

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 _____
 2. Primary school _____
 3. Secondary education _____
 4. Post secondary education _____
5. Patient's Marital Status:
 1. Married _____
 2. Never married _____
 3. Separated _____
 4. Divorced _____
 5. Widowed _____
6. Religion:
 1. Christian _____
 2. Muslim _____
 3. Traditional _____
 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 _____
 2. Primary school _____
 3. Secondary school _____
 4. Post secondary _____
12. Caregiver's marital status
 1. Married _____
 2. Single _____
 3. Separated _____
 4. Divorced _____
 5. Widow _____

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 _____