality of life. The nature of COVID-19 and vast reach of the virus suggests that behavioural health concerns should take a primary role in pandemic recovery.

JELENA STOJANOV, JULY 16 2020, Quality of sleep and health-related quality of life among health care professionals treating patients with coronavirus disease-19. The aim was to evaluate the quality of sleep (QoS) and health-related quality of life (HRQoL), among health care professionals treating patients with COVID-19, as well as quantifying the magnitude of symptoms of depression and levels of anxiety. The major MH burden of health care professionals treating infected patients during the COVID-19 pandemic indicates that they need psychological support.

YAN-JIE-ZHAO, SEPTEMBER 09 2022, Post COVID-19 mental health symptoms and quality of life among COVID-19 frontline clinicians: a comparative study using propensity score matching approach. The extent and severity of post-COVID-19 mental health symptoms among frontline clinicians are not clear. This study compared mental health symptoms (i.e., depression, anxiety, and insomnia symptoms) and global quality of life (QOL) after the first COVID-19 outbreak between the COVID-19 treating and non-COVID-19 treating frontline clinicians.

Laurien Ham, 2021, Bereaved relatives' quality of life before and during the COVID-19 pandemic: Results of the prospective, multicentre, observational equip study. The death of a loved one is considered as one of the most stressful life events. During the COVID-19 pandemic, grief processes are potentially affected by measures such as social distancing and self-quarantine. The aim of this study was to give insight in the impact of the COVID-19 pandemic on quality of life, social support, and self-care of bereaved relatives of people with advanced cancer in order to evaluate whether care for bereaved relatives during the COVID-19 pandemic should be improved

HADI NOBARI, APRIL 25 2021, Effect of COVID-19 on Health-Related Quality of Life in Adolescents and Children: A Systematic Review. The aim of the present systematic review was to assess and provide an up-to-date analysis of the impact of coronavirus disease 2019 (COVID-19) pandemic on the health-related quality of life (HRQoL) of children and adolescents. Thus, an electronic search of the literature, in two well-known databases (PubMed and Web of Science), was performed until February 2021 (without date restriction). PRISMA guideline methodology was employed and data regarding the HRQoL were extracted from eligible studies.

CHAPTER-3

RESEARCH METHODOLOGY

- Research approach: Quantitative non-experimental –Evaluative approach
- Research Design: Non-Experimental- Descriptive research design
- Population: The community Population present in kannagi nagar
- Sample Size: Sample size $n = DEFF * Np (1-p) / [d^2 / z^2 / 2 * (N-) + p(1-p)]$ (Schaefer. RL et al 1990).

The Sample size of 30 post covid patients

- Research setting: The study will be collected from post covid patients present in community Kanchipuram District, Tamilnadu.
- Sampling Technique: purposive sampling.

Sample Criteria:

Inclusion Criteria:

Community who have affected with covid 19

Patients who are present at the time of the study

Exclusion Criteria:

Post covid patients who are willing to participate in the study

Patients who are having any Physical illness after affected with covid 19.

METHOD OF COLLECTING DATA:

Data Collection Instrument: Structured interview schedule was used for data collection.

Data Collection Method: Interview was conducted between 9am to 10am depending upon the availability of the sample.

SELECTION AND DEVELOPMENT OF STUDY INSTRUMENT:

As the study aimed at evaluating quality of life among post covid, the researcher was

constructed demographic variables preform, & structured interview schedule was formed to assess quality of life among post covid patients

SELECTION AND DEVELOPMENT OF STUDY INSTRUMENT

1. Demographic variables
2. Self – structured questionnaire on factors influencing quality of life

SECTION A

It consists of demographic data which includes age in year, sex, educational status , type of family, religion, socio economic data, weight and height of children.

SECTION B

It consists of question was related study quality of life among post covid patients

DATA COLLECTION PROCEDURE

The researcher has planned to collect data from study quality of life among post covid patients

among particular community and demographic data from post covid patients. The corresponding answers obtained are marked on the data sheet by the researcher.

METHOD OF SCORING

Each correct answer is given —1|| mark and each wrong answer is given as —0|| mark.

Based on score obtained by the sample they are categorized as follow:

SCORING METHOD:

SCORE	PERCENTAGE	INFERENCE
0-7	<50	INADEQUATE KNOWLEDGE
8- 12	50-70	MODERATE
>12	>75	ADEQUATE

ETHICAL CONSIDERATION

Obtained clearance from community health nursing department

UG committee clearance was obtained

Institutional human ethical committee clearance was obtained from Satyabhama college of nursing

Written permission was obtained from Dean and H.O.D Department of community nursing

Written consent was obtained from the community participants

PLAN FOR DATA ANALYSIS

Analysis and interpretation was done based on objectives of the study. The data was analysed using descriptive statistics frequency, percentage descriptive mean and standard deviation and inferential statistics like chi-square test. The significant finding was expressed in the form of tables and figures.

CHAPTER-IV

DATA ANALYSIS AND INERPRETATION

The data deals with the description of the sample, analysis and interpretation of data collected and the achievement of the objectives of the study, analysis of the data is a process by which quantitative information is summarized, organised, evaluated, interpreted and communicated in meaning full way.

Analysis is the categorizing, ordering, manipulating and summarizing the data to obtain answer to research question. The purpose of analysing is to reduce data to intelligible and interpretable form so that the relation of research problem can be studied and tested. This chapter deals with the analysis and interpretation of the data collected from 30 sample of quality of life among post covid patients

OBJECTIVES:

To assess the Knowledge on factors influencing post covid symptoms among community

To associate the Knowledge on factors influencing quality of life among post covid patients with selected demographic variables.

HYPOTHESIS

H1: There is will be significant decrease in knowledge quality of life among post covid patients

ORGANIZATION AND PRESENTATION OF DATA:

The data gathered was tabulated, analysed and interpreted using inferential statistics.

Based on the objectives the collected data was presented under the following headlines:

SECTION- A: Distribution of demographic variables of the post covid patients.

SECTION- B: Distribution of frequency % distribution of knowledge in factors influencing Quality of life among post covid patients

SECTION- C: Distribution of frequency and percentage distribution of association of

demographic variables with knowledge on factors influencing post covid life.

Table- I frequency and percentage distribution of demographic variable of factors influencing Quality of life among post covid patients

S.NO	CHARACTERISTICS	CATEGORY	FREQUENCY	PERCENTAGE
1	Age in years	18 to 50	30	100%
		Above 50		
2	Gender	Male	8	26.7%
		Female	20	66.7%
		Others	2	6.7%
3	Types of family	Nuclear	25	83.3%
		Join family	5	16.7%
4	Educational status	Primary	4	13.3%
		Secondary	7	23.3%
		Graduate	19	63.3%
5	Socio economic status	High class	1	3.3%
		Middle	24	80%
		Low class	5	16.7%
6	Environmental hygiene	Good	23	76.7%
		Fair	5	16.7%
		Poor	2	6.7%
7	Marital status	Married	5	16.7%
		Unmarried	25	83.3%
8	Occupation	Student	18	60%
		Employee	8	26.7%
		Unemployed	4	13.3%
9	Income	Below 5000	11	36.7%
		10k to 25k	18	60%
		Above 25000	1	3.3%

Figure 1: shows majority 30(100%) were belongs to the age between 18 to 50, 0 (0%) belongs to above 50

Figure 2: majority shows v20 (66.7%) are women's, 8(26.7%) are males and 2(6.7) are others

Figure 3:majority shows that 25(83.3%) belongs to nuclear family and 5(16.7%) belongs to join family.

Figure 4: majority shows that 19(63.3%) are graduate, 7(23.3%) have secondary education and 4(13.3%) have primary education.

Figure 5:majority shows that 24(80%) belongs to middle class, 5(16.7%) belong to low class and 1 (3.3%) belongs to high class

Figure 6: majority shows 23(76.7%) belongs to good hygienic environment, 5(16.7%) belongs to fair hygienic environment and 2(6.7%) belongs to poor hygienic environment.

Figure 7: majority shows 25(83.3%) are unmarried and 5(16.7%) are married.

Figure 8: majority shows 18(60%) are students, 8(26.7%) are employed and 4(13.3%) are unemployed.

Figure 9: majority shows 18(60%) are earning 10,000 to 25,000, 11(36.7%) below 5000 and 1(3.3%) are earning above 25000

Figure: 1 FREQUENCY DISTRIBUTIO OF AGE

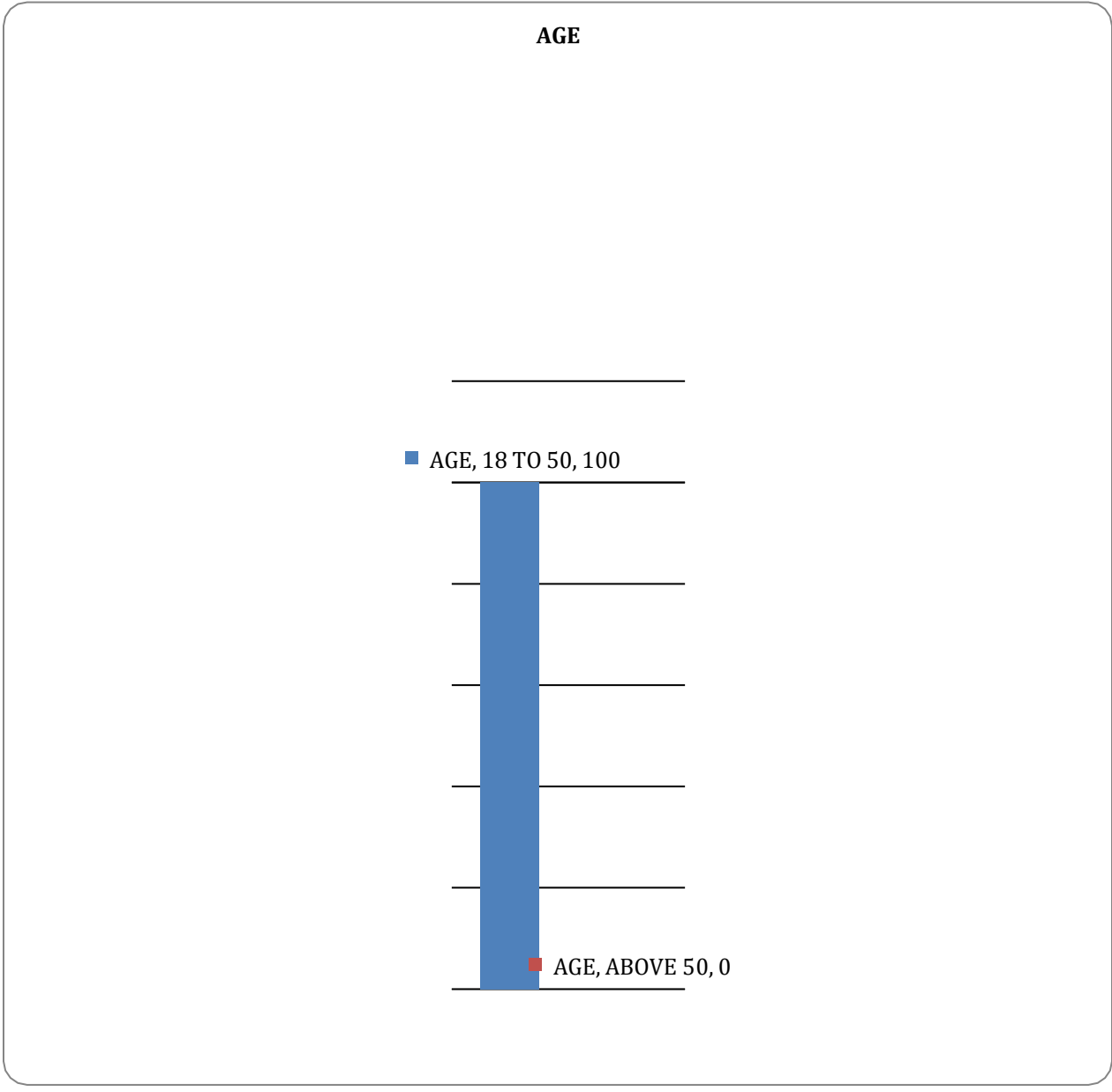


FIGURE 2: FREQUENCY DISTRIBUTION OF GENDER

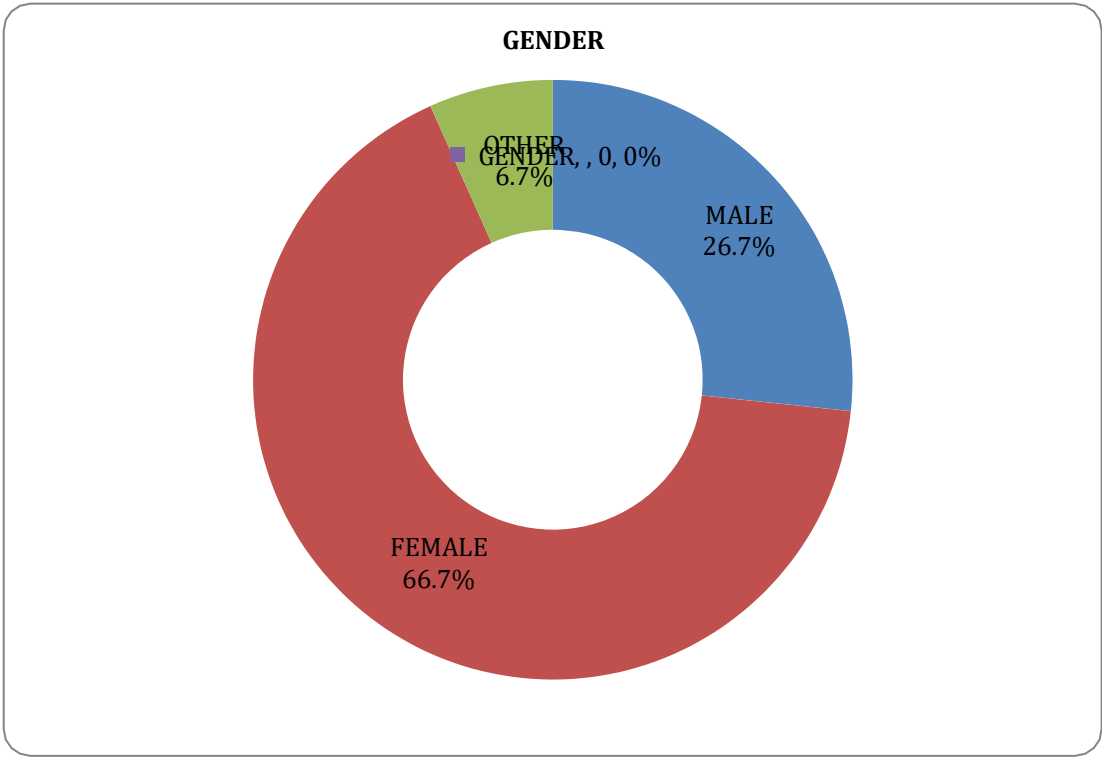


FIGURE:3 FREQUENCY OF DISTRIBUTION OF TYPES OF FAMILY

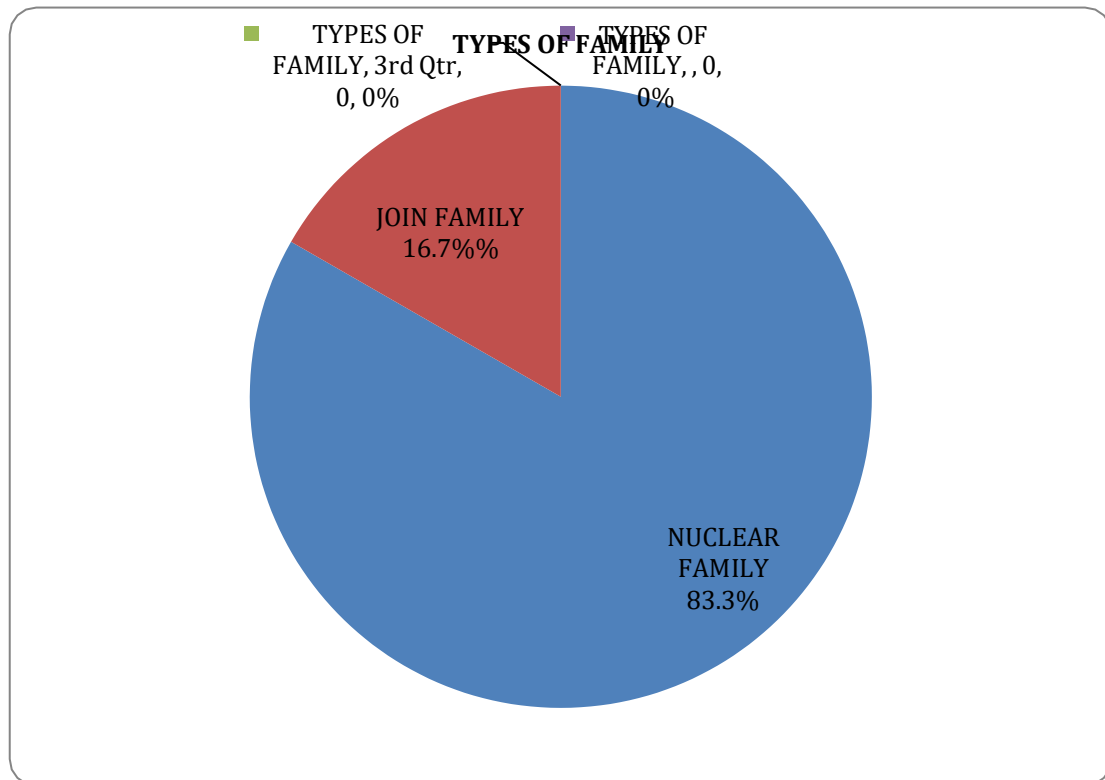


FIGURE 4 FREQUENCY DISTRIBUTION OF EDUCATIONAL STATUS

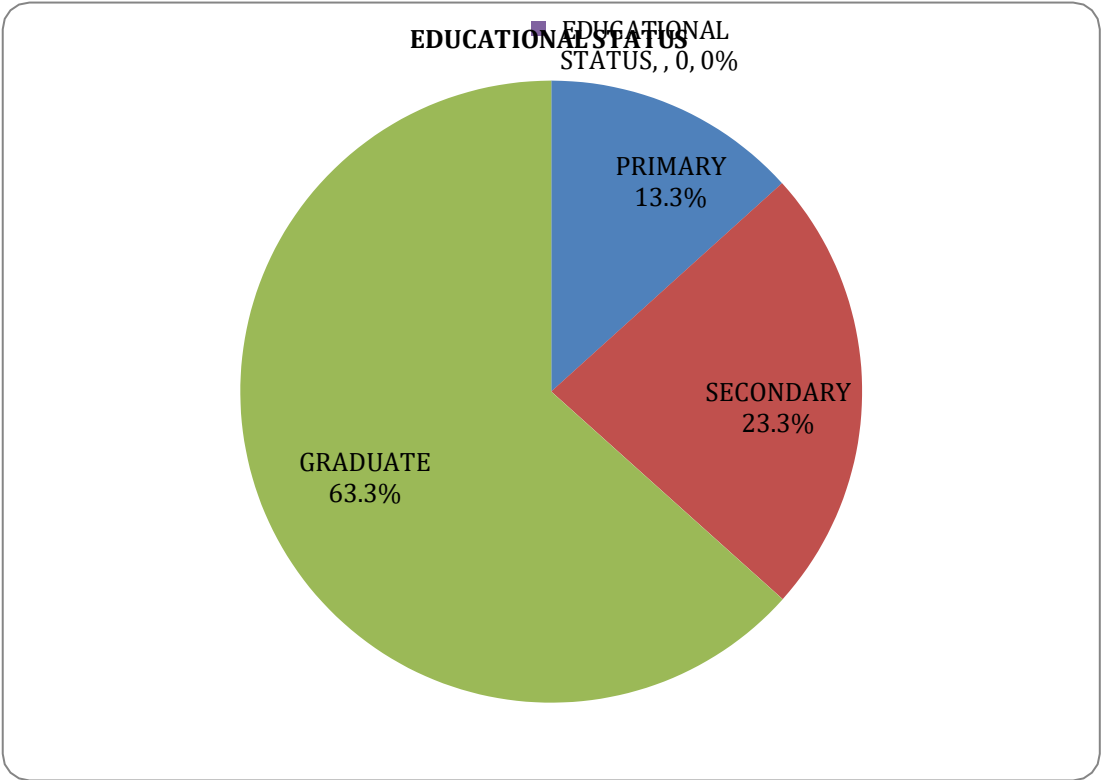


FIGURE 5 FREQUENCY DISTRIBUTION OF SOCIO ECONOMIC STATUS

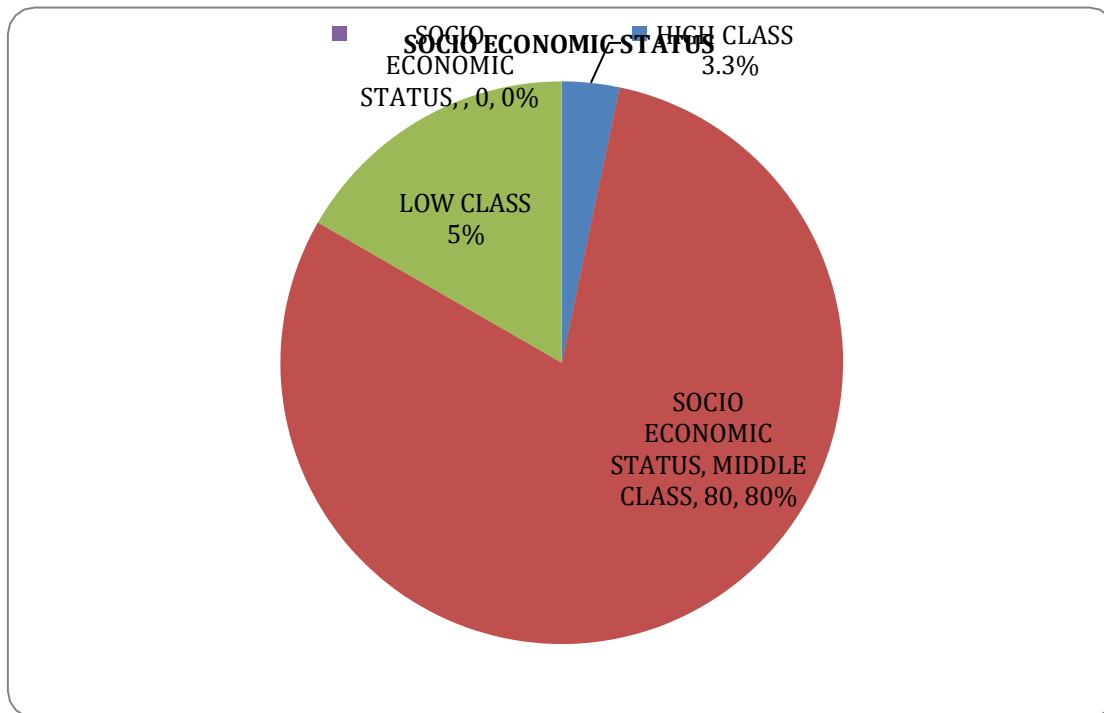


FIGURE 6: FREQUENCY DISTRIBUTION OF ENVIRONMENT HYGIENE

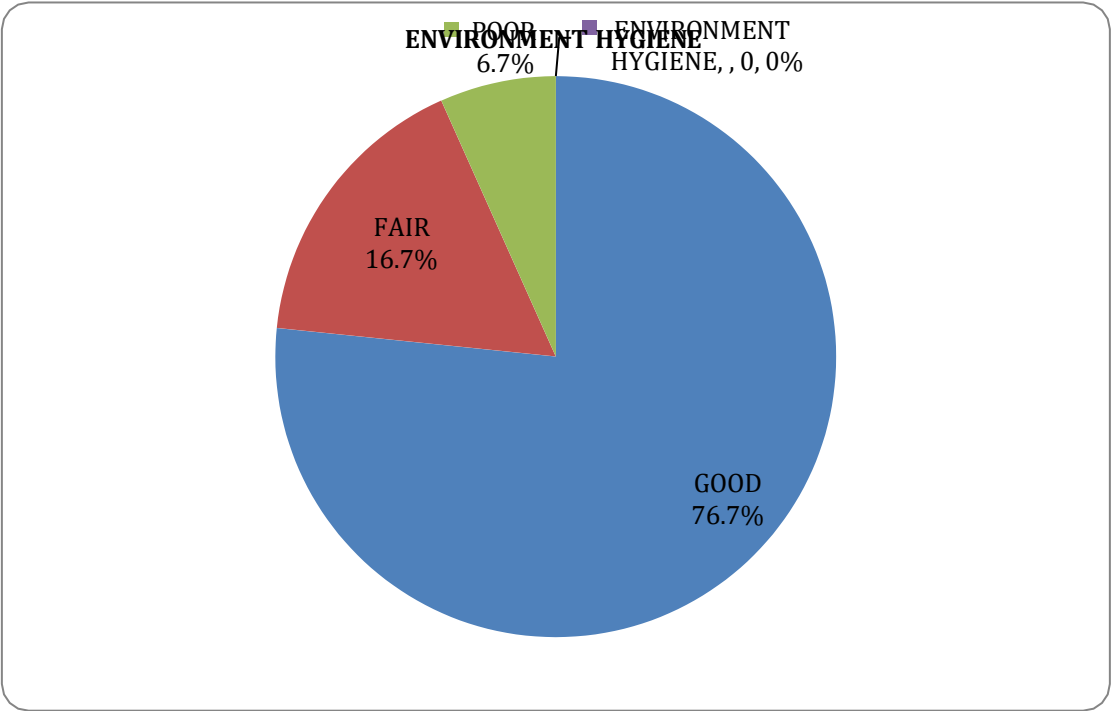


FIGURE 7: FREQUENCY DISTRIBUTION OF MARITAL STATUS

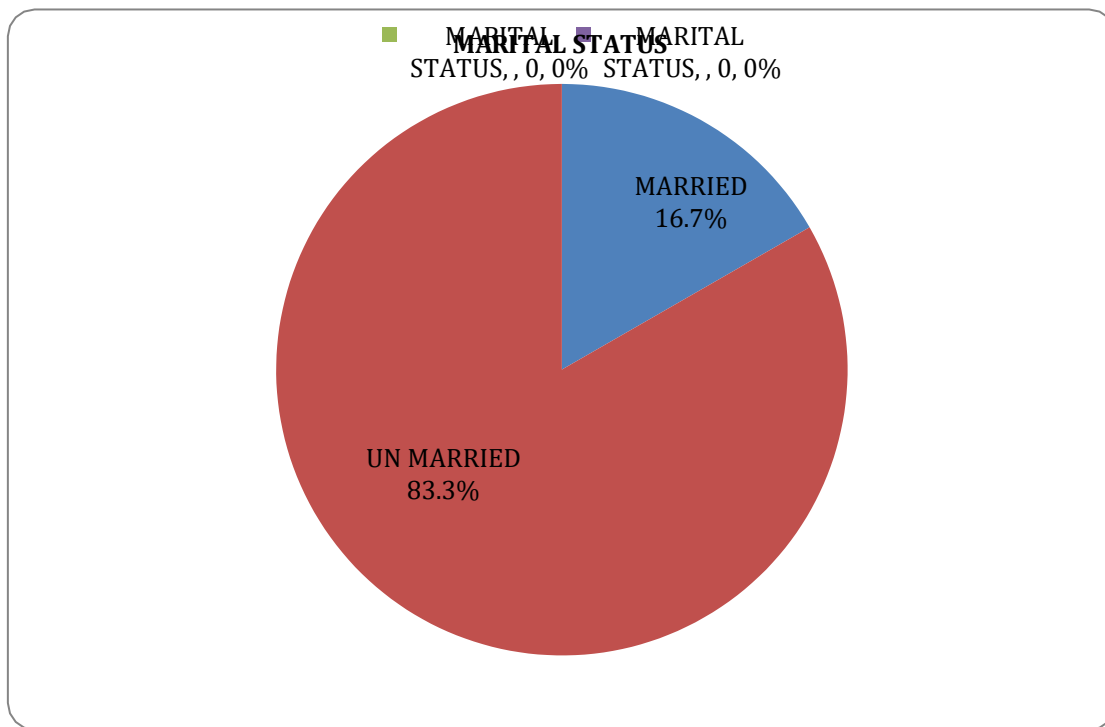


FIGURE 8: FREQUENCY DISTRIBUTION ON OCCUPATION

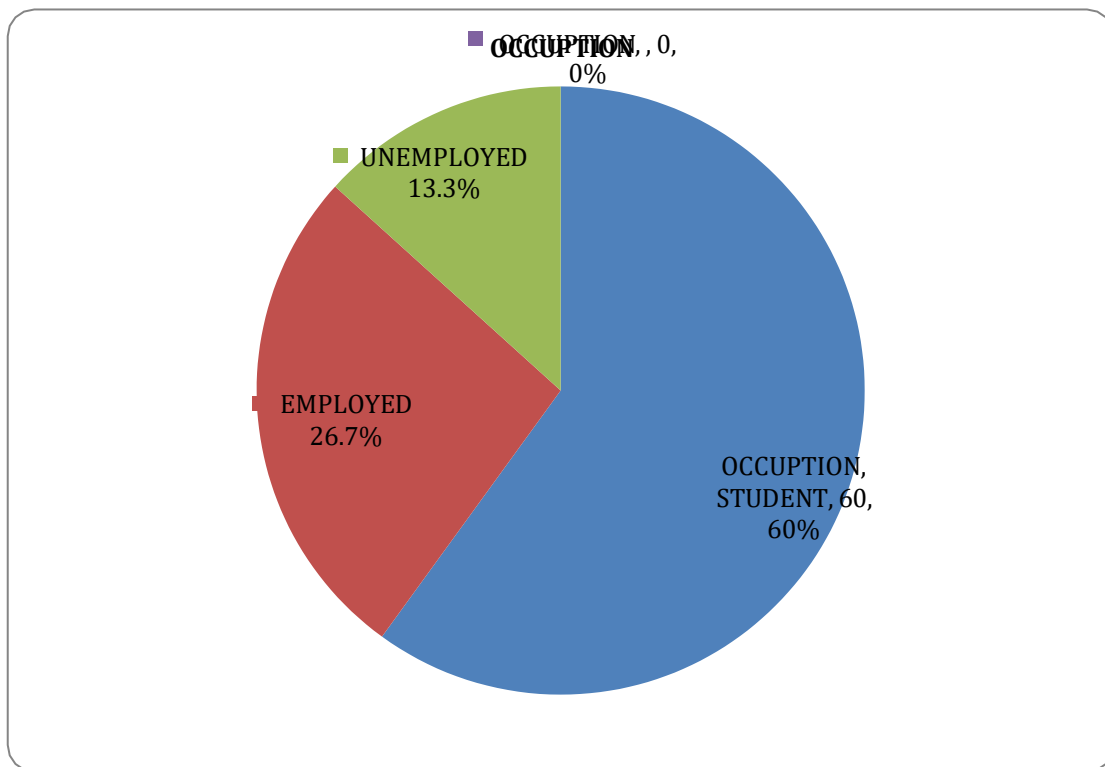
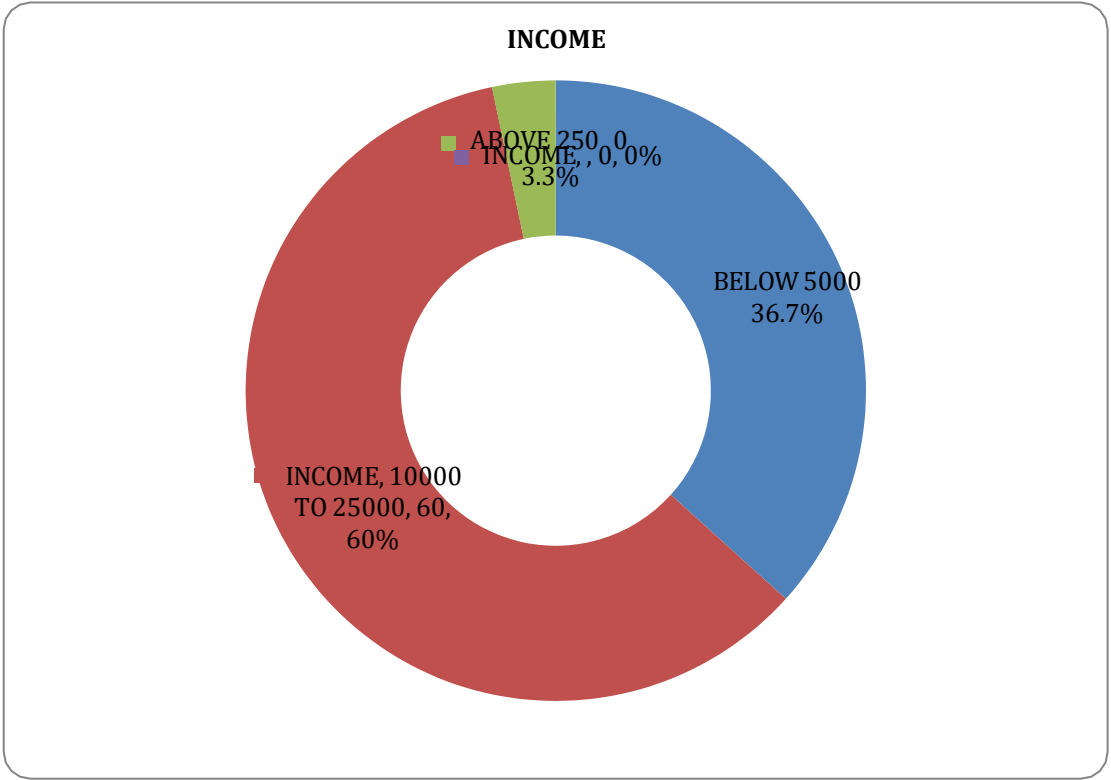


FIGURE 9: FREQUENCY DISTRIBUTION OF INCOME



**FREQUENCY DISTRIBUTION OF ASSOCIATION BETWEEN
ASSESS THE HEALTH RELATED QUALITY OF LIFE AMONG POST COVID
PATIENTS**

DEMOGRAPHIC VARIABLES	CLASSIFICATION	INADEQUATE KNOWLEDGE		MODERATE KNOWLEDGE		ADEQUATE KNOWLEDGE		CHI SQUARE TEST SIGNIFICANTS
		N	%	N	%	N	%	
AGE	18 TO 50	2	6.66%	21	70%	7	23.3%	X2=0
	ABOVE 50	0	0%	0%	0%	0	0%	P<9.49
GENDER	MALE	1	3.33%	3	10%	4	13.3%	X2=5.57
	FEMALE	1	3.33%	16	53.3%	3	10%	P< 5.99
	OTHER	1	3.33%	2	6.66%	0	0%	
TYPES OF FAMILY	NUCLEAR	0	0%	20	66.6%	5	16.6%	X2=14.04
	JOIN	2	6.66%	1	3.33%	2	6.66%	P<5.99
EDUCATIONAL STATUS	PRIMARY	2	6.66%	2	6.66%	0	0%	X2= 18.47
	HIGHER SECONDARY	0	0%	5	16.6%	2	6.66%	P<9.49
	GRADUATE	0	0%	14	46.6%	5	16.6%	
SOCIO ECONOMIC STATUS	HIGH	1	3.33%	0	0%	1	3.33%	X2= 16.14
	MIDDLE	1	3.33%	20	66.6%	23	76.6%	P<9.49
	LOWER	0	0%	1	3.33%	6	20%	
ENVIRONMENTAL HYGIENE	GOOD	2	6.66%	20	66.6%	0	0	X2= 30.6
	FAIR	0	0%	1	3.33%	5	16.6	P<9.49
	POOR	0	0%	0	0%	2	6.66%	
MARITAL STATUS	MARRIED	2	6.66%	0	0%	3	10%	X2=19.1
	UNMARRIED	0	0%	21	70%	25	83.3%	P<5.99
OCCUPATION	STUDENT	2	6.66%	16	53.3%	0	0%	X2= 18.4
	EMPLOY	0	0%	2	6.66%	6	20%	P<9.49
	UNEMPLOY	0	0%	3	10%	1	3.33%	
INCOME	BELOW 5000	2	6.66%	9	30%	0	0%	X2= 14.72
	10,000 TO 25,000	0	0%	12	40%	6	20%	P<9.49
	ABOVE 25,000	0	0%	0	0%	1	3.33%	

TABLE III shows that there is significant association of factors influencing quality of life among post covid patient's demographic variables like type of family, monthly income family, dietaryhabit. But there is no significant association between factors influencing post covid patient's life with demographic variables like age, gender, education status and Occupation.

CHAPTER-V

This chapter discusses the findings of the study derived from statistical analysis and its pertinence to the objectives set for the study and related literature of the study.

OBJECTIVES OF THE STUDY:

1. To assess the health related to quality of among post covid patients
2. To associate the health quality of life among post covid patients with selected demographic variables

Distribution of demographic variables of the factors influencing quality of among post covid patients

The study finding revealed that the,

- Age of children (Years) in which majority (100%) were belongs to the age between 18 to 50 years
- Gender in which majority of 20(66.7%) were belongs to female, 8(26.7%) belongs to male and 2(6.6%) belongs to others
- Type of family in which majority 25 (83.3%) were belongs to nuclear family, 5(16.7%) is for join family
- Educational status in which majority 19(63.3%) were belongs to graduate, 7(23.3%) were studying in secondary higher Education and 4(13.3%) have primary education
- socio economic status in which majority 24(80%) belongs to middle class family, 5(16.7%) belongs to low class family, 1(3.3%) belongs to high class
- Environmental hygiene in which majority 23(76.7%) have to good environmental hygiene, 5(16.7%) have to fair environment hygiene, 2(6.7%) have poor environmental hygiene
- Marital status in which majority 25(83.3%) are unmarried and 5(16.7%) are married
- occupation in which majority 18(60%) are students in occupation, 8(26.7%) are employs and 4(13.3%) are unemploys

- Income in which majority 18(60%) earns 10,000 to 25,000, 11 (36.7%) earns below 5,000 and 1(3.3%) earns above 25,000

Distribution of association of factors influencing post covid patients,

- The frequency distribution in the study shows that majority 21(75%) were belongs to moderate knowledge post covid patients, 7(>50%) of them Inadequate knowledge post covid patients and 2 (50 to 75%) of them

Adequate knowledge post covid patients

- Shows that there is significant association of factors influencing post covid symptoms among community with demographic variables like gender, types of family, educational status, social economic status, environmental hygiene, marital status, occupation and income. But there is no significant association between factors influencing post covid symptoms among community with demographic Variables like gender, types of family, educational status, social economic status, environmental hygiene, marital status, occupation and income.

CHAPTER-VI

SUMMARY, CONCLUSION,

IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS.

OBJECTIVES OF THE STUDY WERE TO

- To Assess the health related quality of life among post covid patients
- To Associate the health related quality of life among post covid patient's quality of life in selected community, Kanchipuram

RESEARCH DESIGN:

Descriptive study design was used to conduct the study on data obtained on factors influencing quality of life among post covid Patients from April 23, 2022 to April 28, 2022.

Sample of 30 post covid patients in selected community in Kanchipuram district, who met the

inclusion criteria were selected for the study by using purposive sampling method. Instruments used for data collection were structured interview to determine factors influencing quality of life among post covid patients in Kanchipuram district.

The investigator planned to collect the data for the period of one week. Prior written permission and consent were obtained from the H.O.D of Community nursing department.

Chi-square test was used to find out the association the knowledge on factors

Influencing quality of life among post covid patients with selected demographic variables.

TO ASSESS THE QUALITY OF LIFE AMONG POST COVID PATIENTS.

The frequency distribution in the study shows that majority 3 (75%) were belongs to adequate knowledge on post covid symptoms 37(>50%) of them moderate knowledge on post covid symptoms

obesity and 20 (50 to 75%) of them inadequate knowledge on post covid symptoms

TO ASSOCIATE THE HEALTH RELATED QUALITY OF LIFE AMONG POST COVID PATIENTS WITH SELECTED DEMOGRAPHIC VARIABLE

shows that there is significant association of factors influencing quality of life among post covid patients with demographic variables like type of family, monthly income

family, dietary habit. but there is no significant association between factors

influencing life of post covid patients with demographic variables like age, gender, education status and occupation.

CONCLUSION:

The coronavirus disease continues to spread across the world following a trajectory that is difficult to predict. The health, humanitarian and socio-economic policies adopted by countries will determine the speed and strength of the recovery.

anyone who becomes ill with COVID-19 can develop post COVID-19 condition, regardless of sex, age or severity of the initial COVID-19 infection. Many people living with post COVID-19 condition were previously fit and healthy. Approximately 10–20% of COVID-19 patients experience lingering symptoms following an acute SARS-CoV-2 infection.

We have conducted a research topic on a study to assess the health related quality of life among post covid patients Kanchipuram district, Tamil Nadu, India.

30 samples were collected

The study finding revealed that the

- Age of children (Years) in which majority (100%) were belongs to the age between 18 to 50 years

- Gender in which majority of 20(66.7%) were belongs to female, 8(26.7%) belongs to male and 2(6.6%) belongs to others

- Type of family in which majority 25 (83.3%) were belongs to nuclear family, 5(16.7%) is for join family

- Educational status in which majority 19(63.3%) were belongs to graduate, 7(23.3%) were studying in secondary higher Education and 4(13.3%) have primary education

- socio economic status in which majority 24(80%) belongs to middle class family, 5(16.7%)belongs to low class family, 1(3.3%) belongs to high class

- Environmental hygiene in which majority 23(76.7%) have to good environmental hygiene, 5(16.7%) have to fair environment hygiene, 2(6.7%) have poor environmental hygiene

- Marital status in which majority 25(83.3%) are unmarried and 5(16.7%) are married

- occupation in which majority 18(60%) are students in occupation, 8(26.7%) are employs and 4(13.3%) are unemploys

- Income in which majority 18(60%) earns 10,000 to 25,000, 11 (36.7%) earns below 5,000 and 1(3.3%) earns above 25,000

NURSING IMPLICATIONS:

NURSING SERVICE

☐ Nurse as an educator, leader, counsellor, motivator, supervisor and team member in various situation of work.

IMPLICATION FOR NURSING PRACTICE:

- ☐ Nurses should take the responsibility to teach parents about the providing nutritional diet, encourage to physical activity, to read books.
- ☐ Nurses should provide psychological support as well as encourage post covid patients.
- ☐ Additional counselling session was arranged to the adults and adolescents, about post covid symptoms

IMPLICATION FOR NURSING ADMINISTRATION:

☐ Nursing administrator may use the study findings to improve the quality of caring the community. The concept of the extended role of nurse offers many opportunities for a nurse administrator to improve the quality of life of the public

and health care professionals

□ The nurse administrator in the higher level of authority must hold discussion and meetings on the prevailing health status of the health care professionals. Based on that, the knowledge of community nurses can be assessed and related program can be planned and implemented

□ Administrator should organise in service education programs, refers a courses and workshops for health care professionals and encourage them to participate in this activity

NURSING RESEARCH:

□ The finding of the study shows that the majority of sample are at moderate level factors to assess the health related quality of life among post covid patients.

□ The study will motivate new researcher to conduct the same study with the different variable on large scale

LIMITATIONS:

□ Sample size was 30

□ Setting was selected community at kannagi nagar Kanchipuram district, Tamilnadu.

RECOMMENDATIONS:

□ Studies are needed to develop standardized tool to associate the health related quality of life among post covid patients.

□ A similar study can be undertaken by using larger number samples

SUMMARY:

The study was done to determine the knowledge to associate the health related quality of life among post covid patients with selected demographic variables.

The study finding revealed that the frequency and percentage distribution of demographic variables of health related quality of life among post covid patients----

- The findings show that the chi-square value of Age of post covid patients in years 5.99.
- The findings show that the chi-square value on gender of post covid patients 9.49
- The findings show that the chi-square value of Type of family 5.99
- The findings show that the chi-square value of education status 9.49
- The findings show that the chi-square value socio economic status 9.49
- The findings show that the chi-square value of environmental hygiene 9.49
- The findings show that the chi-square value of marital status 5.99
- The findings show that the chi-square value of occupation 9.49
- The findings show that the chi-square value of income 9.4

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CONSENT FORM

Participants name:

Address:

Parent/LAR 's name:

Title of the project:

**A study to assess the nutritional status among adolescent girls at selected school
chengalpet district, Tamilnadu, India.**

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my child's participation in the study is voluntary and that I am free to withdraw my child at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose. I have been given an information sheet giving details of the study. I fully consent for the participation of my child in the above study.

Assent of child/ward obtained (for participants 10 to 16 years of age)

Signature of parent/ LAR _____Date:

Signature of the witness: _____Date:

Signature of the investigator: _____Date: ____

Parent/ Legally accepted representative (LAR)

Participant 's name: Address:

Parent/LAR 's name:

Title of the project:

A study to assess the health related quality of life among post covid patients among community

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my family member' participation in the study is voluntary and that I am free to withdraw my family member any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose. I have been given an information sheet giving details of the study. I fully consent for the participation of my family member in the above study.

Assent of family member/ward obtained (for participants 18 to 50 years of age)

Signature of parent/ LAR_____Date:

Signature of the witness:_____Date:

Signature of the investigator:_____Date: _____

Annexure-6

முறையான அனுமதிபடிவ

மகத்தி: _____

தணலப்பு: _____

முதன் ணைஆய் வாளரின் தபயர்: _____

ணணப்க்பசிடெம்: _____

இந்த்ணதவலம் த்ாளின் ண உள் ணை ல் ண நம் ண
ணளந்ானம் ண
வணை ண பட்ித்கத ணம் / அ Fdணம்
ணம் ணை லயைத் ணழியில் ண dணணம் ல் ல F. ந்ானம்
குவ் ண ணம் ண ப் ப
ம்

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ண ணம் ணம்
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பப் ப த் ண் ண .இந்த
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Fdணம் பணதயம் ணை, ணம் ணை தத் தில் இவ் வ் ணர் ணயசசி
ந்ானம் வ் ணிர் ணை பு ப ல்ச்

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ஆர்ாய்ச்சியில்பங்

னகற்ப்பதற்கும்துழை

னதாண த்ி ன்ற்கன்.பங்னகற்ப்பவரின்
நாண் ணகி ணணதயாப
ைசை
ைப் /

இLFதபர்துவ்ரல்கரணணஆர்ாய்ச்சியாளர்

ன் ணணதயாபைப

பங்னகற்ப்பவரின் தபயர்

பங்னகற்ப்பவரின் ம்ண வர்:

ச்ாL

஁் ஐ

தபயர்:

ம஁஁ண வர்ி:

PARTICIPANT INFORMATION SHEET

Purpose:

This Form is used to measure the demographic variables of post covid patients such as,(Age, type of patients , type of family, area of residence, educational status, Occupational status, monthly income and source of information).

Instruction: The investigator will collect the information through interviewing the mothers

of children

1.Gender

- a) male
- b) Female
- c)Others

2 AGE

- a)18 to 50
- b) Above 50

3 Type of family

- a) Nuclear family
- b) Join family

4 Education status

- a) Primary
- b) Higher secondary
- C)Graduate

5 Socio economic status

- a) High class
- b) Middle class

c) Low class

6 Environmental hygiene

a) Good

b) Fair

c) Poor

7) Marital status

a) Married

b) Unmarried

8) Occupation

a) Student

b) Employee

c) Unemployment

9) Income (monthly)

a) Below 5000

b) 10000 to 25,000

c) Above 25000

10) Dietary habits

a) Vegetarian

b) Non vegetarian

11 Pattern of diet

a) Regular

b) Irregular

12 Have you ever smoked??

a) Yes

b) No

13 Sleep pattern

a) 4-6 hours

b) 6 -8 hours

- C) Less than 4 hours
- d) No continued sleep

14 Which of the following symptoms were new or worse than usual when you had COVID-19?

- a) Cough
- b) Shortness of breath
- c) Body pain
- d) Other specify

15 How short of breath do you get while?

- a) At rest
- b) Walking
- c) Eating

16 Mobility

- a) I have no problem walking about
- b) I have slight problems while walking
- c) I'm not able to walk

17 Self-care

- a) I have no problem while dressing and washing
- b) I have moderate problem while dressing and washing
- c) I am unable to do dressing and washing

18 How much do the things below limit you in your daily life?

- a) Shortness of breath
- b) Fear of hurting myself by overexerting

19 Anxiety/depression

- a) I have slightly anxiety or depression
- b) I have severe anxiety or depression
- c) I have extreme anxiety or depression

20 Pain/discomfort

- a) I'm not having any pain or discomfort
- b) I have slight pain or discomfort
- c) I have severe pain or discomfort

21 Usual activities

- a) I have no problems while doing my usual activities
- b) I'm unable to do usual activities
- c) I have moderate problems while doing usual activities
- d) Other:

22 Quantity of meals for first week of covid?

- a) 50% of nutritional requirements
- b) 70% of nutritional requirements
- c) 100 % of nutritional requirements

23 During covid pandemic time how your family and friends supported in having healthy diet?

- a) Agree
- b) Disagree

24 Did you had fast food or junk food during pandemic time?

- a) Yes
- b) No

25 What kind of fruits did u had during pandemic time?

- a) Citrus fruits (orange)
- b) Grapes
- c) Jack fruit

26 What kind of natural supplements did you taken for boosting your immunity?

- a) Lemon
- b) Garlic
- c) Turmeric

27 Did you exercised during pandemic time If yes what kind of exercise did you had ?

Your answer:

28 Can you get COVID-19 twice?

- a) Yes
- b) No

SCORING KEY:

10	a
11	a
13	b
14	b
15	b
16	a
17	b
18	a
19	c
20	b
21	c
22	C
23	a
24	b
25	a
26	a
27	yes
28	a

KNOWLEDGE SCORING:

SCORE	PERCENTAGE%	INFERENCE
0-7	<50	INADEQUATE
8-12	50- 70	MODERATE
>12	>75	ADEQUATE

இணைப்பு – 2

சமூகமற்றும் குடும்பலிபரங் ணகரஅமியும் படிலம

1.பாலினம்

அ.ண \$

\$.பபண ஂ

இ.மற்றணைகள்

2.ண யF

அ. 18 முதல் 50

\$.50கக் ுமமல்

3.குடும்ணபைக

அ.தன க டும ெப

௫ ெ \$.

க NLLOK

கூடு ம ெபம

4.கல் விந ைல

அ.முதன் ைம

\$.மமல்ந ஸை

இபட்டதார

5.சமூகபபாருளாதாரந ைல

அ.உயணரரக்கம

\$.நடுத்த

ரம இகீழ்ண

குப்பு

6.

ச 0ற 0சசுழல ு
ற்

ச 0க ாத ாரமஅ.நல் ல

\$.ந

யாயமான

இ.ஏழ

7.திருணமந

ைல

அ.திருணமமா

ணனரர்

\$.திருணமமா

காணத ர

8. பதாழில்

அ.மாண ண ர்

\$. ப்பட்டார

பண யமரதத

இ.ணமைலயின் மை

9.ண ரும஢ம் (ம஢தம்)

அ.5000க்குகீமழ

\$. 10000 முதல் 25,000 ண

஁ர இ.25000க்குமமல்

10. ண ாழ்க்கைதரம்

1.ணஉவுப்பழக்கம

அ.ணைசம்

\$.அணைசம்

12.ணஉவுமுை

ற அ.

ண ழக்கமான

\$.ஒழுங் கற்ற

13.ந^aங்

ளா?

கள ப மப ாத ாண

ருக கி

எ Fபுைகபிட த தி

ற^aரஅ. \$ம

\$.இல்லை

14.ழக்கம

றை அ.4-6

ணமிமநரம்

\$.6-8 ணமிமநரம்

இ.4 ணமிமநரத்திற்கும் குண்ணறாக

15.உங் களுக்குமகாவிட் 19

இர[ு]ந த் மப ாFபின ண்ண ர[ு]ம ஂஅற க[ு]ற கள ல

ஂஎFபுதியத ாகஅல ஂ

லFண ழக த தைவ டமம ாசம ாகஇர[ு]ந த் F?

க் அ.

இருமல்

\$.ம[ு]சசுதிண றல

இ.உடல் ண லி

16.உங் ண ்
க்ளாக கு

ண ளவ 0ம Nசக. ஓய்வில

\$.நடைபயிற்சி

த திண றல
஁ ஏற ங்

டும

இ.ச ாப ில ண F

17.இயக்கம்

அ.நடந பசல ஂணதில எந ப ரசசனையும ஂஇல ஂலை
F ஂஎனக கு த் ி

\$.நடக ம ம்ப ணக மக ாள ாறு
கு ாFஎனக கு

ப ி ாரஇ.என ஂன ால ஂ

நடக க் முட ய ாF

18.ச Oயப ாFக ாப ி

அ.உடைமற Oம ஂFணை ம ம்ப னையுமில்லை.
ற் க கு ாFஎனக ஂ

கௌந த் பரிசுக்.

\$டைணஅ யும ம்ப Oம னைக ம ம்ப ாFஎனக கு
ாFமற ற் F கு

மிதம ானபரிசுனைஉள ள் F.

இ.என ஂன ால ஂட ரஸ ஂ Oம ஂFணை முட யவ ல ஂலை
ஸிங் மற ற் க க்

19.உங் கள்அன் றாண்டாழ்க்கையில் கீமழஉள்ளவிஷயங் கள்உங் கைளஎந்
தளவ Ok கடமப டு கின ற்றன?

கு ி த்

அ. மௌசுசுதிண றல ஂ.

\$.அதிகஉழைப்பால் என்

னைநாமனகாயப்படுத்திவிடுணமாமமாஎன் றப யம்

10.கண லை/மனசமசாரவு

அ.எனக ச ற Fகண லைஅல ச உள ள்F.
கு ஂ ா

லFமனசம ரவு

\$.எனக காகடுமைய ானகண லைஅல ஂலFமனசமசாரவுஉள ள்F.

இ.எனக மிகு கண லைஅல உள ள்F.
கு ந த் ஂ

லமனசமசாரவு

11.ணல / அபசுடகர யம ்

அ.எனக எந ணல யம ், அபசுடகர யம ும ்இல ்லை
கு த்

\$.எனக காமலச ானணல அல ்லமஅபசுடகர யம ்உள ள் F.

இ. எனக காகட ுமைமய ானணல அல ்லமஅபசுடகர யம ்உள ள்F.

12.ண ழக்கமானபசயல் பாடுகள்

அ.

எனFண ழக ம ானபசயல சய ்யும ெம்ப எந ப பிர
க் ெ ாFஎனக கு த்
ப ாட ுகளைசஈசனெயும ெஇல ெலை.

\$. என் னால ன ழகக்கமாநபசயல் பாட ுகளைசபசய யம ுடியவில
லை.

இ.ண ழக ம ானபசயல சய ்யும ெம்ப மிதம ானசிக
க் ெ ாFஎனக கு ெ
ப ாட ுகளைசஈல கள் ஁ள்ளன.

13.மக ாவ ட ந ாய ன ெமுதல ன்ண ற ான஁ண வ ன ெஅளவ 0?
ம ாரத தி க்

அ.஁ட ெசசத ஈ மதணை கள ல ெ 50%.

ெ த ஈ மதணை கள ல ெ 70%.

\$.஁ட ெசச

இ. 100% ஁ட ெசசத மதணை கள ெ.
ஈ

14.மக ாவிடபத ாற஁ மந ாய க ாலத்தில ,

஁ங ெ ள மர யம ான஁ண வ
கள த னர ும ும ாக கி 0முறை
஁க ுட தி ெநண \$
ும ப்

ெ பர஁யளபபபடி \$தர

த்தனர? ெ அ.஁பபுக்கபகள்

கிறீரகள

\$.கர 0த மணற 0

ஈ ப ாடு

15.பத ாற 0மந ாய ெகள ன ெம்ப ாFந ெ ர த஁ண வ 0அல ெ
ற் ற ெகள ஈப஁ண

லFக ு

ப ெ

வ 0கைள ஁ ஁ ஁ ப அ. \$ம

\$.இல் க ாண ள க ாண ளா?
லை ு ட்ரக ாஉ ு ட்ரக
 டப

16.பதாற் றுமநாய் காலத்தில் நீங்கள்என்
ணனையானபழங் களைணைத் திருந்தீர்கள் ?

அ.சிடரஸ் பழங் கள் (\$ரஞ்சு)

\$.திராடைச

இ.பலாபழம

17.உங் கள் மநாய் எதிர்ப்புசக்தியை அதிகர க்கஎன் ணனைகயானஇயற்
கைசப பம ு ள்?
எண் ு எடுத த
டஸ ஃரக

அ.எலுமிசைச

\$.ப Nண

ஂ ங

இ.மஞ்சள்

18.

பத ாற Oமந ாய ஂக ல ஂந்

ளா\$மன்னை ல் ந

ற் ாலத தி ங ஂ

கள ஂஉடற ய ற பசய ஂத்ரக

ப் சி

ங் கள்ளன் ணனைகயானஉடற்பயிற்சிபசய் தீரகள் ?

19.உங ஂ்கள ால ஂமக ாவ ட ஂ19ஐஇரண ஂ

டும஁றைபபறமுட யும ா? அ.\$மம் \$.இல்லை