

**HEALTH RELATED QUALITY OF LIFE AMONG GOVERNMENT  
OFFICE WORKERS IN TRIVANDRUM, KERALA:  
A CROSS SECTIONAL STUDY**

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**Dissertation submitted in partial fulfilment of the requirements for the  
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## **DECLARATION**

I hereby declare that this dissertation titled “Health-related quality of life among government office workers in Trivandrum, Kerala: A cross sectional study” is the bonafide record of my original research. It has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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## **CERTIFICATE**

Certified that the dissertation titled “Health related quality of life among government office workers in Trivandrum, Kerala: A cross sectional study” is a record of the research work undertaken by Dr Gloria V J in partial fulfilment of the requirements for the award of the degree of “Master of Public Health” under my guidance and supervision.

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# TABLE OF CONTENTS

<b>Title</b>	<b>Page No.</b>
List of tables	VII
List of figures	VIII
Glossary of abbreviations	IX
Abstract	X
<b>Chapter 1 Introduction and review of literature</b>	
1.1 Introduction	1
1.2 Review of literature	2
1.2.1 Work related factors and quality of life	3
1.2.2 Work family conflict	4
1.2.3 Factors associated with quality of life	5
1.2.4 Measures of health related quality of life	7
1.3 Rationale	9
<b>Chapter 2 Methodology</b>	
2.1 Study design	11
2.2 Study setting	11
2.3 Study participants	11
2.4 Sample size	12
2.5 Sampling strategy	12
2.6 Participant selection	13
2.7 Data collection process	13
2.8 Data collection tool	14
2.9 Operational definitions of variables in the study	16
2.9.1 Socio-demographic variables	16
2.9.2 Work related factors	17
2.9.3 Work family conflict	19
2.9.4 Health related behaviours and health status	19
2.9.5 WHOQOL BREF questionnaire	21

2.10 Data storage and management	22
2.11 Data analysis	22
2.11.1 Sample characteristics	22
2.11.2 WHO QOL BREF score distribution	23
2.11.1 Bivariate and multivariate analysis	23
2.12 Ethical considerations	23
2.13 Modifications in data collection process	24
<b>Chapter 3 Results</b>	<b>25</b>
3.1 Sample characteristics	25
3.1.1 Socio-demographic characteristics	25
3.1.2 work related characteristics	28
3.1.3 Facilities at work place for respondents	30
3.1.4 Daily commute pattern of respondents	31
3.1.5 Distribution of work family conflict score	32
3.1.6 Health related behaviours of the study participants	33
3.1.7 Health status of study participants	36
3.2 Health related quality of life	37
3.2.1 Distribution of WHO - BREF QOL scores	38
3.2.2. Quality of life scores - domains and total and their correlation	40
3.3 Factors associated with Health related Quality of life	40
3.3.1 Association of socio-demographic factors and Health Related Quality of Life	41
3.3.2 Association of work-related characteristics and Health related quality of life	43
3.3.3 Association of health related quality of life and daily commute	46
3.3.4 Association of health related quality of life and work-family conflict	46
3.3.5 Association between Health-related quality of life score and health behaviours	47
3.4 Multivariate analysis	49
3.4.1 Physical health domain	49
3.4.2 Psychological health domain	50

3.4.3 Social relationships domain	52
3.4.5 Environmental domain	53
<b>Chapter 4 Discussion and conclusion</b>	<b>55</b>
4.1 Discussion and findings	55
4.2 Strengths of the study	58
4.3 Limitations of the study	59
4.4 Recommendations and conclusion	59
<b>References</b>	<b>61</b>
<b>ANNEXURE</b>	
I. Participant information sheet and consent form for participants in English	76
II. Participant information sheet and consent form for participants in Malayalam	79
III. Interview schedule in English	82
IV. Interview schedule in Malayalam	94
V. WHO-BREF QOL Item wise operational definitions	108
VI. Distribution of sectors of government institutions among sample	109
VII. Distribution of acute illness among sample	109
VIII. Item wise distribution of WHO BREF QOL	110
IX. Distribution of scores in histogram of all domains of quality of life	112
X. Association of quality of life domain scores and self-reported morbidities, N=330	114
XI. List of government institutions	116
XII. Permission letters from government institutions	125
XIII. Institutional ethics committee(IEC) approval letter	132
XIV. Plagiarism report	134

## List of Tables

<b>Table No.</b>	<b>Page No.</b>
3.1 Socio-demographic characteristics of sample population (N=330)	<b>30</b>
3.2 Work related characteristics of the sample population (N=330)	<b>33</b>
3.3 Work place facilities available for the participants (N=330)	<b>34</b>
3.4 Daily commute pattern of the study population(N=330)	<b>35</b>
3.5 Distribution of work family conflict among sample population	<b>37</b>
3.6 Health related behaviours among sample population	<b>38</b>
3.7 Self-reported health status of the respondents	<b>41</b>
3.8 Distribution of WHO BREF-QOL total score and domain scores in 0 to 100 scale, N=330	<b>45</b>
3.9 Domain and total scores of WHO BREF-QOL and their correlation	<b>46</b>
3.10 Comparison of means of quality of life scores and socio-demographic factors	<b>47</b>
3.11 Comparison of means of quality of life scores and work related factors	<b>50</b>
3.12 Comparison of means of quality of life scores and commute related factors	<b>52</b>
3.13 Comparison of means of quality of life scores and work family conflict score	<b>54</b>
3.14 Comparison of mean between Quality of life scores and health related factors	<b>55</b>
3.15 Backward multiple linear regression of physical health domain scores and Independent factors	<b>58</b>
3.16 Backward multiple linear regression of psychological health domain scores and independent factors	<b>59</b>
3.17 Backward multiple linear regression of social relationship domain scores and independent factors	<b>60</b>
3.18 Backward multiple linear regression of environmental health domain scores and Independent factors	<b>62</b>

## List of Figures

<b>Figure No.</b>	<b>Page No.</b>
1.1 Distribution of employment in various branches in public sector in Kerala, Year-2023	<b>11</b>
3.1 Distribution of self-reported chronic diseases among the respondents	<b>43</b>
3.2 Distribution of overall quality of life and general health	<b>44</b>

## Glossary of abbreviations

Abbreviation	Full form
COVID 19	Coronavirus disease 2019
FWC	Family work conflict
GDP	Gross domestic product
HR-QOL	Health related quality of life
ID	Identity document
IQR	Inter quartile range
LSGI	Local self-government institutions
QOL	Quality of life
SD	Standard deviation
SE	Standard error
SF-12	Short form health survey with 12 items
SF-36	Short form health survey with 36 items
SSLC	Secondary school leaving examination
WFC	Work family conflict
WFCS	Work family conflict scale
WHO	World health organisation
WHOQOL-BREF	World health organisation quality of life brief version

## **Abstract**

**Introduction:** A person's health can significantly affect their employability and the ability to carry out the work; their workplace environment and the conditions at work can affect the person's health and their overall quality of life. The study aimed to assess the health related quality of life (HR-QOL) and factors associated with it among government office workers in Trivandrum, Kerala.

**Methods:** A cross sectional study was conducted among 330 randomly selected workers from 11 government institutions randomly sampled from institutions in the Trivandrum corporation area. Quality of life among the respondents was assessed using a validated Malayalam version of WHOQOL - BREF. Cronbach's alpha coefficient was used to assess the internal consistency of the scale. Independent sample T-test and one-way ANOVA were used to compare the mean scores of all domains of quality of life across different factors. Multiple linear regression was done to identify the predictor factors influencing health-related quality of life.

**Results:** The mean score of quality of life was higher in the social domain (74.56 [SD±15.17]) followed by psychological (67.95[SD±14.84]), physical (67.78[SD±14.13]) and environmental domain (63.40[SD±14.16]). A good internal consistency ( $\alpha=0.912$ ) for WHOQOL-BREF was observed. Backward multiple linear regression indicated that having more than one morbidity and higher work-family conflict associated with poorer quality of life, whereas higher perceived work ability was positively associated with across all domains. Daily fruit consumption was positively associated with a better quality of life across all domains except the psychological domain. Currently married status had a better QOL in the psychological, social and environmental domains. More than six hours of sleep was positively associated with QOL in the physical domain. Recreational facilities and work insurance facilities were positively associated in the psychological domain.

**Conclusion:** The study findings indicate that the domains of QOL among government office workers are influenced by various individual and work related factors. Workplace-based policies, including interventions aimed at promoting work-life balance, healthy lifestyle, workplace wellness, and management of diseases could improve the quality of life of workers in the government offices.

# Chapter 1

## **Introduction and review of literature**

### **1.1 Introduction**

The relationship between health and work has been the subject of much research and is found overall to influence each other bi-directionally (OECD, 2022). While a person's health can significantly affect their employability and the ability to carry out the work, their workplace environment and conditions of work can affect the person's health and consequently, their overall quality of life.

People engaged in economically productive work are estimated to be in their workplace for about one-third of their total time (World Health Organization & Burton, 2010). Work-related health problems are known to lead to economic loss of 4-6 percent of GDP for most countries (World Health Organization & Burton, 2010)

Workers' health is a crucial factor that affects their household income, productivity, and economic progress. Moreover, a healthy workforce is a goal of most employers to improve productivity and development. Employee health has been recognised as not just physical health but also their social, psychological and emotional well-being. The commonly used measure to assess such a multidimensional well-being is the concept of quality of life (QOL).

The quality of life of people is dependent on a complex interrelationship between individual's perception about personal, family, community, social, cultural and work life contexts. Even the quality of the physical and built environment are known to influence an individuals' perception of health, well-being, and quality of life (Wong et al., 2018). In developed countries, particularly in Europe, the labour-market policy therefore emphasize

on attention to job satisfaction and job sustainability of workers. This is based on the notion that the provision of high employment protection, job satisfaction, and active labour market policies is likely to have a positive effect on workers' health (Barnay, 2016).

Various regulations focused at improving the quality of life of workers like prescribed working hours, insurance schemes and incentives, inclusion of employee associations and trade unions in worker's welfare have been implemented in developed countries with this aim (OECD, 2022).

In India, directive principles of constitution recognize the health of employee and acknowledge the contribution of workers to productivity, as well as national economic and social development. Though a range of labour laws and regulations have been instituted to ensure the rights of workers, it is a work in progress trying to create better work place environments with optimal safety and health conditions for the workers and ensure the well-being and quality of life of workers (Ministry of Labour & Employment, 2009)

## **1.2 Review of literature**

The Quality Of Life (QOL) has been defined by the World health organisation "as an individual perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (Suárez et al., 2018; The WHOQOL Group, 1995). The growing interest in the concept of quality of life in health stems out of a desire to measure outcomes beyond morbidity and biological functioning (Karimi and Brazier, 2016). There is a wide recognition of the fact that the perception of an individual's health status influences their quality of life and daily functioning. Hence assessing quality of life assumes significance while measuring health status to predict health care requirements (The WHOQOL Group, 1995; The Whoqol Group, 1998).

Health-related quality of life (HRQOL) includes questions related to subjective evaluation of a person's health status (Nguyen et al., 2021). Most studies that have explored HRQOL have been carried out to evaluate the quality of life among patients with particular morbidities and health conditions and the general population (Ghahramani et al., 2023; Lodhi et al., 2019; Sakai et al., 2009; Wang et al., 2000; Wong et al., 2018). Similarly most studies that have evaluated the quality of life of workers have been done among healthcare workers providing patient care (Gholami et al., 2013; Ljevak et al., 2020; Maqsood et al., 2021). There are few studies done on other categories of the working population.

The Quality of life studies done among other categories of workers mostly deal with the quality of life - related to their work place and include perceptions and subjective assessments of aspects related to the work environment like job satisfaction, workplace stress and work-life balance. They generally are not designed to assess the overall health and well-being of the workers. Research findings from across the world show that a range of factors affect the quality of life of workers irrespective of the sector that they work in.

### **1.2.1 Work-related factors and Quality of Life**

Literature finds that a favourable working environment and high job security have positively affected workers' health. Farmers have been shown to have poorer physical and mental health than the general population as well as poor QOL in comparison to regular salary earners and entrepreneurs (Kallioniemi et al., 2022).

Occupational stress was the most strongly associated factor with both QOL and work ability (Bergman et al., 2020). Association between long working hours and psychological distress among workers are studied. Long working hours influence workers' mental health by reducing their private time. Males have been found to be more affected with psychological distress than women due to increased working time. It is postulated that

this is so because women workers who have extended work hours are more likely to express it as work-family conflict than psychological distress (Bannai et al., 2015). Part-time work pattern is shown effective in improving health status (Kajitani et al., 2022). Shift workers appear to have more risk of gastrointestinal problems (Knutsson and Bøggild, 2010).

The quality of life of workers is influenced by their health related behaviours (Wong et al., 2018) including physical activity (Nguyen et al., 2021). Self-reported sleep quality and sleep duration are also are significant factors that are related to quality of life. Good sleep quality positively associated with better quality of life (Bergman et al., 2020).

The nature of work has been found to have linkages with the physical and mental health of the workers. Persons who have sedentary office jobs are prone to health issues like obesity, cardiovascular diseases, and musculo-skeletal problems (Hämmig et al., 2011; Wallmann-Sperlich et al., 2017). Office worker spends a significant portion of their day at workplaces and their well-being directly impacts their productivity. Musculoskeletal diseases are mostly work-related and are one of the prominent causes of sick leave (Hämmig et al., 2011). Following unhealthy lifestyles and the burden of non-communicable diseases among the workforce directly affects productivity and ability to work (OECD, 2022).

### **1.2.2 Work-family conflict**

Work and family are particularly important domains in most employed adults' lives (Edwards and Rothbard, 2000). Involvement in the work domain influences and is influenced by participation in the family domain (Mugunthan, 2013; Teo et al., 2013). The demands of an employee's work make it difficult to fulfil family roles, similarly family demands can create disturbances to do tasks in workplace. Usually these conflicts arises due to stress, time constraints and behavioural factors (Mugunthan, 2013).

A somewhat related forms of inter role conflict in workers viewed as work family conflict and family work conflict (Netemeyer et al., 1996). Definition for work-to-family conflicts found in literature as “a form of inter-role conflict in which the general demands of time devoted to and strain created by the job interfere with performing family-related responsibilities” (Netemeyer et al., 1996). Similarly family–to-work conflict defined as “a form of inter role conflict in which the general demands of time devoted to and strain created by the family interfere with performing work-related responsibilities” (Netemeyer et al., 1996).

Work-family balance reflects an individual’s orientation across different life roles, and is often called an inter-role phenomenon (Grzywacz and Marks, 2000; Mugunthan, 2013; Teo et al., 2013) The negative spill over and inter-role conflicts between the two life domains, work and family are have been associated with a significant effect on various health problems particularly psychological ill health and thereby the health related quality of life (Dilmaghani et al., 2022; Gautam and Jain, 2018; Hämmig et al., 2011; Lee et al., 2022). Satisfaction in job significantly reduces work family conflicts (Mugunthan, 2013).

Shift work, night duties and work load are known factors that influence work life balance of workers (George et al., 2018; Lembrechts et al., 2015). Similarly work family conflicts were found to be reported more by female workers and nurses who spend extra working hours (Lakshmi and Prasanth, 2018; Lee et al., 2022).

### **1.2.3 Factors associated with quality of life**

Age was found to be negatively correlated with quality of life in population based studies (Lodhi et al., 2019). However in workers, age plays a significant role in work ability and there by health related quality of life (Bergman et al., 2020). Studies demonstrated better quality of life in psychological and social relationship aspects of younger healthcare

workers (Gholami et al., 2013) and it negatively associated in a study done among intensive care unit workers during COVID 19, as workers above 40 years has higher score of quality of life (Maqsood et al., 2021).

Females had poor QOL as compared to their male counterparts in physical, psychological and social relationship of quality of life health domains in a study conducted in Pakistan (Lodhi et al., 2019). There is a positive association of work ability and there by their health related quality of life among female municipal workers of Finland (Bergman et al., 2020). There is small gender differences in morbidity observed in bank employees of United Kingdom, even after adjusting working conditions (Emslie et al., 1999). Males had significantly higher scores for psychological, social and environmental quality of life realm among studies in health care workers (Gholami et al., 2013; Maqsood et al., 2021).

There is no significant difference in marital status playing in quality of life scores among study on health care staff (Gholami et al., 2013). Those who were single or married showed better quality of life score than divorced or separated came out as a result in Kuwaiti based study (Ohaeri et al., 2009). One of the study in Chinese migrants differentiated married and single individuals and those who were single had higher quality of life than married persons (Zhang et al., 2009). Subjects living alone found to be more affected by illnesses than living in extended families (Turagabeci et al., 2007). There are also studies stating no relation with family structures (Lodhi et al., 2019). The type of residence and ownership has negative association with physical, environmental and psychological domains of quality of life (Lodhi et al., 2019; Sakai et al., 2009).

A strong relation was found in income and QOL, as increase in mean income was found to be associated with better QOL (Gholami et al., 2013). Overall socio-economic status

proven to be a strongest predictor of quality of life among general population (Lodhi et al., 2019).

Majority of studies found a constant increase in QOL as education level increases. Also it has significant effect on work ability of employee (Bergman et al., 2020; Maqsood et al., 2021; Milosevic et al., 2011). Educational years was associated with psychological and environmental domains of WHO-BREF quality of life scores of health care workers (Gholami et al., 2013).

Occupational stress has strong association for poor quality of life and work ability. The job stress tightly associated in workers morbidity, sleep quality and mental health (Bergman et al., 2020; Kumar et al., 2018). Comparing to day-work nurses, night shift work nurses found to have more stress, sleep problems, reduced time spend in family and for leisure activities and low levels of enjoyment in life and (Ljevak et al., n.d.). Work ability can be considered as a ability of the worker to cope with working conditions and it is strongly associated with all realms of quality of life (Milosevic et al., 2011).

There are several studies evaluating QOL among persons with illnesses and medical conditions which indicate that a significant proportion of them have a poor quality of life. Existence of chronic disease has been linked to be significantly associated with poor quality of life in all the four domains of WHO-BREF. (Bergman et al., 2020; Gholami et al., 2013). Hypertension and diabetes were associated with poor health related quality of life in a study among sewage workers of coastal south India (Madhumithra et al., 2021). The study also demonstrated that smoking habits and alcohol consumption is associated with lower scores of quality of life (Madhumithra et al., 2021). Workers who lead a sedentary habit and low physical activity has impact on disease burden and intervention studies to motivate regular

exercise found to be improve health related quality of life (Laforge et al., 1999; Nguyen et al., 2021).

#### **1.2.4 Measures of Health-Related Quality of Life**

Since the concept of QOL is multidimensional, complex and involves subjective perceptions, several tools have been developed to measure the different aspects of the quality of life. In health, most tools have been developed and used in clinical health, focusing on physical health aspects of QOL among those with specific morbidities. With the expanding research on the importance of examining quality of life beyond the physical health outcomes, the development and use of QOL tools have increased in recent years. A meta-analysis of QOL tools indicated that generic quality-of-life tools that could be used across cultures and populations and different domains of health status are the most commonly used in population health (Pequeno et al., 2020).

Measurement scales that measure Health Related QOL (HR-QOL) are designed with specific items included under different domains of health and well-being are designed (Pequeno et al., 2020). The most commonly used Health Related QOL are the World Health Organization Quality of Life Assessment (WHOQOL) tools, the Medical Outcomes Study, the Short form Health Surveys with 36 items (SF36) and 12 items (SF 12) (Pequeno et al., 2020).

WHO-BREF was introduced as an instrument to assess variation in HR-QOL across different cultures, to compare subgroups within the same culture, and to measure change across time in change in life circumstances. It is the brief version of WHO QOL scale (WHOQOL-100) (Social Science & Medicine, 1995; The Whoqol Group, 1998).

The aim of the development of this instrument was to provide a generic tool for measuring quality of life and to consider health as a holistic entity (Skevington et al., 2004). It is

proven that WHO- BREF tool is a reliable tool to assess the health-related quality of life among workers (Gholami et al., 2013).

It is a 26-item tool related to different aspects of quality of life. The scale provides a generic HR-QOL score in four domains of QOL physical health, psychological health, social relationship, and environmental health. It additionally contains one question for rating normal QOL and a rating for general health. All items are presented on a five-point Likert scale (1= “very unsatisfied 5 = “very satisfied”). The mean score of all items in each domain is multiplied by four to obtain a domain score ranging from 4 to 20. This is transformed into a 0-100 scale according to the WHOQOL-BREF user manual guidelines (Agnihotri et al., 2010; Suárez et al., 2018). Higher scores reported, better the quality of life.

Each domain includes the sub domains which embraces subjective and objective aspects of the domain representing (Wulfovich et al., 2022).The detailed description given below;

**Physical health domain:** This domain encompasses the questions to measure a person’s ability to perform usual activities, dependence on medicine and medical aids, energy to perform daily activities, mobility, pain and discomfort experienced, sleep and work capacity.

**Psychological domain:** A persons view on his/her bodily image, negative feeling experienced such as sadness, guilt, anxiety and despair in life, positive feelings like happiness, hope, joy, peace and satisfaction in life, perceived self-esteem, persons view on purpose of life, and perception about their own ability to think, learn, memorise and to make decisions are included in the psychological health domain of WHO BREF.

**Social relationship domain:** This domain representing three sub domains, personal relationships, social support and sexual activity.

**Environmental domain** :This is the largest domain which encompass views on financial resources, physical safety and security, accessibility and quality of health and social care, environment at home, opportunities to acquire information and skills, opportunities for recreation or leisure activities , the physical environment that they living and pollution it creates, and transport.

The instrument has wide range of uses in medical research, policy making, and effectiveness of treatment protocols. Also it is used to assess the variation in quality of life in different cultures and to measure the change in time in response to change in environment, and other life situations (WHOQOL User Manual, 2012).The instrument is validated in Indian culture (Agnihotri et al., 2010) as well the Malayalam version used found high internal consistency and good discriminant and convergent validity (Sreedevi et al., 2016).

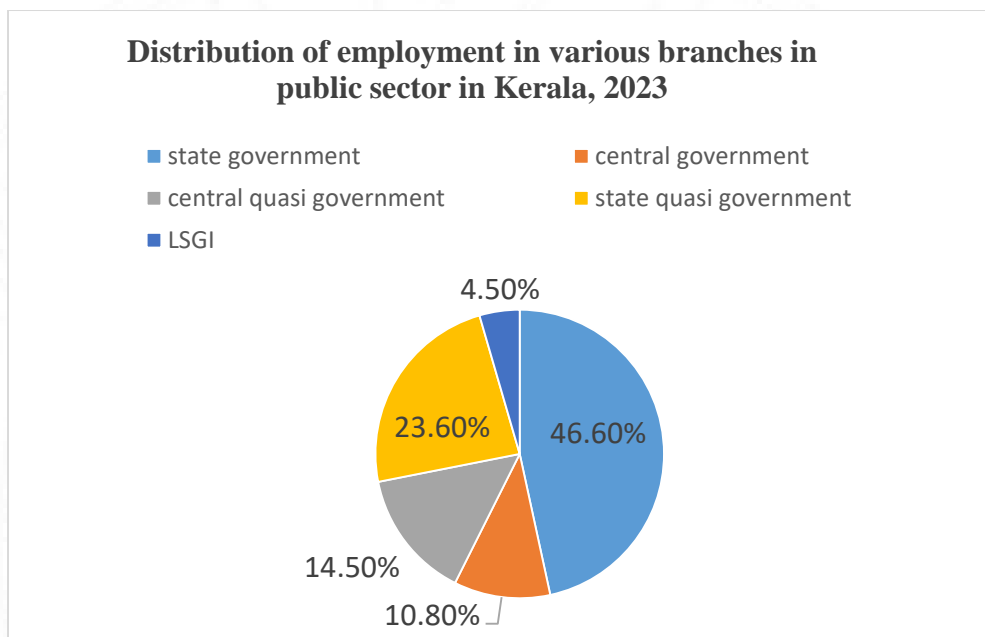
### **1.3 Rationale**

Positive HR-QOL of an employee is associated with better work engagement and creativity and also a better work-life balance (Moriguchi et al., 2010; Wong et al., 2020). HR-QOL which is a subjective evaluation of personal health status and well-being is therefore considered a valuable indicator of healthy workplace assessments. For these reasons, various interventions, such as the provision of health and safety of workers, psychosocial and organizational culture, and personal health-related resources in the workplace, have been developed to improve employees' productivity, health and well-being (World Health Organization & Burton, 2010).

With advancements in technology and changes in the nature of work profile and workplace environment, the issue of sedentary behaviour and stress related to work have gained attention. Most of such studies have been among those involved in information technology-

related workers (Dieterich et al., 2020; Saunders et al., 2020). There is evidence to suggest that office workers are also a group that are risk of such but less studied.

According to recent (2023) reports from state planning board, approximately 12.6 lakh people are employed in the organised sector in Kerala and nearly 5.6 lakhs (44.5 percent) of them are in the public sector (State Planning Board, 2023). The report also indicate that nearly half of them are employed in the state government institutions. Distribution of various branches in public sector displayed in fig 1.1



**Fig.1.1 Distribution of employment in various branches in public sector in Kerala.**

Source: Economic Review 2023 | State Planning Board, Thiruvananthapuram, Kerala, India.

Thiruvananthapuram is the capital city of Kerala and it is the most densely populated district based on the last census data (State Planning Board, 2023) and has the largest number of employees in the government sector. There have been no studies among this group that have explored their health-related quality of life, which influences their work output and productivity.

This study was proposed to examine the health-related quality of life among government employees of Trivandrum and the factors associated with it.



## **Chapter 2**

### **Methodology**

The objective of the study was to assess the quality of life among government office workers in Trivandrum and the factors associated with it using of WHOQOL-BREF.

#### **2.1 Study design**

The present study was a cross-sectional study among government office workers in Trivandrum, Kerala.

#### **2.2 Study setting**

The study was conducted in government institutions of Thiruvananthapuram (Trivandrum), the capital city of Kerala, India. In 2023, economic review reports 12.6 lakh people are working in the organised sector in Kerala. Out of this, 5.6 lakhs (44.5 percent) are in the public sector (State Planning Board, 2023).

Men outnumber women in public sector employment. Trivandrum has the highest number of women employees than other districts of Kerala. The minimum age for attaining a government job is 18 years and the retirement age varies for central and state institutions.

The study setting was narrowed down to the area under Trivandrum Corporation for the study feasibility. The list of government institutions provided by the corporation of Trivandrum. There are 495 government institutions located under the political boundary of Trivandrum Corporation and 112 among them having minimum staff strength of 50.

### **2.3 Study participants**

The participants of the study were employees in various sectors of government institutions situated in Trivandrum district, Kerala.

### **2.4 Sample size**

The sample size was calculated using the expected percentage of good quality of life in 4 domains of the HR-QOL scale. According to a study on quality of life among public sector bank employees in India, only 26.14 percent had a good quality of life in the social domain (Babu et al., 2016).

The sample size was calculated using the formula  $n = [Z^2P(1 - P)]/d^2$  with an expected prevalence of 26.14 percent, the margin of error or absolute precision of  $\pm 5\%$  and a 95% confidence interval the sample size estimated was 299. Expecting a non-response rate of 10% the sample size calculated is 330.

### **2.5 Sampling strategy**

The study used simple random sampling in two stages.

There were 495 government institutions situated inside the political boundary of Trivandrum Corporation. The institutions with a minimum staff strength of 50 were considered for the sample frame.

The list of government institution names and their staff strength collected from corporation of Trivandrum given in annexure IX.

From the list of institutions, 22 institutions randomly selected using a random number generator android application. The principal investigator approached these institutions for permissions. The first 11 institution gave permission to conduct study were selected for

data collection. List of employees collected from each institution and pre-scheduled dates for data collection at work-place during January - February 2024.

The sample selection was done on the first day of survey in each institution. From each institution 30 employees were selected by simple random sampling from the staff list/ attendance record provided by the authority.

## **2.6 Participant selection**

The participants were selected on the first day of data collection in each institution. From each institution 30 employees were selected by simple random sampling from the staff list/ attendance record provided by the authority.

The employees those are above 18 years and who can understand and communicate in Malayalam or English were included for the study.

Employees those who are absent at the scheduled date of data collection were excluded and replaced with another participant, because of the study feasibility. All the trainees, interns and outsourced workers were excluded from the study. Recently joined employees (less than one year of service) were considered in exclusion criteria.

The supervisor allotted by each institution helped to identify and reach participants in the office.

## **2.7 Data collection process**

Permissions were obtained from selected government institutions prior to data collection period. Dates for data collection pre-scheduled with concerned authority of each institution starting from January 13<sup>th</sup> to March 11<sup>th</sup>. The list of employees from each institution was collected. From each institution 30 participants were randomly selected using a random number generator android application at the study site itself with the presence of one

representative of the institution. The concerned representative of the institution helped the principal investigator to reach the participants. If anyone was on leave for the allotted days of data collection, the principal investigator would replace the participant from the same list of employees using a random number generator.

After reaching the selected participant the Principle investigator explained the information sheet or provided the information sheet for reading. Then the consent was taken in the participant consent form. The consent form prepared in printed sheet also contained the participant Identity Document (ID) number, filled by the principal investigator before approaching participant.

The first part of survey was a structured interview schedule followed by self-administered questionnaire on work-family conflict scale and WHO BREF-QOL. Both interview schedule and self-administered questionnaire had participant identity number so that principal investigator could identify the participant.

The data collection was done only on working hours of 9:00 a.m. to 5:00 p.m. Each survey took about 20 minutes on an average.

## **2.8 Data collection tool**

The data collection tool has two parts.

**First part:** An interview schedule containing questions of socio-demographic and economic details, work environment, health status and health-related behaviours. The average time of the interview schedule was 15 minutes. The principal investigator will enter data through physical copy of interview schedule.

**Second part:** A self-administered questionnaire of WHO QOL-BREF questionnaire and the Family Conflict Scale (WFCS). The questionnaire was provided in printed form. The time to fill up the questionnaire varied from 10-20 minutes.

Later the principal investigator entered the questionnaire data directly in a Microsoft Excel sheet. Both the interview schedule and questionnaire have been labelled with participant ID so that helped in the validation of data.

For measuring HR-QOL, WHO-BREF was introduced as an instrument to assess variation in Quality of Life. It is the brief version of WHO's QOL scale (WHO QOL-100). The Malayalam version of the tool is also available on the WHO website. It is a 26-item tool that provides a score in four different domains of Quality of Life Physical health, Psychological health, Social relationship, and Environmental health. In addition, it also provides a score for overall Quality of Life and health. All items were presented on a Likert scale ranging from one to five. The Malayalam as well as English version of tool carried with the principal investigator, expected to account anyone who doesn't understand Malayalam could use the English version.

Work-family conflict scale (WAFCS) is a 10-item scale designed to measure work-to-family conflict (WFC) and family-to-work conflict (FWC). The English version is available with good internal consistency (Cronbach's  $\alpha = 0.9$ ) (Haslam et al., 2014). The English version of tool freely accessible in website of university of Queensland, Australia. The Malayalam version is translated and used for the study purpose.

The data collection tool English (Annexure III) and Malayalam (Annexure IV) followed a structure given below;

Part 1 - Interview schedule

### Section 1 Socio-demographic factors

Includes age, sex, place of residence, marital status, education attained, type of family, ownership of residence, No. of family members, No. of dependence - elders, under-five children and members with special needs.

#### Section 2 Work related factors

This section includes work experience in years at current institution/ office, sector of work, type of work, work schedule, basic payment scale in a month, self-perceived work ability, membership in trade union, the recreational facilities at work-place, health clinics/Laboratory , medical check-up from employer, facilities for accommodation and for conveyance

#### Section 3 Daily commute pattern of employees

Time taken for daily commute, mode of daily commute

#### Section 4 Health related behaviours

Current habit of smoking , other tobacco products , frequency of using tobacco, duration of smoking habit or tobacco products, consumption of alcohol, frequency of consumption, fruit consumption, vegetable consumption, Regular physical activity, Sitting time in a day, self-perceived sleep quality and average sleep time.

#### Section 5 Health status of participant

History of acute illnesses, history of medication for acute illness, how the daily activity affected by acute illness, history of chronic disease, history of medication, period of chronic disease, how the long term illness affected in daily activities, history of hospitalisation, self-reported chronic diseases.

## Part 2 – Self-administered questionnaire

### Section 1 work family conflict scale

### Section 2 WHO BREF QOL questionnaire

## **2.9 Operational definitions of variables in the study**

### 2.9.1 Socio-demographic variables

1. Age - Age in completed years were asked and for purpose of analysis it divided to class intervals of age group.
2. Sex – The distinction was made between male and female, and those who did not wish to specify, the category ‘not specified’ was reported.
3. Place of residence – Participants reported their place of residence as either urban or rural.
4. Marital status – Participants reported their marital status in categories of currently married, never married, separated, divorced and widowed.
5. Education – Participants reported their highest level of education in the following categories of less than 8<sup>th</sup> standard, SSLC (Secondary School Leaving Certificate), Pre-degree or higher secondary, Graduation and post-graduation.
6. Type of family – Participants reported the type of family they belong to in two categories:: Nuclear family and Joint or extended family. A nuclear family was defined as individual living alone, with spouse or with spouse and their children. A joint or extended family included those living with their children and parents, or with other relatives.
7. Ownership of residence - Residence ownership is determined by whether the participant resides in a house that is legally registered under their name, either

individually or jointly or in a rented house where they are required to make periodic payments to the legal owner and do not hold any ownership rights.

8. No. of family members - The total number of family members reported, and for the purpose of analysis it categorised into two groups: households with four or fewer members and households with more than four members.
9. No. of dependants in household - The total number of dependants in family were asked which includes elders, children under age of five and other members with special care. For analytical purposes, this variable has been transformed into a binary category indicating whether the participant has any dependent member in their family or not.
10. No. of children under age of five in the household - The count of children under age of five years were reported. For analysis, it used as whether the household had under five children or not.
11. No. of elders in the household - The participants reported number of elders with 60 years and above in their household. For analytical purpose this variable categorised to reflect whether there are elderly members in the household or not.
12. No. of members with special care in the household - The respondents provided the count of members requiring special care, those who are mentally or physically challenged and individuals who are bedridden. For the purpose of analysis this variable was operationalized to determine whether any members needed special care.

#### 2.9.2 Work related factors

1. Work experience - The participant reported duration of their employment at their current office or institution. For analytical purposes, this variable was categorised into two groups: those with five years or less and those with more than five years.

2. Work sector- Participants reported their employment sector: health, education, manufacturing, transportation, banking, technology and with an additional option for those specifying a different sector.
3. Type of work - The type of workers reported as administrative or managerial, clerical or ministerial, professional, skilled or technical staff and with an option for others to specify their particular type of work.
4. Work schedule - Work schedule defined as their usual working hours at the current workplace. The categories were fixed day time schedule, shift work, and part-time work.
5. Monthly basic payment scale - The employees of government institution classified according to their monthly basic payment scales. They are grade1/ grade2 (a)/ grade2 (b)/ grade3/ grade4  
  
Grade 1 – Employees monthly basic salary exceeding Rs.70000.  
  
Grade 2(a) – Employees whose monthly basic salary is greater than Rs.59300 and but less than Rs.70000  
  
Grade 2(b) – Employees with monthly basic payment ranging from Rs.39300 to Rs.59300.  
  
Grade 3 – Employees with monthly basic salary between Rs.25100 and Rs.39300  
  
Grade 4 – Employees with monthly basic salary below Rs.25100
6. Self- perceived work ability – Participants assessed their current ability to work comparison to their life time best on a Likert scale ranging from zero to ten, with zero indicating no ability to work and ten representing their personal best
7. Membership in trade union – Participants reported whether they were members of a trade union at their workplace, with responses recorded as either ‘yes’ or ‘no’.

8. Recreational facilities at work place - Participant reported 'yes' if their institution provided recreational facilities like reading room, gym, yoga room and similar facilities.
9. Health clinics/ Laboratories at work-place - Responded indicated whether their workplace equipped with health care services or laboratory facilities for employee use
10. Medical check-ups from employer - The participant reported on the provision of medical check-ups or screening programs conducted by their employer for the workers.
11. Conveyance facility – Participants were asked to report whether their institution providing transportation services for daily commute between home and work.
12. Accommodation facility - Responded based on whether the employer providing housing accommodation facility for the participant.
13. Daily commute - Commute is the daily travel between home and workplace

Duration of daily commute - The participants were asked to report their usual daily travel time either from home to work or from work to home, with responses recorded in minutes. For further analysis, those who travel more than 45 minutes considered as long commuters.

Mode of commute - The participant reported the mode of travel that they take mostly of their daily travel time. It could be Bus/ Train/ Auto/ Cycle/ Car/ Two-wheeler/ walking.

### 2.9.3 Work family conflict

Work-family conflict: A type of inter-role conflict that occurs when the demands of work and family roles conflict.

a) Work to family conflict: work role can interfere with family role, and it can be defined as an “Inter-role conflict in which the general elements of time, devoted to, and strain created by the job interface with performing family based responsibilities”

b) Family to work conflict – Family role can interfere with work role and can be defined as “Inter-role conflict in which the general elements of time, devoted to, and strain created by the family interface with performing family based responsibilities.”

#### 2.9.4 Health related behaviours and health status

1. Current smoking habit - The participant responded with a ‘yes’ or ‘no’ whether they are currently smokers.
2. Current use of tobacco products other than smoking - The current use of tobacco other than smoking were asked and responses recorded as either ‘yes’ or ‘no’.
3. Frequency of using tobacco/smoking – Participants reported the frequency of their tobacco or smoking usage over the past year, with options ranging from ‘never’ to ‘every day’.
4. Duration of smoking /tobacco use - The participants were asked to report the number of years they have been using tobacco products or smoking
5. Current alcohol consumption - The current consumption of alcohol were reported as ‘yes’ or ‘no’, if they currently using any alcohol.
6. Frequency of alcohol consumption - The participants reported their alcohol consumption frequency over the past year with options ranging from ‘occasionally’, ‘several times in a month’, ‘once a week’, ‘several times in a week’, ‘daily’ and ‘several times a day’.

7. Inclusion of fruits in diet - The frequency of fruit intake per week were reported in categories as never, less than one serving per week, one serving per day, two or more servings per day.
8. Inclusion of vegetables in diet - The frequency of vegetable consumption asked in categories never, one serving per day, two serving per day, three or more serving per day
9. Physical activity - The physical activity performed like walking, jogging, fitness exercise, sports for 30 minutes daily for five days in a week or a total of 150 minutes of physical activity per week were asked. And the participants reported with 'yes' for active engagement or 'no' for inactivity.
10. Sitting time - The average time for sitting or reclining in a typical day were asked considering total time spend sitting at work-place, for reading, watching television, using computer, doing handicrafts and resting. Excluded time spend for sleep.
11. Average sleep duration – Participants were reported their usual sleeping time over the past month, to which they responded by reporting their number of hours slept.
12. Self-perceived sleep quality – Participants assessed and reported their own sleep quality, categorising it as 'very good', 'good', 'poor', or 'very poor'.
13. History of acute illness- The recent history of any acute illness within past 15 days were asked and the participant reported the illnesses. Along with they were also asked to report any associated medication as whether they took medicine or not. The effect of acute illness in daily activity were asked and the responses reported as 'not at all', 'a little', 'somewhat', 'quite a bit' 'a lot'.
14. History of chronic illness – Participants were asked to report any long term illnesses they have experienced or been diagnosed for past one year. They were also asked to specify the duration of their illness or diagnosis. Furthermore, they evaluated the

impact of their chronic illness on daily activities, choosing from 'not at all' 'a little', 'somewhat', 'quite a bit', and a 'a lot'. Additionally, they were asked to report on their medication history for these long-term illnesses, whether they taken any medication or not.

15. History of hospitalisation - The history of hospitalisation last one year asked whether they were admitted in hospital or not and participant respondent it in 'yes' or 'no'.
16. Present chronic illness - Name of the commonly affected illness among office workers were listed in questionnaire, allowing participants to identify and report any they currently have.

### **2.9.5 WHO QOL BREF**

WHO BREF questionnaire used to measure health related quality of life.

It possess 26 questions. The first question is to rate the perceived quality of life ranging from 'very poor=1' to 'very good=5'. Similarly the second question is self-rated health. The remaining 24 questions reflecting four domains of quality of life. They are; physical health, psychological, social relationship and environmental domain. Each question has five options scoring from one to five.

Physical health domain- 7 questions

Psychological health domain - 6 questions

Social relationship domain - 3 questions

Environmental domain - 8 questions

Operational definitions of each sub domains under WHOQOL-BREF attached in Annexure V.

## **2.10 Data storage and management**

The data entry and primary data cleaning were done in Microsoft Excel and the data was transferred to SPSS software. Analysis done using Microsoft Excel and SPSS version 28.

The outcome variable is WHO –BREF quality of life. There are 26 questions in the BREF questionnaire. Each item is rated “very poor” to “very good”, further converted to one to five scores. The first question provides the score for quality of life and the second question is the participant's self-rated health. The remaining questions are grouped into 4 domains. Physical health with 7 items (domain 1), psychological health (domain 2) with 6 items, social relationship (domain 3) with 3 items and environmental health (domain 4) with 8 items. The process of grouping four domains and the further transformations of the raw score is provided in the manual of WHO BREF. The domain scores are scaled in a positive direction, higher scores denote higher QOL. The mean score of each item within each domain is used to calculate the domain score. The raw score can be converted to a scale of four to twenty and then transformed to a 0 – 100 scale for the easy comparison of scores with other literature.

Four domains of the WHOQOL-BREF were considered as dependent variables of the study. The other data collected included socio-demographic factors, work related factors, chronic disease existence, and health related behaviours and work family conflict. Independent variables categorized and subsequently coded.

## **2.11 Data analysis**

### **2.11.1 Sample characteristics**

Sample characteristics were assessed and reported separately as socio-demographic characteristics, work related factors, facilities at work place, daily commute pattern of employees, work family conflict score, and health related behaviours and health status of the sample population.

#### 2.11.2 WHO QOL BREF score distribution

The domains scores calculated and transformed to 0 to 100 scale, so that the further analysis could possible. The normality distribution of score in each domain and overall score observed by plotting histogram (Annexure -IX)

The internal consistency of the Malayalam version of tool assessed by Cronbach's alpha. The correlation among four domains and total score demonstrated by Pearson correlation coefficient.

#### 2.11.3 Bivariate and multivariate analysis

Independent sample T-test and one way ANOVA used to compare the mean scores of all domains of quality of life across different factors. Backward multiple linear regression was done to identify the predictor factors influencing health related quality of life. The quality of life score is complex and it affected by many factors. The backward multiple linear regression could consider all potential modifiers and systematically remove them from the final model. The models in each domain of WHO BREF could explain the factors determines the quality of life among government office workers of Trivandrum.

### **2.12 Ethical considerations**

The study was conducted only after obtaining the approval from Institutional Ethics Committee of Sree Chitra Tirunal Institute for Medical Sciences and Technology (Approval letter, Annexure XIII)

Informed consent for participating in the study was obtained from all the study participants. Both the participant information sheet and informed consent form will be available in English and Malayalam. The consent form does not have research participant information except their name and initials. The contact details of the principal investigator as well as the details of the member secretary of the Institutional Review Board were provided in the information sheet. The participants could either accept or refuse to participate, and withdraw participation at any time during the study without any explanation or consequence. Participants were informed regarding the voluntary nature of the participation, study objectives, and the potential benefits and risks of the participation. Identity of the participant was protected by a unique identification number was given in each questionnaire. All printed copies of the questionnaire will be deemed destroyed when no longer needed or after one year of dissertation report submission whichever comes first.

### **2.13 Modifications in data collection process**

One of the selected institution denied permission on scheduled date of data collection, hence approached another government institution during data collection period.

Three participants showed unwillingness to participate in study so that the principal investigator replaced them with another participant.

While data collection, two employees who were randomly selected for survey but they cannot hear and speak, so that the principle investigator excluded them from the study.

The outcome of the study helped to understand the Health-Related Quality of life among Government office workers and the factors associated. The study might help to understand the perceived quality of life of office office-going population and the study may even help in formulating policies addressing to the physical, mental, and social well-being of this community.

## Chapter 3

### Results

The objectives of the study were

1. To assess the health related quality of life among government office workers, Trivandrum, Kerala.
2. To find the factors associated with health related quality of life among government office workers.

This chapter presents the results of data analysis carried out to answer the research questions outlined in the study objectives stated above. Results regarding the baseline characters of the sample population is presented first followed by the association between different independent variables and the outcome variable health-related quality of life. Multiple linear regression was done to identify the predictor factors influencing health related quality of life.

#### **3.1 Sample characteristics**

There were a total of 330 participants who took part in the study. Of the 333 approached for the survey, 3 employees refused and the non-response rate was 0.90%.

Employees from various government sectors participated in this study. The characteristics related to the socio-demographic and work related variables, health related behaviours, co-morbidities, and work-family conflict are presented in the sub- sections below.

### 3.1.1 Socio-demographic characteristics

Data was collected through interview schedule and 330 participants responded. The socio-demographic characteristics of the study sample presented in Table 3.1

**Table 3.1. Socio-demographic characteristics of sample population, N=330**

<b>Characteristics</b>	<b>No. of respondents</b>	<b>Percent</b>
<b><u>Sex</u></b>		
Male	156	47.3
Female	174	52.7
<b><u>Place of residence</u></b>		
Urban	174	52.7
Rural	156	47.3
<b><u>Age</u></b>		
21 – 30 Years	38	11.5
31 – 40 Years	105	31.8
41 – 50 Years	106	32.1
51 – 60 Years	81	24.6
<b><u>Marital status</u></b>		
Never married	23	6.9
Currently married	288	87.3
Divorced/ Separated/ Spouse died	19	5.8
<b><u>Education</u></b>		
Up-to 12 <sup>th</sup> standard	59	17.9
Graduation	148	44.8
Post-graduation and above	123	37.3
<b><u>Type of family</u></b>		
Joint/ Extended	62	18.8
Nuclear	268	81.2

**Ownership of residence**

Own	267	80.9
Rented	63	19.1

**No. of members in the household**

≤ 4 members	227	68.8
> 4 members	103	31.2

**Whether under 5 children in the household**

Yes	74	22.4
No	256	77.6

**Whether elders (>60 years) in the household**

Yes	104	31.5
No	226	68.5

**Whether dependants requiring special care \* in the household**

Yes	6	1.8
No	324	98.2

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\* Physically or mentally challenged individuals/ bedridden persons

Among all participants, more than half were female (52.7 percent), and the males constituted 47.3 percent. Around 52.7 percent of sample population residing urban area and 47.3 percent were from rural area. Proportion of females was more in urban sub sample (58.6 percent) than rural sub sample (41.4 percent). The mean age of participants was 42.30 (SD ±8.98). The minimum age was 21 and maximum was 60.

Majority of the respondents were currently married (87.3 percent) and living with their spouse. For analytical purpose they were categorised as currently married, never married and others. Around 44.8 percent of the sample population had completed their education up-to graduation. Among graduates 55.4 percent were males and 44.6 percent were

females. Close to forty percent of the participants had an education of post-graduation and above. Among post-graduates 65.9 percent were female. For further analysis the education of the participants was categorised as up-to 12<sup>th</sup> standard, graduation and post-graduation.

Majority (81.2 percent) of the sample population consisted of individuals from nuclear families. Over half (54.5 percent) of the individuals from nuclear families were resided in urban areas, and 45.5 percent lived in rural areas. A significant proportion of people living in joint families resided in rural areas (54.8 percent), while 45.2 percent were from urban areas.

More than 80 percent of the participants were from nuclear families and over half (54.5 percent) of the individuals from nuclear families resided in the urban areas. The major proportion of people living in joint families from the rural areas (54.8 percent).

Since all the participants were government employees, they all possessed white coloured ration cards given out to non-priority households with no subsidies. The ownership of residence was considered as an indicator of economic status. Majority (80.9 percent) of the sample population owned their residences, while the remaining individuals had rented houses.

The average family size was approximately 4.09 (SD±1.17) members, with a median of 4 members. Among the participants, around seventy percent (68.8 percent) had families consisting of four members or fewer. More than one fifths (22.4 percent) of the participants had households with under five children. Among all participants, about 31.5 percent had elderly family members in their households. Additionally, around two percent of individuals came from households with members having special needs.

### 3.1.2 Work related characteristics

Employees from different government offices from various sectors were participated in study. (Detailed list provided in Annexure VI)

**Table 3.2. Work related characteristics of the sample population, N=330**

Characteristics	No. of respondents	Percent (%)
<b><u>Work experience in the current institution</u></b>		
1 - 5 year	196	59.4
6 – 10 year	51	15.4
More than 10 years	83	25.2
<b><u>Type of work</u></b>		
Managerial work	71	21.5
Clerical work	118	35.8
Skilled workers/ Technical staff	68	20.6
Professional staff	73	22.1
<b><u>Work schedule</u></b>		
Fixed day-time schedule	317	96.1
Part-time work/Shift work	13	3.9
<b><u>Monthly basic pay*</u></b>		
>70,000 above	49	14.8
59,300 – 70,000	47	14.2
39,300 – 59,300	97	29.4
25100 – 39,300	98	29.8
Less than 25100	39	11.8
<b><u>**Self perceived work-ability of the participant (N=327)</u></b>		
0 - 3	10	3.1
4 - 7	47	14.3
8 - 10	270	82.6

\* Grades of basic payment scale of employees

\* \*Reported in Likert scale 0 to 10

More than half (59.4 percent) had been working in the current office for a period of one to five years. Over one third of participants (35.8 percent) were involved in clerical work. Only a small percentage (3.9 percent) were involved in shift-work or part-time work while the large majority (96.1 percent) of the study participants had a fixed day-time work schedule. The participants basic pay levels were asked as a measure of their monthly income. About two thirds of the participants (59.1 percent) had a monthly pay in the scale of Rs39300 to Rs.70000. Around fifteen percent had a monthly pay scale exceeding Rs70000. Amount those with a monthly pay scale exceeding Rs.70000, 65.3 percent were female.

Participants rated their work ability on a scale of 0 to 10. Three participants did not answer. The mean score for work-ability of the study participants was 7.98 (SD±1.91) and the median (IQR 3) was 8. Based on the distribution work-ability categorised and among participants with score  $\geq 8$  were distributed mostly (58.5 percent) in age above 40 years.

### 3.1.3 Facilities at workplace for respondents

**Table 3.3 Workplace facilities available for the participants, N=330**

Characteristics	No. of respondents	Percent (%)
<b>Membership in trade unions</b>		
Yes	207	62.7
No	123	37.3
<b>Recreational facilities in work place</b>		
Yes	80	24.2
No	250	75.8
<b>Health clinic/laboratory facility at work place</b>		
Yes	55	16.7
No	275	83.3

<b>Whether medical check-ups done by the employer</b>		
Yes	70	21.2
No	260	78.8
<b>Medical insurance/ reimbursement facility</b>		
Yes	230	69.7
No	100	30.3
<b>Conveyance facility for employees</b>		
Yes	12	3.6
No	318	96.4
<b>Accommodation facility for employees</b>		
Yes	55	16.7
No	275	83.3

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More than sixty percent of workers were members of trade unions. Only about one-fourth (24.2 percent) of the participants had access to recreational facilities at their work-place. Health clinic or laboratories were available for less than one fifth (16.7 percent) of the participants. Around one fifth of the participants (21.2 percent) received free medical check-ups at work-place. Almost seventy percent of the workers had medical insurance or reimbursement facilities provided by their office. A small proportion of the employees (3.6 percent) were provided with conveyance facilities. Residential facilities were available for 16.7 percent of the employees who took part in the study.

#### **3.1.4 Daily commute pattern of sample population**

The participants were asked to report their usual daily travel time either from home to work or from work to home, with responses recorded in minutes.

**Table 3.4 Daily commute pattern of the study participants, N = 330**

<b>Characteristic</b>	<b>No. of respondents</b>		<b>Percent (%)</b>
<b><u>Daily commute time of employees</u></b>			
Short( $\leq 45$ minute)	181		54.8
Long( $> 45$ minute)	149		45.2
Distribution of study population of mode of daily commute and sex (N=330)			
	<b><u>Sex</u></b>		
<b><u>Mode of travel</u></b>	Female	Male	Total
	n (%)	n (%)	n(%)
Private vehicle	69(42.1)	95(57.9)	164(49.7)
Public transport	88(64.2)	49(35.8)	137(41.5)
Walking/cycle	17(58.6)	11(41.4)	28(8.5)
Cycle	0(0.0)	1(100.0)	1(0.3)
<b>Total</b>			<b>330</b>

The average time taken for commuting one-way was 47.11 minutes ( $SD \pm 34.41$ ). The minimum time was 5 minutes, and maximum was 180 minutes. Commute time exceeding 45 minutes were considered as long commutes. Among long commuters, 52.3 percent were female and 47.7 percent were male. Nearly half of the sample population used private vehicles for transport (49.7 percent). A significant proportion (41.5 percent) of sample relied on public transport, with two third of this sub sample being females (64.2 percent).

### **3.1.5 Distribution of work-family conflict score**

The work-family conflict among the sample population were assessed using a 10 item instrument, Work-Family Conflict Scale (WFCS). It includes two sub scales assessing work-to-family conflict (WFC) and family-to-work conflict (FWC). The first five items constituted work-to-family conflict and last five items reflected family-to-work conflict. For each of the items, the participants' responses were in a level of agreement ranging from

one to seven. A higher score denotes higher work family conflicts. The score was summed to WFC and FWC sub scales separately (ranging from 7-35). And the total score of WFCS also calculated.

The reliability of the Malayalam version of the tool verified, using Cronbach's alpha which reported 0.865.

**Table 3.5 Distribution of Work Family conflict among sample population**

Characteristics	No. of respondents	Percent (%)
<b>Work Family Conflict(N=330)</b>		
Low( $\leq 15$ )	171	51.8
High( $> 16$ )	159	48.2
<b>Family to work conflict(N=330)</b>		
Low ( $\leq 15$ )	258	78.2
High ( $> 16$ )	72	21.8
<b>Total WFC score(N=330)</b>		
Low ( $\leq 30$ )	184	55.8
High ( $> 30$ )	146	44.2

The histogram illustrating the distribution of scores is provided in Annexure IX

The mean score of total work family conflict was 29.36 (SD $\pm$ 8.40), with the median of 30 (IQR 8.25). The score ranges from minimum five to maximum of 55. And for further analysis it categorised as high ( $> 30$ ) and low ( $\leq 30$ ) as median of distribution was 30. Less than half of the study participants (44.2 percent) had a total work - family score more than 30, which was considered as high work family conflict. Male and female distributed almost equally in each subgroups.

The work-to-family and family-to-work scores were separately calculated. The mean score of work- to- family conflict was 16.12 (SD $\pm$ 5.05) with median score of 15 (IQR= 5). The

mean score for family to work (13.24, SD±4.64) were slightly lower than work -to family conflict. For further analysis, the scores categorised as high and low, as 15 taken as cut-off point of distribution (Since both categories had a median of 15). Work-to-family scores distributed in male and female approximately equal. Among those who had higher family-to-work score, sixty percent were male.

### 3.1.6 Health related behaviours among study participants

**Table 3.6 Health related behaviours among sample population**

<b>Characteristics</b>	<b>No. of respondents</b>	<b>Percent(%)</b>
<b>Physical activity (N=329)</b>		
Yes	145	43.9
No	184	55.8
<b>Sitting time (N=329)</b>		
<= 4hours	72	21.9
5-8 hours	175	53.2
>9 hours	82	24.9
<b>Sleep duration</b>		
<6 hours	66	20
>= 6 hours	264	80
<b>Reported quality of sleep</b>		
Very good	50	15.2
Good	201	60.9
Poor	53	16.1
Very poor	26	7.9
<b>Inclusion of fruit in diet*</b>		
Never	16	4.8
<1 **serving/week	153	46.4
1 serving/day	144	43.6
>=2 serving/day	17	5.2

**Inclusion of vegetable in diet\***

Never	1	0.3
1 serving/day	146	44.2
2 servings/day	136	41.2
>=3 servings/day	47	14.2

**Current use of alcohol(N=330)**

Yes	42	12.7
No	288	87.3

**Current use of tobacco(N=330)**

Yes	3	0.9
No	327	99.1

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\*Frequency of fruit/vegetable consumption in last week

\*One serving is 700gm or half cup of fruit/ vegetable

The physical activity of respondents was assessed by whether they were involved in activities like walking, jogging, fitness or sports for at least 30 minutes per day for five days, or cumulatively 150 minutes in a week. One respondent who was physically challenged, was excluded from the analysis. Close to half of the respondents had a regular physical activity. Of these, slightly more than two thirds (63.4 percent) were males. More than sixty percent were within the age group 31 to 50.

Sedentary nature of employees was assessed by their amount of sitting time per day. A respondent who was physically challenged were excluded from this analysis. The average sitting time of a respondent was 7.02 hours (SD±2.73), with a median of 8 hours (IQR=3). For further analysis it was categorised into more than eight hours and eight or less hours. Among participants with long sitting times, 54.9 percent were female and the remaining (45.1 percent) were male. One third of the respondents with long sitting times were in the age group of 31 to 40. Within the sub group of those who had long sitting hours, two third were not involved in regular physical activity.

Participants were asked about their average sleep duration over the previous one month. The mean sleep duration of the respondents was 7.02 hours ( $SD\pm 1.20$ ), and a median of 6 hours. The Minimum hours of sleep reported was two hours, and the maximum was eight hours. The sleep duration was categorised to less than six hours and six or more hours. Eighty percent of the respondents reported that they had at least six hours of sleep. More than half of the respondents who had less than six hours of sleep time were female (56.1 percent).

Participants were also asked to rate self-reported sleep quality, from among four categories. More than sixty percent of the respondents reported good quality of sleep. Among those who reported having a sleep duration of more than 6 hours, approximately seventy percent reported that they had good quality of sleep. Conversely, among those with less sleep duration, 75.8 percent reported poor or very poor status of sleep quality.

The dietary intake of fruits and vegetables was asked separately, as the number of servings consumed in a week. More than half of the respondents (51.2 percent) did not consume at least one serving of fruits per day. Almost all of the (99.7 percent) respondents consumed vegetables daily. More than half of them (55.4 percent) consumed two or more servings of vegetables, every day.

Regarding consumption of alcohol and its frequency, a close to ninety percent (87.3 percent) reported that they did not consume alcohol in the past 12 months. Among those who did consume alcohol within one year, 78.57 percent were occasional drinkers, while 12 percent consumed alcohol once a week.

History of smoking and the use of smokeless tobacco in the previous year was also assessed. Only 0.9 percent of the respondent reported smoking. There were no respondents

who reported smokeless tobacco use. Of the smokers, only one individual smoked daily, continuing the habit for nearly 15 years.

### 3.1.7 Health status of sample population

**Table 3.7 Self-reported health status of the respondents**

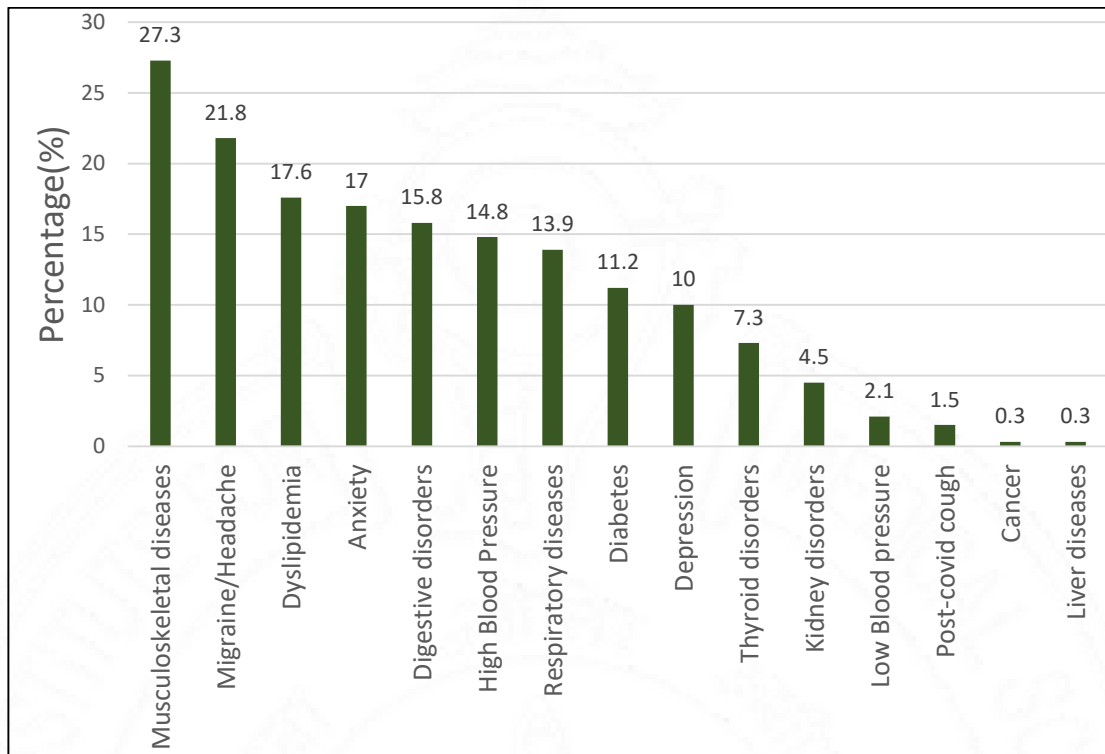
<b>Characteristics</b>	<b>No. of respondents</b>	<b>Percent (%)</b>
<b>History of acute illness</b>		
Yes	106	32.1
No	224	67.9
<b>History of a chronic disease</b>		
Yes	199	60.3
No	131	39.7
<b>History of more than one chronic disease</b>		
Yes	142	43
No	188	57
<b>History of hospitalisation</b>		
Yes	50	15.2
No	280	84.8
<b>Disability of any kind , N=330</b>		
Yes	9	2.7
No	321	97.3

About one third of the respondents (32.1 percent) reported that they had an acute illness episode within the past 15 days. Most common among them were fever/ cold, cough, headache and joint pain. Distribution of reported acute illnesses by the respondent is presented in Annexure VII.

Among those who reported acute illness, 82.07 percent were had taken medications. About one-fourth (22.64 percent) of the participants with acute illness reported that their condition significantly affected their daily activities.

Approximately sixty percent (60.3 percent) of the participants reported that they had a chronic disease. Among them, 71.36 percent had more than one chronic disease. Among those with chronic disease, females (57.8 percent) were more than males (42.2 percent). The hospitalisation rate in the last year was 15.2 percent. Among those with a chronic illness, nearly eighty percent (78 percent) were hospitalised. Out of those respondents with a chronic illness condition, close to one fifth (18.09 percent) were reported being significantly affected by it in their daily activities. About one third of the respondents (30.6 percent) reported that they were currently taking medications for chronic illnesses. Among those who reported having chronic diseases, only 50.75 percent stated that they were under medication. More than half of the respondents (54.77 percent) with chronic disease had a history of having them for less than 10 years.

Fig.3.1 showing distribution of different chronic disease conditions among sample population



**Fig. 3.1 Distribution of self-reported chronic diseases among the respondents, N=330**

### 3.2 Health-related quality of life

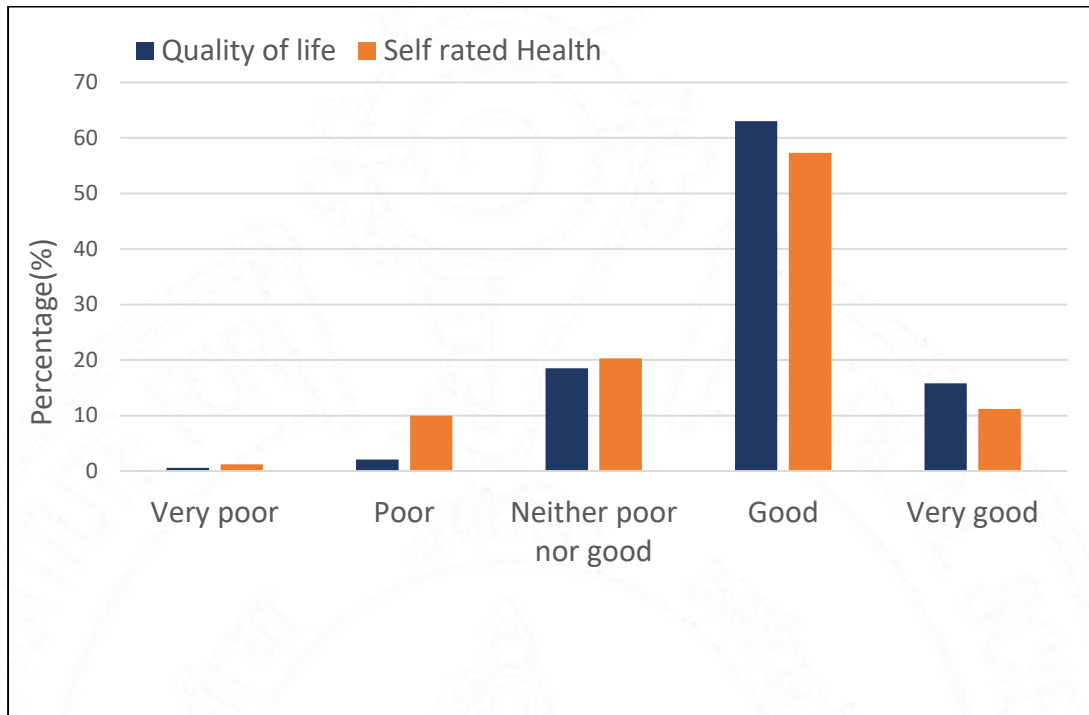
The outcome variable in this study was the health related quality of life. WHO BREF- QOL tool was used to measure the quality of life among the respondents. It was a 26 item tool.

The scale provides a score in four different domains of QOL physical health, psychological health, social relationship, and environmental health. In additionally, this tool provides a score for overall QOL and general health. Scoring and transformation of score was done according to WHO manual for QOL-BREF.

The Cronbach's alpha of the tool was 0.912, showing good internal consistency.

### 3.2.1 Distribution of WHO BREF-QOL scores

Overall quality of life (Question 1) and General health (Question 2) reported in a Likert scale ranging from very poor (one) to very good (five).



**Fig 3.2 Distribution of overall quality of life and general health**

More than sixty percent (63.0 percent) of the respondents rated a good overall quality of life. Among that half of them were female (49.5 percent). Nearly sixty percent (57.3 percent) rated their general health as good status. Male and female almost equally distributed. The distribution of total and domain specific QOL is presented in Table 3.7.

Total QOL was calculated as the sum of the scores of all the four domains.

**Table 3.8 Distribution of WHO BREF-QOL total score and domain scores in 0 to 100 scale, N=330**

WHO BREF-QOL SCORE DISTRIBUTION			
	Mean (SD)	Range (Min-Max)	Median (IQR)
Physical health domain	67.78(14.13)	82.14	67.86(15.18)
Psychological health domain	67.95(14.84)	83.33	66.67(20.83)
Social relationship domain	74.56(15.17)	87.50	75.00(16.67)
Environmental health domain	63.40(14.16)	90.63	62.50(15.63)
Total score	67.07(12.34)	85.58	68.27(12.74)

The mean score of WHOQOL-BREF quality of life was highest in the social relationship domain followed by psychological health, physical health and was the lowest for the environmental health domain.

The item wise distribution of WHO BEF-QOL and histograms are presented in Annexure VIII and Annexure IX.

### 3.2.2 Quality of life scores - domains and total and their correlation

**Table 3.9. Domain and total scores of WHO BREF-QOL and their correlation**

<b>Pearson correlation coefficient</b>					
	<b>Total QOL</b>	<b>Domain 1 Physical</b>	<b>Domain 2 Psychological</b>	<b>Domain 3 Social</b>	<b>Domain 4 Environmental</b>
<b>Total QOL</b>	1	*0.858	0.899	0.738	0.860
<b>Domain 1 Physical</b>		1	0.685	0.580	0.612
<b>Domain 2 Psychological</b>			1	0.610	0.687
<b>Domain 3 Social</b>				1	0.578
<b>Domain 4 Environmental</b>					1

\* P-value <0.001

The correlational analysis shown in Table 3.8 indicates that there is a significant positive correlation between QOL domains. The total score had a strong positive correlation with each quality-of-life domain, with correlation coefficients ranging from 0.738 to 0.839. Moderate to strong positive correlation were also found between the individual QOL domains with correlation coefficients ranging from 0.578 to 0.658. All were statistically significant at  $p < 0.001$  level. This suggests that there are significant and positive interrelation between the individual domains of QOL and also that the total QOL is closely related to the individual domains.

### 3.3 Factors associated with Health related Quality of life

The independent variables in the study were categorised and compared with the distribution of physical, psychological, social, environmental and overall WHO BREF-QOL scores. The normality of the distributions of the scores was assessed before analysis. The dataset was deemed suitable for parametric tests, and therefore, independent t-tests and one-way analysis of variance (ANOVA) were used to study the associations between the independent variables and QOL scores.

#### 3.3.1 Association of socio-demographic factors and Health Related Quality of Life

**Table 3.10 Comparison of means of quality of life scores and socio demographic factors**

Variable	Health related quality of life domains			
	Physical health Mean(SD)	Psychological Mean(SD)	Social relationship Mean(SD)	Environmental Mean(SD)
<b><u>Age</u></b>				
≤40 years	68.63(14.95)	67.22(16.01)	74.65(16.06)	62.65(14.71)
>40 years	67.13(13.47)	68.50((13.90)	74.49(14.50)	63.96(13.74)
<b>*p-value</b>	0.340	0.437	0.923	0.406
<b><u>Sex</u></b>				
Male	68.65(14.17)	67.85(15.34)	73.96(15.77)	60.76(13.88)
Female	66.99(14.08)	68.03(14.42)	75.10(14.64)	65.76(14.03)
<b>p-value</b>	0.286	0.913	0.497	0.001
<b><u>Place of residence</u></b>				
Rural	68.38(15.16)	67.80(15.47)	74.76(15.83)	61.08(14.80)
Urban	67.24(13.15)	68.08(14.29)	74.38(14.61)	65.47(13.27)
<b>p-value</b>	0.464	0.864	0.820	0.005

<b><u>Marital status</u></b>				
Currently married	68.02(13.68)	68.96(14.07)	75.74(13.50)	64.24(13.26)
Others	66.16(16.98)	61.01(18.01)	66.47(22.24)	57.62(18.42)
<b>p-value</b>	0.426	0.009	0.012	0.006
<b><u>Education</u></b>				
Up-to plus two	64.47(13.92)	65.11(15.39)	72.17(16.66)	59.22(14.12)
Graduation	67.88(13.99)	67.86(15.92)	75.14(15.39)	62.52(14.49)
Post-graduation	69.25(14.24)	69.41(13.03)	75.00(14.15)	66.45(13.23)
<b>**p-value</b>	0.101	0.187	0.412	0.003
<b><u>Type of family</u></b>				
Joint	67.28(13.84)	67.54(12.85)	75.00(14.23)	63.66(14.59)
Nuclear	67.90(14.21)	68.04(15.28)	74.46(15.41)	63.33(14.08)
<b>p-value</b>	0.758	0.811	0.800	0.871
<b><u>Ownership of residence</u></b>				
Own house	68.34(13.88)	68.72(14.36)	74.83(15.03)	64.38(13.64)
Rented	65.42(15.00)	64.68(16.44)	73.41(15.83)	59.23(15.64)
<b>p-value</b>	0.140	0.052	0.506	0.009
<b><u>No. of members in the household</u></b>				
≤4	67.84(13.71)	67.67(14.95)	74.38(15.12)	63.33(14.08)
>4	67.65(15.06)	68.54(14.65)	74.96(15.35)	63.53(14.40)
<b>p-value</b>	0.909	0.623	0.747	0.907
<b><u>Dependants in household</u></b>				
Yes	67.56(14.59)	66.88(15.33)	73.66(15.63)	62.99(15.03)
No	67.98(13.72)	68.94(14.34)	75.39(14.74)	63.77(13.84)
<b>p-value</b>	0.789	0.207	0.302	0.618

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**Whether under five children in the household**

Yes	68.44(14.48)	68.47(15.56)	74.83(14.27)	64.78(15.24)
No	67.59(14.04)	67.80(14.65)	74.48(15.45)	62.99(13.84)
<b>p-value</b>	0.651	0.732	0.861	0.340

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**Whether elders in the household**

Yes	66.24(14.58)	65.82(15.79)	72.68(16.59)	61.60(15.59)
No	68.49(13.89)	68.92(14.31)	75.42(14.43)	64.22(13.41)
<b>p-value</b>	0.180	0.078	0.127	0.118

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**Whether dependants requiring special care in the household**

Yes	73.21(14.06)	70.83(15.36)	77.78(12.55)	64.58(10.94)
No	67.68(14.13)	67.89(14.85)	74.50(15.23)	63.37(14.22)
<b>p-value</b>	0.342	0.631	0.601	0.836

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\*Independent T –test

\*\* One way ANOVA

There was no significant difference in the mean QOL domain scores between those aged above 40 and others. Similarly, there was no statistically significant difference in the mean QOL domain scores between males and females except in the environmental domain, where females had significantly higher mean scores. Married respondents had significantly higher scores in psychological health, social relationships and environmental health than those not currently married. Those with higher education had higher scores of QOL across all domains; respondents with an education level of post-graduation and above reported significantly higher quality of life than those with lower levels of education. Those residing in their own houses had a significantly higher quality of life score in the environmental

domain than those living in rented houses. Urban and rural residents had similar quality of life scores across all domains except in the environmental domain, where urban residents had higher mean scores.

Factors like type of family, number of household members, and presence of dependents or people with special needs or elderly did not significantly affect the mean quality of life across the domains.

### 3.3.2 Association of work-related characteristics and Health related quality of life

**Table 3.10 Comparison of means of quality-of-life scores and work-related factors**

Variable	Health related quality of life domains			
	Physical health Mean(SD)	Psychological health Mean(SD)	Social relationship Mean(SD)	Environmental Mean(SD)
<b><u>Work experience in the current office</u></b>				
≤ 5 years	67.09(14.87)	67.25(15.22)	73.98(15.72)	62.55(14.13)
> 5 years	68.79(12.95)	68.97(14.27)	75.40(14.36)	64.63(14.17)
<b>*p-value</b>	0.284	0.302	0.403	0.190
<b><u>Work schedule</u></b>				
Fixed day-time	68.10(13.94)	68.22(14.56)	75.18(14.37)	63.70(13.92)
Shift work/part-time	59.89(16.89)	61.22(20.01)	59.29(24.78)	56.01(18.29)
<b>p-value</b>	0.040	0.235	0.040	0.055
<b><u>Monthly basic pay</u></b>				
Rs.70,000 above	68.22(14.64)	69.90(12.24)	75.34(13.36)	66.48(14.07)
Rs.39,300 – Rs.70,000	67.44(12.99)	68.21(13.96)	74.31(14.47)	64.72(13.84)
<Rs.39,300	67.99(15.14)	66.97(16.60)	74.54(16.54)	60.90(14.21)
<b>**p-value</b>	0.477	0.919	0.020	0.305

<b><u>Membership in trade union</u></b>				
Yes	68.08(13.66)	68.32(14.34)	73.89(15.46)	63.85(13.46)
No	67.28(14.93)	67.31(15.68)	75.68(14.67)	62.63(15.29)
<b>p-value</b>	0.617	0.549	0.302	0.448
<b><u>Recreational facilities in work place</u></b>				
Yes	70.31(13.16)	72.34(13.03)	76.15(12.42)	66.84(13.20)
No	66.97(14.35)	66.54(15.13)	74.05(15.94)	62.29(14.31)
<b>p-value</b>	0.065	0.001	0.283	0.010
<b><u>Health clinic/laboratory facility at work place</u></b>				
Yes	68.50(15.66)	67.00(16.69)	73.71(16.41)	62.55(16.41)
No	67.64(13.82)	68.14(14.47)	74.73(14.94)	63.56(13.69)
<b>p-value</b>	0.677	0.605	0.651	0.631
<b><u>Whether medical check-ups done by the employer</u></b>				
Yes	69.13(15.54)	68.21(15.91)	75.00(15.88)	64.82(17.38)
No	67.42(13.73)	67.87(14.57)	74.43(15.01)	63.01(13.17)
<b>p-value</b>	0.368	0.865	0.784	0.343
<b><u>Medical insurance/reimbursement facility</u></b>				
Yes	68.82(14.02)	69.44(14.09)	75.45(14.83)	64.21(14.15)
No	65.39(14.16)	64.50(15.98)	75.50(15.82)	61.52(14.07)
<b>p-value</b>	0.044	0.008	0.104	0.112
<b><u>Conveyance facility for employees</u></b>				
Yes	56.84(18.30)	55.56(19.97)	64.23(23.60)	50.52(19.16)
No	68.19(13.81)	68.41(14.45)	74.94(14.68)	63.88(13.74)
<b>p-value</b>	0.056	0.048	0.146	0.035

<b><u>Accommodation facility for employees</u></b>				
Yes	68.83(14.30)	67.88(14.69)	72.88(15.99)	64.15(15.60)
No	67.57(14.10)	67.96(14.89)	74.89(15.01)	63.24(13.88)
<b>p-value</b>	0.547	0.970	0.369	0.667
<b><u>Self-perceived work-ability of the participant</u></b>				
≤8	65.01(14.30)	64.41(14.76)	72.01(15.11)	60.94(14.74)
>8	71.35(13.18)	72.58(13.76)	77.94(14.78)	66.60(12.79)
<b>p-value</b>	<0.001	<0.001	<0.001	<0.001

\*Independent T- test

\*\* One way ANOVA

Comparison of mean scores of health-related quality of life domains across various work-related factors showed that office workers with fixed daytime work schedules had higher physical health and social relationships domain scores than part-time/shift work employees. Respondents with a monthly income of Rs70000 and more reported significantly higher environmental health scores than those with lower incomes. However, there was no difference in quality-of-life scores between employees with more than 5 years of experience in their current job/office and those with 5 years or less experience.

Employees with access to recreational facilities in the workplace had higher mean scores in all the health-related quality of life domains compared to those who did not have such facilities. Similarly, those with health insurance/medical reimbursement facilities had higher psychological health, social relationships and environmental health domain scores compared to those who did not have such facilities. Respondents with access to conveyance facilities for employees had lower scores in all health-related quality of life than those

without such facilities. This could be because those who rely on conveyance facilities may be lower-income employees with less autonomy and a longer commute.

Employees with a workability score of more than 9 had significantly higher quality of life scores in all domains (p-value = <0.001), indicating a strong association between workability and quality of life domains.

### 3.3.3 Association of health related quality of life and daily commute

**Table 3.12 Comparison of means of quality of life scores and commute related factors**

Variable	Health related quality of life domains			
	Physical health Mean(SD)	Psychological health Mean(SD)	Social relationship Mean(SD)	Environmental Mean(SD)
<b><u>Commute time</u></b>				
Short	68.03(14.05)	68.21(14.12)	74.93(14.44)	65.16(13.18)
Long	67.47(14.26)	67.63(15.71)	74.10(16.05)	61.25(15.03)
<b>*p-value</b>	0.720	0.724	0.623	0.012
<b><u>Mode of commute</u></b>				
Public	67.34(13.27)	67.71(14.70)	73.93(14.32)	62.65(13.43)
Private	67.57(15.01)	67.71(14.85)	74.72(15.98)	63.44(14.66)
Walking/cycling	71.06(12.85)	70.40(15.72)	76.58(14.70)	66.70(14.69)
<b>p-value</b>	0.422	0.648	0.684	0.375

\*Independent T - test

There was no significant difference in mean scores of quality of life between individuals with long and short commute times across most domains except the environmental domain (p value=0.012). There were no significant differences in quality of life scores between those who used different commute modes. Those who commute by walking or cycling had

higher mean scores across all domains, but those differences were not statistically significant.

### 3.3.4 Association of health related quality of life and work-family conflict

**Table 3.13 Comparison of means of quality of life scores and work-family conflict**

Variable	Health related quality of life domains			
	Physical health	Psychological health	Social relationship	Environmental
	Mean(SD)	Mean(SD)	Mean(SD)	Mean(SD)
<b><u>Work-to-family conflict</u></b>				
≤15	71.66(12.85)	70.30(13.94)	76.41(14.29)	66.35(13.11)
>15	63.61(14.29)	65.42(15.39)	72.56(15.87)	60.22(14.59)
<b>*p-value</b>	<0.001	0.003	0.022	<0.001
<b><u>Family-to-work conflict</u></b>				
≤15	70.39(13.06)	70.73(13.50)	76.53(14.12)	66.86(12.18)
>15	58.43(13.92)	58.00(15.22)	67.48(16.75)	51.00(13.86)
<b>p-value</b>	<0.001	<0.001	<0.001	<0.001
<b><u>Work family conflict total score</u></b>				
≤30	72.22(12.60)	71.69(13.35)	77.49(13.64)	67.68(12.62)
>30	62.18(13.99)	63.22(15.31)	70.86(16.21)	57.99(14.19)
<b>p value</b>	<0.001	<0.001	<0.001	<0.001

\*Independent T-test

Individuals with low work -to-family conflict have significantly higher quality of life scores in all domains compared to those with high conflict, with p values indicating strong statistical significance (P value = <0.001). A low total score in work family conflict is

associated with significantly higher quality of life in all domains. The p-values are extremely low (p value= $<0.001$ ) indicating very strong statistical significance.

### 3.3.5 Association between Health-related quality of life score and health behaviours

**Table 3.14 Comparison of means of quality of life scores and health status and health related behaviours**

Variable	Health related quality of life domains			
	Physical health Mean(SD)	Psychological health Mean(SD)	Social relationship Mean(SD)	Environmental Mean(SD)
<b><u>Physical activity</u></b>				
Yes	70.32(14.52)	69.29(15.58)	74.31(17.28)	63.86(14.83)
No	65.74(13.54)	66.85(14.21)	74.71(13.35)	62.95(13.63)
<b>*p-value</b>	0.003	0.139	0.815	0.565
<b><u>Sitting time in a day</u></b>				
$\leq 8$	67.68(13.86)	67.85(14.96)	74.12(15.32)	62.97(14.63)
$> 8$	67.99(15.03)	68.16(14.64)	75.76(14.82)	64.50(12.66)
<b>p-value</b>	0.866	0.869	0.398	0.396
<b><u>Average sleep time</u></b>				
$< 6$	59.25(15.50)	63.38(18.10)	72.15(18.30)	60.77(16.17)
$\geq 6$	69.91(12.94)	69.09(13.71)	75.16(14.26)	64.05(13.56)
<b>p-value</b>	$< 0.001$	0.019	0.151	0.093
<b><u>Inclusion of fruits in diet</u></b>				
Daily	70.23(13.15)	70.73(14.29)	76.55(14.48)	65.74(13.93)
Not regular	65.45(14.66)	65.30(14.91)	72.66(15.62)	61.16(14.05)
<b>p-value</b>	0.002	0.001	0.020	0.003

<b><u>Inclusion of vegetables in diet</u></b>				
1 serving/day	67.64(13.81)	67.49(15.09)	73.50(16.34)	62.57(14.16)
2 servings/day	68.72(14.01)	69.50(13.54)	76.44(12.73)	65.28(13.77)
3 servings/day	65.50(15.43)	64.89(17.22)	72.43(17.45)	60.57(14.84)
<b>**p-value</b>	0.399	0.164	0.155	0.093
<b><u>Current alcohol users</u></b>				
Yes	66.84(12.85)	65.67(12.88)	71.03(15.31)	57.89(11.88)
No	67.92(14.32)	68.28(15.10)	75.07(15.11)	64.20(14.30)
<b>p-value</b>	<0.001	0.039	0.069	0.323
<b><u>History of chronic disease</u></b>				
Yes	65.18(14.23)	66.58(14.27)	73.32(15.36)	62.39(13.90)
No	67.92(14.32)	68.28(15.10)	75.07(15.11)	64.20(14.30)
<b>p-value</b>	<0.001	0.039	0.069	0.323
<b><u>History of more than one chronic disease</u></b>				
Yes	61.90(13.29)	63.44(14.49)	70.69(16.04)	60.67(15.16)
No	72.23(13.11)	71.35(14.21)	77.48(13.02)	65.45(13.02)
<b>p-value</b>	<0.001	<0.001	<0.001	0.002
<b><u>History of acute illness</u></b>				
Yes	62.26(13.41)	64.39(14.12)	71.30(15.56)	61.06(13.57)
No	70.39(13.73)	69.63(14.90)	76.10(14.77)	64.50(14.33)
<b>p-value</b>	<0.001	0.003	0.007	0.039
<b><u>History of hospitalisation</u></b>				
Yes	61.93(14.66)	62.53(15.25)	69.83(16.55)	61.38(13.47)
No	68.83(13.80)	68.91(14.58)	75.40(14.79)	63.75(14.27)
<b>p-value</b>	0.001	0.005	0.017	0.276

\*Independent T – test    \*\* One way ANOVA

Respondents who engaged in regular physical activity like jogging, walking, fitness and sports had significantly higher scores in the physical domain of quality of life compared to those who did not (p-value 0.003). Those who reported adequate sleep ( $\geq 6$  hours) had significantly higher scores in the domain compared to those who slept less than six hours. Those who included fruit in their diet daily had significantly higher across all domains of quality of life.

Individuals with chronic diseases had significantly lower scores in the physical and psychological domains compared to those without any chronic diseases. History of more than one chronic disease was also associated with significantly lower scores in all quality-of-life domains. Similarly those with a history of hospitalisation had significantly higher scores in the psychological, social, and total quality of life compared to those who did not.

### **3.4 Multi-variate analysis**

All factors associated with a p-value  $<0.05$  from independent t-test were further analysed using a backward multiple linear regression.

#### **3.4.1 Physical health domain**

The work schedule of workers, availability of health insurance and conveyance facility for employees, work-ability, work-family conflict, regular physical activity, sleep duration, inclusion of fruits in diet, history of chronic and acute diseases, having more than one chronic disease and history of hospitalisation included in the original model but availability of conveyance facility, regular physical activity, and history of hospitalisation were dropped out during the stepwise linear regression method.

**Table 3.15 Backward multiple linear regression of significant factors associated with physical health QOL domain score**

Variables	Unstandardised coefficients		Standardised coefficients	t	p-value
	B	SE	Beta		
<b>Insurance/reimbursement facility</b>					
Facility available			Reference		
Facility available	3.121	1.410	0.101	2.214	0.028
<b>Work ability</b>	5.467	1.338	0.191	4.085	<0.001
<b>Average sleep duration</b>					
<6 hours of sleep			Reference		
≥6 hours of sleep	7.782	1.659	0.220	4.692	<0.001
<b>Inclusion of fruits in diet</b>					
Not included in daily diet			Reference		
Included in daily diet	3.805	1.323	0.134	2.877	0.004
<b>Work family conflict</b>	- 6.834	1.375	- 0.240	- 5.060	<0.001
<b>More than one chronic disease</b>					
No			Reference		
Yes	- 6.227	1.375	- 0.218	-4.527	<0.001
<b>History of acute illness</b>					
No			Reference		
Yes	- 4.423	1.427	- 0.146	-3.100	0.002

Having health insurance or reimbursement at the workplace, work ability, respondents with an average sleep duration 6 hours or more, the inclusion of fruits in the daily diet, work family conflict and having more than one chronic disease and history of having an acute illness emerged as the significant predictors of physical health domain scores. Sleep duration and fruit consumption showed positive association with physical health, while work family conflict and presence of more than one chronic disease and history of acute

illness had negative associations with the physical health scores indicating their adverse effects.

### 3.4.2 Psychological health domain

Marital status of participant, Availability of recreational facility, health insurance and conveyance, work-ability, work-family conflict, sleep duration, inclusion of fruits in diet, history of chronic and acute illnesses, having more than one chronic disease, and history of hospitalisation included in the original model but sleep duration, inclusion of fruit in diet, history of one chronic disease and history of hospitalisation were dropped out during the stepwise linear regression method.

**Table 3.16 Backward multiple linear regression of significant factors associated with psychological health QOL domain score**

Variables	Unstandardised coefficients		Standardised coefficients	t	P-value
	B	SE	Beta		
<b>Recreation facilities at work place</b>					
Facility not available			Reference		
Facility available	5.597	1.674	0.162	3.343	0.001
<b>Insurance/reimbursement facility at work place</b>					
Facility not available			Reference		
Facility available	3.673	1.575	0.113	2.333	0.020
<b>Marital status</b>					
Currently married			Reference		
Others	-7.450	2.085	-0.168	-3.573	<0.001
<b>Conveyance facility at work-place</b>					
Facility not available			Reference		
Facility available	-13.584	3.768	-0.172	-3.605	<0.001
<b>Work family conflict</b>	-5.832	1.449	-0.195	-4.026	<0.001

<b>More than one disease</b>					
No			Reference		
Yes	- 5.152	1.475	-0.172	-3.493	0.001
<b>History of acute illness</b>					
No			Reference		
Yes	-3.028	1.542	-0.095	-1.963	0.050

There was significant association with recreational facilities at work place and health insurance or medical reimbursement facilities has positive association with better quality of life. High work family conflict, history of more than one disease and recent episode of acute illness had strong negative association with quality of life. Respondents those who were currently not married (including unmarried, divorced, separated, and widowed) exhibited a significant negative association with quality of life score. Employees with conveyance facility from work-place had significant negative association with quality of life score.

### 3.4.3 Social relationship domain

Marital status of participant, work schedule of employee, work-ability, work-family conflict, inclusion of fruits in diet, history of acute illnesses, history of more than one chronic disease, and history of hospitalisation included in the original model but history of acute illness and history of hospitalisation were dropped out during the stepwise linear regression method.

**Table 3.16 Backward multiple linear regression of significant factors associated with social relationship QOL domain score**

Variables	Unstandardised coefficients		Standardised coefficients	t	p-value
	B	SE	Beta		
<b>Work - ability</b>	5.329	1.585	0.173	3.357	0.001
<b>Fruit consumption</b>					
Not included in daily diet			Reference		
Included in daily diet	4.181	1.549	0.137	2.699	0.007
<b>Marriage</b>					
Currently married			Reference		
Others	-8.420	2.295	-0.185	-3.669	<0.001
<b>Work schedule</b>					
Fixed day-time schedule			Reference		
Shift work/part-time	-13.804	3.933	-0.177	-3.509	0.001
<b>Work family conflict</b>	-4.793	1.582	-0.156	-3.029	0.003
<b>More than one chronic disease</b>					
No			Reference		
Yes	-4.929	1.593	-0.160	-3.094	0.002

High work ability positively associated with higher social relationship domain of quality of life, as for each unit increase in work ability, social relationship health domain score increases by 5.329 units, holding other variables constant.

The daily fruit consumption has increases from irregular consumption to daily consumption of fruits, the social domain quality of life increases by 4.181 units.

Work family conflict score increases the social domain score decreases by around 4.793 units, as respondents with high work family conflict had low social relationship domain QOL. Respondents with more than one disease had significant negative association with quality of life. For each unit decrease in with fixed day time work schedule to shift work

schedule, Social domain QOL decreases by approximately 13.804 units. Those who are not currently married had significant negative association with social domain quality of life.

### 3.4.4 Environmental health domain

Participants' sex, place of residence, marital status, level of education, ownership of residence, monthly pay scale, availability of recreational and conveyance facilities from office, daily commute, work-ability, work-family conflict, sleep duration, inclusion of fruits in diet, current consumption of alcohol, history of acute illnesses, history of more than one chronic disease, and history of hospitalisation included in the original model but place of residence, marital status, monthly basic payment, recreational facility at workplace, current consumption of alcohol, history of acute illness and history of hospitalisation were dropped out during the stepwise linear regression method.

**Table 3.17 Backward multiple linear regression of significant factors associated with environmental health QOL domain score.**

Variables	Unstandardised coefficients		Standardised coefficient Beta	t	p-value
	B	SE			
<b>Sex</b>					
Male			Reference		
Female	3.699	1.451	0.130	2.550	0.011
<b>Inclusion of fruits in diet</b>					
Not included in daily diet			Reference		
Included in daily diet	4.262	1.382	0.150	3.083	0.002
<b>Work ability</b>					
	4.597	1.382	0.150	3.083	0.002
<b>Marriage</b>					
Currently married			Reference		
Others	-6.182	2.043	-0.146	-3.027	0.003

<b>Education</b>					
Post-graduation and above			Reference		
Up-to graduation	-2.946	1.453	-0.101	-2.028	0.043
<b>Ownership of residence</b>					
Own house			Reference		
Rented	-4.600	1.742	-0.127	-2.641	0.009
<b>Daily commute</b>					
Short			Reference		
Long	-3.338	1.376	-0.117	-2.425	0.016
<b>Conveyance facility</b>					
Not available			Reference		
Available	-9.866	3.691	-0.131	-2.673	0.008
<b>Work family conflict</b>	-7.073	1.424	-0.248	-4.966	<0.001
<b>More than one chronic disease</b>					
No			Reference		
Yes	-3.218	1.457	-0.112	-2.208	0.028

The work ability had a strong positive association with a better quality of life. The one unit change from male to female environmental health QOL score resulted in an increase of 3.699 unit. The behaviour of consuming fruits daily was associated positively with the quality of life score.

Changing from being currently married to never married/ separated/ divorced/ widowed had led to a reduction in the mean score by 6.182 units in the environmental domain. A lower level of education was associated with a higher environmental quality of life score. Marriage had a negative association with environmental health domain. An increase in commute time from short to long (over 45 minutes) resulted in a decrease in the environmental quality of life by 3.338 units. The work family conflict score was negatively associated with the environmental domain, as a higher work family conflict score meant a

lower environmental quality of life. Having more than one chronic disease and the availability of conveyance facilities at the institution were associated with a poorer quality of life.



## Chapter 4

### Discussion and conclusion

#### 4.1 Discussion and findings

The objective of this study was to assess the quality of life among government office workers in Trivandrum city and the factors associated with it. WHO QOL-BREF was the tool used to measure quality of life.

The four domains of health-related quality of life – physical health, psychological health, social relationships and environmental health showed a strong positive correlation with each other and with the overall score. The reliability analysis showed a Cronbach's alpha coefficient of 0.9 indicating a good internal consistency of the scale.

The mean score of quality of life was the highest in the social relationship domain (74.56 [SD±15.17]) followed by psychological health (67.95 [SD±14.84]), physical health (67.78 [SD±14.13]) and then environmental domain (63.40 [SD±14.16]). The findings are consistent with the results of a Pakistani study of quality of life among general population (Lodhi et al., 2019). The lowest score in the environmental health domain was also reported from a study in Hong Kong among general population with a mean score of 61.98 (SD±13.76) and the highest for physical domain (Wong et al., 2018). A study among health care workers in Saudi Arabia also found that the highest score in the social relationship domain followed by psychological environmental and then physical health domain (Maqsood et al., 2021). Mean score of social relationship domain was comparatively lower than physical, psychological and environmental domains among elderly population in a study done in Puducheri, India (Kumar S., 2014). The office workers in this study had the highest mean score in the social relationships domain indicating their good perceptions of

social relationships and support around them and a comparatively lower score in the physical and environmental domain indicating lower satisfaction with the aspects of physical health including sleep, rest, fatigue, and other factors such as activities of daily living and the environmental factors reflecting aspects like the physical environment around them at home and work as well as opportunities for recreation and skills.

In the present study, females had more mean score at environmental domain of quality of life compared to men. There were no significant difference between men and women in the other domains. This is inconsistent with other studies where females were found to have less quality of life than male in the physical health domain and social relationship domain (Lodhi et al., 2019). Male employees had a higher mean score reported in a study among health care workers Iran and Saudi Arabia (Gholami et al., 2013; Maqsood et al., 2021). Among workers of sedentary occupational behaviour in Kuwait, females had significantly poor quality of life compared to males (Badr et al., 2021). The same observation was reported among sewage and sanitary workers in Pakistan (Fatmi et al., 2022). The environmental health domain reflects aspects related to financial resources, health care access, living conditions and opportunities for education, recreation, transportation and environmental quality. This may be because women in the current study were all women employed in the government sector, had security as well and a large proportion of them were in higher pay scales.

Those who had an education of post-graduation or above showed higher quality of life in environmental domain as well as overall quality of life which is similar to a study among health care providers in Pakistan in which those with post-graduation scored higher mean value in the physical and environmental health domains (Iqbal, 2021). Quality of life was found to be significantly low with those with lesser education even in a study among elders, Puducheri, India (Kumar S., 2014). All four domains demonstrated a highly significant

association with increasing education in a study done in Kerala among diabetes patients (Sreedevi et al., 2016). Similarly women with lower education had a lower quality of life in a study among sedentary workers in Kuwait (Badr et al., 2021).

Currently married participants had higher mean scores of quality of life in all domains except physical domain and these results are consistent with findings of other studies. Similar results have been reported from studies among health care workers (Maqsood et al., 2021). Married people reported as having more quality of life in the social and environmental domain in the study from Iran among health workers (Iqbal, 2021). A study on quality of life among elderly in Kerala found that the quality of life was significantly affected in those who were not living with spouse (Thadathil et al., 2015). Similarly quality of life was found to be lower in participants living without partner among elders in the study done in Puducheri (Kumar S., 2014).

Work family conflict score had strong significance in all domains of life of the office workers in Thiruvananthapuram. The link between work-family conflict and the quality of life of workers and their life satisfaction has been reported by other studies where the two were seen to be highly correlated (Md-Sidin et al., 2010; Mokhtar et al., 2021). However, these studies used other scales to measure the quality of life and life satisfaction. Research on this issue has been limited especially in India and further studies on this topic is required to understand worker's quality of life and productivity.

The present study focused on facilities available at workplaces and among them having recreational facilities, health insurance or medical reimbursement were significantly associated with higher quality of life in physical and social relationship domain. A study among health workers and quality of life states that there is a correlation between different domains of occupational stress and different domains of quality of life (Kumar et al., 2018).

The current study also found that those who had a fixed day time schedule had a better environmental health QOL score. Employee's perceptions of better work ability was also significantly associated with all the domains of their quality of life. These findings reflect the significance of positive workplace environment in shaping the employee's quality of life domains.

Sleep duration was a significant factor associated with physical health domains as the respondents who had adequate sleep time (six hours or more) had better quality of life. Daily inclusion of fruit in diet had significantly higher quality of life in all domains and was a strongest predictor of quality of life in physical, social and environmental domains of WHO QOL-BREF quality of life. It underscores the importance of promoting healthy diet in order for the physical health benefits and overall well-being.

Having an acute illness had a significant negative effect in physical and psychological domains of quality of life. Having a history of a chronic disease was associated with low quality of life in the physical, psychological and overall quality of life. Similar results have been reported from among studies on general population in Pakistan where those with no disease had better QOL in physical and psychological domains (Lodhi et al., 2019). Studies have also found that the presence of diabetes among elderly were associated with low QOL in the physical health domain and having musculoskeletal diseases was significantly associated with low QOL in the physical , psychological and social domains (Kumar S., 2014).

Almost all studies related to quality of life and physical status demonstrates that overall health related quality of life poorer among chronic disease patients than the general population.... The number of co-morbid diseases also significantly associated with health –related quality of life (Bahall and Bailey, 2022; Gholami et al., 2013).

#### **4.1 Strengths of the study**

A Standardised tool WHO QOL-BREF used in the study. The detailed manual of the tool available in WHO website tool kit. Studies assessing quality of life among government office workers is new. There are some studies done among health workers, not in case of government employees. Study could find the prevailing chronic diseases among government office workers. The disease specific mean differences can be studied and screening programs for diseases and its management efficiently can be planned.

#### **4.2 Limitations**

There is no private institutions involved in this study, because the list were not available. Under reporting of health related behaviours at workplace may be emerged (only 0.9 percent reported that they currently smoked tobacco). Those who are at the field or shift work could have been missed from the study. Burden of household chores was not explored, it may be affected their work stress and conflicts.

#### **4.3 Conclusion and recommendations**

The study finding indicate that the domains of QOL among government office workers are influenced by various individual and work related factors. Work place-based policies including interventions aimed at promoting work-life balance, work place wellness and management of diseases could improve quality of life of workers in the government offices.

Recommendations for better quality of life of employees can be suggested, as interventions at work-place together to improve work-ability and manage work stress and conflicts.

Health care and wellness facilities at work place for screen and manage chronic morbidities and illnesses. Also, promotion of healthy behaviours generally improve the workers' health status and there by quality of life. Policies to improve infrastructure and access in rural area, may lead to better quality of life among government workers. General policies to

improve transportation and housing facility for government employees there by improving well-being. Future research should explore the mechanisms through which workplace environment, work satisfaction and work-family conflict influence the quality of life outcomes of workers which could improve overall well-being of employees and their productivity.



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## **ANNEXURE - 1**

### **PARTICIPANT INFORMATION SHEET**

I am Dr.Gloria V.J., currently pursuing a course of Master of Public Health at the Achutha Menon Centre for Health Sciences Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram. As part of my academic research, I am now conducting a survey entitled “**Health-Related Quality of Life (HR-QOL) among Government Office workers in Trivandrum: A cross-sectional Study**”

You are being invited to participate in this research study. Before you decide whether or not to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read/listen to this information sheet and the consent form carefully and feel free to ask clarification you may have.

#### **Purpose of the study**

The purpose of the study is to find the health-related quality of life and its associated factors among government office Employees of Trivandrum. Knowing the health status and quality of life of an employee is important for several reasons. Office worker spends a significant portion of their day at workplaces, their well-being directly influences productivity. We can see that work-related stress and anxiety create conflicts in the workplace as well as at home. So evaluating the personal health status and quality of life is considered a good indicator of healthy workplace assessments. So that we can recommend various interventions such as provision and safety measures, and policies to achieve a work-life balance and a good health status of a worker.

#### **Procedure**

If you are willing to participate in the study, you will be asked to complete an interview schedule which will include questions focusing on demographic information, household characteristics, occupational characteristics, general lifestyle habits, health status, and a questionnaire to measure your health-related quality of life. It will take approximately 15-20 minutes of your valuable time.

#### **Potential risks and discomforts**

Participation in this study imposes no risk to your health. However, taking 15-20 minutes from your working time may cause discomfort. You are free to interrupt while asking questions and also you can schedule the survey for another day that is convenient for you. If you have questions later, you can ask them either to me or contact the Member Secretary of the Institution Ethics Committee.

#### **Benefits**

There will be no immediate direct benefit to you, but your participation is likely to help me inform public professionals about the current health status and factors associated with the quality of life of a government employee in Trivandrum. This will pave the way for future research to find a solution to improve the well-being of the working population through various interventions and policies.

**Cost and financial benefit**

There is no cost for participation in this study. Participation is completely voluntary and no payment will be provided.

**Confidentiality**

I will not be sharing information about you with anyone else. The information that I collect from this research survey work will be kept private. Any information about you will have a number on it instead of your name.

**Withdrawal from the study**

Your participation in the study will be completely voluntary. You are free and have the right to withdraw during the study at any time. There will be no penalty for withdrawal or not participating in the study.

**Contact information**

If you have any questions, you can ask them now or later.

If you wish to ask questions later, you may contact any one of the following.

Dr. Gloria V.J

Principal investigator

MPH 2022- 2024, E. code: 50182

Ph no. 9847463470

Email: [gloriavj03@gamil.com](mailto:gloriavj03@gamil.com)

.....

Dr. Srinivas G, Member Secretary, I E C, SCTIMST,

& Scientist - G

Department of Biochemistry, SCTIMST

Email: [iec.mem.sec@sctimst.ac.in](mailto:iec.mem.sec@sctimst.ac.in))

.....

**INFORMED CONSENT FORM**

I have been invited to participate in the thesis titled “**Health-Related Quality of Life (HR-QOL) among Government office workers in Trivandrum: A cross-sectional study.**”

I have read the information provided regarding the study, or it has been read to me. I have had the opportunity to ask questions about it and the questions I have been asked have been answered to my satisfaction.

I am aware that there is minimal risk in participating in the study. I understand there is no immediate direct benefit in the study.

I know I will not be incentivized to participate.

I understand my personal information will remain confidential.

I know that I can withdraw my consent at any point of the study

I consent voluntarily to be a participant in this study.

**Participant ID:**

**Name of the participant:**

**Mobile Number:**

**(Not mandatory)**

**Signature/thumb impression**

.....

**Place:**

**Date:**

**I confirm that the participant was allowed to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent and the consent has been given freely and voluntarily.**

**Name of the Researcher.....**

**Date.....**

**Signature of the Researcher.....**

**ANNEXURE - II**

**പങ്കെടുക്കുന്നയാൾക്കുള്ള വിവര പത്രിക**

ഞാൻ ഡോ.ഗ്ലോറിയ വി.ജെ.,തിരുവനന്തപുരത്തെ ശ്രീചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജിയിലെ അച്യുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസസ് സ്റ്റഡീസിൽ (എഫിംസിഎച്ച്എസ്എസ്) മാസ്റ്റർ ഓഫ് പബ്ലിക് ഹെൽത്ത് കോഴ്സ് പഠിക്കുകയാണ്. എന്റെ അക്കാദമിക് ഗവേഷണത്തിന്റെ ഭാഗമായി, ഞാൻ ഇപ്പോൾ തിരുവനന്തപുരത്തെ സർക്കാർ ഓഫീസ് ജീവനക്കാരുടെ ആരോഗ്യവുമായി ബന്ധപ്പെട്ട ജീവിത നിലവാരം (HR-QOL) എന്ന തലക്കെട്ടിൽ ഒരു സർവ്വേ നടത്തുകയാണ്: ഒരു ക്രോസ്-സെക്ഷണൽ പഠനം.

ഈ ഗവേഷണ പഠനത്തിൽ പങ്കെടുക്കാൻ നിങ്ങളെ ക്ഷണിക്കുന്നു. ഈ പഠനത്തിൽ പങ്കെടുക്കണമോ വേണ്ടയോ എന്ന് നിങ്ങൾ തീരുമാനിക്കുന്നതിന് മുമ്പ്, എന്തുകൊണ്ടാണ് ഗവേഷണം നടക്കുന്നതെന്നും അതിൽ എന്താണ് ഉൾപ്പെടുകയെന്നും നിങ്ങൾ മനസ്സിലാക്കേണ്ടത് പ്രധാനമാണ്. ഈ വിവര ഷീറ്റ് സമ്മത ഫോമും ശ്രദ്ധാപൂർവ്വം വായിക്കുക/കേൾക്കുക, നിങ്ങൾക്ക് ഉണ്ടായേക്കാവുന്ന വിശദീകരണം ചോദിക്കാൻ മടിക്കേണ്ടതില്ല

**പഠനത്തിന്റെ ഉദ്ദേശം**

തിരുവനന്തപുരത്തെ സർക്കാർ ഓഫീസ് ജീവനക്കാരുടെ ആരോഗ്യവുമായി ബന്ധപ്പെട്ട ജീവിത നിലവാരവും അതുമായി ബന്ധപ്പെട്ട ഘടകങ്ങളും കണ്ടെത്തുക എന്നതാണ് പഠനത്തിന്റെ ലക്ഷ്യം. ഒരു ജീവനക്കാരന്റെ ആരോഗ്യ നിലയും ജീവിത നിലവാരവും അറിയുന്നത് പല കാരണങ്ങളാൽ പ്രധാനമാണ്. ഓഫീസ് ജീവനക്കാരൻ അവരുടെ ദിവസത്തിന്റെ ഒരു പ്രധാന ഭാഗം ജോലിസ്ഥലങ്ങളിൽ ചെലവഴിക്കുന്നു, അവരുടെ ക്ഷേമം ഉൽപാദനക്ഷമതയെ നേരിട്ട് സ്വാധീനിക്കുന്നു. ജോലി സംബന്ധമായ സമ്മർദ്ദവും ഉത്കണ്ഠയും ജോലിസ്ഥലത്തും വീട്ടിലും സംഘർഷങ്ങൾ സൃഷ്ടിക്കുന്നതായി നമുക്ക് കാണാൻ കഴിയും. അതിനാൽ വ്യക്തിഗത ആരോഗ്യ നിലയും ജീവിത നിലവാരവും വിലയിരുത്തുന്നത് ആരോഗ്യകരമായ ജോലിസ്ഥലത്തെ വിലയിരുത്തലുകളുടെ നല്ല സൂചകമായി കണക്കാക്കപ്പെടുന്നു. ഒരു തൊഴിലാളിയുടെ തൊഴിൽ-ജീവിത സന്തുലിതാവസ്ഥയും നല്ല ആരോഗ്യ നിലയും കൈവരിക്കുന്നതിനുള്ള വ്യവസ്ഥകളും സുരക്ഷാ നടപടികളും നയങ്ങളും പോലുള്ള വിവിധ ഇടപെടലുകൾ ഞങ്ങൾക്ക് ശുപാർശ ചെയ്യാൻ കഴിയും.

**നടപടിക്രമം**

നിങ്ങൾ പഠനത്തിൽ പങ്കെടുക്കാൻ തയ്യാറാണെങ്കിൽ, വ്യക്തിഗതവിവരങ്ങൾ, ഗാർഹിക സവിശേഷതകൾ, തൊഴിൽ സവിശേഷതകൾ, പൊതുവായ ജീവിത ശീലങ്ങൾ, ആരോഗ്യ നില, നിങ്ങളുടെ ആരോഗ്യവുമായി ബന്ധപ്പെട്ട ഒരു ചോദ്യാവലി എന്നിവയിൽ ശ്രദ്ധ കേന്ദ്രീകരിക്കുന്ന ചോദ്യങ്ങൾ ഉൾപ്പെടുന്ന ഒരു അഭിമുഖ ഷെഡ്യൂൾ പൂർത്തിയാക്കാൻ നിങ്ങളോട് ആവശ്യപ്പെടും. ജീവിത നിലവാരം. ഇത് നിങ്ങളുടെ വിലയേറിയ സമയത്തിന്റെ ഏകദേശം 20-25 മിനിറ്റ് എടുക്കും.

**സാധ്യതയുള്ള അപകടങ്ങളും അസ്വസ്ഥ്യങ്ങളും**

ഈ പഠനത്തിൽ പങ്കെടുക്കുന്നത് നിങ്ങളുടെ ആരോഗ്യത്തിന് ഒരു അപകടവും ഉണ്ടാക്കുന്നില്ല. എന്നിരുന്നാലും, നിങ്ങളുടെ ജോലി സമയത്തിൽ നിന്ന് 15-20 മിനിറ്റ് എടുക്കുന്നത് അസ്വസ്ഥതയുണ്ടാക്കാം. ചോദ്യങ്ങൾ ചോദിക്കുമ്പോൾ തടസ്സപ്പെടുത്താൻ നിങ്ങൾക്ക് സ്വാതന്ത്ര്യമുണ്ട് കൂടാതെ നിങ്ങൾക്ക് സൗകര്യപ്രദമായ മറ്റൊരു ദിവസത്തേക്ക് സർവ്വേ ഷെഡ്യൂൾ ചെയ്യാം. നിങ്ങൾക്ക് പിന്നീട് ചോദ്യങ്ങളുണ്ടെങ്കിൽ, ഒന്നുകിൽ എന്നോട് ചോദിക്കാം അല്ലെങ്കിൽ ഇൻസ്റ്റിറ്റ്യൂഷൻ എത്തിക്സ് കമ്മിറ്റിയുടെ മെമ്പർ സെക്രട്ടറിയെ ബന്ധപ്പെടുക.

ആനുകൂല്യങ്ങൾ

നിങ്ങൾക്ക് ഉടനടി നേരിട്ടുള്ള നേട്ടമൊന്നും ഉണ്ടാകില്ല, എന്നാൽ നിങ്ങളുടെ പങ്കാളിത്തം നിലവിലെ ആരോഗ്യ നിലയെക്കുറിച്ചും ഇതുമായി ബന്ധപ്പെട്ട ഘടകങ്ങളെക്കുറിച്ചും പൊതു പ്രൊഫഷണലുകളെ അറിയിക്കാൻ എന്നെ സഹായിക്കും

ചെലവും സാമ്പത്തിക നേട്ടവും

ഈ പഠനത്തിൽ പങ്കെടുക്കുന്നതിന് യാതൊരു ചെലവും ഇല്ല. പങ്കാളിത്തം പൂർണ്ണമായും സ്വമേധയാ ഉള്ളതാണ്, പേയ്മെന്റ് നൽകില്ല.

രഹസ്യാത്മകത

നിങ്ങളെക്കുറിച്ചുള്ള വിവരങ്ങൾ ഞാൻ മറ്റാരുമായും പങ്കിടില്ല. ഈ ഗവേഷണ സർവ്വേ പ്രവർത്തനത്തിൽ നിന്ന് ഞാൻ ശേഖരിക്കുന്ന വിവരങ്ങൾ സ്വകാര്യമായി സൂക്ഷിക്കും. നിങ്ങളെക്കുറിച്ചുള്ള ഏത് വിവരത്തിനും നിങ്ങളുടെ പേരിന് പകരം ഒരു നമ്പർ ഉണ്ടായിരിക്കും.

പഠനത്തിൽ നിന്ന് പിന്മാറൽ

പഠനത്തിൽ നിങ്ങളുടെ പങ്കാളിത്തം പൂർണ്ണമായും സ്വമേധയാ ഉള്ളതായിരിക്കും. നിങ്ങൾക്ക് സ്വതന്ത്രമാണ്, പഠന സമയത്ത് എപ്പോൾ വേണമെങ്കിലും പിൻവലിക്കാനുള്ള അവകാശമുണ്ട്. പഠനത്തിൽ നിന്ന് പിന്മാറുകയോ പങ്കെടുക്കാതിരിക്കുകയോ ചെയ്താൽ പിഴ ഈടാക്കില്ല.

ബന്ധപ്പെടാനുള്ള വിവരങ്ങൾ

നിങ്ങൾക്ക് എന്തെങ്കിലും ചോദ്യങ്ങളുണ്ടെങ്കിൽ, ഇപ്പോൾ അല്ലെങ്കിൽ പിന്നീട് ചോദിക്കാം. നിങ്ങൾക്ക് പിന്നീട് ചോദ്യങ്ങൾ ചോദിക്കാൻ താൽപ്പര്യമുണ്ടെങ്കിൽ, ഇനിപ്പറയുന്നവയിൽ ഏതെങ്കിലുമൊന്ന് നിങ്ങൾക്ക് ബന്ധപ്പെടാം

Dr. Gloria V.J

Principal investigator

MPH 2022- 2024, E. code: 50182

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അറിവോടെയുള്ള സമ്മതപത്രം

"തിരുവനന്തപുരത്തെ സർക്കാർ ഓഫീസ് ജീവനക്കാരുടെ ആരോഗ്യവുമായി ബന്ധപ്പെട്ട ജീവിത നിലവാരം (HR-QOL): ഒരു ക്രോസ്-സെക്ഷണൽ പഠനം " എന്ന തലക്കെട്ടിലുള്ള ഗവേഷണത്തിൽ പങ്കെടുക്കാൻ എന്നെ ക്ഷണിച്ചു.

പഠനവുമായി ബന്ധപ്പെട്ട് നൽകിയിരിക്കുന്ന വിവരങ്ങൾ ഞാൻ വായിച്ചിട്ടുണ്ട്, അല്ലെങ്കിൽ അത് എനിക്ക് വായിച്ചു തന്നിട്ടുണ്ട്

അതിനെക്കുറിച്ച് ചോദ്യങ്ങൾ ചോദിക്കാൻ എനിക്ക് അവസരം തന്നിട്ടുണ്ട്.

ചോദിച്ച ചോദ്യങ്ങൾക്ക് എനിക്ക് തൃപ്തികരമായ മറുപടി ലഭിച്ചു.

പഠനത്തിൽ പങ്കെടുക്കുന്നതിൽ കുറഞ്ഞ അപകടസാധ്യത മാത്രമേയുള്ളൂ എന്ന് എനിക്കറിയാം. പഠനത്തിൽ നേരിട്ടുള്ള ഒരു പ്രയോജനവും ഇല്ലെന്ന് ഞാൻ മനസ്സിലാക്കുന്നു.

പങ്കെടുക്കാൻ പ്രോത്സാഹനം നൽകിയിട്ടില്ല എനിക്കറിയാം.

എന്റെ സ്വകാര്യവിവരങ്ങൾ രഹസ്യമായി തുടരുമെന്ന് ഞാൻ മനസ്സിലാക്കുന്നു.

പഠനത്തിന്റെ ഏത് ഘട്ടത്തിലും എനിക്ക് എന്റെ സമ്മതം പിൻവലിക്കാൻ കഴിയുമെന്ന് എനിക്കറിയാം

ഈ പഠനത്തിൽ പങ്കാളിയാകാൻ ഞാൻ സ്വമേധയാ സമ്മതിക്കുന്നു.

പങ്കെടുക്കുന്നയാളുടെ ഐഡി: \_\_\_\_\_ പങ്കെടുക്കുന്നയാളുടെ പേര് \_\_\_\_\_

മൊബൈൽ നമ്പർ: \_\_\_\_\_

(നിർബന്ധമില്ല) \_\_\_\_\_ ഒപ്പ്/വിരലടയാളം \_\_\_\_\_

.....

സ്ഥലം: \_\_\_\_\_

തീയതി: \_\_\_\_\_

പങ്കെടുക്കുന്നയാളെപ്പറ്റി പഠനത്തെ കുറിച്ച് ചോദ്യങ്ങൾ ചോദിക്കാൻ അനുവദിച്ചിട്ടുണ്ടെന്ന് ഞാൻ സ്ഥിരീകരിക്കുന്നു. പങ്കെടുക്കുന്നയാൾ ചോദിച്ച എല്ലാ ചോദ്യങ്ങൾക്കും കൃത്യമായും എന്റെ കഴിവിന്റെ പരമാവധിയിലും ഉത്തരം നൽകിയിട്ടുണ്ട്. സമ്മതം നൽകാൻ വ്യക്തിയെ നിർബന്ധിച്ചിട്ടില്ലെന്നും സമ്മതം സ്വതന്ത്രമായും സ്വമേധയാ നൽകിയിട്ടുണ്ടെന്നും ഞാൻ സ്ഥിരീകരിക്കുന്നു.

ഗവേഷകന്റെ പേര്.....

തീയതി.....

ഒപ്പ്/വിരലടയാളം

## ANNEXURE - III

**Achutha Menon Centre for Health Science (AMCHSS)**

**Sree Chitra Tirunal Institute for Medical Sciences & Technology (SCTIMST)**

**Trivandrum**

**Questionnaire on Health-Related Quality of Life among Government office workers, Thiruvananthapuram.**

Date:	
Name of Institution/office:	Respondent Number:

### **PART 1**

Session 1-Table 1

Sl. NO.	Question	Response
1.1	Age in completed years	<input type="text"/>
1.2	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
1.3	Place of living	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
1.4	What is your Marital status?	<input type="checkbox"/> Currently married <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
1.5	Type of Family	<input type="checkbox"/> Extended/ Joint Family <input type="checkbox"/> Nuclear Family
1.5	How many members are there in your family?	.....

1.6	(If applicable) Indicate the number of under-five children (under 5 years), or persons who need special assistance, or elderly( $\geq 60$ years*) who require assistance at your home	No. of children under 5: ..... No. of elderly (>60 years) ..... Others need special assistance; No.: .....
*Elderly $\geq 60$ years who require assistance in their activities of daily living (ADL)		
1.7	Educational Qualification	<input type="checkbox"/> $\leq 8^{\text{th}}$ standard <input type="checkbox"/> SSLC <input type="checkbox"/> Pre-degree/ Higher Secondary <input type="checkbox"/> Graduation <input type="checkbox"/> Post-graduation
1.8	Ownership of house	<input type="checkbox"/> Own house <input type="checkbox"/> Not owned
1.9	Does your household have a BPL or any equivalent ration card?  Or can you specify the colour of your ration card:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know .....

I am going to ask you for some details about your work

Session-Table 2.

2.1	How long have you been working in this office?	<input type="checkbox"/> Less than 2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> More than 10 years
2.2	In which sector are you working?	<input type="checkbox"/> Health <input type="checkbox"/> Education <input type="checkbox"/> Manufacturing

		<input type="checkbox"/> Transportation <input type="checkbox"/> Banking <input type="checkbox"/> Technology <input type="checkbox"/> Others, specify.....
2.3	What kind of work that you are involved in?	<input type="checkbox"/> Clerical <input type="checkbox"/> Administrative <input type="checkbox"/> Professional <input type="checkbox"/> Fieldworker <input type="checkbox"/> Skilled worker <input type="checkbox"/> Others  For others, please specify ..... .....
2.4	Working time	<input type="checkbox"/> Full day* <input type="checkbox"/> Part-time <input type="checkbox"/> Shift worker
2.5	What is your payment scale? **	<input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2(a) <input type="checkbox"/> Grade2(b) <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4
2.6	What is your current work ability compared with your lifetime best?  You can rate it within a range of 0 to 10.  (Work Ability Index )	<input type="text"/> 0 – 1 – 2 – 3 – 4 – 5 - 6 - 7 - 8 – 9 -10
2.8	Are you actively involved in any kind of employer association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.9	Are there any recreation facilities available in the office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.10	Any Institutional Healthcare facility available	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.11	Is there any Medical Check-up for the Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.12	Is there any Health Protection Schemes available in the Institution for the employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.13	Is your office providing you with the facilities for conveyance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*9 a.m. To 5 p.m. worker

\*\* As per the pay commission scale

Let me ask some questions about your daily commute (traveling between home and workplace) pattern

Session- Table 3

3.1	What is the usual time taken from your home to reach the workplace?	.....
3.2	Which mode of travel that you take most of your travel time?	<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Car <input type="checkbox"/> Two-wheeler <input type="checkbox"/> Cycle <input type="checkbox"/> walking
3.3	How long have you been traveling to work?	<input type="checkbox"/> less than 2years <input type="checkbox"/> 2-5years <input type="checkbox"/> 6-10 years <input type="checkbox"/> more than 10years

Let me ask some questions about some daily habits and behaviors

Session 4 - Table 4

4.1	Do you currently smoke any tobacco products, such as cigarettes, cigars, or pipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]	<input type="checkbox"/> Yes

		<input type="checkbox"/> No
4.3	How often do you use any of the following types of tobacco in the past 12 months? Cigarettes Chewing tobacco Using snuff Other	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Several times a month <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a week <input type="checkbox"/> Every day
4.4	How long since you have started this habit of smoking or using tobacco products?	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 11 to 15 years <input type="checkbox"/> More than 20 years
4.5	Have you consumed any alcohol within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6	If yes, during the past 12 months how frequently have you taken alcohol?	<input type="checkbox"/> Occasionally <input type="checkbox"/> Several times a day <input type="checkbox"/> Once every day <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Several times a month
4.7	Do you have a habit of eating fruit in your diet?	<input type="checkbox"/> Never <input type="checkbox"/> < 1 serving*/week <input type="checkbox"/> 1 serving/day <input type="checkbox"/> ≥ 2 servings/day
*Servings( one standard serving is about 75gms) can be shown on a Showcard or can give one example of one serving of fruit (1/2 cup)		
4.8	Do you have a habit of eating vegetables in your diet	<input type="checkbox"/> Never <input type="checkbox"/> < 1 serving/day <input type="checkbox"/> 1 serving/day <input type="checkbox"/> 2 servings/day <input type="checkbox"/> ≥ 3 servings/day

4.9	Do you perform any physical activities like walking/jogging, fitness exercise, or recreational (leisure) activities for at least 30 minutes continuously, 5 days a week?  Or a total of 150 minutes of PA/per week	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.10	How much time do you usually spend sitting or reclining on a typical day?  (Consider the total time spent sitting at work, in an office, reading, watching television, using a computer, doing handicrafts like knitting, resting, etc. The participant should not include time spent sleeping)	Hours: minutes .....: .....
4.11	During the past month, how would you rate your sleep quality overall?	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very poor
4.12	In the past month, how many hours of sleep did you normally get at night?	.....hours

Let me ask some questions about your health status

Session 5- Table 5

5.1	Did you suffer from any illness that developed within past 15 days?	<input type="checkbox"/> Yes  Please specify : ..... ..... <input type="checkbox"/> No
5.2	If you did, how much did this illness affect your daily activities?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> A lot
5.3	Did you take any medicine for this illness?	<input type="checkbox"/> Yes

		<input type="checkbox"/> No
5.4	Did you suffer from any long-term illness for the past 1 year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5	If yes , how long was it present	.....days/months
5.6	If you did, how much did this illness affect your daily activities?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Somewhat <input type="checkbox"/> Quite a bit <input type="checkbox"/> A lot
5.7	Did you take any medicine for this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8	Have you been hospitalized in the past 1 year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9	Are you suffering from any of the illnesses given below?	
5.9.1	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9.2	Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9.3	Dyslipidaemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9.4	Musculoskeletal Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9.5	Cardiovascular diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9.6	Renal diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9.7	Respiratory Diseases (Asthma, COPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9.9	Migraine or frequent headaches	<input type="checkbox"/> Yes

		<input type="checkbox"/>	No
5.9.10	Digestive diseases	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
5.9.11	Cancer	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
5.9.12	Liver diseases	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
5.9.13	Depression/sadness	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
5.9.14	Anxiety	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
5.10	Do you identify with any disability?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No

## PART 2

Respondent Number:

Work and family are particularly important domains in most employees' lives. Work influences family life positively or negatively. Similarly family influences work. Let me ask some statements about these conflicts and you can answer each question with a rating of 1-7 imagine it is ranging from very strongly disagree to very strongly agree

1. Very strongly disagree
2. Strongly disagree
3. Disagree
4. Neither agree nor disagree
5. Agree
6. Strongly agree
7. Very strongly agree

Table A.

SL. No.	Question	Very Strongly Disagree	Very-Strongly Agree
A.1	My work prevents me from spending sufficient quality time with my family	1 – 2 – 3 – 4 – 5 – 6 – 7	
A.2	There is no time left at the end of the day to do things I would like at home (e.g. chores and leisure activities)	1 – 2 – 3 – 4 – 5 – 6 – 7	
A.3	My family misses out because of my work commitments	1 – 2 – 3 – 4 – 5 – 6 – 7	
A.4	My work has a negative impact on my family life	1 – 2 – 3 – 4 – 5 – 6 – 7	
A.5	Working often makes me irritable and short-tempered at home	1 – 2 – 3 – 4 – 5 – 6 – 7	
A.6	My work performance suffers because of my personal and family commitments	1 – 2 – 3 – 4 – 5 – 6 – 7	
A.7	Family-related concerns or responsibilities often distract me at work	1 – 2 – 3 – 4 – 5 – 6 – 7	
A.8	If I did not have a family I would be a better employee	1 – 2 – 3 – 4 – 5 – 6 – 7	
A.9	My family has a negative impact on my day-to-day work duties	1 – 2 – 3 – 4 – 5 – 6 – 7	
A.10	It is difficult to concentrate at work because I am so exhausted by family responsibilities	1 – 2 – 3 – 4 – 5 – 6 – 7	

This assessment asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response

Please keep in mind your standards, hopes, pleasures, and concerns. We ask that you think about your life in the last four weeks

Table B

		Very poor	poor	Neither poor nor good	good	Very good
B.1	How would you rate your quality of life?					

B.2	How satisfied are you with your health?					
The following questions ask about how much you have experienced certain things in the last four weeks.						
B.3	To what extent do you feel that (physical) pain prevents you from doing what you need to do?					
B.4	How much do you need any medical treatment to function in your daily life?					
B.5	How much do you enjoy life?					
B.6	To what extent do you feel your life to be meaningful?					
B.7	How well are you able to concentrate?					
B.8	How safe do you feel in your daily life?					
B.9	How healthy is your physical environment?					
The following questions ask about how completely you experience or were able to do certain things in the last four weeks.						
B.10	Do you have enough energy for everyday life?					
B.11	Are you able to accept your bodily appearance?					
B.12	Have you enough money to meet your needs?					
B.13	How available to you is the information that you					

	need in your day-to-day life?					
B.14	To what extent do you have the opportunity for leisure activities?					
B.15	How well are you able to get around?					
The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks						
B.16	How satisfied are you with your sleep?					
B.17	How satisfied are you with your ability to perform your daily living activities?					
B.18	How satisfied are you with your capacity for work					
B.19	How satisfied are you with yourself?					
B.20	How satisfied are you with your personal relationships?					
B.21	How satisfied are you with your sex life?					
B.22	How satisfied are you with the support you get from your friends?					
B.23	How satisfied are you with the conditions of your living place?					
B.24	How satisfied are you with your access to health services?					
B.25	How satisfied are you with your transport?					
The following question refers to how often you have felt or experienced certain things in						

the last four weeks.						
B.26	How often do you have negative feelings such as blue mood, despair, anxiety, and depression?					

Do you have any comments about the assessment?

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.....

.....



## ANNEXURE - IV

**Achutha Menon Centre for Health Science (AMCHSS)**

**Sree Chitra Tirunal Institute for Medical Sciences & Technology (SCTIMST)**

**Trivandrum**

സർക്കാർ ഓഫീസ് ജീവനക്കാരുടെ ആരോഗ്യവുമായി ബന്ധപ്പെട്ട ജീവിത നിലവാരത്തെക്കുറിച്ചുള്ള ചോദ്യാവലി

തിരിച്ചറിയൽ

പ്രതികരിക്കുന്നവരുടെ നമ്പർ

തീയതി:..... സ്ഥാപനത്തിന്റെ പേര്:.....

**PART 1**

പട്ടിക 1

ക്രമ സംഖ്യ	ചോദ്യം	പ്രതികരണം
1.1	പ്രായം (പൂർത്തിയാക്കിയ വർഷത്തിൽ പ്രായം)	.....
1.2	നിങ്ങളുടെ വ്യക്തമാക്കാമോ ലിംഗഭേദം	<input type="checkbox"/> പുരുഷൻ <input type="checkbox"/> സ്ത്രീ <input type="checkbox"/> വ്യക്തമാക്കിയിട്ടില്ല
1.3	താമസസ്ഥലം	<input type="checkbox"/> നഗരപ്രദേശം <input type="checkbox"/> ഗ്രാമീണ മേഖല
1.4	താങ്കളുടെ ഐന്താണു വൈവാഹിക നില	<input type="checkbox"/> നിലവിൽ വിവാഹിതനാണ് <input type="checkbox"/> വിവാഹം കഴിച്ചിട്ടില്ല <input type="checkbox"/> വിധവ <input type="checkbox"/> വിവാഹമോചനം നേടി <input type="checkbox"/> വേർപിരിഞ്ഞു
1.5	കുടുംബത്തിന്റെ തരം	<input type="checkbox"/> വിപുലീകൃത/കൂട്ടുകുടുംബം <input type="checkbox"/> അണുകുടുംബം

1.6	നിങ്ങളുടെ കുടുംബത്തിൽ എത്ര അംഗങ്ങളുണ്ട്?	.....
1.7	(ബാധകമെങ്കിൽ) അഞ്ച് വയസ്സിന് താഴെയുള്ള കുട്ടികളുടെ എണ്ണം (5 വയസ്സിന് താഴെ), പ്രത്യേക സഹായം ആവശ്യമുള്ള വ്യക്തികൾ, നിങ്ങൾക്ക് വീട്ടിൽ താമസിക്കുന്ന സഹായം ആവശ്യമുള്ള പ്രായമായവർ (≥60 വയസ്സ്*) എന്നിവ സൂചിപ്പിക്കുക	5 വയസ്സിൽ താഴെയുള്ള കുട്ടികളുടെ എണ്ണം: .....  സഹായം ആവശ്യമുള്ള വയോജനങ്ങളുടെ എണ്ണം: .....  മറ്റുള്ളവർ:  പ്രത്യേക സഹായം ആവശ്യമുള്ളവരുടെ എണ്ണം: .....
≥60 വയസ്സ് പ്രായമുള്ളവർ, അവരുടെ ദൈനംദിന ജീവിത പ്രവർത്തനങ്ങളിൽ സഹായം ആവശ്യമുള്ളവർ (ADL)		
1.8	വിദ്യാഭ്യാസ യോഗ്യത	<input type="checkbox"/> <=എട്ടാം ക്ലാസ് <input type="checkbox"/> SSLC <input type="checkbox"/> പ്രീ-ഡിഗ്രി/ഹയർ സെക്കൻഡറി <input type="checkbox"/> ബിരുദം <input type="checkbox"/> ബിരുദാനന്തര ബിരുദം
1.9	വീടിന്റെ ഉടമസ്ഥാവകാശം	<input type="checkbox"/> സ്വന്തം വീട് <input type="checkbox"/> ഉടമസ്ഥതയിലുള്ളതല്ല
1.10	നിങ്ങളുടെ വീട്ടുകാർക്ക് ബിപിഎൽ അല്ലെങ്കിൽ തത്തുല്യമായ ഏതെങ്കിലും റേഷൻ കാർഡ് ഉണ്ടോ?  അല്ലെങ്കിൽ നിങ്ങളുടെ റേഷൻ കാർഡിന്റെ നിറം വ്യക്തമാക്കാമോ	<input type="checkbox"/> അതെ <input type="checkbox"/> ഇല്ല <input type="checkbox"/> അറിയില്ല .....

നിങ്ങളുടെ ജോലിയെക്കുറിച്ചുള്ള ചില വിശദാംശങ്ങൾ ഞാൻ നിങ്ങളോട് ചോദിക്കാൻ പോകുന്നു

പട്ടിക 2.1

ക്രമ സംഖ്യ	ചോദ്യം	പ്രതികരണം
2.1	എത്ര കാലമായി ഈ ഓഫീസിൽ ജോലി ചെയ്യുന്നു?	<input type="checkbox"/> 2 വർഷത്തിൽ താഴെ <input type="checkbox"/> 2-5 വർഷം <input type="checkbox"/> 5-10 വർഷം <input type="checkbox"/> 10 വർഷത്തിൽ കൂടുതൽ
2.2	നിങ്ങൾ ഏത് മേഖലയിലാണ് ജോലി ചെയ്യുന്നത്?	<input type="checkbox"/> ആരോഗ്യ <input type="checkbox"/> വിദ്യാഭ്യാസം <input type="checkbox"/> നിർമ്മാണം <input type="checkbox"/> ഗതാഗതം <input type="checkbox"/> ബാങ്കിംഗ് <input type="checkbox"/> സാങ്കേതികവിദ്യ മറ്റുള്ളവ, വ്യക്തമാക്കുക .....
2.3	ഏത് തരത്തിലുള്ള ജോലിയിലാണ് നിങ്ങൾ ഏർപ്പെട്ടിരിക്കുന്നത്?	<input type="checkbox"/> ക്ലറിക്കൽ ജോലികൾ <input type="checkbox"/> അഡ്മിനിസ്ട്രേറ്റീവ് ജോലി <input type="checkbox"/> പ്രൊഫഷണൽ <input type="checkbox"/> ഫീൽഡ് വർക്കർ <input type="checkbox"/> വിദഗ്ധ തൊഴിലാളി <input type="checkbox"/> മറ്റുള്ളവ, ദയവായി വ്യക്തമാക്കുക .....
2.4	ജോലി സമയത്തിന്റെ വിഭാഗം	<input type="checkbox"/> മുഴുവൻ ദിവസവും* <input type="checkbox"/> പാർട്ട്-ടൈം

		<input type="checkbox"/> ഷിഫ്റ്റ് ജീവനക്കാരൻ
2.5	നിങ്ങളുടെ പേയ്മെന്റ് സ്കെയിൽ എന്താണ്?*	<input type="checkbox"/> ഗ്രേഡ് 1 <input type="checkbox"/> ഗ്രേഡ് 2(എ) <input type="checkbox"/> ഗ്രേഡ് 2(ബി) <input type="checkbox"/> ഗ്രേഡ് 3 <input type="checkbox"/> ഗ്രേഡ് 4
2.6	നിങ്ങളുടെ ജീവിതകാലത്തെ ഏറ്റവും മികച്ച പ്രവർത്തനവുമായി താരതമ്യപ്പെടുത്തുമ്പോൾ നിങ്ങളുടെ നിലവിലെ പ്രവർത്തന ശേഷി എന്താണ്? നിങ്ങൾക്ക് ഇത് 0 മുതൽ 10 വരെയുള്ള പരിധിക്കുള്ളിൽ റേറ്റുചെയ്യാനാകും.	<input type="text" value="0-1-2-3-4-5-6-7-8-9-10"/>
2.7	ഏതെങ്കിലും തരത്തിലുള്ള ജീവനക്കാരന്റെ അസോസിയേഷനിൽ നിങ്ങൾ സജീവമായി ഏർപ്പെട്ടിട്ടുണ്ടോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
2.8	ഓഫീസിൽ എന്തെങ്കിലും വിനോദ സൗകര്യങ്ങൾ ലഭ്യമാണോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
2.9	സ്ഥാപനത്തിൽ നിന്ന് എന്തെങ്കിലും ആരോഗ്യ സംരക്ഷണ സൗകര്യം / ക്ലിനിക് ലഭ്യമാണോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
2.10	ജീവനക്കാർക്ക് എന്തെങ്കിലും മെഡിക്കൽ ചെക്കപ്പ് ഉണ്ടോ	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
2.11	ജീവനക്കാർക്കായി സ്ഥാപനത്തിൽ എന്തെങ്കിലും ആരോഗ്യ സംരക്ഷണ പദ്ധതികൾ ലഭ്യമാണോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
2.12	നിങ്ങളുടെ സ്ഥാപനം നിങ്ങൾക്ക് യാത്ര ചെയ്യാനുള്ള സൗകര്യങ്ങൾ ഒരുക്കുന്നുണ്ടോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
2.13	നിങ്ങളുടെ സ്ഥാപനം നിങ്ങൾക്ക് താമസസൗകര്യം നൽകുന്നുണ്ടോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല

\*രാവിലെ 9 മുതൽ വൈകിട്ട് 5 വരെ പ്രവർത്തകൻ

\*\* ശമ്പള കമ്മീഷൻ സ്കെയിൽ അനുസരിച്ച്

നിങ്ങളുടെ ദൈനംദിന യാത്രാരീതി(വീടിനും ജോലിസ്ഥലത്തിനുമിടയിലുള്ള യാത്ര) പാറ്റേണിനെക്കുറിച്ച് ഞാൻ ചില ചോദ്യങ്ങൾ ചോദിക്കട്ടെ

പട്ടിക 3

ക്രമ സംഖ്യ	ചോദ്യം	പ്രതികരണം
3.1	നിങ്ങളുടെ വീട്ടിൽ നിന്ന് ജോലിസ്ഥലത്ത് എത്താൻ എടുക്കുന്ന സാധാരണ സമയം എത്രയാണ്?	.....
3.2	നിങ്ങളുടെ യാത്രാസമയത്തിൽ ഏറ്റവുമധികം സമയമെടുക്കുന്നത് ഏത് യാത്രാ രീതിയാണ്?	<input type="checkbox"/> ബസ് <input type="checkbox"/> ട്രെയിൻ <input type="checkbox"/> കാർ <input type="checkbox"/> ഇരുചക്രവാഹനം <input type="checkbox"/> സൈക്കിൾ <input type="checkbox"/> നടക്കുന്നു
3.3	നിങ്ങൾ എത്ര കാലമായി ജോലിസ്ഥലത്തേക്ക് യാത്ര ചെയ്യുന്നു?	<input type="checkbox"/> 2 വർഷത്തിൽ കുറവ് <input type="checkbox"/> 2-5 വർഷം <input type="checkbox"/> 6-10 വർഷം <input type="checkbox"/> 10 വർഷത്തിൽ കൂടുതൽ

ദൈനംദിന ശീലങ്ങളെയും പെരുമാറ്റങ്ങളെയും കുറിച്ച് ഞാൻ ചില ചോദ്യങ്ങൾ ചോദിക്കട്ടെ

പട്ടിക 4

4.1	നിങ്ങൾ നിലവിൽ സിഗരറ്റ്, ചുരുട്ട് അല്ലെങ്കിൽ പൈപ്പുകൾ പോലുള്ള ഏതെങ്കിലും പുകയില ഉൽപ്പന്നങ്ങൾ വലിക്കുന്നുണ്ടോ?	<input type="checkbox"/> അതെ <input type="checkbox"/> ഇല്ല
4.2	നിങ്ങൾ നിലവിൽ പുകയില്ലാത്ത പുകയില ഉൽപ്പന്നങ്ങളായ മ്യൂക്ക് പൊടി, ചവയ്ക്കുന്ന പുകയില, വെറ്റില ഉപയോഗിക്കുന്നുണ്ടോ?	<input type="checkbox"/> അതെ <input type="checkbox"/> ഇല്ല
4.3	കഴിഞ്ഞ 12 മാസത്തിനുള്ളിൽ ഇനിപ്പറയുന്ന ഏതെങ്കിലും തരത്തിലുള്ള പുകയില നിങ്ങൾ എത്ര തവണ ഉപയോഗിച്ചു? സിഗരറ്റ്	<input type="checkbox"/> ഒരിക്കലും <input type="checkbox"/> അപൂർവ്വമായി <input type="checkbox"/> മാസത്തിൽ

	<p>ചവയ്ക്കുന്ന പുകയില</p> <p>മുക്ക് പൊടി</p>	<p>പലതവണ</p> <p><input type="checkbox"/> ആഴ്ചയിൽ ഒരിക്കൽ</p> <p><input type="checkbox"/> ആഴ്ചയിൽ പല തവണ</p> <p><input type="checkbox"/> എല്ലാ ദിവസവും</p>
4.4	<p>നിങ്ങൾ പുകവലിയോ പുകയില ഉൽപ്പന്നങ്ങൾ ഉപയോഗിക്കുന്നതോ ആയ ശീലം തുടങ്ങിയിട്ട് എത്ര നാളായി?</p>	<p><input type="checkbox"/> 5 വർഷത്തിൽ താഴെ</p> <p><input type="checkbox"/> 5 മുതൽ 10 വർഷം വരെ</p> <p><input type="checkbox"/> 11 മുതൽ 15 വർഷം വരെ</p> <p><input type="checkbox"/> 20 വർഷത്തിലേറെയായി</p>
4.5	<p>കഴിഞ്ഞ 12 മാസത്തിനുള്ളിൽ നിങ്ങൾ ഏതെങ്കിലും തരത്തിലുള്ള മദ്യം കഴിച്ചിട്ടുണ്ടോ?</p>	<p><input type="checkbox"/> അതെ</p> <p><input type="checkbox"/> ഇല്ല</p>
4.5	<p>അതെ എങ്കിൽ, കഴിഞ്ഞ 12 മാസങ്ങളിൽ നിങ്ങൾ എത്ര തവണ മദ്യം കഴിച്ചിട്ടുണ്ട്?</p>	<p><input type="checkbox"/> ഇടയ്ക്കിടെ</p> <p><input type="checkbox"/> ദിവസത്തിൽ പല തവണ</p> <p><input type="checkbox"/> എല്ലാ ദിവസവും ഒരിക്കൽ</p> <p><input type="checkbox"/> ആഴ്ചയിൽ പല തവണ</p> <p><input type="checkbox"/> ആഴ്ചയിൽ ഒരിക്കൽ</p> <p><input type="checkbox"/> മാസത്തിൽ പല തവണ</p>
4.6	<p>നിങ്ങളുടെ ഭക്ഷണത്തിൽ പഴങ്ങൾ കഴിക്കുന്ന ശീലമുണ്ടോ?</p>	<p><input type="checkbox"/> ഒരിക്കലുമില്ല</p> <p><input type="checkbox"/> <math>&lt; 1</math> സെർവിംഗ്*/ആഴ്ച</p> <p><input type="checkbox"/> 1 സെർവിംഗ് / ദിവസം</p>

		<input type="checkbox"/> $\geq 2$ സെർവീംഗ്സ് / ദിവസം
4.7	നിങ്ങളുടെ ഭക്ഷണത്തിൽ പച്ചക്കറികൾ കഴിക്കുന്ന ശീലമുണ്ടോ?	<input type="checkbox"/> ഒരിക്കലും <input type="checkbox"/> $< 1$ സെർവീംഗ്/ദിവസം <input type="checkbox"/> 1 സെർവീംഗ് / ദിവസം <input type="checkbox"/> 2 സെർവീംഗ്സ് / ദിവസം <input type="checkbox"/> $\geq 3$ സെർവീംഗ്സ് / ദിവസം

സെർവീംഗുകൾ (ഒരു സ്റ്റാൻഡേർഡ് സെർവീംഗ് ഏകദേശം 75 ഗ്രാം) ഒരു ഷോകാർഡിൽ കാണിക്കാം അല്ലെങ്കിൽ ഒരു പഴത്തിന്റെ (1/2 കപ്പ്) ഒരു ഉദാഹരണം നൽകാം.

4.8	നടത്തം/ജോഗിംഗ്, ഫിറ്റ്നസ്, അല്ലെങ്കിൽ വിനോദ (വിശ്രമം) പ്രവർത്തനങ്ങൾ പോലുള്ള പതിവ് ശാരീരിക പ്രവർത്തനങ്ങൾ ആഴ്ചയിൽ 5 ദിവസങ്ങളിൽ കുറഞ്ഞത് 30 മിനിറ്റുകളിലും തുടർച്ചയായി ചെയ്യുന്നുണ്ടോ?  അല്ലെങ്കിൽ മൊത്തം 150 മിനിറ്റ് PA/ആഴ്ചയിൽ	മണിക്കൂർ: മിനിറ്റ് .....
4.9	ഒരു സാധാരണ ദിവസത്തിൽ നിങ്ങൾ സാധാരണയായി എത്ര സമയം ഇരിക്കുകയോ ചാരിയിരിക്കുകയോ ചെയ്യുന്നു?  (ജോലിസ്ഥലത്തും, ഓഫീസിലും, വായിക്കാനും, ടെലിവിഷൻ കാണാനും, കമ്പ്യൂട്ടർ ഉപയോഗിക്കാനും ചെലവഴിച്ച ആകെ സമയം പരിഗണിക്കുക, വിശ്രമിക്കുക, നെയ്ത്ത് പോലെയുള്ള കരകൗശല വസ്തുക്കൾ ചെയ്യുക. പങ്കാളി ഉറങ്ങാൻ ചെലവഴിച്ച സമയം ഉൾപ്പെടുത്തരുത്)	.....
4.10	കഴിഞ്ഞ മാസത്തിൽ, നിങ്ങളുടെ ഉറക്കത്തിന്റെ ഗുണനിലവാരം മൊത്തത്തിൽ എങ്ങനെ വിലയിരുത്തും?	<input type="checkbox"/> വളരെ നല്ലത് <input type="checkbox"/> നല്ലത് <input type="checkbox"/> പാവം <input type="checkbox"/> വളരെ മോശം
4.11	കഴിഞ്ഞ ഒരു മാസത്തിൽ, നിങ്ങൾ സാധാരണയായി രാത്രിയിൽ എത്ര മണിക്കൂർ ഉറങ്ങിയിരുന്നു?	

		.....
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നിങ്ങളുടെ ആരോഗ്യനിലയെക്കുറിച്ച് ചില ചോദ്യങ്ങൾ ചോദിക്കട്ടെ

പട്ടിക 5

5.1	കഴിഞ്ഞ 15 ദിവസത്തിനുള്ളിൽ എന്തെങ്കിലും അസുഖം ബാധിച്ചിട്ടുണ്ടോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ദയവായി വ്യക്തമാക്കുക <input type="checkbox"/> ഇല്ല
5.2	നിങ്ങൾക്ക് ഉണ്ടായിരുന്നെങ്കിൽ, ഈ അസുഖം നിങ്ങളുടെ ദൈനംദിന പ്രവർത്തനങ്ങളെ എത്രത്തോളം ബാധിച്ചു?	<input type="checkbox"/> ഒരിക്കലുമില്ല <input type="checkbox"/> കുറച്ച് <input type="checkbox"/> ഒരു പരിധി വരെ <input type="checkbox"/> വളരെ കുറച്ച് <input type="checkbox"/> ഒരുപാട്
5.3	ഈ അസുഖത്തിന് എന്തെങ്കിലും മരുന്ന് കഴിച്ചോ?	<input type="checkbox"/> അതെ <input type="checkbox"/> ഇല്ല
5.4	കഴിഞ്ഞ 1 വർഷമായി നിങ്ങൾക്ക് എന്തെങ്കിലും ദീർഘകാല അസുഖം ബാധിച്ചിട്ടുണ്ടോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.5	നിങ്ങൾക്ക് ഉണ്ടായിരുന്നെങ്കിൽ, ഈ അസുഖം നിങ്ങളുടെ ദൈനംദിന പ്രവർത്തനങ്ങളെ എത്രമാത്രം ബാധിച്ചു?	<input type="checkbox"/> ഒരിക്കലുമില്ല <input type="checkbox"/> കുറച്ച് <input type="checkbox"/> ഒരു പരിധി വരെ <input type="checkbox"/> വളരെ കുറച്ച് <input type="checkbox"/> ഒരുപാട്
5.6	അതെ എങ്കിൽ, എത്ര കാലം നിലവിലുണ്ടായിരുന്നു	.....ദിവസങ്ങൾ/മാസം
5.7	ഈ അസുഖത്തിന് എന്തെങ്കിലും മരുന്ന് കഴിച്ചോ?	<input type="checkbox"/> അതെ <input type="checkbox"/> ഇല്ല
5.8	കഴിഞ്ഞ 1 വർഷമായി നിങ്ങളെ	<input type="checkbox"/> ഉണ്ട്

	ആശുപത്രിയിൽ പ്രവേശിപ്പിച്ചിട്ടുണ്ടോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
താഴെ കൊടുത്തിരിക്കുന്ന ഏതെങ്കിലും അസുഖങ്ങൾ നിങ്ങൾ അനുഭവിക്കുന്നുണ്ടോ?		
5.9.1	പ്രമേഹം	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.2	രക്താതിമർദ്ദം	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.3	ഡിസ്റ്റിപിഡീമിയ/ കൊളസ്ട്രോൾ	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.4	മാംസപേശി-അസ്ഥി രോഗങ്ങൾ/അസ്ഥിതന്തു ബന്ധപ്പെട്ട രോഗങ്ങൾ/അസ്ഥിതന്തു	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.5	ഹൃദയ സംബന്ധമായ അസുഖങ്ങൾ	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.6	വ്യക്തസംബന്ധമായ രോഗങ്ങൾ	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.7	ശ്വാസകോശ രോഗങ്ങൾ (ആസ്മ, COPD)	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.8	മൈഗ്രേയ്ൻ അല്ലെങ്കിൽ ഇടയ്ക്കിടെയുള്ള തലവേദന	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.9	ദഹനസംബന്ധമായ അസുഖങ്ങൾ	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.10	അർബുദം	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.11	കരൾ രോഗങ്ങൾ	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല

5.9.12	വിഷാദം / ദുഃഖം	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.9.13	ഉത്കണ്ഠ	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല
5.14	നിങ്ങൾക്ക് എന്തെങ്കിലും വൈകല്യമുണ്ടെന്ന് തിരിച്ചറിയുന്നുണ്ടോ?	<input type="checkbox"/> ഉണ്ട് <input type="checkbox"/> ഇല്ല

**PART 2**

തിരിച്ചറിയൽ

പ്രതികരിക്കുന്നവരുടെ നമ്പർ

മിക്ക ജീവനക്കാരുടെയും ജീവിതത്തിൽ ജോലിയും കുടുംബവും വളരെ പ്രധാനപ്പെട്ട മേഖലകളാണ്. ജോലി കുടുംബജീവിതത്തെ അനുകൂലമായോ പ്രതികൂലമായോ സ്വാധീനിക്കുന്നു. അതുപോലെ കുടുംബത്തെ സ്വാധീനിക്കുന്ന ജോലിയും. ഈ വൈരുദ്ധ്യങ്ങളെക്കുറിച്ച് ഞാൻ ചില പ്രസ്താവനകൾ ചോദിക്കട്ടെ, ഓരോ ചോദ്യത്തിനും 1-7 എന്ന റേറ്റിംഗിൽ ഉത്തരം നൽകാം.

1. വളരെ ശക്തമായി വിധേയമാകുന്നു
2. ശക്തമായി വിധേയമാകുന്നു
3. വിധേയമാകുന്നു
4. യോജിക്കുകയോ വിധേയമാകുകയോ ചെയ്യരുത്
5. സമ്മതിക്കുക
6. ശക്തമായി സമ്മതിക്കുന്നു
7. വളരെ ശക്തമായി സമ്മതിക്കുന്നു

പട്ടിക A

ക്രമ സംഖ്യ	ചോദ്യം	പ്രതികരണം
A.1	എന്റെ ജോലി എന്റെ കുടുംബത്തോടൊപ്പം മതിയായ സമയം ചെലവഴിക്കുന്നതിൽ നിന്ന് എന്തെങ്കിലും തടയുന്നു	1-2-3-4-5-6-7
A.2	വീട്ടിൽ ഞാൻ ആഗ്രഹിക്കുന്ന കാര്യങ്ങൾ ചെയ്യാൻ ദിവസാവസാനം സമയമില്ല (ഉദാ. ജോലികളും ഒഴിവുസമയ പ്രവർത്തനങ്ങളും)	1-2-3-4-5-6-7
A.3	എന്റെ ജോലിയുടെ പ്രതിബദ്ധത കാരണം എന്റെ കുടുംബം നഷ്ടപ്പെടുന്നു	1-2-3-4-5-6-7
A.4	എന്റെ ജോലി എന്റെ കുടുംബജീവിതത്തെ പ്രതികൂലമായി ബാധിക്കുന്നു	1-2-3-4-5-6-7
A.5	ജോലി ചെയ്യുന്നത് പലപ്പോഴും എന്തെങ്കിലും വീട്ടിൽ പ്രകോപിതനും ദേഷ്യക്കാരനും ആക്കുന്നു	1-2-3-4-5-6-7
A.6	എന്റെ വ്യക്തിപരവും കുടുംബപരവുമായ പ്രതിബദ്ധതകൾ നിമിത്തം എന്റെ ജോലിയുടെ പ്രകടനം ദുർബലമാകുന്നു	1-2-3-4-5-6-7
A.7	കുടുംബവുമായി ബന്ധപ്പെട്ട ആശങ്കകളോടു ഉത്തരവാദിത്തങ്ങളോടു പലപ്പോഴും ജോലിസ്ഥലത്ത് എന്തെങ്കിലും വ്യതിചലിപ്പിക്കുന്നു	1-2-3-4-5-6-7
A.8	എനിക്ക് ഒരു കുടുംബം ഇല്ലായിരുന്നെങ്കിൽ ഞാൻ ഒരു മികച്ച ജോലിക്കാരനാകുമായിരുന്നു	1-2-3-4-5-6-7
A.9	എന്റെ ദൈനംദിന ജോലി ഡ്യൂട്ടികളിൽ എന്റെ കുടുംബത്തിന് പ്രതികൂലമായി സ്വാധീനമുണ്ട്	1-2-3-4-5-6-7
A.10	ജോലിയിൽ ശ്രദ്ധ കേന്ദ്രീകരിക്കാൻ ബുദ്ധിമുട്ടാണ്, കാരണം ഞാൻ കുടുംബ ഉത്തരവാദിത്തങ്ങളിൽ തളർന്നിരിക്കുന്നു	1-2-3-4-5-6-7

താഴെ പറയുന്ന ചോദ്യങ്ങൾ നിങ്ങളുടെ ജീവിതത്തിന്റെ ഗുണനിലവാരം, ആരോഗ്യം, ജീവിതവുമായി ബന്ധപ്പെട്ട മറ്റ് മേഖലകൾ എന്നിവയെപ്പറ്റി നിങ്ങൾക്ക് എന്ത് തോന്നുന്നു എന്നതിനെക്കുറിച്ചാണ്. ദയവായി ഏറ്റവും അനുയോജ്യമായ ഉത്തരം തിരഞ്ഞെടുക്കുക. എല്ലാ ചോദ്യങ്ങൾക്കും ഉത്തരം നൽകുക. ഏതെങ്കിലും ഒരു ചോദ്യത്തിന്റെ ഉത്തരത്തെക്കുറിച്ച് ഉറപ്പില്ലെങ്കിൽ നിങ്ങളുടെ മനസ്സിലേക്ക് വരുന്ന ആദ്യത്തെ ഉത്തരമായിരിക്കും ഏറ്റവും ഉചിതം ചോദ്യത്തിന് എന്ത് പ്രതികരണമാണ് നൽകേണ്ടതെന്ന് നിങ്ങൾക്ക് ഉറപ്പില്ലെങ്കിൽ, ഏറ്റവും അനുയോജ്യമെന്ന് തോന്നുന്ന ഒന്ന് തിരഞ്ഞെടുക്കുക

കഴിഞ്ഞ നാല് ആഴ്ചത്തെ താങ്കളുടെ ജീവിതത്തെക്കുറിച്ചുള്ള മാനദണ്ഡങ്ങളും പ്രതീക്ഷകളും സന്തോഷങ്ങളും ആശങ്കകളും മനസ്സിൽ വെച്ചുകൊണ്ട് ചോദ്യങ്ങൾക്ക് മറുപടി നൽകേണ്ടതാണ്.

പട്ടിക B

B . 1	താങ്കളുടെ ജീവിതത്തിന്റെ ഗുണനിലവാരത്തെ താങ്കൾ എങ്ങനെ കണക്കാക്കുന്നു?	വളരെ മോശം	മോശം	മോശവുമല്ല നല്ലതുമല്ല	നല്ലത്	വളരെ നല്ലത്.
B . 2	താങ്കളുടെ ആരോഗ്യത്തിൽ താങ്കൾ എത്ര കണ്ട് തൃപ്തനാണ്	വളരെ അത്യപ്തികരം	അത്യപ്തികരം	തൃപ്തികരവുമല്ല അത്യപ്തികരവുമല്ല	തൃപ്തികരം	വളരെ തൃപ്തികരം
കഴിഞ്ഞ നാല് ആഴ്ച കാലമായി ചില കാര്യങ്ങൾ താങ്കൾക്ക് എങ്ങനെ അനുഭവപ്പെട്ടുവെന്നതിനെക്കുറിച്ചാണ് താഴെ പറയുന്ന ചോദ്യങ്ങൾ						
B . 3	താങ്കൾ ചെയ്യേണ്ട കാര്യങ്ങളിൽ നിന്ന് ശാരീരിക വേദന എത്രത്തോളം തടഞ്ഞിട്ടുണ്ട്	ഒട്ടുമില്ല	വളരെ കുറച്ച്	മിതമായി	കൂടുതൽ	വളരെ കൂടുതൽ
B . 4	ദൈനംദിന ജീവിതത്തിന്റെ പ്രവർത്തനത്തിനായി എത്രത്തോളം വൈദ്യ സഹായം താങ്കൾക്ക് ആവശ്യമാണ്.	ഒട്ടുമില്ല	വളരെ കുറച്ച്	മിതമായി	കൂടുതൽ	വളരെ കൂടുതൽ
B . 5	താങ്കൾ ജീവിതം എത്രമാത്രം ആസ്വദിക്കുന്നു?	ഒട്ടുമില്ല	വളരെ കുറച്ച്	മിതമായി	കൂടുതൽ	വളരെ കൂടുതൽ
B . 6	അർത്ഥപൂർണ്ണമായ ജീവിതമാണ് താങ്കൾ നയിക്കുന്നതെന്ന് താങ്കൾ കരുതുന്നുണ്ടോ? താങ്കൾക്ക് എത്രത്തോളം കാര്യങ്ങളിൽ ശ്രദ്ധ ചെലുത്താൻ സാധിക്കും	ഒട്ടുമില്ല	വളരെ കുറച്ച്	മിതമായി	കൂടുതൽ	വളരെ കൂടുതൽ
B . 7	താങ്കൾക്ക് എത്രത്തോളം കാര്യങ്ങളിൽ ശ്രദ്ധ ചെലുത്താൻ സാധിക്കും	ഒട്ടുമില്ല	വളരെ കുറച്ച്	മിതമായി	കൂടുതൽ	വളരെ കൂടുതൽ
B . 8	താങ്കളുടെ ദൈനംദിന ജീവിതത്തിൽ എത്രത്തോളം സുരക്ഷ താങ്കൾ അനുഭവിക്കുന്നു?	ഒട്ടുമില്ല	വളരെ കുറച്ച്	മിതമായി	കൂടുതൽ	വളരെ കൂടുതൽ
B .	താങ്കളുടെ ചുറ്റുപാടുകൾ എത്രത്തോളം	ഒട്ടുമില്ല	വളരെ	മിതമായി	കൂടുതൽ	വളരെ

9	ആരോഗ്യകരമാണ്		കുറച്ച്			കൂടുതൽ
കഴിഞ്ഞ നാല് ആഴ്ചകളിൽ ചില കാര്യങ്ങൾ എത്ര പൂർണ്ണമായി അനുഭവിക്കാനും അല്ലെങ്കിൽ ചെയ്യുവാനോ സാധിച്ചു എന്നതിനെക്കുറിച്ചാണ് താഴെയുള്ള ചോദ്യങ്ങൾ						
B · 1 0	താങ്കളുടെ ദൈനംദിന ജീവിതത്തിനാവശ്യമായ ഉന്മേഷം അനുഭവപ്പെടുന്നുണ്ടോ?	ഒട്ടുമില്ല	വളരെ കുറച്ച്	ആവശ്യത്തിന്	മിക്കവാറും	പൂർണ്ണമായും
B · 1 1	താങ്കളുടെ ശാരീരിക രൂപം താങ്കൾക്ക് സ്വീകാര്യമാണോ?	ഒട്ടുമില്ല	വളരെ കുറച്ച്	ആവശ്യത്തിന്	മിക്കവാറും	പൂർണ്ണമായും
B · 1 2	താങ്കളുടെ ആവശ്യങ്ങൾ നിറവേറ്റാൻ ആയ പണം താങ്കൾക്കുണ്ടോ?	ഒട്ടുമില്ല	വളരെ കുറച്ച്	ആവശ്യത്തിന്	മിക്കവാറും	പൂർണ്ണമായും
B · 1 3	താങ്കളുടെ ദൈനംദിന ജീവിതത്തിനാവശ്യമായ വിവരങ്ങൾ താങ്കൾക്ക് എത്രത്തോളം ലഭ്യമാണ്?	ഒട്ടുമില്ല	വളരെ കുറച്ച്	ആവശ്യത്തിന്	മിക്കവാറും	പൂർണ്ണമായും
B · 1 4	വിശ്രമവേളകളിലെ പ്രവർത്തനങ്ങൾക്കായി താങ്കൾക്ക് എത്രത്തോളം അവസരം ലഭ്യമാണ്?	ഒട്ടുമില്ല	വളരെ കുറച്ച്	ആവശ്യത്തിന്	മിക്കവാറും	പൂർണ്ണമായും
B · 1 5	താങ്കളുടെ ചുറ്റുപാടുകളിലേക്ക് ശാരീരികമായി എത്രത്തോളം എത്തിപ്പെടാൻ കഴിയും?	വളരെ മോശം	മോശം	മോശവുമല്ല നല്ലതുമല്ല	നല്ലത്	വളരെ നല്ലത്
B · 1 6	താങ്കളുടെ ഉറക്കം എത്രത്തോളം തൃപ്തികരമാണ്	ഒട്ടും തൃപ്തികരമല്ല	തൃപ്തികരമല്ല	തൃപ്തികരവും അല്ല അതൃപ്തികരവും അല്ല	തൃപ്തികരം	വളരെ തൃപ്തികരം
B · 1 7	ദൈനംദിന പ്രവൃത്തികൾ ചെയ്യാനുള്ള കഴിവിൽ നിങ്ങൾ എത്ര തൃപ്തനാണ്/തൃപ്തയാണ്	ഒട്ടും തൃപ്തികരമല്ല	തൃപ്തികരമല്ല	തൃപ്തികരവും അല്ല അതൃപ്തികരവും അല്ല	തൃപ്തികരം	വളരെ തൃപ്തികരം
B · 1 8	ജോലി ചെയ്യാനുള്ള കഴിവിൽ താങ്കൾ എത്ര തൃപ്തനാണ്	ഒട്ടും തൃപ്തികരമല്ല	തൃപ്തികരമല്ല	തൃപ്തികരവും അല്ല അതൃപ്തികരവും അല്ല	തൃപ്തികരം	വളരെ തൃപ്തികരം
B · 1 9	താങ്കൾ താങ്കളിൽ തന്നെ എത്ര തൃപ്തനാണ്	ഒട്ടും തൃപ്തികരമല്ല	തൃപ്തികരമല്ല	തൃപ്തികരവും അല്ല അതൃപ്തികരവും അല്ല	തൃപ്തികരം	വളരെ തൃപ്തികരം
B · 2 0	വ്യക്തിബന്ധങ്ങളിൽ താങ്കൾ എത്ര തൃപ്തനാണ്/ തൃപ്തയാണ്.	ഒട്ടും തൃപ്തികരമല്ല	തൃപ്തികരമല്ല	തൃപ്തികരവും അല്ല അതൃപ്തികരവും അല്ല	തൃപ്തികരം	വളരെ തൃപ്തികരം
B	ലൈംഗിക ജീവിതത്തിൽ	ഒട്ടും	തൃപ്തി	തൃപ്തികരവും	തൃപ്തികരം	വളരെ

21	താകൾ എത്ര തൃപ്തനാണ്/ തൃപ്തയാണ്	ത്വപ്തികരമല്ല	കരമല്ല	അല്ല. അത്വപ്തികരവും അല്ല	രം	ത്വപ്തികരം
B 22	സുഹൃത്തുക്കളുടെ സഹായത്തിൽ താകൾ എത്ര കണ്ട് തൃപ്തനാണ്/ തൃപ്തയാണ്	ഒട്ടും തൃപ്തികരമല്ല	ത്വപ്തികരമല്ല	ത്വപ്തികരവും അല്ല. അത്വപ്തികരവും അല്ല	ത്വപ്തികരം	വളരെ തൃപ്തികരം
B 23	ജീവിക്കുന്ന ചുറ്റുപാടുകളെക്കുറിച്ച് താകൾ എത്ര കണ്ട് തൃപ്തനാണ്/ തൃപ്തയാണ്.	ഒട്ടും തൃപ്തികരമല്ല	ത്വപ്തികരമല്ല	ത്വപ്തികരവും അല്ല. അത്വപ്തികരവും അല്ല	ത്വപ്തികരം	വളരെ തൃപ്തികരം
B 24	ആരോഗ്യ സേവന ലഭ്യതയെക്കുറിച്ച് താകൾ എത്ര കണ്ട് തൃപ്തനാണ്/ തൃപ്തയാണ്	ഒട്ടും തൃപ്തികരമല്ല	ത്വപ്തികരമല്ല	ത്വപ്തികരവും അല്ല. അത്വപ്തികരവും അല്ല	ത്വപ്തികരം	വളരെ തൃപ്തികരം
B 25	ഗതാഗത സൗകര്യത്തെക്കുറിച്ച് താകൾ എത്ര കണ്ട് തൃപ്തനാണ്. തൃപ്തയാണ്.	ഒട്ടും തൃപ്തികരമല്ല	ത്വപ്തികരമല്ല	ത്വപ്തികരവും അല്ല. അത്വപ്തികരവും അല്ല	ത്വപ്തികരം.	വളരെ തൃപ്തികരം
കഴിഞ്ഞ നാല് ആഴ്ചകളിൽ ചില കാര്യങ്ങൾ താകൾക്ക് എപ്പോഴൊക്കെ അനുഭവപ്പെട്ടിട്ടുണ്ട്/ തോന്നിയിട്ടുണ്ട് എന്നതിനെക്കുറിച്ചാണ് താഴെയുള്ള ചോദ്യം						
B 26	സകടം.നിരാശ.ഉൽക്കണ്ഠ വിഷാദം എന്നീ നിഷേധാത്മകമായ തോന്നലുകൾ താകൾക്ക് എപ്പോഴൊക്കെ ഉണ്ടായിട്ടുണ്ട്?	ഒരിക്കലുമില്ല	വല്ലപ്പോഴും	കൂടെ കൂടെ	മിക്കപ്പോഴും	എപ്പോഴും

ഈ വിലയിരുത്തലിനെ പറ്റി നിങ്ങൾക്ക് എന്തെങ്കിലും കൂടുതൽ ആയി പറയാനുണ്ടോ?.....

## ANNEXURE -V

### Operational definitions of facets in WHO QOL-BREF

QOL domains	QOL subdomains
Physical health	Activities of daily living Dependence on medical substances and medical aids. Energy and fatigue Mobility Pain and discomfort Sleep and rest Work capacity
Psychological domain	Bodily image and appearance Negative feelings Positive feelings Self- esteem Spirituality/ religion/ personnel beliefs Thinking, learning, memory and concentration
Social relationships	Personal relationships Social support Sexual activity
Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation/ leisure act Physical environment (pollution/ noise/ traffic/ climate) transport

## ANNEXURE –VI

Distribution different work sectors of government institutions in sample population

<b>Institution</b>	<b>No. of participants</b>
Banking / Finance	30
Housing board	30
Water authority	30
Electricity board	30
School	30
Devaswom office	30
Higher education	30
Health education	30
Labour office	30
Police	30

## ANNEXURE –VII

Acute illnesses reported by the participants described in the table below;

### **Self-reported acute illnesses among sample population, N=330**

<b>Sl. No.</b>	<b>Acute illness</b>	<b>Number of participants</b>
1	Accident/Fall/Sprain	3
2	Allergy(Sneezing)	2
3	Aphthus ulcer - mouth	1
4	Back pain/Joint pain/Leg pain/Neck pain	19
5	Breathing difficulty	2
6	Chest infection	1
7	Cold/fever/ coryza	32
8	Conjunctivitis	1
9	Gastric problems/Food poisoning	3
10	Cough	15
11	Headache/migraine/sinusitis	11
12	Dengue fever	1
13	Ear balance issue/vertigo	2
14	Eye strain	2

15	Heart block	1
16	Hernia pain	1
17	High blood pressure	1
18	Kidney stone pain	1
19	Loss of sleep	1
20	Low blood pressure	1
21	Urinary tract infection	1
22	Weakness	1

### ANNEXURE –VIII

Distribution of WHOQOL-BREF scores is presented in Table given below

#### **Item wise distribution of WHOQOL-BREF scores, N=330**

<b>Item</b>	<b>Missing</b>	<b>Mean(SD)</b>	<b>Median</b>	<b>Mode</b>
Quality of life (Q1)	0	3.91(0.690)	4	4
Health in general (Q2)	0	3.67(0.848)	4	4
RE-Q3 Pain	0	3.65(0.982)	4	3
RE-Q4 Medication	0	3.91(0.951)	4	4
Q5 Positive feelings	0	3.51(0.862)	4	3
Q6 Spirituality	1	3.35(1.162)	4	4
Q7 Think	0	3.58(0.761)	4	4
Q8 Safety	1	3.76(0.858)	4	4
Q9 Environment	0	3.56(0.809)	4	4
Q10 Energy	0	3.53(0.926)	4	4
Q11 Body	0	4.15(1.033)	5	5
Q12 Finance	0	3.38(0.957)	3	3
Q13 Information	0	3.51(0.851)	3	3
Q14 Leisure	1	2.96(0.872)	3	3

Q15 Mobility	1	3.50(0.808)	4	4
Q16 Sleep	0	3.52(1.008)	4	4
Q17 Activities	0	3.82(0.751)	4	4
Q18 Work	0	4.08(0.614)	4	4
Q19 Self-esteem	0	3.99(0.752)	4	4
Q20 Relationships	0	4.01(0.733)	4	4
Q21 Sex	29	4.06(0.638)	4	4
Q22 Support	0	3.93(0.752)	4	4
Q23 Home	1	3.86(0.784)	4	4
Q24 Health services	0	3.76(0.804)	4	4
Q25 Transportation	0	3.50(0.993)	4	4
RE- Q26 Negative feelings	0	3.71(0.912)	4	4

The domain scores calculated based on the instructions given in WHO manual for WHO QOL-BREF scale.

Distribution of WHOQOL-BREF scores in 4 to 20 scale presented in table given below;

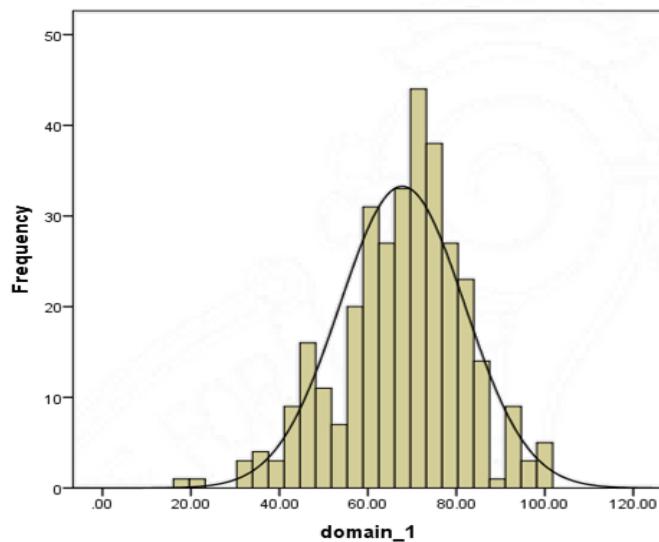
**WHO QOL-BREF score distribution in 4 to 20 scale, N=330**

	Mean (SD)	Median	Mode
Total	14.73(1.97)	14.92	14.92
Physical domain	14.84(2.26)	14.86	15.42
Psychological domain	14.87(2.37)	14.66	14.66
Social relationships domain	15.93(2.43)	16	16
Environmental domain	14.14(2.27)	14	13

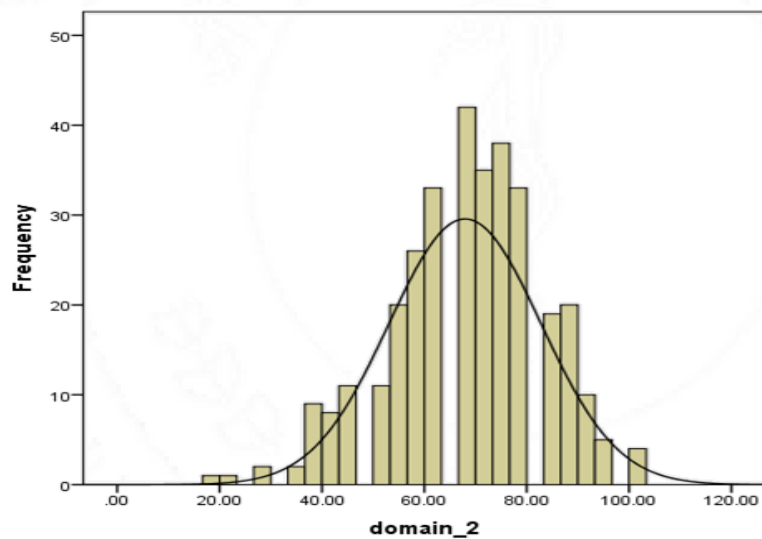
## ANNEXURE –IX

The distribution of scores in histograms of four domains of Health related quality of life and overall quality of life given in figures

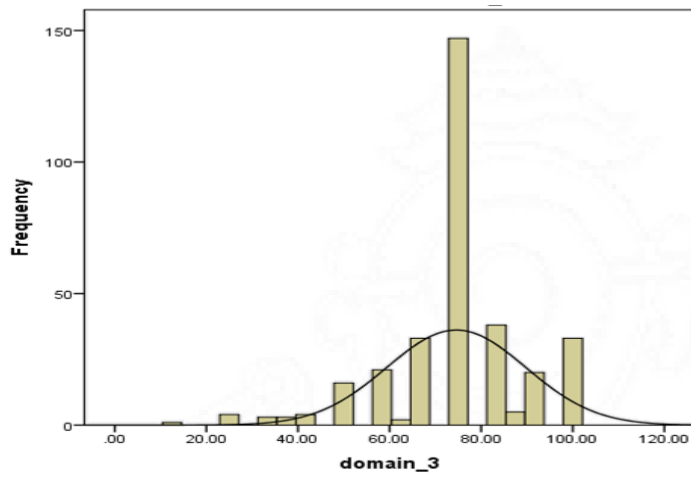
**Fig 5.1 physical domain**



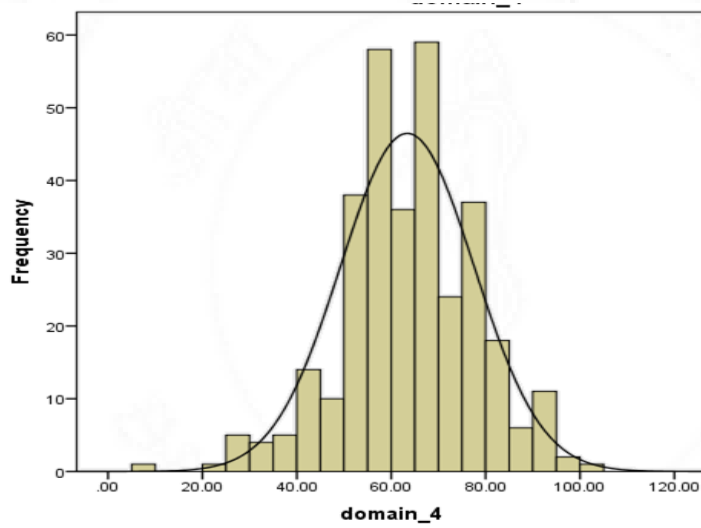
**Fig 5.2 psychological domain**



**Fig 5.3 social relationship domain**



**Fig 5.4 Environmental domain**



## ANNEXURE –X

Independent T-test performed to find the association between self-reported morbidities among participants and quality of life domain scores. The results presented below;

### **Association of health related quality of life and self-reported morbidity**

<b>Variable</b>	<b><u>Health related quality of life domains</u></b>			
	Physical health Mean(SD)	Psychological health Mean(SD)	Social relationship Mean(SD)	Environmental health Mean (SD)
<b><u>Migraine</u></b>				
Yes	61.95(13.50)	64.58(14.50)	72.34(14.84)	62.24(15.12)
No	69.41(13.89)	68.89(14.82)	75.18(15.24)	63.72(13.90)
<b>*P-value</b>	<0.001	0.029	0.161	0.015
<b><u>Musculoskeletal diseases</u></b>				
Yes	64.09(13.00)	66.25(12.45)	73.10(14.90)	63.19(13.89)
No	69.17(14.31)	68.58(15.62)	75.10(15.27)	63.47(14.29)
<b>P-value</b>	0.003	0.160	0.286	0.875
<b><u>Diabetes</u></b>				
Yes	62.93(15.55)	66.55(14.52)	73.99(14.28)	62.75(13.33)
No	68.39(13.84)	68.12(14.89)	74.63(15.30)	63.48(14.28)
<b>**P-value</b>	0.027	0.545	0.808	0.770
<b><u>Respiratory diseases</u></b>				
Yes	63.82(14.75)	66.12(16.16)	74.82(14.72)	64.48(16.28)
No	68.42(13.94)	68.24(14.62)	74.52(15.27)	63.22(13.81)
<b>P-value</b>	0.040	0.370	0.900	0.576
<b><u>Digestive diseases</u></b>				
Yes	60.51(13.40)	65.38(15.29)	72.19(17.10)	60.34(15.65)
No	69.14(13.75)	68.43(14.73)	75.00(14.77)	63.97(13.82)
<b>P-value</b>	<0.001	0.175	0.222	0.090

<b><u>Depression</u></b>				
Yes	54.65(12.98)	55.93(16.63)	61.11(19.14)	51.04(17.95)
No	69.24(13.50)	69.28(14.03)	76.05(13.92)	64.77(13.00)
<b>P-value</b>	<0.001	<0.001	<0.001	<0.001
<b><u>Anxiety</u></b>				
Yes	58.35(12.96)	60.12(15.44)	65.70(17.26)	56.97(16.06)
No	69.71(13.59)	69.55(14.22)	76.37(14.07)	64.71(13.40)
<b>P-value</b>	<0.001	<0.001	<0.001	<0.001

\*Independent T test

## ANNEXURE –XI

List of government institutions in Trivandrum provided by corporation of Trivandrum.

ക്രമ നം	സർക്കിൾ /സോണൽ	വാർഡ്	സ്ഥാപനത്തിന്റെ പേര്	സ്ഥാപനതരം (സർക്കാർ/ അർദ്ധ സർക്കാർ/ സഹകരണം/ സ്വയംഭരണം)	ജീവനക്കാരുടെ എണ്ണം
1	Attipra	Attipra	Electricity Office,Attipra	സർക്കാർ	13
2	Attipra	Attipra	Village Office,Attipra	സർക്കാർ	6
3	Attipra	Kulathoor	Pwd Office,Kulathoor	സർക്കാർ	7
4	Attipra	Kulathoor	Homeo Hospital,Kulathoor	സർക്കാർ	5
5	Attipra	Kulathoor	Post Office,Kulathoor	സർക്കാർ	3
6	Attipra	Pallithura	Fci Kazhakuttom	സർക്കാർ	113
7	Attipra	Pallithura	Thumba Police Station	സർക്കാർ	41
8	Attipra	Pallithura	Excise Office Kazhakuttom	സർക്കാർ	25
9	Attipra	Pallithura	Pallithura Phc	സർക്കാർ	20
10	Attipra	Pallithura	Fisheries Office	സർക്കാർ	19
11	Attipra	Pallithura	Ayurveda Hospital	സർക്കാർ	5
12	Attipra	Pallithura	Post Office,Pallithura	സർക്കാർ	4
13	Attipra	Poundukadavu	Vssc	സർക്കാർ	4000
14	Attipra	Poundukadavu	Fire Station,Poundukadavu	സർക്കാർ	36
15	Attipra	Poundukadavu	Phc Veli	സർക്കാർ	32
16	Attipra	Poundukadavu	Sbi,Poundukadavu	സർക്കാർ	26
17	Attipra	Poundukadavu	Resurvey Office,Poundukadavu	സർക്കാർ	17
18	Attipra	Poundukadavu	Kerala Bank,Poundukadavu	സർക്കാർ	15
19	Attipra	Poundukadavu	Agriculture Office,Poundukadavu	സർക്കാർ	8
20	Attipra	Poundukadavu	Poundukadavu Shool	സർക്കാർ	8
21	Attipra	Poundukadavu	Weterinary Hospital,Poundukadavu	സർക്കാർ	7
22	Beach	Chacaki	Chackai Iti	സർക്കാർ	160
23	Beach	Chacaki	Institute Of Human Resource Development,	സർക്കാർ	25
24	Beach	Chacaki	Esi Hospital (Central Govt),Chacaki	സർക്കാർ	10
25	Beach	Chacaki	Bio Diversity Park,Chacaki	സർക്കാർ	5
26	Beach	Chackai	Brahmose Aerospace	സർക്കാർ	800
27	Beach	Chackai	Fire Force,Chacaki	സർക്കാർ	60
28	Beach	Chackai	Kseb,Chacaki	സർക്കാർ	55
29	Beach	Chackai	National Highway Of India,Chacaki	സർക്കാർ	25
30	Beach	Chackai	Chackai Upc	സർക്കാർ	15
31	Beach	Pettah	Police Station,Pettah	സർക്കാർ	60
32	Beach	Pettah	Post Office,Pettah	സർക്കാർ	15
33	Beach	Pettah	Sbi,Pettah	സർക്കാർ	15
34	Beach	Pettah	Kerala Bank,Pettah	സർക്കാർ	15
35	Beach	Pettah	Railway Station,Pettah	സർക്കാർ	6
36	Beach	Pettah	Pettah Clinic	സർക്കാർ	5
37	Beach	Pettah	Animal Husbandry,Pettah	സർക്കാർ	10
38	Beach	Pettah.	Kerala State Literacy Mission Authority,	സർക്കാർ	35
39	Beach	Vettukadu	Titanium Travancore Limited	സർക്കാർ	588
40	Beach	Vettukadu	Veli Tourist Home	സർക്കാർ	52
41	Beach	Vettukadu	Airforce Office,Vettukadu	സർക്കാർ	18
42	Beach	Vettukadu	Railway Station (Kochuveli )	സർക്കാർ	14
43	Beach	Vettukadu	Ksfe,Vettukadu	സർക്കാർ	12
44	Beach	Vettukadu	Sbi,Vettukadu	സർക്കാർ	11
45	Beach	Vettukadu	Central Bank ,Vettukadu	സർക്കാർ	9
46	Beach	Vettukadu	Phc, Vettukadu	സർക്കാർ	7
47	Beach	Vettukadu	Youth Hostel, Veli	സർക്കാർ	5
48	Beach	Vettukadu	Homeo Hospital,Vettukadu	സർക്കാർ	4
49	Chala	Chala	Chala Post Office	സർക്കാർ	38
50	Chala	Chala	Kerala Water Authority Chala	സർക്കാർ	25
51	Chala	Chala	Kerala Water Authority Sewerage	സർക്കാർ	20

ക്രമ നം	സർക്കിൾ /സോണൽ	വാർഡ്	സ്ഥാപനത്തിന്റെ പേര്	സ്ഥാപനത്തരം (സർക്കാർ/ അർദ്ധ സർക്കാർ/ സഹകരണം/ സ്വയംഭരണം)	ജീവനക്കാരുടെ എണ്ണം
52	Chala	Chala	Uphe Karimadam	സർക്കാർ	16
53	Chala	Chala	Bsnl Customer Service Centre,Chala	സർക്കാർ	8
54	Chala	Chala	Beverge Outlet,Chala	സർക്കാർ	5
55	Chenthittai	Valiyasala	Govt Hospital Thycaud	സർക്കാർ	260
56	Fort	Fort	Ksrtc Depot Garage,Fort	സർക്കാർ	70
57	Fort	Fort	Fort Zonel Office	സർക്കാർ	54
58	Fort	Fort	Fort Main Garage	സർക്കാർ	37
59	Fort	Fort	Thaluk Office,Fort	സർക്കാർ	34
60	Fort	Fort	Excise Office Fort	സർക്കാർ	32
61	Fort	Fort	Archaeology Director Office,Fort	സർക്കാർ	28
62	Fort	Fort	Pension Treasury Nr. Priyadarsini Hall	സർക്കാർ	27
63	Fort	Fort	Soil Survy Office,Fort	സർക്കാർ	26
64	Fort	Fort	Pension Treasury Near Village Office,Fort	സർക്കാർ	18
65	Fort	Fort	Fisheries Office,Fort	സർക്കാർ	17
66	Fort	Fort	Sbi Fort	സർക്കാർ	15
67	Fort	Fort	Womens Development Corporation,Fort	സർക്കാർ	12
68	Fort	Fort	Sub Registrar Office,Fort	സർക്കാർ	12
69	Fort	Fort	Village Office,Fort	സർക്കാർ	8
70	Fort	Fort	Police Contol Room,Fort	സർക്കാർ	6
71	Fort	Fort	Fort Antimosquito Unit	സർക്കാർ	5
72	Fort	Fort	Fort Hi Office	സർക്കാർ	5
73	Fort	Fort	Post Office Fort	സർക്കാർ	5
74	Fort	fort	Anganwadi 131 Kovalam Bead,Fort	സർക്കാർ	2
75	Fort	Kamaleswaram	Harbour Engineering Office,Kamaleswaram	സർക്കാർ	74
76	Fort	Kamaleswaram	District Fisheries Office,Kamaleswaram	സർക്കാർ	23
77	Fort	Kamaleswaram	Village Office,Kamaleswaram	സർക്കാർ	16
78	Jagathy	Jagathy	Dpi Office,Jagathy	സർക്കാർ	76
79	Jagathy	Jagathy	Fhc,Jagathy	സർക്കാർ	10
80	Jagathy	Jagathy	Sbi,Jagathy	സർക്കാർ	7
81	Jagathy	Pangodu	Ncc Office,Pangodu	സർക്കാർ	15
82	Jagathy	Pangodu	Sbi,Pangodu	സർക്കാർ	11
83	Jagathy	Pangodu	Kerala Gramin Bank,Pangodu	സർക്കാർ	11
84	Jagathy	Pangodu	Keltron Subcentre,Pangodu	സർക്കാർ	10
85	Jagathy	Vazhuthacaud	Police Quarters,Vazhuthacaud	സർക്കാർ	94
86	Jagathy	Vazhuthacaud	Forest Head Quarters,Vazhuthacaud	സർക്കാർ	78
87	Jagathy	Vazhuthacaud	Akasavani Office,Vazhuthacaud	സർക്കാർ	35
88	Jagathy	Vazhuthacaud	Passport Office,Vazhuthacaud	സർക്കാർ	18
89	Jagathy	Vazhuthacaud	Bsnl Office,Vazhuthacaud	സർക്കാർ	13
90	Jagathy	Vazhuthacaud	Sbi,Vazhuthacaud	സർക്കാർ	8
91	Jagathy	Vazhuthacaud	Village Office,Vazhuthacaud	സർക്കാർ	7
92	Jagathy	Vazhuthacaud	Kalabhavan Theatre,Vazhuthacaud	സർക്കാർ	5
93	Kadakampally	Anamugham	State Bank Of India,Anamugham	സർക്കാർ	15
94	Kadakampally	Anamugham	Vetianary Hospital,Anamugham	സർക്കാർ	5
95	Kadakampally	Anamugham	Krishi Bhavan,Anamugham	സർക്കാർ	4
96	Kadakampally	Kadakampally	Mini Civil Station,Kadakampally	സർക്കാർ	35
97	Kadakampally	Karikkakom	Phc Karikkakom	സർക്കാർ	20
98	Kadakampally	Karikkakom	Samethi,Karikkakom	സർക്കാർ	10
99	Kadakampally	Karikkakom	Ayurveda Hospital,Karikkakom	സർക്കാർ	6
100	Kadakampally	Karikkakom	Homeo Hospital,Karikkakom	സർക്കാർ	5
101	Karamana	Arannoor	Tax Tower,Arannoor	സർക്കാർ	400
102	Karamana	Arannoor	Vigilance Office,Arannoor	സർക്കാർ	60
103	Karamana	Arannoor	Union Bank,Arannoor	സർക്കാർ	11
104	Karamana	Arannoor	Survey Office,Arannoor	സർക്കാർ	6
105	Karamana	Arannoor	Central Bank Of India,Arannoor	സർക്കാർ	6
106	Karamana	Arannoor	Post Office,Arannoor	സർക്കാർ	3
107	Karamana	Karamana	S B I ,Karamana	സർക്കാർ	20
108	Karamana	Karamana	Karamana B H S	സർക്കാർ	15
109	Karamana	Karamana	Karamana G H S	സർക്കാർ	15

ക്രമ നം	സർക്കിൾ /സോണൽ	വാർഡ്	സ്ഥാപനത്തിന്റെ പേര്	സ്ഥാപനതരം (സർക്കാർ/ അർദ്ധ സർക്കാർ/ സ്വകാര്യം/ സ്വയംഭരണം)	ജീവനക്കാരുടെ എണ്ണം
110	Karamana	Karamana	E S I Hospital,Karamana	സർക്കാർ	10
111	Karamana	Karamana	Thrivikramangalam L P S	സർക്കാർ	10
112	Karamana	Karamana	Govt S S L P S,Karamana	സർക്കാർ	10
113	Karamana	Karamana	Govt. Clinic,Karamana	സർക്കാർ	8
114	Karamana	Karamana	Karamana L P S	സർക്കാർ	7
115	Karamana	karamana	Rajeevgandhi Lab,Karamana	സർക്കാർ	5
116	Karamana	Nedumcaud	Co,Operative Bank,Nedumcaud	സ്വകാര്യം	40
117	Karamana	Nedumcaud	Excise Office,Nedumcaud	സർക്കാർ	6
118	kazhakkuttom	Chanthavila	Kinfra,Chanthavila	സർക്കാർ	80
119	kazhakkuttom	Chanthavila	Saineeskaschool,Chanthavila	സർക്കാർ	60
120	kazhakkuttom	Chanthavila	Ayurveda Hospital,Chanthavila	സർക്കാർ	11
121	kazhakkuttom	Chanthavila	Subcenter Chanthavila	സർക്കാർ	4
122	kazhakkuttom	kattayikonam	ups school,kattayikonam	സർക്കാർ	20
123	Kazhakkootam	kattayikonam	Rt Office,kattayikonam	സർക്കാർ	15
124	Kazhakkootam	Kattayikonam	Canara Bank,kattayikonam	സർക്കാർ	10
125	Kazhakkootam	Kattayikonam	U I T Vazhavila,kattayikonam	സർക്കാർ	8
126	Kazhakkootam	Kattayikonam	Govt L P S Vazhavila	സർക്കാർ	5
127	Kazhakkootam	Kazhakuttom	Icfoss,Kazhakuttom	സർക്കാർ	120
128	Kazhakkootam	Kazhakuttom	Lncp,Kazhakuttom	സർക്കാർ	80
129	Kazhakkootam	Kazhakuttom	Karyavattom Campous	സർക്കാർ	74
130	Kazhakkootam	Kazhakuttom	Gov.College Karyavattom	സർക്കാർ	63
131	Kazhakkootam	Kazhakuttom	Police Station,Kazhakuttom	സർക്കാർ	60
132	Kazhakkootam	Kazhakuttom	Kseb,Kazhakuttom	സർക്കാർ	26
133	Kazhakkootam	Kazhakuttom	Sbi,Kazhakuttom	സർക്കാർ	21
134	Kazhakkootam	Kazhakuttom	Krishi Bhavan,Kazhakuttom	സർക്കാർ	18
135	Kazhakkootam	Kazhakuttom	Federal Bank,Kazhakuttom	സർക്കാർ	18
136	Kazhakkootam	Kazhakuttom	Co Oparetive Bank,Kazhakuttom	സർക്കാർ	12
137	Kazhakkootam	Kazhakuttom	Village Office,Kazhakuttom	സർക്കാർ	8
138	Kazhakkootam	Kazhakuttom	Co Oparetive Bank,Kazhakuttom	സർക്കാർ	8
139	Kazhakkootam	Kazhakuttom	Co Oparetive Bank,Kazhakuttom	സർക്കാർ	6
140	Kudappanakkunnu	Chettivilakam	Zonal Office ,Kudappanakkunnu	സർക്കാർ	59
141	Kudappanakkunnu	Chettivilakam	Sbi,Kudappanakkunnu	സർക്കാർ	9
142	Kudappanakkunnu	Chettivilakam	Sahakarana Bank,Kudappanakkunnu	സർക്കാർ	8
143	Kudappanakkunnu	Chettivilakam	Lic Office,Kudappanakkunnu	സർക്കാർ	6
144	Kudappanakkunnu	Kinavoor	Ayurveda Hospital,Kudappanakkunnu	സർക്കാർ	9
145	Kudappanakkunnu	Kudappanakkunnu	Collectrate Office,Kudappanakkunnu	സർക്കാർ	220
146	Kudappanakkunnu	Kudappanakkunnu	Dooradarsan Kendram,Kudappanakkunnu	സർക്കാർ	68
147	Kudappanakkunnu	Kudappanakkunnu	Kerala Poultry Development Corporation,	സർക്കാർ	32
148	Kudappanakkunnu	Kudappanakkunnu	Royal Poultry Farm,Kudappanakkunnu	സർക്കാർ	27
149	Kudappanakkunnu	Kudappanakkunnu	National Coir Institute,Kudappanakkunnu	സർക്കാർ	24
150	Kudappanakkunnu	Kudappanakkunnu	Veterinary Council,Kudappanakkunnu	സർക്കാർ	24
151	Kudappanakkunnu	Kudappanakkunnu	Project Co-Ordinator Animal Deseas Project	സർക്കാർ	23
152	Kudappanakkunnu	Kudappanakkunnu	Centre For Applied Live Stock,	സർക്കാർ	22
153	Kudappanakkunnu	Kudappanakkunnu	Kseb Office,Kudappanakkunnu	സർക്കാർ	21
154	Kudappanakkunnu	Kudappanakkunnu	Kerala State Sc/St Fedaration,	സർക്കാർ	19
155	Kudappanakkunnu	Kudappanakkunnu	State Youth Welfare Board,	സർക്കാർ	18
156	Kudappanakkunnu	Kudappanakkunnu	District Live Stock Farm,Kudappanakkunnu	സർക്കാർ	16
157	Kudappanakkunnu	Kudappanakkunnu	Ksff,Kudappanakkunnu	സർക്കാർ	12
158	Kudappanakkunnu	Kudappanakkunnu	Live Stock Management Training Centre,	സർക്കാർ	9
159	Kudappanakkunnu	Pathirappally	Phc Chettivilkam	സർക്കാർ	16
160	Kudappanakkunnu	Pathirappally	Homeo Hospital,Pathirappally	സർക്കാർ	12
161	Kudappanakkunnu	Pathirappally	Agricultural Office,Pathirappally	സർക്കാർ	8
162	Manacaud	Attukal	Homeo Medical College,Attukal	സർക്കാർ	81
163	Manacaud	Attukal	Chc IranimuttomAttukal	സർക്കാർ	34
164	Manacaud	Attukal	Uphe Attukal	സർക്കാർ	19
165	Manacaud	Attukal	Village Office Attukal	സർക്കാർ	7
166	Manacaud	Kalady	Govt H S Kalady	സർക്കാർ	26
167	Manacaud	Kalady	State Bank Of India Attukal	സർക്കാർ	12

1011

ക്രമ നം	സർക്കിൾ /സോണൽ	വാർഡ്	സമാപനത്തിന്റെ പേര്	സമാപനതരം (സർക്കാർ/ അർദ്ധ സർക്കാർ/ സഹകരണം/ സ്വയംഭരണം)	ജീവനക്കാരുടെ എണ്ണം
168	Manacaud	Kalippankulam	Upch Kalippankulam	സർക്കാർ	16
169	Manacaud	Kuriyathi	Post Office,Kuriyathi	സർക്കാർ	15
170	Manacaud	Kuriyathi	Post Office Executive Engineer,Kuriyathi	സർക്കാർ	8
171	Manacaud	Kuriyathi	Iti, Manacaud	സർക്കാർ	5
172	Manacaud	Manacaud	Karthika Thirunnaal Ghs Manacaud	സർക്കാർ	72
173	Manacaud	Manacaud	Tti, Manacaud	സർക്കാർ	69
174	Manacaud	Manacaud	Karthika Thirunnaal V&Hss Manacaud	സർക്കാർ	20
175	Manacaud	Manacaud	Upch Chalal	സർക്കാർ	15
176	Medical College	Kannammoola	Medicalcollege Circle Office,Kannammoola	സർക്കാർ	43
177	Medical College	Kannammoola	Sewage Division,Kannammoola	സർക്കാർ	20
178	Medical College	Kannammoola	Water Authority Pattor	സർക്കാർ	17
179	Medical College	Kannammoola	Sbi,Kannammoola	സർക്കാർ	15
180	Medical College	Kannammoola	Upch Kannammoola	സർക്കാർ	15
181	Medical College	Kannammoola	Postoffice Pattoor	സർക്കാർ	13
182	Medical College	Kannammoola	Archaeological Survey Of India,	സർക്കാർ	3
183	Medical College	Kesavadasapuram	Planning Board,Kesavadasapuram	സർക്കാർ	210
184	Medical College	Pattom	Vadhuthi Bhavan,Pattom	സർക്കാർ	912
185	Medical College	Pattom	PSC Office,Pattom	സർക്കാർ	715
186	Medical College	Pattom	Provident Fund,Pattom	സർക്കാർ	155
187	Medical College	Pattom	Jilla Pachayath,Pattom	സർക്കാർ	144
188	Medical College	Pattom	Geology,Pattom	സർക്കാർ	75
189	Medical College	Pattom	Fci,Pattom	സർക്കാർ	61
190	Medical College	Pattom	Milma,Pattom	സർക്കാർ	60
191	Medical College	Pattom	Telecommunication,Pattom	സർക്കാർ	52
192	Medical College	Pattom	Credance,Pattom	സർക്കാർ	52
193	Medical College	Pattom	Sbcid,Pattom	സർക്കാർ	45
194	Medical College	Pattom	Trusery Dir,Pattom	സർക്കാർ	42
195	Medical College	Pattom	Ghss,Pattom	സർക്കാർ	39
196	Medical College	Pattom	Trafic,Pattom	സർക്കാർ	32
197	Medical College	Pattom	Vigilace Office,Pattom	സർക്കാർ	20
198	Medical College	Pattom	Village Office,Pattom	സർക്കാർ	12
199	Nanthancode	Muttada	Upch Muttada	സർക്കാർ	35
200	Nanthancode	Kesavadasapuram	Mg College,Nanthancode	സർക്കാർ	130
201	Nanthancode	Kesavadasapuram	Lic, Nanthancode	സർക്കാർ	120
202	Nanthancode	Kesavadasapuram	Sastrabhavan,Nanthancode	സർക്കാർ	79
203	Nanthancode	Kesavadasapuram	Ksfe,Nanthancode	സർക്കാർ	23
204	Nanthancode	Kesavadasapuram	Central University,Nanthancode	സർക്കാർ	20
205	Nanthancode	Kesavadasapuram	Thss,Nanthancode	സർക്കാർ	15
206	Nanthancode	Kesavadasapuram	Sub Registrar Office,Nanthancode	സർക്കാർ	13
207	Nanthancode	Kesavadasapuram	Post Office,Nanthancode	സർക്കാർ	13
208	Nanthancode	Kesavadasapuram	Sbi ,Nanthancode	സർക്കാർ	13
209	Nanthancode	Kesavadasapuram	Kerala Artisance Deveolpment Corporation,	സർക്കാർ	11
210	Nanthancode	Kesavadasapuram	Union Bank,Nanthancode	സർക്കാർ	9
211	Nanthancode	Kesavadasapuram	Kerala Water Authority ,Sew Sec,	സർക്കാർ	8
212	Nanthancode	Kesavadasapuram	Post Office,Nanthancode	സർക്കാർ	7
213	Nanthancode	Kesavadasapuram	Kerala Road Fund Office,Kesavadasapuram	സർക്കാർ	7
214	Nanthancode	Kuravankonam	Kerala Water Authoriyy,Kuravankonam	സർക്കാർ	20
215	Nanthancode	Kuravankonam	Govt.Post Office,Kuravankonam	സർക്കാർ	20
216	Nanthancode	Kuravankonam	Bank Of Rarroda,Kuravankonam	സർക്കാർ	12
217	Nanthancode	Kuravankonam	Punjab National Bank,Kuravankonam	സർക്കാർ	6
218	Nanthancode	Kuravankonam	Health Inspector Office,Kuravankonam	സർക്കാർ	6
219	Nanthancode	Kuravankonam	Indian Post ,Kuravankonam	സർക്കാർ	2
220	Nanthancode	Muttada	Jala Bhavan,Muttada	സർക്കാർ	200
221	Nanthancode	Muttada	Canara Bank,Muttada	സർക്കാർ	12
222	Nanthancode	Muttada	State Bank Of India,Muttada	സർക്കാർ	11
223	Nanthancode	Muttada	Co Operative Bank,Muttada	സഹകരണം	11
224	Nanthancode	Muttada	Indian Overseas Bank,Muttada	സർക്കാർ	10
225	Nanthancode	Nanthancode	Swaraj Bhavan,Nanthancode	സർക്കാർ	700

ക്രമ നം	സർക്കാർ /സോണൽ	വാർഡ്	സ്ഥാപനത്തിന്റെ പേര്	സ്ഥാപനതരം (സർക്കാർ/ അർദ്ധ സർക്കാർ/ സ്വയംഭരണം)	ജീവനക്കാരുടെ എണ്ണം
226	Nanthancode	Nanthancode	Devaswom Board Office,Nanthancode	സർക്കാർ	400
227	Nanthancode	Nanthancode	Ayyankali Bhavan,Nanthancode	സർക്കാർ	200
228	Nanthancode	Nanthancode	Pwd Womens Hostel,Nanthancode	സർക്കാർ	200
229	Nanthancode	Nanthancode	Sc/St Boys Hostel,Nanthancode	സർക്കാർ	150
230	Nanthancode	Nanthancode	Ksidc,Nanthancode	സർക്കാർ	100
231	Nanthancode	Nanthancode	Kerala Financial Corporation,Nanthancode	സർക്കാർ	65
232	Nanthancode	Nanthancode	Sbi ,Nanthancode	സർക്കാർ	20
233	Nanthancode	Nanthancode	Kerala Land Development Corporation Ltd,	സർക്കാർ	12
234	Nanthancode	Nanthancode	Kerala Land Records Mission,Nanthancode	സർക്കാർ	10
235	Nanthancode	Nanthancode	Sbi Nanthancode Branch,Nanthancode	സർക്കാർ	7
236	Nanthancode	Nanthancode	Dhanalekshmi Bank,Nanthancode	സർക്കാർ	7
237	Nanthancode	Nanthancode	Kerala Bank,Nanthancode	സർക്കാർ	7
238	Nanthancode	Nanthancode	Kerala Gramin Bank,Nanthancode	സർക്കാർ	6
239	Palayam	Kunnukuzhi	Govt Post Metric Hostel,Kunnukuzhi	സർക്കാർ	325
240	Palayam	Kunnukuzhi	Govt Law College,Kunnukuzhi	സർക്കാർ	53
241	Palayam	Kunnukuzhi	Govt . Engineering College,Kunnukuzhi	സർക്കാർ	48
242	Palayam	Kunnukuzhi	Thozhil Bhavan,Kunnukuzhi	സർക്കാർ	48
243	Palayam	Kunnukuzhi	Vigilance Office,Kunnukuzhi	സർക്കാർ	42
244	Palayam	Kunnukuzhi	City Vocccational H Ss Pm G,Kunnukuzhi	സർക്കാർ	27
245	Palayam	Palayam	Public Office,Palayam	സർക്കാർ	3050
246	Palayam	Palayam	vikas bhavan,Palayam	സർക്കാർ	2100
247	Palayam	Palayam	Keltron,Palayam	സർക്കാർ	1456
248	Palayam	Palayam	Kerala Niyamasabha,Palayam	സർക്കാർ	1100
249	Palayam	Palayam	Police Camp,Palayam	സർക്കാർ	700
250	Palayam	Palayam	Riserve Bank Of India,Palayam	സർക്കാർ	480
251	Palayam	Palayam	Water Authority,Palayam	സർക്കാർ	420
252	Palayam	Palayam	University College,Palayam	സർക്കാർ	420
253	Palayam	Palayam	University Campus,Palayam	സർക്കാർ	270
254	Palayam	Palayam	Mla Hostel,Palayam	സർക്കാർ	250
255	Palayam	Palayam	Exice Office,Palayam	സർക്കാർ	220
256	Palayam	Palayam	Tourism Department,Palayam	സർക്കാർ	80
257	Palayam	Palayam	Fine Arts College,Palayam	സർക്കാർ	75
258	Palayam	Palayam	Sanscrit College,Palayam	സർക്കാർ	50
259	Palayam	Palayam	State Disauster Management,Palayam	സർക്കാർ	28
260	Palayam	Palayam	Ombudsman Court,Palayam	സർക്കാർ	25
261	Palayam	Palayam	Bank Of Baroda,Palayam	സർക്കാർ	18
262	Palayam	Palayam	University Mens Hostel,Palayam	സർക്കാർ	10
263	Poonthura	Ambalathara	Indian Bank,Ambalathara	സർക്കാർ	11
264	Poonthura	Ambalathara	Milma Diary,Ambalathara	സർക്കാർ	400
265	Poonthura	Ambalathara	Sbi,Ambalathara	സർക്കാർ	9
266	Poonthura	Ambalathara	Bank Of Baroda,Ambalathara	സർക്കാർ	7
267	Poonthura	Beemapally	Coastal Speciality Hospital, Valiyathura	സർക്കാർ	18
268	Poonthura	Beemapally	Govt. Homeo Hospital, Beemapally	സർക്കാർ	4
269	Poonthura	Beemapally	Vector Control Unit,Beemapally	സർക്കാർ	3
270	Poonthura	Beemapally East	Crpf,Beemapally	സർക്കാർ	187
271	Poonthura	Beemapally East	Bsf,Beemapally	സർക്കാർ	110
272	Poonthura	Beemapally East	Net Factory,Beemapally	സർക്കാർ	18
273	Poonthura	Beemapally East	Rrf,Beemapally	സർക്കാർ	14
274	Poonthura	Beemapally East	Sewage Treatment Plant,Beemapally	സർക്കാർ	13
275	Poonthura	Beemapally East	Govt. Homeo Hospital ,Beemapally	സർക്കാർ	5
276	Poonthura	Manikyavilakam	Police Station,Beemapally	സർക്കാർ	53
277	Poonthura	Puthenpally	Community Health Centre,Puthenpally	സർക്കാർ	50
278	Sasthamangalam	Kanjirampara	City Rationing Office,Kanjirampara	സർക്കാർ	8
279	Sasthamangalam	Kanjirampara	Post Office,Kanjirampara	സർക്കാർ	5
280	Sasthamangalam	Kowdiar	Hll Peroorkada	സർക്കാർ	2500
281	Sasthamangalam	Kowdiar	Govt Llps Jawaharnagar,Kowdiar	സർക്കാർ	8
282	Sasthamangalam	Peroorkada	Sap Camp ,Peroorkada	സർക്കാർ	1000
283	Sasthamangalam	Peroorkada	Dh Hospital,Peroorkada	സർക്കാർ	310

ക്രമ നം	സർക്കിൾ /സോണൽ	വാർഡ്	സ്ഥാപനത്തിന്റെ പേര്	സ്ഥാപനതരം (സർക്കാർ/ അർദ്ധ സർക്കാർ/ സഹകരണം/ സ്വയംഭരണം)	ജീവനക്കാരുടെ എണ്ണം
284	Sasthamangalam	Peroorkada	Mental Hospital,Peroorkada	സർക്കാർ	285
285	Sasthamangalam	Peroorkada	Esi Hospital,Peroorkada	സർക്കാർ	150
286	Sasthamangalam	Peroorkada	Co-Operative Bank,Peroorkada	സർക്കാർ	30
287	Sasthamangalam	Ptp Nagar	Kerala Forest And Wild Life Departments,	സർക്കാർ	150
288	Sasthamangalam	Ptp Nagar	Nirmithi Kendram,PtpNagar	സർക്കാർ	36
289	Sasthamangalam	Ptp Nagar	Civil Service Training Centre,PtpNagar	സർക്കാർ	26
290	Sasthamangalam	Ptp Nagar	Water Authority,PtpNagar	സർക്കാർ	18
291	Sasthamangalam	Ptp Nagar	Diaster Mangement,PtpNagar	സർക്കാർ	18
292	Sasthamangalam	Ptp Nagar	Bsnl,PtpNagar	സർക്കാർ	15
293	Sasthamangalam	Ptp Nagar	Federal Bank,PtpNagar	സർക്കാർ	9
294	Sasthamangalam	Ptp Nagar	Bank Of India,PtpNagar	സർക്കാർ	8
295	Sasthamangalam	Ptp Nagar	Canara Bank,PtpNagar	സർക്കാർ	7
296	Sasthamangalam	Sasthamangalam	Water Authority Office,Sasthamangalam	സർക്കാർ	11
297	Sasthamangalam	Sasthamangalam	Sub Registrar Office,Sasthamangalam	സർക്കാർ	10
298	Sasthamangalam	Sasthamangalam	Textiles Corporation,Sasthamangalam	സർക്കാർ	6
299	Sasthamangalam	Sasthamangalam	Post Office,Sasthamangalam	സർക്കാർ	4
300	Sasthamangalam	Valiavila	Pattikajathi Vanitha Book Binding Centre,	സർക്കാർ	10
301	Secretariat	Thampanoor	Housing Board,Thampanoor	സർക്കാർ	250
302	Secretariat	Thampanoor	Ag Office,Thampanoor	സർക്കാർ	250
303	Secretariat	Thampanoor	Policestation,Thampanoor	സർക്കാർ	65
304	Secretariat	Thampanoor	Smv school,Thampanoor	സർക്കാർ	60
305	Secretariat	Thampanoor	Govt Press,Thampanoor	സർക്കാർ	55
306	Secretariat	Thampanoor	Hantex,Thampanoor	സർക്കാർ	55
307	Secretariat	Thampanoor	Fire Station,Thampanoor	സർക്കാർ	50
308	Secretariat	Thampanoor	Sbi Pulimoodu,Thampanoor	സർക്കാർ	40
309	Secretariat	Thampanoor	Arogya Bhan,Thampanoor	സർക്കാർ	40
310	Secretariat	Thampanoor	Ksrtc,Thampanoor	സർക്കാർ	30
311	Secretariat	Thampanoor	Federal Bank,Thampanoor	സർക്കാർ	30
312	Secretariat	Thampanoor	Hdfc,Thampanoor	സർക്കാർ	25
313	Secretariat	Thampanoor	Indian Overseas Bank,Thampanoor	സർക്കാർ	25
314	Secretariat	Thampanoor	Canara Bank,Thampanoor	സർക്കാർ	20
315	Secretariat	Thampanoor	Punjab National Bank,Thampanoor	സർക്കാർ	20
316	Secretariat	Thampanoor	United Bank,Thampanoor	സർക്കാർ	20
317	Secretariat	Thampanoor	Uco Bank,Thampanoor	സർക്കാർ	17
318	Secretariat	Thampanoor	Oriental Bank,Thampanoor	സർക്കാർ	15
319	Secretariat	Thampanoor	Uphc,Thampanoor	സർക്കാർ	6
320	Sreekanteswaram	Palkulangara	Phc, Palkulangara,Palkulangara	സർക്കാർ	7
321	Sreekanteswaram	Perunthanni	Crime Branch Ho,Perunthanni	സർക്കാർ	23
322	Sreekanteswaram	Sreekanteswaram	Sree Chitra Home,Sreekanteswaram	സർക്കാർ	52
323	Sreekanteswaram	Sreekanteswaram	Vanchipoor Fund ,Sreekanteswaram	സർക്കാർ	46
324	Sreekanteswaram	Sreekanteswaram	Bsnl ,Office . Uppidammoodu Palam	സർക്കാർ	37
325	Sreekanteswaram	Sreekanteswaram	Text Book Office ,Sreekanteswaram	സർക്കാർ	24
326	Sreekanteswaram	Sreekanteswaram	Mahadeva Temple ,Sreekanteswaram	സർക്കാർ	18
327	Sreekanteswaram	Vanchiyoor	Govt.Ayurveda College	സർക്കാർ	80
328	Sreekanteswaram	Vanchiyoor	Govt.H.S Vanchiyoor	സർക്കാർ	35
329	Sreekanteswaram	Vanchiyoor	Canara Bank Vanchiyoor	സർക്കാർ	28
330	Sreekanteswaram	Vanchiyoor	State Bank Of India Vanchiyoor	സർക്കാർ	25
331	Sreekanteswaram	Vanchiyoor	Dmo , Office Vanchiyoor	സർക്കാർ	72
332	Sreekanteswaram	Vanchiyoor	Dhs Office Vanchiyoor	സർക്കാർ	62
333	Sreekanteswaram	Vanchiyoor	Redcross Office Vanchiyoor	സർക്കാർ	25
334	Sreekanteswaram	Vanchiyoor	National Savings Office Vanchiyoor	സർക്കാർ	21
335	Sreekanteswaram	Vanchiyoor	Lic,Office Vanchiyoor	സർക്കാർ	20
336	Sreekaryam	Chellamangalam	Zonal Office Sreekaryam	സർക്കാർ	45
337	Sreekaryam	Sreekaryam	Karyavattom Campus	സർക്കാർ	150
338	Sreekaryam	Sreekaryam	Pangapara Health Centre	സർക്കാർ	88
339	Sreekaryam	Sreekaryam	Ghs Chavadimukk	സർക്കാർ	58
340	Sreekaryam	Chempazhanthi	Post Office,Chempazhanthi	സർക്കാർ	4
341	Sreekaryam	Sreevaraham	Sidda Hospital,Sreevaraham	സർക്കാർ	13

ക്രമ നം	സർക്കിൾ /സോണൽ	വാർഡ്	സമാഹരണത്തിന്റെ പേര്	സമാഹരണങ്ങൾ (സർക്കാർ/ അർദ്ധ സർക്കാർ/ സ്വയംഭരണം)	ജീവനക്കാരുടെ എണ്ണം
342	Sreekaryam	Sreevaraham	Homeo Hospital,Sreevaraham	സർക്കാർ	8
343	Thirumala	Poojappura	Scert,Poojappura	സർക്കാർ	120
344	Thirumala	Poojappura	Central Jail,Poojappura	സർക്കാർ	100
345	Thirumala	Poojappura	Hindhustan Latex,Poojappura	സർക്കാർ	100
346	Thirumala	Poojappura	Women Open Prison,Poojappura	സർക്കാർ	80
347	Thirumala	Poojappura	Pareeksha Bhavan,Poojappura	സർക്കാർ	70
348	Thirumala	Poojappura	Govt.Nirthalaya Hospital,Poojappura	സർക്കാർ	65
349	Thirumala	Poojappura	Govt.Panchakarma Hospital,Poojappura	സർക്കാർ	50
350	Thirumala	Poojappura	Bodhi,Poojappura	സർക്കാർ	20
351	Thirumala	Poojappura	Police Station,Poojappura	സർക്കാർ	20
352	Thirumala	Poojappura	Vanitha Vikasanavakupp	സർക്കാർ	7
353	Thirumala	Thrikkannapuram	Govt.Uphc,Thrikkannapuram	സർക്കാർ	15
354	Thirumala	Thrikkannapuram	Govt.Vetenary Hospital,Thrikkannapuram	സർക്കാർ	2
355	Thiruvallam	Poonkulam	Water Authority Vandithadam	സർക്കാർ	12
356	Thiruvallam	Poonkulam	H S Vazhamuttam	സർക്കാർ	36
357	Thiruvallam	Poonkulam	Poonkulam L P S	സർക്കാർ	9
358	Thiruvallam	Poonkulam	Vetinary Hospital Vandithadam	സർക്കാർ	6
359	Thiruvallam	Punchakkary	Thiruvallam Zonal Office	സർക്കാർ	51
360	Thiruvallam	Punchakkary	Thiruvallam P H C	സർക്കാർ	20
361	Thiruvallam	Punchakkary	Homeo Dispensary,Thiruvallam	സർക്കാർ	15
362	Thiruvallam	Thiruvallam	C DIT,Thiruvallam	സർക്കാർ	60
363	Thiruvallam	Thiruvallam	Bank Of India,Thiruvallam	സർക്കാർ	11
364	Thiruvallam	Thiruvallam	K S F E Pachalloor	സർക്കാർ	10
365	Thiruvallam	Thiruvallam	K S E B Thiruvallam	സർക്കാർ	8
366	Thiruvallam	Thiruvallam	Sub-Registrar Office,Thiruvallam	സർക്കാർ	7
367	Thiruvallam	Thiruvallam	Kerala Bank,Thiruvallam	സർക്കാർ	6
368	Thiruvallam	Thiruvallam	Village Office,Thiruvallam	സർക്കാർ	6
369	Thiruvallam	Thiruvallam	Post Office,Thiruvallam	സർക്കാർ	5
370	Thiruvallam	Thiruvallam	Agriculture Office,Thiruvallam	സർക്കാർ	5
371	Thiruvallam	Thiruvallam	Water Authority Thiruvallam	സർക്കാർ	4
372	Thiruvallam	Thiruvallam	B S N L Thiruvallam	സർക്കാർ	3
373	Thiruvallam	Vellar	Sub Centre,Thiruvallam	സർക്കാർ	5
374	Thiruvallam	Vengannor	Sub Registrar Office,Thiruvallam	സർക്കാർ	9
375	Thycaud	Thycaud	Govt Arts College Thycaud	സർക്കാർ	36
376	Thycaud	Thycaud	Village Office Thycaud	സർക്കാർ	6
377	Thycaud	Valiyasala	Training Institution Nursing Valiyasala	സർക്കാർ	50
378	Thycaud	Valiyasala	Food And Safety Commission Office,	സർക്കാർ	15
379	Thycaud	Valiyasala	Sub Registrar Office,Valiyasala	സർക്കാർ	10
380	Ulloor	Akkulam	Govt Diabetic Centre,Akkulam	സർക്കാർ	30
381	Ulloor	Akkulam	Govt Cds,Akkulam	സർക്കാർ	10
382	Ulloor	Akkulam	Village Office,Akkulam	സർക്കാർ	6
383	Ulloor	Akkulam	Govt Ayurveda Dispensary,Akkulam	സർക്കാർ	5
384	Ulloor	Cheruvaikkal	Ctcri,Cheruvaikkal	സർക്കാർ	125
385	Ulloor	Cheruvaikkal	Police Station,Cheruvaikkal	സർക്കാർ	25
386	Ulloor	Cheruvaikkal	Bsnl Office,Cheruvaikkal	സർക്കാർ	15
387	Ulloor	Cheruvaikkal	Govt Technical School,Cheruvaikkal	സർക്കാർ	10
388	Ulloor	Cheruvaikkal	Dr.Abdul Kalam University,Cheruvaikkal	സർക്കാർ	10
389	Ulloor	Cheruvaikkal	Govt L.P.S Pongummoodu	സർക്കാർ	5
390	Ulloor	Cheruvaikkal	Govt U.P.S Cheruvaikkal	സർക്കാർ	5
391	Ulloor	Cheruvaikkal	Ulloor Primary Health Care ,Cheruvaikkal	സർക്കാർ	5
392	Ulloor	Cheruvaikkal	Govt Vetenary Hospital ,Cheruvaikkal	സർക്കാർ	4
393	Ulloor	Mannanthala	Govt Press,Mannanthala	സർക്കാർ	200
394	Ulloor	Mannanthala	Civil Service Academy,Mannanthala	സർക്കാർ	34
395	Ulloor	Mannanthala	Police Station ,Mannanthala	സർക്കാർ	24
396	Ulloor	Mannanthala	Commercial Training Institute,Mannanthala	സർക്കാർ	24
397	Ulloor	Mannanthala	Ghs Mannanthala,Mannanthala	സർക്കാർ	17
398	Ulloor	Mannanthala	Excise Office,Mannanthala	സർക്കാർ	16
399	Ulloor	Mannanthala	Post Office ,Mannanthala	സർക്കാർ	8

ക്രമ നം	സർക്കിൾ /സോണൽ	വാർഡ്	സ്ഥാപനത്തിന്റെ പേര്	സ്ഥാപനതരം (സർക്കാർ/ അർദ്ധ സർക്കാർ/ സ്വയംഭരണം)	ജീവനക്കാരുടെ എണ്ണം
400	Ulloor	Mannanthala	Primary Health Centre,Mannanthala	സർക്കാർ	8
401	Ulloor	Mannanthala	Multi Speciality Dental Clinic,Mannanthala	സർക്കാർ	8
402	Ulloor	Nalanchira	Ghs Kattachakkonam	സർക്കാർ	15
403	Ulloor	Nalanchira	National Career Service Centre,Nalanchira	സർക്കാർ	10
404	Ulloor	Nalanchira	Krishi Bhavan,Nalanchira	സർക്കാർ	8
405	Ulloor	Nalanchira	Soil Museum,Nalanchira	സർക്കാർ	8
406	Ulloor	Ulloor	Kerala Water Authority,Ulloor	സർക്കാർ	50
407	Ulloor	Ulloor	Village Office,Ulloor	സർക്കാർ	10
408	Vattiyoorkkavu	Kachani	Govt. Ayurvedha Hospital,Vattiyoorkkavu	സർക്കാർ	5
409	Vattiyoorkkavu	Kachani	Govt. Veterinary Hospital,Vattiyoorkkavu	സർക്കാർ	5
410	Vattiyoorkkavu	Kodunganoor	Phc,Vattiyoorkkavu	സർക്കാർ	24
411	Vattiyoorkkavu	Nettayam	Cpt,Vattiyoorkkavu	സർക്കാർ	60
412	Vattiyoorkkavu	Nettayam	Geological Survey Of India,Vattiyoorkkavu	സർക്കാർ	30
413	Vattiyoorkkavu	Nettayam	Kseb,Vattiyoorkkavu	സർക്കാർ	26
414	Vattiyoorkkavu	Nettayam	Capt,Nettayam	സർക്കാർ	20
415	Vattiyoorkkavu	Nettayam	Village Office,Nettayam	സർക്കാർ	8
416	Vattiyoorkkavu	Nettayam	Bevco,Nettayam	സർക്കാർ	5
417	Vattiyoorkkavu	Nettayam	Post Office, Nettayam	സർക്കാർ	3
418	Vattiyoorkkavu	Nettayam	Post Office, Manikandeswaram	സർക്കാർ	3
419	Vattiyoorkkavu	Thuruthumoola	Kseb,Thuruthumoola	സർക്കാർ	35
420	Vattiyoorkkavu	Thuruthumoola	Homeo Dispensary ,Thuruthumoola	സർക്കാർ	5
421	Sasthamangalam	Vattiyoorkavu	Police Station,Vattiyoorkavu	സർക്കാർ	60
422	sasthamangalam	Vattiyoorkavu	Gvhss Vattiyoorkavu	സർക്കാർ	45
423	sasthamangalam	Vattiyoorkavu	Kseb,Vattiyoorkavu	സർക്കാർ	35
424	sasthamangalam	Vattiyoorkavu	Uphc,Vattiyoorkavu	സർക്കാർ	30
425	sasthamangalam	Vattiyoorkavu	Post Office,Vattiyoorkavu	സർക്കാർ	14
426	Vattiyoorkkavu	Vattiyoorkavu	Bsnl Office,Vattiyoorkavu	സർക്കാർ	6
427	Vizhinjam	VIZHINJAM	Coastal Police Station,Vizhinjam	സർക്കാർ	60
428	Vizhinjam	Harbour	Costgaurd Office,Vizhinjam	സർക്കാർ	45
429	Vizhinjam	Harbour	Kovalam Kottaram,Vizhinjam	സർക്കാർ	30
430	Vizhinjam	Harbour	Accquriyum,Vizhinjam	സർക്കാർ	25
431	Vizhinjam	Harbour	Post Office,Vizhinjam	സർക്കാർ	20
432	Vizhinjam	Harbour	Fire Station,Vizhinjam	സർക്കാർ	20
433	Vizhinjam	Harbour	Harbour Engg. Office Harbour	സർക്കാർ	16
434	Vizhinjam	Harbour	Light House,Harbour	സർക്കാർ	16
435	Vizhinjam	Harbour	Itdc,Harbour	സർക്കാർ	12
436	Vizhinjam	Harbour	Cmfri,Harbour	സർക്കാർ	8
437	Vizhinjam	Harbour	Ktdc,Harbour	സർക്കാർ	7
438	Vizhinjam	Harbour	Anganwadi 132 Samudra,Harbour	സർക്കാർ	2
439	Vizhinjam	Harbour	Anganwadi 171 Township,Harbour	സർക്കാർ	2
440	Vizhinjam	Harbour	Anganwadi 172 Mannakkallu,Harbour	സർക്കാർ	2
441	Vizhinjam	Harbour	Anganwadi 173 Mathippuram,Harbour	സർക്കാർ	2
442	Vizhinjam	Harbour	Anganwadi 174 Thaivilakam,Harbour	സർക്കാർ	2
443	Vizhinjam	Harbour	Anganwadi 175 Avaduthura,Harbour	സർക്കാർ	2
444	Vizhinjam	Harbour	Anganwadi 176 Valiya Parabu,Harbour	സർക്കാർ	2
445	Vizhinjam	Harbour	Anganawadi 177 Vliyavilamusilam Colonay	സർക്കാർ	2
446	Vizhinjam	Harbour	Anganwadi 140 Harbour	സർക്കാർ	2
447	Vizhinjam	Mullor	Fhc Mukkola	സർക്കാർ	15
448	Vizhinjam	Mullor	Kvlps Mukkola	സർക്കാർ	14
449	Vizhinjam	Mullor	Lvlps Mukkola	സർക്കാർ	12
450	Vizhinjam	Mullor	Bevberage Mullor	സർക്കാർ	10
451	Vizhinjam	Mullor	Bank Of India Mukkola	സർക്കാർ	8
452	Vizhinjam	Mullor	Village Office Mukkola	സർക്കാർ	6
453	Vizhinjam	Mullor	Post Office Mullor	സർക്കാർ	5
454	Vizhinjam	Mullor	Hemo Tvm Nagarasabha Dispensery,Mullor	സർക്കാർ	5
455	Vizhinjam	Mullor	Edivzhunnavila 141 Aganawadi	സർക്കാർ	2
456	Vizhinjam	Mullor	Thalakkode 142,Mullor	സർക്കാർ	2
457	Vizhinjam	Mullor	Kidarakuzhi 143,Mullor	സർക്കാർ	2


ക്രമ നം	സർക്കിൾ /സോണൽ	വാർഡ്	സ്ഥാപനത്തിന്റെ പേര്	സ്ഥാപനതരം (സർക്കാർ/ അർദ്ധ സർക്കാർ/ സഹകരണം/ സ്വയംഭരണം)	ജീവനക്കാരുടെ എണ്ണം
458	Vizhinjam	Mullor	Vattavila 144,Mullor	സർക്കാർ	2
459	Vizhinjam	Mullor	Plavila 145,Mullor	സർക്കാർ	2
460	Vizhinjam	Mullor	Mullor 146,Mullor	സർക്കാർ	2
461	Vizhinjam	Mullor	Panavila 147,Mullor	സർക്കാർ	2
462	Vizhinjam	Mullor	Thottam148,Mullor	സർക്കാർ	2
463	Vizhinjam	Mullor	Nelikkunnu 149,Mullor	സർക്കാർ	2
464	Vizhinjam	Mullor	Vallayam Ninna Vila 150 Anaganwadi	സർക്കാർ	2
465	Vizhinjam	Venganoor	Svlps Vizhinjam	സർക്കാർ	18
466	Vizhinjam	Venganoor	Sbi Vizhinjam	സർക്കാർ	15
467	Vizhinjam	Venganoor	Supply Co Outlet,Venganoor	സർക്കാർ	12
468	Vizhinjam	Venganoor	Post Office,Venganoor	സർക്കാർ	10
469	Vizhinjam	Vizhinjam	Vizhinjam Zonal Office	സർക്കാർ	70
470	Vizhinjam	Vizhinjam	Ksrtc,Vizhinjam	സർക്കാർ	50
471	Vizhinjam	Vizhinjam	Costal Police Station,Vizhinjam	സർക്കാർ	30
472	Vizhinjam	Vizhinjam	Police Station,Vizhinjam	സർക്കാർ	28
473	Vizhinjam	Vizhinjam	Bsnl,Vizhinjam	സർക്കാർ	26
474	Vizhinjam	Vizhinjam	Sub Tresuary,Vizhinjam	സർക്കാർ	20
475	Vizhinjam	Vizhinjam	Ksfe Vizhinjam,Vizhinjam	സർക്കാർ	18
476	Vizhinjam	Vizhinjam	Ayur Veda Dispensery,Vizhinjam	സർക്കാർ	12
477	Vizhinjam	Vizhinjam	Postoffice,Vizhinjam	സർക്കാർ	12
478	Vizhinjam	Vizhinjam	Malsya Fed,Vizhinjam	സർക്കാർ	8
479	Vizhinjam	Vizhinjam	Vetinery Hospital,Vizhinjam	സർക്കാർ	6
480	Vizhinjam	Vizhinjam	Vizhinjam Thervu 135	സർക്കാർ	2
481	Vizhinjam	Vizhinjam	Ambalkulam 134	സർക്കാർ	2
482	Vizhinjam	Vizhinjam	Vaduvachal 170	സർക്കാർ	2
483	Vizhinjam	Vizhinjam	Pallithura 168	സർക്കാർ	2
484	Vizhinjam	Vizhinjam	Town Ship Pullorkonam 131	സർക്കാർ	2
485	Vizhinjam	Vizhinjam	Town Ship 129,Vizhinjam	സർക്കാർ	2
486	THIRUMALA	THIRUMALA	VILLAGE OFFICE,Vizhinjam	സർക്കാർ	7
487	Beach	Valiyathura	SBI, Airport,Vizhinjam	അർദ്ധ സർക്കാർ	11
488	Nemom	Nemom	village office,Vizhinjam	സർക്കാർ	6
489	Nemom	Nemom	police station,Vizhinjam	സർക്കാർ	18
490	Nemom	Nemom	register office,Vizhinjam	സർക്കാർ	6
491	Nemom	Nemom	Ayur Veda Dispensery,Vizhinjam	സർക്കാർ	4
492	Nemom	Nemom	KSEB,Vizhinjam	അർദ്ധ സർക്കാർ	20
493	Nemom	Melamcode	Vetinery Hospital,Vizhinjam	സർക്കാർ	4
494	Nemom	Melamcode	KSEB,Vizhinjam	അർദ്ധ സർക്കാർ	20
495	Nemom	Estate	c s i r,Vizhinjam	സർക്കാർ	70

32620

## ANNEXURE -XII

Permission letters from institutions

3008/23/CFA/IM

  
श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम  
तिरुवनन्तपुरम - ६९५०११, केरल, इंडिया  
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM  
Thiruvananthapuram - 695 011, Kerala, India  
(An Institute of National Importance under Govt. of India)  
Grams : Chitramet, Phone : +91-471-2443152, Fax : +91-471-2550728 / 2446433, E-mail : sct@sctimst.ac.in, Website : www.sctimst.ac.in

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AMCHSS/MPH-2022/External Letter/06 November 02, 2023

To

Principal  
Fine Arts College  
Palayam

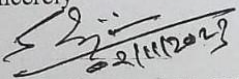
**Dear Sir/Madam,**  
Sub: Request guidance and support for a study by an MPH scholar in Trivandrum district reg:

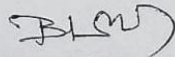
I am happy to introduce Dr Gloria V J, a scholar in our Master of Public Health (MPH) program at Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum.



As part of her MPH dissertation, she would like to study "Health-Related Quality of Life among Government Office Workers in Trivandrum." She plans to interview 30 employees from selected government offices in the district. She is doing her study under the guidance of Dr. Manju Nair R, Scientist D.

The information collected will be kept confidential, and the Institutional Ethics Committee of SCTIMST will monitor the study. We will ensure that the research work undertaken by Dr Gloria V J during her studentship will adhere to the laws of the land and society's moral ethos.

Kindly permit Dr Gloria V J to undertake this study and give your valuable guidance and advice regarding the conduct of the study in the Government offices of Trivandrum district.

Thanking You,  
Sincerely  
  
Dr Biju Soman, MD, DPH, MBBS, MSc, DLSHTM  
Professor & Head,  
Achutha Menon Centre for Health Science Studies,  
URL: [www.sctimst.ac.in/people/bijusoman](http://www.sctimst.ac.in/people/bijusoman)  
tel: +91 471 252 4230 (off), 244 6433 (fax), 92  
email: [bijusoman@sctimst.ac.in](mailto:bijusoman@sctimst.ac.in)

Permitted  
  
PRINCIPAL  
College of Fine Arts Kerala  
Thiruvananthapuram

I/529323/2023

**ഭരണഭാഷ-മാതൃഭാഷ**

നമ്പർ:H5/8567/2023 ഡി.ഡി .ഇ

വിദ്യാഭ്യാസ ഉപഡയറക്ടറുടെ കാര്യാലയം  
തിരുവനന്തപുരം, തീയതി : 29-11-2023  
ഇ-മെയിൽ : ddetvm.dge@kerala.gov.in

പ്രേഷിത,

വിദ്യാഭ്യാസ ഉപഡയറക്ടർ,  
തിരുവനന്തപുരം

സീക്രട്ടറീ,

പ്രഥമാധ്യാപിക  
എസ് .എം .വി ഗവ.മോഡൽ ഹയർ സെക്കണ്ടറി സ്കൂൾ  
തിരുവനന്തപുരം

സർ

വിഷയം: പൊതുവിദ്യാഭ്യാസം- തിരുവനന്തപുരം ശ്രീചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസ് ആൻഡ് ടെക്നോളജിയിൽ നിന്നും അക്കാദമിക് ഗവേഷണത്തിനായി സർവ്വേ നടത്തുന്നതിന് സ്കൂൾ അനുവദിക്കുന്നത് - സംബന്ധിച്ച്

സൂചന: തിരുവനന്തപുരം ശ്രീചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസ് ആൻഡ് ടെക്നോളജിയിലെ AMCHSS / MPH/2022 തീയതി 15/11/2022 പ്രകാരമുള്ള അപേക്ഷ

സൂചന കത്ത് പ്രകാരം തിരുവനന്തപുരം ശ്രീചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസ് ആൻഡ് ടെക്നോളജിയിലെ മാസ്റ്റർ ഓഫ് ഹെൽത്ത് കോഴ്സ് പഠിക്കുന്ന ഡോക്ടർ .ഗ്ലോറിയ വി.ജെ ക്ക് സർക്കാർ ജീവനക്കാരുടെ ആരോഗ്യവുമായി ബന്ധപ്പെട്ട ജീവിത നിലവാരം എന്ന തലക്കെട്ടിൽ അക്കാദമിക് ഗവേഷണത്തിനായി സർവ്വേ നടത്തുന്നതിനായി തിരുവനന്തപുരം SMV ഗവൺമെന്റ് മോഡൽ ഹയർ സെക്കണ്ടറി സ്കൂൾ അനുവദിച്ചു തരണമെന്ന് അപേക്ഷിച്ചിരുന്നു. ഇതനുസരിച്ചു ഡോക്ടർ .ഗ്ലോറിയ വി.ജെ ക്ക് സർക്കാർ ജീവനക്കാരുടെ ആരോഗ്യവുമായി ബന്ധപ്പെട്ട ജീവിത നിലവാരം എന്ന തലക്കെട്ടിൽ അക്കാദമിക് ഗവേഷണത്തിനായി സർവ്വേ നടത്തുന്നതിനായി തിരുവനന്തപുരം SMV ഗവൺമെന്റ് മോഡൽ ഹയർ സെക്കണ്ടറി സ്കൂൾ കട്ടികളുടെ പഠനത്തിനും സ്കൂൾ പ്രവർത്തനത്തിനും തടസ്സമാകാത്ത രീതിയിൽ അനുവദിച്ചു കൊടുക്കുന്നതിനു പ്രഥമാധ്യാപികയ്ക്കു നിർദ്ദേശം നൽകുന്നു.

വിശ്വസ്തയോടെ,

Signed by  
Thankamoni J  
Date: 29-11-2023 16:48:02

വിദ്യാഭ്യാസ ഉപഡയറക്ടർ  
തിരുവനന്തപുരം

Registered with AD



## TRAVANCORE DEVASWOM BOARD

Nanthancode, Thiruvananthapuram  
Phone:-0471 2315156 Fax- 0471 2315156  
Email: [dcotdb@gmail.com](mailto:dcotdb@gmail.com)

ROC.NO.23760/23/EST-C

Devaswom Commissioner Office  
Thiruvananthapuram  
08/01/2024

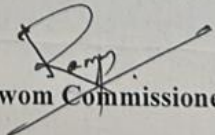
**Dr.Biju Soman**  
**Professor & Head**  
**Achutha Menon Centre for Health Science & Studies**  
**Sree Chithira Thirunal Institute for Medical Science**

Dear Sir,

Sub:- In response to the letter no: AMCHSS/MPH-2022/External Letter/08  
dtd.02/11/2023

This is in response to the above mentioned letter & intimate you that Travancore Devaswom Board has sanctioned permission to Dr.Gloria.V.J from your institution to undertake her studies as part of "Master of Public Health" program in this organization. She can collect information related to her studies from our willing employees, without any kind of compulsion.

Thanking You  
Faithfully

  
Devaswom Commissioner

AR.

From

Inspector of Police  
Coastal Police Station, Vizhinjam

To

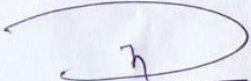
Dr.Biju Soman  
Professor & Head  
Achutha Menon Centre for Health Science & Studies  
Sree Chithira Thirunal Institute for Medical Science

Sub:- In response to the letter no: AMCHSS/MPH-2022/External  
Letter/08 dtd.02/11/2023

This is in response to the above mentioned letter & intimate you that Vizhinjam Coastal Police Station has sanctioned permission to Dr.Gloria.V.J from your institution to undertake her studies as part of "Master of Public Health" program in this organization. She can collect information related to her studies from our willing employees, without any kind of compulsion.

Faithfully,



  
Inspector of Police  
Coastal Police Station,  
Vizhinjam



Kerala State Industrial Development Corporation Limited

Keston Road, Kowdiar, Thiruvananthapuram 695 003, Kerala, India

Tel : +91-471-2318922 | Fax : +91-471-2315893

Email : enquiry@ksidcmail.org | www.ksidc.org

CIN : U45309KL1961SGC001937

KSIDC/TVPM/HR/2024/ 3314

12.02.2024

Dr. Biju Soman  
Professor & Head  
Achutha Menon Centre for Health Science Studies  
Sree Chitra Tirunal Institute For Medical  
Sciences And Technology Trivandrum  
Thiruvananthapuram-695011

Sir,

Sub: Permission to Dr. Gloria V J, scholar in Master of Public Health (MPH) to undertake a Health Related study in KSIDC-reg.

Ref: AMCHSS/MPH-2022/External Letter/15 dated November 15, 2023

This is with reference to your letter requesting to grant permission to Dr. Gloria V J, scholar in Master of Public Health (MPH), to undergo a study "Health-Related Quality of Life among Government Office Employees in Trivandrum" ,in Kerala State Industrial Development Corporation Ltd at Thiruvananthapuram Office (KSIDC) as part of her MPH dissertation. As desired, we are glad to permit Dr. Gloria to undertake the aforementioned study at KSIDC.

Yours faithfully,  
for Kerala State Industrial Development Corporation Ltd

Manager(HR & Administration)

Copy to: Dr. Gloria V J

**PROCEEDINGS OF THE SECRETARY,**  
**KERALA STATE HOUSING BOARD, THIRUVANANTHAPURAM**

Sub: KSHB-Estt. - Request to conduct study on Health - Related Quality of Life among Government Office Workers in Trivandrum at KSHB – permission granted.

**Order No: KSHB-HO/540/2023-AD1(A)**

**Dated: 01-12-2023**

Read: Letter No.AMCHSS/MPH-2022/External Letter/03 from Achutha Menon Centre for Health Science Studies dated 25/09/2023.

**ORDER**

Achutha Menon Centre for Health Science Studies had requested to allow \_\_\_\_\_ a scholar in Master of Public Health (MPH) Programme at Achutha Menon Centre for Health Science Studies, Sree Chithra Tirunal Institute for Medical Sciences, Trivandrum to conduct a study as part of Master Of Public Health program dissertation to study Health - Related Quality of Life among employees of Kerala State Housing Board.

In this circumstances \_\_\_\_\_ is permitted to conduct a study on Health - Related Quality of Life among employees of Kerala State Housing Board.

Arjun Pandian IAS  
SECRETARY

To

Copy to: -Joint Secretary/Head, Achutha Menon Centre for Health Science Studies /CE/DCE/RE Tvm/EE Tvm/All Section Head's of Head Office

Approved for issue

Additional Secretary

Signed by

Babu. K

Date: 01-12-2023 11:00:31

നമ്പർ. ബി2-46374/2021/സി.ഇ

ചീഫ് എഞ്ചിനീയറുടെ കാര്യാലയം  
ഹാർബർ എഞ്ചിനീയറിംഗ് വകുപ്പ്  
കുമ്പളശ്ശേരി, മണക്കാട്.പി.ഒ.  
തിരുവനന്തപുരം - 695 009  
e-mail: ce.hed@kerala.gov.in  
Telephone/FAX: 0471-2459365/2459159

തീയതി: 17/11/2023

സർ,

വിഷയം : ഹാർബർ എഞ്ചിനീയറിംഗ് വകുപ്പ് - ജീവനക്കാരിൽ നിന്നും സർവ്വേ നടത്തുന്നതിനായി അനുമതി നൽകുന്നത് - സംബന്ധിച്ച്.  
സൂചന : 15/11/2023 ലെ AMCHSS/MPH-2022/External letter /14 നമ്പർ കത്ത്.

മേൽ സൂചനയിൽ ആവശ്യപ്പെട്ടതിന് പ്രകാരം താങ്കളുടെ MPH കോഴ്സിന്റെ ഭാഗമായി Health related quality of life among Government office workers in Trivandrum; A cross sectioned study എന്ന വിഷയത്തിൽ ഹാർബർ എഞ്ചിനീയറിംഗ് വകുപ്പിലെ ജീവനക്കാരിൽ നിന്നും സർവ്വേ നടത്തുന്നതിനായി അനുമതി നൽകുന്നു.

Dr. Gloriya. V. J  
Master of Public Health student  
Achutha Menon Centre for Health Science Studies,  
SCTIMST, TVPM

*A. Jey*  
ചീഫ് എഞ്ചിനീയർ  
ചീഫ് എൻജിനീയർ  
ഹാർബർ എൻജിനീയറിംഗ് വകുപ്പ്  
തിരുവനന്തപുരം പിൻ-695009



T4/Sh

Website: [www.kwa.kerala.gov.in](http://www.kwa.kerala.gov.in)  
Mobile/ Whatsapp: +919495998258

Tel. 0471-2738300  
Consumer Helpline Number  
1916 [24X7] [Toll Free]



**KERALA WATER AUTHORITY**

Jalabhavan  
Thiruvananthapuram – 695033  
Kerala - India

No KWA-JB/4494/2023-AE(TC)

Date: 23-11-2023

From

The Deputy Chief Engineer (GL)

To

The Professor & Head  
Achutha Menon Centre for Health Science Studies  
Thiruvananthapuram

Sir,

Sub: Guidance and Support for a study by MPH scholar in Trivandrum district - Reg:-  
Ref: That office Letter no. AMCHSS/MPH-2022/External letter/07 dated 2.11.23

Vide reference cited it was requested to permit Dr. Gloria V J , a scholar in Master of Public Health Programme at Achutha Menon Centre for Health Science Studies, SCTIMST to undertake the study on Health related Quality of Life among Government office workers in Trivandrum by interviewing 30 employees from selected govt offices. It is informed that your request for interviewing 30 employees from KWA is hereby accepted. She is not eligible for any financial assistance / remuneration, accommodation or allowance of any kind. The student shall share the details of the information collected to KWA.

Yours faithfully

Signed by

Saiju Purushothaman

Date: 23-11-2023 20:11:28

SAIJU PURUSHOTHAMAN  
DEPUTY CHIEF ENGINEER / SUPERINTENDING  
ENGINEER/PROJECT DIRECTOR

“ഭരണഭാഷ-മാതൃഭാഷ”

**സർക്കാർ ആയുർവേദ കോളേജ് തിരുവനന്തപുരം**

**പ്രിൻസിപ്പാളിന്റെ നടപടിക്രമം**

(നറാജർ: ഡോ.ജയ് ജി.)

വിഷയം: സ്റ്റോക്ക്-സർക്കാർ ആയുർവേദ കോളേജ് തിരുവനന്തപുരം-ഡോ. അച്യുതമേനോൻ സെൻറർ ഫോർ ഹെൽത്ത് സയൻസ് സറ്റഡീസ്, ശ്രീചിത്തിര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസ് ആൻറ് ടെക്നോളജി, തിരുവനന്തപുരത്തിലെ എം.പി.എച്ച് സ്കോളറായ ഡോ.ഗ്ലോറിയ വി.ജെ.-യ്ക്ക് 30 സർക്കാർ ജീവനക്കാരെ അവരുടെ സമ്മതപ്രകാരം ഇൻറർവ്യൂ ചെയ്യുന്നതിന് അനുവാദം നൽകി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

**സർക്കാർ ആയുർവേദ കോളേജ്**

ഉത്തരവ് നം.എസ്4/7683/2022/എ.വി.സി., തിരുവനന്തപുരം തീയതി: 30-01-2024

പരാമർശം: 18/01/2024 തീയതിയിൽ ഡോ. ഗ്ലോറിയ വി.ജെ., എം.പി.എച്ച്. സ്കോളർ, . അച്യുതമേനോൻ സെൻറർ ഫോർ ഹെൽത്ത് സയൻസ് സറ്റഡീസ്, ശ്രീചിത്തിര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസ് ആൻറ് ടെക്നോളജി, തിരുവനന്തപുരം സമർപ്പിച്ച അപേക്ഷ.

**ഉത്തരവ്**

ഡോ. അച്യുതമേനോൻ സെൻറർ ഫോർ ഹെൽത്ത് സയൻസ് സറ്റഡീസ്, ശ്രീചിത്തിര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസ് ആൻറ് ടെക്നോളജി, തിരുവനന്തപുരത്തിലെ എം.പി.എച്ച് സ്കോളറായ ഡോ.ഗ്ലോറിയ വി.ജെ.-യെ 30/01/2024 മുതൽ 31/01/2024 വരെ 30 സർക്കാർ ജീവനക്കാരെ ഇൻറർവ്യൂ ചെയ്യുന്നതിന് അനുവദിക്കണമെന്ന് മേൽ പരാമർശ പ്രകാരം ആവശ്യപ്പെട്ടിട്ടുണ്ട്.

പ്രസ്തുത അപേക്ഷ പരിശോധിച്ചതിന്റെ അടിസ്ഥാനത്തിൽ ഡോ. അച്യുതമേനോൻ സെൻറർ ഫോർ ഹെൽത്ത് സയൻസ് സറ്റഡീസ്, ശ്രീചിത്തിര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസ് ആൻറ് ടെക്നോളജി, തിരുവനന്തപുരത്തിലെ എം.പി.എച്ച് സ്കോളറായ ഡോ.ഗ്ലോറിയ വി.ജെ.-യെ എത്തിക്കൽ ക്ലിയറൻസ് ലഭ്യമായതിനാലും പ്രൊപ്പോസലും ചോദ്യാവലിയും സമർപ്പിച്ചതിനാലും 30/01/2024 മുതൽ 31/01/2024 വരെ 30 സർക്കാർ ജീവനക്കാരെ അവരുടെ സമ്മതപ്രകാരം ഇൻറർവ്യൂ ചെയ്യുന്നതിന് അനുവദിച്ച ഉത്തരവാകുന്നു.

  
പ്രിൻസിപ്പാൾ

സീകർത്താവ്:

ഡോ. ഗ്ലോറിയ വി.ജെ., എം.പി.എച്ച്. സ്കോളർ. അച്യുതമേനോൻ സെൻറർ ഫോർ ഹെൽത്ത് സയൻസ് സറ്റഡീസ്, ശ്രീചിത്തിര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസ് ആൻറ് ടെക്നോളജി, തിരുവനന്തപുരം.

പകർപ്പ്:

മെമ്പർ സെക്രട്ടറി, ഐ.ഇ.സി., സർക്കാർ ആയുർവേദ കോളേജ്, തിരുവനന്തപുരം



श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम  
तिरुवनन्तपुरम - ६९५०११, केरल, इंडिया

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM  
Thiruvananthapuram - 695 011, Kerala, India  
(An Institute of National Importance under Govt. of India)

Grams : Chitramet, Phone : +91-471-2443152, Fax : +91-471-2550728 / 2446433, E-mail : sct@sctimst.ac.in, Website : www.sctimst.ac.in

AMCHSS/MPH-2022/External Letter/06/2024

To

Chairman and Managing Director  
KSEB  
Pattom  
Trivandrum

Dear Sir/Madam,

Sub: Request guidance and support for a study by an MPH scholar in Trivandrum district reg:

I am happy to introduce Dr Gloria V J, a scholar in our Master of Public Health (MPH) program at Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum.

As part of her MPH dissertation, she would like to study "Health-Related Quality of Life among Government Office Workers in Trivandrum." She plans to interview 30 employees from selected government offices in the district.

The information collected will be kept confidential, and the Institutional Ethics Committee of SCTIMST will monitor the study. We will ensure that the research work undertaken by Dr Gloria V J during her studentship will adhere to the laws of the land and society's moral ethos. The study will be done under the guidance of Dr. Manju Nair R (Email - manjun@sctimst.ac.in)

Kindly permit Dr Gloria V J to undertake this study and give your valuable guidance and advice regarding the conduct of the study in the Government offices of Trivandrum district.

Thanking You,

Sincerely

Dr. Biju Soman

MD, DPH, MBBS, MSc, DLSHTM

Professor & Head,

Achutha Menon Centre for Health Sciences Studies,

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum

Email: [bijusoman@sctimst.ac.in](mailto:bijusoman@sctimst.ac.in), Tel: +91 4712524230



Secy (Admin)

09-01-2024

- we may allow.  
→ follow all the procedures regarding data collection and privacy.

→ Submit the study report in time to clearly offer compliance. Manju Nair R 9.1.2024

I/635042/2024

**ലേബർ കമ്മീഷണറുടെ നടപടിക്രമം**  
**(സാന്നിദ്ധ്യം : ഡോ.കെ വാസുകി, ഐ.എ.എസ്)**

വിഷയം: തൊഴിൽവകുപ്പ് സ്ഥാപനക്കാര്യം - ഡോ.ഗ്ലോറി വി ജെ യ്ക്ക് പഠനം നടത്തുന്നതിന് അനുവാദം നൽകി - ഉത്തരവാകുന്നു.

പരാമർശം : അച്ചുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ് മേധാവിയുടെ 10.01.2024 തീയതിയിലെ AMCHSS/MPH-2022/External Letter /08/2024 നമ്പർ കത്ത്

**ഉത്തരവ് നം.എൽ.സി.ഒ /261/2024 ഇ(4) തീയതി.11-01-2024**

ശ്രീ ചിത്തിര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഓഫ് സയൻസ് ആന്റ് ടെക്നോളജി , തിരുവനന്തപുരം ലെ അച്ചുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ് ലെ എം പി എച്ച് (മാസ്റ്റർ ഓഫ് പബ്ലിക് ഹെൽത്ത്) ഗവേഷകയായ ഡോ.ഗ്ലോറി വി ജെ യ്ക്ക് -Health- Related Quality of Life among Government Office Workers in Trivandrum " എന്ന വിഷയവുമായി ബന്ധപ്പെട്ട് തിരുവനന്തപുരം ജില്ലയിലെ സർക്കാർ ഓഫീസുകളിൽ പഠനം നടത്തുന്നതിന് അനുവാദം നൽകണമെന്ന് പരാമർശം പ്രകാരം അഭ്യർത്ഥിച്ചിട്ടുണ്ട്.

മേൽ സാഹചര്യത്തിൽ ഡോ.ഗ്ലോറി വി ജെ യ്ക്ക് -Health- Related Quality of Life among Government Office Workers in Trivandrum " എന്ന വിഷയവുമായി ബന്ധപ്പെട്ട് തിരുവനന്തപുരം ജില്ലയിലെ തൊഴിൽ വകുപ്പിലെ ഓഫീസുകളിൽ മേൽ വിഷയവുമായി ബന്ധപ്പെട്ട് പഠനം നടത്തുന്നതിനും വിവരശേഖരണവുമായി ബന്ധപ്പെട്ട് ശേഖരിക്കുന്ന വിവരങ്ങൾ മറ്റ് സ്വതന്ത്ര സ്ഥാപനങ്ങൾക്കോ വ്യക്തികൾക്കോ കൈമാറ്റം ചെയ്യില്ലെന്ന വ്യവസ്ഥയോടെ അനുമതി നൽകി ഉത്തരവാകുന്നു.

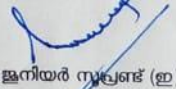
Vasuki.K.

LABOUR COMMISSIONER

ഡോ.ഗ്ലോറി വി ജെ  
ഗവേഷക, അച്ചുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ്  
പങ്കാളി:-

1. മേധാവി, അച്ചുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ്, ശ്രീ ചിത്തിര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഓഫ് സയൻസ് ആന്റ് ടെക്നോളജി
2. ഫയൽ/സ്റ്റോക്ക് ഫയൽ


ഉത്തരവിൻപ്രകാരം



ജനിയർ സുബ്ബുണ്ട് (ഇ)

## ANNEXURE -XIII

### Institutional ethics committee report

  
श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम  
तिरुवनन्तपुरम - ६९५०११, केरल, इंडिया  
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM  
Thiruvananthapuram - 695 011, Kerala, India  
(An Institute of National Importance under Govt. of India)  
Grams : Chitramet, Phone : +91-471-2443152, Fax : +91-471-2550728 / 2446433, E-mail : sct@sctimst.ac.in, Website : www.sctimst.ac.in

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**Institutional Ethics Committee**  
CDSCO Registration No: ECR/189/Inst/KL/2013/RR-21  
DHR Registration No:EC/NEW/INST/2022/2775

SCT/IEC/2173/DECEMBER/2023 12.01.2024

**Dr. Gloria VJ**  
MPH Student, AMCHSS  
SCTIMST, Thiruvananthapuram

Dear Dr. Gloria,

The Institutional Ethics Committee held on 30<sup>th</sup> December, 2023, reviewed and discussed your application to conduct the study titled "HEALTH-RELATED QUALITY OF LIFE AMONG GOVERNMENT OFFICE WORKERS IN TRIVANDRUM: A CROSS-SECTIONAL STUDY" (IEC /2173).

<b>Principal Investigator</b>	Dr. Gloria V J , MPH Student, AMCHSS, SCTIMST
<b>Co-Principal Investigator(s)</b>	Dr Manju Nair R, Scientist C, AMCHSS, SCTIMST Prof.Sankara Sarma P, Professor, AMCHSS, SCTIMST
<b>Duration of the study</b>	6 months

The following members of the Ethics Committee were present at the meeting held on 30<sup>th</sup> December, 2023

SL. No.	Member Name	Highest Degree	Gender	Scientific /Non Scientific	Affiliation with Institution(s)
1.	Smt. Sathi Nair	MA (English Literature)	Female	Lay Person	No
2.	Dr. Kala Kesavan P	MBBS,MD	Female	Basic Medical Scientist	No
3.	Adv. Priya Kaimal	LLM, MBL	Female	Legal Expert	No
4.	Dr. P. Manickam	BSMS, MSc (Epid),PhD	Male	Health Science Expert/ Social Scientist	No
5.	Dr. Christina George	MD Psychiatry	Female	Clinician	No
6.	Dr. Narayanan Namboodiri. K K	MBBS,MD,DM	Male	Clinician	Yes
7.	Dr. Biju Soman	MBBS,MD, DPH, MSc, DLSHTM	Male	Basic Medical Scientist	Yes

1

**The following documents were reviewed:**

Original submission

1. Checklist Form
2. Covering letter addressed to the Chairman, IEC, SCTIMST dated 01.12.2023
3. Responses /amendments made based on the Reviewer's comments
4. IEC Application Form
5. Declaration Form
6. Research Proposal
7. Participant Information Sheet in English and Malayalam
8. Informed Consent Form in English and Malayalam
9. Questionnaire in English and Malayalam
10. CV of Principal Investigator, Guide and Co-Guide
11. Permission letter from Institutions
12. SRC Recommendation Letter

Revised submission

1. Checklist Form
2. Covering letter addressed to the Chairman, IEC, SCTIMST dated 11.01.2024
3. Copy of IEC Recommendation letter dated 09.01.2024
4. Responses /amendments made based on the Reviewer's comments
5. IEC Application Form
6. Declaration Form
7. Research Proposal
8. Participant Information Sheet in English and Malayalam
9. Informed Consent Form in English and Malayalam
10. Questionnaire in English and Malayalam
11. CV of Principal Investigator, Guide and Co-Guide
12. Permission letter from Institutions

**IEC Decision**

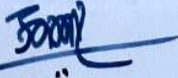
The IEC approved the conduct of the study in the present form.

**Remarks:**

The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study, any changes in the protocol and patient information/informed consent and asks to be provided a copy of the final report.

There was no member of the study team / Guide who participated in voting / decision making process. The ethics committee is organized and operated according to the requirements of Good Clinical Practice and the requirements of the Indian Council of Medical Research (ICMR).

Sincerely,

  
**Dr. G. Srinivas**  
Member Secretary, IEC

**MEMBER SECRETARY**  
INSTITUTIONAL ETHICS COMMITTEE (IEC)  
SCTIMST, THIRUVANANTHAPURAM



# ANNEXURE -XIV

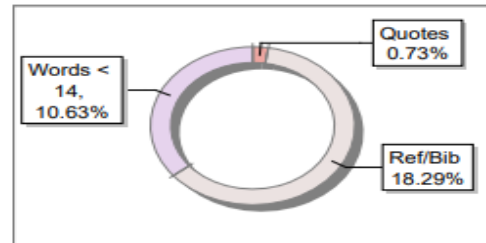
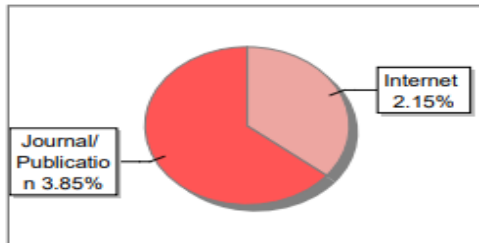
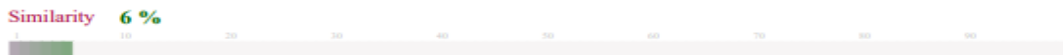


The Report is Generated by DrillBit Plagiarism Detection Software

### Submission Information

Author Name	[REDACTED]
Title	Health Related Quality of Life among government office workers in Trivandrum, Kerala
Paper/Submission ID	1719881
Submitted by	manjun@sctimst.ac.in
Submission Date	[REDACTED]
Total Pages	61
Document type	Thesis

### Result Information



### Exclude Information

Quotes	Not Excluded
References/Bibliography	Excluded
Sources: Less than 14 Words %	Excluded
Excluded Source	<b>13 %</b>
Excluded Phrases	Not Excluded

### Database Selection

Language	English
Student Papers	Yes
Journals & publishers	Yes
Internet or Web	Yes
Institution Repository	Yes

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