

Questionnaire on Caregiver and patient beliefs about the causes of schizophrenia

Patient characteristics

Date

1. Patient's age _____
2. Patient's gender Male____ Female____
3. Occupation of patient: _____
4. Patient's Education
1. No formal education _____ 4. Post secondary education _____
2. Primary school _____
3. Secondary education _____
5. Patient's Marital Status:
1. Married _____ 4. Divorced _____
2. Never married _____ 5. Widowed _____
3. Separated _____
6. Religion:
1. Christian 3. Traditional
2. Muslim 4. Others
7. Whom does patient live with: _____

Caregiver characteristics

8. Caregiver's age _____
9. Caregiver's gender: Male__ Female__
10. Occupation of Care Giver _____
11. Level of Education of Care giver
1. No formal education _____ 4. Post secondary _____
2. Primary school _____
3. Secondary school _____
12. Caregiver's marital status
1. Married _____ 4. Divorced _____
2. Single _____ 5. Widow _____
3. Separated _____

13. Relationship of caregiver with patient

- | | |
|---------------|-------------------|
| 1.Spouse ___ | 4.Grandparent ___ |
| 2.Sibling ___ | 5.Others ___ |
| 3.Parent ___ | |

14. No. of living children of Care Giver

15. Duration of illness _____

16. Duration of involvement in caregiving (approximate years) _____

17. Frequency of contact with patient _____

18. What is your view about the cause of this illness?(tick as many as apply)

- | | | |
|---|---------|--------|
| i. Natural illness such as head injury | Yes ___ | No ___ |
| ii. Inherited from the family | Yes ___ | No ___ |
| iii. God's punishment | Yes ___ | No ___ |
| iv. God's will | Yes ___ | No ___ |
| v. Satan's work | Yes ___ | No ___ |
| vi. Curse from enemies | Yes ___ | No ___ |
| vii. Witchcraft | Yes ___ | No ___ |
| viii. Patient reincarnated from a person with a similar illness | Yes ___ | No ___ |

19. Most important cause of illness _____