Communication Partner Training for the Primary Caregivers of People with Aphasia in India: A multi-phase exploratory study

Volume Two (of Two)

Analisa Marie Pais

A dissertation submitted to the University of Dublin, Trinity College for the degree of Doctor of Philosophy

2022

Supervisor: Dr. Caroline Jagoe
Table of Contents

Table of contents ........................................................................................................................................... i
Appendix 1 Findings from the preliminary study ......................................................................................... 1
Appendix 2 Ethics Approval Forms: TCD .......................................................................................................... 3
Appendix 3 Ethics Approval Forms: NIMHANS ............................................................................................. 5
Appendix 4 Ethics Approval Forms: MSMC .................................................................................................... 9
Appendix 5 Participant Information Leaflets and Consent Forms (Phase One) ........................................... 11
Appendix 6 Participant Information Leaflets and Consent Forms (Phase Two) ......................................... 93
Appendix 7 (M)SCA and the (M)PCA scoresheets ....................................................................................... 158
Appendix 8 Interview guides in English and in Kannada ............................................................................... 160
Appendix 9 Documents relating to the adaptation of the SOC-13 items scale ........................................ 175
Appendix 10 Summary of the data collected ................................................................................................. 188
Appendix 11 Weightings applied to the data ................................................................................................. 190
Appendix 12 Raw data used to calculate the effect sizes ............................................................................ 194
Appendix 13 English and Kannada versions of the scripted CPT-In manual ............................................. 197
Appendix 14 The adaptations ....................................................................................................................... 245
Appendix 15 PowerPoint slides used for the training of primary caregivers .............................................. 252
Appendix 16 Appendices A-G of the CPT-In training manual ...................................................................... 269
Appendix 17 Sample Interview Transcript .................................................................................................. 311
Appendix 18 Sample Conversation Transcript .......................................................................................... 315
Appendix 19 Proposed format for operationalising CAT in clinical assessment ..................................... 328
Appendix 20 Transcription Conventions ..................................................................................................... 329
Appendix 1

In this appendix, findings from the preliminary study are illustrated in figures (i)-(iv)

Figure (i) Graphical representation of the awareness of conversation partner approaches in Canada, India, Ireland, South Africa and the USA

Figure (ii) Graphical representation of the practice of conversation partner approaches in Canada, India, Ireland, South Africa and the USA
Figure (iii) Graphical representation of the relevance of Conversation partner approaches in Canada, India, Ireland, South Africa and the USA.

Figure (iv) Graphical representation of the reasons for the absence of conversation partner approaches in India and South Africa.
Appendix 2

This appendix includes the ethical approval for the study obtained from The Research Ethics Committee School of Linguistic, Speech and Communication Sciences, TCD for (phases 1 and 2 combined). It also includes approval of revisions made to the project protocol.

30/05/2017

Application Academic Year 2016/17
Applicant: HT55 Pais, Analisa
Title of Research: Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- An exploratory study.

Dear Analisa,

Your revised submission for ethics approval for the research project above was considered by the Research Ethics Committee, School of Linguistic, Speech and Communication Sciences, Trinity College Dublin, on Monday 29th May 2017, and has been approved in full. We wish you the very best in your research activities.

Please note that on completion of research projects, applicants should complete the End of Project Report Form. Ph.D. students must (i) mention any modifications to research project design in their annual progress report, and (ii) submit the End of Project Report Form to the School’s Director of Postgraduate Teaching and Learning at the same time as thesis submission.

Best wishes,

Professor John Saeed

Chair, Research Ethics Committee
School of Linguistic, Speech and Communication Sciences
15/08/2017

Applicant: HT55 Pais, Analisa

Title of Research: Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India - An exploratory study.

Dear Analisa,

The Research Ethics Committee, School of Linguistic, Speech and Communication Sciences, Trinity College Dublin has approved your revision to the previously approved research project above. We wish you the very best in your research activities.

Just a reminder that on completion of research projects, applicants should complete the End of Project Report Form. Ph.D. students must (i) mention any modifications to research project design in their annual progress report, and (ii) submit the End of Project Report Form to the School’s Director of Postgraduate Teaching and Learning at the same time as thesis submission.

Best wishes,

[Signature]

Professor John Saeed

Chair, Research Ethics Committee
School of Linguistic, Speech and Communication Sciences
Appendix 3

This appendix includes the approval obtained from the National Institute of Mental Health and Neurosciences (NIMHANS) for the following

1. Permission to carry out data collection at NIMHANS
2. Ethical approval
3. Permission to extend data collection.

NATIONAL INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES
(INSTITUTE OF NATIONAL IMPORTANCE) BENGALURU - 580 029

Dr. Caroline Jagoe
Assistant Professor
Dept. of Clinical Speech & Language Studies
School of Linguistics, Speech & Communication Sciences
Trinity College Dublin, The University of Dublin
Dublin 2, Republic of Ireland

Sub: Permission to carry out data collection from NIMHANS
Ref: Your letter dated 23.02.2017

Madam,

With reference to the above, I am directed to convey the permission of the competent authority for Ms. Aradina Fais, Ph.D student of your institution to carry out data collection for her research work in the department of Speech Pathology & Audiology of this institution subject to ethical clearance from NIMHANS.

The permission accorded is valid for the period April 2017 to August/September 2017.

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However, efforts will be made to provide hostel accommodation at the Cauvery Hostel for Women. This will be subject to availability and on payment of charges as below:

- Rs.150/- per day
- Rs.1000/- (refundable)

Further more, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm.

On arrival, the trainee must contact the undersigned for further needful along with photo copy of this letter.

Yours faithfully,

[Signature]

ASST. ADMINISTRATIVE OFFICER (A&E)

Copy to: The HOD of Speech Pathology & Audiology, NIMHANS

[Address]

NIMH:ACA-B:TRG-SPA:2017/2/10 Date: 03.03.2017

[Address]
NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
(INSTITUTE OF NATIONAL IMPORTANCE)
P.B. NO. 2900, HOSUR ROAD, BANGALORE - 560 029 (INDIA)

Dr. M. Jayaram
Sr. Professor of Speech Pathology & Audiology
Dean (Neurosciences) & Member Secretary
IEC (BASIC & NEUROSCIENCES DIVISION)

No. NIMH/DO/ETHICS SUB-COMMITTEE (BS & NS) 4TH MEETING/2017

Date: 18.5.2017

‘THROUGH HOD AND GUIDE’

Ms. Analisa Marie Pais, Ph.D Scholar, Dept. of Clinical Speech and Language Studies Audiology, Trinity College Dublin under the guidance of Dr. Caronine Jagoe, Dept. of Clinical Speech and Language Studies Audiology, Trinity College Dublin, under the co-guide ship of Dr. VP Vundana, Associate Professor, Dept of Speech Pathology and Audiology, NIMHANS

1. Name of the investigator:

2. Reference number of the investigator:

3. Title of the proposal submitted for ethical clearance:

4. Nature of the proposal submitted for ethical clearance:

5. Date of Ethics Committee meeting held:

6. Members of the Ethics Sub-Committee:

7. Clear statement of the decision reached:

Comments:

At the Ethics Sub-Committee Meeting held on 22nd April, 2017 members of the Committee reviewed the Thesis/Dissertation Protocol, study related documents and discussed the ethical issues involved. After consideration, Committee decided to approve the thesis/dissertation protocol in-principle.

Contd...
A letter to this effect was sent to you seeking certain clarifications/documents vide letter dated 4.5.2017. In response to this, you have submitted required clarifications/documents vide letter dated 09.05.2017. Hence, the Thesis/Dissertation Protocol and study related documents are approved with respect to ethical aspects.

Decision of the IEC: The Ph.D Thesis Protocol and study related documents are approved with respect to ethical aspects.

Dr. M. Jayaram
Dean (Neurosciences) and
Member-Secretary, IEC (Basic and Neurosciences Division)
Dr. Caroline Jago
Assistant Professor
Dept. of Clinical Speech Language Studies
School of Linguistics, Speech & Communication Sciences
Trinity College Dublin, The University of Dublin
Dublin 2, Republic of Ireland

Sir/Madam,

Sub: Request for permission to carry out data collection from NIMHANS – reg.
Ref: Candidate letter dated 12.05.2018, requesting for extension of dates.

With reference to the above, I am directed to convey the permission of Competent Authority for Ms. Analisa Pais Marie – Ph.D student of your Institution for extension of time to carry out data collection for her research work in the department of Speech Pathology for a further period of 3 months from to 01.05.2018 to 31.07.2018.

All other terms and conditions of our letter-dated 03.03.2017 remain unaltered.

Yours faithfully,

ADMINISTRATIVE OFFICER I/c (A&E)

Copy to:
1. The HOD of Speech Pathology & Audiology, NIMHANS
2. Ms. Analisa Pais Marie

■: 08026995015  Email: training@nimhans.ac.in  Website: http://www.nimhans.ac.in
Appendix 4
This appendix includes the ethical approval obtained from the Naryana Health Medical Ethics Committee to carry out data collection at the Mazumdar Shaw Medical Center, a unit of Narayana Hrudayalaya Ltd.
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>MEMBER'S NAME</th>
<th>IEC DESIGNATION</th>
<th>PRESENT/NOT PRESENT</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. S. V. Joga Rao</td>
<td>Chairperson</td>
<td>Present</td>
<td>Chairman</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Natraj K.S.</td>
<td>Member</td>
<td>Present</td>
<td>Member Secretary</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Semy C.S.</td>
<td>Member</td>
<td>Present</td>
<td>Legal Expert</td>
</tr>
<tr>
<td>4</td>
<td>Mrs. Geetha M.K.</td>
<td>Member</td>
<td>Present</td>
<td>Medical Social Worker</td>
</tr>
<tr>
<td>5</td>
<td>Rev. K. Vasudevan</td>
<td>Member</td>
<td>Present</td>
<td>Theologian</td>
</tr>
<tr>
<td>6</td>
<td>Ms. Maria Augustine</td>
<td>Member</td>
<td>Present</td>
<td>Layperson</td>
</tr>
<tr>
<td>7</td>
<td>Dr. Akshita Singh</td>
<td>Member</td>
<td>Present</td>
<td>Clinician</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Somashekar H.R.</td>
<td>Member</td>
<td>Present</td>
<td>Clinician</td>
</tr>
<tr>
<td>9</td>
<td>Dr. Ravindra Setty</td>
<td>Member</td>
<td>Present</td>
<td>Clinician</td>
</tr>
<tr>
<td>10</td>
<td>Dr. Sudha Suresh</td>
<td>Member</td>
<td>Present</td>
<td>Basic Medical Scientist</td>
</tr>
<tr>
<td>11</td>
<td>Dr. Devi Manjula</td>
<td>Member</td>
<td>Not Present</td>
<td>Basic Medical Scientist</td>
</tr>
<tr>
<td>12</td>
<td>Mr. A.K. Bhat</td>
<td>Member</td>
<td>Present</td>
<td>Layperson</td>
</tr>
<tr>
<td>13</td>
<td>Dr. Divya Sadana</td>
<td>Member</td>
<td>Present</td>
<td>Member</td>
</tr>
</tbody>
</table>

Neither the Principal Investigator Analisa Pais Marie nor any of her study team members were present during the decision making process.

The NHMEC is organized & operates according to the requirements of ICH-GCP, Indian Council of Medical Research guidelines & Revised Schedule Y Guidelines of Indian Drugs and Cosmetics Rules 1945.

The Narayana Health Medical Ethics Committee expects to be informed about the progress of the study, any changes in the protocol, and asks to be provided a copy of the final report. This approval letter is valid for a period of one year from the date of approval upon which the PI should apply for renewal of the study with the EC.

The NHMEC is registered with the EC Registration No. ECR/350/Inst/KA/2013/RR-16 issued under Rule 172/CD of the Indian Drugs and Cosmetics Rules 1945. For list of members and further details, kindly refer the letter Dated 31st May 2017.

Yours Sincerely,

[Signature]

Dr. Natraj K.
Member Secretary
Narayana Health Medical Ethics Committee
Appendix 5

This appendix includes the English and Kannada versions of the communication accessible participant information leaflets (PILs) used in phase 1 and the pilot study.

1. PIL for Phase 1—English version

**Participant Information Leaflet for People with Aphasia**

<table>
<thead>
<tr>
<th>Project:</th>
<th>“Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- An exploratory study.”</th>
</tr>
</thead>
</table>
| Researchers: | Principal Investigator: Analisa Marie Pais  
B.Sc., Pg. Dip., PhD. Candidate  
Principal Guide: Dr. Caroline Jagoe, PhD  
Joint Guide (Local Advisor):  
Dr. Vandana VP., PhD |

We want to find out:

1. About the **difficulties** faced in **daily living** for people with aphasia and their family members.

2. How it is to be a grandparent with aphasia

The second element ‘*How it is to be a grandparent with aphasia*’ was not included in the study owing to challenges with recruitment. This was therefore struck out manually in the forms used.
Participating in this research involves:

- the Person with Aphasia
- their spouse
- other family members

<table>
<thead>
<tr>
<th>Where?</th>
<th>Participants’ Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What?</th>
<th>The investigator will visit your house,</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image]</td>
<td>FOUR (4) times in one (1) week</td>
</tr>
<tr>
<td></td>
<td>The investigator may contact you to arrange</td>
</tr>
<tr>
<td></td>
<td>follow-up visits after three months.</td>
</tr>
<tr>
<td></td>
<td>At these follow up visits, you may be asked</td>
</tr>
<tr>
<td></td>
<td>for permission to talk to any grandchildren in</td>
</tr>
<tr>
<td></td>
<td>the home.</td>
</tr>
<tr>
<td>![Image]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When?</th>
<th>The visits will happen on days decided in consultation with you and your family.</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image]</td>
<td>Dates and times will be confirmed.</td>
</tr>
<tr>
<td>![Image]</td>
<td>The research will start in May, 2017.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What will happen during the visits to your house?

1. The investigator will take on the role of a non-judgemental observer

2. The researcher will be making handwritten notes based on her observations

3. At the end of the first visit the investigator will conduct a short interview with you regarding your role as a grandparent.

Each visit will last up to 3 hours. The time will be confirmed with you.

The third element ‘Short Interview’ was not included in the study owing to challenges with recruitment. This was therefore struck out manually in the forms used.
**Potential benefits**

✔️ This will help research

✔️ This could help other families with aphasia

**Right to withdraw**

You can **stop** at any time

It is **your choice**

It is **okay if either you or any member of the family** decides to stop participating

**Potential risks**

There is no risk to participating in this research.

The presence of the investigator in your house may be inconvenient.
What will happen to the information gathered?

Your participation is confidential.

Information will only be accessed by the research team.

Your name will not appear on any assessments or notes.

Your name and anything that could identify you will be coded.

You may request a copy of the transcript if you wish to do so.
If you wish to participate please contact Ms. Analisa Pais (Principal Investigator) and provide your name and contact details.

The researchers will contact you with details.

Analisa Pais

paisa@tcd.ie
+91 7899688949
If you have any questions about this research you can contact the researchers:

**Ms. Analisa Pais**
Principal Investigator  
Ph.D. Candidate  
Department of Clinical Speech and Language Studies  
School of Linguistics Speech and Communication Sciences  
Trinity College Dublin, Dublin 2.  
paisa@tcd.ie  
+91 7899688949

**Dr Caroline Jagoe**
Principal Guide  
Assistant Professor in Speech and Language Pathology  
Department of Clinical Speech and Language Studies  
School of Linguistics Speech and Communication Sciences  
Trinity College Dublin, Dublin 2.  
cjagoe@tcd.ie  
+353 1 896 4029

**Dr Vandana VP**
Joint Guide  
Associate Professor of Speech Pathology and Audiology  
Department of Speech Pathology and Audiology  
NIMHANS, Bangalore-560029  
vpvandana@gmail.com  
080-26995758
### Participant Consent Form for the people with aphasia

<table>
<thead>
<tr>
<th>Project:</th>
<th>“Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- An exploratory study.”</th>
</tr>
</thead>
</table>
| Researchers: | Principal Investigator: Analisa Marie Pais  
B.Sc., Pg. Dip., PhD. Candidate  
Principal Guide: Dr. Caroline Jagoe, PhD  
Joint Guide (Local Advisor):  
Dr. Vandana VP., PhD |
I understand that the researchers want to find out:

1. About the **difficulties** faced in **daily living** for people with aphasia and their family members.

2. How it is to be a grandparent with aphasia

The second element ‘*How it is to be a grandparent with aphasia*’ was not included in the study owing to challenges with recruitment. This was therefore struck out manually in the forms used.
I have received and understood the Participant Information Leaflet

[Thumbs Up] Yes  [Thumbs Down] No

I understand that participating in this research involves the person with aphasia, their spouse and other members of the family.

[Thumbs Up] Yes  [Thumbs Down] No
I understand that the **dates and times will be confirmed** if I am interested in participating.

Yes  |  No

---

**What?**

The investigator will visit my house, **FOUR (4) times across one week.**

The investigator may contact me **after three months** to arrange follow-up visits. At these **follow-up visits** she may ask for permission to talk to any grandchildren in the home.

Yes  |  No
I understand that during the **home visits**, 

1. The investigator will take on the role of a non-judgemental **observer**

2. The researcher will be making **handwritten notes** based on her observations

3. At the end of the first visit the investigator will conduct a **short interview** with me regarding my role as a grandparent.

The third element ‘Short Interview’ was not included in the study owing to challenges with recruitment. This was therefore struck out manually in the forms used.
Each visit will last up to 3 hours.

Yes  No

I understand that:

✔️ This will help research
✔️ This could help other families with aphasia

Yes  No
I understand that I can **stop** at any time.

It is **okay if either the person with aphasia or any member of the family decides to stop participating**.

Yes  No

---

I understand that there are **no potential risks** to participating in this research but that the home visits may be inconvenient.

Yes  No
I understand that my participation is confidential.

Information will only be accessed by the research team.

My name will not appear on any assessments or notes.

Yes  No
I understand that I may request a copy of the transcript if I wish to do so.

Yes  No

I have had a chance to ask questions about the research

Yes  No
Ms. Analisa Pais
Principal Investigator
Ph.D. Candidate
Department of Clinical Speech and Language Studies
School of Linguistics Speech and Communication Sciences
Trinity College Dublin, Dublin-2.
paisa@tcd.ie
+91 7899688949

Dr. Caroline Jagoe
Principal Guide
Assistant Professor in Speech and Language Pathology
Department of Clinical Speech and Language Studies
School of Linguistics Speech and Communication Sciences
Trinity College Dublin, Dublin-2.
cjagoe@tcd.ie
+353 1 896 4029

Dr. Vandana VP
Joint Guide (Local Advisor)
Associate Professor of Speech Pathology and Audiology
Department of Speech Pathology and Audiology
NIMHANS, Bangalore-560029
vpvandana@gmail.com
090 26995758
I agree to participate in the research:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Signature (person with aphasia): ______________________

Name (person with aphasia): ______________________

Method of Indicating Consent: ______________________
(written, verbal, gestural, visual)

Witness: ______________________

Date: ______________________
Informed consent form for the spouses of people with aphasia

“Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- An exploratory study.”

Introduction

You are invited to participate in this research project which is being carried out by Ms. Analisa Marie Pais, Dr. Caroline Jagoe and Dr. Vandana VP. Before you decide to participate or not, it is important for you to understand why the research is being carried out and your role in the project. Please take time to read the following information carefully and discuss it with friends, relatives and your treating physician/family doctor if you wish before you take decision. Ask us if there is anything that is not clear or if you would like more information. Take as much time as you need to decide whether or not to participate in this study.

What is this study/research about?

This study is part of a larger project is titled “Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- An exploratory study”. The study is designed to understand the difficulties and challenges faced in daily living by people with aphasia and their families living in India.

Aphasia is a language disorder, caused by brain damage (often following a stroke), which affects a person’s ability to communicate through speech, signing and writing. It can also affect a person’s ability to understand. The reduced ability to use language reduces the person with aphasia’s ability to engage in conversation and thus fully participate in life. It is known that aphasia affects the wellbeing of the family members and caregivers of the person with aphasia as well. The literature also reports that there are a higher number of people affected by stroke and aphasia in countries like India.

Why is this essential?

It is important to understand the difficulties and challenges faced in a typical daily scenario by people with aphasia and their families living in India. It is also important to understand the effect of these difficulties and challenges on the relationships between people with aphasia and their family members, particularly their spouses and those who live with them especially given the strong family structure that is typical in India.

The knowledge obtained from this study will allow researchers to improve the way clinicians approach the rehabilitation and reintegration of people with aphasia and their families in India.
Why have I been considered for participation in this project?

You have been chosen to participate in this study as you fulfill the inclusion and exclusion criteria set by the investigator for this study. Members of your household, particularly your grandchildren will also be included in this study.

Spouses of people with aphasia:
- Need to be fluent in either English or Kannada.
- No prior exposure to training in speech language therapy or other rehabilitation sciences.
- Your spouse must have moderate-severe aphasia who fits the criteria for this study.

What will the duration of my involvement be?

If you agree to participate, you will have to commit up to one week.

Is my participation mandatory?

Participation in this study is voluntary. It is entirely up to you to decide. You will be given a copy of this information sheet and adequate time to read through, think discuss with the investigator and others, and ask any questions before making a decision. If you do decide to take part, you will be asked to sign a consent form. You will be given a signed copy of the consent form for your records. If you decide to take part, you will still be free to withdraw at any time without giving a reason. A decision to withdraw or not to take part, will not affect your or your relative’s routine medical care in any way.

What will my participation entail?

Participation will involve the investigator having to visit your home as an observer for a few days as laid out below.

The investigator will visit your home three to four times across one week.
The timings and days for the visits will be carefully chosen in consultation with you, your child and other members of your household. Each visit will last for two-three hours.

The researcher will take on the role of an observer. She will be making hand written notes based on her observations. The notes may be reviewed by you and your family if you so wish at the end of each visit.

The investigator may contact you to arrange follow-up visits after three months. At these follow up visits, the researcher may ask for your permission to talk to your grandchild/grandchildren in the home.
What are the risks involved in participating in this study?
How will these be minimized?

The researchers do not envisage any direct risks associated with the study. The researchers do understand that each visit to your house may interfere with your privacy and your daily routine. The investigator would thus like to assure you of her non-judgmental role during these visits, and would urge you to carry on your activities as you would in her absence. The researchers will thus make every effort to ensure the timings of the visits are convenient. All dates and timings will be chosen in consultation with you.

What would happen if I am unable to facilitate the investigators visit on a pre-confirmed date or for a follow up visit?

All dates and timings will be chosen in consultation with you, your spouse with aphasia and members of your household. If for any reason you are unable to facilitate the investigators visit to your home on a pre-confirmed date or for a follow-up visit and would like to continue participation in the study, you may contact the researchers and reschedule the visit. If you would like to withdraw from the study, you will be free to do so. Your withdrawal will not affect your or your relative's routine medical care in any way.

How will this research benefit me?

This research may benefit research and clinical practices carried out to support people with aphasia and their families in a majority world country like India. You will not be receiving any monetary benefits for your participation in the study.

What arrangements made for the follow up visits to the homes of the participants?

The dates and timings for follow up sessions will be chosen in consultation with you as discussed above.

What will happen to the data/information gathered?

Any information or data which we obtain from you during this research which can be identified with you will be treated confidentially. We will do this by separately storing the signed consent forms and the data collected during the study. All data will be stored by the principle investigator in a locked cupboard at the host institution.

Data from this research project may be published in future, but will not identify you in any way. When transferring data online, we will use password protected and encrypted documents and transfer the same using one drive.
Should you choose to withdraw from the study, the data collected till the point of withdrawal will be stored for analysis purposes unless you request us otherwise.

All data will be destroyed after one year following completion of the study.

**What are the costs involved in participating in this study?**

There is no cost for you, your spouse with aphasia, or your family members to participate in this study.

**Research Investigators**

This study is being carried out by Ms. Analisa Pais, a Ph.D. candidate under the department of Clinical Speech and Language Studies at Trinity College Dublin (TCD), as a part of her thesis along with Dr. Caroline Jagoe, Assistant Professor in Speech and Language Pathology, Department of Clinical Speech and Language Studies, TCD as the principal guide and Dr. Vandana, Associate Professor of Speech Pathology and Audiology, Department of Speech Pathology and Audiology, NIMHANS as the local advisor (joint guide).

This study has been reviewed and approved by the research ethics committee, School of Linguistics, Speech and Communication Sciences, TCD as well as by the research ethics committee at the National Institute of Mental Health and Neurosciences (NIMHANS).
Contact Details:

Principal Investigator:
Analisa Pais
Ph.D. Candidate
Department of Clinical Speech and Language Studies
School of Linguistics, Speech and Communication Sciences
Trinity College Dublin, Dublin-2
paisa@tcd.ie
+91 7899688949

Local Advisor:
Dr. Vandana VP
Associate Professor of Speech Pathology and Audiology
Department of Speech Pathology and Audiology
NIMHANS, Bangalore-560029
vpvandana@gmail.com
080-26995758

Undertaking by the investigator

You have the right to refuse consent or withdraw the same during any time of the study without giving any reason. In such an event, you will still receive the best possible treatment for your ailment/your relative’s ailment, without any prejudice. If you have any doubts about the study, please feel free to clarify the same. Even during the study, you are free to contact any of the investigators for clarification if you so desire. All the information/data collected from you will be kept in strict confidence and will not be shared with anyone without your consent or unless stipulated by law.
Request by the investigating team

Your consent to participate in the above study is sought. Furthermore, the investigating team proposes to store the data collected from you for up to one year following the completion of this study. Should the data collected from you be required for use in future research, the investigating team seeks your specific consent for storing all data collected from you beyond the period of one year following completion of the study. This data will be used only following ethical approval from the research ethics committee, School of Linguistics, Speech and Communication Sciences, TCD as well as by the research ethics committee at the National Institute of Mental Health and Neurosciences (NIMHANS).

Consent by the participants

I have been informed about the procedures of the study in a language that I understand. The possible risks too have been explained to me as stated in the information. I confirm that I have read and understood the information and have had the opportunity to ask questions.

I have understood that I have the right to refuse my consent and withdraw from the study at any time during the study without my medical care or legal rights being affected.

I understand that the investigating team, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access.

I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). However, I understand that my identity will not be revealed in any information released to third parties or published.

I am aware that by subjecting myself to this investigation, I will have to give more time for assessments by the investigating team and that these assessments do not interfere with the benefits. I .................................................. the undersigned, give my consent to be a participant of this study.

In addition, I give my consent for the investigating team to store data collected for use in future research which will be undertaken with approval from the Ethics Committee of the institute.
<table>
<thead>
<tr>
<th>Name and Signature of the authorized clinician/Investigator from the study team</th>
<th>Name and Signature of the Participant / relative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name / address of the authorized Clinician/Investigator from the study team</td>
<td>Name and address of the Participant / relative</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Signature of the Witness 1 with date</td>
<td>Signature of the Witness 2 with date</td>
</tr>
<tr>
<td>Name / address of the witness 1 of the witness 2</td>
<td>Name / address</td>
</tr>
</tbody>
</table>
4. PIL for Phase 1—Kannada version

<table>
<thead>
<tr>
<th>ಕಾರ್ಮಿಕರು</th>
<th>&quot;ಪಾಲಿಕೆಯ ವಿಧಾನ ಶ್ರೇಣಿಯ ಸಾಮಾನ್ಯ ಪ್ರಮುಖರು ಮತ್ತು ಪ್ರದೇಶದ ಮೂಲಕ ಪ್ರತಿಕ್ರಿಯೆಗಳನ್ನು ಮಾಡುವ ಸಾಮಾನ್ಯ ಪ್ರಶ್ನೆಗಳಿಗೆ ಪ್ರತಿಕ್ರಿಯೆಯ ಪಡೆಯಲು ಎಲ್ಲಾ ಮೂಲಕ ಪ್ರಶ್ನೆಯಾಗಿಸಿದರುಂ.”</th>
</tr>
</thead>
</table>
| ಸಾರಾಂಶ | ಆಟಗಾರರ ಮೇಲೆ ಅಧಿಕೃತ
ಆಟಗಾರರು ಮತ್ತು ದೂರವಿನ ಸಾರಾಂಶ
ಬಿ.ಎಂ.ಎಂ., ದಿ.ಎಂ., ದಿ.ಎಂ.ಎಂ. ಮತ್ತು ದಿ.ಎಂ.
ಅನುಸಾರದಿದ್ದರೆ,
ಆಟಗಾರರು ದೂರವಿನ ಸಾರಾಂಶಗಳನ್ನು ಎಲ್ಲಾ ಮೂಲಕ ಅಕ್ಷರ ಪ್ರತಿಕ್ರಿಯೆಯನ್ನು ಮಾಡಿದರು.
ಅಕ್ಷರ ಪ್ರತಿಕ್ರಿಯೆಗಳನ್ನು ಮೂಲಕ,
ಆಟಗಾರರು ದೂರವಿನ ಸಾರಾಂಶಗಳನ್ನು ಮಾಡಿದರು.
The second element ‘How it is to be a grandparent with aphasia’ was not included in the study owing to challenges with recruitment. This was therefore struck out manually in the forms used.


| ವಿಶೇಷ | ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ |

| ವಿಶೇಷ | ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ |

| ವಿಶೇಷ | ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ |

| ವಿಶೇಷ | ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ ತಿದ್ದೆಯಂ |
The fourth element ‘short interview’ was not included in the study owing to challenges with recruitment. This was therefore struck out manually in the forms used.
ಬೇರೆ ಒಬ್ಬರೆಗಳು

ಯಂತ್ರಭಕ್ಷ್ಯಗಳು ಬೇರೆ ತೆಳು ಗುಂಪುಗಳು. ಇದಕ್ಕೆ ಬೇರೆ ಒಬ್ಬರೆಗಳು ಪಡೆಯಲು ಪ್ರತಿದಿನ.

ನಂತಹ ಒಬ್ಬರೆಗಳು ಬೇರೆ ತೆಳು ಗುಂಪುಗಳು. ಇದಕ್ಕೆ ಬೇರೆ ಒಬ್ಬರೆಗಳು ಪಡೆಯಲು ಪ್ರತಿದಿನ.

ಬಹುವರ್ಷ ಅನುವಾದಗಳನ್ನು ಪಡೆಯಲು ಬೇರೆ ಒಬ್ಬರೆಗಳು ಪಡೆಯಲು ಪ್ರತಿದಿನ.

ಬೇರೆ ಒಬ್ಬರೆಗಳು ಬೇರೆ ತೆಳು ಗುಂಪುಗಳು. ಇದಕ್ಕೆ ಬೇರೆ ಒಬ್ಬರೆಗಳು ಪಡೆಯಲು ಪ್ರತಿದಿನ.

ಬಹುವರ್ಷ ಅನುವಾದಗಳನ್ನು ಪಡೆಯಲು ಬೇರೆ ಒಬ್ಬರೆಗಳು ಪಡೆಯಲು ಪ್ರತಿದಿನ.
ಹೇ访लಾರು ಮಂಜುವಾದ ಎರಡಿ ಮಂಜು?

ಇದು ಪುಲಾರಿಸುವಾರೆಯುದುಗಳು, ಸೇವೆಯಾದವಳುದಿತು.

ಮಹಾವೈಕಲ್ಯಾಣ ಶಿಕ್ಷಣಕ್ಕೆ ಸೇವೆ ಕಲಿಸಬಹುದು.

ಅನುಭವಪಡೆದರು ನೀಡಿ, ಸಹಷ್ಣತೆ, ಅನುಕೂಲ ರಚನೆ ಮತ್ತು ಸಹಾಯಕ ಕ್ರಮಂಕಾಲಿಸಬಹುದು.

ನಿರ್ಣಯಿಸಿ ನೀಡಿ, ಪ್ರತಿನಿಧಿಯ ಪ್ರತ್ಯೇಕಿಸುವಾಗಿ ಮಾಡಿ, ಪ್ರತಿನಿಧಿಗಳು ಸಹಾಯಿಸಬಹುದು.

ಅನುಭವಪಡೆದರು, ಅನುಭವಪಡೆದರು ವಾಸಿಯರು ಮೂಲಕ್ಕೂ ಸಹಾಯಿಸಬಹುದು.
వాడవు శ వేదికలపై, మాటాంగా దీనిలో ఉండాలని ఎరుపు చేసేందుకు నా అందానే లింగు (అందం, ఘటనలు) జరుగుతుంది. కీర్తనలపై నాదాని, ఎందో మాదా సంమానం మొదలుతుందినంత నానా.

సమాచారం నమచే కార్యాలయ నిర్వహణ సంస్థ నిర్వహిస్తుంది.

పాండా అందానే

paissa@tcfd.ie

+91 7899688949
Dear Sir/Madam,

I am writing to express my interest in the position advertised in your recent newsletter. I am a recent graduate with a degree in Computer Science and have gained valuable experience in software development, particularly in the areas of web development and database management.

I am confident that my skills and experience make me a strong candidate for this role. I am particularly interested in the opportunity to work in a dynamic and fast-paced environment, where I can continue to develop my skills and contribute to the success of the company.

Thank you for considering my application. I look forward to the opportunity to discuss my qualifications further.

Sincerely,

[Your Name]
5. ICF for Phase 1—Kannada version

<table>
<thead>
<tr>
<th>ವಿಷಯ</th>
<th>ವಿನಿಮಯದ ವ್ಯಾಖ್ಯಾನ (ಪ್ರಮುಖ ವಿಷಯವಿದ್ವರು) ಪ್ರತ್ಯೇಕವಾಗಿ ಗೃಹ ಕೋರು</th>
<th>&quot;ಪುರಾತನ ತಾಯಿ ಚಕ್ರಗಳು ಕೃತಿಯನ್ನು ಕೂಡಾ ಹೊಂದಿದ್ದರೆ, ಮಾನವನವೂ ಪುರಾತನ ವಿದ್ವಾಂಸರನ್ನು ಶಾಲೆಸಾಗಿದ್ದಾನತ್ತು. ಆದರೆ ಅದೇ ಸ್ಥಾನದಲ್ಲಿ ವಸ್ತುವಿದ್ವಾಂಸರು. ಹುಟ್ಟು ವಿಜ್ಞಾನರು&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>ಪ್ರತ್ಯೇಕಿತರ</td>
<td>ಪ್ರತ್ಯೇಕಿತರ</td>
<td>ಪ್ರತ್ಯೇಕಿತರ</td>
</tr>
</tbody>
</table>
The second element ‘How it is to be a grandparent with aphasia’ was not included in the study owing to challenges with recruitment. This was therefore struck out manually in the forms used.
ಅನುಪ್ಪಾದನದ ಕಾರ್ಯಕ್ರಮ ಪ್ರಕಾರ ಪ್ರಯತ್ನ ಮಾಡುವ ವಿಧಾನದ ಮೂಲಕ ಕಾರ್ಯಗೊಂಡಿದರೆ, ಫಲಿತಾಂಶಗಳನ್ನು ಅನುಸರಿಸಿ ನೋಡುವ ವರ್ಗವಲ್ಲದಾಗಿದೆ.

ಮೇಲೆ ದರ್ಶಿಸಿದ ವಿಷಯಗಳ ಸಾಲಿನಲ್ಲಿ, ಮೇಲೆ ಕಂಡು ಬರೆದಿರುವ ವಿಷಯಗಳ ಸಾಲಿನಲ್ಲಿ, ಫಲಿತಾಂಶಗಳನ್ನು ಅನುಸರಿಸಿ ನೋಡುವ ವರ್ಗವಲ್ಲದಾಗಿದೆ.

ಎ ಮತ್ತು ಮಾರು ಮೇಲೆ ದರ್ಶಿಸಿದ ವಿಷಯಗಳ ಸಾಲಿನಲ್ಲಿ, ಮೇಲೆ ಕಂಡು ಬರೆದಿರುವ ವಿಷಯಗಳ ಸಾಲಿನಲ್ಲಿ, ಫಲಿತಾಂಶಗಳನ್ನು ಅನುಸರಿಸಿ ನೋಡುವ ವರ್ಗವಲ್ಲದಾಗಿದೆ.

ನೋಡಿ
The fourth element ‘Short Interview’ was not included in the study owing to challenges with recruitment. This was therefore struck out manually in the forms used.
ಅನ್ವಯ ವಾಸ್ತವವಾಗಿ ಎನ್ನುವುದು ಯೋಗ್ಯವಾದವಲ್ಲದೇ ಪ್ರತಿದಿನ ಅಭಿಪ್ರಾಯಮಾಡಲು ಸುಂದರ.

ಅಕ್ಷರದ ಮೂಲಕ ಎನ್ನುವುದು.

 ಗುಂಪು ಜೀವನ:

ನಾವು ಅಭಿಪ್ರಾಯ ಸೇರಿ ಎನ್ನುವುದು, ಅವರು ಅಭಿಪ್ರಾಯ ಸೇರಿ ಎನ್ನುವುದು. 

ಅಕ್ಷರದ ಮೂಲಕ ಎನ್ನುವುದು.

ಅಕ್ಷರದ ಮೂಲಕ ಎನ್ನುವುದು.
ಪ್ರತಿ ಅಂಕಕ್ಕೆ ಹಾಗೋಬಿದ್ದು ಕೆಲವು ನಿಯಮಗಳುವೇಳೆ ಪ್ರತಿಯೊಂದು ಅಂಕಕ್ಕೆ ಕಂಡುಬಂದು ಉತ್ತರ ಪಡೆಯಬಹುದು.

ಪ್ರತಿ ಜಾತಿಯ ಮೂಲಕ ಹೊಸ ಅಂಶಗಳ ಅಂತರ್ವಹಿಸಿ ಭಾಗಕ್ಕೆ ಪ್ರತ್ಯೇಕ ಅಂಶಗಳು.

ಪ್ರತಿ ಅಂಕಕ್ಕೆ ಹಾಗೋಬಿದ್ದು ಕೆಲವು ನಿಯಮಗಳುವೇಳೆ ಪ್ರತಿಯೊಂದು ಅಂಕಕ್ಕೆ ಕಂಡುಬಂದು ಉತ್ತರ ಪಡೆಯಬಹುದು.
ಎಲ್ಲವನುವ ಎಲ್ಲ人都ಂದರೆ ಎಲ್ಲಾವು ಎಲ್ಲವನು. ಅದು ಎಲ್ಲವರು ಎಲ್ಲವನು ಎಲ್ಲವರು ಎಲ್ಲವನು.

ಅಂಕೆ 1

ಅಂಕೆ 2
ಎನ್ನಿಕೆ (ಅವರಿಗೆ ಮೂಲದಲ್ಲಿ ಲೇಖಿಸಿದ ಎನ್ನಿಕೆ): ________________

ಸಿರಿಂದ (ಅವರಿಗೆ ಮೂಲದಲ್ಲಿ ಲೇಖಿಸಿದ ಸಿರಿಂದ): ________________

ಕ್ರಮೀಯವಾ : ________________

ಪರಂಪರ : ________________
ಆ ತಂತ್ರಜ್ಞಾನ ಮಾಡಿ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಮತ್ತು ಸೇವಾ ಮಾಡಬೇಕು

ಹಾಗು ವಿದ್ಯಾರ್ಥಿಗಳು ಮಾರಾಟ ಮಾಡಬೇಕು.

ವಿದ್ಯಾರ್ಥಿಗಳ ಮಾರಾಟ ಮಾಡುವ ಕಾರ್ಯವು ಮುಹುದಿನಾಯಕರಿಂದ, ಪ್ರವೃತ್ತಿಯ ವಿದ್ಯಾರ್ಥಿಗಳ ಮೇಲೆ ಮಾರಾಟ ಮಾಡುವ ಸೇವೆಗಳು ಮಾಡುವ ಚಿಪ್ಪವಾಗಿದೆ.

ಪೇಸರ್ ವಿದ್ಯಾರ್ಥಿಗಳ ಸಂಪರ್ಕ ಸೂತ್ರ:
Dublin-2.
palsa@tcd.ie
+91 7899688949

ಮಾರಾಟ ಚಿಪ್ಪೆ ವಿದ್ಯಾರ್ಥಿಗಳ ಸಂಪರ್ಕ ಸೂತ್ರ:
St. Stephen's Green, Dublin-2.
ciapo@tcd.ie
+353 1 896 4029

ವಿದ್ಯಾರ್ಥಿಗಳ ಪ್ರತಿಷ್ಠಾನ ಸಂಪರ್ಕ ಸೂತ್ರ:
ವಿದ್ಯಾರ್ಥಿಗಳ ಪ್ರತಿಷ್ಠಾನವಾಗಿದೆ, ಪ್ರವೃತ್ತಿಯ ವಿದ್ಯಾರ್ಥಿಗಳ ಮೇಲೆ ಮಾರಾಟ ಮಾಡುವ ಸೇವೆಗಳನ್ನು ಮಾಡುವ ಚಿಪ್ಪವಾಗಿದೆ.

ಪೇಸರ್ ವಿದ್ಯಾರ್ಥಿಗಳ ಪ್ರತಿಷ್ಠಾನ ಸಂಪರ್ಕ ಸೂತ್ರ:
V PVV and Co ಶೈಲಿಯಲ್ಲಿ, ಮಹಾರಾಷ್ಟ್ರದಲ್ಲಿ, ಭಾರತದಲ್ಲಿ.
vpvandana@gmail.com
080-26995758

55
6. ICF for spouses and primary caregivers in Phase 1—Kannada version

"ಪ್ರತಿಯೊಂದು ಅನುಸಂಧಾನ ಹೆಣ್ಣಾರ ರೋಗಾರ ಮತ್ತು ರ್ಾಯವಾರ ನಾಣ್ಯದ ಅನುಸಂಧಾನ"

"ಪ್ರತಿಯೊಂದು ಅನುಸಂಧಾನ ಹೆಣ್ಣಾರ ರೋಗಾರ ಮತ್ತು ರ್ಾಯವಾರ ನಾಣ್ಯದ ಅನುಸಂಧಾನ"

ಆಭಿಪ್ರೇಯ

ಆರ್ಯ ಸಂಪ್ರದಾಯ ವೈಯಕ್ತಿಕೀ ಅಧ್ಯಯನ ಮತ್ತು ವೈಯಕ್ತಿಕ ಬೇಳಿಕೆಗಳಲ್ಲಿ ಮಹಿಳೆಗಳು ಮತ್ತು ಪ್ರಮುಖ ನೀತಿಯಾದವರ ಮತ್ತು ಉತ್ತಮ ವೈಯಕ್ತಿಕ ವೈಯಕ್ತಿಕ ವರ್ಗಗಳಲ್ಲಿ ಮಹಿಳೆಗಳು ಮತ್ತು ಪ್ರಮುಖ ನೀತಿಯಾದವರ ಮತ್ತು ಉಂದು ಅನುಕ್ರಮವಾಗಿ ಪ್ರತಿಯೊಂದು ಅನುಸಂಧಾನ ಹೆಣ್ಣಾರ ರೋಗಾರ ಮತ್ತು ರ್ಾಯವಾರ ನಾಣ್ಯದ ಅನುಸಂಧಾನ ಮೊದಲಾಯಿತು. ಮಹಿಳೆಗಳು ಮತ್ತು ಪ್ರಮುಖ ನೀತಿಯಾದವರ ಮತ್ತು ಉಂದು ಅನುಕ್ರಮವಾಗಿ ಪ್ರತಿಯೊಂದು ಅನುಸಂಧಾನ ಹೆಣ್ಣಾರ ರೋಗಾರ ಮತ್ತು ರ್ಾಯವಾರ ನಾಣ್ಯದ ಅನುಸಂಧಾನ ಮೊದಲಾಯಿತು. ಮಹಿಳೆಗಳು ಮತ್ತು ಪ್ರಮುಖ ನೀತಿಯಾದವರ ಮತ್ತು ಉಂದು ಅನುಕ್ರಮವಾಗಿ ಪ್ರತಿಯೊಂದು ಅನುಸಂಧಾನ ಹೆಣ್ಣಾರ ರೋಗಾರ ಮತ್ತು ರ್ಾಯವಾರ ನಾಣ್ಯದ ಅನುಸಂಧಾನ ಮೊದಲಾಯಿತು.

ಆರ್ಯ ಸಂಪ್ರದಾಯ ವೈಯಕ್ತಿಕೀ ಅಧ್ಯಯನ ಮತ್ತು ವೈಯಕ್ತಿಕ ಬೇಳಿಕೆಗಳಲ್ಲಿ ಮಹಿಳೆಗಳು ಮತ್ತು ಪ್ರಮುಖ ನೀತಿಯಾದವರ ಮತ್ತು ಉಂದು ಅನುಕ್ರಮವಾಗಿ ಪ್ರತಿಯೊಂದು ಅನುಸಂಧಾನ ಹೆಣ್ಣಾರ ರೋಗಾರ ಮತ್ತು ರ್ಾಯವಾರ ನಾಣ್ಯದ ಅನುಸಂಧಾನ ಮೊದಲಾಯಿತು. ಮಹಿಳೆಗಳು ಮತ್ತು ಪ್ರಮುಖ ನೀತಿಯಾದವರ ಮತ್ತು ಉಂದು ಅನುಕ್ರಮವಾಗಿ ಪ್ರತಿಯೊಂದು ಅನುಸಂಧಾನ ಹೆಣ್ಣಾರ ರೋಗಾರ ಮತ್ತು ರ್ಾಯವಾರ ನಾಣ್ಯದ ಅನುಸಂಧಾನ ಮೊದಲಾಯಿತು. ಮಹಿಳೆಗಳು ಮತ್ತು ಪ್ರಮುಖ ನೀತಿಯಾದವರ ಮತ್ತು ಉಂದು ಅನುಕ್ರಮವಾಗಿ ಪ್ರತಿಯೊಂದು ಅನುಸಂಧಾನ ಹೆಣ್ಣಾರ ರೋಗಾರ ಮತ್ತು ರ್ಾಯವಾರ ನಾಣ್ಯದ ಅನುಸಂಧಾನ ಮೊದಲಾಯಿತು.
एक पृष्ठाची संख्या 57

उत्तरदायी वाक्य "भावावली बोध" तथा "भावावली कार्य" (उच्चारण: भावावली बोध, भावावली कार्य) यांच्या लिंगात भावावली बोध, भावावली कार्याची संख्या असावी, त्याची भावावली कार्य भावावली बोधाच्या लिंगात कराली जाते. भावावली बोधाच्या लिंगात करण्यासाठी त्याचे भाव असतील, त्याच्या अर्थात भावावली कार्याच्या लिंगात करण्यासाठी त्याचार्याचे भाव असते. याच्यासारख्या वाक्यांना त्यांच्या भावावली संख्या असते (४० क्रमांकांमध्ये) त्यांच्या भावावली कार्याच्या लिंगात करण्यासाठी त्याच्याचर्याचे भाव असते. त्याचे भाव असतील, त्याच्या अर्थात भावावली कार्याच्या लिंगात करण्यासाठी त्याच्याचर्याचे भाव असते.

इत्यादी वाक्यांची संख्या 57. उत्तरदायी वाक्य "भावावली बोध" तथा "भावावली कार्य" (४० क्रमांकांमध्ये) अदृष्टाकार.

अनुवादाची मदत कसे?

भावावली बोध आणि/आणि "भावावली कार्य" (४० क्रमांकांमध्ये) अदृष्टाकार म्हणजेच वाक्यांची संख्या 57 असा असे त्यासाठी अनुवाद केला जाऊ लागेल. अनुवादाच्या लिंगात, भावावली कार्याच्या लिंगात करण्यासाठी अनुवादाचे भाव असते. त्याच्या अर्थात "भावावली कार्य" अदृष्टाकार असलात "भावावली बोध" अदृष्टाकार असते. "भावावली बोध" अदृष्टाकार असलात "भावावली कार्य" अदृष्टाकार असते. त्याच्या अर्थात "भावावली बोध" अदृष्टाकार असलात "भावावली कार्य" अदृष्टाकार असते. अनुवादाच्या लिंगात, भावावली कार्याच्या लिंगात करण्यासाठी अनुवादाचे भाव असते. त्याच्या अर्थात "भावावली बोध" अदृष्टाकार असलात "भावावली कार्य" अदृष्टाकार असते. "भावावली बोध" अदृष्टाकार असलात "भावावली कार्य" अदृष्टाकार असते.
ಅನೂರು ವಿಧಾನ ಅನುಸಾರ ಸಾಂಸ್ಥಿಕ ಶ್ರೇಢಿಯಲ್ಲಿ ವಿವಾದ ಸಂಘಟನೆಗಳನ್ನು
ನಿಯಂತ್ರಿಸಬೇಕೆಂಗದು?

ನಿಯಂತ್ರಿಸಬೇಕೆಂಗದು ಸಾಂಸ್ಥಿಕ ಶ್ರೇಢಿಯಲ್ಲಿ ವಿವಾದ ಸಂಘಟನೆಗಳನ್ನು ನಿಯಂತ್ರಿಸಬೇಕೆಂಗದು ಎಂಬುದು ಸಾಂಸ್ಥಿಕ ಶ್ರೇಢಿಯಲ್ಲಿ ವಿವಾದ ಸಂಘಟನೆಗಳನ್ನು ನಿಯಂತ್ರಿಸುವ ಭಾಗವೆಂದರೆ ನಿಯಂತ್ರಿಸಬೇಕೆಂಗದು. ನಿಯಂತ್ರಿಸುವ ಸಂಸ್ಥೆಗಳ ಸದಸ್ಯರು ಅಥವಾ ಸದಸ್ಯರು ಅನೂರು ವಿಧಾನದ ಪ್ರದರ್ಶನಗಳಲ್ಲಿ ನಿರ್ದೇಶಿಸುತ್ತಾರೆ.

- ಸಾಂಸ್ಥಿಕ ಸದಸ್ಯರು ಕೇಂದ್ರ ಅಥವಾ ಪ್ರತಿವಿದ್ಧಗಳು ಅನೂರು ವಿಧಾನದ ನಿಯಂತ್ರಿಸುವ ಭಾಗವೆಂದರೆ ನಿಯಂತ್ರಿಸಬೇಕೆಂಗದು.
- ಸಾಂಸ್ಥಿಕ ಸದಸ್ಯರು ಅನೂರು ವಿಧಾನದ ನಿಯಂತ್ರಿಸುವ ಭಾಗವೆಂದರೆ ನಿಯಂತ್ರಿಸಬೇಕೆಂಗದು.
ವಸ್ತುತಿಸದ್ದಿಸಿಲ್ಲದೆ ನೂರು ಮಾದರಿ? ಹಾಗೆ, ವಸ್ತುತಿಸಿಯಾದ ನೂರು ಮಣ್ಣಿನ ವಸ್ತುತಿಸದ್ದಿಸಿಲ್ಲದೆ ನೂರು 10 ಮಣ್ಣಿನವೇಗೆ ಸೌಲಭ್ಯದಿಂದ ಬೊದಿಗೆಸಿರುವುದು ಹೇಳುತ್ತಾಗುತ್ತದೆ.

ಆದರೆ, ವಸ್ತುತಿಸಿದ ನೂರು ಮಣ್ಣನ್ನು ಮುಂದುವರಿಸಿರುವುದೊಂದಿಗೆ?

ವಸ್ತುತಿಸಿಯಾದ ಮೂಲ ಘಟಕಗಳು ಹಾಗೆದ್ದು ಸಾಮರ್ಥ್ಯವಿರುತ್ತದೆ. ಆದರೆ, ಶ್ರೇಣಿಯೊಂದಿಗೆ ಸರ್ವಾಧಿಪತಿಯನ್ನು ಪಡೆಯಲು ಹೇಳುತ್ತಾದರೆ, ಇದು ಮುಂದುವರಿಸುವುದು ಎಂದು ಹೇಳುತ್ತಾದರೆ, ನವೀಕರಣದ ಸಾಮರ್ಥ್ಯವಿರುತ್ತದೆ. ಮತ್ತು ಮೂಲ ಘಟಕಗಳು ಹಾಗೆದ್ದು ಸಾಮರ್ಥ್ಯವಿರುತ್ತದೆ. ಆದರೆ, ಶ್ರೇಣಿಯೊಂದಿಗೆ ಸರ್ವಾಧಿಪತಿಯನ್ನು ಪಡೆಯಲು ಹೇಳುತ್ತಾದರೆ, ಇದು ಮುಂದುವರಿಸುವುದು ಎಂದು ಹೇಳುತ್ತಾದರೆ, ಇದು ವಸ್ತುತಿಸಿದ ನೂರು ಮಣ್ಣಿನ ಸಾಮರ್ಥ್ಯವಿರುತ್ತದೆ.

ಮೂಲ ಘಟಕಗಳ ವಸ್ತುತಿಸಿದ ಮಣ್ಣುನು ಮುಂದುವರಿಸುವುದು ಸುಲಭವಾಗಿರುತ್ತದೆ. ಮೂಲ ಘಟಕಗಳಿಂದ ವಸ್ತುತಿಸಿದ ಮಣ್ಣುನು ಮುಂದುವರಿಸುವುದು ಎಂದು ಹೇಳುತ್ತಾದರೆ, ಇದು ವಸ್ತುತಿಸಿದ ಮಣ್ಣಿನ ಸಾಮರ್ಥ್ಯವಿರುತ್ತದೆ. ಆದರೆ, ಶ್ರೇಣಿಯೊಂದಿಗೆ ಸರ್ವಾಧಿಪತಿಯನ್ನು ಪಡೆಯಲು ಹೇಳುತ್ತಾದರೆ, ಇದು ವಸ್ತುತಿಸಿದ ಮಣ್ಣಿನ ಸಾಮರ್ಥ್ಯವಿರುತ್ತದೆ.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
</tr>
<tr>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
</tr>
<tr>
<td>10 ಇತ್ರಂತರಗಳು</td>
<td>10 ಇತ್ರಂತರಗಳು</td>
<td>10 ಇತ್ರಂತರಗಳು</td>
<td>10 ಇತ್ರಂತರಗಳು</td>
</tr>
<tr>
<td>ಮತ್ತು ಕೃತಿಸಹಾಯಕರು</td>
<td>ಮತ್ತು ಕೃತಿಸಹಾಯಕರು</td>
<td>ಮತ್ತು ಕೃತಿಸಹಾಯಕರು</td>
<td>ಮತ್ತು ಕೃತಿಸಹಾಯಕರು</td>
</tr>
<tr>
<td>2 ರೈತಿಗಳು</td>
<td>2 ರೈತಿಗಳು</td>
<td>2 ರೈತಿಗಳು</td>
<td>2 ರೈತಿಗಳು</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
</tr>
<tr>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
</tr>
<tr>
<td>10 ಇತ್ರಂತರಗಳು</td>
<td>10 ಇತ್ರಂತರಗಳು</td>
<td>10 ಇತ್ರಂತರಗಳು</td>
<td>10 ಇತ್ರಂತರಗಳು</td>
</tr>
<tr>
<td>ಮತ್ತು ಕೃತಿಸಹಾಯಕರು</td>
<td>ಮತ್ತು ಕೃತಿಸಹಾಯಕರು</td>
<td>ಮತ್ತು ಕೃತಿಸಹಾಯಕರು</td>
<td>ಮತ್ತು ಕೃತಿಸಹಾಯಕರು</td>
</tr>
<tr>
<td>2 ರೈತಿಗಳು</td>
<td>2 ರೈತಿಗಳು</td>
<td>2 ರೈತಿಗಳು</td>
<td>2 ರೈತಿಗಳು</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
<td>ಮೂಲಸ್ಥ ವಿವರಣೆಗಳು</td>
</tr>
<tr>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
<td>ಕ್ರಮಗೊಂಡಿರುವ ಕೃತಿಗಳು</td>
</tr>
<tr>
<td>4 ರೈತಿಗಳು</td>
<td>4 ರೈತಿಗಳು</td>
<td>4 ರೈತಿಗಳು</td>
<td>4 ರೈತಿಗಳು</td>
</tr>
<tr>
<td>1 ರೈತಿ</td>
<td>1 ರೈತಿ</td>
<td>1 ರೈತಿ</td>
<td>1 ರೈತಿ</td>
</tr>
</tbody>
</table>
ಅ ಅರಿತ್ವರ್ಧನಾದ ವ್ಯಕ್ತಿಯಾದರೂ ಎಕರ್ತ ಮಾತನಾಡುತ್ತಾಳಿ? ಎಂಬುತ್ತಾಲಿ ವ್ಯಕ್ತಿಗಳ ಮಾತ್ರ ಅದರಲ್ಲಿರೆಯಾದರೂ?

ಇದು ಕೆಳಗೆ ಸೇರಿದಾಗ ಅರಿತ್ವರ್ಧನಾದ ವ್ಯಕ್ತಿಯ ಮೇಲೆ ನೆಲೆಯಾಗುತ್ತದೆ. ಅರಿತ್ವರ್ಧನಾದ ವ್ಯಕ್ತಿ ಗಮನಿಸುವುದು, ಪ್ರತಿಯೊಂದು ವ್ಯಕ್ತಿಯಾದರೂ ಮೂಲತಿದ್ದು, ವ್ಯಕ್ತಿಯನ್ನು ಹೋಲುವುದು, ಅದನ್ನು ಸ್ಥಳೀಯ ವ್ಯಕ್ತಿಗಳಾಗಿಸಲು ಕಾರ್ಯಾರ್ಥಿಯಾಗಿಸಲು ಇದೆ. ಎಂದುಕೊಳ್ಳಲು ಸುಂದರರೂ ಹೊಂದಿದ ನಿಯಮಗಳಲ್ಲಿ ಪರಿಚಯಿಸಲು ಇದೆ. ಅನ್ನು ಕೆಲಸಿದಾಗ ಪ್ರತಿಯೊಂದು ವ್ಯಕ್ತಿಯನ್ನು ಕಾರ್ಯಾರ್ಥಿಯಾಗಿಸಲು ಇದೆ. ಎಂದುಕೊಳ್ಳಲು ಪ್ರತಿಯೊಂದು ವ್ಯಕ್ತಿಯಾದರೂ ಮೂಲತಿದ್ದು, ವ್ಯಕ್ತಿಯನ್ನು ಹೋಲುವುದು, ಅದನ್ನು ಸ್ಥಳೀಯ ವ್ಯಕ್ತಿಗಳಾಗಿಸಲು ಕಾರ್ಯಾರ್ಥಿಯಾಗಿಸಲು ಇದೆ.

ಅ ಅರಿತ್ವರ್ಧನಾದ ವ್ಯಕ್ತಿಯಾದರೂ ಎಕರ್ತ ಮಾತನಾಡುತ್ತಾಳಿ?

ಅರಿತ್ವರ್ಧನಾದ ವ್ಯಕ್ತಿಯ ಮೇಲೆ ಸ್ಥಳೀಯ ವ್ಯಕ್ತಿಗಳಾಗಿಸಲು ಇದೆ. ಅರಿತ್ವರ್ಧನಾದ ವ್ಯಕ್ತಿಗಳಾಗಿಸಲು ಇದೆ. ಅರಿತ್ವರ್ಧನಾದ ವ್ಯಕ್ತಿಯರೊಳಗೆ ಹೊಂದಿದ ನಿಯಮಗಳಲ್ಲಿ ಪರಿಚಯಿಸಲು ಇದೆ. ಎಂದುಕೊಳ್ಳಲು ಪ್ರತಿಯೊಂದು ವ್ಯಕ್ತಿಯಾದರೂ ಮೂಲತಿದ್ದು, ವ್ಯಕ್ತಿಯನ್ನು ಹೋಲುವುದು, ಅದನ್ನು ಸ್ಥಳೀಯ ವ್ಯಕ್ತಿಗಳಾಗಿಸಲು ಕಾರ್ಯಾರ್ಥಿಯಾಗಿಸಲು ಇದೆ.

ನಿಯಮಾಂಶ ವ್ಯಕ್ತಿಗಳಾಗಿದೆ ಎಂಬುತ್ತಾಲಿ?

ಅರಿತ್ವರ್ಧನಾದ ವ್ಯಕ್ತಿಗಳಾಗಿದೆ. ಎಂದುಕೊಳ್ಳಲು ಪ್ರತಿಯೊಂದು ವ್ಯಕ್ತಿಯಾದರೂ ಮೂಲತಿದ್ದು, ವ್ಯಕ್ತಿಯನ್ನು ಹೋಲುವುದು, ಅದನ್ನು ಸ್ಥಳೀಯ ವ್ಯಕ್ತಿಗಳಾಗಿಸಲು ಕಾರ್ಯಾರ್ಥಿಯಾಗಿಸಲು ಇದೆ. ಎಂದುಕೊಳ್ಳಲು ಪ್ರತಿಯೊಂದು ವ್ಯಕ್ತಿಯಾದರೂ ಮೂಲತಿದ್ದು, ವ್ಯಕ್ತಿಯನ್ನು ಹೋಲುವುದು, ಅದನ್ನು ಸ್ಥಳೀಯ ವ್ಯಕ್ತಿಗಳಾಗಿಸಲು ಕಾರ್ಯಾರ್ಥಿಯಾಗಿಸಲು ಇದೆ.
ಅಮೂಲಪತ್ತಿ, ಸರಳವಾಗಿ ಯೋಗಾ

ಅಮೂಲಪತ್ತಿ, ಸರಳವಾಗಿ ಯೋಗಾ ಸಮಾಧಾನವು ಮೇಲೆ ವೆಚ್ಚದು, ಸರಳವಾಗಿ ಯೋಗಾ

ನಿರ್ದೇಶಪಡೆಯಾಗಿದ್ದರು, ಆಯುಧಿಪಡೆಯಾಗಿದ್ದರು

ನಾಮ ಮತ್ತು ಪ್ರತ್ಯೇಕ ವಿಜ್ಞಾನ ಅಧ್ಯಯನದ ಅವಧಿ (ನಾಮ ಪ್ರತ್ಯೇಕ ವಿಜ್ಞಾನ) ಪ್ರತ್ಯೇಕ ವಿಜ್ಞಾನ ಅವಧಿ ವಿಜ್ಞಾನ ಪ್ರತ್ಯೇಕ ವಿಜ್ಞಾನದ ಅವಧಿಗಳು.

ಸಂಪತ್ತಿ ಅಧ್ಯಯನ

mail@tdk.k
+91 7899688949

ಪ್ರತ್ಯೇಕ

ಪ್ರತ್ಯೇಕ ಪ್ರತ್ಯೇಕ ವಿಜ್ಞಾನದ ಅಧ್ಯಯನ ಪ್ರತ್ಯೇಕ ವಿಜ್ಞಾನ ಪ್ರತ್ಯೇಕ ವಿಜ್ಞಾನದ ಅಧ್ಯಯನ, ಸರಳವಾಗಿ ಯೋಗಾ

ಮೀಸಿದವರೆಡುವಾಗಿದ್ದರು, ಆಯುಧಿಪಡೆಯಾಗಿದ್ದರು

ಪ್ರತ್ಯೇಕ ವಿಜ್ಞಾನದ ಅಧ್ಯಯನ,
+91 7899688949


Dear Valued Customer,

Thank you for choosing our services. We are pleased to inform you that we have recently upgraded our services with the latest technology and improved our customer support. To further enhance your experience, we have also added a new feature that allows you to track your orders in real-time.

We are committed to providing you with the best possible service and value for your money. If you have any questions or concerns, please feel free to contact us.

Best regards,

[Signature]

+35318964029

---

Dear Valued Customer,

Thank you for choosing our services. We are pleased to inform you that we have recently upgraded our services with the latest technology and improved our customer support. To further enhance your experience, we have also added a new feature that allows you to track your orders in real-time.

We are committed to providing you with the best possible service and value for your money. If you have any questions or concerns, please feel free to contact us.

Best regards,

[Signature]

vpvandana@gmail.com

080-26995758
7. PIL for pWA for use in the pilot study—English version

### Participant Information Leaflet

<table>
<thead>
<tr>
<th>Project:</th>
<th>“Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- A exploratory study.”</th>
</tr>
</thead>
</table>
| Researchers: | Principal Investigator: Analisa Marie Pais  
B.Sc., Pg. Dip., PhD. Candidate  
Supervisor: Dr. Caroline Jagoe, PhD  
Local Advisor: Dr. Vandana VP., PhD |

Trinity College Dublin  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin
We want to find out:

1. If training partners of people with Aphasia helps:
   
   a. People with Aphasia and their spouses to have **better conversations** with each other.

   ![Diagram of people having a conversation]

   b. **Quality of life** of the person with Aphasia.

   ![Diagram showing a person with aphasia]

   c. How the partner and person with Aphasia feel about their conversations, their conversations, their relationship, ability to cope, etc.

   ![Emoticons showing happy and sad faces]
Participating in this Pilot study involves both the person with Person with Aphasia and their spouse.

<table>
<thead>
<tr>
<th>Where?</th>
<th>The research will happen at Participants’ Residence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What?</td>
<td>The investigator will visit your house, three (3) times across one week.</td>
</tr>
<tr>
<td>When?</td>
<td>The visits will happen on days decided in consultation with you and your family. Dates and times will be confirmed. The research will start in August 2017.</td>
</tr>
</tbody>
</table>
What will happen during the visits to your house?

During each visit where both the person with Aphasia and their spouse are present

<table>
<thead>
<tr>
<th>Once</th>
<th>Training of partners only</th>
<th>Once</th>
</tr>
</thead>
<tbody>
<tr>
<td>At day one (1)</td>
<td>At day two (2)</td>
<td>At day three (3)</td>
</tr>
</tbody>
</table>
1. **Videotaping** of a short conversation between the person with Aphasia and their spouse

2. **Interview** of you and your spouse will be conducted by the investigator.

The **first (1st)** visit will last up to **30 minutes**.
The **second (2nd)** visit will last up to **3.5 hours**.
The **third (3rd)** visit will last up to **1 hour**.
The time will be confirmed with you.
What will happen during the training visit (DAY 2) to your house?

For the training only the spouse of the person with Aphasia will participate. Training will be one-on-one.

Training will be conducted across a one-day workshop

This will last 3.5 hours.

Training will be done by the primary investigator who is a speech and language therapist. It will involve

1. Information on aphasia
2. Importance of family support in rehabilitation
3. Learning about communication techniques to support conversation where one person has aphasia
4. Role Play sessions with the investigator.
Potential benefits:

✔ This will help research
✔ This could help improve communication between you and your family
✔ This could help improve quality of life
✔ This could help other families with aphasia
✔ This could help you be an advocate for other people with aphasia

Right to withdraw
You can stop at any time
It is your choice
It is okay if either the person with PPA or the partner decides to stop participating.

Potential risks
There is no risk to participating in this research.
The investigator will be present in your home during the home visits.
This may be inconvenient.
What will happen to the information gathered?

Your participation is confidential.

Information will only be accessed by the research team.

Your name will not appear on any notes or recordings.

The video recording will be securely stored on a password-protected computer and external drive.

You may request a copy of the video if you wish to do so.

The video recording taken on day one (1) before the training for the spouses of people with aphasia and the video recordings taken on day three (3) following the training will be preserved for further use in training spouses of people with aphasia in Part B of this project.

These videos will be stored for further use in research, training or clinical purposes.
If you wish to participate please contact Ms. Analisa Pais (Principal Investigator) and provide your name and contact details.

The researchers will contact you with details.

Analisa Pais  
+91 7899688949

If you have any questions about this research you can contact the researchers:

Analisa Pais  
paisa@tcd.ie

Dr Caroline Jagoe  
Assistant Professor in Speech and Language Pathology  
Department of Clinical Speech and Language Studies  
School of Linguistics Speech and Communication Sciences Trinity College Dublin, Dublin-2.  
cjagoe@tcd.ie  
+353 1 896 4029
8. ICF for pWA for use in the pilot study—English version

---

**Participant consent form for participants with aphasia**

<table>
<thead>
<tr>
<th>Project:</th>
<th>“Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- An exploratory study.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researchers:</td>
<td>Principal Investigator: Analisa Marie Pais B.Sc., Pg. Dip., PhD. Candidate</td>
</tr>
<tr>
<td></td>
<td>Principal Guide: Dr. Caroline Jagoe, PhD</td>
</tr>
<tr>
<td></td>
<td>Joint guide (Local Advisor): Dr. Vandana VP., PhD</td>
</tr>
</tbody>
</table>
I understand that the researchers want to find out:

1. If training partners of people with Aphasia helps:
   
a. People with Aphasia and their spouses to have better conversations with each other.

   ![Image of two people having a conversation]

   b. Quality of life of the person with Aphasia.

   ![Image of a person in a wheelchair and another person]

   c. How the partner and person with Aphasia feel about their conversations, their conversations, their relationship, ability to cope, etc.

   ![Images of happy and sad faces]
I have received and understood the Participant Information Leaflet

Yes  No

I understand that participating in this pilot involves the person with Aphasia and their spouse.

Yes  No

I understand that the dates and times will be confirmed if I am interested in participating.

Yes  No
<table>
<thead>
<tr>
<th>Where?</th>
<th>The research will happen at</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participants Residence</td>
</tr>
</tbody>
</table>

| Yes | No |

<table>
<thead>
<tr>
<th>What?</th>
<th>The investigator will visit our house, Two/three (2/3) times across a week.</th>
</tr>
</thead>
</table>

| Yes | No |
I understand that during each visit to my house where both my spouse and myself are present,

<table>
<thead>
<tr>
<th>Once</th>
<th>Training of partners only</th>
<th>Once</th>
</tr>
</thead>
<tbody>
<tr>
<td>At day one (1)</td>
<td>At day two (2)</td>
<td>At day two/three (2/3)</td>
</tr>
</tbody>
</table>
1. **Videotaping** of a short **conversation** between my spouse and myself. These videos may be used when training other families or health professionals.

2. **A feedback interview** of my spouse and myself will be conducted by the investigator in the **last** visit.

The **first (1st)** visit will last upto **30 minutes**.

The **second (2nd)** visit will last upto **3.5 hours**.

The **third (3rd)** visit will last upto **1 hour**.

**The time will be confirmed with me and my spouse.**

*The duration will vary depending on the **number of sessions**.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>


I understand that for the training (day 2) only the spouses of people with Aphasia will participate.

Training will be conducted across a one-day workshop
This will last 3.5 hours.
I understand that:

✔ This will help research
✔ This could help improve communication between the people with aphasia and their families
✔ This could help improve quality of life
✔ This could help other families with aphasia
✔ This could help you be an advocate for other people with aphasia.

Yes ✔ No ☐

I understand that I can stop at any time.

Yes ✔ No ☐
I understand that there are no potential risks to participating in this pilot.

The investigator will be present in our home during the home visits.

This may be inconvenient.

I understand that our participation is confidential.

However, the video tapes may be used in training of other families where one person has aphasia, and in training health professionals.

I understand that my identity will be visible in the videos but my personal details will not be shared.

I may view the recorded video and request that parts be deleted.
I understand that the **video recording will be securely stored** by the investigator on a password-protected computer and external drive.

I understand that the investigator may use the video recordings taken on day one (1) and day two/three (2/3) in Part B of this project.

[Yes] [No]

I understand that these video recordings might be preserved for use in future for research, training or clinical purposes.

[Yes] [No]

I understand that I may **request a copy of the transcript** if I wish to do so.

[Yes] [No]
I have had a chance to ask questions about the pilot study

Yes  No

I agree to participate in the pilot:

Yes  No

Signature (person with aphasia): __________________________

Name (person with aphasia): __________________________

Method of Indicating Consent: __________________________
(written, verbal, gestural, visual)

Witness: __________________________

Date: __________________________
Ms. Analisa Pais
Principal Investigator
Ph.D. Candidate
Department of Clinical Speech and Language Studies
School of Linguistics Speech and Communication Sciences
Trinity College Dublin, Dublin-2.
paisa@tcd.ie
+91 7899588949

Dr. Caroline Jagoe
Principal Investigator
Assistant Professor in Speech and Language Pathology
Department of Clinical Speech and Language Studies
School of Linguistics Speech and Communication Sciences
Trinity College Dublin, Dublin-2.
ciagoe@tcd.ie
+353 1 896 4029
Informed consent form for the spouses of people with aphasia

“Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India—An exploratory study.”

Introduction

You are invited to participate in this pilot study which is being carried out by Ms. Analisa Marie Paia. Before you decide to participate or not, it is important for you to understand why the research is being carried out and your role in the project. Please take time to read the following information carefully and discuss it with friends, relatives and your treating physician/family doctor if you wish before you take decision. Ask us if there is anything that is not clear or if you would like more information. Take as much time as you need to decide whether or not to participate in this study.

What is this study/research about?

The study is designed to explore how Conversation Partner Training (CPT) might work in aphasia rehabilitation within the Indian context and measure its impact in addressing the needs of the individuals with Aphasia, their families and caregivers.

You have participated in Part A of this study. This pilot study is being carried out with the purpose of testing the conversation partner training material prior to its utilization in the larger trial in part B of this study where the training will be field tested across a group of people with aphasia and their spouses living in India.

Why is this essential?

An approach to the rehabilitation and reintegration of people with aphasia that has yet to be studied/practiced in India is the ‘Conversation Partner Training Approach’ (CPT). In this approach, the most important conversation partners of people with aphasia are involved in the process of rehabilitation. CPT aims to improve the conversational abilities, and wellbeing of the person with aphasia and their conversation partner. This approach could have benefits for all those around the person with aphasia.
Cost efficient and resource efficient approaches such as Conversation Partner Training (CPT) and similar approaches have been well studied and practiced in a lot of countries. Such approaches have revealed very promising and positive results.

The researchers believe Conversation Partner Training (CPT) could have significant potential particularly within the Indian context, especially given the strong family structure that is typical in this context.

Why have I been considered for participation in this project?

You have been chosen to participate in this study as you fulfill the inclusion and exclusion criteria set by the investigator for this study. The criteria has been laid out below.

Spouses of people with aphasia:
- Need to be fluent in either English or Kannada.
- No prior exposure to training in speech language therapy or other rehabilitation sciences.

People with aphasia:
- Aphasia must be moderate-severe.
- Able to communicate basic needs.
- At least 6 months following the onset of aphasia.
- Must have a living spouse/ caregiver living with the person with aphasia prior to the onset of aphasia.
- Fluency in either English or Kannada before the onset of the aphasia.
- Must not have a current diagnosis of any deteriorating neurological disorders such as dementia, progressive aphasia.
- Must not have a current diagnosis of any psychiatric disorder.
- Must not have a current diagnosis of a visual/ hearing impairment.
- Must not have a history of a speech or language disorder before the onset of the aphasia.

What will the duration of my involvement be?

If you agree to participate, you will have to commit to up to 3 days.

Is my participation mandatory?

Participation in this study is voluntary. It is entirely up to you to decide. You will be given a copy of this information sheet and adequate time to read through, think discuss with the investigator and others, and ask any questions before making a decision. If you do decide to take part, you will be asked to sign a consent form. You will be given a signed copy of the consent form for your records. If you decide to take part, you will still be free to
withdraw at any time without giving a reason. A decision to withdraw or not to take part, will not affect your or your relative's routine medical care in any way.

**What will my participation entail?**

Participation will involve the investigator visiting your house three times across one week. The interval between each session will be one day. The dates and timings for the sessions will be chosen in consultation with you. The table below describes the nature of your participation and commitment.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Commitment</th>
<th>Location</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>This will involve: A conversation between the person with aphasia and the spouse for ten minutes which will be audio-visually recorded.</td>
<td>1 day</td>
<td>Participants Residence</td>
<td>30 minutes.</td>
</tr>
<tr>
<td>Date to be confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 2</td>
<td>This will involve only the spouse of the person with aphasia. The investigator will conduct a one-day training workshop with the spouse of the person with aphasia. This training workshop will provide the spouse with: - Information on aphasia; - The importance of family support in the rehabilitation - Discussion of communication techniques. - A practical role-play session to allow the spouse to practice the skills taught with the investigator herself.</td>
<td>1 day</td>
<td>Participants Residence</td>
<td>3.5 hours.</td>
</tr>
<tr>
<td>Dates to be confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 2/3</td>
<td>This will involve: A conversation between the person with aphasia and the spouse for ten minutes which will be audio-visually recorded. A video recorded feedback interview with the person with aphasia and their spouse.</td>
<td>1 day</td>
<td>Participants Residence</td>
<td>1 hour</td>
</tr>
<tr>
<td>Date to be confirmed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3
What are the risks involved in participating in this study? How will these be minimized?

The researchers do not envisage any direct risks associated with the study. The researchers do understand that each visit to your house may interfere with your privacy and your daily routine. The researchers will thus make every effort to ensure the timings of the appointments are convenient. All dates and timings will be chosen in consultation with you.

What would happen if I miss one or more testing sessions or do not present ourselves for follow up testing?

All dates and timings will be chosen in consultation with you, your spouse with aphasia and members of your household. If for any reason you are unable to facilitate the investigators visit to your home on a pre-confirmed date or for a follow-up visit and would like to continue participation in the pilot, you may contact the researchers and reschedule the visit. If you would like to withdraw from the pilot, you will be free to do so. Your withdrawal will not affect your or your relative's routine medical care in any way.

How will this research benefit me?

- This research is envisaged to have outcomes for both the person with aphasia and the spouse in terms of the ability to engage in conversation with each other as well as for your overall health and well being.
- This research may benefit research and clinical practices carried out to support people with aphasia and their families in a majority world country like India.

All assessments and intervention that you will receive will be free of charge. You will not be receiving any monetary benefits for your participation in the study. Where possible, transport arrangements may be made.

What arrangements made for the follow up testing of the participants?

The dates and timings for the follow up session on day 2/3 will be chosen in consultation with you as discussed above.

What will happen to the data/information gathered?

Any personal information which we obtain from you during this research which can be identified with you will be treated confidentially. We will do this by separately storing the signed consent forms and the data collected during the study. All data will be stored by the principle investigator in a locked cupboard at the host institution.
Participant identities will be recorded in videos however, your personal details will not be shared. These videos will be used for additional training purposes in Part B of the study. This will only be done if you and your spouse provide your informed consent for the official usage of these videos. You may view the recorded video and request that parts be deleted. For the duration of this project, these videos will be in the possession of the principal investigator. The video recordings will be transferred immediately to a password protected external drive and deleted from the camera. These videos will further be saved in an external drive for official use in future research, clinical or training programs if you provide consent for the same. Access to the video recordings will be restricted to the investigators. Should access to these videos be required by other health professional in future, this will be with the permission of the principal investigator.

Should you choose to withdraw from the study, the data collected till the point of withdrawal will be stored for analysis purposes unless you request us otherwise.

What are the costs involved in participating in this study?

There will be no cost for you and your spouse to participate in this study.
Research Investigators

This project is being carried out by Ms. Analisa Pais, a Ph.D. candidate under the Department of Clinical Speech and Language Studies at Trinity College Dublin (TCD), as part of her thesis along with Dr. Caroline Jagoe, Assistant Professor in Speech and Language Pathology, Department of Clinical Speech and Language Studies, TCD as the principal guide and Dr. Vandana, Associate Professor of Speech Pathology and Audiology, Department of Speech Pathology and Audiology, NIMHANS as the local advisor (joint guide).

This project has been reviewed and approved by the research ethics committee, School of Linguistics, Speech and Communication Sciences, TCD as well as by the research ethics committee at the National Institute of Mental Health and Neurosciences (NIMHANS).

Contact Details:

Principal Investigator:
Analisa Pais
Ph.D. Candidate
Department of Clinical Speech and Language Studies
School of Linguistics, Speech and Communication Sciences
Trinity College Dublin, Dublin-2
paisa@tcd.ie
+91 7899688949

Supervisor:
Assistant Professor in Speech and Language Pathology
Department of Clinical Speech and Language Studies
School of Linguistics Speech and Communication Sciences Trinity College Dublin, Dublin-2.
cjagoe@tcd.ie
+353 1 896 4029
Undertaking by the investigator

You have the right to refuse consent or withdraw the same during
any time of the study without giving any reason. In such an event, you will
still receive the best possible treatment for your ailment/your relative’s
ailment, without any prejudice. If you have any doubts about the study, please
feel free to clarify the same. Even during the study, you are free to contact any
of the investigators for clarification if you so desire. All the information/data
collected from you will be kept in strict confidence and will not be shared
with anyone without your consent or unless stipulated by law.

Request by the investigating team

Your consent to participate in the above study is sought. Furthermore, the investigating team proposes to store the data collected from
you for up to one year following the completion of this study. Should the data
collected from you be required for use in future research, the investigating
team seeks your specific consent for storing all data recorded / collected from
you beyond the period of one year following completion of the study. This
data will be used only following ethical approval from the research ethics
committee, School of Linguistics, Speech and Communication Sciences, TCD
as well as by the research ethics committee at the National Institute of Mental
Health and Neurosciences (NIMHANS).

Consent by the participants

I have been informed about the procedures of the study in a
language that I understand. The possible risks too have been explained to me
as stated in the information. I confirm that I have read and understood the
information and have had the opportunity to ask questions.

I have understood that I have the right to refuse my consent and
withdraw from the study at any time during the study without my medical care
or legal rights being affected.

I understand that the investigating team, the Ethics Committee
and the regulatory authorities will not need my permission to look at my
health records both in respect of the current study and any further research
that may be conducted in relation to it, even if I withdraw from the trial. I
agree to this access.

I agree not to restrict the use of any data or results that arise from
this study provided such a use is only for scientific purpose(s). However, I
understand that my identity will not be revealed in any information released to
third parties or published.
I am aware that by subjecting myself to this investigation, I will have to give more time for assessments by the investigating team and that these assessments do not interfere with the benefits. I……………………………………….. the undersigned, give my consent to be a participant of this study.

In addition, I give my consent for the investigating team to store data collected for use in future research which will be undertaken with approval from the Ethics Committee of the institute.

Name and Signature of the authorized clinician/Investigator from the study team

Name and Signature of the Participant / relative

Name / address of the authorized Clinician/Investigator from the study team

Name and address of the Participant / relative

Date:

Date:

Signature of the Witness 1 with date

Signature of the Witness 2 with date

Name / address of the witness 1

Name / address of the witness 2
## Appendix 6

This appendix includes the participant information leaflets and informed consent forms used in phase 2 of the study both English and Kannada versions.

### **Participant Information Leaflet for participants with aphasia**

<table>
<thead>
<tr>
<th><strong>Project:</strong></th>
<th>“Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- An exploratory study.”</th>
</tr>
</thead>
</table>
| **Researchers:** | Principal Investigator: Analisa Marie Pais B.Sc., Pg. Dip., PhD. Candidate  
Principal guide: Dr. Caroline Jago, PhD  
Joint Guide (Local Advisor):  
Dr. Vandana VP., PhD |


We want to find out:

1. If training partners of people with Aphasia helps:
   a. People with Aphasia and their spouses to have better conversations with each other.
   ![Illustration of people at a table conversing]
   b. Quality of life of the person with Aphasia.
   ![Illustration of a person in a wheelchair conversing]
   c. How the spouse and person with Aphasia feel about their conversations, their conversations, their relationship, ability to cope, etc.
   ![Smiley and sad faces]
Participating in this research involves both the person with Person with Aphasia, their spouse and other members of the family.

**Where?**
The research will happen at NIMHANS, Bangalore.

**National Institute of Mental Health ad Neurosciences (NIMHANS)**
Bangalore, India.

**What?**
The Person with aphasia and the spouse will visit the clinic together, once (1) / week for three (3) weeks

The **spouse** will visit the clinic once for training in Conversation Partner Training (CPT).

You will both visit the clinic together once (1) / week for three (3) weeks

**When?**
Dates and times will be confirmed in consultation with you and your family.

The research will start in May 2017.
What will happen during the visits to the clinic?

During each visit where both the person with Aphasia and their spouse are present

| Once / week for two weeks | Training of partners only (at four (4) weeks) | Three follow up visits (once (1) / week) at several weeks after the initial meeting. |
What will happen during the visits to your house?

1. **Assessments** with the person with the [image of people sitting at a table]
   person with aphasia.

2. **Videotaping** of a short conversation between you [image of people with a camcorder]
   and your spouse

3. **Interview** of with you and your spouse will be conducted by the investigator.
   [image of people sitting at a table]

4. **Assessments** with you and your spouse will be conducted by the investigator.

Each visit will last up to 2 hours.

The time will be confirmed with you.
What will happen during the training?

For the training **only the spouses of people with Aphasia** will attend.

Training will be in a workshop that will last for 1 day.

Training will be in a **group** with other partners of people with Aphasia. There will be up to 7 other partners present.

Training will be done by the **primary investigator** who is a **speech and language therapist**. It will involve

1. **Information on aphasia**
2. Importance of **family support** in rehabilitation
3. Learning about **communication techniques** to support conversation where one person has aphasia
4. **Talking to and learning** from **other people** whose spouses have aphasia.

A student or research assistant may be present during the interview with the person with aphasia and the spouse as well as during the administration of the above mentioned questionnaire.
Potential benefits:

✓ This will help research
✓ This will provide you with opportunities for regular assessments
✓ This will provide you with opportunities to receive ongoing support monitoring
✓ This could help improve communication between you and your family
✓ This could help improve quality of life
✓ This could help other families with aphasia

Right to withdraw

You can stop at any time

It is your choice

It is okay if either the person with aphasia or the partner decides to stop participating
**Potential risks**

There is no risk to participating in this research.

You will need to visit the clinic a number of times:

- 6 times (person with aphasia) or
- 7 times (spouse)

This may be inconvenient.

**What will happen to the information gathered?**

Your participation is **confidential**.

Information will **only be accessed by the research team**.

Your **name will not appear** on any assessments or notes.

The **video recording will be securely stored** on a password-protected computer and external drive.

The video recordings will be **transcribed**. Your name and anything that could identify you will be coded.
You may request a copy of the transcript if you wish to do so.

If you wish to participate please contact Ms. Analisa Pais (Principal Investigator) and provide your name and contact details.

The researchers will contact you with details.

📞 Analisa Pais
+91 7899688949
If you have any questions about this research you can contact the researchers:

Ms. Analisa Pais
Principal Investigator
Ph.D. Candidate
Department of Clinical Speech and Language Studies
School of Linguistics Speech and Communication Sciences
Trinity College Dublin, Dublin-2.
paisa@tcd.ie
+91 7899688949

Dr Caroline Jagoe
Principal Guide
Assistant Professor in Speech and Language Pathology
Department of Clinical Speech and Language Studies
School of Linguistics Speech and Communication Sciences
Trinity College Dublin, Dublin-2.
ciagoe@tcd.ie
+353 1 896 4029

Dr Vandana VP
Joint Guide (Local Advisor)
Associate Professor of Speech Pathology and Audiology
Department of Speech Pathology and Audiology
NIMHANS, Bangalore-560029
vpxvandana@gmail.com
080-26995758
### Participant consent form for participants with aphasia

<table>
<thead>
<tr>
<th>Project:</th>
<th>“Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- An exploratory study.”</th>
</tr>
</thead>
</table>
| Researchers: | Principal Investigator: Analisa Marie Pais  
                     B.Sc., Pg. Dip., PhD. Candidate  
                     Principal Guide: Dr. Caroline Jagoe, PhD  
                     Joint guide (Local Advisor):  
                     Dr. Vandana VP., PhD |
I understand that the researchers want to find out:

1. If training partners of people with Aphasia helps:

   a. People with Aphasia and their spouses to have better conversations with each other

   ![Illustration of two people having a conversation]

   b. Quality of life of the person with Aphasia.

   ![Illustration of a person with a wheelchair and a conversation]

   c. How the partner and person with Aphasia feel about their conversations, their conversations, their relationship, ability to cope, etc.

   ![Illustration of two people with happy and sad faces]
I have received and understood the Participant Information Leaflet

Yes

No

I understand that participating in this research involves the person with Aphasia, their spouse and other members of the family.

Yes

No

I understand that the dates and times will be confirmed if I am interested in participating.

Yes

No
<table>
<thead>
<tr>
<th>Where?</th>
<th>The research will happen at NIMHANS, Bangalore.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>National Institute of Mental Health and Neurosciences (NIMHANS)</strong></td>
</tr>
<tr>
<td></td>
<td>Bangalore, India.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>![Thumbs up]</td>
<td>![Thumbs down]</td>
</tr>
<tr>
<td>What?</td>
<td>The Person with aphasia and the spouse will visit the clinic <strong>together</strong>, once (1) / week for three (3) weeks</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The spouse will visit the clinic <strong>once</strong> for training in Conversation Partner Training (CPT).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>We will <strong>both</strong> visit the clinic <strong>together</strong> once (1) / week for three (3) weeks</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Yes
- [ ] No
I understand that during each visit to NIMHANS where both the person with Aphasia and their spouse are present

| Once / week for two weeks | Training of partners only (at four (4) weeks) | Three follow up visits (once (1) / week) at several weeks after the initial meeting |

*Week* | *Week* | *Week*
1. **Assessments** with the person with the person with aphasia.

![Image of assessments](image)

2. **Videotaping** of a short *conversation* between you and your spouse.

![Image of videotaping](image)

3. **Interview** of you and your spouse will be conducted by the investigator in the *first* and the *last* visits.

4. **Assessments** with the person with aphasia and their spouse will be conducted by the investigator.

Each visit will last up to **2 hours**.

![Options: Yes, No](image)
I understand that for the training **only the spouses of people with Aphasia** will attend.

Training will be conducted across a **one-day workshop**

This will last **5.5 hours**.

---

I understand that training will be in a **group** with other partners of people with Aphasia. There will be up to 7 other partners present.
I understand that:

✔ This will help research
✔ This will provide you with opportunities for regular assessments
✔ This will provide you with opportunities to receive ongoing support monitoring
✔ This could help improve communication between the people with aphasia and their families participating in this study
✔ This could help improve quality of life
✔ This could help other families with aphasia

Yes  No

I understand that I can stop at any time.

Yes  No
I understand that there are no potential risks to participating in this research but that the multiple visits to NIMHANS may be inconvenient.

Yes  No

I understand that our participation is confidential.

Information will only be accessed by the research team.

Our names will not appear on any assessments or notes.

Yes  No
I understand that the **video recording will be securely stored** on a password-protected computer and external drive.

The video recordings will be **transcribed**. Our names and anything that could identify me will be coded.

I understand that I may **request a copy of the transcript** if I wish to do so.
I have had a **chance** to ask questions about the research

[ ] Yes  [ ] No

I **agree** to participate in the research:

[ ] Yes  [ ] No

Signature (person with aphasia): __________________________

Name (person with aphasia): __________________________

Witness: __________________________

Date: __________________________
Ms. Analisa Pais

Principal Investigator
Ph.D. Candidate
Department of Clinical Speech and Language Studies
School of Linguistics Speech and Communication Sciences
Trinity College Dublin, Dublin-2.
paisa@tcd.ie
+91 7899688949

Dr. Caroline Jagoe

Principal Investigator
Assistant Professor in Speech and Language Pathology
Department of Clinical Speech and Language Studies
School of Linguistics Speech and Communication Sciences
Trinity College Dublin, Dublin-2.
cjagoe@tcd.ie
+353 1 896 4029

Dr. Vandana VP

Joint guide (Local Advisor)
Associate Professor of Speech Pathology and Audiology
Department of Speech Pathology and Audiology
NIMHANS, Bangalore-560029
vpvandana@gmail.com
080-26995758
Informed consent form for the spouses of people with aphasia

“Training spouses as conversation partners in the rehabilitation of older adults with aphasia in India- An exploratory study.”

Introduction

You are invited to participate in this research project which is being carried out by Ms. Analisa Marie Pais, Dr. Caroline Jagoe and Dr. Vandana VP. Before you decide to participate or not, it is important for you to understand why the research is being carried out and your role in the project. Please take time to read the following information carefully and discuss it with friends, relatives and your treating physician/family doctor if you wish before you take decision. Ask us if there is anything that is not clear or if you would like more information. Take as much time as you need to decide whether or not to participate in this study.

What is this study/research about?

The study is designed to explore how Conversation Partner Training (CPT) might work in aphasia rehabilitation within the Indian context and measure its impact in addressing the needs of the individuals with Aphasia, their families and caregivers.

Aphasia is a language disorder, caused by brain damage (often following a stroke), which affects a person’s ability to communicate through speech, signing and writing. It can also affect a person’s ability to understand. The reduced ability to use language reduces the person with aphasia’s ability to engage in conversation and thus fully participate in life. It is known that aphasia affects the wellbeing of the family members and caregivers of the person with aphasia as well. The literature also reports that there are a higher number of people affected by stroke and aphasia in countries like India.

Why is this essential?

An approach to the rehabilitation and reintegration of people with aphasia that has yet to be studied / practiced in India is the - ‘Conversation Partner Training Approach’ (CPT). In this approach, the most important conversation partners of people with aphasia are involved in the process of rehabilitation. CPT aims to improve the conversational abilities, and wellbeing of the person with aphasia and their conversation partner. This approach could have benefits for all those around the person with aphasia.
Cost efficient and resource efficient approaches such as Conversation Partner Training (CPT) and similar approaches have been well studied and practiced in a lot of countries. Such approaches have revealed very promising and positive results.

The researchers believe Conversation Partner Training (CPT) could have significant potential particularly within the Indian context, especially given the strong family structure that is typical in this context.

Why have I been considered for participation in this project?

You have been chosen to participate in this study as you fulfill the inclusion and exclusion criteria set by the investigator for this study. Other participants will include people with aphasia and their spouses who fulfill the same criteria as laid out below.

Spouses of people with aphasia:
- Need to be fluent in either English or Kannada.
- No prior exposure to training in speech language therapy or other rehabilitation sciences.

People with aphasia:
- Aphasia must be moderate-severe.
- Able to communicate basic needs.
- At least 6 months following the onset of aphasia.
- Must have a living spouse/ caregiver living with the person with aphasia prior to the onset of aphasia.
- Fluency in either English or Kannada before the onset of the aphasia.
- Must not have a current diagnosis of any deteriorating neurological disorders such as dementia, progressive aphasia.
- Must not have a current diagnosis of any psychiatric disorder.
- Must not have a current diagnosis of a visual/ hearing impairment.
- Must not have a history of a speech or language disorder before the onset of the aphasia.

What will the duration of my involvement be?

If you agree to participate, you will have to commit to up to 10 weeks from the first meeting.

Is my participation mandatory?

Participation in this study is voluntary. It is entirely up to you to decide. You will be given a copy of this information sheet and adequate time to read through, think discuss with the investigator and others, and ask any questions before making a decision. If you do decide
to take part, you will be asked to sign a consent form. You will be given a signed copy of
the consent form for your records. If you decide to take part, you will still be free to
withdraw at any time without giving a reason. A decision to withdraw or not to take part,
will not affect your or your relative's routine medical care in any way.

What will my participation entail?

Participation will involve you having to visit the clinic at NIMHANS once a week for
different weeks. The interval between each session will be one week. There will be
final follow up session at 6 weeks following the intervention. The dates and timings for the
sessions will be chosen in consultation with you. The table below describes the nature of
your participation and commitment.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Commitment</th>
<th>Location</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>May/June, 2017</td>
<td>This will involve: A conversation between the person with aphasia and the</td>
<td>1 day</td>
<td>Department of Speech and Hearing, NIMHANS.</td>
<td>2 hours.</td>
</tr>
<tr>
<td></td>
<td>spouse for ten minutes which will be audio-visually recorded, An interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>with the person with aphasia and the spouse which will be conducted by the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>principal investigator for twenty minutes, Completing a questionnaire which</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>will be administered by the principal investigator.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date to be confirmed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>May/June and July 2017 Dates to be confirmed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(once per week for two weeks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This will involve: A conversation between the person with aphasia and the</td>
<td>Once a week for two weeks after the initial meeting.</td>
<td>Department of Speech and Hearing, NIMHANS.</td>
<td>1 hour.</td>
</tr>
<tr>
<td></td>
<td>spouse for ten minutes which will be audio-visually recorded, Completing a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>questionnaire which will be administered by the principal investigator.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
<td>Commitment</td>
<td>Location</td>
<td>Duration</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>June/July, 2017</td>
<td>This will involve only the spouse of the person with aphasia attending a one-day training workshop along with the other participating spouses of the people with aphasia participating in this study. This training workshop will provide the spouses with: - Information on aphasia; - The importance of family support in the rehabilitation - Discussion of communication techniques. - A practical session to allow the spouses participating to practice the skills taught - An opportunity for the spouses to share their experiences, clarify queries and discuss their thoughts on the training and the approach voluntarily.</td>
<td>1 day at 4 weeks after the initial meeting.</td>
<td>Department of Speech and Hearing, NIMHANS.</td>
<td></td>
</tr>
</tbody>
</table>

What are the risks involved in participating in this study?

How will these be minimized?

The researchers do not envisage any direct risks associated with the study. The researchers do understand that each visit to the center will require you to travel to and fro. This may be tiring and may interfere with your routine. The researchers will thus make every effort to ensure the timings of the appointments are convenient. Efforts will be made to coincide these visits with routine/other health check ups that you may have at the same center. All dates and timings will be chosen in consultation with you.

What would happen if I miss one or more testing sessions or do not present ourselves for follow up testing?

All dates and timings will be chosen in consultation with you. If for any reason you are unable to attend a baseline or a follow-up session and would like to continue participation
in the study, you may contact the researchers and reschedule the session. If you would like to withdraw from the study, you will be free to do so. Your withdrawal will not affect your or your relative's routine medical care in any way.

How will this research benefit me?

- This research is envisaged to have outcomes for both the person with aphasia and the spouse in terms of the ability to engage in conversation with each other as well as for your overall health and well being.
- This research may benefit research and clinical practices carried out to support people with aphasia and their families in a majority world country like India.
- Participation in this study will provide you with opportunities for regular assessments.
- This will provide you with opportunities to receive ongoing support monitoring

All assessments and intervention that you will receive will be free of charge. You will not be receiving any monetary benefits for your participation in the study. Where possible, transport arrangements may be made.

What arrangements made for the follow up testing of the participants?

The dates and timings for follow up sessions will be chosen in consultation with you as discussed above.

What will happen to the data/information gathered?

Any information or data which we obtain from you during this research which can be identified with you will be treated confidentially. We will do this by separately storing the signed consent forms and the data collected during the study. All data will be stored by the principle investigator in a locked cupboard at the host institution.

Data from this research project may be published in future, but will not identify you in any way. The recordings will be kept in a secure location in the host institution which will be locked when the researchers are not present. When transferring data online, we will use password protected and encrypted documents and transfer the same using one drive. Access to the video recordings will be restricted to the investigators.

Should you choose to withdraw from the study, the data collected till the point of withdrawal will be stored for analysis purposes unless you request us otherwise.

All recorded data will be destroyed after one year following completion of the study.
What are the costs involved in participating in this study?

There will be no direct costs incurred by the participants from assessment or intervention procedures. Some amount of travel expenses will result from having to visit the clinic multiple times for the purpose of assessments, training and follow-up sessions as a part of this study.

Research Investigators

This study is being carried out by Ms. Analisa Pais, a Ph.D. candidate under the department of Clinical Speech and Language Studies at Trinity College Dublin (TCD), as a part of her thesis along with Dr. Caroline Jagoe, Assistant Professor in Speech and Language Pathology, Department of Clinical Speech and Language Studies, TCD as the principal guide and Dr. Vandana, Associate Professor of Speech Pathology and Audiology, Department of Speech Pathology and Audiology, NIMHANS as the local advisor (joint guide).

This study has been reviewed and approved by the research ethics committee, School of Linguistics, Speech and Communication Sciences, TCD as well as by the research ethics committee at the National Institute of Mental Health and Neurosciences (NIMHANS).

Contact Details:

Principal Investigator:
Analisa Pais
Ph.D. Candidate
Department of Clinical Speech and Language Studies
School of Linguistics, Speech and Communication Sciences
Trinity College Dublin, Dublin-2
paisa@tcd.ie
+91 7899688949

Local Advisor:
Dr. Vandana VP
Associate Professor of Speech Pathology and Audiology
Department of Speech Pathology and Audiology
NIMHANS, Bangalore-560029
vpvandana@gmail.com
080-26995758
Undertaking by the investigator

You have the right to refuse consent or withdraw the same during any time of the study without giving any reason. In such an event, you will still receive the best possible treatment for your ailment/your relative’s ailment, without any prejudice. If you have any doubts about the study, please feel free to clarify the same. Even during the study, you are free to contact any of the investigators for clarification if you so desire. All the information/data collected from you will be kept in strict confidence and will not be shared with anyone without your consent or unless stipulated by law.

Request by the investigating team

Your consent to participate in the above study is sought. Furthermore, the investigating team proposes to store the data collected from you for up to one year following the completion of this study. Should the data collected from you be required for use in future research, the investigating team seeks your specific consent for storing all data recorded / collected from you beyond the period of one year following completion of the study. This data will be used only following ethical approval from the research ethics committee, School of Linguistics, Speech and Communication Sciences, TCD as well as by the research ethics committee at the National Institute of Mental Health and Neurosciences (NIMHANS).

Consent by the participants

I have been informed about the procedures of the study in a language that I understand. The possible risks too have been explained to me as stated in the information. I confirm that I have read and understood the information and have had the opportunity to ask questions.

I have understood that I have the right to refuse my consent and withdraw from the study at any time during the study without my medical care or legal rights being affected.

I understand that the investigating team, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access.

I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). However, I understand that my identity will not be revealed in any information released to third parties or published.
I am aware that by subjecting myself to this investigation, I will have to give more time for assessments by the investigating team and that these assessments do not interfere with the benefits. I, _____________________________ the undersigned, give my consent to be a participant of this study.

In addition, I give my consent for the investigating team to store data collected for use in future research which will be undertaken with approval from the Ethics Committee of the institute.

Name and Signature of the authorized clinician/Investigator from the study team

Name and Signature of the Participant /
relative

Name / address of the authorized Clinician/Investigator from the study team

Name and address of the Participant /
relative

Date:

Date:

Signature of the Witness 1
with date

Signature of the Witness 2
with date

Name / address of the witness 1
of the witness 2

Name / address
<table>
<thead>
<tr>
<th>ಸೂತ್ರಪಡುವ</th>
<th>“ಮಹಾಪತಿನ ಸಂಶಯದ ಅಧಿಕಾರವನ್ನು ಹೊಂದಿರುವ ಅಧಿಕಾರಿಗಳು ಈ ಸೂತ್ರಪಡಿಸಿ ಸೂತ್ರಪಡಿಸಿದ ಪ್ರಕ್ರಿಯೆ ಮೂಲಗೊಳಿಸುವದಾಗ ಸರ್ಕಾರ ಸರ್ಕಾರೀ ವಿಸ್ತೀರ್ಣದಲ್ಲಿ ಮೂಲಗೊಳಿಸಿದ ಸೂತ್ರ”</th>
</tr>
</thead>
<tbody>
<tr>
<td>ಸಂಶಯಪ್ರವಾಹ</td>
<td>ಸಾಂಸ್ಥಿಕ ಸ್ಥಾನದ ಸರ್ಕಾರ ಮೂಲಗೊಳಿಸುವ ಪ್ರಕ್ರಿಯೆ ಮತ್ತು ಸರ್ಕಾರೀ ವಿಸ್ತೀರ್ಣದಲ್ಲಿ ಸರ್ಕಾರೀ ವಿಸ್ತೀರ್ಣ ಮೂಲಗೊಳಿಸಿದ ಸೂತ್ರದ ಉಷ್ಣಾಲಿಯು.</td>
</tr>
<tr>
<td>ಮತ್ತು ಸರ್ಕಾರೀ ವಿಸ್ತೀರ್ಣದಲ್ಲಿ ಸರ್ಕಾರೀ ವಿಸ್ತೀರ್ಣದ ಮೂಲಗೊಳಿಸಿದ ಸೂತ್ರದ ಉಷ್ಣಾಲಿಯು.</td>
<td></td>
</tr>
<tr>
<td>ಸರ್ಕಾರೀ ವಿಸ್ತೀರ್ಣದಲ್ಲಿ ಸರ್ಕಾರೀ ವಿಸ್ತೀರ್ಣದ ಮೂಲಗೊಳಿಸಿದ ಸೂತ್ರದ ಉಷ್ಣಾಲಿಯು.</td>
<td></td>
</tr>
<tr>
<td>ಸರ್ಕಾರೀ ವಿಸ್ತೀರ್ಣದಲ್ಲಿ ಸರ್ಕಾರೀ ವಿಸ್ತೀರ್ಣದ ಮೂಲಗೊಳಿಸಿದ ಸೂತ್ರದ ಉಷ್ಣಾಲಿಯು.</td>
<td></td>
</tr>
</tbody>
</table>
1. ತಮ್ಮ ವೇದುಗಳನ್ನು ಕೆಲಸಿಕೊಂಡು ಅಧ್ಯಯನಿಸಿ ನೇತ್ರಸಿಗ್ರಾಹಿಸಿ.

a. ತಮ್ಮ ವೇದುಗಳನ್ನು ಕೆಲಸುವಿಕೆಯಲ್ಲಿ ಎರಡು ವ್ಯಕ್ತಿಗಳ ವೇದುಗಳನ್ನು ಉದ್ದ್ಯಂಗಾಗಿ ಬಳಸುವುದು ನೇತ್ರಸಿಗ್ರಾಹಿಸಿ.

b. ತಮ್ಮ ವೇದುಗಳನ್ನು ಕೆಲಸುವಿಕೆದಲ್ಲಿ ಎರಡು ವ್ಯಕ್ತಿಗಳ ವೇದುಗಳನ್ನು ಉದ್ದ್ಯಂಗಾಗಿ ಬಳಸುವುದು ನೇತ್ರಸಿಗ್ರಾಹಿಸಿ.

c. ತಮ್ಮ ವೇದುಗಳನ್ನು ಕೆಲಸುವಿಕೆಯಲ್ಲಿ ಎರಡು ವ್ಯಕ್ತಿಗಳ ವೇದುಗಳನ್ನು ಉದ್ದ್ಯಂಗಾಗಿ ಬಳಸುವುದು ನೇತ್ರಸಿಗ್ರಾಹಿಸಿ. ಎರಡು ವ್ಯಕ್ತಿಗಳ ವೇದುಗಳನ್ನು ಉದ್ದ್ಯಂಗಾಗಿ ಬಳಸುವುದು ನೇತ್ರಸಿಗ್ರಾಹಿಸಿ.
<table>
<thead>
<tr>
<th>ವಿಶೇಷಣ</th>
<th>ವಾಣಿಜ್ಯಕ್ಕೆ ಬೇರೆದ ವಸ್ತುಗಳು</th>
</tr>
</thead>
<tbody>
<tr>
<td>ವಿಸ್ತೀರ್ಣ</td>
<td>ವಿಸ್ತೀರ್ಣವು ಉದ್ಯೋಗವು ವಸ್ತುಗಳಿಗೆ ವಿಸ್ತೀರ್ಣವು ಎನ್ನುತ್ತಾರೆ.</td>
</tr>
<tr>
<td>ಜ್ಮೀಂದರ ಎರಡು ಪ್ರಕಾರ</td>
<td>ಜ್ಮೀಂದರ ಎರಡು ಪ್ರಕಾರ: ಈತಮ್ಮರುಮತಿಯಾದ ಜ್ಮೀಂದರ ಮತ್ತು ಈತಮ್ಮರುಮತಿಯಾದ ಜ್ಮೀಂದರ.</td>
</tr>
<tr>
<td>ವಸ್ತುಗಳು ವಸ್ತುಗಳು</td>
<td>ವಸ್ತುಗಳು ವಸ್ತುಗಳು</td>
</tr>
<tr>
<td>ವಾಣಿಜ್ಯಕ್ಕೆ ಬೇರೆದ ವಸ್ತುಗಳು</td>
<td>ವಾಣಿಜ್ಯಕ್ಕೆ ಬೇರೆದ ವಸ್ತುಗಳು</td>
</tr>
<tr>
<td>ಇಲ್ಲಿರುವ ಪ್ರಕಾರ</td>
<td>ಇಲ್ಲಿರುವ ಪ್ರಕಾರ: ವಸ್ತುಗಳು</td>
</tr>
<tr>
<td>ವಸ್ತುಗಳು ವಸ್ತುಗಳು</td>
<td>ವಸ್ತುಗಳು ವಸ್ತುಗಳು</td>
</tr>
<tr>
<td>ವಾಣಿಜ್ಯಕ್ಕೆ ಬೇರೆದ ವಸ್ತುಗಳು</td>
<td>ವಾಣಿಜ್ಯಕ್ಕೆ ಬೇರೆದ ವಸ್ತುಗಳು</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
<tr>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
<td>ಕನ್ನಡ ಡಿಸ್ಸೆಪ್ಟಿನ್</td>
</tr>
</tbody>
</table>
ಮೇಲೆ ಮ್ಯಾರ್ಕ್ ಕೃತಕು ಸಾಮಾಜಿಕ ಅಂಶಗಳಾಗಾರ?

1. ಮಹಾದೇವ ರಾಮ್ ಸಂಖ್ಯೆದ ನುಡಿಯ ಜೊತೆಗೆ ಮುಖದ ತನ್ನ ಆರೋಗ್ಯದ ಆವಾಸ

2. ರಾಮದಾಸ ಸಾದನ ಮತ್ತು ಸಂಖ್ಯೆದ ಜೊತೆಗೆ ನುಡಿ ಜೊತೆಗೆ ಮುಖದ ಆರೋಗ್ಯದ ಆವಾಸ.

3. ಸಿಕ್ಕೇರಂಜ್ಞ ರಾಮ್ ಸಂಖ್ಯೆದ ಜೊತೆಗೆ ನುಡಿ ಜೊತೆಗೆ ಮುಖದ ಆರೋಗ್ಯದ ಆವಾಸ.

4. ಸಿಕ್ಕೇರಂಜ್ಞ ರಾಮದಾಸ ಸಂಖ್ಯೆದ ಜೊತೆಗೆ ನುಡಿ ಜೊತೆಗೆ ಮುಖದ ಆರೋಗ್ಯದ ಆವಾಸ.

ಹೊರಬಾಗದಲ್ಲೇ ಮ್ಯಾರ್ಕ್ ಸಂಖ್ಯೆದ ನುಡಿಯ ಜೊತೆಗೆ ಮುಖದ ಆರೋಗ್ಯದ ಆವಾಸ.
ವ್ಯವಹಾರದ ವಿಕ್ರಮ ಅಥವಾ ಮತ್ತು ಶ್ರೇಣಿಗಳು?

ಈಗೆಲ್ಲ ಮಾರುತ ಸ್ವತಂತ್ರ ಅಥವಾ ಮತ್ತು ಇತ್ಯಾದಿ ವ್ಯವಹಾರಗಳ ಉಪಾധ್ಯಾಯವನ್ನು.

ವ್ಯವಹಾರದ ಸಂದರ್ಭದಲ್ಲಿ ವಿದ್ಯಾರ್ಥಿಗಳ ಅಭಿವೃದ್ಧಿ.

ವ್ಯವಹಾರದಲ್ಲಿ ಮಾರುತ ಸ್ವತಂತ್ರ ಅಥವಾ ಮತ್ತು ಅಪಾರ ಸಮಯದ ಶ್ರೇಣಿಗಳಿಗೆ ಪ್ರವಾಹವಾಗಿರಲು. ಒಂದು 7 ಜನಾಧಿಕ್ಷರ ಸ್ಥಾನವೇ ಇಲ್ಲಿ.

ಇವು ಇತ್ಯಾದಿ ಪ್ರಮುಖ ವಿಷಯಗಳು, ಇವು ವ್ಯವಹಾರದ ಅನುಶೀಲನದ ಸಂಖ್ಯೆಯಲ್ಲಿ 1. ಆರೋಗ್ಯದ ಮಾರುತ ಸಮಸ್ಯೆ

2. ಪೃಥ್ವಿದೇಶದಲ್ಲಿನ ಪ್ರವೃತ್ತಿ, ಎಲ್ಲಾ ಕೋಶವು ಮತ್ತು, ಮೂಲಕ ಶುದ್ಧೀಕರಣ ಮಾರುತ ಸಮಸ್ಯೆ

3. ಆರೋಗ್ಯದ ಹೆಸರು ಸಂಬಂದದ ಪ್ರವೃತ್ತಿಯು ಅಥವಾ ಮೂಲಕ ಸಂಪರು ಇದ್ದವರು ಆರೋಗ್ಯದ ಮಾರುತ ಸಮಸ್ಯೆ

4. ಎಂದರೆ ಆರೋಗ್ಯದ ಮಾರುತ ಸ್ವತಂತ್ರ ಅಥವಾ ಮತ್ತು ಸಂಪರು ಅಥವಾ ಹೆಸರು ಆರೋಗ್ಯದ ಮಾರುತ ಸಮಸ್ಯೆಗಳು.
ಎಡಚೇನ ಭಾರತೀಯ ಮೂಲಕ ಜೀವನವನ್ನು ವಿಶ್ವ ವಿಜಯಿಸಿದಾಗ ಹೋಲ್ಲಿಯ ಇನ್ನು ವಸ್ತು/ಬೆಂಬಲಕ್ಕೆ ಸರಿಯಾದಾಗ ಮತ್ತು ಎಲ್ಲಾ ಅವರು ಮೂಲ್ಯ ಸಾಮರ್ಥ್ಯದ ಮೇಲೆ ವಿವರಿಸಿಕೊಂಡಾಗ ಸ್ಥಳೀಯ ಅಧ್ಯಯನ ಸಿದ್ಧಾಂತ ಆಧರಿಸಬಹುದು.

ವ್ಯಾಖ್ಯಾನ ನೂತನವಾಗಿಯೇ

ವ್ಯಾಖ್ಯಾನವು ಸಾಮರ್ಥ್ಯದಲ್ಲಿರುತ್ತದೆ.

ಅಂತ್ಯ ವ್ಯಾಖ್ಯಾನವು ಒಂದು ವಿಶ್ವಾಸದ ವಿಧಾನವಿರುತ್ತದೆ.

ಅಂತ್ಯ ವ್ಯಾಖ್ಯಾನವು ಬೀಚೆಗೆ ಸಿದ್ಧಾಂತದವರೆಗೆ ಮಾರ್ಗದಲ್ಲಿಗೆ ಪ್ರಕಟಿಸುತ್ತದೆ.

ಅಂತ್ಯ ವ್ಯಾಖ್ಯಾನವು ಬೀಚೆಗೆ ಸಿದ್ಧಾಂತದವರೆಗೆ ಮಾರ್ಗದಲ್ಲಿಗೆ ಪ್ರಕಟಿಸುತ್ತದೆ.

ಅಂತ್ಯ ವ್ಯಾಖ್ಯಾನವು ಬೀಚೆಗೆ ಸಿದ್ಧಾಂತದವರೆಗೆ ಮಾರ್ಗದಲ್ಲಿಗೆ ಪ್ರಕಟಿಸುತ್ತದೆ.
ಪ್ರತಿಬಿಂಬಗಳು ಕೋರ್ಟ್ಕೊಪ್ಟ್ ತಾಂತ್ರಿಕ

ನಾಯಕರಿಗೆ ಕರೂಪದಾರುವ ಸಂದರ್ಶನಗಳನ್ನು.

ಇಂದೂ ವಿನ್ಯಾಸ ನೀಡುತ್ತಿರುವ ಮತ್ತು ಉಷ್ಣಬಂಧರಿಗೆ ಸಹಾಯಕ ಗಂಡು ತಿನ್ನುವುದು ನೀಡಬೇಕು.
## ಹಣ್ಣುವಿನ ಸಹಾಯಕಗಳು:

ಹಣ್ಣುವಿನ ಸಹಾಯಕಗಳು ಹಣ್ಣುವಿನ ಸಮಯದಲ್ಲಿ ಸಹಾಯವನ್ನು ಮಾಡುವ ಹಣ್ಣುವಿನ ಸಹಾಯಕಗಳಾಗಿರುತ್ತದೆ.

- 6 ಸಮಯ (ಸಮಾಧಾನ ಹಣ್ಣುವಿನ ಸಹಾಯಕಗಳಾಗಿ) ಅಥವಾ
- 7 ಸಮಯ (ಸಮಾಧಾನ ಅಥವಾ ಸಹಾಯಕಗಳಾಗಿ)

ಅತ್ತು ಹಣ್ಣುವಿಗೆ ಸಹಾಯಕಗಳು.

## ಹಣ್ಣುವಿನ ಸಹಾಯಕಗಳನ್ನು ಎಂದು ಕರೆಯುವರು?

ಹಣ್ಣುವಿಗೆ ಸಹಾಯಕಗಳನ್ನು ಹಣ್ಣುವಿಗೆ ಸಹಾಯಕಗಳೆಂದು ಕರೆಯುವರು.

## ಹಣ್ಣುವಿಗೆ ಸಹಾಯಕಗಳು ಎಂದು ಕರೆಯುವರು?

ಹಣ್ಣುವಿಗೆ ಸಹಾಯಕಗಳನ್ನು ಹಣ್ಣುವಿಗೆ ಸಹಾಯಕಗಳೆಂದು ಕರೆಯುವರು.
ಮಾರ್ಚ್ 15ರಿಂದ ಭೂಕಂಪಾವಳಿಯ ದೃಢ್ಢತೆಯು ಮಾರಾಟದಲ್ಲಿ ಪ್ರಮುಖವಾಗಿ ಪ್ರತ್ಯೇಕವಾಗಿ ಅಧಿಪತಿಯ ವ್ಯವಹಾರದ ಸಂಬಂಧಕ್ಕೆ ಪ್ರತಿಪಾದಿಸುತ್ತದೆ.

ನಂತರ ನಂತರ ನಂತರ ಭೂಕಂಪಾವಳಿಯ ಅತ್ಯಂತ ಪ್ರತ್ಯೇಕಿಸುತ್ತದೆ.

ಭೂಕಂಪದ ಮರಚೇಂಬರ್ ಅತ್ಯಂತ ಪ್ರತಿಕ್ರಿಯೆಯಾಗಿ ಪ್ರತಿಪಾದಿಸುತ್ತದೆ.

ಭೂಕಂಪದ ಕ್ಯಾರೆಟ್ ಎಲ್ಲಾ ಹಡಗಿನ ಪ್ರತಿಕ್ರಿಯೆಯಾಗಿ ಪ್ರತಿಪಾದಿಸುತ್ತದೆ.

ವಿಶೇಷವಾಗಿ ನಂತರ ನಂತರ ಭೂಕಂಪಾವಳಿಯ ಅತ್ಯಂತ ಪ್ರತಿತಿತ್ತದೆ.

ವಿಶೇಷವಾಗಿ ನಂತರ ನಂತರ ಭೂಕಂಪಾವಳಿಯ ಅತ್ಯಂತ ಪ್ರತಿತಿತ್ತದೆ.

ಅಧಿಪತಿಯ ವ್ಯವಹಾರ

paisa@tcd.ie

+91 7899688949
ಮನೆ ಮಹಿಳೆ ಮಾತ್ರ,

ಪ್ರತ್ಯೇಕ ವ್ಯವಹಾರದ ಮೇಲಿಂದ,

ಎರಡು ವರ್ಷಗಳ ಪಿಳುರು ಮಾಡಬಹುದು. ಪ್ರತಿರೋಧವಾದ ಹೊಸ ಕಾಲದ ಮೇಲೆ,

ನಾನು ನರ್ತಕಿಯಾರೇ, ಮುಂಬೈ - 2

paila@tcd.ie

+91 7899688949

ವೀಟ್ಟು ಮಹಿಲೆ ಮಾತ್ರ

客家ರಿಯ ಸಂದರ್ಶನದಲ್ಲಿ,

ಯಾವುದೇ ವ್ಯವಹಾರದ ಮೇಲಿಂದ,

ನಾನು ನರ್ತಕಿಯಾರೇ, ಮುಂಬೈ - 2

ciamac@tcd.ie

+353 1 896 4029

ವೀಟ್ಟು ಮಹಿಲೆ ಮಾತ್ರ

客家ರಿಯ ಸಂದರ್ಶನದಲ್ಲಿ,

yvyanjana@gmail.com

080-26993758
### ಸಾಂಬಾರ

| ಬಳಕೆ | “ಪ್ರತಿದಿನಗಳ ಮಾರುಕಟ್ಟೆ ಮತ್ತು ಪ್ರತಿದಿನಗಳು ಮುಂದುವರಿಸಬೇಕು. ಇದು ಸ್ವಲ್ಪ ಗುರುತ್ವಾಯಿತು. ಉದಾಹರಣೆಗೆ, ಇದು ಹೂವಿಕೆಯಾಗಿರುವ ಮೂಲಕ ಕಡಿಮೆಯಾಗುತ್ತದೆ. ಇದನ್ನು ಪರಿಶೀಲಿಸಲು ಸಂವಾದ ಪ್ರತ್ಯೇಕಿಸಿಕೊಂಡಿರುವ ಲೇಖನ  ಅನುಸರಣೆಯಲ್ಲಿ ಕೆಲವು ವಿದ್ಯುತ್ ಮಾಧ್ಯಮಗಳನ್ನು ಸಹಾಯ ಸೇರಿಸಿರುವುದು.” |

### ಕೌಂಟರ್‌ಪ್ಲಾಟ್

<table>
<thead>
<tr>
<th>ಪಾಲು</th>
<th>ನಿಮ್ನಲೈಯಾದ್ರಿಗೆ ನಿಂದು</th>
</tr>
</thead>
<tbody>
<tr>
<td>ಜಿ.ಸಿ.ಎ., ಸಿ.ಆರ್.ಸಿ., ಸಿ.ಆರ್.ಇ.</td>
<td>ವೃತ್ತಿಯ ಸಾಮಗ್ರಿಗಳು ಮತ್ತು ವಿದ್ಯುತ್ ಮಾಧ್ಯಮಗಳು</td>
</tr>
</tbody>
</table>

| ವಿಜ್ಞಾನದ ವಿಷಯದಲ್ಲಿ ಬರೆಯುವ ವಸ್ತುಗಳು |

<table>
<thead>
<tr>
<th>ಸಂಖ್ಯೆ</th>
<th>ಮಾತ್ರೆ</th>
<th>ವಿದ್ಯುತ್ ಮಾಧ್ಯಮಗಳು</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>ವಸ್ತು 1</td>
<td>ವಸ್ತು 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ಮೂಲಕ</th>
<th>ವಸ್ತು</th>
<th>ಮೂಲಕ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ವಸ್ತು 1</td>
<td>ವಸ್ತು 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ವಿಜ್ಞಾನದ ವಿಷಯದಲ್ಲಿ ಬರೆಯುವ ವಸ್ತುಗಳು</th>
</tr>
</thead>
<tbody>
<tr>
<td>ವಸ್ತು 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ವಿಜ್ಞಾನದ ವಿಷಯದಲ್ಲಿ ಬರೆಯುವ ವಸ್ತುಗಳು</th>
</tr>
</thead>
<tbody>
<tr>
<td>ವಸ್ತು 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ವಿಜ್ಞಾನದ ವಿಷಯದಲ್ಲಿ ಬರೆಯುವ ವಸ್ತುಗಳು</th>
</tr>
</thead>
<tbody>
<tr>
<td>ವಸ್ತು 1</td>
</tr>
</tbody>
</table>
ಸಹಭಾಗ ಅನುಕ್ರಮಗಳು

1. ಅವರು ಮಾಡುತ್ತಾರೆ ರೆಗಳನ್ನು ಒಳಗೊಂಡಿತ್ತು.

   a. ಅವರು ಮಾಡುತ್ತಾರೆ ರೆಗಳ ಸಾಲು/ಸಾಲುಗಳು ಒಂದು ರೆಗಳ ಒಳಗೊಂಡಿತ್ತು.

   b. ಅವರು ಮಾಡುತ್ತಾರೆ ರೆಗಳ ಒಂದು ರೆಗಳು.

   c. ಅವರು ಮಾಡುತ್ತಾರೆ ರೆಗಳ ಸಾಲು/ಸಾಲುಗಳು ಒಂದು ರೆಗಳ ಒಂದು ರೆಗಳು ಒಂದು ರೆಗಳು ಒಂದು ರೆಗಳು ಒಂದು ರೆಗಳು ಒಂದು ರೆಗಳು.

136
ಪುನರಾದೇಶಗಳು ಮತ್ತು ಸಂಪೂರ್ಣವಾಗಿ ಪ್ರತಿದಿನ ನೇತೃತ್ವದ ವಿಧಾನದ ಸಂಸದಿಗೆ ನೀಡಲಾಗುತ್ತದೆ.

![Thumb up](image1)

![Thumb down](image2)

ಅಂತ್ಯ ಮತ್ತು ಸಂಸದಿಗೆ ಪುನರಾದೇಶಗಳು
ನೇತೃತ್ವದ (ಪುನರಾದೇಶಗಳು) ಮತ್ತು ಪ್ರತಿದಿನ ನೇತೃತ್ವದ ವಿಧಾನದ ಸಂಸದಿಗೆ ನೀಡಲಾಗುವ ಸಂಸದಿಗೆಯ ಸಂವಹನದಿಂದ ಸಹಾಯಕವಾಗುತ್ತದೆ.

![Thumb up](image3)

![Thumb down](image4)

ಅಂತ್ಯ ಮತ್ತು ಸಂಸದಿಗೆ ಪುನರಾದೇಶಗಳು ಪುನರಾದೇಶಗಳು ವಿಧಾನದ ವಿಧಾನ ಮತ್ತು ಪ್ರತಿದಿನ ನೇತೃತ್ವದ ವಿಧಾನದ ಸಂಸದಿಗೆ ನೀಡಲಾಗುವ ಸಂಸದಿಗೆಯ ಸಂವಹನದಿಂದ ಸಹಾಯಕವಾಗುತ್ತದೆ.

![Thumb up](image5)

![Thumb down](image6)
| ಅರ್ಥ | ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ಅಂಕೆಗಳನ್ನು ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ರವಾಗಿ ಹೊರಗುವ ವಸ್ತುಗಳನ್ನು ಮಾತ್ра

| ಪ್ರಕಾರ | ಪ್ರಕಾರ |}

<p>| ಜೋಡಣೆ | ಜೋಡಣೆ |</p>
<table>
<thead>
<tr>
<th>ಹೇಗೆ?</th>
<th>ಅರಣೆಪಡೆಯ ಉದ್ದೇಶಗಳು ಕ್ಷೇತ್ರದಲ್ಲಿ ಅನುಗುಣ ಸಮತ್ವಮಾದ ರೂಪಗಳೇ ಸ್ಥಾಪನೆ ಸ್ಥಳಗಳ ಸಾಮರ್ಥ್ಯಕ್ಕೆ ಪ್ರಾಮಾಣ್ಯವಾಗುವ. ಪ್ರತಿಯೊಂದು ಪ್ರಕಾರ ಸ್ಥಳಗಳಲ್ಲಿ ಪ್ರತ್ಯೇಕವಾಗಿ ಹೆಸರಿದ್ದಾಗ ನಿರ್ದಿಷ್ಟ.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ಪ್ರಕಾರ</td>
<td>ಒಂದು ಸ್ಥಳಗೆ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಮತ್ವ ಸಾಮರ್ಥ್ಯ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಠಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಥ್ಯ ಹೆಸರಿದ್ದಾಗ ಸ್ಥಳದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಸಾಮರ್ಠ...</td>
</tr>
<tr>
<td>ಅವಾಗುಮ್ಮ  ಲೋಹದಲ್ಲಿಸಿದ್ಧ  ಅಥವಾ  ಲೆಟ್ಟ್ಟಿ  ಲೋಹದಲ್ಲಿ  ಅಥವಾ  ಲೆಟ್ಟಿ  ಲೋಹದಲ್ಲಿ</td>
<td>ಅವಾಗುಮ್ಮ  ಲೋಹದಲ್ಲಿಸಿದ್ಧ  ಅಥವಾ  ಲೆಟ್ಟಿ  ಅಥವಾ  ಲೆಟ್ಟಿ  ಲೋಹದಲ್ಲಿ</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>ಅವಾಗುಮ್ಮ  ಲೋಹದಲ್ಲಿಸಿದ್ಧ  ಅಥವಾ  ಲೆಟ್ಟಿ  ಲೋಹದಲ್ಲಿ</td>
<td>ಅವಾಗುಮ್ಮ  ಲೋಹದಲ್ಲಿಸಿದ್ಧ  ಅಥವಾ  ಲೆಟ್ಟಿ  ಅಥವಾ  ಲೆಟ್ಟಿ  ಲೋಹದಲ್ಲಿ</td>
</tr>
<tr>
<td>(ಅವಾಗುಮ್ಮ  ಲೋಹದಲ್ಲಿ)</td>
<td>(ಅವಾಗುಮ್ಮ  ಲೋಹದಲ್ಲಿ)</td>
</tr>
</tbody>
</table>
1. സ്വദേശ്യം സേവനം നൽകിയിരിക്കുന്നുണ്ടോ എന്ന് സർവേയിൽ സ്വാധീനം

2. മങ്കാധാരപ്പെട്ടിരിക്കുന്നു/മാറുമെന്ന് എന്നാണ് പ്രതികാരമാണ്

3. സാമ്പത്തികമായി വളർന്നിരിക്കുന്നു/മാറുനാണ് എന്നാണ് പ്രതികാരമാണെങ്കിൽ

4. സാമ്പത്തികമായി നേടുന്നു/ഉണ്ട് എന്നാണ് പ്രതികാരമാണെങ്കിൽ

ഇവയെല്ലാം അല്ലെങ്കിൽ അനുസൃതമാണ്/ഇല്ലാത്തു?
ಅನ್ನುವ ಸಂದರ್ಭದಲ್ಲಿ ಪ್ರತಿರೂಪ ಯಾವುದೇ ಉದ್ದೇಶ ಅದರಿಂದ ಪುರಾದ ಪ್ರಮಾಣದಲ್ಲಿ ನಿಂತು ನೋಡಿ ಅಭಿಪ್ರೇಯತೆಯಾಗಿರಬಹುದು.

ಅನ್ನುವಿರುವ ಸಮಯದಲ್ಲಿ ಹೊಸ ಕಡೆಯ ಮನೋಮಾರಣ.

ವರ್ಷ 5 ಮತ್ತು 6 ರವರ ಪ್ರತಿಯೊಂದು ಸಮಯ.

[ಗೆದ್ದು ವಿಷಯದ ದೃಶ್ಯ]

ಅನ್ನುವ ಸಂದರ್ಭದಲ್ಲಿ ಪ್ರತಿರೂಪ ಯಾವುದೇ ಉದ್ದೇಶ ಅದರಿಂದ ಪುರಾದ ಪ್ರಮಾಣದಲ್ಲಿ ನಿಂತು ನೋಡಿ ಅಭಿಪ್ರೇಯತೆಯಾಗಿರಬಹುದು. ವರ್ಷ 7 ರವರ ಪ್ರತಿಯೊಂದು ಸಮಯ.

[ಗೆದ್ದು ವಿಷಯದ ದೃಶ್ಯ]
ತೆರೆಯ, ಹಾಗೂ ಹೋಲುವ ಪ್ರಥಮ ನೂರು.

ಯಾವುದೇ ವ್ಯಕ್ತಿಯು ರೋಚಕವಾಗಿ ಸೇವೆಗೊಳ್ಳುವಂತೆ ಹೊರಬೇಡುವವನ್ನು ನೋಡಿಸಿಕೊಳ್ಳಬೇಕು.

ಇದು ಕಚೇರಿಯ ನೆಲವು ಹೊರಬೇಡುತ್ತದೆ. ಕುಂಠಿತ ಸೇವೆಗೊಳ್ಳುವವನ್ನು ಕೆಲವು ಹಾಗೂ ಸಾಮಾನ್ಯವಾಗಿ ಪ್ರತಿನಿಧಿಯಾಗಿರುವ ವ್ಯಕ್ತಿಯನ್ನು ಹೊರಬೇಡುವಂತೆ ಕಲಿಯಲ್ಪಡುತ್ತವೆ.

ಪ್ರಾಯದಲ್ಲಿ ಹೊರಬೇಡುವ ವ್ಯಕ್ತಿಯು ಸೇವೆ ವಿಜ್ಞಪ್ಪುಗಳನ್ನು ನೋಡಿಸಿಕೊಳ್ಳಬೇಕು.

ಇದು ಕಚೇರಿಯ ನೆಲವು ಹೊರಬೇಡುತ್ತದೆ. ಕುಂಠಿತ ಸೇವೆಗೊಳ್ಳುವವನ್ನು ಹೊರಬೇಡುವಂತೆ ಕಲಿಯಲ್ಪಡುತ್ತವೆ.

ಮೇಲೆಂದರೆ ತಮ್ಮದ ಸೇವೆ ಆಗ್ರಹಿಸಿದರೆ ಹೊರಬೇಡುವಂತೆ ಕಲಿಯಲ್ಪಡುತ್ತವೆ.
ಲಕ್ಷಣ ಅಥವಾ ಸಾಧನಗಳು ಅಥ ಪುಟಗಳನ್ನು ಬಯಸಿಕೊಂಡರೀತಿಯಾಗಿ ಸೂಚಿಸಲು ಇತರ
ಭಾಷೆಗಳಲ್ಲಿಯೂ, ಹಾಗಾಗಿ ನಿರ್ದೇಶಗಳ ನಡುವೆ ಸಹಾಯ ಸೇರಿಸಿಕೊಂಡರೆ ಅನುಮೋದನೆ
ಪಡಿಸಬಹುದು.

ಲಕ್ಷಣ ಅಥವಾ ಸಾಧನಗಳು ಅಥವಾ ಪುಟಗಳನ್ನು ಬಯಸಿಕೊಂಡರೀತಿಯಾಗಿ ಸೂಚಿಸಲು ಇತರ
ಭಾಷೆಗಳಲ್ಲಿಯೂ, ಹಾಗಾಗಿ ನಿರ್ದೇಶಗಳ ನಡುವೆ ಸಹಾಯ ಸೇರಿಸಿಕೊಂಡರೆ ಅನುಮೋದನೆ
ಪಡಿಸಬಹುದು.
რაც ამჟამად განხილულია, ადგილობრივი მასთავნიერობა გაცნობიერება მყოფი პირის კართულ შესაძლებლობის შესახებ და მისთვის გამოკვეთილი არჩევნის შესახებ.

რაც ამჟამად განხილულია, ძირითადი შემთხვევით გადაწყვეტილება, არჩევნის პრინციპები.

რაც მიმოხილულია, აღგეგმილი პროცესის შესაფსობი არჩევნის შესახებ.

რაც მიმოხილულია, ფიქსაციის შესარჩევა არჩევნის შესახებ.

145
1. ಅರುತುವ ವಾರ್ತೆಯಾದಲ್ಲಿ ನಿಮ್ಮ ಅರುತುವ ರೀತಿಯನ್ನು ಎಲ್ಲಾರು ಹೆಸರುಗಳಿಂದ ಮಾಡಿಕೊಂಡು ನೋಡಿ.

   [/thumb up] [/thumb down]

2. ಅರುತುವ ವಾರ್ತೆಯಾದಲ್ಲಿ ನಿಮ್ಮ ಅರುತುವ ರೀತಿಯನ್ನು ಎಲ್ಲಾರು ಹೆಸರುಗಳಿಂದ ಮಾಡಿಕೊಂಡು ನೋಡಿ:

   [/thumb up] [/thumb down]

ಇಲ್ಲ (ಅರುತುವ ವಾರ್ತೆಯಾದ ನಿನಜೀವಿಯ ಇಲ್ಲ) :
__________________________________________________________

ಇಲ್ಲಿ (ಅರುತುವ ವಾರ್ತೆಯಾದ ಅರುತುವ ಇಲ್ಲಿ): __________________________

ನಿಮ್ಮ ಹೆಸರು :
__________________________________________________________

ಖಾದ್ಯಾಗಿ :
__________________________________________________________
ಮಾಜ್ಜ ಸ್ನಾಯು ಕನ್ನಡ

ನ್ಯುಗಲ್ಸ್‌ ಬೇನ್ ಮುಂಬೇ, ಪ್ರತ್ಯೇಕವಾಗಿ ಬೋಸಿರೆ, 
ಬೆನ್ನಾರ್ ಬೇನ್ ಮುಂಬೇ, ಪ್ರತ್ಯೇಕವಾಗಿ ಬೋಸಿರೆ,
ಮುಂಬೇ ವಾಣಿಜ್ಯ ವಿಭಾಗ, ವಾಣಿಜ್ಯ 2
Dublin-2.
paisa@tcd.ie
+91-7899688949

ಆ. ಕಾರ್ನಾಯಿದ್ವಾರ

ಕಾರ್ನಾಯಿದ್ವಾರದ ಮುಂಬೇ ಬೇನ್ ಮುಂಬೇ, ಪ್ರತ್ಯೇಕವಾಗಿ ಬೋಸಿರೆ, 
ನ್ಯುಗಲ್ಸ್‌ ಬೇನ್ ಮುಂಬೇ, ಪ್ರತ್ಯೇಕವಾಗಿ ಬೋಸಿರೆ,
ಬೆನ್ನಾರ್ ಬೇನ್ ಮುಂಬೇ, ಪ್ರತ್ಯೇಕವಾಗಿ ಬೋಸಿರೆ,
ಮುಂಬೇ ವಾಣಿಜ್ಯ ವಿಭಾಗ, ವಾಣಿಜ್ಯ 2
cdiamond@tcd.ie
+353-1-896 4029

ಆ. ಎಚ್-ಬಿ.

ಕಾರ್ನಾಯಿದ್ವಾರದ ಮುಂಬೇ ಬೇನ್ ಮುಂಬೇ, ಪ್ರತ್ಯೇಕವಾಗಿ ಬೋಸಿರೆ, 
ಬೆನ್ನಾರ್ ಬೇನ್ ಮುಂಬೇ, ಪ್ರತ್ಯೇಕವಾಗಿ ಬೋಸಿರೆ,
ಮುಂಬೇ ವಾಣಿಜ್ಯ ವಿಭಾಗ, ವಾಣಿಜ್ಯ 2
vpvandana@gmail.com
080-26995758
"ಅನ್ನಾತಿ ಅನ್ನಾತಿ ಅನ್ನಾತಿ ಅನ್ನಾತಿ ಅನ್ನಾತಿ ಅನ್ನಾತಿ ಅನ್ನಾತಿ"
ಅಮಲಕೀಯ ವಿದ್ಯುಗಾಂಧೀಯ ವಿಜ್ಞಾನ ಸಾಹಿತ್ಯದಲ್ಲಿ ಅಕ್ಷರತಾ ಬೇರೆಯುಳ್ಳು ಮಹಾತ್ಮಗಾಂಧೀ (ಶಾಂತಿ, ಆತ್ಮಾ ಸಮುದಾಯ) ಹಾಗೂ ಸಾಹಿತ್ಯಗಳ ಷಟ್ಟಿನ ವಿಧಾನಗಳು, ಶಾಂತಿಯಿಂದ ವಿಜ್ಞಾನದ ವಿಷಯದಲ್ಲಿ ಗುರುತ್ವವನ್ನು ಮತ್ತು ಹಿಂದುಕೀ ಪಂಡ್ಯಗಳನ್ನು ಹೊರತುಪಡಿಸುತ್ತಾರೆ. ಸಾಹಿತ್ಯವು ವ್ಯವಸ್ಥೆಯ ಗುರುತ್ವುಗಳ ಮೂಲಕ ಮಾನವ ಹೆಣ್ಣುವುದಕ್ಷಿಣದಲ್ಲಿocoderನ ಕುನಿಲ್ಲ ಮತ್ತು ಸಹವಾಗಿ ಪರಿವರ್ತನೆಯೂ ಹೊರತುಪಡಿಸುತ್ತಾರೆ. ಮಹಾತ್ಮಗಾಂಧೀಯ ಸಾಹಿತ್ಯದಲ್ಲಿ ಮೂಲವಾಸಿ ಜನರ ಸಹಾಯದಿಂದ ಅಮಲಕೀಯ ವಿದ್ಯುಗಾಂಧೀಯ ವಿಜ್ಞಾನ ಸಾಹಿತ್ಯದಲ್ಲಿ ಜನರ ಸಹಾಯಕಾರಿಯಾಗಿ ಮತ್ತು ತಿನ್ನುವುದಕ್ಷಿಣದಲ್ಲಿcoderನ ಕುನಿಲ್ಲ ಮತ್ತು ಸಹವಾಗಿ ಪರಿವರ್ತನೆಯೂ ಹೊರತುಪಡಿಸುತ್ತಾರೆ.

ಇಕ್ಕಾಗಿ ಸಹಾಯಕಾರಿಗಳು ಜನರ ಸಹಾಯದಿಂದ ಅಮಲಕೀಯ ವಿದ್ಯುಗಾಂಧೀಯ ವಿಜ್ಞಾನ ಸಾಹಿತ್ಯದಲ್ಲಿ ಜನರ ಸಹಾಯಕಾರಿಯಾಗಿ ಮತ್ತು ತಿನ್ನುವುದಕ್ಷಿಣದಲ್ಲಿcoderನ ಕುನಿಲ್ಲ ಮತ್ತು ಸಹವಾಗಿ ಪರಿವರ್ತನೆಯೂ ಹೊರತುಪಡಿಸುತ್ತಾರೆ.
150
ಅನುಷ್ಠಿಸಿದ್ದ ಕ್ರಮದ ಬರೆಯಿಸಿ. ದೊಡ್ಡ ನಾಮಕರಣ ನಾಮಗಳು ಹೊಯ್ಸಲು 10 ವರ್ಣಗಳು ಅಥವಾ ಪದಗಳು ಪ್ರತ್ಯೇಕಿಸಲೇ ಇರುವುದರೊಂದಿಗೆ.
| ತಿಂದು 2017 | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | ಪ್ರವರಣಕ್ಕೆ ಪ್ರಯೋಗ | ಸ್ವಭಾವ | ಅಂಕ
|---|---|---|---|---
| ಜನವರಿ 15 | ಕನ್ನಡ ಭಾಷೆ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | 2
| ಜನವರಿ 2 | ಕನ್ನಡ ಭಾಷೆ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | 1
| ಮಾರ್ಚ್ 18 | ಕನ್ನಡ ಭಾಷೆ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | 3

ಕನ್ನಡ

| ತಿಂದು 2017 | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | ಪ್ರವರಣಕ್ಕೆ ಪ್ರಯೋಗ | ಸ್ವಭಾವ | ಅಂಕ
|---|---|---|---|---
| ಜನವರಿ 15 | ಕನ್ನಡ ಭಾಷೆ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | 2
| ಜನವರಿ 2 | ಕನ್ನಡ ಭಾಷೆ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | 1
| ಮಾರ್ಚ್ 18 | ಕನ್ನಡ ಭಾಷೆ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | ರಾಜ್ಯದ ಮುಖ್ಯಪಾಲ | 3

ಕನ್ನಡ
ಅನುಪೂರ್ಣವಾದ ವಿವರಗಳು ಈ ವಿಷಯದ ವಿವರಗಳ ಮತ್ತು ವಿಷಯಗಳು ನೀಡಬಲ್ಲ ಆಗಿರುವ ಸಮಸ್ಯೆಗಳು?

ಮತ್ತು ಸ್ಪಷ್ಟವಾಗಿ ಜಾಣಿಸಲು ಸಮಸ್ಯೆಗಳಾದ ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕಿತವಾಗಿ ಒಂದು ಅನುಪೂರ್ಣತೆಯೇ ಹೆಚ್ಚೊಂದು ಒಂದು ವಿಷಯವಾದ ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಅನುಪೂರ್ಣವಾಗಿರುವ ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ಇತರ ವಿಷಯಗಳು. ಅನುಪೂರ್ಣವಾದ ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂಬುದು ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು.

ಸಂಪರ್ಕ ಮತ್ತು ವಿನ್ಯಾಸಕ್ಕೆ ಮೂಲಕ ಪ್ರತ್ಯೇಕಿಸಿದ ಸಂದರ್ಶನಗಳು?

ಎಲ್ಲಾ ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು. ಎಂದರೆ, ವಿಷಯಗಳು ಒಂದು ವಿಷಯಗಳು ಪ್ರತ್ಯೇಕವಾಗಿ ಒಂದು ವಿಷಯಗಳು.
ಅನುಮೋದನೆ, ಅಧ್ಯಕ್ಷರು

ಅನುಮೋದನೆ ವಹಿಸುವುದರಿಂದ ಶ್ರೇಣಿಯಲ್ಲಿ ಹಸಿರು ಮೇಲೆ ನೇಲನೀರು ವಿದ್ಯಾರ್ಥಿ

ಕೈಯಿಂದಾಗಿ

ಪ್ರಶ್ನತ್ತು, ಕೆಲಸಕ್ಕೆ

ಕೈಯಿಂದಾಗಿ ಪ್ರಶ್ನತ್ತು

ನ.ನಾ.ನ., ನ.ನ., ಪರ್ವತಕೆನೆ ನ.ನ.ನ.

ಉದ್ದೇಶಿಕೆ

ಪ್ರಶ್ನತ್ತು ಮುಂದಿನವರೆಗೆ

ನಿರದಿಷ್ಟ

ನ.ನ.ನ., ಒ.ನ.

ಪ್ರಶ್ನತ್ತು

ನಿರದಿಷ್ಟವಾಗಿ

ಕೈಯಿಂದಾಗಿ

(ಪ್ರಶ್ನತ್ತು, ಕೆಲಸಕ್ಕೆ)

ಪ್ರಶ್ನತ್ತು, ಕೆಲಸಕ್ಕೆ, ಪರ್ವತಕೆನೆ ಬಲಿತ ಬಲಿತ, ಕೈಯಿಂದಾಗಿ

ಅಧ್ಯಕ್ಷರು

palsa@tcd.k

+91 7899688949

ಎಂಕ್ರಿಯ

ಅನುಮೋದನೆ

ಅನುಮೋದನೆ ವಹಿಸುವುದರಿಂದ ಶ್ರೇಣಿಯಲ್ಲಿ ಒಂದು ಕೆಲಸಕ್ಕೆ ಮುಂದಿನ ನಿರ್ದೇಶಗಳಿಗೆ

ಕೈಯಿಂದಾಗಿ

ನ.ನ.ನ. ನ.ನ.ನ. ಕೆಲಸಕ್ಕೆ

ಪ್ರಶ್ನತ್ತು, ಕೆಲಸಕ್ಕೆ, ಪರ್ವತಕೆನೆ ಬಲಿತ ಬಲಿತ,

ಮುಂದಿನ ನಿರ್ದೇಶಕ್ಕೆ ಕೈಯಿಂದಾಗಿ

+91 7899688949

7
155

+35318964029

vpvandana@gmail.com
080-26995758
ಪ್ರಶ್ನಿ ಹಾಗೂ ಪ್ರಾಣಿಗಳಿಗೆ ಸ್ವತ್ತು ಹೊಂದುವುದು ಅನೇಕ ಸಂದರ್ಭಗಳಲ್ಲಿ ಕಾರಣವಾಗುತ್ತದೆ. ಪ್ರಶ್ನಿಯ ಹಾಗೂ ಪ್ರಾಣಿಗಳಿಗೆ ಸ್ವತ್ತು ಹೊಂದುವುದು ಹೊಂದುವುದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ್ದಾಗ ವಿವಿಧ ಸಂದರ್ಭಗಳಲ್ಲಿ ಬೇರೆ ಬೇರೆ ಪ್ರಕಾರಗಳಿಗೆ ಪ್ರಶ್ನಿಯಾಗುತ್ತದೆ. ಪ್ರಶ್ನಿಯ ಹಾಗೂ ಪ್ರಾಣಿಗಳಿಗೆ ಸ್ವತ್ತು ಹೊಂದುವುದು ಹೊಂದುವುದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ್ದಾಗ ವಿವಿಧ ಸಂದರ್ಭಗಳಲ್ಲಿ ಬೇರೆ ಬೇರೆ ಪ್ರಕಾರಗಳಿಗೆ ಪ್ರಶ್ನಿಯಾಗುತ್ತದೆ.

ಪ್ರಶ್ನಿಗಳು ಮತ್ತು ಪ್ರಾಣಿಗಳು ಸ್ವತ್ತು ಹೊಂದುವುದು, ಪ್ರಶ್ನಿ ಹಾಗೂ ಪ್ರಾಣಿಗಳಿಗೆ ಸ್ವತ್ತು ಹೊಂದುವುದು. ಪ್ರಶ್ನಿಗಳು ಮತ್ತು ಪ್ರಾಣಿಗಳು ಸ್ವತ್ತು ಹೊಂದುವುದು ಹೊಂದುವುದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ್ದಾಗ ವಿವಿಧ ಸಂದರ್ಭಗಳಲ್ಲಿ ಬೇರೆ ಬೇರೆ ಪ್ರಕಾರಗಳಿಗೆ ಪ್ರಶ್ನಿಯಾಗುತ್ತದೆ. ಪ್ರಶ್ನಿಗಳು ಮತ್ತು ಪ್ರಾಣಿಗಳು ಸ್ವತ್ತು ಹೊಂದುವುದು ಹೊಂದುವುದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ್ದಾಗ ವಿವಿಧ ಸಂದರ್ಭಗಳಲ್ಲಿ ಬೇರೆ ಬೇರೆ ಪ್ರಕಾರಗಳಿಗೆ ಪ್ರಶ್ನಿಯಾಗುತ್ತದೆ.

ಪ್ರಶ್ನಿಗಳು ಮತ್ತು ಪ್ರಾಣಿಗಳು ಸ್ವತ್ತು ಹೊಂದುವುದು ಹೊಂದುವುದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ್ದಾಗ ವಿವಿಧ ಸಂದರ್ಭಗಳಲ್ಲಿ ಬೇರೆ ಬೇರೆ ಪ್ರಕಾರಗಳಿಗೆ ಪ್ರಶ್ನಿಯಾಗುತ್ತದೆ. ಪ್ರಶ್ನಿಗಳು ಮತ್ತು ಪ್ರಾಣಿಗಳು ಸ್ವತ್ತು ಹೊಂದುವುದು ಹೊಂದುವುದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ್ದಾಗ ವಿವಿಧ ಸಂದರ್ಭಗಳಲ್ಲಿ ಬೇರೆ ಬೇರೆ ಪ್ರಕಾರಗಳಿಗೆ ಪ್ರಶ್ನಿಯಾಗುತ್ತದೆ.
<table>
<thead>
<tr>
<th>ಸಂಕೇತಗಳು</th>
<th>ಶೈಲಿ</th>
<th>ಪ್ರಯೋಗವಾಗಿ</th>
<th>ಪ್ರಯೋಗಕ್ಕೆ ಬಿಡುಗಡೆಯುವ</th>
<th>ಪ್ರಯೋಗಕ್ಕೆ ಬಿಡುಗಡೆಯುವ</th>
<th>ನಿಯಮಗಳು</th>
<th>ನಿಯಮಗಳು</th>
</tr>
</thead>
<tbody>
<tr>
<td>ಮತ್ತು ಮತ್ತು</td>
<td>ಮಹಾತ್ಮ ಗಾಂಧಿ</td>
<td>ಮಹಾತ್ಮ ಗಾಂಧಿಗೆ</td>
<td>ಮಹಾತ್ಮ ಗಾಂಧಿ</td>
<td>ಮಹಾತ್ಮ ಗಾಂಧಿ</td>
<td>ನೂತನ್ ಸ್ಥಾನ</td>
<td>ನೂತನ್ ಸ್ಥಾನ</td>
</tr>
</tbody>
</table>
Appendix 7

This appendix includes the (M)SCA and the (M)PCA scoresheets which includes the anchors developed specifically for use in this study.

Video Code: 

Name of Scorer: 

<table>
<thead>
<tr>
<th>Measure of Skill in providing Supported Conversation for Adults with Aphasia (M)SCA</th>
<th>Acknowledging Competence</th>
<th>Revealing Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example behaviours of acknowledging competence:</td>
<td>Examples of skills to ensure PWA understands:</td>
<td></td>
</tr>
<tr>
<td>- Feel and flow of natural conversation</td>
<td>- Use of key words</td>
<td></td>
</tr>
<tr>
<td>- Active listening</td>
<td>- Appropriate rate of speech</td>
<td></td>
</tr>
<tr>
<td>- Not patronising in tone or volume</td>
<td>- Use of appropriate gestures</td>
<td></td>
</tr>
<tr>
<td>- Collaborative talk</td>
<td>- Use of supportive props and resources when appropriate (calendar, photos, objects, phone, etc)</td>
<td></td>
</tr>
<tr>
<td>- Shared leadership roles in conversation</td>
<td>- Acknowledges and responds to PWAs non-verbal attempts</td>
<td></td>
</tr>
<tr>
<td>- Sharing communicative burden when appropriate</td>
<td>- Appropriate use of cues in a natural conversational manner</td>
<td></td>
</tr>
<tr>
<td>- True questions</td>
<td>- Summarises and reviews information discussed</td>
<td></td>
</tr>
<tr>
<td>- Communicates respect for PWAs concerns, perspectives and abilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Questions in a supportive manner that is non-demanding of the PWA (eg. Yes/no questions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate turn-taking (eg. Gives PWA time to respond; responds in turn to PWAs non-verbal attempts)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score:</td>
<td>Score:</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Failed to acknowledge competence of the PWA</td>
<td>No use of techniques to reveal the competence of PWA</td>
</tr>
<tr>
<td>1</td>
<td>Successfully acknowledged the competence of the PWA approx. 25% of the time</td>
<td>Approx. 25% of the time, the PWA was supported by appropriate techniques where relevant</td>
</tr>
<tr>
<td>2</td>
<td>Successfully acknowledged the competence of the PWA approx. 50% of the time</td>
<td>Approx. 50% of the time, the PWA was supported by appropriate techniques where relevant</td>
</tr>
<tr>
<td>3</td>
<td>Successfully acknowledged the competence of the PWA approx. 50-75% of the time</td>
<td>50-75% of the time, the PWA was supported by appropriate techniques where relevant</td>
</tr>
<tr>
<td>4</td>
<td>Successfully acknowledged the competence of the PWA &gt;75% of the time</td>
<td>&gt;75% of the time, the PWA was supported by appropriate techniques where relevant</td>
</tr>
</tbody>
</table>

Examples of skills to enable PWA to express themselves: 
- Appropriate questions 
- Responds to non-verbal attempts 
- Shared leadership roles 
- Introduces PWAs topic of interest 
- Appropriate turn taking opportunities for the PWA 
- Constructive conversation/ Topic Maintenance (creates opportunities for PWA to contribute or add information) 
- Supports PWAs expression 

Score: 

Examples of skills to verify meaning 
- Rephrases or clarifies meaning 

Communicating inferences made from PWAs non-verbal attempts 

Score: 

Rating Anchors for (M)SCA
### Measure of Participation in Conversation for Aphasia (M)PCA

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example behaviours of PWAs interaction through verbal/vocal means</td>
<td>Example behaviours of PWAs transaction through verbal/vocal/non-verbal means</td>
</tr>
<tr>
<td>- Maintains feel and flow of conversation</td>
<td>- Maintains exchange of information, feelings, emotions, concerns, etc.</td>
</tr>
<tr>
<td>- Maintains topic through adding information, asking questions as appropriate.</td>
<td>- Clarifies</td>
</tr>
<tr>
<td>- Appropriate turn-taking</td>
<td>- Adds appropriate / relevant information</td>
</tr>
<tr>
<td>- Active Listening</td>
<td>- Responds to non-verbal support initiated/offered by the conversation partner</td>
</tr>
<tr>
<td>- Desire to communicate</td>
<td></td>
</tr>
<tr>
<td><strong>Score:</strong> ____________________</td>
<td><strong>Score:</strong> ____________________</td>
</tr>
</tbody>
</table>

| Example behaviours of PWAs interaction through non-verbal means |  |
| - Acknowledges/ Responds to non-verbal and communicative supports used by conversation partner |  |
| - Pragmatically appropriate |  |
| **Appropriate eye-contact, use of gestures, body posture, facial expressions, writing, drawing, use of props or resource material provided.** |  |
| **Score:** ____________________ |  |

### Rating Anchors for (M)PCA

<table>
<thead>
<tr>
<th>Score</th>
<th>Interaction</th>
<th>Transaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No participation at all.</td>
<td>No attempts are being made to understand and communicate messages.</td>
</tr>
<tr>
<td>1</td>
<td>Successful attempts are being made to engage in conversation approx. 25% of the time</td>
<td>Successful attempts are being made to understand and communicate a message approx. 25% of the time</td>
</tr>
<tr>
<td>2</td>
<td>Successful attempts are being made to engage in conversation approx. 50% of the time</td>
<td>Successful attempts are being made to understand and communicate a message approx. 50% of the time</td>
</tr>
<tr>
<td>3</td>
<td>Successful attempts are being made to engage in conversation approx. 50-75% of the time</td>
<td>Successful attempts are being made to understand and communicate a message 50-75% of the time</td>
</tr>
<tr>
<td>4</td>
<td>Successful attempts are being made to engage in conversation approx. &gt;75% of the time</td>
<td>Successful attempts are being made to understand and communicate a message &gt;75% of the time</td>
</tr>
</tbody>
</table>
Appendix 8

This appendix includes the interview guides in English and in Kannada.

Interview Guide

Sample questions to guide the interview with the PWAs and their spouses

- General
  1. How do you feel about your / your spouse's aphasia?
  2. How has aphasia changed / had an impact on your lives?
  3. How do you feel about yourself?
     ➢ Do you feel there are any changes?

- Participation
  4. Why don't you tell me more about yourself—how you spend your time what you like to do, your background.
  5. What do you do during the week?
  6. Were you working prior to the stroke and aphasia?
  7. Do you work now?
     ➢ How do you feel about this?
  8. How is your relationship with your spouse?
  9. How do you feel about your ability to engage in conversation with your spouse?
     ➢ Do you sometimes have difficulty understanding what the other person is saying?
     ➢ What strategies do you use to help minimise this?
 10. How do you feel about your ability to engage in conversation with other family members?
     ➢ Do you sometimes have difficulty understanding what the other person is saying?
     ➢ What strategies do you use to help minimise this?
 11. Do you often encounter feelings of (anger, frustration, helplessness)?
  12. How are decisions made at home?
     ➢ What are your feelings about this?
  13. Do you sometimes feel overwhelmed?
  14. Are you in contact with your friends?
     ➢ Do you talk to them often?
     ➢ Do you sometimes have difficulty understanding what the other person is saying?
     ➢ What strategies do you use to help minimise this?
     ➢ Do you meet them often?
     ➢ How is your relationship with them?
15. Do you contact your friends and family via telephone conversations/ video chats/ text messaging etc.?
  ➢ Are you comfortable doing this?
16. How often do you go out?
17. Do you go to places of worship?
18. Do you engage in religious or cultural activities?
  ➢ Do you enjoy participating in such activities?
19. Do you get the opportunity to enjoy the activities you used to prior to the stroke / aphasia?

- Personal
20. How are you doing?
21. Do you sometimes feel depressed?
22. Have there been changes in your personal plans following the onset of aphasia? (this could include family/professional/etc.)
23. Would you like to talk to talk about some of the difficulties you face?
24. Do you feel anxious about your current level of functioning?
25. Would you like to talk about some of the changes in your lives following the aphasia?
26. How do you feel about your level of independence?
27. How do you feel about your role / position in your family?
  ➢ Do you feel this has changed since the aphasia?

- Environment
28. Tell me about your experience with treatment so far— what have you tried?
29. Have you been availing of treatment / intervention services?
  ➢ Medical
  ➢ Rehabilitative (including reintegration)
  ➢ How has it helped you?
  ➢ How do you feel about the improvement / the progress?
30. Tell me about your support system.
31. Do you have opportunities to avail of support services?
  ➢ Do you have a good support system? (Family/ friends/ community, etc.)
32. What are the challenges?
33. Do feel there is a strain on the finances?
  ➢ What do you feel is causing this? (direct / indirect)
34. How do you feel about your spouse’s feelings towards you?
   - Do you feel this has changed since the aphasia?
35. How do you feel about your spouse’s attitudes towards you?
   - Do you feel this has changed since the aphasia?
36. Do you feel your spouse respects you?
   - Do you feel this has changed since the aphasia?
37. Do you feel your spouse trusts you?
   - Do you feel this has changed since the aphasia?
38. Do you feel upset that your spouse has changed since the aphasia?
39. Are you comfortable living at home?
   - Do you feel safe?
   - Is your home accessible for your needs?
40. Is there anything else you would like to tell me?
Aphasia Hondida Vyakti Mathu Avara Dampathi Yarondigina
Sandarshana Uddeshitha Maadari Prashnottara Marghadharshi

ಸಮಯವ (Samanya)

1. ನೀವನ್ನು/ನಿಮ್ಮದೊಮ್ಮೆ ಅನೇಕ ಪದಗಳಿಗಾಗಿ ಅಪಾಸಿಗೆ ಸಲ್ಲಿಸಿದ್ದರೆ ಈದಾದವೆರೆ?
("Neevu/Nimma Dampathi yara Baggegina Apasia Hege Anisuthide?"
3. ಎರಡನ್ನು ಈದಾದವೆರೆಯಾಗುತ್ತದೆ? Eega Nimma Bagge Enanisuthide?
("Eega Nimma Bagge Badalavane Enaadaru Gocharisuthideye?
4. ನೀವನ್ನು ನಿಮ್ಮದೊಮ್ಮೆ ಪ್ರತ್ಯೇಕಿಸಿದ್ದರೆ? Nimma Bagge Neevu Nanage Innu Hecchu Eeke Helabaradu?
("Nimma Bagge Neevu Varaada Dinagalalli Eenu Maaduthirtheeri"
5. ನೀವನ್ನು ಮತ್ತೊಮ್ಮೆ ಹೋಲುವನ್ನು ರಸ್ತೆಯೊಂದಿಗೆ? Neevu Varaada Dinagalalli Eenu Maaduthirtheeri"
6. ನೀವನ್ನು ಅಪಾಸಿಗೆ ಸಲ್ಲಿಸಿದ್ದರೆ ಅನೇಕ ಪದಗಳಿಗಾಗಿ ಅಪಾಸಿಗೆಯ ಸಲ್ಲಿಸಿದ್ದರೆ? Neevu,
("Nimage Apasia Baadithavaaguva Poorvadalli Elli Sevayalli Iddire?"

163
7. ಅರು ಕೆನಡೆ ಸಮರಥನ? Eiga Neevu Nawkari Madutheera? ಅರು
ಸಂಸ್ಥೆ ಸಂಸ್ಥೆಯುಳ್ಳಾರು? Eiga Nimage Eenanisuthide?
8. ಕೆನಡೆ ಸಂಸ್ಥೆಯುಳ್ಳಾರು ಅರು ಕೆನಡೆ ಸಂಸ್ಥೆಯುಳ್ಳಾರು? Nimma Dampathiyondige
Eiga Nimma Sambandha Eegide?
9. ಕೆನಡೆ ಸಂಸ್ಥೆಯುಳ್ಳಾರು ಅರು ಕೆನಡೆ ಸಂಸ್ಥೆಯುಳ್ಳಾರು? Nivu Nimma Dampathiyondige Sambashaneyya Nimma
Saamarthyada Bagge Nimage Eenanisuthide?
ಅರುತೆ ಸಂಭವಿಸಿದ್ದು ಸಂಭವಿಸಿದ್ದು ಸಂಭವಿಸಿದ್ದು ಸಂಭವಿಸಿದ್ದು? Iithararu Eenu Heluthiddare Eendu Nimage
Arthavagalalu Kelavomme Kashtagallideye?
ಕೆನಡೆ ಸಂಸ್ಥೆಯುಳ್ಳಾರು ಸಂಸ್ಥೆಯುಳ್ಳಾರು? Ei
Kashtagalannu Nivarisalu Neevu Eenu Upaya Kandu Kondire?
10. ಅರುಟೆ ಸಂಭವಿಸಿದ್ದು ಸಂಭವಿಸಿದ್ದು ಸಂಭವಿಸಿದ್ದು ಸಂಭವಿಸಿದ್ದು? Eithara Kutumba Sadassyarondigina Nimma
Sambashaneyya Nimma Saamarthyada Bagge Nimage Eenanisuthide?
ಅರುಟೆ ಸಂಭವಿಸಿದ್ದು ಸಂಭವಿಸಿದ್ದು ಸಂಭವಿಸಿದ್ದು? Ei
Kashtagalannu Nivarisalu Neevu Eenu Upaya Kandu Kondire
11. ಕೆನಡೆ ಸಂಸ್ಥೆಯುಳ್ಳಾರು, ಕೆನಡೆ ಸಂಸ್ಥೆಯುಳ್ಳಾರು ಸಂಭವಿಸಿದ್ದು, ಕೆನಡೆ ಸಂಸ್ಥೆಯುಳ್ಳಾರು?
Neevu Kelavomme Dwesha, Asahayakate Mathu
Gondala Dantaha Kashtagallannu Edurisuthideera?
12. ಅರು ಸಂಭವಿಸಿದ್ದು, ಅರು ಸಂಭವಿಸಿದ್ದು, ಅರು ಸಂಭವಿಸಿದ್ದು?
Neevu Maneyalli Hege
Nirdhara Tegedu Kolluviri
ಅರು ಸಂಭವಿಸಿದ್ದು, ಅರು ಸಂಭವಿಸಿದ್ದು?
Ei Bagge Nimma Aniske Eenu?
13. ಅರು ಸಂಭವಿಸಿದ್ದು, ಅರು ಸಂಭವಿಸಿದ್ದು?
Nimage Kelavomme
atirekavensutideye?
14. ಅರು ಸಂಭವಿಸಿದ್ದು, ಅರು ಸಂಭವಿಸಿದ್ದು?
Neevu Nimma Snehitharondige
Samparkadaliddeera?
• ಲಾರಿ ಮುಂದಿಗೆದ್ದ ಅರ್ಧೀಕರಣ ಸಮಯದಲ್ಲಿ? Neevu Yaavagalaadaru Avarandige sambaashisutiddeera?
• ಹಾಗೆದ್ದ ಅಣುಗಳು ನೋಟರಾಜದಲ್ಲಿ ಹೂಡಿದರೆ ಮಹತ್ವದಿಂದಲ್ಲಿ ಹೂಡಿದರೆನೇ? Eithararu Nimmondige Maathanaduvaga Nimage Arthamadikollallu Kastavagutideye?
• ಅದು ಸುತ್ತಾದು ಕೊಡುವಂತೆ ಕೊಡಿ ಮತ್ತು ತಯಾರಿಸುವುದು? Ei Kashtagalannu Nivarisalu Neevu Eenu Upaya Kandukondiri
• ಲಾರಿ ಮುಂದಿಗೆದ್ದ ಅರ್ಧೀಕರಣ ಸಮಯದಲ್ಲಿ? Neevu Yaavagalaadaru Avarannu Beti Maadiddeera?
• ಅರ್ಧೀಕರಣ ಸಮಯದಲ್ಲಿ? Avarondige Nimma Sambandha Hegide?
• ಅ ಹಾಸ್ಯವಾದ ವಿಸ್ತರಣ ಸಮಯದಲ್ಲಿದೆ? ಅದು ಹಾಗೆದ್ದ ಕ್ರಮದಲ್ಲಿ? Ei Modalu Hondida Apasia Dinda Eidu Bere Reetiyyaddagideyallave?
• ಅದು ಸರಿಯಾದ ಸುಂದರೀಕರಣ ಸಮಯದಲ್ಲಿ? Neevu Nemmadi Hondideera?
16. ಹೂಡಿದರೆ ಲಾರಿ ಲೋಕಗಳಿಗೆ ಅದರಿಂದ ಪ್ರಯೋಗಾತ್ಮಕ? Yaavagalella Neevu Hora Hogthurutheeri?
17. ಲಾರಿ ಮುಂದಿಗೆದ್ದ ರೂಪದಲ್ಲಿ? Neevu Praarthaana Sthalakke Betti Kodithirutheera ?
18. ಲಾರಿ ಸಾಮಾನ್ಯ ಸುಂದರಿತ ಕತ್ತಲ್ಲಿದೆ? Neevu Dharmika Ya Sanskritika Karyakramagalali Nimmannu Neevu Thodagisikollutheera?
•  ನೀವು ವಿವಿಧ ಜೀವಿಕಾಪರೀಕ್ಷೆಯನ್ನು ನೀಡುತ್ತೇನೆ?  ನೀವು ಐತಿಹಾಸಿಕವಾಗಿ?

  Bagavahisuvikkeyinda Nemmadi Honduthiddeera?

19.  ಆಪಸಿಯೊಟ್ಟೆ ಅನಿಸ್ಕರಣ/ ನೀವು ಬಯಸುತ್ತೆ ಅನುಭವಿಸುವ ಅನುಭವಕ್ಕೆ ಅನುಭವವಾಗಿಯೇ ನೀಡುತ್ತೆಯೋ?

  Apasia/Hodetha Honduva Modalu Anubhavisunthaha Nemmadi Yannu Neevu Anubhavisuthiddeera?

  ನೀಡುತ್ತೇ (Vayukthika)

20.  ನೀವು ತಪ್ಪು ಅನುಭವಮಾಡಿದೆ?  (Neelu Hege Iddeeri?)

21.  ನೀವು ಉತ್ತಮರೂಪದಲ್ಲಿ ಅನುಭವಿಸುತ್ತಿದೆ?  Neevu Yavagaladaru Khinnathe Anubhavisutiddeera?

22.  ಆಪಸಿಯೊಟ್ಟೆ ಅನಿಸ್ಕರಣ ನೀಡಿದರೆ, ನೀವು ಉತ್ತಮರೂಪದಲ್ಲಿ ಅನುಭವಿಸುತ್ತಿದೆ ಲಕ್ಷಣಗಳು ನೀಡುತ್ತಿದೆ?  (ನೀಡಿದ ಲಕ್ಷಣಗಳಲ್ಲಿ ನೀವು ಉತ್ತಮರೂಪದಲ್ಲಿ ಅನುಭವಿಸುತ್ತಿದೆ.)

  Apasia Nirvahane Nanthara Nimma Veyukthika Yojaneyalli Eenadaru Badalavanegalannu Rachisirutheera? (Idu Kutumba Mathu Vrithi Dararige Anwaysuttade.)

23.  ನೀವು ಆನುಭವಿಸುವುದು ಸುತ್ತಿದೆ, ನೀಡಿದರೆ ಸುತ್ತಿದೆಯೇ ರಚನೆಯನ್ನು ಮಾಡುತ್ತಿದೆ?

  Neevu Anubavisuvantha Kashtagalannu Neevu Nammalli Hanchikillallu Bayasutheera.

24.  ನೀವು ಪ್ರಾಂತ್ಯ ಜೀವಿಕಾಪರೀಕ್ಷೆಯನ್ನು ನೀಡಿದರೆ ಆನುಭವವಾಗಿಯೇ ನೀಡುತ್ತಿದೆ?

  Neevu Prashutha Karya Nirvahisuthiruva Bagge Neevenadaru, Ascharya Hondidiideera

25.  ಆಪಸಿಯೊಟ್ಟೆ ಅನಿಸ್ಕರಣ ನೀಡಿದರೆ ನೀಡಿದರೆಯನ್ನು ಹುಟ್ಟುಬಂದು ಅನುಭವಿಸುತ್ತಿದೆ?

  Apasia Nirvahane Nanthara Nimma Jeevena Shaili Eenadaru Badalavane Bagge Neevu Mathu Kate Nadesalu Bayasutheera.

26.  ನೀವು ಸ್ವಾತಂತ್ರ್ಯಕ್ಕೆ ಬಿದ್ದಿರೆ ಅನುಭವವಾಗಿಯೇ?  Nimma Swathanthrya Mattada Bagge Nimma Anisike Eenu?
27. ნიმა ჭაოფობიდან თქვენ სძულველი ახლა ადრე არ ჰქონდათ გარემო?  
Nimma Kutubadalli Nimma Sthaanamaana Mathu paathrada Bagge Nimage Enanisuthide?  
• არასამეტი სახსრების საკითხ არ ჰქონდათ არსებობის სხემა გამოაჩენით?  
Apasia Nirwahaneya Nanthara Nimma Ei Paathra Badalaada Bagge Nimage Anisuthideye?  
28. არ იპოვთ საკუთარ პრობლემა არ ჰქონდათ არსებობი?  
Ei Hinde Nirvahisalada Chikithseya Bagge Nimma Aniske Eenu?  
• არასამეტი სხემა გამოაჩენით?  
Neevu Eennanu Prayathsiritheeri?  
29. მათ არ ჰქონდათ ხელოვნები მათთვის არ ჰქონდათ არსებობა?  
Neevu Chikithsege Ya Pravesaathi Sevegaagi Labyariddira?  
• ხელოვნები ვაიდუქეთ  
• ხელოვნები/ სასწავლებელ ქუჩა Punar Vasathi/ Samaaloche  
• არმაგა გამრძობა შეუძლიათ გამოჩენა?  
Adu Nimage Hege Sahakariyaythu?  
• არასამეტი სახსრები არ ჰქონდათ ხელოვნები არ ჰქონდათ არსებობა?  
Adaralli Nimage Aada Guna/ Belavanigeya Bagge Nimma Aniske Enu?  
30. დამოუკითხებელ შეხობით არ ჰქონდათ არსებობა?  
Nimage Labyaviruva Bembalada Bagge Neenu Heluviri?  
31. მათ არ ჰქონდათ ხელოვნები მათთვის არ ჰქონდათ არსებობა?  
Neevu Nimage Bembala Padedu Kolluva yaavudaadaru Sandarbha Bandigeye?  
• არმაგა გამოაჩენით?  
Nimage Yavudadar Uttara Bembala Vyavasthe Ideye? Kutumba/ Snehitaru/ Samudaya, Ithararu)  
32. ჰყავთ თქვენი შეკრება თქვენ?  
Nimagiruva Savalu Eenu?
33. ಅತ್ಯಂತ ಹಳೆಹಳೆ ಅಸತ್ತದಾಗಿ ನೀರಿ ಆರೋಗ್ಯ ಅತ್ಯಂತಲೇ? Aarthikavagi
Nimage Adachane Iruvudaagi Nimage Anisuthideye?
• ಅದು ಹಳೆಹಳೆ (ಒಬ್ಬ/ ತಾನಾನು)ಹಳೆಗಳ ಅತ್ಯಂತೇರೆಯಮೇ ಆರೋಗ್ಯದಲೇ? Idu
Nimage (Nera/Paroksha) Vaagi Baadisuthideyendu
Anisuthideye?
34. ನಮೂನೆ ನೋಡಬುದ್ಧಕ್ಕೆ ನೋಡಬುದ್ಧಕ್ಕೆ ಮೇಲಿ ಮೇಲಿ ತಿಳಿಸಿದ್ದು ತಿಳಿಸಿದ್ದು ಅನಿತಿಯೇ ಅನಿತಿಯೇ?
Nimma Sangathithi Nimmada Bagga Hegiddare Emba Nimma
Anisike Enu?
• ತಿಳಿಸಿದ್ದು ನೋಡಬುದ್ಧಕ್ಕೆ ಮೇಲಿ ಮೇಲಿ ತಿಳಿಸಿದ್ದು ತಿಳಿಸಿದ್ದು ಅರೈ ಆರೋಗ್ಯ
ನೀರಿ ಆರೋಗ್ಯದಲೇ? Apasia Nirvahaneya Nanthara Edaralli
Nimma Nimmadu Badalavane Aagide Endu Nimage Anisuthideye?
35. ನಮೂನೆ ನೋಡಬುದ್ಧಕ್ಕೆ ನೋಡಬುದ್ಧಕ್ಕೆ ಮೇಲಿ ಮೇಲಿ ತಿಳಿಸಿದ್ದು ತಿಳಿಸಿದ್ದು?
Nimma Sangathithi Nimmada Bagga Hegiddare Emba Nimma
Anisike Enu?
• ತಿಳಿಸಿದ್ದು ನೋಡಬುದ್ಧಕ್ಕೆ ಮೇಲಿ ಮೇಲಿ ತಿಳಿಸಿದ್ದು ತಿಳಿಸಿದ್ದು ಅರೈ ಆರೋಗ್ಯ
ನೀರಿ ಆರೋಗ್ಯದಲೇ? Apasia Nirvahaneya Nanthara Edaralli
Nimma Badalavane Aagide Endu Nimage Anisuthideye?
36. ನಮೂನೆ ನೋಡಬುದ್ಧಕ್ಕೆ ನೋಡಬುದ್ಧಕ್ಕೆ ಮೇಲಿ ಮೇಲಿ ತಿಳಿಸಿದ್ದು ತಿಳಿಸಿದ್ದು?
Nimma Sangathithi Nimmada Bagga Hegiddare Emba Nimma
Anisike Enu?
• ತಿಳಿಸಿದ್ದು ನೋಡಬುದ್ಧಕ್ಕೆ ಮೇಲಿ ಮೇಲಿ ತಿಳಿಸಿದ್ದು ತಿಳಿಸಿದ್ದು ಅರೈ ಆರೋಗ್ಯ
ನೀರಿ ಆರೋಗ್ಯದಲೇ? Apasia Nirvahaneya Nanthara Edaralli
Nimma Badalavane Aagide Endu Nimage Anisuthideye?
37. ನಮೂನೆ ನೋಡಬುದ್ಧಕ್ಕೆ ನೋಡಬುದ್ಧಕ್ಕೆ ಮೇಲಿ ಮೇಲಿ ತಿಳಿಸಿದ್ದು ತಿಳಿಸಿದ್ದು?
Nimma Sangathithi Nimmada Bagga Hegiddare Emba Nimma
Anisuke Enu?
• ತಿಳಿಸಿದ್ದು ನೋಡಬುದ್ಧಕ್ಕೆ ಮೇಲಿ ಮೇಲಿ ತಿಳಿಸಿದ್ದು ತಿಳಿಸಿದ್ದು ಅರೈ ಆರೋಗ್ಯ
ನೀರಿ ಆರೋಗ್ಯದಲೇ? Apasia Nirvahaneya Nanthara Edaralli
Nimma Badalavane Aagide Endu Nimage Anisuthideye?
38.  ಎರಡುವೇರೆ ಹningarದಲ್ಲಿ ಕಾಡು ಸಾಡು ಸೊರಡಿದರೂ ಸೊರಡಿದರೂ ಸಂಬಂಧವಿರುವ ಅನುಭವ ನೀಡುವುದು ರಾಜಕು ರಾಜಕು? Apasia Nirvaneya Nanthara Nimma Sangathi Dampathiya Nadavalike Bagge Neevenadaru Bharmanirasana Gondiddeera?

39.  ಅಥವಾ ಸಾಧು ಮಾನಸಿಕ ರೋಜಗಾರ ಅಳವಡಿಸುವುದು? Neevu Nimma Maneyalli Nemmadiyinda Vaasutiddeera?

   - ಅಥವಾ ಆದರೂ ರೋಜು ವಿದ್ವರ್ಣಿತರು ಅಳವಡಿಸುವುದು? Neevu Alli Bhadrateyallideeri Endu Anisuthideye?
   - ಅಥವಾ ಅಂತಾರಾಷ್ಟ್ರೀಯ ಸಾಧು ಅಥವಾ ರೋಜು ವಿದ್ವರ್ಣಿತರು? Nimma Agathyatege Nimma Mane Poorakavagideye

40.  ಅಥವಾ ಹಣದಿಯಲ್ಲಿ ನಂತರ ಭೇದಿಸುವುದು? Innu Eenadaru Nimage Helalikkideye?
Some sample pictures that will be use to support the interviews with the PWAs and their spouses
Appendix 9

This appendix includes the documents relating to the adaptation of the SOC-13 items scale— The adapted English version, the Kannada to English back translation, the adapted Kannada version and the form used for content validation

1. The adapted English version

1. Do you have the feeling that you don’t really care about what goes on around you? (Me)
   R 1 2 3 4 5 6 7
   Very seldom or never Very often

2. Has it happened in the past that you were surprised by the behaviour of people whom you thought you knew well? (C)
   R 1 2 3 4 5 6 7
   Never happened Always happened

3. Has it happened that people whom you counted on disappointed you? (Ma)
   R 1 2 3 4 5 6 7
   Never happened Always happened

4. Until now your life has had: (Me)
   1 2 3 4 5 6 7
   No clear goals Very clear goals and purpose or purpose at all

5. Do you have the feeling that you’re being treated unfairly? (Ma)
   R 1 2 3 4 5 6 7
   Very often Very seldom or never

6. Do you have the feeling that you are in an unfamiliar situation and don’t know what to do? (C)
   1 2 3 4 5 6 7
   Very often Very seldom or never

7. Doing the things you do every day is: (Me)
   R 1 2 3 4 5 6 7
   A source of deep pleasure and satisfaction A source of pain and boredom

8. Do you have very mixed-up feelings and ideas? (C)
   R 1 2 3 4 5 6 7
   Very often Very seldom or never

9. Does it happen that you have feelings inside you would rather not feel? (C)
   R 1 2 3 4 5 6 7
   Very often Very seldom or never

10. Many people—even those with a strong character—sometimes feel like failures (or losers) in certain situations. How often have you felt this way in the past? (Ma)
    R 1 2 3 4 5 6 7
    Never Very often
11. When something happened, have you generally found that: (C)

1  2  3  4  5  6  7
You overestimated                                       You saw things in the right
or underestimated                                       proportion
its importance

12. How often do you have the feeling that there's little meaning in the things you do in your daily life? (Me)

1  2  3  4  5  6  7
Very often                                               Very seldom or never

13. How often do you have feelings that you're not sure you can keep under control? (Ma)

1  2  3  4  5  6  7
Very often                                               Very seldom or never
2. Kannada to English back translation

**SOC-OLQ 13 items.**
*(Final Kannada-English Back Translation)*

1. Do you feel like you don’t care about whatever phenomena happens around you?

   1  2  3  4  5  6  7

   Very rare/never  Many times

2. In your perspective/ experience, has the behaviour of the people whom you have trusted surprised you?

   1  2  3  4  5  6  7

   Never experienced this  Always experienced this

3. In the past, have you every been disappointed by people whom you trust?

   1  2  3  4  5  6  7

   Never experienced this  Always experienced this

4. Up till now, in your life time:

   1  2  3  4  5  6  7

   No clear aims or goals  Have had clear goals and purpose

5. In your life have you ever felt like the people around you have treated you unfairly?

   1  2  3  4  5  6  7

   Many times  Very Rare/Never

6. When you are faced with unfamiliar circumstances, do you feel like you are stuck and don’t know what to do?

   1  2  3  4  5  6  7

   Many times  Very Rare/Never

7. In your day to day activities:

   1  2  3  4  5  6  7

   Source of happiness and satisfaction  Source of sadness and grief

8. Do you get mixed feelings and thoughts?

   1  2  3  4  5  6  7

   Many times  Very Rare/Never
9. Do you have some feelings inside you that you don’t want to feel?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Many times</td>
<td>Very Rare/Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Many people - even those with strong character - in certain situations they get caught up in the feeling of being loser’s. How many times has this feeling occurred to you?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very rare/never</td>
<td>Many times</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. When something happens, do you generally find this:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You have over estimated or underestimated its importance</td>
<td>You have estimated it correctly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. How often do you feel like your day to day activities are meaningless?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Many times</td>
<td>Very Rare/Never</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. How often does it happen that you feel like you don’t trust yourself to control yourself?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Many times</td>
<td>Very Rare/Never</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Adapted Kannada version of the SOC-13 item scale

<table>
<thead>
<tr>
<th>Item</th>
<th>Kannada Version</th>
<th>English Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>ಪ್ರತಿ ಅಂಕಗಳ ಸೂಚಿಸಿ</td>
<td>The values 6 and 7 on the Likert scale not included in this form were manually added prior to use.</td>
</tr>
</tbody>
</table>
6. How do you perceive the current level of customer-service experience? (Likert scale: 1-5)

7. Please rate your satisfaction with the following: (Likert scale: 1-5)

8. What improvements do you think would enhance your overall experience? (Likert scale: 1-5)

9. How likely are you to recommend this service to others? (Likert scale: 1-5)

10. What specific aspects of the service do you feel could be improved? (Likert scale: 1-5)

Note: The values 6 and 7 on the Likert scale not included in this form were manually added prior to use.
11. ಉಪಯೋಗಕ್ಕೆ ಸ್ಪಷ್ಟವಾಗಿ, ಪ್ರತಿ ಗುಣಮಟ್ಟದಲ್ಲಿ ಅಸ್ಪಷ್ಟವು ಸುಮಾರೆ ಎಂಬಾದರೂ:  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ಪ್ರತಿ ಗುಣಮಟ್ಟದಲ್ಲಿ</td>
<td>ಪ್ರತಿ ಗುಣಮಟ್ಟದಲ್ಲಿ</td>
<td>ಪ್ರತಿ ಗುಣಮಟ್ಟದಲ್ಲಿ</td>
<td>ಪ್ರತಿ ಗುಣಮಟ್ಟದಲ್ಲಿ</td>
<td>ಪ್ರತಿ ಗುಣಮಟ್ಟದಲ್ಲಿ</td>
</tr>
</tbody>
</table>

12. ದೈನಂದಿನೆ ಕೋರ್ನರೆ, ಪ್ರತಿ ಸಂಖ್ಯೆಯ ಹೊಂದಿಕೆಗಳಿಗೆ ಸುಭಾವಿತವಾಗಿ ಅಡ್ಡಭಿನಿಯ ವೀಕ್ಷಣೆ, ಗುಣ ಮತ್ತು ತರಫೊಂದಿಗಾಗಿ?  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ಸಹಕಾರಿ</td>
<td>ಸಹಕಾರಿ</td>
<td>ಸಹಕಾರಿ</td>
<td>ಸಹಕಾರಿ</td>
<td>ಸಹಕಾರಿ</td>
</tr>
</tbody>
</table>

13. ಪ್ರತಿ ತಿನಾದಲ್ಲಿ ಮತ್ತು ಪ್ರತಿ ಸಂಖ್ಯೆಯ ವೀಕ್ಷಣೆಗಳು ಹೊಂದಿಕೆಗಾಗಿ ಅಡ್ಡಭಿನಿಯ ಹೊರಗೆ ಪುತ್ರಿಸಿದರು, ಶ್ರವನೆಯ ಸುಭಾವಿತವಾಗಿ?  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ಸಹಕಾರಿ</td>
<td>ಸಹಕಾರಿ</td>
<td>ಸಹಕಾರಿ</td>
<td>ಸಹಕಾರಿ</td>
<td>ಸಹಕಾರಿ</td>
</tr>
</tbody>
</table>

Note: The values 6 and 7 on the Likert scale not included in this form were manually added prior to use.
4. Content validation form for the SOC-29 from which only the 13 items that formed the SOC-13 were considered.

‘The Sense of Coherence - Orientation to Life Questionnaire- 29 items’: Kannada Version

Content Validation

Note:

The items included in this instrument refer to one’s perception of self and their position in society, their experiences and level of participation. The items are categorized into the three subcomponents of the concept of SOC – comprehensibility, manageability and meaningfulness which are intertwined with one another (Antonovsky, 1996). These items were evaluated for their relevance to the socio, cultural and linguistic context of India. While the individual and binding ideas that form the basis for the 29 items that comprise the SOC instrument are relevant to the socio-cultural context of India, the wording used in some items of the original instrument required simplification to enhance the comprehensibility of the item. One item- Item 25 required simplification of the idiom used. Here ‘sad sacks or losers’ in the original instrument in English Language was changed to ‘failures’ in the adapted instrument in Kannada.

Definitions of the three subcomponents of the concept SOC as provided by the author, Aaron Antonovsky (1996) are outlined below.

Comprehensibility: An individual’s ability to believe that the challenge is understood.

Manageability: An individual’s ability to believe that the resources to cope are available.

Meaningfulness: An individual’s ability to wish to or be motivated to cope.

The table 1 below indicates the conceptual, semantic and content equivalence of each of the 29 items which was established during the process of forward and backward translation of the instrument from the original English version to the socio-cultural and linguistic adaptation of the instrument in Kannada.

Definitions of conceptual, semantic and content equivalence taken from the the user friendly guideline by Valmi D. Souza and Wilaiporn Rojjanasrirat (2011) are outlined below.

Conceptual equivalence: Extent to which the concept of each item exists in both the source and target cultures.

Semantic equivalence: Extent to which the sentence structure, clarity of wording and the colloquialisms used to maintain the meaning or the concept of each item across both- source and target cultures exists in both the source and target languages.

Content equivalence: Extent to which the idea of each item of the instrument is relevant in both the source and target culture.
Your Role:

As health professionals familiar with the constructs that form the basis of the ‘Sense of Coherence’ and as experts in aphasia, you are requested to evaluate and revise or consolidate the items, instructions and response format of the back-translated items of the instrument that have conceptual, semantic and content equivalency.

You may provide your feedback / input by ticking the respective boxes where you decide no further changes are required. Where you decided a revision is necessary, you are requested to provide your comments in the box provided or indicate that you will do so on a separate sheet. Additional comments or suggestions are welcome and appreciated.

With gratitude,

Analisa Marie Pais.

PhD Candidate
Department of Clinical Speech and Language Studies,
School of Linguistics, Speech and Communication Sciences,
Trinity College Dublin,
Dublin-2,
Republic of Ireland.
Table 1. Conceptual, Semantic and Content Equivalence of SOC and SOC (Kannada)

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Conceptual Equivalence</th>
<th>Semantic Equivalence</th>
<th>Content Equivalence</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Item No.</td>
<td>Conceptual Equivalence</td>
<td>Semantic Equivalence</td>
<td>Content Equivalence</td>
<td>Additional Comments</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------</td>
<td>----------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>16.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Wording altered to meaningfully preserve the idea.</td>
</tr>
<tr>
<td>26.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

Overall

Y- Equivalence Exists, N- Equivalence does not exist.
Table 2. Comments on the items, instructions and the response format of the back translated version of the socio-cultural and linguistic adaptation of the SOC

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Instruction</th>
<th>Response Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item No.</td>
<td>Item</td>
<td>Instruction</td>
<td>Response Format</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td>-------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 10

This appendix includes a summary of the data collected with the transcript names as referred to and affixed within this thesis.

<table>
<thead>
<tr>
<th>Dyad No.</th>
<th>Base / F.Up</th>
<th>Interview Rec</th>
<th>C. Video Rec</th>
<th>SOC</th>
<th>SAQOL-39</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>B33p7Uz4</td>
<td>4P7i</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>7RQo</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>994X</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>RX Day</td>
<td>attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>9WPE</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>A4cM</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>BR8DvBV5</td>
<td>Desh</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>DznegbQQ</td>
<td>Dxhi</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>F3a6</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>GXQm</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>RX Day</td>
<td>attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>KFiW</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Mcgq</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>GWhLzFpq</td>
<td>QBUz</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>GpoAuwVc</td>
<td>R448</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>R12Z</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>TCGq</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>RX Day</td>
<td>attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Tbi9</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>V48V</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>QnwcZ2PL</td>
<td>ZRXT</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>RYhmZWLA</td>
<td>adJP</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>eFvS</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>eaDE</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>RX Day</td>
<td>attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>fPGY</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>gVud</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>YcH2cySJ</td>
<td>jLCV</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day</td>
<td>attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>jiuJ</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>RX Day</td>
<td>Patient ID</td>
<td>Assigned Name</td>
<td>Attended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>---------------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Yk35JYxd</td>
<td>khF9</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>nbVg</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Y*</td>
<td>Y*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>g9hEFpGA</td>
<td>ndgX</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>nhRE</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day not attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>qdcz</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>qf6rcuLo</td>
<td>qs7w</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>r9c6</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day not attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>s3WNXp48</td>
<td>rsxr</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>s5KB</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day not attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>t63uiNYB</td>
<td>tgp4</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day not attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>wtCNQXyd</td>
<td>vBT9</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day not attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>xCsK2M2t</td>
<td>vEUM</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day not attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>yyk53Fap</td>
<td>vaTp</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day not attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 (Pilot Study)</td>
<td>weJF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RX Day attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>xZQ6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 11

This appendix includes the weightings applied to the data based on those provided by Howard, Best and Nickels (2015). Tables i–iii illustrate the weightings applied for each of the three objective outcome measures—(M)SCA and (M)PCA (Kagan et al., 2001), SAQOL-39 (English Version; Hilari et al., 2003; Kannada Version; Kiran & Krishnan, 2013) and the SOC-13 item scale (Antonovsky, 1987). Tables iv–vi illustrate the weighted scores for each of the three objective measures used.

Table (i) Weightings applied for WEST-ROC & WEST-TREND for (M)SCA and (M)PCA item-wise scores

<table>
<thead>
<tr>
<th>Dyad</th>
<th>B1 WEST ROC</th>
<th>B1 WEST TREND</th>
<th>B2 WEST ROC</th>
<th>B2 WEST TREND</th>
<th>B3 WEST ROC</th>
<th>B3 WEST TREND</th>
<th>FU1 WEST ROC</th>
<th>FU1 WEST TREND</th>
<th>FU2 WEST ROC</th>
<th>FU2 WEST TREND</th>
<th>FU3 WEST ROC</th>
<th>FU3 WEST TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyad 1</td>
<td>5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-13</td>
<td>-1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>Dyad 2</td>
<td>5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-13</td>
<td>-1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>Dyad 3</td>
<td>5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-13</td>
<td>-1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>Dyad 4</td>
<td>2</td>
<td>-4</td>
<td>-1</td>
<td>-2</td>
<td>-4</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Table (ii) Weightings applied for WEST-ROC & WEST-TREND for SAQOL item-wise scores

<table>
<thead>
<tr>
<th>Dyad</th>
<th>B1 WEST ROC</th>
<th>B1 WEST TREND</th>
<th>B2 WEST ROC</th>
<th>B2 WEST TREND</th>
<th>B3 WEST ROC</th>
<th>B3 WEST TREND</th>
<th>FU1 WEST ROC</th>
<th>FU1 WEST TREND</th>
<th>FU2 WEST ROC</th>
<th>FU2 WEST TREND</th>
<th>FU3 WEST ROC</th>
<th>FU3 WEST TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyad 1</td>
<td>5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-13</td>
<td>-1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>Dyad 2</td>
<td>5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-13</td>
<td>-1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>Dyad 3</td>
<td>5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-13</td>
<td>-1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>Dyad 4</td>
<td>2</td>
<td>-3</td>
<td>-1</td>
<td>-1</td>
<td>-4</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Dyad 5</td>
<td>1</td>
<td>-2</td>
<td>-2</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Dyad 6</td>
<td>1</td>
<td>-2</td>
<td>-2</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Table (iii) Weightings applied for WEST-ROC & WEST-TREND for SOC item-wise scores

<table>
<thead>
<tr>
<th>Dyad</th>
<th>B1 WEST ROC</th>
<th>B1 WEST TREND</th>
<th>B2 WEST ROC</th>
<th>B2 WEST TREND</th>
<th>B3 WEST ROC</th>
<th>B3 WEST TREND</th>
<th>FU1 WEST ROC</th>
<th>FU1 WEST TREND</th>
<th>FU2 WEST ROC</th>
<th>FU2 WEST TREND</th>
<th>FU3 WEST ROC</th>
<th>FU3 WEST TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyad 1</td>
<td>5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-13</td>
<td>-1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>Dyad 2</td>
<td>5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-13</td>
<td>-1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>Dyad 3</td>
<td>5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-13</td>
<td>-1</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>Dyad 4</td>
<td>2</td>
<td>-4</td>
<td>-1</td>
<td>-2</td>
<td>-4</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Dyad 5</td>
<td>2</td>
<td>-3</td>
<td>-1</td>
<td>-1</td>
<td>-4</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Dyad 6</td>
<td>1</td>
<td>-2</td>
<td>-2</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
Table (iv) Weighted (M)SCA and (M)PCA scores for dyads 1-4

<table>
<thead>
<tr>
<th>Item no</th>
<th>Kagan Scale Category</th>
<th>Dyad 1</th>
<th>Dyad 2</th>
<th>Dyad 3</th>
<th>Dyad 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ROC</td>
<td>Trend</td>
<td>ROC</td>
<td>Trend</td>
</tr>
<tr>
<td>1</td>
<td>(M)SCA item scores</td>
<td>25</td>
<td>10</td>
<td>51</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>21</td>
<td>7</td>
<td>29</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>29</td>
<td>13</td>
<td>45</td>
<td>25</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>30</td>
<td>5</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>5</td>
<td>(M)PCA item scores</td>
<td>30</td>
<td>5</td>
<td>33</td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>17</td>
<td>4</td>
<td>29</td>
<td>13</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>29</td>
<td>13</td>
<td>32</td>
<td>24</td>
</tr>
<tr>
<td>Item No</td>
<td>Category</td>
<td>Dyad 1 ROC</td>
<td>Dyad 1 Trend</td>
<td>Dyad 2 ROC</td>
<td>Dyad 2 Trend</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>------------</td>
<td>-------------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>1</td>
<td>Physical</td>
<td>-1</td>
<td>8</td>
<td>-17</td>
<td>-4</td>
</tr>
<tr>
<td>2</td>
<td>Physical</td>
<td>-11</td>
<td>18</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Physical</td>
<td>-10</td>
<td>10</td>
<td>10</td>
<td>-10</td>
</tr>
<tr>
<td>4</td>
<td>Physical</td>
<td>-5</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Physical</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>6</td>
<td>Physical</td>
<td>-4</td>
<td>-3</td>
<td>-4</td>
<td>-3</td>
</tr>
<tr>
<td>7</td>
<td>Physical</td>
<td>-27</td>
<td>6</td>
<td>-29</td>
<td>-13</td>
</tr>
<tr>
<td>8</td>
<td>Physical</td>
<td>5</td>
<td>-5</td>
<td>5</td>
<td>-5</td>
</tr>
<tr>
<td>9</td>
<td>Physical</td>
<td>-4</td>
<td>-3</td>
<td>22</td>
<td>-1</td>
</tr>
<tr>
<td>10</td>
<td>Physical</td>
<td>13</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Physical</td>
<td>-44</td>
<td>2</td>
<td>22</td>
<td>-1</td>
</tr>
<tr>
<td>12</td>
<td>Physical</td>
<td>9</td>
<td>-2</td>
<td>-12</td>
<td>-9</td>
</tr>
<tr>
<td>13</td>
<td>Physical</td>
<td>28</td>
<td>21</td>
<td>-12</td>
<td>-9</td>
</tr>
<tr>
<td>14</td>
<td>Physical</td>
<td>-6</td>
<td>13</td>
<td>10</td>
<td>-10</td>
</tr>
<tr>
<td>15</td>
<td>Physical</td>
<td>-14</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td>Physical</td>
<td>11</td>
<td>17</td>
<td>-12</td>
<td>-9</td>
</tr>
<tr>
<td>17</td>
<td>Comm</td>
<td>29</td>
<td>13</td>
<td>36</td>
<td>27</td>
</tr>
<tr>
<td>18</td>
<td>Comm</td>
<td>-10</td>
<td>10</td>
<td>-18</td>
<td>4</td>
</tr>
<tr>
<td>19</td>
<td>Comm</td>
<td>-6</td>
<td>13</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>20</td>
<td>Comm</td>
<td>-15</td>
<td>15</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>21</td>
<td>Comm</td>
<td>-5</td>
<td>5</td>
<td>25</td>
<td>10</td>
</tr>
<tr>
<td>22</td>
<td>Energy</td>
<td>-12</td>
<td>-9</td>
<td>-17</td>
<td>-4</td>
</tr>
<tr>
<td>23</td>
<td>PsychSoc</td>
<td>-16</td>
<td>23</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>24</td>
<td>PsychSoc</td>
<td>5</td>
<td>-5</td>
<td>5</td>
<td>-5</td>
</tr>
<tr>
<td>25</td>
<td>PsychSoc</td>
<td>9</td>
<td>-2</td>
<td>21</td>
<td>7</td>
</tr>
<tr>
<td>26</td>
<td>PsychSoc</td>
<td>27</td>
<td>-6</td>
<td>-17</td>
<td>-4</td>
</tr>
<tr>
<td>27</td>
<td>PsychSoc</td>
<td>-4</td>
<td>-3</td>
<td>-5</td>
<td>5</td>
</tr>
<tr>
<td>28</td>
<td>PsychSoc</td>
<td>10</td>
<td>25</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>29</td>
<td>PsychSoc</td>
<td>11</td>
<td>17</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>30</td>
<td>Energy</td>
<td>-3</td>
<td>24</td>
<td>-7</td>
<td>-14</td>
</tr>
<tr>
<td>31</td>
<td>Energy</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>32</td>
<td>Energy</td>
<td>12</td>
<td>9</td>
<td>-26</td>
<td>-2</td>
</tr>
<tr>
<td>33</td>
<td>PsychSoc</td>
<td>29</td>
<td>13</td>
<td>34</td>
<td>8</td>
</tr>
<tr>
<td>34</td>
<td>Comm</td>
<td>-3</td>
<td>24</td>
<td>31</td>
<td>32</td>
</tr>
<tr>
<td>35</td>
<td>PsychSoc</td>
<td>24</td>
<td>18</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>36</td>
<td>PsychSoc</td>
<td>1</td>
<td>27</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>37</td>
<td>PsychSoc</td>
<td>1</td>
<td>27</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>38</td>
<td>Physical</td>
<td>15</td>
<td>20</td>
<td>-7</td>
<td>-14</td>
</tr>
<tr>
<td>39</td>
<td>Comm</td>
<td>19</td>
<td>23</td>
<td>1</td>
<td>21</td>
</tr>
</tbody>
</table>
### Table (vi) Weighted scores of the mean SOC-13 item scores for pWA from dyads 1-6.

<table>
<thead>
<tr>
<th>Item no</th>
<th>Dyad 1</th>
<th>Dyad 2</th>
<th>Dyad 3</th>
<th>Dyad 4</th>
<th>Dyad 5</th>
<th>Dyad 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ROC</td>
<td>Trend</td>
<td>ROC</td>
<td>Trend</td>
<td>ROC</td>
<td>Trend</td>
</tr>
<tr>
<td>1</td>
<td>9</td>
<td>-2</td>
<td>-1</td>
<td>8</td>
<td>62</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>-2</td>
<td>12</td>
<td>87</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>-18</td>
<td>4</td>
<td>8</td>
<td>-6</td>
<td>27</td>
<td>-6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>-12</td>
<td>26</td>
<td>34</td>
<td>8</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>9</td>
<td>-2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>-1</td>
<td>8</td>
<td>29</td>
<td>-22</td>
<td>14</td>
<td>-6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>20</td>
<td>-20</td>
<td>-39</td>
<td>-9</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>24</td>
<td>18</td>
<td>5</td>
<td>-5</td>
<td>4</td>
<td>-4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>3</td>
<td>16</td>
<td>12</td>
<td>37</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>-8</td>
<td>-6</td>
<td>2</td>
<td>19</td>
<td>-12</td>
<td>-9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>-3</td>
<td>24</td>
<td>11</td>
<td>-18</td>
<td>10</td>
<td>-10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>-19</td>
<td>12</td>
<td>-28</td>
<td>14</td>
<td>-31</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>8</td>
<td>6</td>
<td>26</td>
<td>-2</td>
<td>-23</td>
<td>9</td>
</tr>
</tbody>
</table>
Appendix 12

This appendix includes the raw data that was used to calculate the effect sizes for each dyad and for each of the three objective outcome measures—Kagan scales: (M)SCA and (M)PCA (Kagan et al., 2001), SAQOL-39: mean QoL and communication related QoL (English Version; Hilari et al., 2003; Kannada Version; Kiran & Krishnan, 2013) and the SOC-13 item scale (Antonovsky, 1987).

1. Data used for calculation of effect sizes for Kagan Scales

<table>
<thead>
<tr>
<th>Session</th>
<th>B1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P14</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>3</td>
<td>0.71428571</td>
<td>0.7142857</td>
<td>0.85714286</td>
<td>1.875</td>
<td>1.45833333</td>
</tr>
<tr>
<td>B2</td>
<td>2.28571429</td>
<td>2</td>
<td>1.5714286</td>
<td>1.28571429</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3</td>
<td>2.14285714</td>
<td>0.42857143</td>
<td>1.4285714</td>
<td>1.28571429</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU1</td>
<td>4</td>
<td>3.85714286</td>
<td>1.2857143</td>
<td>2.42857143</td>
<td>2.41666667</td>
<td>3</td>
</tr>
<tr>
<td>FU2</td>
<td>3.42857143</td>
<td>3</td>
<td>2.8571429</td>
<td>1.42857143</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU3</td>
<td>3.57142857</td>
<td>2.85714286</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dyad no.</th>
<th>B Avg</th>
<th>FU Avg</th>
<th>SDb</th>
<th>FU-B</th>
<th>effect size ( \text{d}_{\text{B}} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.47619048</td>
<td>3.66666667</td>
<td>0.45922146</td>
<td>1.19047619</td>
<td>2.59237924</td>
</tr>
<tr>
<td>2</td>
<td>1.04761905</td>
<td>3.23809524</td>
<td>0.83706647</td>
<td>2.19047619</td>
<td>2.61684857</td>
</tr>
<tr>
<td>3</td>
<td>1.23809524</td>
<td>2.04761905</td>
<td>0.45922146</td>
<td>0.80952381</td>
<td>1.76281788</td>
</tr>
<tr>
<td>4</td>
<td>1.14285714</td>
<td>1.92857143</td>
<td>0.24743583</td>
<td>0.78571429</td>
<td>3.17542648</td>
</tr>
<tr>
<td>5</td>
<td>0.926*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>1.70412*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Cohens d was calculated for dyads 5 and 14 owing to the availability of only one pre and one post data point

2. Data used for calculation of effect sizes for (M)SCA

<table>
<thead>
<tr>
<th>Session</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P14</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>2.75</td>
<td>0.75</td>
<td>1</td>
<td>0.75</td>
<td>1.75</td>
<td>1.25</td>
</tr>
<tr>
<td>B2</td>
<td>2.25</td>
<td>2</td>
<td>1.5</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3</td>
<td>2</td>
<td>0.25</td>
<td>1.5</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU1</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>2.25</td>
<td>2.5</td>
<td>3</td>
</tr>
<tr>
<td>FU2</td>
<td>3.25</td>
<td>3</td>
<td>3.25</td>
<td>0.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU3</td>
<td>3.5</td>
<td>2.75</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dyad no.</th>
<th>B Avg</th>
<th>FU Avg</th>
<th>SDb</th>
<th>FU-B</th>
<th>effect size ( \text{d}_{\text{B}} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.33333333</td>
<td>3.58333333</td>
<td>0.38188131</td>
<td>1.25</td>
<td>3.27326835</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>3.25</td>
<td>0.90138782</td>
<td>2.25</td>
<td>2.49615088</td>
</tr>
<tr>
<td>3</td>
<td>1.33333333</td>
<td>1.75</td>
<td>0.28867513</td>
<td>0.41666667</td>
<td>1.44337567</td>
</tr>
<tr>
<td>4</td>
<td>0.91666667</td>
<td>1.5</td>
<td>0.14433757</td>
<td>0.58333333</td>
<td>4.04145188</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.732*</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.849477*</td>
</tr>
</tbody>
</table>

*Cohens d was calculated for dyads 5 and 14 owing to the availability of only one pre and one post data point
3. Data used for calculation of effect sizes for (M)PCA

<table>
<thead>
<tr>
<th>Session</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P14</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>3.33333333</td>
<td>0.66666667</td>
<td>0.33333333</td>
<td>1</td>
<td>2</td>
<td>1.66666667</td>
</tr>
<tr>
<td>B2</td>
<td>2.33333333</td>
<td>2</td>
<td>1.66666667</td>
<td>1.66666667</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3</td>
<td>2.33333333</td>
<td>0.66666667</td>
<td>1.33333333</td>
<td>1.66666667</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU1</td>
<td>4</td>
<td>3.66666667</td>
<td>1.66666667</td>
<td>2.66666667</td>
<td>2.33333333</td>
<td>3</td>
</tr>
<tr>
<td>FU2</td>
<td>3.66666667</td>
<td>3</td>
<td>2.33333333</td>
<td>2.33333333</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU3</td>
<td>3.66666667</td>
<td>3</td>
<td>3.33333333</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dyad no.</th>
<th>B Avg</th>
<th>FU avg</th>
<th>SD</th>
<th>FU-B</th>
<th>effect size d_{BS}</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.66666667</td>
<td>3.77777778</td>
<td>0.57735027</td>
<td>1.11111111</td>
<td>1.9245009</td>
</tr>
<tr>
<td>2</td>
<td>1.11111111</td>
<td>2.22222222</td>
<td>0.76980036</td>
<td>2.11111111</td>
<td>2.74241378</td>
</tr>
<tr>
<td>3</td>
<td>1.11111111</td>
<td>2.44444444</td>
<td>0.69388867</td>
<td>1.33333333</td>
<td>1.92153785</td>
</tr>
<tr>
<td>4</td>
<td>1.44444444</td>
<td>2.5</td>
<td>0.38490018</td>
<td>1.05555556</td>
<td>2.74241378</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>0.307*</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>1.240496*</td>
<td></td>
</tr>
</tbody>
</table>

*Cohens d was calculated for dyads 5 and 14 owing to the availability of only one pre and one post data point.

4. Data used for calculation of effect sizes for Mean QOL

<table>
<thead>
<tr>
<th>Session</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5*</th>
<th>P6</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>2.54</td>
<td>2.9</td>
<td>1.69</td>
<td>2.5</td>
<td>1.5</td>
<td>2.87</td>
</tr>
<tr>
<td>B2</td>
<td>2.53</td>
<td>2.74</td>
<td>1.77</td>
<td>3</td>
<td>1.5</td>
<td>2.89</td>
</tr>
<tr>
<td>B3</td>
<td>2.92</td>
<td>2.8</td>
<td>2.21</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU1</td>
<td>3</td>
<td>3.1</td>
<td>3</td>
<td>3.49</td>
<td>1.9</td>
<td>2.76</td>
</tr>
<tr>
<td>FU2</td>
<td>4.05</td>
<td>3.03</td>
<td>2.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU3</td>
<td>3.56</td>
<td>3.08</td>
<td>2.7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dyad no.</th>
<th>B Avg</th>
<th>FU avg</th>
<th>SD</th>
<th>FU-B</th>
<th>effect size d_{BS}</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.66333333</td>
<td>3.53666667</td>
<td>0.22233608</td>
<td>0.87333333</td>
<td>3.92798742</td>
</tr>
<tr>
<td>2</td>
<td>2.81333333</td>
<td>3.07</td>
<td>0.08082904</td>
<td>0.25666667</td>
<td>3.17542648</td>
</tr>
<tr>
<td>3</td>
<td>1.89</td>
<td>2.83333333</td>
<td>0.28</td>
<td>0.94333333</td>
<td>3.36904762</td>
</tr>
<tr>
<td>4</td>
<td>2.83333333</td>
<td>3.49</td>
<td>0.28867513</td>
<td>0.65666667</td>
<td>2.27476006</td>
</tr>
<tr>
<td>5</td>
<td>1.5</td>
<td>1.9</td>
<td>0.23094011**</td>
<td>0.4</td>
<td>1.73205081**</td>
</tr>
<tr>
<td>6</td>
<td>2.88</td>
<td>2.76</td>
<td>0.01414214</td>
<td>-0.12</td>
<td>-8.4852814</td>
</tr>
</tbody>
</table>

**d_{BS} could not be calculated owing to the lack of variation in the baseline phase. The effect size has therefore been estimated by using the standard deviation of the baseline and follow up data.
5. Data used for calculation of effect sizes for Communication related QOL

<table>
<thead>
<tr>
<th>Session</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5*</th>
<th>P6</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>1.71</td>
<td>1.3</td>
<td>1.29</td>
<td>2.57</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B2</td>
<td>1.86</td>
<td>1.43</td>
<td>1.71</td>
<td>3.14</td>
<td>1</td>
<td>2.29</td>
</tr>
<tr>
<td>B3</td>
<td>2.43</td>
<td>1.43</td>
<td>1.28</td>
<td>2.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU1</td>
<td>2.71</td>
<td>2.86</td>
<td>3.3</td>
<td>4.43</td>
<td>1.6</td>
<td>1.86</td>
</tr>
<tr>
<td>FU2</td>
<td>3.57</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU3</td>
<td>3.57</td>
<td>3.29</td>
<td>2.4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dyad no.</th>
<th>B Avg</th>
<th>FU avg</th>
<th>SDb</th>
<th>FU-B</th>
<th>effect size $d_{ES}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3.28333333</td>
<td>0.3798684</td>
<td>1.28333333</td>
<td>3.37836298</td>
</tr>
<tr>
<td>2</td>
<td>1.38666667</td>
<td>3.05</td>
<td>0.07505553</td>
<td>1.66333333</td>
<td>22.161368</td>
</tr>
<tr>
<td>3</td>
<td>1.42666667</td>
<td>2.9</td>
<td>0.2454248</td>
<td>1.47333333</td>
<td>6.00319659</td>
</tr>
<tr>
<td>4</td>
<td>2.77</td>
<td>4.43</td>
<td>0.3207803</td>
<td>1.66</td>
<td>5.1748814</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>1.6</td>
<td>0.34641016</td>
<td>0.6</td>
<td>1.73205081**</td>
</tr>
<tr>
<td>6</td>
<td>2.145</td>
<td>1.86</td>
<td>0.20506097</td>
<td>-0.285</td>
<td>-1.3898306</td>
</tr>
</tbody>
</table>

* $d_{ES}$ could not be calculated owing to the lack of variation in the baseline phase. The effect size has therefore been estimated by using the standard deviation of the baseline and follow up data.

6. Data used for calculation of effect sizes for SOC-13

<table>
<thead>
<tr>
<th>Session</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5*</th>
<th>P6</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>3.53846154</td>
<td>4.15384615</td>
<td>5.15384615</td>
<td>5.6923077</td>
<td>4.2307692</td>
<td>5.07692308</td>
</tr>
<tr>
<td>B2</td>
<td>3.69230769</td>
<td>4.38461539</td>
<td>5.38461539</td>
<td>5.0769231</td>
<td>4.2307692</td>
<td>5.76923077</td>
</tr>
<tr>
<td>B3</td>
<td>3.69230769</td>
<td>4.38461539</td>
<td>5.3846154</td>
<td>4.9230769</td>
<td>4.2307692</td>
<td>5.3846154</td>
</tr>
<tr>
<td>FU1</td>
<td>3.69230769</td>
<td>4</td>
<td>6.15384615</td>
<td>5.0769231</td>
<td>4.6153846</td>
<td>5.3846154</td>
</tr>
<tr>
<td>FU2</td>
<td>4.69230769</td>
<td>4.23076923</td>
<td>6.61538462</td>
<td>5.3076923</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FU3</td>
<td>4</td>
<td>4.23076923</td>
<td>5.38461539</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dyad no.</th>
<th>B Avg</th>
<th>FU avg</th>
<th>SDb</th>
<th>FU-B</th>
<th>effect size $d_{ES}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.641025641</td>
<td>4.128205128</td>
<td>0.088823118</td>
<td>0.487179487</td>
<td>5.48482756</td>
</tr>
<tr>
<td>2</td>
<td>4.307692308</td>
<td>4.153846154</td>
<td>0.133234678</td>
<td>-0.15384615</td>
<td>-1.154700538</td>
</tr>
<tr>
<td>3</td>
<td>5.35897436</td>
<td>6.05128205</td>
<td>0.193585498</td>
<td>0.69230769</td>
<td>3.57623736</td>
</tr>
<tr>
<td>4</td>
<td>5.230769231</td>
<td>5.192307692</td>
<td>0.407038663</td>
<td>-0.03846154</td>
<td>-0.0944911</td>
</tr>
<tr>
<td>5</td>
<td>4.230769231</td>
<td>4.615384615</td>
<td>0.192307692**</td>
<td>0.384615385</td>
<td>2**</td>
</tr>
<tr>
<td>6</td>
<td>5.42307692</td>
<td>5.53846154</td>
<td>0.489535464</td>
<td>0.11538462</td>
<td>0.23570226</td>
</tr>
</tbody>
</table>

* $d_{ES}$ could not be calculated owing to the lack of variation in the baseline phase. The effect size has therefore been estimated by using the standard deviation of the baseline and follow up data.
Appendix 13

This appendix includes the English and Kannada versions of the scripted CPT-In manual.

Conversation Partner Training for Spouses of People with Aphasia in India

General:

- Training Approach: Experiential Learning
- Detail of methods: Maximise learner participation and draw out experience
- Time allocations: 5 hours
  - Session 1: Aphasia – 75 minutes
  - Session 2: Family Involvement In Rehabilitation – 30 minutes
  - Session 3: Communication Techniques – 75 minutes
    Lunch Break
  - Session 4: Practical Session – 90 minutes
  - Session 5: Summary and Feedback – 30 minutes

- **Note to facilitator:**
  - All facilitation should be done within the principles and ethos of Conversation Partner Training. Discussion should empower participants to view aphasia through the lens of a social model of disability, although didactic teaching of the model is not required, particularly for lay people or family. Participants should leave feeling equipped to engage in more successful conversations with the person with aphasia, and all engagement with participants should be approached with these considerations in mind.
  - *Encourage participants to discuss and thereby draw on their own and the others’ experiences.*
  - *Refer to appendix A for sample probes to help facilitate the discussions in each session.*
  - *Maximise use of flip charts (if culturally appropriate, and with sensitivity to literacy levels) to support the ongoing discussions.*

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
1. Session 1: Aphasia

1.1 Welcome and Introduction (15 minutes)

Purpose: To create a welcoming space and sense of hospitality and to get to know the participants’ contexts and their experiences with aphasia.

- **Resources**
  - notebook and pen for facilitator
  - Introductory slide (S1.1): ‘Welcome to Conversation Partner Training for Spouses of People with Aphasia’
  - Acknowledgement slide (S1.2)

- **Offer refreshments on entry**

- **Introduction about Self**
  - Note to facilitator: Model the type of introduction from participants
  - Use Slide (S1.1)
  - Give your name and SLT background of working with aphasia and/or research (general & brief)
  - Use slide S1.2. Acknowledge the Conversation Partner Toolkit as the instrument on which this training is based on. Acknowledge the sources which have contributed to the content development for the training.
  - End by indicating how pleased you are at their interest and that you are interested in their experiences of aphasia.

- **Invite introductions from participants**
  - Say, "Would you like to take a minute to introduce yourselves, tell us your spouses name and what it is like to live with aphasia in your family?"
  - Note to facilitator: Note down names and key issues that emerge at each stage for later integration into discussions and problem solving. Ensure you remain part of the conversation, with only brief note-taking.

1.2 Aphasia as more than a language impairment (30 minutes)

Purpose:

a. To create a participant led discussion on the impact of aphasia and the associated challenges as observed and experienced by the family members.

b. To facilitate learning through reflection on these shared experiences.

- **Resources**
  - Open slide on aphasia and start facilitated discussion before revealing images on its associated challenges (S1.3)

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
- Facilitated Discussion
  o Before using the slide, Acknowledge the brief experiences that the participants shared previously; Using slide S1.3, delve further into a discussion on their individual experiences specific to the communication challenges (and life successes) faced within their families and the associated challenges faced in daily living.
  o Say, “I noticed that some of you mentioned…”; “Would you like tell us more about some of the challenges [you face while communicating with your spouse]?””, “…[In daily living?]”.
  o Note to facilitator: Pick out a few of the main themes, before showing the slide. Those notes raised can just be briefly mentioned.
  o Say, “Other family members have reported that…”:
  o Note to facilitator: Refer to appendix-B to discuss some of the other challenges not previously addressed by the participants during discussion.
  o Say, “We have discussed some of the difficulties and challenges faced within your families in daily living. We also spoke about some of the challenges reported by other families of people with aphasia and in research. Feelings of loneliness, isolation, fatigue among people with aphasia are very common. These feelings, often associated with the lack of access to communication are also known to have an impact on the overall health and well being and the relationships of both people with aphasia and their families.”
  o Say, “Would you like to tell us how these challenges have had an impact on you and your family?”
  o Summarise or comment on the impact of aphasia on the PWAs and the family members based on the participants’ discussion.
  o Say something like, “I understand from our discussion that having a family member with aphasia has [for some of you] had an impact on you’all as spouses, on your children, your family and other caregivers. Some find it difficult to cope with supporting and caring for the person with aphasia, some find it difficult to care for themselves, some cannot cope with the changes … the challenges are different for each person and each family. It is not uncommon that the impact of aphasia extends to the family members. From your discussion, it sounds like the communication challenges are big. Many families living with aphasia have found that having ways to support successful conversations makes things easier.”

1.3 Health and Disability (30 minutes)

**Purpose:**

a. To facilitate a discussion on health and disability in line with the social model.

*Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network*
b. To facilitate learning through reflection on their shared experiences.

- Resources
  - Slides displaying images of media celebrities who underwent medical treatment and overcame their illness (S1.4-S1.8)
  - Slides on barriers to participation (S1.9, S1.10)
  - Slide depicting people celebrating their disabilities (S1.11-S1.19)
  - Slides depicting support for people with disabilities (S1.20-1.22)
  - Flipcharts and a marker pen to write down the key issues that emerge during discussion

- Facilitated Discussion
  - Use slide S1.4. Gradually elicit a discussion on the approaches to healthcare—focussing on the medical and social model. Do this by inviting the participants to reflect on a few media stories of some Indian celebrities. Say something like, “Before we go further, I would like you to think about three very famous cricketers whose names I shall mention.”
    - Use slide S1.5. “First, do you remember when famous cricketer Sachin Tendulkar, had / sustained a tennis elbow injury. He was unable to play. What did he do? ... What do you think he would have done?”... (wait for a response, wait for them to discuss, then re-affirm their responses or suggest it yourself), “Yes, he sought medical help to get his elbow fixed, so he could get back in the game.”; Use slide S1.6 “Second, in a slightly different case do you remember another cricketer, Yuvraj Singh? He was diagnosed with a tumour between his lungs. In his case, once again, he sought medical help. He was able to get the tumour removed and now he is back in the game. Now, I would like you to think about what would these cricketers have done, had the medical intervention not been successful?” (Give them time to think, wait for them to understand and provide any comments. Then continue with scenario three...).
  - Use slide S1.7. “Alright, now I would like you to think of former Indian cricket wicket keeper, Saba Karim. Do you remember what had happened to him?” (Wait for them to respond. If they do not know inform them of his injury...) “He had an injury to his eye during the India-Bangladesh cricket match. He lost his vision in his right eye. He visited doctors and underwent eye surgery. He was hoping to make a come back once the doctors restored his vision, but the treatment did not improve his vision.” (Wait for them to think about this.) “What could he do now? He could not play more cricket. His life was going to change. In such cases, where medical intervention cannot help restore your health to what it previously was, what can you do?” (Give them time to think, wait for them to understand and provide any comments/ discuss. Then continue...).
Say, “This is what Saba Karim had to say when asked about what he decided to do... “Life doesn’t stop after cricket. Incidents happen on the field and one should move on as the rest of the life is waiting for them. Those are the times when friends and family come into the picture”... Saba retired from playing active field cricket but took on the role of being a national cricket selector in the East Zone while also continuing to work at Tata Steel Company where he used to previously work alongside his cricket career”.

Now say something like, “The life of Saba Karim shows us how the presence of supportive family members, helped a person (Saba) cope with his long term disability and his decision to retire from playing active field cricket. Do you think the situation could have been made better with added supports...?”

Before using the next slide, say something like, “There was one particular person who thought such a situation could have been made better. I would now like you to think of him—” Use slide S1.8. Continue to say, “Tiger Pataudi (Mansoor Ali Khan Pataudi). This cricketer lost complete vision in one eye following a car accident very early on in his career. His desire to continue playing cricket was undeterred. With one good eye he continued to play against the fastest bowlers and even took the Indian team to victory multiple times as captain of the Indian cricket team. He was only 21 years old when he was made captain of the Indian cricket team. This cricketer learnt to not just cope with his complete loss of vision in one eye but also learnt other ways to play cricket with his disability. The loss of vision in one eye would make it impossible to judge the pace and position of the ball, instead one would have to learn a way to judge the trajectory (or the path followed by the ball) of the ball; One would have to learn a way to pick the right ball when seeing two balls due to double vision. These are tricks that are otherwise taken for granted but if consciously practiced by every visually sound cricketer would make them much more effective and much better players. This man was a big inspiration to Saba and I believe he is an inspiration to all people who acquire any form of impairment or disability at any stage in their lives.”

Say something like, “In both the above examples- that of Saba Karim and Tiger Pataudi, their family members, teammates, those around them and their fans were able to find a way to accept their disabilities and support them through their challenges. The support and encouragement of the society enabled them to move on with their lives. It is clear from their success stories that with the right supports (be it physical, emotional, attitudinal, or others), people facing various challenges can do remarkable things.”

Use slide S1.9. Provide the participants with a few scenarios and ask them to imagine their spouse with aphasia in the given scenarios. Say something like, “Now, I would like to invite you to engage in a few...”
minutes of reflection/imagination. I would like you to think about this situation—say for example your spouse with aphasia wants to get to the bus stop from NIMHANS. They do not know where the bus stop is. You are not with your spouse to help them. What are the difficulties they will face in getting to the bus stop?” Let the participants respond with their comments, suggestions and engage in a discussion. Say, “Could you think of similar difficulties that people with aphasia could face when in similar or different situations? … What are some of the barriers that exist in our surroundings that prevent people with aphasia and other disabilities from being able to participate in daily activities of life?” Use the flip chart to write down some of the challenges mentioned.

- Say, “Let us think about our own family members. Your loved one has had a stroke—The medical intervention has helped to a certain extent but you are describing that you spouse continues to live with a disability. You have earlier spoken about and discussed some of the difficulties and challenges that you and your family member with aphasia have to face. What causes or exacerbates some of these challenges?”
- Now ask the participants to voice what they feel could help their loved one who might face these challenges. Say something like, “Would you say some of these challenges that prevent the person with aphasia from being able to get the task done are caused by the surrounding environment? Could the environment have been more friendly, supportive and accessible? Can you think of how we could have made this task easier for the person with aphasia? … What can we do to help reduce some of these challenges? … You could suggest things from your own experiences … something you may have tried at home that may have worked in a similar situation…”
- Lead up to the concept of health and overall health. Say something like, “Could we thus say that the surrounding environment has a role to play in a person’s ability to participate and live in society? Should the environment have been more friendly, supportive and accessible, would not the person with aphasia have found it easier to get to the bus stop from NIMHANS on his own?”
- Use slide S1.10. Associate the difficulties and challenges previously addressed by the participants with the concept of health and disability in line with the WHO's definition of health. Say something like, “To be healthy means to be able to function well and participate in life and in one's own society. We function well not just when we are physically fit but when we also have good mental, emotional and social well being. From our discussion, we can conclude that with the right support and an enabling environment, people would feel healthier, happier and live better.”
- Before displaying the next slide, say, “Having said this, I would like you to reflect on some images that I am going to show you. These

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
show us how some people with various forms of disabilities who with the right supports and an enabling environment were able to overcome and celebrate their disabilities. “ Use slides S1.11-S1.20.

Focus the discussion on slides S1.11-S1.17.

Use slide S1.11. Say, “We spoke earlier about two cricketers in particular— Saba Karim and Tiger Pataudi. Keeping what we discussed in mind lets talk about India’s captain of the blind cricket team— Shekhar Naik and about blind cricket in general. The team comprises of players who have various degrees of blindness including complete blindness.” Use slide S1.12. Say, “To overcome the difficulty if identifying the ball, they not only use larger and brighter balls but the balls are also filled with ball bearings so as to enable the batsmen to hear the ball approaching. In addition verbal cues(signals) are used to indicate when the ball is being bowled. For example, The Bowler has to first say “ready”, following which the batsman has to respond with “yes”. The bowler has to in-turn say “play” as he bowls the ball across to the batsman. Prior to this, the bowler has to inform the umpire about the direction of the ball—weather it will go over the wicket or around the wicket. The umpire has to convey this information to the batsman. Once all of this is in place, only then is the bowler allowed to bowl. This way the batsman has a clear picture of how the ball might be approaching.

In addition, the wickets/ stumps are larger and bright coloured with non removable bails for easy identification by touch and minimal vision as well as for safety purposes. The game thus makes use of various supports and the rules of the game are adapted so as to provide people with blindness with maximum information that would support their ability to play great competitive cricket.”

Use Slide S1.14. Say, “Arunima Sinha, another person who lives very successfully with her disability. She lost her leg in a tragic train accident which most people thought put an end to her career as a national level sportswoman. Following her surgery, where her leg was amputated, Arunima declared she wanted to climb the Mount Everest. She underwent intensive training and rehabilitation and was fitted with a prosthetic (artificial) leg. With training and practice, she learnt to walk and climb with her prosthetic leg. A year later, she managed to climb the mount Everest! She faced challenges during her climb especially where there were no ladders across passes and the mountaineers were all required to jump across. This was particularly challenging for Arunima. But with the support she received from her coach and with her prosthetic leg to support her physically, she managed to get across and overcome her obstacles and thus made it to the top of the Mount Everest.”

Use Slide S1.16. Say, “There is also the story of another sportswoman- Preethi Srivivasan. She suffered sudden severe paralysis while on a school excursion at the age of 18. She
underwent therapeutic rehabilitation and medical treatment but her paralysis was severe and left with no movement below her neck. Her parents and family were her biggest support—physical, psychological, emotional, financial. They recognised what she needed to enable her to live fully and participate in society. They helped her use the wheelchair to get around places. Unfortunately, she was unable to access on-campus education in India due to reduced accessibility, hence enrolled for distance education.

Preethi and her parents have made adaptations to support her and enable her to live a life of dignity. Preethi gave up her old hobbies and made way for new ones using her unfazed spirit of sportsmanship. She started an NGO called Soulfree. She became the voice of people with disabilities, especially Indian women with disabilities. She worked to build or retain the self-esteem for people living with severe disability by helping them identify their own strengths and latent talents and earn a living and command respect, not mere sympathy from others. Preethi made use of her voice when her physical abilities were compromised.

- Say, “What are your thoughts on these stories? What do you think helped them overcome their disabilities and celebrate by participating in life? How do they participate in life?”
- Say, “Yes, they had the support of their family members, the society, their co-workers, and those around them. The support they received helped them accept their disabilities and recognise their other abilities.” Use slide S1.21. Say, “Would you say that the positive and inclusive attitudes of those around them encouraged them to participate in life?”... Say, “This is also reflected in this image as you can see the dancers all have various disabilities and various abilities but together in mutual recognition of each other abilities, display a beautiful formation. Further, the adaptations to lifestyle facilitated by those around them enabled them to gain access to and participate in life.”

- Discuss the importance of maximising accessibility for participation. (Eg. Ramps to facilitate physical access, communication ramps to facilitate access to conversation). Say something like, “It is clear in the above images that these people with various forms of disability have achieved success in various ways. We discussed some of the challenges some of them had to face. Do you think the society could have made it easier for them? In particular we discussed how Preethi Srinivasan could not attend college in India due to the lack of accessibility to college campuses for people with disabilities. She had to resort to distance education and self-learning.” Use slide S1.22. Say, “There are many people with disabilities who face this and similar challenges where they find it difficult to go visit temples, mosques, churches and even doctors clinics. Do you think we can take this any further? Can we help them live more independent...”
lives? Can we help them gain access to all public places? After all, don’t we ALL have a right to visit these places and enjoy the experience they offer?”

- Use slides S1.23-S1.25. Say, “You will see here, not only are public places difficult to access, but transport to these places is often difficult to access. It is not sufficient to have physical supports without general acceptance of their usage. We need to adapt and modify our surroundings to enable the use of these supports. The environment needs to be more supportive and accessible to all.”

- Use slides S1.26 and S1.27. Say something like, “What do you see here? ...” Pause. Let the participants reflect on these images and comment/discuss/describe what they see and understand from the images. Say something like,. Would you say that this has helped improve their participation in life?... The first picture in a new development in Kerala and must be followed in all station in all parts of the country. This is a positive step towards inclusion and acceptance of all people irrespective of their abilities. We as citizens must support these positive improvements and take them further. This will benefit our family members who face challenges in various ways. The second picture is taken in a country in Europe. This shows us how much more we can change our surroundings to make it easier for people with disabilities who face challenges in everyday life.”.

- Use slide S1.28. Say, “Now some people may not have any visible physical impairments. Communication difficulties are an example of an invisible disability; For example, some of the challenges you mentioned that your family member with aphasia might face when trying to get to the bus stop from NIMHANS. These difficulties make integration and participation just as difficult.”

- Use slide S1.29. Say something like, “For your spouse or any person with aphasia to be able to participate fully in society, he/she can do so with the support of those around them. Like we have seen in the images and have discussed, people with physical needs use wheelchairs and walkers to assist and support their ability to walk, use ramps instead of stairs to support their use of wheelchairs and walkers. These help the person to physically participate in society. Similarly, for people with communicative needs, it is important for us and the society to support their ability and their right to communicate and participate in conversation and thereby connect and interact with those around them.”

- Use Slide S1.30. Say something like, “Now look at these pictures of two people who have had a stroke. They both have physical and communication difficulties. What supports or adaptations do you think could help them? What are some of the ramps that we could use to help them participate more and be more independent? We will discuss more about this a little later.”

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Use slide S1.31 and S1.32. Say something like, “To help people with various forms of impairments and disabilities integrate and participate in society, we do need to both accept them and support their needs and thereby facilitate their participation. It is indeed amazing to see how with the right supports, all people can participate together.”

Say, “Now would you like to tell me who you feel are the most important people to all of us as well as to your spouse with aphasia? Whom do we primarily spend our days with?”... “Most of us agree it is family! Now would some of you like to tell me what role you play in the life of your spouse or family member with aphasia? What helps your spouse with aphasia to interact with other people? Who makes up the connection to society for the person with aphasia within your respective families? Who helps in from the society...?...”. Provide the participants with time to reflect, comment and discuss. Say, “It is clear therefore, that you— spouses and family members are very important in the reintegration of your family member with aphasia into your families, your homes and the society.” Say, “Would you like to tell me some of the ways in which you feel you play a role in supporting integration of your family member with aphasia?”. (Use the flipchart to note some of these down.) Say, “Often, when engaging with your loved one with aphasia, you might face communication difficulties which can result in stress, or upset or frustration. You have shared some good examples of this earlier. Would you like to tell me some of the ways in which you feel your spouse/ family member with aphasia might be able to help you? ... Would you like to tell me some of the ways in which the people around you might be able to help you?”

Discuss the importance of the overall well being of the family. Focus the discussion on the importance of rehabilitation and reintegration of the family as a whole. Draw on the above aspects based on the participants’ experiences. Say something like..., “Most of you have a family member (spouse) who had a stroke over six months ago. You may have all availed of various services and supports for your spouse. Some of you may feel you need more support and have needs for yourself, your spouse with aphasia and your family that may not have been met. For a person with aphasia to fully participate and reintegrate into society, family plays a very important role. YOU play a VERY IMPORTANT ROLE. This is particularly the case in India. In order for an individual to provide the right support for a loved one with aphasia, the overall well being of the individual is also very important. YOUR well being is very important.”
2. Session 2: Family Involvement in Rehabilitation

(30 minutes)

2.1. Importance of ‘family’ in the sociocultural context of India. (15 minutes)

**Purpose:**

a. To guide and create a participant led discussion on the importance of family in the sociocultural context of India.

b. To facilitate reflection on the discussion.

- **Resources**
  
  - Slide with images depicting nature of family involvement (S2.33)
  
  - Flip Charts

- **Facilitated Discussion**
  
  - Discuss the family structure and the role of family in India (Use flip charts to note down roles). Say something like..., "**We know how important family is to people in India. Family members support each other and give each other a social identity. When a member of your family is unwell or is facing some difficulty, you try to support them. This is quite clear from our discussions in the previous session. Would you like to tell us some of the roles you undertake as a member of your family?**"
  
  - Say, "**Would you like to tell us how you support [those who live with you], [your family members who you are well connected with]...**"

  - Use slide S2.33. Discuss family involvement in healthcare and the importance of family support in India. Say something like, "**Would you like to tell us about some of the ways you support and get involved in the healthcare of your spouse and other members of your family?**”
  
  - Note to facilitator: remember to keep this brief. Allow each participant to suggest two or three points.

  - Say, "**Family members provide social, emotional, economic support (briefly mention some notes raised by the participants) to those individuals in their families who have disabilities and are in need of assistance. This is the special bond family members share. When provided with the right support and information, you as family members have the power and the ability to help those individuals in your families who have various disabilities reintegrate into society.**"

  - Discuss the importance of good communication between spouses. Say something like, "**Do you feel good communication between family members plays a role in maintaining this bond?**"; "**How? Has the aphasia challenged this?**” Provide the participants with time to reflect, comment and discuss.

*Adapted from the conversation partner toolkit*

Connect toolkits © 2007 Connect – the communication disability network

---

207
2.2 Maximising their resourcefulness (15 minutes)

Purpose:

a. To acknowledge the expertise of the family members
b. To create awareness about the roles and the potential for the involvement of the family members in the rehabilitation and reintegration of people with aphasia.
c. To facilitate learning through reflection on the information generated through discussion.

- **Resources**
  - Flip Charts

- **Facilitated Discussion**
  - Use slide S2.33. Briefly discuss the increasing number of dependent stroke survivors and the availability of services and supports.
    
    Say something like, "In our discussions thus far, some of you have spoken about the challenge of finding support and affordable and accessible services, the limited assistance you might have received and other needs and challenges that you face on a daily basis. This is an issue that we hear from a lot of people with aphasia and particularly their family members. The number of people experiencing strokes and aphasia is increasing. Based on your experiences and our discussions, would you agree that with the use of the right supports, the right techniques and the right attitudes we may be able to address certain challenges that all your as well as other families face? With the right communication ramps, we might be able to address and improve some of the aspects of communication." Provide the participants with times to reflect, comment and discuss.
  
  - Acknowledge the expertise of the participants as a spouse/family members of the person with aphasia by grounding this on their previously shared experiences and input.
    
    Say something like, "Some of you shared how you and other members in your family support those individuals who are unwell, have disabilities and need assistance. You shared your experiences of living with your spouse with aphasia, the challenges you have faced, how you manage these challenges, how you would want to help... (elaborate based on prior discussion). All of this tells me that all of you are the best people to support your spouse with aphasia. You are the experts. You know what your spouse needs, you know their strengths and their weaknesses. With a little guidance, you will learn to communicate better with your spouse (thus improve your relationship) and help your spouse and your self to have a better quality of life. This will also have a positive impact on those around the person (your spouse) with aphasia, particularly yourself.”

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Briefly discuss the potential for the involvement of the spouse/family members as conversation partners and how successful conversations with family plays a role in rehabilitation and reintegration of the person with aphasia.

Say something like…, “Earlier on, we specifically discussed the use of ‘communication ramps’ to facilitate conversational interaction and social connection. We know this will support the person with aphasia to participate in life (in activities of daily living, in society, perhaps in work). You, can support your spouses participate in conversation. You can help them better engage with those around them by learning to use conversational ramps (or conversational supports). Families who have tried using these have reported increased interaction with the person with aphasia among other benefits. These could help you have conversations beyond just communicating basic needs. You could use conversational supports to help your spouse communicate with those individuals in your family or in the society who might not know how to engage in a conversation with a person with aphasia. You are your spouse’s primary conversation partner. And with training you can continue to effectively engage in those conversations that you may have found challenging following the onset of aphasia.”; Say, “Can you think of someone better to take on this role?” Provide the participants with time to reflect and comment. Say, “This change is very important and has the potential to help your spouse feel more involved, more connected, more satisfied and more accepted. The supports are not entirely new. These are supports we often unknowingly use to support our conversations and are NATURAL to communication. Using these supports has the potential to improve your spouse’s MOTIVATION to avail of support services, to engage with those around them…., to improve their overall quality of life. Your role as a conversation partner for your spouse is thus very important.”

Say, “In the next session we will guide, train and enable you to be effective conversation partners for your spouse with aphasia.”

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
3. Session 3: Communication Techniques  
(75 minutes)

3.1 What is communication? (30 minutes)  
Purpose: To establish that communication is not just verbal or about transmitting information but about connecting with other communication partners in a social context.

- Resources:
  o Slides with images illustrating various modes of communication (S3.34)
  o Facilitators copy of training material adapted from the CPS Scheme (Appendix D)*
  o Flip charts to support the ongoing discussion

- Facilitated Discussion
  o Note to facilitator: For each discussion suggested below, refer to the facilitators copy of the training material*
  o Discuss the purpose of communication in daily living. Say, “What is conversation? Why do we communicate?”
  o Say, “How would it feel if you ‘lost’ the ability to engage in conversation?”. List the emotions and impact.
  o Say, “What role does conversation play in our daily lives?”.  
  o Use slides S3.33. Discuss the different modes of communication, creating awareness of holistic communication. Say something like, “What are some of the ways in which you communicate with people?”
  o Discuss some of the conversations had in the past week. Say, “Would you like to describe to us some of the conversations you have had this week?”
  o Discuss the impact of aphasia on conversations. Say, “What is different when aphasia is a part of the conversation?”

3.2 Conversation Partners: Roles and Strategies (45 minutes)  
Purpose:
   a. To establish the roles and responsibilities of a conversation partner
   b. To facilitate learning of the conversation partner strategies through reflection on ongoing observations and shared knowledge.

- Resources:
  o Slide 3.35— Videos of conversation between ... before exposure and after to conversation partner training (To be developed from pilot)
  o Slide with image illustrating use of supported conversation (S3.36)

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
- Discussion
  The role of the conversation partner without aphasia
  o Note to facilitator: Refer to the handouts of the training material**
  o Getting the message in
    ➢ Things you can do to help
    ➢ Things you can use to get the message across (conversation props)
    ➢ Things that you can change in the environment that will help to get the message across
  o Getting the message out
    ➢ Things you can do to help
    ➢ Things that help the person with aphasia to get the message across (conversation props)
    ➢ What do you do when you get stuck?
  o Acknowledging the person behind the disability
  o Play video 1. Say something like, "What did you notice in the video? Were the two people in the video able to have a successful conversation? How did you feel watching this video? ..."
  Play video 2. Discuss the differences in the conversation and the interaction observed between the two videos. Say something like, "What did you notice in this video? Were the two people in the video able to have a successful conversation? How did you feel watching this video? ... What were the differences between the first and the second video?"
  o Briefly explain to the participants the concept of Supported Conversation. Say, "Supported conversation is when the conversation partner uses tools, materials, techniques, and skills to enable the person with aphasia to participate in the conversation by providing them with ways to show their underlying competence."
  o Conversation partners: Successful communication ramps. Use slide S3.36 to discuss the benefits on conversation partner training. Say something like, "Based on your observation, in what ways do you feel conversation partner training could be beneficial?"
4. Session 4: Practical Session

(90 minutes)

4.1 Role Plays (80 minutes)

**Purpose:**

a. To encourage the participants to put together what is observed and what is recalled in practice.

b. To facilitate learning through observation and experience.

**Resources**

- General Slide 54.37
- Envelopes containing the hand-outs describing the scenarios for the role plays (Ref. Appendix F).
- Stationary for use by the participants—sheets of paper, markers, pencils.

**Arrange in pairs.**

Note: You may arrange the participants in pairs based on your observations of who might work well together.

Use slide 5.4.37. Each participant within the pair has to take turns to assume the roles of a conversation partner and a person with aphasia (PWA).

Hand out the scenarios to the participants and instruct them not to share their information with their assigned partner.

Mention to the participants that they can make use of the material provided as well as any material they have on them that they may feel will help support their conversation.

Say something like, “*Each of you will be handed an envelope with your respective roles to play for each round. Each of you will get two turns each to take on the role of a person with aphasia and that of a conversation partner. I request you to not share the information in your envelopes with your partner. Follow the instructions in each of your sheets and you may clarify any doubts that you have with us. You can feel free to use any material that is provided to you or that is available in front of you to help you support your conversation.***”

Scenario 1 (A- Conversation Partner; B- PWA)

- Discussion on what they felt could have worked

Scenario 2 (A- PWA; B- Conversation Partner)

- Discussion on what they felt could have worked

Scenario 3 (A- Conversation Partner; B- PWA)

- Use the strategies as appropriate based on reflection post scenario 1

*Adapted from the conversation partner toolkit*  
Connect toolkits © 2007 Connect – the communication disability network
Scenario 4 (A- PWA; B- Conversation Partner)
  o Use the strategies as appropriate

Discussion on the above experience, strategies used, etc.
4.2 Ongoing Feedback (10 minutes)

*Note to facilitator: To be done by the principle investigator based on observations during the role plays*

Conversation partner observation sheet

- What supports the conversation
- What keeps the conversation adult, balanced and natural
- Any other comments or queries about the conversation
- Two tips for what they could do better/differently next time

*Adapted from the conversation partner toolkit*

Connect toolkits © 2007 Connect – the communication disability network
5. Session 5: Summary and Feedback

5.1. Interactive sharing of participants experiences, queries, thoughts, feedback, etc. (30 minutes)

Purpose:
- To enable the participants to engage in an open sharing of experiences, feedback, etc.
- To enable the participants to clarify queries, raise concerns and seek solutions to specific issues related to the approach and the training provided.
- To facilitate reflection on their experiential learning.
- To encourage the participants to put together what is observed and what is recalled to move forward.

Resources
- Slide with information on ongoing support (slide S5.38)
- Open discussion slide (slide S5.39)
- Flipcharts
- Closing Slide (slide S5.40)

Information on the ongoing support
- Use slide S5.38. Say something like, “We will be providing you with continued ongoing support for the duration of this trial. Should you have any difficulties with making it in for weekly visits to centre, you may contact us and appropriate arrangements can be made. We shall keep a weekly check on how you, your spouses and your family members are making progress. Please do not hesitate to contact us. You may call in or email us if you have any queries.”

Open participant led discussion
- Use slide S5.39.
- Sharing of participants experiences, queries, thoughts, feedback, etc.
- Invite participants to share final comments

Investigators & team members’ final comments
- Mention any final comments.

End Workshop
- Use slide S5.40. Thanks the participants for coming in and for being a part of this project. Acknowledge the importance and the value of their participation. Wind up the training workshop.
Conversation Partner Training for Spouses of People with Aphasia in India

General:

- Training Approach: Experiential Learning
- Detail of methods: Maximise learner participation and draw out experience
- Time allocations: 5 hours
  - Session 1: Aphasia – 75 minutes
  - Session 2: Family Involvement In Rehabilitation – 30 minutes
  - Session 3: Communication Techniques – 75 minutes
    - Lunch Break
  - Session 4: Practical Session – 90 minutes
  - Session 5: Summary and Feedback – 30 minutes

- Note to facilitator:
  - All facilitation should be done within the principles and ethos of Conversation Partner Training. Discussion should empower participants to view aphasia through the lens of a social model of disability, although didactic teaching of the model is not required, particularly for lay people or family. Participants should leave feeling equipped to engage in more successful conversations with the person with aphasia, and all engagement with participants should be approached with these considerations in mind.
  - Encourage participants to discuss and thereby draw on their own and the others’ experiences.
  - Refer to appendix A for sample probes to help facilitate the discussions in each session.
  - Maximise use of flip charts (if culturally appropriate, and with sensitivity to literacy levels) to support the ongoing discussions.
1. Session 1: Aphasia

1.1 Welcome and Introduction (15 minutes)

**Purpose:** To create a welcoming space and sense of hospitality and to get to know the participants’ contexts and their experiences with aphasia.

- **Resources**
  o notebook and pen for facilitator
  o Introductory slide (S1.1): ‘Welcome to Conversation Partner Training for Spouses of People with Aphasia’
  o Acknowledgement slide (S1.2)

- **Offer refreshments on entry**

- **Introduction about Self**
  o Note to facilitator: Model the type of introduction from participants
  o Use Slide (S1.1)
  o Give your name and SLT background of working with aphasia and/or research (general & brief)
  
  - Nanna Hesaru Analisa
    o Use slide S1.2. Acknowledge the Conversation Partner Toolkit as the instrument on which this training is based on. Acknowledge the sources which have contributed to the content development for the training.
    o End by indicating how pleased you are at their interest and that you are interested in their experiences of aphasia.

- **Invite introductions from participants**
  1. Say, “ంటి యెడ్డి చెప్పండి నిడము తాంత్రికం?”

  Neevu Nimma parichayavannu heluvira
  
  o Note to facilitator: Note down names and key issues that emerge at each stage for later integration into discussions and problem solving. Ensure you remain part of the conversation, with only brief note-taking.

1.2 Aphasia as more than a language impairment (30 minutes)

**Purpose:**

a. To create a participant led discussion on the impact of aphasia and the associated challenges as observed and experienced by the family members.

b. To facilitate learning through reflection on these shared experiences.

- **Resources**
  o Open slide on aphasia and start facilitated discussion before revealing images on its associated challenges (S1.3)
- Facilitated Discussion
  
  - Flipcharts and a marker pen to write down the key issues that emerge during discussion
  
  - Before using the slide, Acknowledge the brief experiences that the participants shared previously; Using slide S1.3, delve further into a discussion on their individual experiences specific to the communication challenges (and life successes) faced within their families and the associated challenges faced in daily living.

  - Say, “What challenges do you face when communicating in your family? What strategies do you use to overcome these challenges?”

  - Naanu nimmalli kelavaru nimma Tondaregala bagge heli du gamaniside nivu nimma pathi-pathni jote matanaduvaga iruva tondaregala bagge helalu istapadutira? Nimage dinanithya iruva samasyegala bagge helalu istapadutira?

  - *Note to facilitator:* Pick out a few of the main themes, before showing the slide. Those notes raised can just be briefly mentioned.

  - Say, “What challenges do you face when communicating in your family?”

  - Kutumbadalli itararau kelavu tondaregala bagge helidare.

  - *Note to facilitator:* Refer to appendix-B to discuss some of the other challenges not previously addressed by the participants during discussion.

  - Say,” the challenges that you face in daily living due to communication difficulties? Are you facing any other challenges that you didn’t mention earlier? Are you facing any other challenges that you didn’t mention earlier?


  - Say, “What challenges do you face in your family due to communication difficulties?”

  - *Note to facilitator:* Ask participants to summarise or comment on the impact of aphasia on the PWAs and the family members based on the participants’ discussion.

  - Summarise or comment on the impact of aphasia on the PWAs and the family members based on the participants’ discussion.

  - Say something like,” What challenges do you face in your family due to communication difficulties? What challenges do you face in your family due to communication difficulties?”

  - Ei tondareyinda nimma mattu nimma kutubakke untada parinamavann swalpa helutira?
1.3 Health and Disability (30 minutes)

**Purpose:**

a. To facilitate a discussion on health and disability in line with the social model.

b. To facilitate learning through reflection on their shared experiences.

**- Resources**

- Slides displaying images of media celebrities who underwent medical treatment and overcame their illness (S1.4-S1.8)
- Slides on barriers to participation (S1.9, S1.10)
- Slide depicting people celebrating their disabilities (S1.11-S1.19)
- Slides depicting support for people with disabilities (S1.20-1.22)
- Flipcharts and a marker pen to write down the key issues that emerge during discussion

**- Facilitated Discussion**

- Use slide S1.4. Gradually elicit a discussion on the approaches to healthcare—focussing on the medical and social model. Do this by inviting the participants to reflect on a few media stories of some Indian celebrities. Say something like, “Naavu munde Hoguva modalu, Naanu Nimage 3 khyata cricket aatagarara Hesaranu Helutene”

- Use slide S1.5. “Naavu munde Hoguva modalu, Naanu Nimage 3 khyata cricket aatagarara Hesaranu Helutene”...”

Nimage Nenapideyaa Khyata criketiga Tendulkar Avarige Tennis Monakkyige Gaaya untaagiddu ”Idarinda avarige aata Aadalu Saadyavaagalilla. Aaga
Avaru Enu Maadidaru?....... Aavaru Enu Maadirabahudanta Nimage Anisuttadeya?

(wait for a response, wait for them to discuss, then re-affirm their responses or suggest it yourself), “(힌두) ಅಂದರೆ ಮನೂರು ಸಾಹಿತ್ಯ ಸಾಹಿತ್ಯಾನ್ವಿಯರು ಕೆಂದು ಇಂದು ಶುಲ್ಕಗಳು ನ್ಯಾಸ್ತಕೃತವಾದವು ಹಾಗೆಯೇ ಹಿಂದೆ.
Avaru Aatadalli marali Padeyalu Tanna Monakkai Tondarege Vaidyakeeya Sahayavannu Koriddaru"

O Use slide 51.6” ಲಭ್ಯ ವಿಧವಾರ ಅಡುಗೆಯುದ್ದ ವಾಡಿದು ಹಾಗೆಯೇ ಕೆಂದು ಇಂದು ಶುಲ್ಕಗಳು ನ್ಯಾಸ್ತಕೃತವಾದವು? “Naanu Nimage Inndon Udaharaneyannu Koduttene Neevu Criketiga Yuvaraj singh bage Keliddeera?
ಆರು ಆಡಿಕಾರಾದ ಅಡುಗೆಯುದ್ದ ಸಾಹಿತ್ಯಾನ್ವಿಯರು ಬರಾಬರುಗಾಗಿ ಅಡುಗೆ ಅಂತಹ ಶುಲ್ಕಗಳು ವಾಡಿದು ಹಾಗೆಯೇ ಹಿಂದೆ.
(Give them time to think, wait for them to understand and provide any comments. Then continue with scenario three..).
O Use slide 51.7.”ಆರು ಅಡುಗೆಯುದ್ದ ವಾಡಿದು ಹಾಗೆಯೇ ಕೆಂದು ಇಂದು ಶುಲ್ಕಗಳು ನ್ಯಾಸ್ತಕೃತವಾದವು?
ಆರು ಆಡಿಕಾರಾದ ಅಡುಗೆಯುದ್ದ ಸಾಹಿತ್ಯಾನ್ವಿಯರು?”
Eiga Neevu Bharateeya Maaji Vicket keeper sabha kareem Bagge Yochisiri. Nimage Nenapideya Aavarige Enayitendu?
(Wait for them to think about this). "What is the best way to handle this? What is the benefit of taking that approach? Are there any concerns or issues with this?"

Avaru Eig Enu Maadabahudittu. Avarige Hecchu Kicket Aadalu Sadhyyaagiglia avara Jeevanda Dikke badalavayagutittu Vaidyakeey Sahaayavu Aaroogayavannu Hintirugisalu Vafalavaadalli neevu Enu Maadabahudu?

(Give them time to think, wait for them to understand and provide any comments/discuss. Then continue...).


- Sabha Kareemravara Jeevania Namage Hege Kutumbadavara sahayavu avara tondareyannu Horadalu haagu avaru kicketninda Nirvthi Honduva avara Nirdhaaravannu Torisuttade. Ei paristhithyu ennu uttama Bembaladinda uttama Golisabahudendu nimage Anisuttideya?
Before using the next slide, say something like, “Let's continue now. Assume the scenario regarding the situation described. Now...” Use slide S1.8. Continue to say, “In the next scenario, (as an example of another...) the primary condition is... and the secondary condition is... In this case, the key issue is... Another thing to note is... As a result, the recommended solution is... Another point to consider is... And finally, the overall conclusion is...”


Say something like, “Let's think about the scenario. We have the following conditions. We can analyze these conditions to... As a result, we can... Another point to consider is... And finally, the conclusion is...”
Ei Eradu udaaharanegallali sabha kareem mathu Tiger patoudi avara kutumba jana abhimaanigalu, mathu bandu balagadavaru avara angavikalateyannu oppikondu avara ella jeevanada kashtagalalu Edurisalu sahaaya Maadikottaru. Ei sahafate Mathu Prothsaaahakateyinda avaru jeevandanalli munde baralu sulabhavaagithu. Ei kathegalinda enu kallyabaaidu andare sariyada prothsaaaha mathu bembaladinda angavikalaru avara jeevandanalli yashassu kanakahudu.

- Use slide 51.9. Provide the participants with a few scenarios and ask them to imagine their spouse with aphasia in the given scenarios. Say something like, "Ei sahayate Mathu Prothsaaha kateyinda avaru jeevandalli munde baralu sulabhavaagithu. Ei kathegalinda enu kallyabaaidu andare sariyada prothsaaaha mathu bembaladinda angavikalaru avara jeevandanalli yashassu kanakahudu.

- Let the participants respond with their comments, suggestions and engage in a discussion. Say, "Eiga Neevu Yochane Maadi Heli Innu Yava Sandharbadalli Apasia Iruva Jana Ei Taraha Kashtagalalu Edurisabekagututtade? Nimmma Prakara Apasia Iruva Janaru Mathu Bere Angavikalaru Avara Dinanithya Jeevandanalli Bhagavahisalu Avara Suttamutta Yava Kashtagalalu Edurisabekagiruttade".


- Use the flip chart to write down some of the challenges mentioned.

Now ask the participants to voice what they feel could help their loved one who might face these challenges. Say something like, “¤ÃªÀÅ §¼À®ÄwÛgÀĪÀ, ¤ªÀÄä ¥ÀæPÁgÀ ¥Àj¸ÀgÀªÀÅ JAzÀÄ ¤ÃªÀÅ ºÉüÀÄwÛgÁ?  ¤ªÀÄä ¥ÀæªÉñÀ ªÀiÁqÀ®Ä C£ÀÄPÀÆ® çÀ ÀÁ¥ÍÀ£ÀÄß ¤ÃqÀ§ºÀÄzÀÄ? ¤ÃªÀÅ ªÀÄ£ÉAiÀÄ°è ¥ÀæAiÀÄwß¹zÀ AiÀiÁªÀÅzÁzÀgÀÆ «µÀAiÀÄ, CzÀÄ EzÉà jÃwAiÀÄ ¸ÀAzÀ¨sÀªÀUÀ½AzÀ PÉ®¸ÀªÀ£ÀÄß ¸ÀÆa¸ À§ºÀÄzÀÄ. ¤ÃªÀÅ ªÀÄ£ÉAiÀÄ°è ¥ÀæAiÀÄwß¹zÀ AiÀiÁªÀÅzÁzÀgÀÆ «µÀAiÀÄ, CzÀÄ EzÉà jÃwAiÀÄ ¸ÀAzÀ¨sÀªÀUÀ½AzÀ PÉ®¸ÀªÀ£ÀÄß ¸ÀÆa¸ À§ºÀÄzÀÄ. ¤ÃªÀÅ ªÀÄ£ÉAiÀÄ°è ¥ÀæAiÀÄwß¹zÀ AiÀiÁªÀÅzÁzÀgÀÆ «µÀAiÀÄ, CzÀÄ EzÉà jÃwAiÀÄ ¸ÀAzÀ¨sÀªÀUÀ½AzÀ PÉ®¸ÀªÀ£ÀÄß ¸ÀÆa¸ À§ºÀÄzÀÄ.

Lead up to the concept of health and overall health. Say something like, “¥Àj¸ÀgÀªÀÅ ªÀÄ£ÀĵÀå¤UÉ ¸ÀªÀiÁdzÀ°è §zÀÄPÀĪÀ ºÁUÀÆ ¥ÁDÉÆÎ¼ÀÄî ¥ÁvÀæªÀ£ÀÄß ªÀ»¸ÀÄvÀÛzÉ JAzÀÄ £ÁªÀÅ ºÉüÀ§ºÀÄzÀ®èªÉÃ? ¸ÀA¨sÁµÀuÉAiÀÄÄ ºÉZÀÄÑ ¸Éßû, ¨ÉA §®AiÀÄÄPÀÛ ªÀÄvÀÄÛ ¥ÀjZÀ¬Ä¸À®Ä C£ÀÄPÀÆ®ªÁVzÁÝgÉ. C¥ÉùAiÀiÁ EgÀĪÀ d£ÀPÉÌ ¤ªÀiÁ£ïì ¤AzÀ §¸ï ¸ÁÖ¥ïUÉ ºÉÆÃUÀĪÀÅzÀÄ E£ÀÄß ¸ÀÄ®¨sÀªÁVgÀÄwÛvÀÄÛ C®èªÉÃ?”

Use slide S1.10. Associate the difficulties and challenges previously addressed by the participants with the concept of health and disability in line with the WHO's definition of health. Say something like, “associate the difficulties and challenges previously addressed by the participants with the concept of health and disability in line with the WHO's definition of health. Something like, “

Before displaying the next slide, say, “associate the difficulties and challenges previously addressed by the participants with the concept of health and disability in line with the WHO's definition of health. Something like, “

Focus the discussion on slides S1.11-S1.17. Use slide S1.11. Say, “

Use slide S1.12. Say, “

Use slide S1.13. Say, “


Use slide S1.15. Say, “

Use slide S1.16. Say, “

Use slide S1.17. Say, “

Use slide S1.18. Say, “

Use slide S1.19. Say, “

Use slide S1.20. Say, “

Before displaying the next slide, say, “

Focus the discussion on slides S1.11-S1.17.

Use slide S1.12. Say,"


Use Slide S1.16. Say, ""ಪ್ರೀತಿ ಅವರು ಮತ್ತು ಅವರು ಆತಮರ ಮತ್ತು ಆತಗತಿ"" ಎಂದು. ಉಳಿದ್ದಾಗ ಅವರು ಕಟ್ಟುವ ಅವರ ಕಾಲದಲ್ಲಿ ಅವರು ತಯಾರಾಯಿತು ಹಾಗಾದರೆ ಅವರು ತೊದುಗೊಳ್ಳುವ ಹಾಗೆ ಅವರು ತಯಾರಾಯಿತು. ಅವರು ಉಳಿದ್ದಾಗ ಅವರು ಕಟ್ಟುವ ಅವರು ತಯಾರಾಯಿತು ಹಾಗಾದರೆ ಅವರು ತೊದುಗೊಳ್ಳುವ. "ಪ್ರೀತಿ ಅವರು ಮತ್ತು ಅವರು ಆತಮಾರ ಮತ್ತು ಆತಗತಿ" ಎಂದು ಅವರು ತಯಾರಾಯಿತು ಹಾಗಾದರೆ ಅವರು ತನ್ನದ ಕಾಲದಲ್ಲಿ ಅವರು ತೊದುಗೊಳ್ಳುವ. ಉಳಿದ್ದಾಗ ಅವರು ಕಟ್ಟುವ ಅವರು ತಯಾರಾಯಿತು ಹಾಗಾದರೆ ಅವರು ತೊದುಗೊಳ್ಳುವ. ಉಳಿದ್ದಾಗ ಅವರು ಕಟ್ಟುವ ಅವರು ತಯಾರಾಯಿತು ಹಾಗಾದರೆ ಅವರು ತೊದುಗೊಳ್ಳುವ. ಉಳಿದ್ದಾಗ ಅವರು ಕಟ್ಟುವ ಅವರು ತಯಾರಾಯಿತು ಹಾಗಾದರೆ ಅವರು ತೊದುಗೊಳ್ಳುವ."


o Discuss the importance of maximising accessibility for participation. (Eg. Ramps to facilitate physical access, communication ramps to facilitate access to conversation). Say something like, “How Avaru, Kutumba, Bandu, Balaga, Mathu, Samajadinda, Sahaya, Sikkithu, How?...”


o Discuss the importance of maximising accessibility for participation. (Eg. Ramps to facilitate physical access, communication ramps to facilitate access to conversation). Say something like, “How Avaru, Kutumba, Bandu, Balaga, Mathu, Samajadinda, Sahaya, Sikkithu, How?...”


Innu Eshto Jana Ei Tara Kashtagalannu Edurisabekagi Barattude”. Avarige Hege Naavu sahaya Maada bahudu? Eshto Janakke Devastana Church Maseedi Hoguvudakke Kashta aaguvudu?

- Use slides S1.23-S1.25. Say, “ಅವರಿಗೆ ಹೆಗೆ ನಾವು ಸಹಯಾ ಮಾದ ಬಹುದು? ಇನ್ನು ಎಷ್ಟೊ ಜನಕೇ ದೇವಸ್ತಾನ ಚರ್ಚ ಮಸೀದಿ ಹೋಗುವದಕ್ಕೆ ಕಾಸ್ತ aaguvudu?”

- Use slides S1.26 and S1.27. Say something like, “ನಿಮ್ಮ ಪ್ರಕಾರ ಈವೇಲ ಅವರಿಗೆ ಧಿನಾನಿತ್ಯ ಜೀವನದಲ್ಲಿ ಸಹಯಾ ಮಾದುವುಡು?”

- Use slide S1.28. Say, “ಅವರಿಗೆ ಎಷ್ಟೊ ದಂಡು ಆಭಾಧಾಂತರ ಅಭಿವೃದ್ಧಿಯಲ್ಲಿ ತಿರುಬಾಗಿ ಅಭಿವೃದ್ಧಿಯುದ್ದು. ಆಭಾಧಾಂತರ ದಂಡು ಎಷ್ಟೊ ತಿರುಬಾಗಿ ಅಭಿವೃದ್ಧಿಯಲ್ಲಿ ಆಭಾಧಾಂತರದಲ್ಲಿ ಅಭಿವೃದ್ಧಿಯ ಮೂಲ ತಿರುಬಾಗಿಯುದ್ದು. ಅವರಿಗೆ ಎಷ್ಟೊ ದಂಡು ಆಭಾಧಾಂತರದಲ್ಲಿ ತಿರುಬಾಗಿ ಅಭಿವೃದ್ಧಿಯುದ್ದು.”


Say, "ಆಗಿಯು ಅದಿಯ ಅನುಕ್ರಮದಲ್ಲಿ ವಸ್ತುವಿಭಾಗವಾಗಿ ಹೊಂದಿಕೊಂಡಿದ್ದೇ ಕ್ರಮವಾಗಿ ಅದರ ಪ್ರಮಾಣವು ಕುರಿತಿದ್ದರೂ, ಮುಂದೆ ಅದರ ವಿಧವಾಗಿರುವ ಎಲ್ಲಾ ಸಮಸ್ಯೆಗಳ ವಿಕಾಸವು ಅದಿಯ ಅನುಕ್ರಮದಲ್ಲಿ ಕೆಲಸಗೊಳಿಸಬೇಕು. ಮಿತ್ರ ಮಹಿಳಾಗಳು ಮತ್ತು ಮಹಿಳಾರು ಇವುಗಳಿಗೆ ಸಹಕರ್ರ್ ಮತ್ತು ಕುರಿತಿದ್ದರೂ, ಅರುಣ ಗೆಲ್ಲುವಿರುತ್ತದೆ. ಅದನ್ನು ಹತ್ತಿರವಾಗಿ ಮಾಡಿಕೊಂಡಿದ್ದರೂ, ಆದಾಗಿ ಅದರ ವಿಕಾಸವು ಅದರ ಅಂತಃಭಾಗಗಳು ತೋರಿಸಬೇಕು. ಹಲವು ಮಹಿಳಾಗಳು ಅದರ ವಿದ್ಯಮಯಾತ್ಯಗಳನ್ನು ಮೂಡಿಸುತ್ತಿದ್ದರೂ, ಅದರ ವಿಭಾಗೀಯ ಸಂಸ್ಥೆಯಲ್ಲಿ ಭಾಗವಹಿಸಬೇಕು. ಹೊಂದಿಕೊಂಡಿದ್ದೇ ಕ್ರಮವಾಗಿ ಅದರ ಪ್ರಮಾಣವು ಹೊಂದಿದ್ದರೂ, ಮುಂದೆ ಅದರ ವಿಕಾಸವು ಅದರ ಅನುಕ್ರಮದಲ್ಲಿ ಕೆಲಸಗೊಂಡಿದ್ದರೂ, ಮಿತ್ರ ಮಹಿಳಾಗಳು ಮತ್ತು ಮಹಿಳಾರು ಇವುಗಳಿಗೆ ಸಹಕರ್ ಮತ್ತು ಕುರಿತಿದ್ದರೂ, ಅರುಣ ಗೆಲ್ಲುವಿರುತ್ತದೆ.


Provide the participants with time to reflect, comment and discuss. Say, “ಆಗಿಯು ಅದಿಯ ಅನುಕ್ರಮದಲ್ಲಿ ವಸ್ತುವಿಭಾಗವಾಗಿ ಹೊಂದಿಕೊಂಡಿದ್ದೇ ಕ್ರಮವಾಗಿ ಅದರ ಪ್ರಮಾಣವು ಕುರಿತಿದ್ದರೂ, ಮುಂದೆ ಅದರ ವಿಧವಾಗಿರುವ ಎಲ್ಲಾ ಸಮಸ್ಯೆಗಳ ವಿಕಾಸವು ಅದಿಯ ಅನುಕ್ರಮದಲ್ಲಿ ಕೆಲಸಗೊಂಡಿದ್ದರೂ, ಮಿತ್ರ ಮಹಿಳಾಗಳು ಮತ್ತು ಮಹಿಳಾರು ಇವುಗಳಿಗೆ ಸಹಕರ್ ಮತ್ತು ಕುರಿತಿದ್ದರೂ, ಅರುಣ ಗೆಲ್ಲುವಿರುತ್ತದೆ. ಅದನ್ನು ಹತ್ತಿರವಾಗಿ ಮಾಡಿಕೊಂಡಿದ್ದರೂ, ಆದಾಗಿ ಅದರ ವಿಕಾಸವು ಅದರ ಅಂತಃಭಾಗಗಳು ತೋರಿಸಬೇಕು. ಹಲವು ಮಹಿಳಾಗಳು ಅದರ ವಿದ್ಯಮಯಾತ್ಯಗಳನ್ನು ಮೂಡಿಸುತ್ತಿದ್ದರೂ, ಅದರ ವಿಭಾಗೀಯ ಸಂಸ್ಥೆಯಲ್ಲಿ ಭಾಗವಹಿಸಬೇಕು. ಹೊಂದಿಕೊಂಡಿದ್ದೇ ಕ್ರಮವಾಗಿ ಅದರ ಪ್ರಮಾಣವು ಹೊಂದಿದ್ದರೂ, ಮುಂದೆ ಅದರ ವಿಕಾಸವು ಅದರ ಅನುಕ್ರಮದಲ್ಲಿ ಕೆಲಸಗೊಂಡಿದ್ದರೂ, ಮಿತ್ರ ಮಹಿಳಾಗಳು ಮತ್ತು ಮಹಿಳಾರು ಇವುಗಳಿಗೆ ಸಹಕರ್ ಮತ್ತು ಕುರಿತಿದ್ದರೂ, ಅರುಣ ಗೆಲ್ಲುವಿರುತ್ತದೆ.”


(Use the flipchart to note some of these down.) Say, "ಆಗಿಯು ಅದಿಯ ಅನುಕ್ರಮದಲ್ಲಿ ವಸ್ತುವಿಭಾಗವಾಗಿ ಹೊಂದಿಕೊಂಡಿದ್ದೇ ಕ್ರಮವಾಗಿ ಅದರ ಪ್ರಮಾಣವು ಕುರಿತಿದ್ದರೂ, ಮುಂದೆ ಅದರ ವಿಧವಾಗಿರುವ ಎಲ್ಲಾ ಸಮಸ್ಯೆಗಳ ವಿಕಾಸವು ಅದಿಯ ಅನುಕ್ರಮದಲ್ಲಿ ಕೆಲಸಗೊಂಡಿದ್ದರೂ, ಮಿತ್ರ ಮಹಿಳಾಗಳು ಮತ್ತು ಮಹಿಳಾರು ಇವುಗಳಿಗೆ ಸಹಕರ್ ಮತ್ತು ಕುರಿತಿದ್ದರೂ, ಅರುಣ ಗೆಲ್ಲುವಿರುತ್ತದೆ. ಅದನ್ನು ಹತ್ತಿರವಾಗಿ ಮಾಡಿಕೊಂಡಿದ್ದರೂ, ಆದಾಗಿ ಅದರ ವಿಕಾಸವು ಅದರ ಅಂತಃಭಾಗಗಳು ತೋರಿಸಬೇಕು. ಹಲವು ಮಹಿಳಾಗಳು ಅದರ ವಿದ್ಯಮಯಾತ್ಯಗಳನ್ನು ಮೂಡಿಸುತ್ತಿದ್ದರೂ, ಅದರ ವಿಭಾಗೀಯ ಸಂಸ್ಥೆಯಲ್ಲಿ ಭಾಗವಹಿಸಬೇಕು. ಹೊಂದಿಕೊಂಡಿದ್ದೇ ಕ್ರಮವಾಗಿ ಅದರ ಪ್ರಮಾಣವು ಹೊಂದಿದ್ದರೂ, ಮುಂದೆ ಅದರ ವಿಕಾಸವು ಅದರ ಅನುಕ್ರಮದಲ್ಲಿ ಕೆಲಸಗೊಂಡಿದ್ದರೂ, ಮಿತ್ರ ಮಹಿಳಾಗಳು ಮತ್ತು ಮಹಿಳಾರು ಇವುಗಳಿಗೆ ಸಹಕರ್ ಮತ್ತು ಕುರಿತಿದ್ದರೂ, ಅರುಣ ಗೆಲ್ಲುವಿರುತ್ತದೆ.”

231

- Discuss the importance of the overall well being of the family. Focus the discussion on the importance of rehabilitation and reintegration of the family as a whole. Draw on the above aspects based on the participants’ experiences.

2. **Session 2: Family Involvement in Rehabilitation**

(30 minutes)

2.1. Importance of ‘family’ in the sociocultural context of India. (15 minutes)

**Purpose:**

a. To guide and create a participant led discussion on the importance of family in the sociocultural context of India.

b. To facilitate reflection on the discussion.

- **Resources**
  - Slide with images depicting nature of family involvement (S2.33)
  - Flip Charts

- **Facilitated Discussion**
  - "Say, "Neevu (Nimmondige Vaasisuvaru) (Nimma Kutumba Sadasyaru Neevu chennagi Samparka Hondideeri)Annu Hege Bembalisutteeri Endu Namage Helalu Bayasutteera"."
Use slide S2.33. Discuss family involvement in healthcare and the importance of family support in India. Say something like, “Why is family involvement important in healthcare in India? Discuss family support and its role.”

Note to facilitator: remember to keep this brief. Allow each participant to suggest two or three points.

Discuss the importance of good communication between spouses. Say something like, “How important is good communication in maintaining a healthy marriage?”

Provide the participants with time to reflect, comment, and discuss.
2.2 Maximising their resourcefulness (15 minutes)

**Purpose:**

a. To acknowledge the expertise of the family members
b. To create awareness about the roles and the potential for the involvement of the family members in the rehabilitation and reintegration of people with aphasia.
c. To facilitate learning through reflection on the information generated through discussion.

- **Resources**
  - Flip Charts

- **Facilitated Discussion**

  - Use slide S2.33. Briefly discuss the increasing number of dependent stroke survivors and the availability of services and supports.
Provide the participants with times to reflect, comment and discuss.

- Acknowledge the expertise of the participants as a spouse/family members of the person with aphasia by grounding this on their previously shared experiences and input.

Say something like, "I think it's important to acknowledge the expertise of the participants as spouses or family members of the person with aphasia by grounding this on their previously shared experiences and input. For example, say something like, "Thank you for sharing your experiences and insights, which have been so valuable in our discussions."

(Elaborate based on prior discussion)
Briefly discuss the potential for the involvement of the spouse/family members as conversation partners and how successful conversations with family plays a role in rehabilitation and reintegration of the person with aphasia.


Say, "‘Adbhante, suroradhey samvahana nirodhanamathu, chadi meesanadithe?"
Provide the participants with time to reflect and comment. Say, “Use this time to Introduce session 3. Say, “…” Mundina Sabeyalli Naavu Maargadarshana Tarabetti Matthu Nimma Sangatige Parinaamakaari Sambaashane Paludararagalu Aphiadondige Sahaaya Madutheve.

3. Session 3: Communication Techniques
(75 minutes)

3.1 What is communication? (30 minutes)
Purpose: To establish that communication is not just verbal or about transmitting information but about connecting with other communication partners in a social context.

- **Resources:**
  - Slides with images illustrating various modes of communication (S3.34)
  - Facilitators copy of training material adapted from the CPS Scheme (Appendix D)*
  - Flip charts to support the ongoing discussion

- **Facilitated Discussion**
  - **Note to facilitator:** For each discussion suggested below, refer to the facilitators copy of the training material*
  - Discuss the purpose of communication in daily living. Say, "What is the purpose of communicating?"
  - "What is your usual way of communicating?" 
  - "Obbaru Innobbarige Hege maatanaaduvudu"

  - Say, "What is your usual way of communicating?"
  - Mathanaduva shakthi illa andare nimage hege anisutthade.

  - List the emotions and impact.
  - Say, "Dinanithya Sambashane Esthu Upayoga Ide?"
  - "Use slides S3.33. Discuss the different modes of communication, creating awareness of holistic communication. Say something like, "What is your usual way of communicating?"
  - "Naavu Bereyavara Jote Maataaduvudake Berebere Reetiya Margagalu Upayoogisutteve? Avu Yaava Margagalu?"

  - Discuss some of the conversations had in the past week. Say, "What conversations do you remember the most?
  - Ei Vaaradalli Yaava Sambashanegalannu Maadideera?"

  - Discuss the impact of aphasia on conversations.
  - Say, "What conversations do you remember the most?
  - Sambaashaneyalli Aphasiya Eddare Enu Kashta Anisuttade?"

  - Or
  - "Aphasia Iddare Nimage Yaava Reeti Anisutte? Nimage Bere Reeti Anisutte?"
3.2 Conversation Partners: Roles and Strategies (45 minutes)

**Purpose:**

a. To establish the roles and responsibilities of a conversation partner

b. To facilitate learning of the conversation partner strategies through reflection on ongoing observations and shared knowledge.

**Resources:**

- Slide 3.35 — Videos of conversation between ... before exposure and after to conversation partner training (To be developed from pilot)
- Slide with image illustrating use of supported conversation (S3.36)
- Facilitators copy of training material adapted from the CPS Scheme (Appendix E)**
- Flip charts to support the learning experience

**Discussion**

The role of the conversation partner without aphasia

- Note to facilitator: Refer to the handouts of the training material**
- Getting the message in
  - Things you can do to help
  - Things you can use to get the message across (conversation props)
  - Things that you can change in the environment that will help to get the message across
- Getting the message out
  - Things you can do to help
  - Things that help the person with aphasia to get the message across (conversation props)
  - What do you do when you get stuck?
- Acknowledging the person behind the disability


Briefly explain to the participants the concept of Supported Conversation. Say, “नोडुवाग? मोडलु मॅथेमेटिकल वीडियोडल्ली निमाइज एनु बेरे काद्या इविदेक्क?”

Sahaaya Sambhashane Andare Sambaashane Maaduvavanu Vasthugalu Mathe Tantragalu Upayogisi Aphasia Iruva Vyakthige Sambaashane Maaduva Shakti Koduttare.

Conversation partners: Successful communication ramps. Use slide S3.36 to discuss the benefits on conversation partner training. Say something like, “कौन एक संदर्भ प्रवृति ‘समाधान करेगा अंदरूनी’ थेरेपी प्रलोभ संगमेत अग्रें?”

Nimma Anubhavadalli Sambashane Paludaara Tarabetti Yaava Reetiya Sahaaya Aagide?
Session 4: Practical Session

(90 minutes)

4.1 Role Plays (80 minutes)

Purpose:

a. To encourage the participants to put together what is observed and what is recalled in practice.

b. To facilitate learning through observation and experience.

- Resources
  
  o General Slide S4.37
  
  o Envelopes containing the hand-outs describing the scenarios for the role plays (Ref. Appendix F).
  
  o Stationary for use by the participants—sheets of paper, markers, pencils.

Arrange in pairs.

Note: You may arrange the participants in pairs based on your observations of who might work well together.

Use slide S4.37. Each participant within the pair has to take turns to assume the roles of a conversation partner and a person with aphasia (PWA).

Hand out the scenarios to the participants and instruct them not to share their information with their assigned partner.

Mention to the participants that they can make use of the material provided as well as any material they have on them that they may feel will help support their conversation.


Scenario 1 (A- Conversation Partner; B- PWA)

  o Discussion on what they felt could have worked

Scenario 2 (A- PWA; B- Conversation Partner)

  o Discussion on what they felt could have worked

Scenario 3 (A- Conversation Partner; B- PWA)
Use the strategies as appropriate based on reflection post scenario 1

Scenario 4 (A- PWA; B- Conversation Partner)
- Use the strategies as appropriate

Discussion on the above experience, strategies used, etc.

4.2 Ongoing Feedback (10 minutes)

Note to facilitator: To be done by the principle investigator based on observations during the role plays

Conversation partner observation sheet
- What supports the conversation
- What keeps the conversation adult, balanced and natural
- Any other comments or queries about the conversation
- Two tips for what they could do better/differently next time
5. Session 5: Summary and Feedback

5.1 Interactive sharing of participants experiences, queries, thoughts, feedback, etc. (30 minutes)

**Purpose:**

a. To enable the participants to engage in an open sharing of experiences, feedback, etc.

b. To enable the participants to clarify queries, raise concerns and seek solutions to specific issues related to the approach and the training provided.

c. To facilitate reflection on their experiential learning.

d. To encourage the participants to put together what is observed and what is recalled to move forward.

- **Resources**
  - Slide with information on ongoing support (slide S5.38)
  - Open discussion slide (slide S5.39)
  - Flipcharts
  - Closing Slide (slide S5.40)

- **Information on the ongoing support**

- **Open participant led discussion**
  - Use slide S5.39.
  - Sharing of participants experiences, queries, thoughts, feedback, etc.
  - Invite participants to share final comments

- **Investigators & team members’ final comments**
  - Mention any final comments.

- **End Workshop**
  - Use slide S5.40. Thanks the participants for coming in and for being a part of this project. Acknowledge the importance and the value of their participation. Wind up the training workshop.
Appendix 14

The Adaptations

1. General

1.1 Introduction: ‘Conversation Partner Training for spouses of People with Aphasia in India’ is a facilitators guide to training the spouses of people with aphasia and is adapted from the ‘Conversation Partner Toolkit’ (McVicker, 2007). This is the instrumental framework for a conversation partner training approach to the rehabilitation and reintegration of people with aphasia and their families. This approach focuses on training the spouses of people with aphasia to be effective conversation partners. This instrument has been adapted specifically for a study on conversation partner training for families of people with aphasia in India. This is a working protocol for fieldwork and will be adapted during and after the research process, in consultation with Connect [Aphasia Re-Connect].

1.2 Training Methods: The training of the spouses of the people with aphasia is designed to be delivered using pedagogic and empirical methods and is in line with adult learning principles. The facilitator must maximise learner participation and draw out experience by engaging the participants (spouses of people with aphasia) in an open sharing of experiences and thoughts, observations, reflections and experiential learning.

1.3 Training Content: The conversation partner training involves a one-day training workshop comprising five modules for the spouses of people with aphasia. The content of the training has been adapted with permission from the ‘Conversation Partner Toolkit’ developed by Connect: The Communication Disability Network. Research on the family involvement in healthcare in the Indian scenario, the rehabilitation in the Indian scenario and specific to aphasia as well as the investigators experience in this context have informed the adaptation of the CPS to suit the cultural context and address the training needs of people with aphasia and their families living in India. The training includes a session on aphasia, a session on family involvement in rehabilitation, a session on the communication techniques, a practical session including role play activities and a final session where the participants can share their experiences, queries, thoughts and feedback. The modules have been quite highly scripted. This scripting is considered necessary to ensure that the two training sessions in the fieldwork are comparable (and can be compared to an intended intervention). In addition, it is envisaged that the scripting will allow the intervention to be carried out by other therapists in India, once it has been adapted following the fieldwork. The exact methods by which therapists of varying backgrounds will come to use this material is still to be explored. It is envisaged that some training or support will be required to significantly minimise cost (given that socio-cultural context), while maintaining adherence to the social model principles on which this training is based. Such mechanisms may be pursued through webinars or online training, and will be explored after the fieldwork undertaken as part of this PhD work.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
1.4 Resources: The framework for the training is accompanied by appendices for use by use by the facilitators. These appendices include a list of base questions and transition sentences to facilitate the discussions; training material adapted from the ‘Conversation Partner Toolkit’ (McVicker, 2007) and examples of role play activities for use during the practical session. During delivery of the training, the facilitators can use flip charts and slides to facilitate and support ongoing discussions.

1.5 Duration: The training is spaced across 5 hours. The duration specific to each session is mentioned in module outline.
2. **Session 1: Aphasia**

Module 1 comprises three subsections including an introductory section. Each subsection has a specified purpose which is laid out to guide the facilitators. This module focuses on maximising learner participation and drawing out experience from the participants which will set the scene for the training to follow.

In this module, the facilitator will support participant led discussions. Questions and transition sentences that might help facilitate the discussions are provided in appendix A. Key points to be included in these discussions are provided in Appendix B. Throughout the discussions, the facilitator will note down (using the flip charts) the key issues raised by the participants and revert back to these notes for ongoing reflection. Facilitated reflection on their shared experiences will enable the participants to engage in experiential learning.

The subsections in this module include—

2.1 Welcome and Introduction (15 minutes)

*Purpose: To create a welcoming space and sense of hospitality and to get to know the participants’ contexts and their experiences with aphasia.*

2.2 Aphasia as more than a language impairment (30 minutes)

*Purpose:*

- To create a participant led discussion on the impact of aphasia and the associated challenges as observed and experienced by the family members.
- To facilitate learning through reflection on these shared experiences.

2.3 Health and Disability (30 minutes)

*Purpose:*

- To facilitate a discussion on health and disability.
- To facilitate learning through reflection on their shared experiences.
3. **Session 2: Family Involvement in Rehabilitation**

(30 minutes)

Module 2 comprises two subsections each of which has a specified purpose which is laid out to guide the facilitators. This module focuses on drawing out knowledge and experience from the participants as well as establishing their resourcefulness.

In this module, the facilitator will support participant led discussions as well as inform them through discussion about the importance and the potential for their involvement in the rehabilitation and reintegration of their spouses with aphasia. Questions and transition sentences that might help facilitate the discussions are provided in appendix A. Key points to be included in these discussions are provided in Appendix C. Throughout the discussions, the facilitator will note down (using the flip charts) the key issues raised by the participants and revert back to these notes for ongoing reflection. Facilitated reflection on their shared experiences as well as the wider knowledge gained during this session will enable the participants to engage in experiential learning.

The subsections in this module include—

3.1 Importance of ‘family’ in the sociocultural context of India. (15 minutes)

**Purpose:**
- To guide and create a participant led discussion on the importance of family in the sociocultural context of India.
- To facilitate reflection on the discussion.

3.2 Maximising their resourcefulness (15 minutes)

**Purpose:**
- To acknowledge the expertise of the family members
- To create awareness about the roles and the potential for the involvement of the family members in the rehabilitation and reintegration of people with aphasia.
- To facilitate learning through reflection on the information generated through discussion.
4. Session 3: Communication Techniques
(75 minutes)

Module 3 comprises two subsections each of which has a specified purpose which is laid out to guide the facilitators. This module focuses on sharing wider knowledge and experience about communication and conversation and on training the participants to be effective conversation partners for their spouses with aphasia.

In the first half of this module, the facilitator will guide wider discussions surrounding the essence and the importance of conversation. In the second half, the facilitator will train the participants in the use of appropriate strategies to effectively support conversation for their spouses with aphasia. Key information to be conveyed to the participants through discussion and training in this module are provided in Appendices D and E. The content of these appendices are adapted from the conversation partner toolkit (McVicker, 2007). Throughout the discussions, the facilitator will note down (using the flip charts) the key issues raised by the participants and revert back to these notes during the training for ongoing reflection. Facilitated reflection on the wider knowledge and experiences shared as well as the novel training received during this session will together enable the participants to engage in experiential learning and thus set the scene for Module 4.

The subsections in this module include—

4.1 What is communication? (30 minutes)
   Purpose: To establish that communication is not just verbal or about transmitting information but about connecting with other communication partners in a social context.

4.2 Conversation Partners: Roles and Strategies (45 minutes)
   Purpose:
   - To establish the roles and responsibilities of a conversation partner
   - To facilitate learning of the conversation partner strategies through reflection on ongoing observations and shared knowledge.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
5. **Session 4: Practical Session**

(90 minutes)

Module 4 comprises two subsections. Here the first subsection has a specified purpose laid out to guide the delivery and execution of this module. The second subsection is for the facilitators reference and involves an informal observation based assessment of the participants’ conversations. This module focuses on encouraging the participants to put their learning into practice.

This module involves a practical session that invites the participants to engage in role play activities where each participant will have an opportunity to take on the role of a person with aphasia and that of a conversation partner. During this session, the facilitator will take a back seat role and make note of certain observations based on the ongoing conversations as a part of the role play activities. Feedback based on the observations will be provided to the participants after each role play activity.

The outline for each role play activity is provided in appendix F. The observations to be noted down are provided in appendix G. Facilitated reflection on the participants learning, observations and experiences, and the feedback received during this session will together enable the participants to engage in experiential learning.

5.1 Role Plays (80 minutes)

*Purpose:*
- To encourage the participants to put together what is observed and what is recalled in practice.
- To facilitate learning through observation and experience.

5.2 Ongoing Feedback (10 minutes)
6. Session 5: Summary and Feedback
(30 minutes)

Module 5 This module encourages the participants to reflect on their learning and invites them to engage in an open sharing of their feedback, observations, experiences and thoughts.

During this session, the facilitator will provide the participants with information about the ongoing support that will be provided. This information is provided in appendix H. This summary session will invite feedback and comments from the participants and will be concluded with final comments and feedback from the facilitator or the team of facilitators.

6.1 Interactive sharing of participants experiences, queries, thoughts, feedback, etc. (30 minutes)

Purpose:
- To enable the participants to engage in an open sharing of experiences, feedback, etc.
- To enable the participants to clarify queries, raise concerns and seek solutions to specific issues related to the approach and the training provided.
- To facilitate reflection on their experiential learning.
- To encourage the participants to put together what is observed and what is recalled to move forward.
Welcome To Conversation Partner Training for Spouses of People With Aphasia

Analisa Marie Pais
Ph.D. Candidate
Trinity College Dublin

Acknowledgements

• This training has been developed specifically to suit the cultural context in India. The content has been adapted from the Conversation Partner Toolkit. (Ref. Below)

• The images used in the training have been developed specifically for use in this study. Some of these images have been adapted / taken from google images.
Aphasia?

Health & Disability
Health & Disability

Slide 5

Health & Disability

Slide 6
"Life doesn’t stop after cricket. Incidents happen on the field and one should move on as the rest of the life is waiting for them. Those are the times when friends and family come into the picture" – Saba Karim.

Health and Disability
Barriers ???
Shekar Naik

Born completely blind.

India's blind cricket captain.

Slide 11

Equipment used in Blind Cricket

Larger Balls  Brighter Balls  Adapted Equipment
Larger Wickets  Brighter Wickets

Adapted Rules  Non-Visual cues

Blind Cricket

Training  Supportive Team

Verbal Supports

Slide 13
Arunima Sinha

Lost her left leg at 27.

First Indian amputee to conquer the Mount Everest, with the help of a prosthetic leg.

---

**Equipment**
- Prosthetic Limb

**Support**
- Social Support

**Training**

Arunimha Sinha
Preethi Srinivasan

Quadriplegic at the age of 18

Wheel-chair user, 34-year-old Preethi has an NGO called Soulfree, where she imparts lessons of hope to those women who suffer from various kind of physical disabilities.

Wheelchair Equipment Training
Computers

Preethi Srinivasan Support
Parental Support

Distance Education Voice of PWDs
Girish Sharma

Lost one Leg at the age of 2.
Badminton Champion

Ravindra Jain

Born Visually Impaired
Super hit songs for Hindi movies
Released private albums
CP-PWA conversation videos

- Video 1: Pre Training (link to be attached once developed)

- Video 2: Post Training (link to be attached once developed)

Benefits using supported conversation
Ongoing Support.....

• Weekly checks

• If you have any difficulties / questions, you may contact us at:
  **Analisa Pais:**
  +91 7899688949
  paisa@tcd.ie

  **Dr. Vandana V.P.**
  +91 8277645059
  vvpandana@gmail.com

Slide 37

Discussion

Slide 38

Thank You!!!

Slide 39
Appendix 16

This appendix includes the appendices A-G of the CPT-In training manual (listed in table 7.3 of chapter 7). First the English version of the appendices are presented followed by the Kannada version.

Appendix A

Sample phrases and sentence starters to facilitate discussions

Note to facilitator: These are just examples of general probes that could help facilitate discussions. You do not need to use all of these.

1. Would you like to take a minute to...?
2. Would you like tell us more ...?
3. How has this had an impact....?
4. Would you like to discuss some of...?
5. I expect your experience.... Would you like to tell us more...?
6. What do you do in such a situation?”
7. Would this work for you in the situation you described?
8. Would you have felt that...
9. What is different when...?
10. I noticed that....
11. Others have noticed / reported that...
12. We have discussed...
13. I understand from our discussion...

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network

269
Appendix B
(Facilitators Reference Copy)

Some key points for discussion:

*Note to facilitator: The participants do not need to generate all of the content suggested below.*

1. Challenges
   - Reduced communicative access
   - Linguistic impairments
   - Difficulty expressing basic needs
   - Reduced participation
   - Adverse psychosocial consequences
   - Feelings of loneliness, isolation
   - Fatigue, frustration
   - Reduced quality of life
   - Reduced self-esteem
   - Reduced independence
   - Role changes in the family
   - Adherence to rehabilitation
   - Duration of rehabilitation
   - Aphasia and impact on the family
   - Third party Disability
   - Sense of coherence
   - Cost of care
   - Etc...

2. What are the implications of the listed challenges?
   - Impact on the family
   - Feels and attitudes
   - Adherence to therapeutic advice/ recommendations
   - Family health and well being— a concern

3. Functioning and disability – “results of the interaction between the health conditions of [a] person and their environment” (WHO, 2007).
   - Participation in life
   - Sense of being
   - Quality of life
   - Overall health and well being of the PWAs
   - Overall health and well being of the spouse / family members

4. What are the implications for practice?

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
- Family support
- Environmental supports
- Acceptance
- Communication Ramps
- Family Involvement
- Reintegration

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Appendix C

(Facilitators Reference Copy)

Some key points for discussion—

*Note to facilitator: The participants do not need to generate all of the content suggested below.*

1. Importance of Family in the sociocultural context of India
   - Family structure
   - A basic social unit
   - Security (strong cohesive units)
   - Identity
   - Support (social, emotional, economic, etc.)
   - Sense of belonging

2. Importance of good communication between spouses
   - Intimacy (social, emotional)
   - Security (strong cohesive units)
   - Practical needs: household tasks
   - Key activities / decisions: financial, family, banking etc
   - Identity
   - Support
   - Co-dependence
   - Sense of belonging
   - Psychosocial well being
   - Quality of Life
   - Spousal ability to cope

3. Family involvement in healthcare
   - Prevalence—Higher in majority world countries like India
   - Dependent Stroke survivors—Higher in rural areas in countries like India (Shoenborn et al., 2011)

4. Resourcefulness of the family members
   - Importance as best resource
   - Family support
   - Experts
   - Learners
   - Co-facilitators
   - Cost-efficiency
   - Resource-efficiency
   - Conversation Partners

*Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network*
Appendix D

[Facilitators Reference Copy]

Note to facilitator: The participants do not need to generate all of the content suggested below.

1. What is conversation?
   - Interaction – takes 2+
   - 2-way exchange
   - Person to person
   - Find common ground
   - Take turns
   - Flows and develops
   - Unpredictable and spontaneous
   - Everyday
   - Sharing experience, ideas, information
   - Humour
   - Talk, listening, eye contact, gesture

2. How would it feel if you ‘lost’ the ability to engage in conversation?
   List the emotions and impact.
   - Helpless
   - Angry
   - Frustrated
   - Bored
   - Sad
   - Cut off .... etc.

3. What role does Conversation play in our daily lives?
   - Way of finding out about things
   - Way of socialising and being together
   - Tool for work, leisure, being a part of things
   - Relationship building
   - Having fun
   - Being involved
   - Sharing thoughts, opinions, views
   - Expressing who you are

4. What are the different modes of communication?
   - Verbal
   - Written
   - Gestural

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
- Signing

- **What supports our conversations?**

5. **What conversations have you had this week?**
   - Range of topics
   - Different purposes
   - Different people

6. **The impact of aphasia on conversations.**
   What is different when aphasia is a part of the conversation?
   - More silences and pauses
   - Different flow
   - Takes longer
   - Need to rely on more than speech
   - Need to think about what conversation props and ramps will help
   - Both people need to work harder

---

**Adapted from the conversation partner toolkit**
Connect toolkits © 2007 Connect – the communication disability network
Appendix E

(Facilitators Reference Copy)

1. The role of the conversation partner without aphasia
   - Think about and prepare conversation props and ramps that may support daily conversations for your spouse
   - Think about techniques to get the message in and get the message out
   - Think about ways to keep the conversation adult, balanced, natural
   - Attention to time and pace

2. Getting the message in
   a. Things you can do to help
      - Listen, watch and read the signs
      - Take your TIME
      - Present one idea at a time
      - Use plain, clear Language
      - Illustrate the idea by using:
         - Writing
         - Drawing
         - Gesture
         - Facial expression
         - Intonation
      - Check things out before moving on
      - It helps to establish some way of communicating yes and no reliably.
      - Try:
         - Thumbs up / down
         - Written yes / no to point to
         - Written yes / no plus drawing to point to
         - Confirming with intonation (hmm or uh oh!!)
         - Facial expression
      - Identify what works best for your spouse: Some people like more time and ideas presented with drawing, gesture and intonation. Others may prefer a quicker pace and are helped by writing just the crucial points down.

   b. Things you can use to get the message across
      - Pen and paper
      - Props from your immediate surroundings: photos; pictures; collectables; garden plants; newspaper etc.
      - Maps
      - Magazines and newspapers
      - Post cards
      - Travel brochures

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
- The things that you write down or draw in the session – you can use words, diagrams, names, drawings to refer back to what you discussed earlier.

c. Things you can change in the environment that will help to get the message across
- Quiet area
- Comfortable seating
- A clipboard or table top to use for writing and props
- Good light
- Cut out distractions and interruptions
- Ensure reading glasses are within reach
- If your spouse uses a hearing aid, is the hearing aid on?
- Is there a better side to sit because of hearing or visual loss on one side?
- How comfortable is it?
- Attention to creating a relaxed and unurshed feel – plenty of time to communicate, you want to connect with your spouse during conversation.

3. Getting the Message Out
a. Things you can do to help
- Give TIME! Quiet time to think, time to think of a different way to express something, time for you to think of a different technique to use
- Watch and listen! Look for clues in your spouse’s face and body language
- Summarise and check out what you have understood so far – this can be a platform for your spouse with aphasia to add something new or remember where they have got to in an explanation
- Use and encourage your spouse to use:
  - Writing
  - Drawing
  - Gesture
  - Pointing
  - Facial expression
  - Intonation
- Ask one question at a time – don’t bombard!
- Try asking questions in different ways – start with a more general question – ‘Is it something about our family?’
- Then narrow down the options – ‘could it be about our son/daughter?’
- Establish a clear yes or no before moving on

b. Things that may help the person with aphasia to get the message across (Conversation props)
- Pen and paper
- Pictures
- Newspapers
- Photographs

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
- Magazines
- Life books
- Personal communication books
- Maps
- Alphabet sheet – some people can point to the first letter of a word
- Electronic aids – some people can use these to back up their speech

c. What do you do when you get stuck?
- Acknowledge the breakdown and share responsibility for getting stuck
- Show you have time to keep trying
- Recap where you have got to so far – write or draw the key points
- Check if it’s really important or can you move on and come back to it later
- Are there any other conversation props, family members or people who can help?
- Agree when to come back to it
- Make a record of what you have understood so far to return to later or if either of you have further thoughts
- Humour may help to break the tension, you know your spouse the best
- Stay relaxed and keep thinking as flexibly as possible
- Give time

4. Acknowledging the person behind this disability
- Model respectful, adult conversation e.g. talking directly to your spouse not over them, paying attention to the language you use, avoiding disabling attitudes
- Listen, really listen
- Allow plenty of TIME – work at your spouse with aphasia’s speed and give them space to do things or show you in their own way
- Prepare and think about resources that will help you talk about each other, your family, your common interests, differences between you
- Be prepared to learn from the person with aphasia – about aphasia, about stroke, about the local area, or gardening or football, for example.
- Voice your spouses expertise explicitly. E.g. I know you are an expert in cricket; you know so much more than me about the game.
- Show your trust and believe in the your spouse’s knowledge, ability and intelligence by:
  - Giving your full attention
  - Encouraging your spouse to choose topics and decide how the conversation should go
  - Asking questions
  - Sharing responsibility for what to do when the conversation gets stuck
- Use your communication skills as naturally as possible
- Make sure that the resources you use and the topic of conversation is adult and what you would generally have had with your spouse.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network

277
- Don’t bombard your spouse with questions – this can make the conversation feel unbalanced, unequal and unusual.
- Think about what you could do to make the conversation feel more balanced and equal, e.g.
  • Slower pace
  • Less talking
  • More props and ramps
- Don’t make assumptions – check out what your spouse is communicating and what you have understood.
- Remember everyone is different with different difficulties – respect the ways your spouse communicates and encourage, support and appreciate the effort they put in.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Appendix F

Role Play Activities

Practice Scenario 1

Version for the Person with Aphasia

You had a stroke 8 months ago that caused aphasia. You are now at home and have agreed to participate in the Conversation Partner Training Project along with your spouse. You are going to have your first visit to the center today.

- You are worried that your spouse won’t understand what you are trying to communicate during the conversational sessions.
- You are looking forward to participating and want to tell your spouse that you enjoy having conversations with your spouse even though you can’t ‘chat with words’.
- You are looking forward to participating and want your spouse to understand that while you are nervous about your participation, you are motivated to participate.

Please convey this information to your spouse and ask your question.

You cannot talk or write words.
You can use some very basic gesture.
You struggle to understand if someone speaks quickly or in complex sentences.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Practice Scenario 1

Version for the spouse of the person with aphasia.
- Your spouse has had a stroke 8 months ago that caused aphasia
- You are about to take your spouse along with you to your first visit to the center where the trial will be held. You are unsure if your spouse with aphasia still wants to participate.
- You need to establish whether they want to participate not.

1. Find out the reasons for your spouse’s apparent discomfort, using yes-no questions and progressing from general to specific

2. Please establish whether your spouse wants the visit or not.

3. Negotiate the time for the next visit if appropriate

Please ensure that your spouse has a way to participate in the conversation.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Practice Scenario 2

Version for the Person with Aphasia

You had a stroke 1 year ago that caused aphasia. You are now at home and have been participating in the Conversation Partner Training Project along with your spouse. Your spouse is going to have their first visit without you to the center today. Spouses of other people with aphasia will also be present at the workshop.

Your spouse will be away all day for a training workshop at the center.
- You are concerned about what exactly this training workshop will entail even though you have gone through the participant information leaflets.
- You are concerned about the benefits of this workshop.
- You are worried you will feel lonely as your spouse will be away for most of the day.
- You are concerned about who will be at home with you while your spouse is away

Please share your feelings and worries with your spouse.

You can make a few sounds and can point.
You cannot talk or write words.
You can use some very basic gestures and can use head nods to respond to some questions.
You have difficulty understanding long and complex sentences.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Practice Scenario 2

Version for the spouse of the person with aphasia

- Your spouse has a stroke 1 year ago that has caused aphasia.
- You are about to leave for your first solo visit to the center today where you will be participating in a training workshop along with the spouses of the people with aphasia participating in the trial.
- Your spouse looks a little anxious.
- You want to make sure your spouse is comfortable before you leave for the center.

1. You notice he/she looks a little worried. You ask him/her how they are feeling and if they need anything.

Based on their response:

2. Please discuss a plan as to how to deal with any concerns he/she might have.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Practice Scenario 3

Version for the Person with Aphasia

You had a stroke 2 years ago and are living at home. You and your spouse have been enjoying having some conversations recently. You feel that your spouse understands you better and is able to better support your conversations in the last few weeks.

Your newest grandchild is 3 months old.
- Your daughter has been planning the christening/naming ceremony, and has asked you where her sari is.
- Nobody has yet made plans for how you will attend the christening/naming ceremony.
- You aren’t sure of the date, even though you know it has been mentioned before.
- You want your spouse to remind you when the christening/naming ceremony is.

Please convey this information to your spouse.

You have great difficulty understanding spoken language, but if a key word is written down, you understand far better.
You have a couple of single words: girl, yes, no, hard, speak
You are sometimes able to write the first letter of the word you are thinking of, but not always.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Practice Scenario 3

Version for the spouse of the person with aphasia

- you are your spouse’s primary conversation partner
- You have been having more conversations recently and you find yourself to be better at understanding and supporting your spouse with aphasia.

4. You notice your spouse looks a little worried. You ask him/her how they are feeling.
Based on their response:

5. Discuss the issues and see if together you can come up with a plan.
6. See if you can answer your spouse’s questions if any.

Please ensure that your spouse has a way to participate in the conversation.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Practice Scenario 4

Version for the Person with Aphasia

You had a stroke 3 months ago and you are in a residential setting while some adaptations are being made to your home. Your spouse visits you on a daily basis. You look forward to these daily visits from your spouse and the frequent visits from your son and his family who also live in Bangalore.

Your son has been taken ill and has been admitted to the hospital.
- You are very worried and do not understand what is wrong.
- You are feeling very anxious about your son’s health.
- You are feeling lonely as your son and his family used to visit frequently.
- You are worried that your daughter in law and the other family members are keeping information from you and that he might be severely unwell.
- You are not sure if your daughter in law is staying in the hospital with your son. You are concerned that your grandchildren may be at home with nobody to take care of them.

Please share your feelings and worries with your spouse.

You have difficulty understanding long sentences.
You do not have verbal output (you can’t talk) and you can’t write, but you can use basic gesture

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Practice Scenario 4

Version for the spouse of the person with aphasia

- You have just come from visiting your son who has been admitted to hospital.
- Your spouse doesn’t look like their ‘usual self’ today
- She looks down and worried.

7. Please ask your spouse if she wants to talk about it and provide her a space to tell you how she is feeling.

Based on their response:

2. Please discuss a plan as to how to deal with any concerns she might have.

Adapted from the conversation partner toolkit
Connect toolkits © 2007 Connect – the communication disability network
Appendix G

(Facilitators Reference Copy)

Conversation partner observation sheet

Take a back seat role. Observe the conversation partner without aphasia*.
Note down what the conversation partners* do and say which:

1. Supports the conversation
   - How do they help the person with aphasia* get the message in?
   - How do they help the person with aphasia* get the message out?
   - What props and ramps do they (or the person with aphasia*) use?
   - What skills and resources might they have used more/ less / additionally (give specific examples)
   - Were there any examples of communication breakdown – how were these resolved?

2. Keeps the conversation adult, balanced and natural
   - How would you describe the conversation partner’s* manner and attitude?
   - What did they do or say which showed they treated the person as an adult and an equal?
   - Any comments on the pace of the volume of the conversation?
   - What other things might they have done or said to keep the conversation natural and equal?

3. Any other comments or queries about the conversation?

4. Two tips for what they could do better/differently next time?

(*Roles undertaken by the participants solely for this activity.)
Appendix – A
1. ತೆರುಗಿರುವ ಕೋರವ ಕಪ್ಪಿಕೆಣಿಗೆಯನ್ನು ಒಮ್ಮೆಗೆಯುತ್ತದೆ?...........................
2. ಅವರು ಅನುಮೋದಿಸಿರುವುದರೊಂದಿಗೆ ತೆರುಗಿರುವುದು?......................
3. ಅವೈ ಚಿತ್ರಕೋಲಾಭದಲ್ಲಿ ಆದಿಯಾದಿ?.............................................
4. ತೆರುಗಿರುವ ಕೋರವ ಮೂಲಕ ಅದಾರದಾಯ ಒಮ್ಮೆಗೆಯುತ್ತದೆ?...................
5. ತೆರುಗಿರುವ ಅದಾರದಾಯ ಹಾಗೂ ಅಯಾಮದ ಅಭಶ್ಖತೆಗೆ.........................ಕೇಬಲಿ
   ಅವೈ ಒದಗಿಸಲು ಒಮ್ಮೆಗೆಯುತ್ತದೆ?..............................
6. ತೆರುಗಿರುವ ಅತ್ಯಧಿಕಾರ ತೆರುಗಿರುವ ಮೂಲಕ ಒದಗಿಸಲು?...........
7. ತೆರುಗಿರುವ ಅತ್ಯಧಿಕಾರ ತೆರುಗಿರುವ ಅದಾರದಾಯ ಹಾಗೂ ತೆರುಗಿರುವ ಅತ್ಯಧಿಕಾರದಿಂದ?......................
8. ತೆರುಗಿರುವ ಅತ್ಯಧಿಕಾರ ತೆರುಗಿರುವ ಅತ್ಯಧಿಕಾರದಿಂದ?..............
9. ಅತ್ಯಧಿಕಾರ ಅತ್ಯಧಿಕಾರ ಅತ್ಯಧಿಕಾರ ಆದಿಯಾದಿಯಿಂದ?.........................
10. ತೆರುಗಿರುವ ಕೋರವಗಳು ......................................................
11. ತೆರುಗಿರುವ ಕೋರವಗಳು ತೆರುಗಿರುವ ಕೋರವಗಳು.../ ಅವು ತೆರುಗಿರುವ ಕೋರವಗಳು
    ತೆರುಗಿರುವ ಕೋರವಗಳು........................................
12. ತೆರುಗಿರುವ ಕೋರವಗಳು...........................
13. ತೆರುಗಿರುವ ಕೋರವಗಳು ತೆರುಗಿರುವ ಕೋರವಗಳು.................................

Appendix – B
1. – ಸಂದರ್ಭಗೊಳಿಸಿ ಐದು ಆವಿಧಿಯಲ್ಲಿ ಪ್ರತಿಮುಖರ ಸೇರುವಾಗಿ
   – ಕಾಯದಾಯದ ಸೇರುವಾಗಿ
   – ಸ್ಥಾನವನ್ನು ಸೇರುವಾಗಿ ಸ್ಥಾನವನ್ನು ಸೇರುವಾಗಿ
   – ಸ್ಥಾನವನ್ನು ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸ್ಥಾನವನ್ನು ಸೇರುವಾಗಿ
   – ಕಾಯದಾಯದ ಸೇರುವಾಗಿ, ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ
   – ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ
   – ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ
   – ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ
   – ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ
   – ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ
   – ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ
   – ಸೇರುವಾಗಿ ಸೇರುವಾಗಿ
2. - ಸಂಭಾವ್ಯ ನೀರಿನ ಪ್ರವಾಹ
   - ಶ್ರೀಮಂತರಿಯಾಗಿ ಪ್ರವಾಹಾರಿಗೆ.
   - ಶ್ರೀಮಂತರಿಯಾಗಿ ಪ್ರವಾಹಾರಿಗೆ.
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ ಪ್ರವಾಹಾರಿಗೆ.
3. - ಮಿಗ್ಗದುರವು ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿಗೆ.
   - ಶ್ರೀಮಂತರಿಯಾಗಿ ಪ್ರವಾಹಾರಿಗೆ.
   - ಶ್ರೀಮಂತರಿಯಾಗಿ ಪ್ರವಾಹಾರಿಗೆ.
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ ಪ್ರವಾಹಾರಿಗೆ.
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ ಪ್ರವಾಹಾರಿಗೆ.
4. - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿಗೆ.
   - ಶ್ರೀಮಂತರಿಯಾಗಿ ಪ್ರವಾಹಾರಿಗೆ.
   - ಶ್ರೀಮಂತರಿಯಾಗಿ ಪ್ರವಾಹಾರಿಗೆ.
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ ಪ್ರವಾಹಾರಿಗೆ.
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ ಪ್ರವಾಹಾರಿಗೆ.

Appendix –C

1. - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ ಅಲಂಕಾರ
   - ಅಲಂಕಾರ
   - ರಂಧನ
   - ರಂಧನ ಹೆಸರು (ಸಂಭಾವ್ಯ, ಅಲಂಕಾರ ಹೆಸರು)
   - ಕೂಡಿದ್ದಾರು ಅರ್ಧಾರುಣಿ
2. - ರಂಧನ / ಅಲಂಕಾರ, ಅರ್ಧಾರುಣಿ ರಂಧನ ಹೆಸರು
   - ರಂಧನ
   - ಸಂಭಾವ್ಯ ವಾದ್ಯವಣ್ಣ ಹೆಸರು/ಅರ್ಧಾರುಣಿ ವಾದ್ಯವಣ್ಣ ಹೆಸರು
   - ಮಂತ್ರಿ ವಾಯುಗಿರುಗಿರು
   - ರಂಧನ ವಾಯುಗಿರುಗಿರು – ಅಲಂಕಾರ ಹೆಸರು, ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ ಹೆಸರು ಅರ್ಧಾರುಣಿ
   - ರಂಧನ
   - ರಂಧನ ಹೆಸರು/(ಬಹುದಾರು)
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ
   - ಅರ್ಧಾರುಣಿ ರಂಧನ
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ
   - ಸಂಭಾವ್ಯ ಅರ್ಧಾರುಣಿ

289
3. ಅಸಂಖ್ಯಾತು ತಂದೆಯುಂಬತ್ತು ಅಗಮಾಂಗ ಹಣ್ಣು ಪ್ರತಿ – ಮಾರುತಯುದ್ಧ ಅನುಭವಕಾರಿಯಾಗಿ ಹಾರಿಗೆ ಮಾಡಬೇಕು ಅಂದುಕೇ ಅನಾನಾಸ್ತ ವೃತ್ತಿಯಾದಗಿರುತ್ತದೆ ಹಾಸುಹುಟ್ಟು ನೀಡಲು ಆರಾಧನೆಗೆ ಗೂಡುತ್ತದೆ ಪುರಾಣದ ಅನುಷ್ಠಾನಕ್ಕೆ.
   - ಹಣ್ಣು ಪ್ರತಿಯೊಂದು ಸಾಮಗ್ರಿ.
     - ಪ್ರತಿಯೊಂದು ಸಾಮಗ್ರಿ/ಸಾಮಗ್ರಿ
     - ಸಂಯೋಜನ
     - ಬಿದ್ಧರಾಡಿಕ
     - ಸಾಮರ್ಪಕರಾಡಿಕ
     - ಸೇರು
     - ಸಾಮಗ್ರಿಯನ್ನು ದಿಪ್ಲಗೂಡಿಸಿಕೊಂಡಿ
     - ಸಾಮಗ್ರಿಯನ್ನು ಸಾಮಗ್ರಿಯುತ್ತದೆ

**Appendix D**

1. ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು?
   i. ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸುಂದರವಾಗಿ ಕರೆಯಲು ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ವ್ಯವಹರಿಸಿ.
   ii. ಹಾಸುಹುಟ್ಟು ವಿದ್ಧರಾಡಿಕದ ಸಹಸ್ರವನ್ನು ಸಾಮರ್ಪಕರಾಡಿಕ ನ್ಯಾಯಶೀಲತೆ ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು.
   iii. ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು.
   iv. ಅಮನು ಹಾಸುಹುಟ್ಟು ವಿದ್ಧರಾಡಿಕದ ಸಾಮರ್ಪಕರಾಡಿಕ.
   v. ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಹಾಸುಹುಟ್ಟು ವಿದ್ಧರಾಡಿಕ.
   vi. ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಹಾಸುಹುಟ್ಟು ವಿದ್ಧರಾಡಿಕ.

ii. ಸಂಪರ್ಕ
   viii. ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸಹಸ್ರವಿದ್ದರಾಡಿಕದ ಸಾಮಗ್ರಿಯನ್ನು ಸ್ಥಳದ ಪರಿಸ್ಠಿತಿಯನ್ನು.
   ix. ಸಹಸ್ರವಾಗಿ ಸಹಾಯ ಸಾಮರ್ಪಕರಾಡಿಕದ ಸಾಮಗ್ರಿಯನ್ನು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು.
   X. ಸಹಸ್ರವಾಗಿ
   XI. ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ವಿದ್ಧರಾಡಿಕದ ಪ್ರತಿಯೊಂದು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು.
   ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು.

2. – ಸಂಪರ್ಕ
   - ಸಂಯೋಜನ
   - ಬಿದ್ಧರಾಡಿಕ
   - ಸಾಮರ್ಪಕರಾಡಿಕ
   - ಸೇರು
   - ಸಾಮಗ್ರಿಯನ್ನು ದಿಪ್ಲಗೂಡಿಸಿಕೊಂಡಿ

3. – ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು
   - ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸಹಾಯ ಸಾಮಗ್ರಿಯನ್ನು ಸ್ಥಳದ ಪರಿಸ್ಥಿತಿಯನ್ನು.
- ಸೌದರ್ಶನ, ಒಡಗಿಸುವ, ಬದಲಾವಣೆ ಸೋಸಳಿಸಿದರು ಸಂಪುಟವಾಗುವ ಅಂಕುಗಳಿಗೆ ಒಂದು ಸೋಸಳಿಸಿದರು ಸಂಖ್ಯೆಗಳು.
- ಸಂಪೂರ್ಣಪಡಿಸಿರಬೇಕು. ತನ್ನಿಂದ.
- ದೇಶದ ದೇಶದಲ್ಲಿ
- ಸಂಪೂರ್ಣಪಡಿಸಿರಬೇಕು. ಹಲವು ಸಸ್ಯಗಳು,
- ಪ್ರಾಂಪ್ರಾಂಸಿ, ಒಂದು ಪ್ರಾಂಪ್ರಾಂಸಿಯಾಗಿ ನಂತರ ನಂತರ ಆಧಿಕಾರಿಸಿರಬೇಕು. ಪ್ರತಿಯೊಂದು ಪ್ರಾಂಪ್ರಾಂಸಿಗಳು.
- ಸಂಪೂರ್ಣಪಡಿಸಿರಬೇಕು. ತನ್ನಿಂದ ಪ್ರತಿಯೊಂದು ಸಸ್ಯ.
- - ದೇಶದದ್ದೀ ಮಾರುತ
- ಬೆಳೆ ಬೆಳೆ
- ಕೈಗಡೆ
- ಪ್ರತಿಯೊಂದು ಪ್ರಾಂಪ್ರಾಂಸಿ,
- ಸಂಸ್ಥಾಪಿಸಿರಬೇಕು. ತನ್ನಿಂದ ಪ್ರತಿಯೊಂದು ಪ್ರಾಂಪ್ರಾಂಸಿ
4. - ಅಧಿಕಾರಿಸುವ ಮನುಷ್ಯ
- ಕೈಗಡೆಯಿಂದ ಕೈಗಡೆಯಿಂದ
- ಮನುಷ್ಯ ಸುಸ್ಥತೆಗಳನ್ನು
5. ಕೈಗಡೆ ಒಂದು ವಿಶೇಷವಾಗಿ ತನ್ನಿಂದ ಅಧಿಕಾರಿಸಿದರು
- ಕೈಗಡೆಯಿಂದ ಕೈಗಡೆಯಿಂದ ಕೈಗಡೆಯಿಂದ
- ಕೈಗಡೆಯಿಂದ ಕೈಗಡೆಯಿಂದ ಸವರ್ ತೊಡಿಯಿಂದ.
- ಮನುಷ್ಯ ಮನುಷ್ಯ ಮನುಷ್ಯ ಮನುಷ್ಯ ಅನೇಕರಲ್ಲಿ ಅನೇಕರಲ್ಲಿ.
- ಸೋಸಳಿಸಿದರು ಸೋಸಳಿಸಿದರು ಸೋಸಳಿಸಿದರು ಸೋಸಳಿಸಿದರು.
- ಸಾಮತು ಸಾಮತು ಸಾಮತು ಸಾಮತು ಸಾಮತುಯೇ.
1. - ಮನುಷ್ಯ ಹೊಂದಿರುವ ಮೂಲಕ ಮನುಷ್ಯ ಸಾಮಾಜಿಕ ಕ್ರಿಯೆಗಳು ಮೂಲಕ ಸಾಮಾಜಿಕ ಸಂಸ್ಥೆಗಳಿಗೆ ಮನುಷ್ಯಗಳು ಸಂಬಂಧಿಸುತ್ತಾರೆ. ಮೂಲಕ ಮೂಲಕ ಸಂಬಂಧಿಸುತ್ತಾರೆ.

2. - ಪ್ರತಿ ದಿನ ಹೆಸರುಗಳಲ್ಲಿ ಮಾಧ್ಯಮ ಮಾಡುವ ಪ್ರತಿಪಾದನೆಗಳು.

- ಪ್ರತಿ ದಿನ ಹೆಸರುಗಳಲ್ಲಿ ಮಾಧ್ಯಮ ಮಾಡುವ ಪ್ರತಿಪಾದನೆಗಳು.

- ಪ್ರತಿ ದಿನ ಹೆಸರುಗಳಲ್ಲಿ ಮಾಧ್ಯಮ ಮಾಡುವ ಪ್ರತಿಪಾದನೆಗಳು.

- ಪ್ರತಿ ದಿನ ಹೆಸರುಗಳಲ್ಲಿ ಮಾಧ್ಯಮ ಮಾಡುವ ಪ್ರತಿಪಾದನೆಗಳು.

- ಪ್ರತಿ ದಿನ ಹೆಸರುಗಳಲ್ಲಿ ಮಾಧ್ಯಮ ಮಾಡುವ ಪ್ರತಿಪಾದನೆಗಳು.
- ಅರಿಚೆ ಕಾರಣಗಳು
- ಸುತ್ತುವರೆ ವಿಶೇಷಣಗಳು

ಉತ್ತಮವಾಗಿ ಅರಿವಿ ಸಂದರ್ಭ ಉಳಿಸುತ್ತದೆ ಕಾರಣಗಳು -ಡಾಯಿಗೆ ಕಂಡ ಆ ಆಕಲನದ ಕೋರತ್ತಮರು ಸುತ್ತುವರೆ ವಿಶೇಷಣಗಳು.

5. ಉತ್ತಮವಾಗಿ ಅರಿವಿ ಸಂದರ್ಭ ಉಳಿಸುತ್ತದೆ ಕಾರಣಗಳು -ಡಾಯಿಗೆ ಕಂಡ ಆ ಆಕಲನದ ಕೋರತ್ತಮರು ಸುತ್ತುವರೆ ವಿಶೇಷಣಗಳು.
- ಕೊಳ್ಳು ಲಭ್ಯವಿದ್ದ ಅಸಾಮಾನ್ಯ ವಸ್ತುಗಳು
- ಬರೆಯಲು
- ಕಣ್ಣು
- ನಿಮ್ಮು
- ಸಂಗ್ರಹಾಂಶ
- ನೈಸರ್ಗಿಕ
- ಸ್ಯಾಸ್
- ಸಹಾಯವಿದ್ದ ಅಣುಮಾಂಕ, ಹೀಮು, ಸಂಸ್ಕೃತಿಯ ವಿದ್ಯಾರ್ಥಿಗಳು.
- ವರ್ಷವನ್ನು ಹೊಂದಿದ್ದರು ದಿನಮಾನದ ಸೋಂದು ಕ್ರಿಯೆಗಳು. ಕ್ರಿಯೆಗಳನ್ನು ಅಸ್ವಭಾವದಲ್ಲಿ ಸೋಂದು ಕ್ರಿಯೆಗಳನ್ನು ಸಹಾಯಿಸುವ
- ಅವತಿರು ಮಾಡಬಹುದು ಕಾಮಮಾಡಿರುವಿರುವುದೇ?
- ಲಭ್ಯವಿದ್ದ ರೀತಿಯಲ್ಲಿ ಆಕೃತಿಯಿಂದ - ಅವತಿರು ಪ್ರತ್ಯೇಕ/ ಮಾರ್ಟ್ ಮಾರುವಿರುವುದೇ?
- ಆನ್ಯ ದಿನವು ದಿನವನ್ನು ಧ್ವನಿಯು ಅನುಮತಿ ನೀಡುದು ಅಂಗವಾಯಿತು
- ಸಹಾಯವಿದ್ದ ಅಣುಮಾಂಕ ಲಭ್ಯವಿದ್ದ ವಸ್ತುಗಳು ಎಂಬುದನ್ನು ಸಹಾಯವಿದ್ದ ಧ್ವನಿಯನ್ನು
 ನೆಲೆಸಿರಬಹುದು.
(ಲಭ್ಯವಿದ್ದ ಧ್ವನಿಯನ್ನು)
- ಅನುಷ್ಟಿರು ಲಭ್ಯವಿದ್ದ
- ಹಸ್ತು ಸರ್ಕಾರ
- ಆಯುಕ್ತ ವ್ಯಕ್ತಿ
- ಉದ್ದಿಮಾನದ ಸ್ಥಾನ
- ಸಹಾಯವಿದ್ದ ಧ್ವನಿಯನ್ನು
- ಲೋಡನಿಯಾಗಿ ಸರ್ಕಾರ
- ಮಂಗಳು ಸರ್ಕಾರ
- ಮಂಗಳು ಸರ್ಕಾರಿಕೆ ಮಂಗಳು ಸರ್ಕಾರಿಕೆ
- ಮೃದುವರ್ಣ
- ವರ್ಷವನ್ನು ಹೊಂದಿದ್ದರು ದಿನಮಾನದ ಸೋಂದು ಕ್ರಿಯೆಗಳು. ಕ್ರಿಯೆಗಳನ್ನು ಅಸ್ವಭಾವದಲ್ಲಿ ಸೋಂದು ಕ್ರಿಯೆಗಳನ್ನು ಸಹಾಯಿಸುವ
- ಅವತಿರು ಮಾಡಬಹುದು ಕಾಮಮಾಡಿರುವಿರುವುದೇ?
- ಲಭ್ಯವಿದ್ದ ರೀತಿಯಲ್ಲಿ ಆಕೃತಿಯಿಂದ - ಅವತಿರು ಪ್ರತ್ಯೇಕ/ ಮಾರ್ಟ್ ಮಾರುವಿರುವುದೇ?
- ಆನ್ಯ ದಿನವು ದಿನವನ್ನು ಧ್ವನಿಯು ಅನುಮತಿ ನೀಡುದು ಅಂಗವಾಯಿತು
- ಸಹಾಯವಿದ್ದ ಅಣುಮಾಂಕ ಲಭ್ಯವಿದ್ದ ವಸ್ತುಗಳು ಎಂಬುದನ್ನು ಸಹಾಯವಿದ್ದ ಧ್ವನಿಯನ್ನು
 ನೆಲೆಸಿರಬಹುದು.
3. ಅವರೆಳ್ಳಿಯು ವಿಶಿಷ್ಟ ಹೆಸರು ಕುರುಹಿತಕ್ಕೊಂಡು
   - ಮಾತ್ರವಾಗಿ ರಮ್ಯವಾದ ವೇದನೆ; ಅನ್ನು ಸೌಕರ್ಯ ಸಿಗ್ಗಾತಿ ನಾಮಾಂಶದ ಕ್ರಿಯೆ.
   - ಬೆಟ್ಟಿ ಬೇಡು, ಕಲ್ಯಾಣ ಕ್ರಿಯೆಗಳು ರೀತಿಯಲ್ಲಿ ಕೆಲಸುವ, ಪ್ರತಿಕ್ರಿಯೆಗಳನ್ನು, ಕ್ರಿಯೆಗಳನ್ನು ಪ್ರತಿಕ್ರಿಯೆಗಳಿಗೆ ಒದಗಿಸಲು ಸಹಾಯ.
   - ಅನುಕೂಲ ಮಾಡಿಕೊಂಡು ಅಂಗ್ರಣ.
   - ಪ್ರವಾಸ ಸಾಮಾನ್ಯ ವಿಧಾನದ ಮೂಲಕ ಜೀವನ ಪ್ರಶ್ನೆಗಳು ಪ್ರತಿಕ್ರಿಯೆಗಳಿಗೆ ಒದಗಿಸಲು ಸಹಾಯವಾಗುತ್ತದೆ.
   - ಮಾನವ ಸ್ವಸ್ಥೀತಿಯು ಮಾನವ ಸಾಮಾನ್ಯ, ಸಾಮಾನ್ಯ ಅಂಗ್ರಣದಿಂದ, ಆಲಕ್ಷೀಯ ಕ್ರಿಯೆಗಳಿಗೆ ಒದಗಿಸಲು ಸಹಾಯವಾಗುತ್ತದೆ.
   - ಮಾನವ ಸ್ವಸ್ಥೀತಿಯು ತಮ್ಮ ಸಾಮಾನ್ಯ ಹೆಸರು ಸ್ವಸ್ಥೀತಿಯು ಮಾನವ ಸಾಮಾನ್ಯ ಆಧಾರದ ಸಹಾಯದಿಂದ.
   - ಮಾನವ ಸ್ವಸ್ಥೀತಿಯು ವಿಶಿಷ್ಟ ಹೆಸರು ಸ್ವಸ್ಥೀತಿಯು ಮಾನವ ಸಾಮಾನ್ಯ, ಆಧಾರದ ಸಹಾಯದಿಂದ.
   - ಮಾನವ ಸ್ವಸ್ಥೀತಿಯು ತಮ್ಮ ಸಾಮಾನ್ಯ ಹೆಸರು ಸ್ವಸ್ಥೀತಿಯು ಮಾನವ ಸಾಮಾನ್ಯ, ಆಧಾರದ ಸಹಾಯದಿಂದ.
   - ಮಾನವ ಸ್ವಸ್ಥೀತಿಯು ತಮ್ಮ ಸಾಮಾನ್ಯ ಹೆಸರು ಸ್ವಸ್ಥೀತಿಯು ಮಾನವ ಸಾಮಾನ್ಯ, ಆಧಾರದ ಸಹಾಯದಿಂದ.
- ಕನ್ನಡ ಸಂಗ್ರಹದಿವ್ಯ ಕ್ರಮಗಳನ್ನು ರೂಪಿಸುವ ಇಲ್ಲಿಗಾಗಿ ಅನೇಕ ಸಂಪ್ರದಾಯಗಳು ಮೇಲೆ ಬರಲಿದ್ದರು.
- ಸರ್ವಮೂಲೆಯುದ್ದೇಶ ಸಂಪ್ರದಾಯವನ್ನು ಮೂಲಾಂಕನು ಮತ್ತು ರೂಪಿಸುವ ಉದಾಹರಣೆಗಳಿಗೆ,
- ಸಂಗ್ರಹಾಂಶದಿಗಿಂತ ಅನೇಕ ಸಂಪ್ರದಾಯವನ್ನು ಸಂಗ್ರಹಿಸಲು ಸಂಸ್ಥೆಯು ನಮೂನೆ ಮಾಡುತ್ತಿದ್ದಾನೆ,
- ರೂಪಿಸುವ ಸಂಸ್ಥೆಯ ವಿಭಾಗಗಳು,
- ರೂಪಿಸುವ ಸಮಸ್ಯೆಗಳಕ್ಕೆ,
- ಅನೇಕ ಸಂಪ್ರದಾಯವನ್ನು ಮೂಲಾಂಕನು ಅನೇಕ ಉದಾಹರಣೆಗಳಿಗೆ,
- ಸಂಗ್ರಹಾಂಶದಿಗಿಂತ ಅನೇಕ ಸಂಪ್ರದಾಯವನ್ನು ಸಂಗ್ರಹಿಸಲು ಸಂಸ್ಥೆಯು ನಮೂನೆ ಮಾಡುತ್ತಿದ್ದಾನೆ,
- ಸಂಗ್ರಹಾಂಶದಿಗಿಂತ ಅನೇಕ ಸಂಪ್ರದಾಯವನ್ನು ಸಂಗ್ರಹಿಸಲು ಸಂಸ್ಥೆಯು ನಮೂನೆ ಮಾಡುತ್ತಿದ್ದಾನೆ,
- ಸಂಗ್ರಹಾಂಶದಿಗಿಂತ ಅನೇಕ ಸಂಪ್ರದಾಯವನ್ನು ಸಂಗ್ರಹಿಸಲು ಸಂಸ್ಥೆಯು ನಮೂನೆ ಮಾಡುತ್ತಿದ್ದಾನೆ,
1. - ಅಮೃತಸಾಹೀ ಮತ್ತು ಕಾಲರು ನೈಸರ್ಗಿಕ ಅವಧಿ
   - ಕೆಲವು ಮತ್ತು ಕಾಲರು ನೈಸರ್ಗಿಕ ಅವಧಿಗಳಿಗೆ ಅವಧಿಯಲ್ಲಿ ಇರುತ್ತದೆ. ಮತ್ತು ಕಾಲರು ನೈಸರ್ಗಿಕ ಅವಧಿಗಳಿಗೆ ಅವಧಿಯಲ್ಲಿ ಇರುತ್ತದೆ. ಮತ್ತು ಕಾಲರು ನೈಸರ್ಗಿಕ ಅವಧಿಗಳಿಗೆ ಅವಧಿಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಮತ್ತು ಕಾಲರು ನೈಸರ್ಗಿಕ ಅವಧಿಗಳಿಗೆ ಅವಧಿಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಮತ್ತು ಕಾಲರು ನೈಸರ್ಗಿಕ ಅವಧಿಗಳಿಗೆ ಅವಧಿಯಲ್ಲಿ ಇರುತ್ತದೆ.

2. ಪ್ರವೃತ್ತಿಸಾಹೀ ಮತ್ತು ಕಾಲಪ್ರತಿಯೇರೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
   - ಪ್ರವೃತ್ತಿಸಾಹೀ ಕಾಲಪ್ರತಿಯೇರೆಯಲ್ಲಿ ಇರುತ್ತದೆ.
- ತೆಂದನೆ ನಾಟಕದಲ್ಲಿ, ಸಂದರ್ಭ ಅಂಗಡಿ
- ವರ್ಣತಪ್ಪ
- ರೂಪಾಂತರಣಮಾಡಿರುವ ರಂಗಚಿತ್ರ
- ಅಂಶ ಪ್ರತಿಯಾಗಿದ್ದರು
- ಪ್ರತಿಯಾಗಿದ್ದ ಅಂಶಗಳು

ಲಕ್ಷಣಗಳಿಗೆ ಅನೇಕ ಶಿಲ್ಪಗಳು ಸಂದರ್ಭಗಳಿಗೆ ಅನೇಕ ಶಿಲ್ಪಗಳು,
ಸಂದರ್ಭಗಳು, ಸಂದರ್ಭಗಳು ಕಂಡು ಬರೆಯುವ ಚಿತ್ರಗಳು
ಸಂದರ್ಭದಿಂದು ಸೃಷ್ಟಿಸಲ್ಪಟ್ಟಿದ್ದವು.

3. ನಾಗರ್ಲಪೋಲು ಪ್ರತಿಯಾಗಿರುವ ಸಂದರ್ಭಗಳು
   - ಸಂದರ್ಭದಲ್ಲಿ ಚಿತ್ರವಿದ್ದರು
   - ಸಂದರ್ಭದಲ್ಲಿ ಚಿತ್ರವಿದ್ದರು
   - ಸಂದರ್ಭದಲ್ಲಿ ಚಿತ್ರವಿದ್ದರು
   - ಸಂದರ್ಭದಲ್ಲಿ ಚಿತ್ರವಿದ್ದರು
   - ಸಂದರ್ಭದಲ್ಲಿ ಚಿತ್ರವಿದ್ದರು

298
- ಹೊಲ್ಸ್ ಜೀಬೀಜು ಅವಾಸಕೆಲ್ಲುವಾಗಿದ್ದರೂ, ಕ್ರಮಾಂಕಭಾಗದ ಮತ್ತು ತಿರುಂದಕ್ಕೆ ಮಾಹಿತಿಯ ಮೇಲೆ ಕಾಣಲಾಗುತ್ತಾದನ್ನು ತಿನ್ನಲಾಗುತ್ತದೆ. ಸಾಮಾನ್ಯವಾಗಿ ಅವಳು ಸಂಪೂರ್ಣ ಸಹಾಯವು ಸಾಮರ್ಥ್ಯವನ್ನು ಸಿದ್ಧಿಸುತ್ತದೆ. ತನ್ನ ವ್ಯಾಪಾರ ಗ್ರಾಹಕರಿಗೆ ಸಹಾಯ ಒದಗಿಸುತ್ತದೆ.
- ಹೊಲ್ಸ್ ಸಾಮಾನ್ಯವಾಗಿ ಅಸಂಖ್ಯಾತ, ಸಂಪೂರ್ಣವಾಗಿ ತಿನ್ನಲಾಗುತ್ತದೆ.
- ಹೊಲ್ಸ್ ಸಂಖ್ಯೆಯ ಸಾಮಾನ್ಯವಾಗಿ ಅಸಂಖ್ಯಾತ, ಸಂಪೂರ್ಣವಾಗಿ ತಿನ್ನಲಾಗುತ್ತದೆ.
- ಹೊಲ್ಸ್ ಸಂಖ್ಯೆಯ ಸಾಮಾನ್ಯವಾಗಿ ಅಸಂಖ್ಯಾತ, ಸಂಪೂರ್ಣವಾಗಿ ತಿನ್ನಲಾಗುತ್ತದೆ.
- ಹೊಲ್ಸ್ ಸಂಖ್ಯೆಯ ಸಾಮಾನ್ಯವಾಗಿ ಅಸಂಖ್ಯಾತ, ಸಂಪೂರ್ಣವಾಗಿ ತಿನ್ನಲಾಗುತ್ತದೆ.
- ಹೊಲ್ಸ್ ಸಂಖ್ಯೆಯ ಸಾಮಾನ್ಯವಾಗಿ ಅಸಂಖ್ಯಾತ, ಸಂಪೂರ್ಣವಾಗಿ ತಿನ್ನಲಾಗುತ್ತದೆ.
1. ಅನೇಕವೇಳೆಗೆ ಭೌತ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು
   - ಮಾಡದೆ ವೃತ್ತಾಧಿಕಾರದಿಂದ ಸಾಮಾನ್ಯ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು.
   - ಅನೇಕ ಪ್ರಕಾರ, ಬಹು ಈಗ ವಿದ್ಯೆ ರೂಪಕ್ಕೆ ಪಾಲಿಸದು. ಕೈಗಾರಿಕ ಸಮಸ್ಯೆಗಳು ಮತ್ತು ವಿಲುಪ್ತಿಗಳು ಸಹಿಸಲು ನಿಷ್ರೇಷ್ಟ.
   - ಅನೇಕ ವಿದ್ಯೆಗಳಿಗೆ ಸಾಧ್ಯವಾದ ವಿದ್ಯೆಗಳು ಮತ್ತು ವಿದ್ಯೆಗಳು ಸಹಿಸಲು ಅನುಕ್ರಮಗಳು.
   - ಬಹು ವಿದ್ಯೆ ರೂಪಕ್ಕೆ ಪಾಲಿಸದು.
   - ಬಹು ಈಗ ವಿದ್ಯೆ ರೂಪಕ್ಕೆ ಪಾಲಿಸದು.
   - ಅನೇಕ ಪ್ರಕಾರ, ಬಹು ಈಗ ವಿದ್ಯೆ ರೂಪಕ್ಕೆ ಪಾಲಿಸದು.
   - ಅನೇಕ ಪ್ರಕಾರ, ಬಹು ಈಗ ವಿದ್ಯೆ ರೂಪಕ್ಕೆ ಪಾಲಿಸದು.
   - ಅನೇಕ ಪ್ರಕಾರ, ಬಹು ಈಗ ವಿದ್ಯೆ ರೂಪಕ್ಕೆ ಪಾಲಿಸದು.
   - ಅನೇಕ ಪ್ರಕಾರ, ಬಹು ಈಗ ವಿದ್ಯೆ ರೂಪಕ್ಕೆ ಪಾಲಿಸದು.
   - ಅನೇಕ ಪ್ರಕಾರ, ಬಹು ಈಗ ವಿದ್ಯೆ ರೂಪಕ್ಕೆ ಪಾಲಿಸದು.

* ಅನೇಕವೇಳೆಗೆ ಭೌತ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು
* ಅನೇಕವೇಳೆಗೆ ಭೌತ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು
* ಅನೇಕವೇಳೆಗೆ ಭೌತ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು
* ಅನೇಕವೇಳೆಗೆ ಭೌತ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು
* ಅನೇಕವೇಳೆಗೆ ಭೌತ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು
* ಅನೇಕವೇಳೆಗೆ ಭೌತ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು
* ಅನೇಕವೇಳೆಗೆ ಭೌತ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು
* ಅನೇಕವೇಳೆಗೆ ಭೌತ ವಿದ್ಯೆಯ ಅನುಕ್ರಮಗಳು
- ಮನೆ ಗೋನು ಸಹಾಯಮಾಡಿಸಬೇಕು. ಮನೆ ಸೊರಕೆಸೇರಿಸಿದ ಏಕರು ಮತ್ತು ನೀಡಲಾಗುತ್ತದೆ.
- ಮನೆ ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಯನ್ನು ಸೂಕ್ಷ್ಮಿಸಿ ಮಹಾತ್ಮ ವಾದಿಯುಗು ಅಥವಾ ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಗಳ ಮಳೆಯಲ್ಲಿ ನಿತ್ಯವಾಗಲಿಪಡುತ್ತದೆ.
- ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಯನ್ನು ಸೂಕ್ಷ್ಮಿಸಿ ಮಹಾತ್ಮ ವಾದಿಯುಗು ಅಥವಾ ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಗಳ ಮಳೆಯಲ್ಲಿ ನಿತ್ಯವಾಗಲಿಪಡುತ್ತದೆ...
- ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಯನ್ನು ಸೂಕ್ಷ್ಮಿಸಿ ಮಹಾತ್ಮ ವಾದಿಯುಗು ಅಥವಾ ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಗಳ ಮಳೆಯಲ್ಲಿ ನಿತ್ಯವಾಗಲಿಪಡುತ್ತದೆ.
- ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಯನ್ನು ಸೂಕ್ಷ್ಮಿಸಿ ಮಹಾತ್ಮ ವಾದಿಯುಗು ಅಥವಾ ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಗಳ ಮಳೆಯಲ್ಲಿ ನಿತ್ಯವಾಗಲಿಪಡುತ್ತದೆ...
- ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಯನ್ನು ಸೂಕ್ಷ್ಮಿಸಿ ಮಹಾತ್ಮ ವಾದಿಯುಗು ಅಥವಾ ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಗಳ ಮಳೆಯಲ್ಲಿ ನಿತ್ಯವಾಗಲಿಪಡುತ್ತದೆ...
- ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಯನ್ನು ಸೂಕ್ಷ್ಮಿಸಿ ಮಹಾತ್ಮ ವಾದಿಯುಗು ಅಥವಾ ಸೊರಕೆಸೇರಿಸಿದ ಎಣ್ಣೆಗಳ ಮಳೆಯಲ್ಲಿ ನಿತ್ಯವಾಗಲಿಪಡುತ್ತದೆ...
APPENDIX-F

Practice Scenario 1

Practice Scenario 1

...
Practice Scenario-1

ಅನುವಯುಕ್ತ ಅಂಕತಿಯಗಳಿಗೆ ಸನ್ನಿತ ಸಾಮರ್ಥ್ಯ

- ತ್ರಿಯಂತಹ ಅನುವಯುಕ್ತ ಅಂಕತಿಯ ಸಾಮರ್ಥ್ಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಅನುವಯುಕ್ತ ಅಂಕತಿಯ.
- ಚೀನಾ ಐನ್ನು ತುಂಡಿದಾರದ ಹೆಸರು ತೇಜ್ಮುಂದು ಅನುವಯುಕ್ತ ಅಂಕತಿಗಳ ಸಾಮರ್ಥ್ಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಅನುವಯುಕ್ತದ ಅದ್ಭುತ ಅಂಕತಿಯ ಸಾಮರ್ಥ್ಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಅನುವಯುಕ್ತದ ಅಂಕತಿಯ.
- ಉಪಾಧ್ಯಾಯ ಅನುವಯುಕ್ತ ಅಂಕತಿಗಳನ್ನು ಒಳಗೊಂಡಿದ್ದವು.

1. ತ್ರಿಯಂತಹ ಅನುವಯುಕ್ತ ಅಂಕತಿಗಳನ್ನು ಸಾಮರ್ಥ್ಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಅನುವಯುಕ್ತ ಅಂಕತಿಗಳನ್ನು ಸಾಮರ್ಥ್ಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಅನುವಯುಕ್ತದ ಅಂಕತಿಯ.

2. ತ್ರಿಯಂತಹ ಅನುವಯುಕ್ತ ಅಂಕತಿಗಳನ್ನು ಸಾಮರ್ಥ್ಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಅನುವಯುಕ್ತ ಅಂಕತಿಗಳನ್ನು ಸಾಮರ್ಥ್ಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಅನುವಯುಕ್ತದ ಅಂಕತಿಯ.

3. ಉಪಾಧ್ಯಾಯ ಅನುವಯುಕ್ತ ಅಂಕತಿಗಳನ್ನು ಸಾಮರ್ಥ್ಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಅನುವಯುಕ್ತ ಅಂಕತಿಗಳನ್ನು ಸಾಮರ್ಥ್ಯವನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಅನುವಯುಕ್ತದ ಅಂಕತಿಯ.
Practice Scenario 2

ಅನೇಕಾಶ್ವನೆ ಸಮಯದಲ್ಲಿಯೇ ಸುಧೀರೆ ಮಾತು

ಅನೇಕ ಸಮಯ ಕಡೆ ಕಂಡು ಬರುವುದು ನೀಡಲು ಇದ್ದು ಕಡೆ ಅನೇಕಾಶ್ವನೆ ಸಮಯದಲ್ಲಿಯೇ ಮಾತು. ಕಡೆ ಕಂಡು ಬರುವುದು ಕಂಡು ಆಡಿಸುತ್ತಮೆ ಅನೇಕ ಸಮಯದಲ್ಲಿಯೇ ಸುಧೀರೆ ಮಾತು. ಕಡೆ ಕಂಡು ಬರುವುದು ಕಂಡು ಆಡಿಸುತ್ತಮೆ ಅನೇಕ ಸಮಯದಲ್ಲಿಯೇ ಸುಧೀರೆ ಮಾತು.

ಇದು ಮುಂದೆ ಕಂಡು ಬರುವುದು ಕಂಡು ಆಡಿಸುತ್ತದೆ. ಅನೇಕಾಶ್ವನೆ ಸಮಯದಲ್ಲಿಯೇ ಸುಧೀರೆ ಮಾತು ಕಂಡು ಆಡಿಸುತ್ತದೆ.

* ಅನೇಕಾಶ್ವನೆ ಸಮಯದಲ್ಲಿಯೇ ಸುಧೀರೆ ಮಾತು ಕಂಡು ಆಡಿಸುತ್ತದೆ.
* ಅನೇಕಾಶ್ವನೆ ಸಮಯದಲ್ಲಿಯೇ ಸುಧೀರೆ ಮಾತು ಕಂಡು ಆಡಿಸುತ್ತದೆ.
* ಅನೇಕಾಶ್ವನೆ ಸಮಯದಲ್ಲಿಯೇ ಸುಧೀರೆ ಮಾತು ಕಂಡು ಆಡಿಸುತ್ತದೆ.
* ಅನೇಕಾಶ್ವನೆ ಸಮಯದಲ್ಲಿಯೇ ಸುಧೀರೆ ಮಾತು ಕಂಡು ಆಡಿಸುತ್ತದೆ.

ಅನೇಕಾಶ್ವನೆ ಸಮಯದಲ್ಲಿಯೇ ಸುಧೀರೆ ಮಾತು ಕಂಡು ಆಡಿಸುತ್ತದೆ.
Practice Scenario-2

ಅಸ್ವೀಕೃತವಾದ ಕೆಲವು ರೂಪಗಳಿಗೆ ರ್ಷ್ಲಾಡಿ ನಂತರ

- ಮತ್ತು ಸೇರಿದಂತೆ ಕೆಲವು ರೂಪಗಳಿಗೆ ಸ್ವೀಕರಿಸಿದಂತೆ ಅಸ್ವೀಕೃತವಾದ ರ್ಷ್ಲಾಡಿ.
- ತಮ್ಮ ಪ್ರೇಸ್ತು ಶರಣಗಳನ್ನು ನೆಲೆಯುವ ಬಾರಿ ಮತ್ತು ಆಸ್ತಿಯನ್ನು ಅದು ತಮ್ಮ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ನುಂದಿ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ.

- ತಮ್ಮ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ.

- ತಮ್ಮ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ.

1. ಅದರೆ/ಆದಾಗು ಪ್ರೇಸ್ತು ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರ ಸ್ವೀಕರಿಸಿದಂತೆ. ಅದರೆ/ಆದಾಗು ಪ್ರೇಸ್ತು ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರೆ/ಆದಾಗು ಪ್ರೇಸ್ತು ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರೆ/ಆದಾಗು ಪ್ರೇಸ್ತು ಸ್ವೀಕರಿಸಿದಂತೆ.

2. ಅದರೆ/ಆದಾಗು ಪ್ರೇಸ್ತು ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರೆ/ಆದಾಗು ಪ್ರೇಸ್ತು ಸ್ವೀಕರಿಸಿದಂತೆ ಅದರೆ/ಆದಾಗು ಪ್ರೇಸ್ತು ಸ್ವೀಕರಿಸಿದಂತೆ.
Practice Scenario 3

ಅವರೂಪಗೊಳ್ಳುವ ವ್ಯವಹಾರ ಸಮಸ್ಯೆ

ವರ್ಷ 2 ಮತ್ತು 3ರೂಬಲ್ ಎಲ್ಲ ಹೆಚ್ಚು ಕೂಡುವುದು. ನಿಂತ ವರ್ಷದೊಳಗೆ ಒಂದು ಪ್ರತಿಮುಖ ಸಮಾವಸ್ಥೆ. ನಿಂತ ವರ್ಷದೊಳಗೆ ಒಂದು ಪ್ರತಿಮುಖ ಸಮಾವಸ್ಥೆ. ಈ ಪ್ರತಿಮುಖ ಸಮಾವಸ್ಥೆಯಲ್ಲಿ ಬೇರೆ ಪ್ರಾಣಿಗಳನ್ನು ಮತ್ತು ಎಲ್ಲಾ ಸಮಾವಸ್ಥೆಗಳು ಸಮಾವಸ್ಥೆ. 100ನೇ ವರ್ಷದೊಳಗೆ ಪ್ರತಿಮುಖ ಸಮಾವಸ್ಥೆ.
Practice Scenario 3

ಅಂಶಗಳಲ್ಲಿ ಸ್ವರೂಪಿಸಲು ಸೌಕರ್ಯವಿರುವ ನಿರ್ದೇಶಗಳು

- ತನ್ನ ಸಾಮರ್ಥ್ಯ ಸ್ವರೂಪಿಸಿದರೆ ಪೊದೆಗೆ ನಿರ್ದೇಶಗಳನ್ನು ಒಳಗೊಂಡಿದೆ.

- ಅನುಕೂಲಗಳು ತನ್ನ ಮೇಲೆ ಸ್ವರೂಪಿಸಿದರೆ ಬಿಡುಗಡೆಯಂತೆ ತನ್ನ ಸಾಮರ್ಥ್ಯವನ್ನು ಆರೋಗ್ಯವಿರುವ ನಿರ್ದೇಶಗಳೊಂದಿಗೆ ಕಾರ್ಯ ನಿರ್ದೇಶ ಮಾಡುವುದು ಅತ್ಯಂತ ಪಡೆಯುವುದು.

1. ತನ್ನ ಸೇವೆಯನ್ನು ನಿರ್ದೇಶಡಿಗೆ ಇರುವ ಪ್ರತಿಯೊಂದು ಮೇಲೆ ಸರಿಯಾದಂತೆ ಸೇವೆ ಮಾಡುವುದು. ತನ್ನ ಅರ್ಥದಲ್ಲಿ ಅನುಕೂಲಗಳು ನಿರ್ದೇಶಿಸಿದ್ದರೆ,

   ತನ್ನ ಹೆಸರಿನಲ್ಲಿ ಬೇಕಾದಾಗಿರುವ;

2. ಅನುಮೋದಕರು ಸದಸ್ಯರು ತನ್ನ ಮೇಲೆ ಬೇಕಾದಾಗಿರುವ ಮೇಲೆ ಅನುಮೋದಕತೆ ನಿಲ್ಲಿಸಿತ್ತು;

3. ತನ್ನ ಸರ್ಕಾರದ ಪ್ರತಿಯೊಂದು ಮೇಲೆ ಮಾಡುವುದು ಮೇಲೆ ಸೇರಿರುವಂತೆ ತನ್ನ ಪ್ರತಿಯೊಂದು ಮೇಲೆ ನಿರ್ದೇಶಿಸಿದ್ದರೆ,

   ಸೇರಿಗೆ ವಿಷಯವಿರುವ ಅನುಮೋದಕರು ತನ್ನ ಸೇರಿಗೆ ಇರುವ ವಿಷಯವನ್ನು ಒಟ್ಟಾಗಿ ಮಾಡಬೇಕು.
Practice Scenario 4

अधिकृत वैविध्यात्मक प्रकारे क्रमांक

केवल 3 ओळखें 50 प्रतिशत अधिकृत अतिरिक्त. केवल तीन ओळखें राखी अधिकृत वैविध्यात्मक प्रकारे क्रमांकानुसार तयार करून तयार करून अधिकृतता प्रकृति अस्तित्वात. केवल तीन ओळखें 50 प्रतिशत अधिकृत अतिरिक्त. केवल तीन ओळखें 50 प्रतिशत अधिकृत अतिरिक्त. केवल तीन ओळखें 50 प्रतिशत अधिकृत अतिरिक्त.

लक्ष लाभांि क्रमांकानुसार तयार करून तयार करून अधिकृतता प्रकृति अस्तित्वात.

• केवल तीन ओळखें 50 प्रतिशत अधिकृत अतिरिक्त.
• केवल तीन ओळखें 50 प्रतिशत अधिकृत अतिरिक्त.
• केवल तीन ओळखें 50 प्रतिशत अधिकृत अतिरिक्त.
• केवल तीन ओळखें 50 प्रतिशत अधिकृत अतिरिक्त.
• केवल तीन ओळखें 50 प्रतिशत अधिकृत अतिरिक्त.
• केवल तीन ओळखें 50 प्रतिशत अधिकृत अतिरिक्त.

लक्ष लाभांि क्रमांकानुसार तयार करून तयार करून अधिकृतता प्रकृति अस्तित्वात.

लक्ष लाभांि क्रमांकानुसार तयार करून तयार करून अधिकृतता प्रकृति अस्तित्वात.

लक्ष लाभांि क्रमांकानुसार तयार करून तयार करून अधिकृतता प्रकृति अस्तित्वात.

लक्ष लाभांि क्रमांकानुसार तयार करून तयार करून अधिकृतता प्रकृति अस्तित्वात.

लक्ष लाभांि क्रमांकानुसार तयार करून तयार करून अधिकृतता प्रकृति अस्तित्वात.

लक्ष लाभांि क्रमांकानुसार तयार करून तयार करून अधिकृतता प्रकृति अस्तित्वात.

लक्ष लाभांि क्रमांकानुसार तयार करून तयार करून अधिकृतता प्रकृति अस्तित्वात.
Practice Scenario 4

ಅನುವಾದವ ಹೆಸರಿನಲ್ಲಿ ಹೀಗೆನೇ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು:

- ಅನುವಾದವ ಹೆಸರಿನಲ್ಲಿ ಹೀಗೆನೇ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು. ಸಹಾಯ ಸರ್ವಾ ಅವತರಿಸಲಾಗುವ ಹೆಸರಿನಲ್ಲಿ ಹೀಗೆನೇ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು.
- ಹೆಸರಿನಲ್ಲಿ ಹೀಗೆನೇ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು.
- ಹೆಸರಿನಲ್ಲಿ ಹೀಗೆನೇ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು.

1. ಅನುವಾದವ ಹೆಸರಿನಲ್ಲಿ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು. ಅನುವಾದವ ಹೆಸರಿನಲ್ಲಿ ಎಲ್ಲಾ ಸ್ಪಷ್ಟತೆಯು ಮಾಡುವ ಹೆಸರಿಗಳಿಗೆ ಹೇಳುತ್ತಿದ್ದರೆ, ಅವನು ಹೆಸರಿನಲ್ಲಿ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು. ಅವನು ಹೆಸರಿನಲ್ಲಿ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು.

2. ಅನುವಾದವ ಹೆಸರಿನಲ್ಲಿ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು. ಅನುವಾದವ ಹೆಸರಿನಲ್ಲಿ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು. ಅವನು ಹೆಸರಿನಲ್ಲಿ ರೂಪದಾಖಲೆ ಮಾಡಬೇಕು.
### Appendix 17

#### Example Transcript: RYhmZWLA

<table>
<thead>
<tr>
<th>(...)</th>
<th>39</th>
<th>Researcher</th>
<th>abhi jab who Takleef ho jayaega, jab aap Dono kae beeCh mae, conversation (gesture indicates 'conversation') hoTi hae, uh Toda Takleef padaega, Toh aap, who time pae, aap kya karTi hoon? Like abhi example</th>
<th>now, when that becomes difficult, when conversation between you'll (gesture indicates 'conversation') uh becomes difficult, then at that time, what do you do? Like for example</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Padmini</td>
<td>aap English mae bol sakTi hum Hindi mae bol Daengae. Aap English mae bolae hum Samaj laengae.</td>
<td>you can speak in English, we will respond in Hindi. You speak in English, we can understand.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Charuhaas</td>
<td>((looks at CP 2 and places his hand on hers)) (hhh)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Researcher</td>
<td>ha (hhh) teekh hae.</td>
<td>ah. (hhh) Okay that's right.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Padmini</td>
<td>Haa aap English mae boli, hum samaj laeTae hae, yae hae ki fluently Toda sa speed nahi kar paTi.</td>
<td>ha yeah, you say it in English. We can understand it, it is just that we can't speak fluently with speed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Charuhaas</td>
<td>very situation compels her to adjust with the situation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Researcher</td>
<td>yes,</td>
<td></td>
</tr>
<tr>
<td>Padmini</td>
<td>aap baTae samaj ayaega, yae ((points to Pritika)) baTayaengae. ha aap boliyae, English mae boliyae. kahi aapkae liyae comfortable rahega.</td>
<td>We can understand your talk. She ((points to Pritika)) will tell. Yes, you say, Say it in English. It should be comfortable for you.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charuhaas</td>
<td>madam ((points to the researcher)) Hindi bolTi hae</td>
<td>madam ((points to the researcher)) speaks Hindi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Researcher</td>
<td>(hhh)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ha bahuT aChi Hindi bolTi hae ((pushes PWAs arm down)) Tum rehe Deejyae, time bahuT, time bahuT kam hae. bahuT lecture aap DaeTi hae. hum bhi DaeTi hae.</td>
<td>ha yes she speaks very good Hindi, ((pushes PWAs arm down)) you just stay put now. Time is very very little. You give too many lectures. We too will give.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charuhaas</td>
<td>bolTi hae.</td>
<td>says it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>so like how many time do you feel that you know, when the conversation is difficult,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charuhaas</td>
<td>hamarai baeti hae yae ((points to Pritika))</td>
<td>This is our daughter ((points to Pritika))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Padmini</td>
<td>aap Chup rehe Deejyae ha</td>
<td>You just stay quiet</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>yes. So when you are saying something, sir doesn’t understand or sir says something, you are not following the context. Or if he wants something, he is asking for something but you are not following. What do you’ll do in that situation when there is that gap in communication?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pritika</td>
<td>jaisae 312ia ap kuCh kehe rahai hai papa samaj nahi paya</td>
<td>like when you say something and papa does not understand it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Padmini</td>
<td>ha ((looks at Pritika)) jaDi jaDi ((gesture indicates ‘say fast’)’) bolo ha</td>
<td>yes ((Looks at Pritika)) fast fast, say now</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pritika</td>
<td>aap jo kehe rahie hae, vo papa samaj nahi payae, aur kabhi kabhi papa jo kehe rahie hae, voh aap samaj nahi paye.</td>
<td>What you are saying, papa does not understand, and sometimes what papa is saying, that you can’t understand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Padmini</td>
<td>ha Toh kya baTa usmae?</td>
<td>Yes so what must I say on that?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pritika</td>
<td>Toh is difficult situation mae aapko kaisa feel ho jaTae?</td>
<td>So in such difficult situations, how do you feel?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Padmini</td>
<td>hoTae hae, irritate hoTae hae,</td>
<td>it happens, It irritates me</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(...)

<table>
<thead>
<tr>
<th>Researcher</th>
<th>and uh do you comfortable living at home? Do you feel like the home is accessible like do you feel like you know, toileting you need more, like you know some people have rods that they put in the house where you can hold</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Padmini</td>
<td>((nods head in acknowledgement))</td>
<td></td>
</tr>
<tr>
<td>Researcher</td>
<td>so that you know the independence, is improved. do you feel like that would help or?</td>
<td></td>
</tr>
<tr>
<td>Pritika</td>
<td>we think that he’ll really that he becomes more independent, but not by rod ((gestures indicates 'rod'; 'brain')) by his brain.</td>
<td></td>
</tr>
<tr>
<td>Researcher</td>
<td>yes. no but see physically, like to walk now, he needs a little support right?</td>
<td></td>
</tr>
<tr>
<td>Pritika</td>
<td>but still (hhh) we don’t want rods for him.</td>
<td></td>
</tr>
<tr>
<td>Researcher</td>
<td>you want him to recover rather than</td>
<td></td>
</tr>
<tr>
<td>Pritika</td>
<td>((nods head firmly to say 'yes'; gesture indicates 'recover')) recover rather than ((nods head)) we are there, we dont want rods to, but he expect that to get ((gesture indicates 'recover')) that his condition improves in the course of time. he becomes more uh uh what we say (0.2) understanding regarding where he has to go, where hasn't to go. that develops again.</td>
<td></td>
</tr>
</tbody>
</table>
Researcher: yes, but in the meanwhile, like see for example, when you'll are around, for toileting I am giving you an example, he gets up, you'll go to him immediately, you'll understand that he wants to go to the toilet. now when you'll are not there, you'll have had these episodes right? till you feel he maybe starts going back to the toilet, do you feel like you would prefer to have some, like a walker, or some sort of support, do you?

Pritika: he will not uh, even uh be able to use that. that much of understanding, he doesn't have. foreign objects he will not uh, he does not have an understanding of ((gesture indicates 'hold')) to catch hold of, or to ((gesture indicates 'push forward'))

Researcher: okay, what he has not done before?

Pritika: not done before, and his condition is so much deteriorated that, ((nods head to say 'no')) he will not be able to understand,

Researcher: okay. And Is there anything else you would like to tell me? Like you have given me a very clear picture, is there anything else you would like to tell me about, anything in particular that worries you or any

Para 136 Pritika: hm. What worries me that, uhh give us a lot of homework. What worries me, when he sits the whole day like this only, not having much to do and when we are busy with our own work and we are not having the strategy, uh how to cope up his lonely life, so if uh, you will give us homeworks like uh ((gesture indicates 'writing')) you have to uh teach him alphabets, you have to teach him counting, our time also will be utilised in proper manner, productive way, and his time also will be utilised. worry is, he keeps sitting alone in his room, he is not disturbed at all during the day, he doesn't say American agent is sitting there, here, there. only at night he gets disturbed, during the day he happily he will sit here, and do his work, but I feel he becomes more conscious, he becomes more alert, would have been better.
## Appendix 18

### Example Transcript 4P7i

<table>
<thead>
<tr>
<th></th>
<th>CPs Input</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Payal ivaaga illi Banndidene, nin bejara aitha?</td>
<td>coming here today, did it upset you?</td>
</tr>
<tr>
<td>2</td>
<td>Chet ((shakes head and right hand; researcher's output: 'no')) [[Eruuhhhh]]</td>
<td>no</td>
</tr>
<tr>
<td>3</td>
<td>Payal aaspithre bandidakke</td>
<td>for coming to the hospital</td>
</tr>
<tr>
<td>4</td>
<td>Chet ((shakes head and right hand; researcher's output: 'no')) [[Eruuhhhh]]</td>
<td>no</td>
</tr>
<tr>
<td>5</td>
<td>Payal [avaru kelide] yenannu bejara aitha?</td>
<td>did you get upset to any extent?</td>
</tr>
<tr>
<td>6</td>
<td>Chet ((shakes head and right hand; researcher's output: 'no')) [[Eruuhhhh]]</td>
<td>no</td>
</tr>
<tr>
<td>7</td>
<td>Payal yen bejara aagilva?</td>
<td>did not get upset at all?</td>
</tr>
<tr>
<td>8</td>
<td>Chet ((shakes head and right hand; researcher's output: 'no')) [[Eruuhhhh]]</td>
<td>no</td>
</tr>
<tr>
<td>9</td>
<td>Payal nan jotheg ninag barak kushi na?</td>
<td>were you happy to come along with me?</td>
</tr>
<tr>
<td>10</td>
<td>Chet (ah) ((shifts gaze into the distance towards the right side, Indian head nod, raises right hand with palm facing the CP, smiles))</td>
<td>yes</td>
</tr>
<tr>
<td>11</td>
<td>Payal kopa baralva?</td>
<td>you don't get angry?</td>
</tr>
<tr>
<td>12</td>
<td>Chet (hhh) ((Indian head nod, raises right hand with palm facing the CP, smiles))</td>
<td>no</td>
</tr>
<tr>
<td>13</td>
<td>Payal (hhh) Smitha [niece]? ((looks towards niece))</td>
<td>Smitha [niece]?</td>
</tr>
<tr>
<td>14</td>
<td>Chet (rrr) ((turns towards niece and smiles. Looks back at CP with hand raised and thumb and index finger held together, other fingers erect and spread out; indicating 'super'))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payal</td>
<td>Chet</td>
</tr>
<tr>
<td>---</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>15</td>
<td>parvagilva::</td>
<td>there is no problem?</td>
</tr>
<tr>
<td>16</td>
<td>((smiles and Indian head nod))</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>nimge heli kotrannu madam doctoranu parvagilva?</td>
<td>there is no problem with madam doctor giving you advice?</td>
</tr>
<tr>
<td>18</td>
<td>(uuhh) ((points toward throat; looks at both the CP and investigator, extends hand towards the investigator; hand raised and thumb and index finger held together, other fingers erect and spread out; indicating 'super')) (rrr)</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>yen anThaD bejara agalanane?</td>
<td>anything like that doesn't upset you?</td>
</tr>
<tr>
<td>20</td>
<td>(uuu) ((shakes hand and head; Ri: 'no'))</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>sariye, ivaga neenu = zer0 madbekenthu allaa? (.</td>
<td>okay, now you need to do xeroxing yes?</td>
</tr>
<tr>
<td>22</td>
<td>((nods head in acknowledgement))</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>adrudu yenanu ((nods head)) ningu yenuu idu agatha? Maduka ((Indian head nod)) prayathna padthiya?</td>
<td>in relation to that, what, is this possible for you? Will you try to do it?</td>
</tr>
<tr>
<td>24</td>
<td>((facial expression indicates thinking; squints eyes, extends hand forward and alternates palm facing the table and palm facing upwards; Ri: 'turning sheets overleaf'))</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>hmm</td>
<td>hmm</td>
</tr>
<tr>
<td>26</td>
<td>((squints eyes, extends hand forward and alternates palm facing the table and palm facing upwards, shake hand; Ri: 'I have difficulty in turning sheets overleaf'))</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>baralva?</td>
<td>unable to do it?</td>
</tr>
<tr>
<td>28</td>
<td>(uuu) ((shakes head))</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>↑prayathna padu↓ ((pursuing tone of voice along with head nod appropriate for the context))</td>
<td>you must try!</td>
</tr>
<tr>
<td></td>
<td>Chet</td>
<td>Payal</td>
</tr>
<tr>
<td>---</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>30</td>
<td>(looks up thinking; points to neck and rotates hand outwards at the level of his neck; RI: 'I cannot speak out))</td>
<td>[niinu mathadak] agala helthiya? cannot do it is what you're saying?</td>
</tr>
<tr>
<td>32</td>
<td>(uhhh) ((nods head and extends hand from his neck outward and towards the CP indicative of his agreement with CP; gesture unclear))</td>
<td>sari iduu (.) ((looks down and folds fingers inwards with hand held perpendicular to and over the table as though holding a stamp)) rubber stamp madthaiDya alla? okay this, you do the rubber stamps, yes?</td>
</tr>
<tr>
<td>33</td>
<td>Chet</td>
<td>Chet</td>
</tr>
<tr>
<td>34</td>
<td>(hm) ((folds fingers inwards with right hand held perpendicular to and over the table as though holding a stamp; nods head with a slight tilt to the left side))</td>
<td>Mimics gesture to reveal his comprehension.</td>
</tr>
<tr>
<td>35</td>
<td>Payal</td>
<td>aDanu naavu yaranu madikottrane nivu &gt;ethknochdohi madskond badThiThane?&lt; that, if we handover this to someone, will you do it and pick it up yourself?</td>
</tr>
<tr>
<td>36</td>
<td>Chet</td>
<td>Chet</td>
</tr>
<tr>
<td>37</td>
<td>(hm) ((folds fingers inwards with right hand raised above the table as though holding a stamp mid air. Indian head nod.))</td>
<td>aah? what?</td>
</tr>
<tr>
<td>38</td>
<td>((repeats above gesture, folds fingers inwards with right hand held perpendicular to and moving it at different points over the table as though holding a stamp and using it to stamp paper)) (T:)</td>
<td>rubber stamp aah? rubber stamp is it?</td>
</tr>
<tr>
<td>39</td>
<td>Payal</td>
<td>Chet</td>
</tr>
<tr>
<td>40</td>
<td>rubber stamp</td>
<td>(nods head inagreement))</td>
</tr>
<tr>
<td></td>
<td>Chet</td>
<td>((folds fingers inwards with right hand raised above the table as though holding a stamp mid air, Indian head nod))</td>
</tr>
<tr>
<td>---</td>
<td>------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>43</td>
<td>Payal</td>
<td>angadre neenu (.) aache kade hogi (.) swalpa = yarana maTadsin kopa barutha?: in that case, if you go that side, when you talk to anyone, do you get angry?</td>
</tr>
<tr>
<td>44</td>
<td>Chet</td>
<td>((thinking)) uhhh ((points to self)) ehh ((raises hand to the level of his head, folds fingers inwards making a fist and moves hand in a forward cyclical motion near the right side of his head; RI: possibly indicating 'knocking them'))</td>
</tr>
<tr>
<td></td>
<td>Payal</td>
<td>buDbeka ansuTa? you feel like you want to punch them?</td>
</tr>
<tr>
<td>46</td>
<td>Chet</td>
<td>((smiles and nods head in agreement)) (hm)</td>
</tr>
<tr>
<td>47</td>
<td>Payal</td>
<td>aDella madabarDu ((disappointed tone of voice)) kopa Dalli. all of that you shouldn't do. In anger.</td>
</tr>
<tr>
<td>48</td>
<td>Chet</td>
<td>((smiles and nods head appearing to acknowledge awareness that CP is right; tilts head head towards the right side and extends right hand forward towards the CP; facial expressions indicate 'but I cant help it'))</td>
</tr>
<tr>
<td>49</td>
<td>Payal</td>
<td>gotha? you know?</td>
</tr>
<tr>
<td>50</td>
<td>Chet</td>
<td>((smiles and nods head, rotates hand such that palm faces upwards while resting on the table; RI: 'but I cant help it'))</td>
</tr>
<tr>
<td>51</td>
<td>Payal</td>
<td>yen madak agalla. eevaga yenannu nin ansururu solpa Tanvag irebeku (.) nothing can be done. Now we should be careful about whatever we think</td>
</tr>
<tr>
<td>52</td>
<td>Chet</td>
<td>((nods head listening to CP acknowledging his awareness that CP is correct, looks towards the left towards the camera))</td>
</tr>
<tr>
<td>53</td>
<td>Payal</td>
<td>((watches him take her advice)) (hm)? (0.5) okay?</td>
</tr>
<tr>
<td>Page</td>
<td>Chet</td>
<td>Payal</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>54</td>
<td>([nods head listening to CP acknowledging his awareness that CP is correct. Pauses. picks up pen and attempts to write something down])</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Munitakka [name- sister] ningae yena kopa baruTa?</td>
<td>Big sister Munita[name-sister], for you, does it bring about anger?</td>
</tr>
<tr>
<td>56</td>
<td>([looks up at the CP, shakes head and laughs. points to self, shakes head and hand; Ri: 'I do not'])</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>yen baralva?E ([shakes head])</td>
<td>don't get at all?</td>
</tr>
<tr>
<td>58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Devra kai alli avlu? ([looks down smiling])</td>
<td>she is in God's hands, is it?</td>
</tr>
<tr>
<td>60</td>
<td>([nods head in agreement])</td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>yen madak agiDhakkae (.) aDake keliThu.</td>
<td>what can be done for that? That is why I asked you.</td>
</tr>
<tr>
<td>62</td>
<td>([slightly smiles and nods head acknowledging CPs input. Looks around the room and points finger upwards towards the roof, moving hand close to his face. Ri: 'one'])</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>[innu yenappa nanag mathathadbeku?]</td>
<td>what more do you want to talk about?</td>
</tr>
<tr>
<td>64</td>
<td>([Looks around the room and points finger upwards towards the roof. Ri: 'one'])</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>[Innu yen helbeku ninu ?]</td>
<td>what more do you want to say?</td>
</tr>
<tr>
<td>66</td>
<td>([points finger towards self at the level of his neck and then points finger upwards towards the roof, then extends arm forward towards the CP with finger still erect; Ri: 'one' Facial expressions appear sad and helpless; tilts head towards the right side]) (uuhhh)</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>yenu?</td>
<td>what?</td>
</tr>
<tr>
<td>68</td>
<td>([Joins hands toghether indicating a plea. Pouts as though about to cry; Ri: Possibly pleading to his sister]</td>
<td></td>
</tr>
</tbody>
</table>

319
to help him get right treatment to get his voice back. (cries)

69  Payal  yaa r reThitbitiya  ↓  who let it out?
67  Payal  alabardhu  should not cry
72  Chet  ((cries and looks away))
73  Payal  yake?  why?
74  Chet  ((cries and looks away))
75  Payal  yenakke?  for what?
76  Chet  ((cries. Wipes tears))
77  Payal  ((clicks tongue))  ((sounding upset))
78  Chet  ((Turns to paper. Picks up pen to write, appears to control tears))
79  Payal  iiD yeallaru sahaja  (.) bejaara padubarDhu.  this is common for all. You shouldn’t get upset.
80  Chet  ((hold pen to paper but does not write, appears to control tears))
81  Payal  ((Reaching into her bag)) nannu helaD yenu artha madko.  (.) ah?↑  make sense of what I am saying  (.) okay
82  Chet  ((holds pen to paper but does not write. Drops pen on table. Wipes tears again, burries face in arms. Discretely wipes tears))
85  Payal  iDha. kannir worsko  ((extends arm forward handing a handkerchief to the PWA))  here. Wipe the tears
86  Chet  ((takes handkerchief from CP and wipes tears))
87  Payal  aDakella bejara pattrre agutha?  for all of that, you get upset?
88  Chet  ((continues to wipes tears. Sniffs.))
89  Payal  bai worsko  wipe your mouth
90  Chet  ((Wipes mouth and looks away))
91  Payal  baruthe neen niDhana maaTh baruTho::  It will come. For you speech will come slowly.
<table>
<thead>
<tr>
<th>Line</th>
<th>Character</th>
<th>Action/Conversation</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>Chet</td>
<td>Wipes mouth and looks away. Looks away to get himself together. Silent</td>
</tr>
<tr>
<td>93</td>
<td>Payal</td>
<td>aiTha? okay?</td>
</tr>
<tr>
<td>94</td>
<td>Chet</td>
<td>Nods head in agreement in places the handkerchief on the table. Looks at CP.</td>
</tr>
<tr>
<td>95</td>
<td>Payal</td>
<td>ah: alla iDhu yen gotha nimge::? ah. Do you know this, in relation to you?</td>
</tr>
<tr>
<td>96</td>
<td>Chet</td>
<td>Nods head in response to say 'yes' acknowledging what the CP is saying.</td>
</tr>
<tr>
<td>97</td>
<td>Payal</td>
<td>ninge ivaga swalpa iDhu (pointing to her throat) yella weakness agiDhenoo for you now, a little weakness is there</td>
</tr>
<tr>
<td>98</td>
<td>Chet</td>
<td>Nods head in agreement. Rubs right hand on neck in a vertical motion</td>
</tr>
<tr>
<td>99</td>
<td>Payal</td>
<td>aDike [uhh-uh] (acknowledging and nodding head in agreement to gestural communication filled in by PWA) because of that</td>
</tr>
<tr>
<td>100</td>
<td>Chet</td>
<td>[uhhh (Nos head, and raises hand towards his chin)]</td>
</tr>
<tr>
<td>101</td>
<td>Payal</td>
<td>aDukae avaru iDu (raises right hand with elbow resting on the table and shakes hand over the table as though in reference to something going on in the room) madTaiDarae for that she is doing this</td>
</tr>
<tr>
<td>102</td>
<td>Chet</td>
<td>uhhhu (nods head in response to say 'yes' acknowledging what the CP is saying.)</td>
</tr>
<tr>
<td>103</td>
<td>Payal</td>
<td>aDu channa agute that will get better</td>
</tr>
<tr>
<td>104</td>
<td>Chet</td>
<td>uhhhu (nods head in response to say 'yes' acknowledging what the CP is saying.)</td>
</tr>
<tr>
<td>105</td>
<td>Payal</td>
<td>hallu↑barDu (shakes hand with palm facing the PWA) should not cry</td>
</tr>
<tr>
<td>Line No</td>
<td>Character</td>
<td>Dialogue</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>106</td>
<td>Chet</td>
<td>((nods head in response to say 'okay' to what the CP is saying.))</td>
</tr>
<tr>
<td>107</td>
<td>Payal</td>
<td>ah. (tone used to say okay fine))</td>
</tr>
<tr>
<td>108</td>
<td>Chet</td>
<td>((sniffs. Wipes tears with handkerchief))</td>
</tr>
<tr>
<td>109</td>
<td>Payal</td>
<td>niDhava baruThe ((nods head)) ningu aShtu illanDruno:: ↑ yena? it will come slowly. For you if that much is not there, whats there?</td>
</tr>
<tr>
<td>110</td>
<td>Chet</td>
<td>((Wipes tears with handkerchief))</td>
</tr>
<tr>
<td>111</td>
<td>Payal</td>
<td>aji ((shakes head)) IDhu madbarDu should not do this</td>
</tr>
<tr>
<td>112</td>
<td>Chet</td>
<td>((wipes face. Places handkerchief down on the table. Picks up pen to write. Looks At CPs))</td>
</tr>
<tr>
<td>113</td>
<td>Payal</td>
<td>niiv you</td>
</tr>
<tr>
<td>114</td>
<td>Chet</td>
<td>(uuhh) ((Vocalises and interlocks hands with each other, while resting them on the table))</td>
</tr>
<tr>
<td>115</td>
<td>Payal</td>
<td>uh? okay?</td>
</tr>
<tr>
<td>116</td>
<td>Chet</td>
<td>(uuhh) ((Vocalises. Moves his right hand away towards the right side before rejoining it with his left hand as though a rethought attempt at saying something. Being unable to communicate, shakes hand indicative of 'nothing', nods head))</td>
</tr>
<tr>
<td>118</td>
<td>Chet</td>
<td>➞((Vocalises. Sqints eyes and shakes hand and head; Facial expressions and tone of voice revel deep sadness and emotional pain))</td>
</tr>
<tr>
<td>119</td>
<td>Payal</td>
<td>bejaraa:: ((nods head))? upsetting?</td>
</tr>
<tr>
<td>120</td>
<td>Chet</td>
<td>((Vocal output, nods head firmly in agreement))</td>
</tr>
<tr>
<td>121</td>
<td>Payal</td>
<td>ah bejara agala ((nods head to say no or forget it)) bidu! ah it won't upset, leave it</td>
</tr>
<tr>
<td>122</td>
<td>Chet</td>
<td>((sniffs. nods head in acknowledgement of what CP is saying))</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>123</td>
<td>Payal</td>
<td>bejara yavaga kodabardu ((moves hand in a sliding motion from left to right over the table in front of her)) navu</td>
</tr>
<tr>
<td>124</td>
<td>Chet</td>
<td>((Looks at paper. Holds Pen. Looks up at CP))</td>
</tr>
<tr>
<td>125</td>
<td>Payal</td>
<td>baruthu ningu ashtu iDu ((wipes her tears discretely)) agala</td>
</tr>
<tr>
<td>126</td>
<td>Chet</td>
<td>((Crying tone of voice. Looks away)) (. ((Points to neck and chin twice)) (uhhhuhhhhhuh) ((Places pen down and points to throat repeatedly))</td>
</tr>
<tr>
<td>127</td>
<td>Payal</td>
<td>matha::? ((nods head))</td>
</tr>
<tr>
<td>128</td>
<td>Chet</td>
<td>(uuhhh) ((nods head in agreement))</td>
</tr>
<tr>
<td>129</td>
<td>Payal</td>
<td>barutho: ((nods head, voice cracks))</td>
</tr>
<tr>
<td>130</td>
<td>Chet</td>
<td>((looks up, facial expressions reveal deep sadness, helplessness and pain))</td>
</tr>
<tr>
<td>131</td>
<td>Payal</td>
<td>aDu yaen goTha? nii↑nu ((pointing at PWA)) prayaThna padubeku amma. ((pointing to self, shakes head)) naan alla.</td>
</tr>
<tr>
<td>132</td>
<td>Chet</td>
<td>((nods head in acknowledgement. Sniffs. Appears insecure and not convinced about truth in CPs statements. Appears scared))</td>
</tr>
<tr>
<td>133</td>
<td>Payal</td>
<td>ivaga kotronu neevu iDae ((points to neck in a vertical motion)) yella bai ((points to mouth, pinches her lips)) ellasoDhu, [kivi ((pointing to ear))Du , ((pointing to head)) iDu]</td>
</tr>
<tr>
<td>134</td>
<td>Chet</td>
<td>((nods head in agreement for each thing being said by CP)) (uhh uhh uhh)</td>
</tr>
<tr>
<td>135</td>
<td>Payal</td>
<td>adu madane nabhya [avaru ((pointing indicating 'them')) hel kodadu aDae. Idekalla yen illa ((shakes head))</td>
</tr>
<tr>
<td>136</td>
<td>Chet</td>
<td><em>raised hand with palm facing the PWA and elbow resting on the table; RI: 'not'</em>)</td>
</tr>
<tr>
<td>137</td>
<td>Payal</td>
<td><em>uhh? niinu ((pointing to PWA)) eshtu prayathna pattre, ASTU chennage ((nods head)) niinu kalithiya.</em></td>
</tr>
<tr>
<td>138</td>
<td>Chet</td>
<td><em>hm ((looks away and Indian head nod))</em></td>
</tr>
<tr>
<td>139</td>
<td>Payal</td>
<td><em>ah?</em></td>
</tr>
<tr>
<td>140</td>
<td>Chet</td>
<td><em>((Indian head nod))</em></td>
</tr>
<tr>
<td>141</td>
<td>Payal</td>
<td><em>baruthaDe ning nimmage</em></td>
</tr>
<tr>
<td>142</td>
<td>Chet</td>
<td><em>((Indian head nod. Places hand on throat, to self and interlocks hands)) [uhh] ((Indian head nod again))</em></td>
</tr>
<tr>
<td>143</td>
<td>Payal</td>
<td><em>[niivu] prayathna padbeku</em></td>
</tr>
<tr>
<td>144</td>
<td>Chet</td>
<td><em>uhh ((Indian head nod and interlocks hands))</em></td>
</tr>
<tr>
<td>145</td>
<td>Payal</td>
<td><em>ah avru helidru yella maduDrae baruThe.</em></td>
</tr>
<tr>
<td>146</td>
<td>Chet</td>
<td><em>((Indian head nod. Pouts, Facial expressions appear sad and worried. Helpless. Appears to control crying))</em></td>
</tr>
<tr>
<td>147</td>
<td>Payal</td>
<td><em>baihelasu. aDu yella Thudi kodabardu.</em></td>
</tr>
<tr>
<td>148</td>
<td>Chet</td>
<td><em>((nods head in agreement. Facial expressions appear sad and worried. Helpless. Appears to control crying))</em></td>
</tr>
<tr>
<td>149</td>
<td>Payal</td>
<td><em>uhh.</em></td>
</tr>
<tr>
<td>150</td>
<td>Chet</td>
<td><em>huhhh ((nods head to say okay. Straightens body posture, places hand on mouth))</em></td>
</tr>
<tr>
<td>151</td>
<td>Payal</td>
<td><em>uh straightu ((straightens seating posture for PWA to immitate))</em></td>
</tr>
<tr>
<td>152</td>
<td>Chet</td>
<td><em>((adjusts body posture, Indian head nod))</em></td>
</tr>
<tr>
<td>153</td>
<td>Payal</td>
<td><em>Tale yenu ((placing hand on her head)) novu agutha?</em></td>
</tr>
<tr>
<td>154</td>
<td>Chet</td>
<td><em>((places hand on head and shakes head and hand with palm facing the PWA to say no))</em></td>
</tr>
<tr>
<td>Line</td>
<td>Character</td>
<td>Action / Speech</td>
</tr>
<tr>
<td>------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td>155</td>
<td>Payal</td>
<td>ilva?:</td>
</tr>
<tr>
<td>156</td>
<td>Chet</td>
<td>((shakes head)) (T) ((nods head))</td>
</tr>
<tr>
<td>157</td>
<td>Payal</td>
<td>ah? kivi ((pointing to her ears)) kelsuthe channage? ((Indian head nod))</td>
</tr>
<tr>
<td>158</td>
<td>Chet</td>
<td>ahh uhh ((points to right ear, left ear and right ear. nods head to say 'yes'))</td>
</tr>
<tr>
<td>159</td>
<td>Payal</td>
<td>uh kelsutha::? ((Indian head nod))</td>
</tr>
<tr>
<td>160</td>
<td>Chet</td>
<td>ahh uhh ((nods head to say 'yes'))</td>
</tr>
<tr>
<td>161</td>
<td>Payal</td>
<td>iDhu ((pointing to shoulders and chest)) adardu novu baralva?</td>
</tr>
<tr>
<td>162</td>
<td>Chet</td>
<td>((points to shoulders)) uhh ahh ((shakes head and both hands at the level of his shoulders))</td>
</tr>
<tr>
<td>163</td>
<td>Payal</td>
<td>baralva? ((shakes head))</td>
</tr>
<tr>
<td>164</td>
<td>Chet</td>
<td>((shakes head))</td>
</tr>
<tr>
<td>165</td>
<td>Payal</td>
<td>(0.2) uh (0.2) innu yennanu TonDare ninge?</td>
</tr>
<tr>
<td>166</td>
<td>Chet</td>
<td>((sniffs, points to neck. Looks up. Turns both hands outwards with elbows resting on the table with fingers curled and spread out and palm facing upwards; indicative of 'nothing else'))</td>
</tr>
<tr>
<td>167</td>
<td>Payal</td>
<td>yen ilva?</td>
</tr>
<tr>
<td>168</td>
<td>Chet</td>
<td>((shakes head))</td>
</tr>
<tr>
<td>169</td>
<td>Payal</td>
<td>maaThu onDu barala? ((nods head))</td>
</tr>
<tr>
<td>170</td>
<td>Chet</td>
<td>ahhh. ((moved seat backwards, stands up))</td>
</tr>
<tr>
<td>171</td>
<td>Payal</td>
<td>uh?</td>
</tr>
<tr>
<td>172</td>
<td>Chet</td>
<td>uhhh ((lifts up right leg with knee bent and taps on the knee)) uhh</td>
</tr>
<tr>
<td>173</td>
<td>Payal</td>
<td>kaal novu barutha?</td>
</tr>
<tr>
<td>174</td>
<td>Chet</td>
<td>((nods head ito say 'yes'))</td>
</tr>
<tr>
<td>175</td>
<td>Payal</td>
<td>aDu onDe na::?</td>
</tr>
<tr>
<td>176</td>
<td>Chet</td>
<td>((nods head to say 'yes'; sits back in his seat and brings seat forward towards the table))</td>
</tr>
<tr>
<td>177</td>
<td>Payal</td>
<td>aDu ivaga vaashi ((shakes head)) agilvannu? swalpa? that, now has it not become better? A little?</td>
</tr>
<tr>
<td>178</td>
<td>Chet</td>
<td>(ahh uhh uhhh ah uhh) ((moves hands over the table with palms facing each other partially and facing the right palm to the table flaps it indicating it has gotten better', Indian head nod))</td>
</tr>
<tr>
<td>179</td>
<td>Payal</td>
<td>[&gt;maDu kottagina vaashi agilva? &lt;] despite giving the medications, it hasn't gotten better?</td>
</tr>
<tr>
<td>180</td>
<td>Chet</td>
<td>ahh ((facing the right palm to the table flaps it indicating it has gotten better', Indian head nod))</td>
</tr>
<tr>
<td>181</td>
<td>Payal</td>
<td>aagiDa:? it has?</td>
</tr>
<tr>
<td>182</td>
<td>Chet</td>
<td>ahh ((nods head to say 'yes'; folds his handkerchief))</td>
</tr>
<tr>
<td>183</td>
<td>Payal</td>
<td>uhh. I kai ivag ((explicitly looking at his hand)) iDella ((pointing to shoulders)) novu iDella hengiDe? uhh. This hand now, all of this, how is all of this?</td>
</tr>
<tr>
<td>184</td>
<td>Chet</td>
<td>((raises hands)) ahh ehh ((flexes fingers and makes movements with fingers such as folding fingers to show what he can do now))</td>
</tr>
<tr>
<td>185</td>
<td>Payal</td>
<td>Ivaga swalpa mosuthiya? Mosuthiya? Now is it improving a little? Its improving?</td>
</tr>
<tr>
<td>186</td>
<td>Chet</td>
<td>hmm ahh ((nods head to say 'yes')) hmm ((folds fingers in of both hands making a fist and looks at each hand))</td>
</tr>
<tr>
<td>187</td>
<td>Payal</td>
<td>[(uhh) (. ) houDu ivaga] nan DevaTanak hogThiva ((wipes cheeks on both sides)) alva? Tirupati ge uhh. Yes, now we are going to the temple, yes&gt; to Tirupathi</td>
</tr>
<tr>
<td>188</td>
<td>Chet</td>
<td>((still folding fingers and looking at finger and hand movement. Stops. When CP is mid sentence to acknowledge her input. nods head in agreement))</td>
</tr>
<tr>
<td>189</td>
<td>Payal</td>
<td>alle: DevaDarShan ((Indian head nod)) nodakke iShta iDha::? ove there, to see the pilgrimage, are you interested?</td>
</tr>
<tr>
<td>190</td>
<td>Chet</td>
<td>((thinks)) hmm ((nods head to say 'yes'))</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ah?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>-----</td>
</tr>
<tr>
<td>191</td>
<td>Payal</td>
<td>(Joins hands to indicate prayer. Indian head nod, to say 'yes' again)) ahh.</td>
</tr>
<tr>
<td>192</td>
<td>Chet</td>
<td>hogTara, hoganna?</td>
</tr>
<tr>
<td>193</td>
<td>Payal</td>
<td>ahh ((Indian head nod to say 'yes'))</td>
</tr>
<tr>
<td>194</td>
<td>Chet</td>
<td>yen car alli hoganna? bus alli hoganna?</td>
</tr>
<tr>
<td>195</td>
<td>Payal</td>
<td>(rrr) ((hand gesture to communicate transport but unclear which mode. Raises hand over the table at a slight inclination and with fingers pointing forward and slightly moves arm forward. Gestures driving and repeats gesture))</td>
</tr>
<tr>
<td>196</td>
<td>Chet</td>
<td>car alli hoganna?</td>
</tr>
<tr>
<td>197</td>
<td>Payal</td>
<td>ahh ((nods head to say 'yes'))</td>
</tr>
<tr>
<td>198</td>
<td>Chet</td>
<td></td>
</tr>
</tbody>
</table>

327
## Proposed format for operationalising CAT in clinical assessment

### Analysis of interaction applying CAT

<table>
<thead>
<tr>
<th>How</th>
<th>Accommodation (Convergence, Discourse Management, Interpretability)</th>
<th>Nonaccommodation (Divergence, Discourse Management, Interpretability)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why</td>
<td>Social</td>
<td>Social</td>
</tr>
<tr>
<td>When</td>
<td>Outset (e.g., who is the interlocutor)</td>
<td>Outset (e.g., who is the interlocutor)</td>
</tr>
<tr>
<td>Target behaviours</td>
<td>Interaction</td>
<td>Interaction</td>
</tr>
<tr>
<td></td>
<td>Transaction</td>
<td>Transaction</td>
</tr>
<tr>
<td></td>
<td>Experience</td>
<td>Experience</td>
</tr>
</tbody>
</table>

### Behaviour Pre-Intervention

| Why       | Social                                                              | Social                                                                |
| When      | Outset (e.g., who is the interlocutor)                              | Outset (e.g., who is the interlocutor)                                |
| Target behaviours | Interaction                       | Interaction                       |
|           | Transaction                                                          | Transaction                                                          |
|           | Experience                                                           | Experience                                                           |

### Behaviour Post-Intervention

| Why       | Social                                                              | Social                                                                |
| When      | Outset (e.g., who is the interlocutor)                              | Outset (e.g., who is the interlocutor)                                |
| Target behaviours | Interaction                       | Interaction                       |
|           | Transaction                                                          | Transaction                                                          |
|           | Experience                                                           | Experience                                                           |