

## APPENDIX – J


### BECK ANXIETY INVENTORY

**Instructions:** Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by tick (✓) in the corresponding space in the column next to each symptom.

	Not at all	Mildly - but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling				
Feeling hot				
Wobbliness in legs				
Unable to relax				
Fear of worst happening				
Dizzy or lightheaded				
Heart pounding/racing				
Unsteady				
Terrified or afraid				
Nervous				
Feeling of choking				
Hands trembling				
Shaky / unsteady				
Fear of losing control				
Difficulty in breathing				
Fear of dying				
Scared				
Indigestion				
Faint / lightheaded				
Face flushed				
Hot/cold sweats				
Column Sum				

## APPENDIX – K

## BECK DEPRESSION INVENTORY

	<b>Beck Depression Inventory</b>	<b>Baseline</b>
V 0477	CRTN: _____ CRF number: _____	Page 14 patient inits: _____
<b>BDI-II</b>		Date: _____

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

<p><b>1. Sadness</b></p> <p>0 I do not feel sad. 1 I feel sad much of the time. 2 I am sad all the time. 3 I am so sad or unhappy that I can't stand it.</p> <p><b>2. Pessimism</b></p> <p>0 I am not discouraged about my future. 1 I feel more discouraged about my future than I used to be. 2 I do not expect things to work out for me. 3 I feel my future is hopeless and will only get worse.</p> <p><b>3. Past Failure</b></p> <p>0 I do not feel like a failure. 1 I have failed more than I should have. 2 As I look back, I see a lot of failures. 3 I feel I am a total failure as a person.</p> <p><b>4. Loss of Pleasure</b></p> <p>0 I get as much pleasure as I ever did from the things I enjoy. 1 I don't enjoy things as much as I used to. 2 I get very little pleasure from the things I used to enjoy. 3 I can't get any pleasure from the things I used to enjoy.</p> <p><b>5. Guilty Feelings</b></p> <p>0 I don't feel particularly guilty. 1 I feel guilty over many things I have done or should have done. 2 I feel quite guilty most of the time. 3 I feel guilty all of the time.</p>	<p><b>6. Punishment Feelings</b></p> <p>0 I don't feel I am being punished. 1 I feel I may be punished. 2 I expect to be punished. 3 I feel I am being punished.</p> <p><b>7. Self-Dislike</b></p> <p>0 I feel the same about myself as ever. 1 I have lost confidence in myself. 2 I am disappointed in myself. 3 I dislike myself.</p> <p><b>8. Self-Criticalness</b></p> <p>0 I don't criticize or blame myself more than usual. 1 I am more critical of myself than I used to be. 2 I criticize myself for all of my faults. 3 I blame myself for everything bad that happens.</p> <p><b>9. Suicidal Thoughts or Wishes</b></p> <p>0 I don't have any thoughts of killing myself. 1 I have thoughts of killing myself, but I would not carry them out. 2 I would like to kill myself. 3 I would kill myself if I had the chance.</p> <p><b>10. Crying</b></p> <p>0 I don't cry anymore than I used to. 1 I cry more than I used to. 2 I cry over every little thing. 3 I feel like crying, but I can't.</p>
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V 0477

## Beck Depression Inventory

CRTN: \_\_\_\_\_ CRF number: \_\_\_\_\_

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patient inits: \_\_\_\_\_

Baseline

### 11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

### 12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

### 13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

### 14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

### 15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

### 16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

### 17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

### 18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

### 19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

### 20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

### 21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Subtotal Page 2

Subtotal Page 1

Total Score

NR15645

3456789101112 ABCDE

## APPENDIX – L

### ROSENBERG SELF-ESTEEM SCALE

**Instructions:** Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

**APPENDIX – M****CONSENT TO PARTICIPATE VOLUNTARILY IN RESEARCH  
INVESTIGATION****Tamil Nadu Physical Education and Sports University  
Chennai**Investigator's Name : **V.ANITHA**Supervisor : **Dr. (Mrs.) AMSA NATARAJAN**

THESIS TITLE :

**EFFICACY OF VARIED INTENSITIES OF AEROBIC TRAINING ON  
SELECTED PHYSIOLOGICAL PSYCHOLOGICAL AND BIOCHEMICAL  
VARIABLES AMONG OBESE WOMEN**

You are being asked to participate in a research investigation as described in this form below. All such investigating projects carried out are governed by the regulations for research on human beings. These regulations require that the investigator obtain from you a signed agreement (consent) to participate in this project.

The investigator will explain to you in detail the purpose of the project, the procedures to be used, the potential benefits and the possible risks of participation. You can ask the investigator any questions that you may have about the investigation, and expect to receive satisfactory answers regarding the same. A basic explanation of the project is summarized below.

After discussion, if you are agree to participate in the project, please sign this form in the presence of a witness and the investigator. You may discontinue at any time from the investigation if you choose to do.

**I. Purpose and Procedures:**

The purpose of this research project is to find out the efficacy of varied intensities of aerobic training on selected physiological psychological and biochemical variables among obese women.

The subjects involved in this project will be sixty obese women. Participation in this project would require you to perform a certain tests to measure physiological, psychological and biochemical variables.

**II. Risks and the safeguards:**

The risks of this project are small. While administering the tests we do not expect any unusual risks as a direct result of this project. If any unexpected physical injury occurs, appropriate first aid will be provided, but no financial compensations will be given.

**III. Confidentiality:**

The information obtained about you will be kept in confidence, although you are free to release it to your physician. The information will be used only for scientific purposes without identifying you as an individual. Any significant new findings will be brought to your attention.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROJECT. I WILLINGLY CONSENT TO PARTICIPATE.**

Signature of witness : Signature of subject :

Name : Name :

Address : Address :

Date : Date :

**I CERTIFY THAT I HAVE EXPLAINED FULLY TO THE ABOVE  
SUBJECT THE NATURE, THE PURPOSE, THE POTENTIAL BENEFITS  
AND THE POSSIBLE RISKS INVOLVED IN THIS INVESTIGATION.**

Date:

Signature of the investigator